



NONCOMMUNICABLE DISEASES AND MENTAL HEALTH CONDITIONS: A THREAT TO HEALTH, A THREAT TO WEALTH



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It is necessary to address NCDs and mental health together, rather than in silos, due to the strong link between the two. Depression is a rapidly growing global concern, with the economic cost of poor mental health reaching a £51 billion annual loss to UK employers. The situation calls for an evidence-based and globally coordinated approach to addressing NCDs and mental health conditions, and the creation of a globally applicable toolkit to guide international policymaking on NCDs and mental health based on best practice as proposed in this report”



Dr. Rosena Allin-Khan

MP for Tooting, UK, Trade Envoy to South Africa

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Addressing the growing challenge of depression, isolation, anxiety and the rise of NCDs requires an integrated government approach – one that brings together our education policies, our employment policies, and the sustained efforts of policymakers, healthcare workers and communities. Initiatives like the Global Legislators’ Initiative on NCDs and Mental Health are a necessary effort to show legislators how to implement a fully integrated healthcare system which incorporates physical health, mental health, and social care into a single structure to promote preventative healthcare based on significantly improved data.”

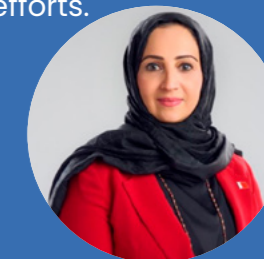


Hon. Gemma Arias-Vasquez

Minister for Health, Gibraltar

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Addressing the growing impact of noncommunicable diseases and mental health challenges calls for collective awareness and multi-sectoral collaboration. Moreover, early intervention and coordinated approaches are essential to reducing the broader societal and economic burden of these conditions. As such, equipping legislators with the right tools and knowledge plays a pivotal role in shaping healthier, more resilient societies. The Global Legislators Initiative on NCDs and Mental Health was established to support in systematically advancing sustainable and coordinated efforts. This report equips legislators with a practical, adaptable toolkit to address these preventable challenges, with a strong emphasis on early prevention.”



HE Dr. Jaleela bint Al Sayed Jawad Hasan

Minister for Health, Kingdom of Bahrain

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There is an urgent need for collective action against NCDs and mental health challenges, with a greater emphasis on low-income countries due to the disproportionate impact of such issues. Despite existing international frameworks, NCDs and mental health conditions place a significant financial burden on health systems due to a lack of implementation and funding of national action plans and a serious lack of political will. Legislators’ engagement and initiatives like this one are necessary in bringing the relentless growth of NCDs and mental health challenges under control.”



Hon. Dr. Christopher Kalila

(Chair of Health Committee, Zambia; Chair of the Commonwealth Parliamentary Association)

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Noncommunicable diseases and mental health are the silent pandemics of our century. Unless we invest now in prevention, early detection, and equitable care, societies will pay the price in lost lives, shattered families, and stalled development. Integrating mental-health support into every NCD strategy isn’t optional—it’s the cornerstone of resilient, people-centred health systems.”



Prof. Agnès Buzyn

President “Evidences”, Former Minister of Health, France

Table of **CONTENTS**

FOREWORD	6	ANNEX 1: on a detailed toolkit of implementing measures for the consideration of global legislators	36
Noncommunicable diseases and mental health conditions: A threat to health, a threat to wealth.	8	- PART B	52
The need for a new, coordinated, and sustained global legislative initiative to tackle NCDs and mental health conditions	12	ANNEX 2: SOME ILLUSTRATIVE EXAMPLES OF BEST PRACTICE	53
Ten fundamental messages for legislative action	14	ACKNOWLEDGMENTS	63
Legislative Action Toolkit: A framework to adopt globally and adapt locally	20		
MODEL RESOLUTION ON NONCOMMUNICABLE DISEASES AND MENTAL HEALTH	26		

Foreword



Dr Tedros Adhanom Ghebreyesus

**Director-General
World Health Organization**

FOREWORD TO THE GLOBAL LEGISLATORS REPORT ON NCDs AND MENTAL HEALTH

Noncommunicable diseases (NCDs) and mental health conditions hinder economic growth by weakening human capital and reducing workforce participation. Without urgent, concerted action, these conditions will cause ever-greater suffering and economic hardship to individuals, households and societies, increased inequities and levels of impoverishment, and fiscal instability.

The world has just five years to deliver the NCD and mental health-related Sustainable Development Goal targets. NCDs, mental health conditions and their underlying risk factors and determinants, including the environments where people live, work and play, affect people at all ages, including children and adolescents. Legislators have a key role in ensuring that the places where people live and work are as healthy as possible.

Evidence-based, cost-effective and feasible interventions exist to prevent and treat NCDs and improve mental health. They provide significant return on investment. Crucially, many require legislative, regulatory and fiscal action. Leadership from parliamentarians and legislators is crucial.

I therefore welcome this initiative led by the G20&G7 Health and Development Partnership, together with the Commonwealth Parliamentary Association and the Parliamentary Assembly of the Mediterranean, in partnership with the Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, including the United Nations Development Programme.

This report offers concrete advice and practical suggestions on how legislators and national parliaments can save lives by putting in place evidence-based laws, regulations and policies, and fostering cross-sectoral collaboration to reduce the social and economic burden of NCDs and mental health. But the launch is only the start: a sustained campaign will now follow to disseminate the report and promote action.

This report comes at a pivotal moment, with the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being taking place in September 2025. I urge parliaments to implement the report's recommendations and its findings to put in place measures that promote transparency and accountability in reporting on national progress. Only by working together can we reduce the burden of NCDs and improve mental health.



SECTION 1

Noncommunicable diseases and mental health conditions: A threat to health, a threat to wealth.



1. What is the scope of the Initiative?

This initiative covers noncommunicable diseases (NCDs) and mental health conditions and what to do about them, in order to reduce their impacts not just on individuals and families but also on health budgets, the wider economy and society. NCDs include cardiovascular diseases (CVD) such as heart disease and stroke, cancer, diabetes, and chronic respiratory diseases, as well as other conditions such as neurological disorders (including dementia), musculoskeletal conditions, and substance use disorders. Mental health conditions, including anxiety, depression, psychosis and self-harm, often go undiagnosed and untreated, posing major threats to individual well-being and community resilience. They are also a leading contributor to lost productivity and income worldwide. The interconnected nature of NCDs and mental health conditions creates cascading effects throughout society, and they should be addressed together rather than in silos.

The report was developed following evidence presented at four hearings in 2025. Following publication of the report, a campaign will follow to disseminate the report and promote and monitor uptake of the report's recommendations.

2. Why is the Initiative so important?

NCDs and mental health conditions have a huge impact on all countries and across all income groups, as leading causes of ill health and death globally as well as major contributors to lost productivity and stunted economic growth.

In 2021, NCDs were responsible for 43 million deaths (or 75% of all non-pandemic-related deaths) – including 18 million premature deaths before age 70. Age-specific mortality rates are highest in lower-income countries. CVD accounts for the largest share of NCD deaths. 1.3 billion adults live with hypertension – a doubling since 1990 (and only 1 in 5 have it under control), 800 million adults live with diabetes – a fourfold increase since 1990, and more than one billion people live with obesity.

One billion (or one in eight people) live with a mental health disorder and suicide is a leading cause of deaths globally. Mental health conditions are a leading cause of disability and functional limitations, and they commonly co-occur alongside with neurological conditions (such as Alzheimer's disease and other dementias), substance use disorders, and other NCDs.

Beyond their direct health effects, NCDs and mental health conditions impose massive economic and social impacts – costing trillions of dollars, straining national budgets, and deepening poverty. They increase the need for long-term, complex care, overwhelming health systems and diverting resources from other essential services. By reducing productivity, increasing absenteeism, and contributing to job losses, they undermine economic growth and stability. Acute and chronic conditions limit individuals' potential, while premature deaths often occur during peak working years, compounding cycles of disadvantage.

The economic burden is projected to intensify without coordinated policy action, threatening national stability as well as long-term development. With increasing and aging populations in many countries, the overall numbers of people living with NCDs and mental health conditions are projected to continue rise.

These challenges are especially acute in low- and middle-income countries (LMICs), where weaker health systems, limited diagnostic and treatment capacity, and constrained public finances amplify their impact. The financial burden on these economies is significant, but can be reduced through targeted, cost-effective legislative and policy measures. This disparity demands global solidarity and evidence-based action.

Meanwhile, humanitarian crises, climate shocks, conflicts, and broader economic instability have weakened countries' fiscal capacity, making it harder to achieve and sustain adequate national responses to NCDs.

3. Recognizing the key determinants of NCDs and mental health disorders

An important starting point is to recognize the key determinants that shape the risk and burden of NCDs and mental health conditions.

The main shared modifiable risk factors for NCDs are behavioural (tobacco and alcohol use, unhealthy diets, physical inactivity), environmental (air pollution, harmful chemicals) and metabolic (overweight and obesity, high blood pressure, high blood lipids, and high blood glucose). These are largely preventable.

Broader socioeconomic and community-level determinants, including where people live, work and play affect the likelihood of acquiring NCDs and mental health conditions. They underscore the need for whole-of-society approaches that engage government, civil society and the private sector. Coordinated policy action and robust legislative frameworks are essential to address these multi-level influences.

Health inequities further compound the challenge. In many countries, especially low- and middle-income countries (LMICs), vulnerable groups such as women, children, the elderly and the poor fail to benefit from policies to prevent NCDs and mental health conditions, and access to timely, appropriate care remains limited. Early life-disadvantages can lead to chronic conditions that increase the risks of NCDs and mental health conditions from a young age. Addressing these inequities requires targeted legislative interventions that prioritize vulnerable populations and ensure universal access to prevention, and treatment.

