GLOBAL LEGISLATORS REPORT

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

A MODEL RESOLUTION FOR LEGISLATORS

"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 and Former Trade Envoy to South Africa

"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

"Addressing the growing impact of NCDs 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

"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

"NCDs and mental health conditions 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

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Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

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.

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

A MODEL RESOLUTION FOR LEGISLATORS

1. What is the scope of the initiative?

This initiative covers noncommunicable diseases (NCDs) including mental health conditions, and what action can be taken to reduce their impact not just on individuals and families but also on government finances, 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.

This report and the accompanying model resolution, written by legislators for legislators, were developed following evidence presented at four hearings in 2025. The outcomes of the consultation and a draft report was shared at the annual meeting of the H20 at The World Health Organization, Geneva on 19 June 2025. The report was officially launched in New York on 24 September 2025 ahead of the fourth high level meeting on NCDs of the UN General Assembly on the prevention and control of NCDs and the promotion of mental health and wellbeing on 25 September A campaign will follow to disseminate the report and promote and monitor uptake of the report's recommendations.

2. Why is the initiative important?

NCDs and mental health conditions affect all income groups worldwide and are the primary causes of illness and mortality globally. They also contribute significantly to reduced productivity and slower economic growth.

In 2021, NCDs were responsible for 43 million deaths (or 75% of all non-Covid-19 related deaths) – including 18 million premature deaths before age 70. Age-specific mortality rates are highest in lower-income countries. Cardiovascular diseases account for the largest share of NCD deaths. 1.3 billion adults live with hypertension – a doubling since 1990 (and only 1 in 5 cases is effectively managed), 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 disorder, with suicide representing a leading cause of death among young people. Mental health conditions are a leading cause of disability (one in six years lived with disability globally), and they commonly co-occur alongside neurological conditions (such as Alzheimer's disease and other dementias), substance use disorders, and other NCDs such as diabetes and cardiovascular disease.

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, and are overwhelming health systems. By reducing productivity, increasing absenteeism, and contributing to job losses, NCDs and mental health conditions 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, especially for low-income families.

The social and economic burden will only intensify without coordinated 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 to rise.[1]

These challenges are especially acute in low- and middle-income countries where weaker health systems, limited diagnostic and treatment capacity, and constrained public finances often exist.

At the same time, 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. The challenges are many—but not insurmountable, with the support and action of national and global leadership and solidarity. Evidence-based, cost effective, and feasible interventions exist to prevent and control NCDs and improve mental health in all countries. Many require fiscal, legislative and regulatory action.

3. Key determinants of NCDs and mental health conditions

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) and metabolic (overweight and obesity, high blood pressure, high blood lipids, and high blood glucose), many of which, 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.[2] 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 are not always reached by 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 both a fundamental and critical 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;

- Ensuring integrated, sustainably-financed and functioning health systems that prioritize prevention, early detection 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 population-level risk factors for NCDs and mental health conditions, including structural drivers 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 control[3] and mental health.[4] These save lives, reduce suffering, and deliver significant returns on investment.[5]

Delivering on these high-impact technical solutions demands political will, strong governance, and sustained engagement across all sectors of society. Governments must lead. Active and constructive involvement of civil society, the private sector, the media and academic and research institutions is critical, and by 'winning hearts and minds'.

Crucially 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.

5. Why legislators around the world need to be involved

The urgency of the NCD and mental health crisis demands a new, coordinated, and sustained global legislative initiative to tackle NCDs and mental health conditions, to accelerate action beyond the traditional health sector.

Many of the most cost-effective interventions require legislative, regulatory and fiscal action as part of whole-of-government and whole-of-society efforts. Legislators need to be at the vanguard of the response as they possess unique authority to:

- Drive the multi-sectoral policy and legislative reform required to implement and enforce solutions for NCDs and mental health challenges;
- Allocate and oversee budgets;
- Monitor implementation of policies and commitments;
- Hold governments and non-State actors, including the private sector, accountable;
- Build and sustain strong relationships within their local communities to enable intervention that are in line with the needs of the community and appropriate for the political and social contexts of local settings; and
- Counter misinformation and disinformation about prevention (e.g. alcohol-related harms) and care (e.g. the efficacy of certain treatments).