4. The case for intensified action

The evidence is clear: NCDs and mental health conditions threaten lives, livelihoods, and national development. The economic costs – from healthcare expenditure to lost productivity – are unsustainable and rising. In resource-constrained settings, small investments in prevention and care can yield substantial returns and help break cycles of poverty and poor health.

Urgent and coordinated action, with legislators playing a crucial role, is now essential. This includes:

- Implementing proven, cost-effective and affordable population-level interventions to prevent NCDs and mental health conditions in every country;

- Building integrated, well-financed and functioning health systems that prioritize prevention, early detection of and treatment for NCDs and mental health conditions – especially through strengthened primary care and universal health coverage; and
- Leveraging non-health sectors to act on the structural drivers of NCDs and mental health conditions, such as urban planning, food policy, taxation, and environmental protection.

The World Health Assembly has endorsed a set of high-impact interventions for NCD prevention and control¹ and mental health.² These save lives, reduce suffering, and deliver significant returns on investment.³ Many lie beyond the health sector, requiring high-level political leadership and cross-government commitment.

Delivering on this agenda requires more than technical solutions – it demands political will, strong governance, and sustained engagement across all sectors of society. While governments must lead, lasting change will depend on the active involvement of civil society, the private sector, the media and academic and research institutions.

Legislators have a particularly powerful role to play in setting priorities, passing legislation, allocating budgets, and holding institutions accountable. Their leadership is essential to creating the legal and policy environments needed to reduce the burden of NCDs and mental health conditions at scale.



SECTION 2

The need for a new, coordinated, and sustained global legislative initiative to tackle NCDs and mental health conditions



1. Why global legislators need to be involved

The urgency of the NCD and mental health crisis demands accelerated legislative action that goes beyond the traditional health sector. Without it, the human and economic costs will continue to escalate, undermining national development and global health security.

As many of the most cost-effective interventions require legislative, regulatory and fiscal action, and whole-of-government and whole-of-society action, legislators need to be at the vanguard of the response. Legislators possess unique authority to:

- Drive multi-sectoral policy and legislative reform;
- Allocate and oversee budgets;
- Monitor implementation of policies and commitments;
- Hold governments and non-State actors, including the private sector, accountable; and
- Counter misinformation and disinformation about prevention and care.

The scale and complexity of these challenges require sustained parliamentary leadership and cross-party commitment – nationally, regionally and globally.

Lessons from pandemic responses and initiatives like the 2024 Antimicrobial Resistance (AMR) Legislative Initiative⁴ have shown the power of legislative action for health and development. The NCDs and Mental Health Legislative Initiative is a timely response to support the scaling up of action to address some of the biggest health and development challenges of the twenty-first century.

Intensified and ongoing dialogue will be essential. An annual legislators hearing on NCDs and mental health in national parliaments—using tools proposed in this report—should be a cornerstone of this effort, helping to promote action, track progress and drive accountability.

2. Toolkit for legislative action on NCDs and mental health for local adaptation

This report⁵ provides a comprehensive legislative toolkit to support globally coordinated action on NCDs and mental health—while allowing for local adaptation based on each country's health system, challenges and cultural context. The aim is to promote practical policymaking, strengthen international cooperation, and encourage the exchange of experiences across countries.

The toolkit offers structured, evidence-based guidance across ten key domains—ranging from governance and accountability to financing and service delivery—equipping legislators with actionable tools to translate global recommendations into effective national policies and legal frameworks.

To further support implementation, Annex 2 includes a selection of successful policy examples and legislative case studies. These good practices serve as a menu of options to inspire action and accelerate progress, tailored to different political and social contexts.

4 AMR Global Legislative Initiative. London: G20 & G7 Health & Development Partnership; 2024.
5 In summary form in the main report and accompanying model resolution and in more detail in Annex 1

SECTION 3

Ten fundamental messages for legislative action



1. Strong governance structures and comprehensive, integrated, long-term policy frameworks for NCDs and mental health at national, regional, and international levels.

Health initiatives often focus on individual NCDs but in reality many NCDs are interconnected, as is mental health. Governments and legislators must move beyond siloed health policies and integrate NCD and mental health prevention across all policy areas. Effective governance requires institutionalized multisectoral coordination mechanisms that transcend electoral cycles and ensure sustained policy coherence. A consistent longer-term approach must be adopted. There must also be proper accountability mechanisms led by or involving parliamentarians and that bring relevant sectors and stakeholders together to deliver actions and report on progress.

2. Monitoring progress on these objectives through guidelines, targets and the provision of the necessary data is critical.

Establishing the right policies and objectives is vital, but equally important is proper implementation and the ability to measure the progress. Health information systems need to be reinforced, measurable and realistic targets and scorecards need to be considered, and effective monitoring frameworks and transparent reporting mechanisms should be established. Independent oversight bodies must ensure accountability and prevent policy drift. Adequate data collection and surveillance are also required to monitor progress on NCDs, risk factors, and mental health, informing policy choices and proper implementation.

3. Combatting health inequities and promoting greater accessibility and affordability are central to effective NCD and mental health responses.

It is essential to tackle health inequities within and between countries, and to adopt whole-of-society approaches to tackle social, economic and commercial determinants of NCDs. Particular attention must be paid to vulnerable populations, including those in humanitarian settings and conflict zones. Accessibility and affordability, especially of medicines, prevention and treatment, must be addressed to protect against inequities. It is a matter of human rights that people living with and at risk of these conditions should not be deprived of access to services and care, or discriminated against. Moreover, while some argue that certain actions to tackle NCDs—such as taxes on health-harming products – are regressive, evidence shows that their health and social benefits often accrue disproportionately to lower-income groups. When well-designed and paired with pro-poor measures, such taxes can reduce inequities in health, poverty and education, while increasing government revenue and with wealthier consumers paying the majority portion of the tax.

4. Greater emphasis on prevention is needed to balance treatment-focused systems—shifting toward proactive, evidence-based strategies to reduce the long-term burden of NCDs and mental health conditions.

Far too low a percentage of overall healthcare expenditure is spent on prevention. Cost-effective prevention interventions deliver substantial returns on investment while reducing long-term healthcare burdens. Prevention operates at both personal and societal levels. Promoting behaviours such as an active lifestyle and a healthy diet can mitigate NCDs, but wider and underlying causes of illness, such as a person's environment, occupational hazards, degree of social support, and wider economic conditions, must also be addressed. To ensure rebalancing towards prevention, legislators must regularly ask their governments how much they are spending from their national health budgets on NCDs—and how much on prevention—and insist on increases in the latter, not just from health budgets but also from other sectors, such as education.

5. Improved healthcare systems that are accessible, affordable, and responsive to NCDs and mental health are essential to meeting population needs and reducing preventable suffering.

Health system capacity for NCD and mental health management needs to be reinforced, through measures such as tackling shortages of necessary personnel and critical medicines, investing in training and education of healthcare workers on NCD and mental health management, and enhancing engagement of communities in healthcare, referrals, community-based prevention and care. Integrated service delivery models must address the reality of multi-morbidity and ensure seamless care coordination across all facility and community levels, with proper screening and referral pathways. Persons with lived experience should be placed at the centre of policymaking and programmes, as they have unique insights into these conditions and can provide first-hand expertise in designing, implementing and monitoring person-centred policies and programmes across prevention, diagnosis, treatment, and care including rehabilitation and palliation.

6. Mental health must be prioritized more strongly, as it is both a massive issue in its own right and a key factor that amplifies the impact of NCDs.

Mental health is too often the 'poor relative' of physical health, and only 1 in 3 people with mental health conditions globally are receiving care, with a far lower percentage in LMICs.⁶ Very limited resources—only 2% of global health budgets—are currently devoted to mental health in wealthier countries, and even less in LMICs. Stigma and discrimination compound these resource gaps, creating barriers to care and undermining economic productivity.

Greater investment in mental health – both human and financial resources – is needed to meet health needs, uphold human rights, and strengthen social and economic outcomes. Mental health determinants – such as poverty, violence, discrimination and unstable living conditions, should be further explored and addressed; mental health should be integrated into all healthcare; and a Mental Health in All Policies approach should be adopted.

7. Adequate and sustained investment in NCD and mental health responses is crucial to avoid catastrophic long-term costs to health systems, economies and societies.

Strategic, long-term investments in prevention and healthcare infrastructure are needed, drawing on the range of policy and programmatic options to address NCDs and mental health conditions and to mitigate their detrimental effects on communities and the economy. Even small investments in prevention can yield a high return on investment,^{7,8} and promote inclusive development, economic growth and productivity, and social stability and security. Sustainable financing mechanisms, including innovative health taxes and multi-year budget frameworks, are essential for program continuity. However, most countries have reverted to pre-Covid-19 pandemic levels of underinvestment in public health, further exacerbating the burden of NCDs and mental health—and allowing their preventable impacts on societies and economies to persist.

8. Stronger regulatory frameworks are critical to reduce exposure to health risks, promote healthier environments, and support access to affordable, quality care.

Regulation plays a vital role in shaping both the delivery of healthcare services and the broader environments that influence health. Well-designed regulatory frameworks can help ensure access to affordable, quality care, while also addressing commercial and structural drivers of NCDs and mental health conditions, such as the marketing of unhealthy products or environmental exposures. These are mutually reinforcing: strong health systems rely on supportive, health-promoting environments, and effective regulation is more impactful when integrated with accessible, trusted healthcare. Countries should share lessons and experiences on which regulatory approaches have been most effective, including how they are communicated to build trust, foster public support, and promote healthier behaviours.

⁶ And yet returns on investment (ROI) on mental health expenditure can be very high. It has been claimed, for example, that mental health interventions for adults are as high as 5:1 ROI globally for adults and as high as 15:1 ROI for adolescents

⁷ One example of this is in action against hypertension, which is the cause of a considerable percentage of global deaths, but which can be effectively tackled with relatively inexpensive treatments

⁸ It is also claimed that tobacco control programs provide up to 15:1 ROI—for every dollar spent, governments save up to \$15 in healthcare and economic costs, including lost productivity and also that obesity reduction efforts could save 2-3% of GDP globally, equivalent to hundreds of billions of dollars annually.

9. Regulation must be supported by innovation to respond to evolving health challenges and to improve the effectiveness and reach of NCD and mental health responses.

An environment should be nurtured where innovation in prevention and novel treatments can thrive. Innovation ecosystems must balance regulatory oversight with adaptive frameworks that enable rapid scaling of promising interventions. Digital health technologies, telemedicine platforms, AI,⁹ and data analytics systems offer transformative potential for early detection, personalized treatment, and population health management. Moreover, regulatory sandboxes and ethical guidelines are essential to ensure equitable access and prevent digital divides that exacerbate health inequities. Public-private partnerships should accelerate research and development while maintaining focus on population health benefits rather than commercial interests alone.

10. Health education and health literacy are essential to both empower individuals and communities and to inform effective, evidence-based policy responses to NCDs and mental health.

Public education on health is vital for supporting prevention, early care-seeking, and self-management of NCDs and mental health conditions. Strengthening public understanding—of risk factors, treatment options, and support systems—can improve outcomes and reduce stigma. Misinformation and disinformation can seriously undermine responses to these conditions by weakening prevention efforts and trust in services. Addressing this requires coordinated strategies involving trusted messengers (e.g. community leaders) and evidence-based communication frameworks. In addition, robust data on public knowledge, attitudes, and behaviours is essential to design responsive policies, tailor outreach, and support effective implementation. Legislators have a critical role to play in ensuring that they and other influential policymakers are sensitized to NCDs and mental health, fostering impactful, evidence-based responses.

⁹ Which has huge potential on many issues related to NCDs, such as analysis, summarizing recommendations, and improving diagnosis and health care both for professionals, and patients and for the general public.



SECTION 4

Legislative Action Toolkit: A framework to adopt globally and adapt locally¹⁰



Core governance and policy integration

Effective governance structures are the foundation for successful NCD and mental health interventions, requiring coordinated policy frameworks that cut across sectoral boundaries and extend beyond electoral cycles

- Develop comprehensive, costed national action plans with clear objectives, timelines, and accountability mechanisms
- Integrate decision-making across health, finance, education, urban planning, and social welfare through formal multi-sectoral coordination
- Establish national coordination mechanisms that meaningfully include civil society, social entrepreneurs, people with lived experience, ageing populations, and young people
- Implement regular parliamentary oversight with annual hearings and specialized committees
- Formalize cross-border collaborations, national and provincial mechanisms, and establish regional parliamentary networks for peer learning and knowledge exchange

Monitoring and accountability systems

Robust monitoring and evaluation frameworks are essential for ensuring accountability, tracking implementation effectiveness, and enabling evidence-based policy adjustments

- Promote government capacity to collect, analyze, and report accurate health data through integrated national health information systems
- Create national scorecards with standardized indicators that are politically independent
- Mandate regular public reporting with civil society participation in monitoring processes
- Commission independent inter-sectoral monitoring bodies to evaluate progress on targets

Addressing health inequities and accessibility

Addressing systemic health inequities requires targeted interventions that prioritize vulnerable populations while ensuring universal access to essential services

- Prioritize interventions addressing underlying social, economic, and environmental drivers of NCDs and mental health conditions, and working with communities to co-design solutions

¹⁰ A more detailed toolkit is set out in Annex I to this report

- Implement targeted programs for vulnerable populations including women, children, older persons, indigenous communities, and refugees
- Advance progress toward universal health coverage with explicit inclusion of NCDs and mental health
- Implement financial protection mechanisms to prevent catastrophic health expenditure

Prevention-focused public health

Prevention-focused strategies deliver exceptional returns on investment while reducing long-term healthcare burdens, and require a rebalancing toward proactive and collaborative interventions

- Establish dedicated budget lines for NCDs and mental health with minimum spending targets
- Implement comprehensive fiscal measures including taxes on tobacco, alcohol, and sugar-sweetened beverages, and channel funds to prevent and control of NCDs and mental health conditions
- Develop evidence-based policies to reduce harmful consumption through pricing, restrictions, and marketing controls, including advertising bans and limiting industry reach
- Promote healthy diets through food reformulation and clear, standardized nutrition labelling, including front-of-pack labelling systems
- Eliminate industrial trans-fats and establish air quality standards
- Invest in community environments facilitating physical activity through urban design and transport policy as well as healthy spaces that promote healthier lifestyles
- Integrate mental health promotion and stigma reduction into public health prevention programmes, including schools, workplaces and community settings

Integrated healthcare system strengthening

Strengthening health system capacity for integrated NCD and mental health management requires comprehensive workforce development and quality improvement

- Develop integrated service delivery models at the primary care level with clear referral pathways
- Strengthen supply chains for essential NCD medicines – recognizing them as critical life-saving interventions
- Implement task-shifting and community-based approaches to address healthcare worker shortages

- Invest in training and education of healthcare workers on NCD and mental health management
- Establish national standards and implement quality improvement monitoring across all facility levels

Mental health integration

Mental health integration across all health services is essential for addressing bidirectional relationships between mental and physical health, while combating persistent stigma and discrimination

- Integrate mental health services into primary health care settings with screening alongside physical assessments
- Redirect resources from institutional care towards community-based mental health services
- Implement early intervention strategies, particularly for children and adolescents
- Reform legislation that discriminates against people with mental health conditions
- Ban highly hazardous pesticides and implement safety measures to limit access to suicide means
- Destigmatize mental health conditions and decriminalize suicide and attempted suicide
- Mainstream mental health considerations into non-health sectors such as education, justice, housing and labour policy

Sustainable financing

Sustainable financing mechanisms must position NCDs and mental health as strategic economic investments, requiring innovative approaches that ensure funding and program continuity beyond electoral cycles

- Establish minimum allocations for the prevention and control of NCDs and mental health within national health budgets
- Develop multi-year financing frameworks to ensure sustainability beyond election cycles
- Implement taxation and excise measures on unhealthy goods and channel funds to the prevention and control of NCDs
- Implement strategic purchasing approaches that incentivize results over volume
- Explore development impact bonds and outcome-based financing mechanisms

- Support South-South collaboration on sustainable financing models
- Develop national investment cases to quantify the economic burden of inaction and returns on NCD and mental health investments

Regulatory frameworks and conflict of interest management

Effective regulatory frameworks must balance individual autonomy with collective health protection while countering commercial interests that undermine public health objectives

- Develop comprehensive legislative frameworks for the prevention and control of NCDs
- Implement comprehensive marketing restrictions for harmful products, especially those targeting children
- Establish clear conflict of interest safeguards for the development of public policy
- Implement Article 5.3 of the WHO Framework Convention on Tobacco Control
- Systematically conduct health impact assessments on trade and investment agreements and other major policy domains, such as environmental regulation, to strengthen policy coherence and minimize health harms

Innovation and technology integration

Innovation ecosystems must balance technological advancement with equitable access, ensure that digital health solutions reach underserved populations, and maintain ethical standards

- Establish national research priorities with dedicated funding for implementation and innovation research
- Support integration of digital health tools including Artificial Intelligence, telemedicine, and data analytics systems
- Engage social entrepreneurs in developing solutions through competitive mechanisms
- Recognize and scale indigenous knowledge that promotes physical and mental well-being

Health literacy and communication

Comprehensive health literacy initiatives must combine properly funded and sustained public education campaigns with targeted misinformation countermeasures utilizing diverse communication channels

- Implement sustained public education campaigns that enable grassroots, community-driven interventions
- Collaborate with civil society and the private sector to establish workplace health literacy programs
- Establish monitoring systems for health misinformation with rapid response mechanisms
- Empower communities to develop local health communication strategies including peer education approaches, and healthy spaces and support networks
- Promote the role of individuals in self-care while providing accurate information

MODEL RESOLUTION ON NONCOMMUNICABLE DISEASES AND MENTAL HEALTH

- (a) Whereas noncommunicable Diseases (NCDs) and mental health conditions have a huge impact on all countries and across all income groups
- (b) Whereas NCDs are the leading cause of death at global level, with age-adjusted mortality rates even higher in low- and middle-income countries (LMICs)
- (c) Whereas NCDs and mental health issues are closely linked, and 1 in 8 people suffer from a mental health condition, and suicide is among the leading causes of death globally
- (d) Whereas there is also a link between NCDs and communicable diseases
- (e) Whereas the indirect effects of NCDs and mental health conditions are also massive, with major economic and social impacts on all countries, and with an even greater impact on LMICs
- (f) Whereas NCDs and mental health conditions are driven both by shared modifiable behavioural and environmental risk factors, such as tobacco and alcohol use, unhealthy diet, physical inactivity, air pollution, substance abuse and stress, and also by underlying and community-based factors, such as a person's place of residence, their economic and social conditions, and environmental factors
- (g) Whereas there is a pressing need for a more systematic and common approach to tackling NCDs and mental health issues at both global and national levels
- (h) Whereas a number of key messages need to be communicated as a prerequisite for more effective tackling of these problems
- (i) Whereas there are a wide range of possible implementing measures, some of which are almost universally applicable, while others will need to be tailored to specific national circumstances
- (j) Whereas many examples of good practice already exist in individual countries and regions, whereas it is vital that there be greater exchange of experience and greater diffusion of good practices
- (k) Whereas it is essential to communicate that effective action on NCDs and mental health is central not just to the health context but also to advancing overall economic prosperity and resilience, and that short-term costs will be greatly outweighed by long-term benefits
- (l) Whereas national, regional and global legislators have a key role to play in ensuring more effective action on NCDs and mental health, including adopting the appropriate implementing measures and in communicating key messages and disseminating good practices

- Taking into account a number of recent international meetings dealing with NCDs and mental health issues, including the 2023 Bridgetown Declaration on NCDs and Mental Health, the Global Mental Health Summit in Qatar in 2024 and the WHO Europe Hearing on Confronting the Silent Epidemic Tackling NCDs and Advancing Action on Mental Health
- Taking into account the Global Charter on Meaningful Involvement of People Living with NCDs
- Taking into account initiatives from the African Union and other regional bodies
- Taking into account the Global Legislators report on NCDs and Mental Health (and its Annex outlining a number of examples of international and national best practice)

The key role of legislators

- 1 Calls for global, regional and national legislators to promote a more systematic and common approach to tackling NCDs and mental health conditions at both global and national levels, and to take a proactive role in adopting the necessary measures to reduce the negative impacts of NCDs and mental health conditions on mortality and on economic and social conditions
- 2 Considers that legislators are in a privileged position to promote such actions, by influencing their own governments and by encouraging cross-border initiatives at regional and international level
- 3 Believes, therefore, that there should be a coordinated global legislative initiative to tackle NCDs and disorders, outlining why it is so important, and putting forward a number of key messages along with a globally applicable toolkit to guide international policymaking on NCDs and mental health
- 4 Calls upon legislators and governments to ensure the fullest possible implementation of the recommendations from the Fourth High Level Meeting of the UN General Assembly on the Prevention and Control of NCDs and the Promotion of Mental Health and Well-being in September 2025
- 5 Calls for the following key messages to be communicated:

Ten key messages to be communicated

- (i) Strong governance structures and comprehensive, integrated, long-term policy frameworks for NCDs and mental health are essential at national, regional, and international levels.
- (ii) Monitoring progress on these objectives through guidelines, targets and the provision of the necessary data is critical.
- (iii) Combatting health inequities and promoting greater accessibility and affordability are central to effective NCD and mental health responses.
- (iv) Greater emphasis on prevention is needed to balance treatment-focused systems – shifting toward proactive, evidence-based strategies to reduce the long-term burden of NCDs and mental health conditions.
- (v) Improved healthcare systems that are accessible, affordable, and responsive to NCDs and mental health are essential to meeting population needs and reducing preventable suffering.
- (vi) Mental health must be prioritized more strongly, as it is both a massive issue in its own right and a key factor that amplifies the impact of NCDs.
- (vii) Adequate and sustained investment in NCD and mental health responses is crucial to avoid catastrophic long-term costs to health systems, economies and societies.
- (viii) Stronger regulatory frameworks are critical to reduce exposure to health risks, promote healthier environments, and support access to affordable, quality care.
- (ix) Regulation must be supported by innovation to respond to evolving health challenges and to improve the effectiveness and reach of NCD and mental health responses.
- (x) Health education and health literacy are essential to both empower individuals and communities and to inform effective, evidence-based policy responses to NCDs and mental health.

A toolkit of implementing measures

6. Puts forward the following toolkit of implementing measures to be adopted as guidance for policy-makers :

(i) Governance and policy integration

- Ensure good governance and policy integration by institutionalizing cross-sectoral coordination, embedding health priorities across government, and reinforcing legislative oversight mechanism
- Develop and regularly update comprehensive and costed national action plans on NCDs and mental health with clear objectives, timelines, and accountability, and ensure that they are fully implemented and regularly monitored
- Integrate decision-making across health, finance, education, urban planning, and social welfare through formal, statutory, and multi-sectoral coordination
- Harmonize policies across government departments through a Health in All Policies approach, in order to address the full spectrum of determinants and risk factors for NCDs and mental health conditions
- Implement regular parliamentary oversight of national NCD and mental health strategies, including annual hearings and progress reports, with specific parliamentary committees established for oversight
- Leverage civil society and seek multi-sectoral cooperation involving academia, the faith-based community, and social entrepreneurs, as well as health workers, and the private sector
- Strengthen international and regional cooperation, promote consistent regulatory approaches to addressing health as a cross-border issue, reinforce regional parliamentary networks and conduct regular inter-parliamentary dialogues to share good practices and implementation strategies

(ii) Health information and data collection and how progress should be measured

- Reinforce systems for health information, data collection, and evaluation to ensure effective implementation and accountability of NCD and mental health policies and objectives
- Support capacity building for data collection, analysis, and utilization at all levels of the health system
- Set measurable national and international targets level aligned with commitments from the UN 4th High Level Meeting in September 2025

- Create national scorecards with standardized indicators to track progress on NCD prevention, management, and mental health service provision, to ensure tracking is independent of political cycles
- Provide regular health impact assessments of policies across sectors
- Establish transparent reporting mechanisms

(iii) Combating health inequities, and promoting accessibility and affordability

- Address these both between and within countries
- Target the social, economic and commercial determinants of health through programs for vulnerable and marginalized populations, including women, children, older persons, indigenous communities, and migrants, and integrate NCD and mental health interventions into poverty reduction strategies
- Ensure equitable access to essential medicines: and promote rational use of generic medicines for NCD treatment through appropriate regulatory frameworks
- Reduce financial barriers to NCD and mental health care and accelerate progress towards Universal Health Care that explicitly includes NCD and mental health services

(iv) Preventive health care

- Balance health systems toward prevention, recognizing that investments in prevention remain significantly lower than in treatment, despite their proven impact on health outcomes and economic productivity
- Establish dedicated budget lines for NCD and mental health prevention in national health budgets and set minimum spending targets for preventative health as a percentage of overall health expenditure
- Address key modifiable risk factors of NCDs through appropriate measures on tobacco control, alcohol consumption, sugar-sweetened beverages and on the promotion of healthy food production and consumption, as well as campaigns on increasing physical activity and on healthier lifestyles. An important component is fiscal measures, with revenues earmarked for prevention programs
- Promote healthier environments, through such measures as integrating healthy spaces considerations into urban planning, transportation, and housing policies and establishing and

enforcing standards for air quality, noise pollution, and water safety

- Develop targeted screening programs for major NCDs and for high-risk populations, and ensure screening is paired with referral pathways and treatment availability, to avoid creating false expectations of access to care

(v) Improving NCD healthcare

- Strengthen health system capacity for integrated NCD and mental health management
- Invest in health workforce capacity by training and educating healthcare workers on NCDs and mental health management, as well as professionalizing community health workers and developing their capacity to address NCDs and mental health
- Promote quality of care at all levels, including the development of patient-centred models of care for chronic NCD as well as mental health, and support appropriate self-management for people living with NCDs
- Develop national strategies to predict and mitigate shortages of essential NCD medicines and support local and regional manufacturing of essential NCD medicines and technologies, where feasible

(vi) Enhanced focus on mental health

- Recognize and address the relationship between mental health conditions and other NCDs at policy, program and service delivery levels
- Integrate mental health services into primary healthcare settings, with routine screening and referral pathways for mental health alongside physical health assessments
- Seek to redirect resources from institutional care toward community-based mental health services, which are evidence-based, more person-centred, and cost-effective
- Implement early intervention strategies, particularly for children and adolescents, utilizing communities, schools, peer networks, and families
- Invest in the capacity of healthcare systems to tackle both main types of mental illness: endogenous (lifelong conditions like schizophrenia) and exogenous (conditions triggered by trauma, stress or other external events), with appropriate system- and self-management care
- Develop targeted interventions for high-risk and vulnerable groups (including migrants and people

in conflict zones, children, adolescents and young adults, women experiencing violence, older people, and those with dementia)

- Implement and promote suicide prevention strategies nationally and locally
- Address mental health impacts of digital environments, including cyber-bullying
- Combat stigma and discrimination, and reform legislation that discriminates against people with mental health conditions
- Improve mental health information and data systems as well as access to mental health services, and promote mental health education and literacy

(vii) Financing measures

- Recognize that strategic short-term investments can yield substantial, rapid and lasting economic and health benefits
- Establish minimum allocations for NCD and mental health within national health budgets, as an investment in economic development and stability
- Develop multi-year financing frameworks to ensure sustainability of NCD and mental health programs beyond election cycles
- Consider pooled financing mechanisms for essential diagnostics, medicines, and equipment
- Implement strategic purchasing approaches for NCD and mental health, and invest in cost-effective interventions, including the WHO Best Buys and other context-appropriate interventions
- Explore development impact bonds and other outcome-based financing mechanisms for NCD prevention and control, and engage with multilateral development banks to secure long-term financing for NCD infrastructure and capacity
- Advocate for increased donor support for NCDs and mental health in LMICs as a clear investment in enhanced productivity and economic growth
- Support South-South collaboration on sustainable financing models, including through regional financing mechanisms and partnerships with regional bodies to promote cross-border initiatives

(viii) Regulation and conflict of interest management

- Ensure that government actions to promote accessible, affordable, and convenient health care needs are supported by appropriate regulation, tailored to national contexts
- Communicate regulatory measures clearly and transparently to build public understanding and trust
- Promote exchange of experience on effective regulatory approaches across countries
- Develop comprehensive legislative frameworks for NCD prevention and control and improving mental health
- Establish or strengthen regulatory bodies to enforce NCD- and mental health-related legislation
- Implement comprehensive marketing restrictions for harmful products, especially those targeting children or causing addiction
- Prioritize public health in policy development through clear conflict of interest policies, codes of conduct, and transparency in government and industry interactions
- Support independent research and civil society monitoring of industry practices that impact health and ensure findings inform policy and enforcement
- Implement front-of-pack food labelling systems to promote healthier, more informed behaviors
- Develop regulatory frameworks for digital health technologies and media
- Establish standards for workplace health that address NCD and mental health risk factors

(ix) Promoting innovation

- Establish national research priorities for NCDs and mental health, and allocate dedicated funding for implementation research on effective, scalable NCD interventions
- Facilitate collaboration between academic institutions, healthcare providers, and industry, in country as well as regionally and internationally
- Support the integration of digital health tools into existing health systems, including AI, digital therapeutics, telemedicine, novel treatments and data analytics
- Promote digital literacy among healthcare providers and patients and address digital divides to

ensure equitable access to health technologies

- Establish mechanisms to identify, evaluate, and scale effective NCD interventions
- Create innovation hubs focused on NCD and mental health solutions, to enhance citizen engagement and well-being while stimulating economic development
- Engage social entrepreneurs in developing solutions for NCD prevention and control, and promote the use of indigenous and traditional knowledge proven to improve physical and mental well-being
- Develop regulatory frameworks for digital health technologies and media

(x) Improving health education and health literacy, and communication of health policy

- Support personal agency and informed decision-making and provide clear, accessible information on NCD risk factors, prevention and management
- Implement sustained public education campaigns that address a broad range of NCD and mental health risk factors – including tobacco and alcohol use, unhealthy diet, physical inactivity, air pollution, and stress – while promoting informed decision-making, self-care, and community well-being. These campaigns should empower individuals, reduce the burdens on health systems, and contribute to prevention at scale
- Promote community-led approaches that empower local actors to develop health communication strategies and education initiatives, including peer education and creation of healthy environments
- Establish monitoring systems and early-warning alerts for health misinformation, especially around mental health, but also for broader NCDs and public health, and develop rapid response counter messaging mechanisms to address harmful health narratives, misinformation, or disinformation
- Support media and digital literacy programs to build public capacity to critically evaluate health information
- Ensure health policies are communicated in an effective and sustained manner

7. Calls for this resolution to be submitted for the attention of all legislators at national, regional and international levels, for their consideration and action



ANNEX 1: on a detailed toolkit of implementing measures for the consideration of global legislators

TACKLING NCDs AND MENTAL HEALTH CONDITIONS – SOME SPECIFIC ACTIONS

This Annex to the Global Legislators report and resolution is meant to complement them by providing a more detailed list of possible actions to be considered by global legislators, in line with their specific national economic, social, cultural and other circumstances.

It is divided into two parts. Part A provides a more extensive toolkit of implementing measures than those set out in the main report and resolution (but following the same order and structure). This toolkit provides a menu of evidence-based, practical recommendations for addressing the growing global burden of non-communicable diseases (NCDs) and mental health conditions. It is designed to give options that are adaptable to diverse national contexts while promoting coordinated global action and results. Part B sets out a few even more specific objectives and actions in the field of prevention.

PART A : A MORE EXTENSIVE TOOLKIT OF IMPLEMENTING MEASURES

1. Governance and policy integration:

Effective governance structures represent the foundational prerequisite for successful NCD and mental health interventions, requiring coordinated policy frameworks that transcend traditional sectoral boundaries and electoral cycles. Good governance and policy integration are vital if the inter-connected problems of NCDs and mental health are to be tackled effectively. Legislators must refocus policy and budgetary priorities around NCDs and mental health effects on national economic stability, recognizing the principle that small investments in preventing NCDs and mental health yield higher productivity, healthcare savings, and economic growth.

There may also be trade-offs between health and other objectives, and between the shorter term costs and longer term benefits. It is vital, therefore, that these trade-offs are properly communicated and that a coherent and longer-term approach is adopted.

Finally, as part of good governance, civil society engagement can yield substantial results, as community and faith leaders are not constrained by election timeline pressures. Multi-sectoral cooperation should involve scientists, faith-based community, and social entrepreneurs, alongside health workers, and private sector.

faith-based community, and social entrepreneurs, alongside health workers, and private sector.

(i) Establish robust governance frameworks for NCDs and mental health:

- Develop comprehensive, costed national action plans on NCDs and mental health with clear objectives, timelines, and accountability, ensuring full implementation and regular monitoring.
- Integrate decision-making across health, finance, education, urban planning, and social welfare through formal, statutory, multi-sectoral coordination.
- Harmonize policies across government departments through Health in All Policies, similar to One Health approaches, in order to address the full spectrum of NCD determinants and risk factors.
- Implement regular parliamentary oversight of national NCD and mental health strategies, including annual hearings and progress reports, with specific parliamentary committees established for oversight.

(ii) Leveraging civil society:

- Establish national coordination mechanisms that include civil society, social entrepreneurs, people with lived experience, and youth, to ensure cross sectoral and community engagement.

(iii) Strengthen international and regional cooperation:

- Formalize cross-border collaborations to address shared environmental risk factors, and promote consistent regulatory approaches.
- Establish regional parliamentary networks and conduct regular inter-parliamentary dialogues to share best practices and implementation strategies.
- Empower regional WHO offices and multilateral organizations (e.g., PAHO, AFRO, SEARO) to support country-level scaling and leverage leadership of high-capacity countries (e.g., India, Brazil, South Africa) to champion South-South collaboration while creating a global NCD action coalition with representation from LMICs, civil society, and research institutions.

2. Measuring progress

Robust monitoring and evaluation frameworks are essential for ensuring accountability, tracking implementation effectiveness, and enabling evidence-based policy adjustments across diverse national contexts. Health

information, data collection, and progress measurement are key to successful policy implementation. Furthermore, besides any overall targets set at international level (such as those considered at the Fourth High Level Meeting in September 2025) individual countries should be encouraged to set national targets, underpinned by better data collection and reporting efforts.

(i) Strengthen health information systems:

- Promote government capacity to collect accurate health data for evidence-based policy and progress tracking through robust, integrated national health information systems to capture data on NCD prevalence, risk factors, and health service utilization, ensuring interoperability across localities, sectors, and levels of care
- Establish standardized metrics for measuring NCD and mental health burdens, aligned with international frameworks
- Support capacity building for data collection, analysis, and utilization at all health system levels, for both patient information and decision-making

(ii) Implement effective monitoring frameworks:

- Create national scorecards with standardized indicators to track progress on NCD prevention, management, and mental health service provision in politically independent.
- Conduct regular health impact assessments of policies across sectors, presenting findings emphasizing both lives and livelihoods, while mandating disaggregated data collection by age, gender, geography, income, and other social determinants to identify and address disparities.

(iii) Establish transparent reporting mechanisms:

- Mandate regular public reporting on NCD and mental health indicators, ensuring civil society participation in monitoring and evaluation processes
- Create parliamentary dashboards to track implementation of NCD and mental health policies, and assess impacts on health and national budgets
- Ensure long-term commitment and accountability through independent inter-sectoral oversight
- Commission independent inter-sectoral monitoring bodies to evaluate progress on NCD and mental health targets

3. Combating health inequities and promoting affordability

Addressing systemic health inequities within and between countries requires targeted interventions that prioritize vulnerable populations while ensuring universal access to essential services.

(i) Address social, economic, commercial and environmental determinants of health:

- Prioritize interventions addressing underlying social, economic, and environmental drivers of NCDs and mental health conditions, and benefit those who need it the most
- Implement targeted programs for vulnerable and marginalized populations, including women, children, elderly, indigenous communities, and migrants
- Integrate NCD and mental health interventions into poverty reduction strategies, recognizing direct linkage between quality of life and productivity for poverty alleviation, economic growth, and development

(ii) Ensure equitable access to essential medicines:

- Promote rational use of generic medicines for the treatment of NCDs and mental health conditions through appropriate regulations
- Utilize TRIPS flexibilities where appropriate to ensure access to essential NCD medicines, and establish regional procurement mechanisms to enhance bargaining power and maintain stable supply of quality medicines for NCDs and mental health conditions

(iii) Reduce financial barriers to NCD and mental health care:

- Progress toward Universal Health Coverage (UHC) with inclusion of NCD and mental health services
- Implement financial protection mechanisms to prevent catastrophic health expenditure for chronic conditions, including reducing or eliminating out-of-pocket payments for essential NCD and mental health services

4. Preventative health

Prevention-focused strategies deliver exceptional returns on investment while reducing long-term healthcare burdens, requiring systematic rebalancing of health systems toward proactive, evidence-based interventions. Furthermore, governments should invest in healthier urban environments (e.g., green spaces, pollution control, and healthier options). Community-based health programs should be expanded to educate and support families in adopting healthier lifestyles, and address economic stress (e.g., poverty, unemployment) with indirect mental and physical health outcomes. Since many risk factors for NCDs are at the community level, Healthy spaces can promote better prevention and healthier lifestyles.¹¹

To ensure that such rebalancing is really made in all countries, legislators must regularly ask their governments how much they are spending from their national health budgets on NCDs and mental health conditions, and how much on prevention. If the spending on NCDs and mental health conditions is increasing as a percentage of the overall expenditure on health there is an undeniable argument to increase spending on prevention. However, this should not just come from the health budget. It should be drawn from other departments, e.g. social sectors.

(i) Rebalance health systems toward prevention to save lives and costs:

- Establish dedicated budget lines for NCD and mental health prevention international health budgets to save lives and healthcare costs
- Set minimum spending targets for preventative health (as percentage of overall health expenditure)
- Implement fiscal measures, including taxes on tobacco, alcohol, and sugar- sweetened beverages, with revenues earmarked for prevention programs
- Strengthen primary healthcare systems as cornerstone for NCDs and broader population health

(ii) Address key modifiable risk factors of NCDs (also see more detailed possible measures in Part B of this annex):

- Implement comprehensive tobacco control measures aligned with the WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products
- Develop culturally-appropriate evidence-based policies to reduce harmful alcohol consumption through pricing, restrictions, and marketing
- Promote healthy diets (through food reformulation, labelling, marketing restrictions, and incentives for healthy food production and consumption), and physical activity through WHO guidelines and public education campaigns

(ii) Address key modifiable risk factors of NCDs (also see more detailed possible measures in Part B of this annex):

(iii) Promote healthier environments:

- Invest in healthier urban environments and expand community-based health programs to support healthier lifestyles while addressing economic and commercial determinants
- Integrate healthy spaces considerations into urban planning, transportation, and housing policies
- Establish and enforce standards for air quality, noise pollution, and water safety to protect against NCD risks and save lives and national costs, while being transparent and mindful of potential short-term trade-offs
- Establish regulations and partnerships for workplace health programs and occupational safety standards to reduce NCD risks and risks for mental health conditions
- Support sub-national budgets for community-based initiatives creating health-promoting living environments

(iv) Implement targeted screening programs with appropriate referrals:

- Ensure screening programs include necessary referral pathways and treatment availability to prevent false expectations
- Develop context-appropriate screening programs for major NCDs, ensuring screening is paired with referral pathways and treatment availability
- Prioritize high-risk populations (e.g. elderly for NCDs and youth for mental health) for targeted, context-specific screening initiatives, and integrate patient-centred mental health screening into routine primary care

5. Better NCD healthcare

Strengthening health system capacity for integrated NCD and mental health management requires comprehensive workforce development, quality improvement, and sustainable supply chain mechanisms.

¹¹ In one of many stark examples, Egypt spends over 55% of its current health expenditure on NCDs and only 1.5% on preventive health services. Egyptian policy-makers are now seeking to raise this latter figure to around 11%.

(i) Strengthen health system capacity for NCDs and mental health:

- Develop integrated service delivery models for NCDs and mental health at primary care level, with referral pathways between levels of care, utilizing community and national structures
- Strengthen national supply chains for essential NCD (hypertension, CVDs, stroke) medicines as critical life-saving and cost-effective intervention
- Implement task-shifting and task-sharing approaches to address healthcare worker shortages and engage all health workers in the prevention and control of NCDs and mental health conditions

(ii) Enhance health workforce capacity:

- Invest in training and education of healthcare workers on NCD and mental health management, including effective communications and interpersonal techniques plus digital tools and digital literacy
- Integrate evidence-based current NCD and mental health content into pre-service training curricula for health workers, while also implementing and implement continuing education programs for health providers to address risk factors, especially for mental health, and patient-centred care
- Professionalize community health workers and develop their capacity for NCDs and mental health

(iii) Promote quality of care at all levels:

- Establish and enforce national standards for NCD and mental health care, implementing quality improvement monitoring at all facility levels
- Develop patient-centred models of care for chronic NCD and mental health
- Promote appropriate self-management for people living with NCDs

(iv) Predict and mitigate critical shortages:

- Develop national strategies to address shortages of essential medicines for NCDs and mental health conditions
- Implement innovative approaches to increase specialist capacity where needed, leveraging allied health workers to fill gaps

- Support local and regional manufacturing of essential NCD and mental health medicines and technologies, where feasible
- Promote the screening diagnosis, management and care (including palliation) for cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors in line with the WHO list of “best buys” and other recommended interventions¹²

6. Focus on mental health

Mental health integration across all health services and policy frameworks is essential for addressing the bidirectional relationship between mental and physical health conditions while combating persistent stigma and discrimination.

(i) Mainstream mental health in primary care and health services:

- Integrate mental health services into primary healthcare settings, and implement checks for mental health alongside physical assessments
- Promote the availability and provision of psychosocial, psychological and pharmacological treatments for depression, anxiety and psychosis within general health care services, as well as for other related priority conditions, including childhood mental health conditions, self-harm, alcohol use disorders, epilepsy and dementia in line with the WHO Mental Health Gap Action Programme (mhGAP) guideline
- Train all healthcare workers in basic mental health assessment and support
- Recognize and address the cyclical bi-directional relationship between mental health conditions and other NCDs at policy and programs levels

(ii) Shift toward community-based mental health care:

- Redirect resources from institutional care toward community-based mental health services, which are more clinically effective and cost-effective
- Develop comprehensive community support systems for people with mental health conditions to promote well-being and productivity
- Implement early intervention strategies, particularly for children and adolescents, utilizing communities, schools, peer networks, and families

¹² An example of such a WHO Best Buy is to commit financing to enable all women to get screened for cervical cancer with a high-performance test (HPV-DNA) at least twice a lifetime (ages 35- and 45)

(iii) Address specific mental health needs:

- Develop targeted interventions for high-risk and vulnerable groups (including youth, migrants, and conflict-affected populations)
- Invest in full healthcare systems capacity for both main types of mental illness: endogenous (lifelong conditions like schizophrenia) and exogenous (conditions triggered by external factors)
- Implement and promote suicide prevention strategies nationally and locally (including evaluation of the impact of, and possible banning, of highly hazardous pesticides and limitations of access to other means of suicide).
- Address mental health impacts of digital environments, including cyberbullying

(iv) Combat stigma and discrimination:

- Focus on vulnerable populations including migrant children, adolescents, women experiencing violence, and older people with dementia through anti-stigma campaigns with measurable objectives, and enlist high level and influential people as champions
- Reform legislation that discriminates against people with mental health conditions, and eliminate punishment for attempted suicide
- Promote recovery-oriented approaches and meaningful participation of people with lived experience in policy development

(v) Other issues that need to be tackled as part of a comprehensive mental health agenda

- Tackling prevention in the mental health context
- Improving mental health information and data
- Communication with individuals experiencing mental health conditions
- Mental health education and literacy
- Accessibility of mental health services
- Addressing over-medication

7. Financing NCDs and mental health: Investing short-term to save catastrophic long-term costs

Even small investments in prevention of NCDs and mental health conditions can have multi-fold benefits of economic savings and growth. Therefore, sustainable financing mechanisms must position NCDs and mental health as economic investments rather than costs, requiring innovative approaches that ensure program continuity beyond electoral cycles.

(i) Increase and sustain investment:

- Establish minimum allocations for NCD and mental health within national health budgets, as investment in economic development and stability
- Implement dedicated taxes on products that contribute to NCDs (tobacco, alcohol, sugar-sweetened beverages) with revenue directed to health
- Develop multi-year financing frameworks to ensure sustainability of NCD and mental health programs beyond election cycles

(ii) Promote efficiency and effectiveness:

- Implement strategic purchasing approaches for NCD and mental health, and develop procurement mechanisms that incentivize results over volume
- Invest in cost-effective interventions, prioritizing WHO best buys for NCDs

(iii) Mobilize innovative financing; enhance international cooperation:

- Explore development impact bonds or other outcome-based financing mechanisms for NCD prevention, and engage with multilateral development banks to secure long-term financing for NCD infrastructure and capacity
- Advocate for increased donor support for NCD and mental health in LMICs as investment in productivity and economic growth
- Support South-South collaboration on sustainable financing and domestic resource allocation models, and establish regional financing mechanisms, or collaborate with regional bodies such as the AU to support cross-border initiatives

8. Regulation as a progress enabler

Effective regulatory frameworks must balance individual autonomy with collective health protection while countering commercial interests that undermine public health objectives through transparent, evidence-based policymaking. Actions by governments to promote accessible, affordable, and convenient health care need appropriate regulation should be tailored to each country. Moreover, exchange of experience on what has worked best in different countries, whether through taxes or other regulatory measures on tobacco, alcohol or sugar, through innovative measures, such as promoting access to healthier food, walkable cities and mental health support. Effective communication strategies are essential for public acceptance. Policies must encourage new approaches in healthcare delivery, medical interventions, and technology-driven solutions, ensuring these reach those who need them most.

(i) Implement effective regulatory frameworks:

- Develop comprehensive legislative frameworks for NCD prevention and control
- Establish or strengthen regulatory bodies to enforce NCD-related legislation

(ii) Address commercial determinants of health:

- Implement comprehensive marketing restrictions for harmful products, especially those targeting children or causing addiction
- Establish clear conflict of interest policies for public policy development, and ensure transparency in industry interactions with government and healthcare sectors

(iii) Protect public health policy from commercial conflicts of interests:

- Implement Article 5.3 of the Framework Convention on Tobacco Control
- Ensure health impact assessments for trade and investment agreements
- Support independent research on industry practices and their health impacts, and civil society monitoring of industry practices

(iv) Promote regulatory innovation:

- Implement front-of-pack food labelling systems to promote healthier choices
- Develop regulatory frameworks for digital health technologies and media

- Establish standards for workplace health that address NCD risk factors

9. Promoting innovation

Innovation ecosystems must balance technological advancement with equitable access, ensuring that digital health solutions and novel interventions reach underserved populations while maintaining ethical standards and evidence-based implementation.

(i) Foster research and development:

- Establish national research priorities for NCDs and mental health, and allocate dedicated funding for implementation research on effective NCD interventions
- Facilitate support partnerships between academic institutions, healthcare providers, and industry, in country as well as regionally and internationally

(ii) Leverage digital health technologies:

- Support integration of digital health tools into existing health systems, including AI, digital therapeutics, telemedicine, and novel treatments, plus advanced digital and data analytics systems to enhance referrals, evidence-based decision-making, and health promotion
- Promote digital literacy among healthcare providers and patients
- Address digital divides to ensure equitable access to technologies, investing in digital inclusion

(iii) Scale successful innovations:

- Establish mechanisms to identify, evaluate, and promote promising interventions, especially those that mitigate risk factors and save costs, and support knowledge exchange regionally and globally
- Create innovation hubs focused on NCD and mental health solutions, with aiming to increase citizen engagement and well-being while spurring innovation and economic development

(iv) Promote social innovation:

- Engage social entrepreneurs in developing solutions for NCD prevention and control, locally and nationally, through competitions

¹³ As when the pioneering smoking ban in pubs and restaurants in Ireland was also framed as an occupational health and safety measure.

- Implement social prescribing approaches within healthcare systems
- Recognize, leverage, and scale indigenous and traditional knowledge promoting physical and mental well-being

10. Bolstering health information and health literacy

Comprehensive health literacy initiatives must combine sustained public education campaigns with targeted misinformation countermeasures, utilizing diverse communication channels to reach all population segments while empowering community-driven health promotion strategies.

(i) Enhance public understanding and engagement:

- Implement comprehensive, sustained and properly funded public education and awareness campaigns on NCD prevention and their importance for well-being, quality of life, and families, in order to encourage grassroots community-driven interventions to reduce burden of NCDs and mental health plus healthcare costs
- Promote locally-driven, age-appropriate health education materials for schools, community centres, and faith-based communities
- Collaborate with private sector and chambers of commerce to establish workplace health literacy and support programs
- Utilize diverse communication channels, e.g. social media, to reach different population segments

(ii) Support personal agency and informed decision-making:

- Provide clear, accessible information on NCD risk factors and management, with people-centred approaches for patients with chronic conditions
- Encourage localities to provide health information in appropriate languages and formats addressing stigma

(iii) Counter misinformation:

- Establish monitoring systems and alerts for health misinformation, especially around mental health, but also for NCDs and public health, and develop rapid response mechanisms to address harmful health narratives, misinformation, or disinformation

- Support media literacy programs to help citizens evaluate health information

(iv) Promote community participatory approaches:

- Empower communities to develop local health communication strategies, including in-person peer education approaches for NCD prevention, and virtual approaches promoting healthy messaging through social media
- Partner with trusted community leaders and cultural and religious communities to design and disseminate evidence-based health education frameworks for local communities



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Actions required from legislators to deliver the outcomes

OUTCOMES	ACTIONS
1. Reduction in prevalence of tobacco use	<ul style="list-style-type: none"> • Increase excise taxes and prices on tobacco products to a minimum 75% tax share of the retail price of tobacco in line with the WHO recommendation. • Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages. • Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship. • Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport. • Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke. • Implement measures to minimize illicit trade in tobacco products. • Ban or regulate electronic nicotine delivery systems and electronic non-nicotine delivery systems and where countries permit commercialisation of e-cigarettes as consumer products to reduce their appeal and their harm.
2. Reduction in the intake of alcohol	<ul style="list-style-type: none"> • Increase excise taxes on alcoholic beverages with regular reviews of prices in relation to the level of inflation and income. • Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media). • Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale). • Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints. • Enact and enforce an appropriate minimum age for the purchase or consumption of alcoholic beverages. • Restrict or ban promotion of alcoholic beverages in connection with sponsorships and activities targeting young people. • Provide consumer information about, and label, alcoholic beverages to indicate, the harm related to alcohol.

OUTCOMES	ACTIONS
3. Reduction in levels of unhealthy diet	<ul style="list-style-type: none"> • Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals. • Reduce salt intake through a behaviour change communication and mass media campaign. • Reduce salt intake through the implementation of front-of-pack labelling. • Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain. • Reduce sugar consumption through effective taxation on sugar-sweetened beverages. • Implement subsidies to increase the intake of fruits and vegetables. • Limiting portion and package size to reduce energy intake and the risk from being overweight/obese. • Implement nutrition labelling to reduce total energy intake, sugars, sodium and fats and vegetables.
4. Increase in levels of physical inactivity	<ul style="list-style-type: none"> • Implement community-wide public education and awareness campaign for physical activity which includes a mass media campaign combined with other community-based education, motivational and environmental programmes aimed at supporting behavioural change of physical activity levels. • Ensure that macro-level urban design incorporates the core elements of residential density, connected street networks that include pavements/sidewalks, easy access to a diversity of destinations and access to public transport. • Implement a whole-of-school programme that includes quality physical education, availability of adequate facilities and programmes to support physical activity for all children. • Promotion of physical activity through organized sports groups and clubs, programmes and events.
5. Reduction in levels of air pollution	<ul style="list-style-type: none"> • Promote and incentivize clean, efficient and expanded urban transit (i.e. buses and trains), car share schemes and low-emission zones • Reduce the open burning of agricultural residues • Encourage access to affordable and less polluting fuels (e.g. liquefied petroleum gas and renewables) and technologies (e.g. improved cook stoves) for cooking, heating and lighting

PART B : SPECIFIC ACTIONS ON PREVENTION : FIVE DESIRABLE OUTCOMES THAT LEGISLATORS COULD AIM TO ACHIEVE AND SOME POSSIBLE MEANS FOR LEGISLATORS TO HELP DELIVER SUCH OUTCOMES



ANNEX 2 : SOME ILLUSTRATIVE EXAMPLES OF BEST PRACTICE

1. Case studies cited in the Global Legislators Initiative hearings

Bahrain’s Comprehensive NCD and Mental Health Governance Framework Success

Background:

The Kingdom of Bahrain recognized NCDs and mental health as both health challenges and development priorities requiring coordinated governance, and recognized the need for systematic financing linking improved health outcomes to sustainable development and economic stability.

Solution:

Institutionalized Multisectoral National Coordination Mechanism on NCDs, with a Task Force chaired by Minister of Health, including a whole-of-society approach promoting dialogue and collaborative action responsive to citizens’ needs. Jointly developed investment case for NCDs with WHO, UN, and the Gulf Health Council. Expanded Healthy Cities Programme focusing on sustainable urban development, community engagement, and intersectoral collaboration.

Success lessons include:

- Mental health integration: Effectiveness due to PHC integration with referral systems, supported by work place initiatives and campaigns to eliminate stigma while addressing social determinants.
- Evidence-based policies: National Health Survey provided insights into health behaviors, enabling data-driven interventions, and taxation policies promoted healthier choices and generated revenue.
- Legislative framework: Success of comprehensive Public Health Law developed collaboratively with legislative authority including dedicated NCD chapter mandating national prevention strategy.

Zambia's multi-faceted NCD and mental health challenges

Background:

Zambia needed to address the substantial economic burden of NCDs (6% of GDP), tobacco, and widespread alcohol-related mental health issues (estimated 70% illicit alcohol consumption). Out-of-pocket healthcare was impoverishing millions, disproportionately affecting low-income households.

Solution:

Delivered a clear economic argument for NCD investment: with short-term benefits being that it saves lives and long-term benefits that it saves money, as early intervention reduces emergency treatments and hospitalizations, and provides economic returns to the economy and productivity. Implemented new policy requiring safe infrastructure for pedestrians and cyclists on all new roads highlighting co-benefits between road safety, sustainable transport.

Experience lessons include::

- Alcohol licensing/supply chain: Need to regulate and control who produces and sells alcohol.
- Need to Limit/ban the lobbying/influence of tobacco industry on legislations. Zambia has struggled with tobacco enforcement since enacting legislation in 2008, mainly due to industry interference.
- Proposed health taxes as a dual-purpose strategy: first, taxing harmful products (tobacco, alcohol, sugary foods) to both reduce consumption and generate revenue for healthcare; and removing subsidies for unhealthy foods would steer public behavior toward healthier choices.

India's Atmiyata Community Mental Health Model to Scale

Background:

Atmiyata was developed as a community-led, rights-based mental health model (now a WHO Best Practice), to respond to the high burden of mental health and critical role of communities.

Solution:

Established communities as active partners in mental health care delivery, strengthening social capital while complementing specialized services to ease burden on resource-constrained health systems. This allowed

communities to effectively deliver mental health care as active partners. Over time, the community-led models have provided superior economic returns (\$9 per \$1 invested) while maintaining equivalent clinical effectiveness. The model was so successful that it was adopted by WHO as a Best Practice and adapted for East London implementation through partnerships with UK NHS, showcasing that Global South innovations can benefit both Global South and North.

South Africa's comprehensive 5x5 campaign

Background:

Facing a quadruple burden of disease with NCDs and mental health alongside infectious diseases and trauma-related injuries, implemented systematic approach to interconnected risk factors

Solution:

South Africa screens 20 million people annually for diabetes and hypertension but had faces challenges in ensuring diagnosed individuals receive proper treatment. Started approach by tackling interconnected factors and implementing a 5x5 health campaign linking five key risk factors (smoking, alcohol use, physical inactivity, unhealthy diet, air pollution) to five major diseases (cardiovascular diseases, cancers, diabetes, chronic respiratory diseases, mental health disorders). Linked the screening of 20 million people for diabetes and hypertension with referrals and policy interventions including sugar taxes, tobacco and alcohol price increases. Sustained tax increases on cigarettes rose by over 600% in real terms over nearly 30 years, maintaining revenue generation despite reduced demand.

Gibraltar's all-government mental health model

Background:

Small jurisdiction (~38,000 population) with ageing and inactive population required agile mental health approaches integrated across all government departments

Solution:

Implemented all-government approach to mental health involving collaboration across all departments with plans to expand "health in all policies" model to NCDs. Established specific budget allocation for mental health. Created referral system connecting government services with charitable organizations, especially for early intervention to prevent cases reaching acute stages

Germany's evidence-based nutriScore system

Background:

Tackled NCD burden accounting for 90% of deaths in Germany through population-level prevention and evidence-based consumer choice

Solution:

Implemented NutriScore food labeling system in 2020 as evidence-based, cost-effective Best Buy prevention measure developed by independent scientists. Created five-color, letter-coded system enabling consumers to make healthier food choices and compare products easily. Designed system to benefit food manufacturers by recognizing efforts to reduce sugar, trans fats, and salt while communicating product improvements to consumers. Instituted an evidence-based approach providing long-term return on investment (with case made to legislators) despite high initial implementation costs, balancing regulation with personal choice while promoting health education.

Philippines' tax reform with industry protection

Background:

Implemented substantial health taxation on tobacco and alcohol while protecting policy development from industry interference

Solution:

Implemented series of alcohol and tobacco tax reforms between 2012-2015 generating 140% increase in alcohol tax revenue and 270% increase in tobacco tax revenue. Demonstrated rapid and significant fiscal impact while proving health taxes can reduce harmful consumption and generate substantial government revenue. Multi-sectoral governance and transparency provided effective protection against commercial interests in contracts and legislation. Sustained results with first-year tobacco tax revenue rose over 100% and alcohol revenue rose 25%.

Colombia's ultra-processed food regulation and cervical cancer program

Background:

Addressed NCD burden through comprehensive food policy reform and cervical cancer elimination despite significant commercial opposition

Solution:

Introduced world's most comprehensive ultra-processed food tax in November 2023 despite business opposition and legal challenges. Implemented comprehensive cervical cancer elimination model through public-private round-table, with expanded HPV vaccination to boys and girls, self-collection HPV testing, and national clinical guidelines. Constitutional Court ruling that commercial freedoms cannot override public health set global precedent for civil society-led health reform. Cervical cancer program demonstrated effect of public-private collaboration to reduce population cancer burden.

Tanzania's civil society-led health system reform

Background:

Achieved explicit inclusion of NCD care in UHC and sustainable financing mechanisms through civil society advocacy

Solution:

Passed Universal Health Insurance Bill in December 2023, after years of civil society advocacy. Prioritized NCD care through creation of special fund for NCDs within UHC framework. Implemented progressive health taxes as part of health financing strategy. Engaged civil society for technical input in to the National Action Plan, and demonstrated power of sustained civil society advocacy in achieving comprehensive health system reform with explicit NCD inclusion and innovative financing.

Jamaica's whole-of-government NCD approach

Background:

Implemented coordinated multi-sectoral approach to NCD prevention through intergovernmental cooperation and integrated data reporting and transparency

Solution:

Established intergovernmental cooperation involving agencies from health, education, finance, and agriculture working together on coordinated NCD strategies. Implemented data-sharing initiatives with government departments exchanging health and economic data to track NCD trends and measure intervention effectiveness. Secured high-level political commitment with ministers from multiple departments involved in policy discussions ensuring NCD prevention became national priority. Developed multi-sectoral action plans extending beyond healthcare to urban planning, food regulation, and workplace policies. Linked NCD action to economic growth strategy recognizing

healthy populations as key to GDP growth, linking health outcomes to economic development objectives.

Turkey's integrated mental health and emergency response

Background:

Addressed mental health needs in both routine care and emergency/disaster settings through coordinated ministry collaboration and integration into disaster response

Solution:

Implemented two-year national mental health action plan through collaboration between Ministry of Health and Ministry of Family and Social Services, with integrated psychosocial support. Established systematic approach addressing mental health needs of women and girls in conflict zones and emergency settings, linking routine mental health care with emergency preparedness.

2. Some additional case studies

(i) Tobacco Control

Mauritius – Comprehensive MPOWER implementation

Government Interventions:

Enacted Public Health (Restrictions on Tobacco Products) Regulations in 2008, comprehensively revised in 2022 to include plain packaging and expanded smoke-free environments, with a network of tobacco cessation clinics offering free services since 2010. Furthermore, implemented a comprehensive smoking ban in all outdoor and indoor spaces, and within a radius of 10 m of any opening in a building, including vehicles carrying passengers under 18 years.

Documented Outcomes:

Prevalence reduction from 21.7% (2009) to 18.1% (2021), demonstrating sustained decline over a 12-year period. At the same time, tax share achievement of 78.2% of retail price by 2022, meeting WHO best-practice standards. Also achieved a comprehensive product regulation including bans on water-pipes, ENDS, heated tobacco products, and flavoured tobacco.

Netherlands (Kingdom of the) – Smoke-free generation strategy

Government Interventions:

Government signed comprehensive agreement with 70 organizations in 2019, targeting less than 5% smoking prevalence by 2040, and extended smoking bans to educational premises, eliminating designated smoking rooms in all indoor public places by 2022.

Documented Outcomes:

Smoking prevalence declined from 25.7% (2014) to 20.6% (2021), with comparable reduction rates across gender. Also, achieved comprehensive tobacco advertising bans including point-of-sale restrictions and health warning expansion to 65% of package surface area.

Mexico – Legislative amendment strategy

Government Interventions:

Sustained 13-year effort (2008–2021) to strengthen General Law on Tobacco Control despite over 100 competing bills and industry opposition. In Dec 2022 passed an enactment, creating smoke-free public spaces with complete TAPS prohibition including point-of-sale display bans.

Documented Outcomes:

Achievement of comprehensive smoke-free status covering ENDS/ENNDS products with complete advertising ban, with WHO Director-General Special Award recognition and World No Tobacco Day 2022 acknowledgment, protecting million people from second-hand smoke.

Kyrgyzstan – Comprehensive product regulation

Government Interventions:

Adopted Law protecting the health of citizens...from tobacco consumption, nicotine and exposure to second-hand tobacco smoke and aerosols (July 2021), explicitly covering traditional cigarettes, hookahs, e-cigarettes, and heated tobacco products under unified smoking definition, with no-smoking signage depicting all banned products with standardized symbols

Documented Outcomes:

Complete workplace and public place smoke-free coverage including public transport, stations, and taxis. Industry resistance is overcome through sustained government commitment campaigns and comprehensive tobacco advertising, promotion and sponsorship (TAPS) ban achievement with smoke-free environment implementation.

(ii) Health Taxes NCD Prevention Through Parliamentary Action (WHO Report ;Saving Lives and Mobilizing Revenue: A Parliamentary Action Guide to Health Taxes. Geneva: World Health Organization and Inter-Parliamentary Union; 2022.

France – Tobacco tax implementation

Through strategic tobacco tax increases, lung cancer prevalence was targeted, reducing deaths from lung cancer by raising tobacco taxes, and demonstrating direct correlation between fiscal policy intervention and cancer reduction.

Portugal – Sugar-sweetened beverage tax implementation

Implementation of tax on sugar-sweetened beverages designed to encourage industry product reformulation and consumption pattern modification, achieved success, with taxes generated an extra EUR 80 in the first year alone.

Gambia – Progressive tobacco tax reform implementation

A series of hikes in tobacco taxes combined with strengthened anti-smuggling legislation and enforcement led to a drastic 60% drop in tobacco imports, a decrease in consumption, and around a 300% increase in tax revenue in 2018.

United Kingdom – Sugar content-based taxation strategy

In 2018, the UK implemented taxation based on sugar content of sugar-sweetened beverages, creating market incentives for product reformulation prior to policy implementation. As a response to the announced tax reform, manufacturers reduced the amount of sugar in their products, demonstrating the power of health taxes in reformulating products for better health, and the anticipatory industry response to policy signals and effective legislative pressures leading to product reformulation for public health benefit.

Russian federation – Multi-sectoral alcohol control implementation

In 2005, the Russian Federation increased taxes on alcohol and implemented alcohol control measures, banning advertisements, restricting alcohol availability, and raising prices to limit consumption. As a result, alcohol consumption fell by about one third, and NCDs and mortality declined substantially. By 2019, life expectancy reached almost 68 years for men and 78 years for women, demonstrating comprehensive approach effectiveness for population health improvement.

3 Additional reports citing case studies

- (i) [WHO report on the global tobacco epidemic 2021: addressing new and emerging products](#)
- (ii) [WHO European Regional Obesity Report 2022](#)
- (iii) [WHO and IPU report. 2022: Saving Lives and Mobilizing Revenue A parliamentary action guide to health taxes.](#)
- (iv) [WHO report on the global tobacco epidemic, 2023: Protect people from tobacco smoke.](#)
- (v) [WHO Brief, 2025 Restricting alcohol availability in practice: evidence from selected countries](#)
- (vi) [WHO Toolkit, 2025 Promoting walking and cycling: a toolkit of policy options](#)

4 Some best buys from the World Health Organisation (WHO) :

Example key interventions with highest returns:

1. Sodium Reduction

- 2 million deaths annually linked to high sodium intake (primarily hypertension).
- Solution: Establish national sodium benchmarks for food industry reformulation.
- Challenges: Currently, 50 countries have some sodium targets. Industry resistance due to cost concerns or fear of reduced sales. But evidence shows that lower sodium foods remain acceptable as consumer taste adapts.

2. Trans Fat Elimination

- 500,000 premature deaths per year due to trans fats, Full elimination could save 70 million lives by 2040.
- Challenges & Solutions: More engagement needed with food producers to ensure full elimination. Some private sector commitments exist but are insufficient.

3. Protecting Children from Unhealthy Food Marketing

- Children are most vulnerable to marketing, which influences lifelong eating habits.
- Policies needed: Comprehensive bans on advertising unhealthy foods to children.
- Successful examples:
 - Chile: Marketing law reduced sugary drink purchases by 25% in two years.
 - UK: Ban on junk food ads during children's TV programming.
 - Portugal: Bans unhealthy food marketing in schools and public spaces.

4. Front-of-Package (FOP) Food labelling

- Simplifies nutrition information to help consumers make healthier choices.
- Successful cases:
 - Mexico, Argentina, Chile: FOP labels have led to significant food reformulation, empowering consumers to identify unhealthy products.
 - Encourages the food industry to improve product formulations.

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We are a not-for-profit thought leadership group elevating global health & finance challenges onto the annual G20 and G7 Presidency agendas since 2016. Having been formally established during the G20 Presidency in Germany, we represent a unique group of 30+ global health organisations, 20+ global ambassadors from the public sector, private sector, academia, governments, civil society and international organisations. Through our partners we reach over 7000 organisations worldwide, united by a vision of a healthier society, environment and economy. Our goal is to break the existing siloes in global health, and advocate for innovative solutions to redesign the global health architecture, aligned with the UN SDG 2030 targets.

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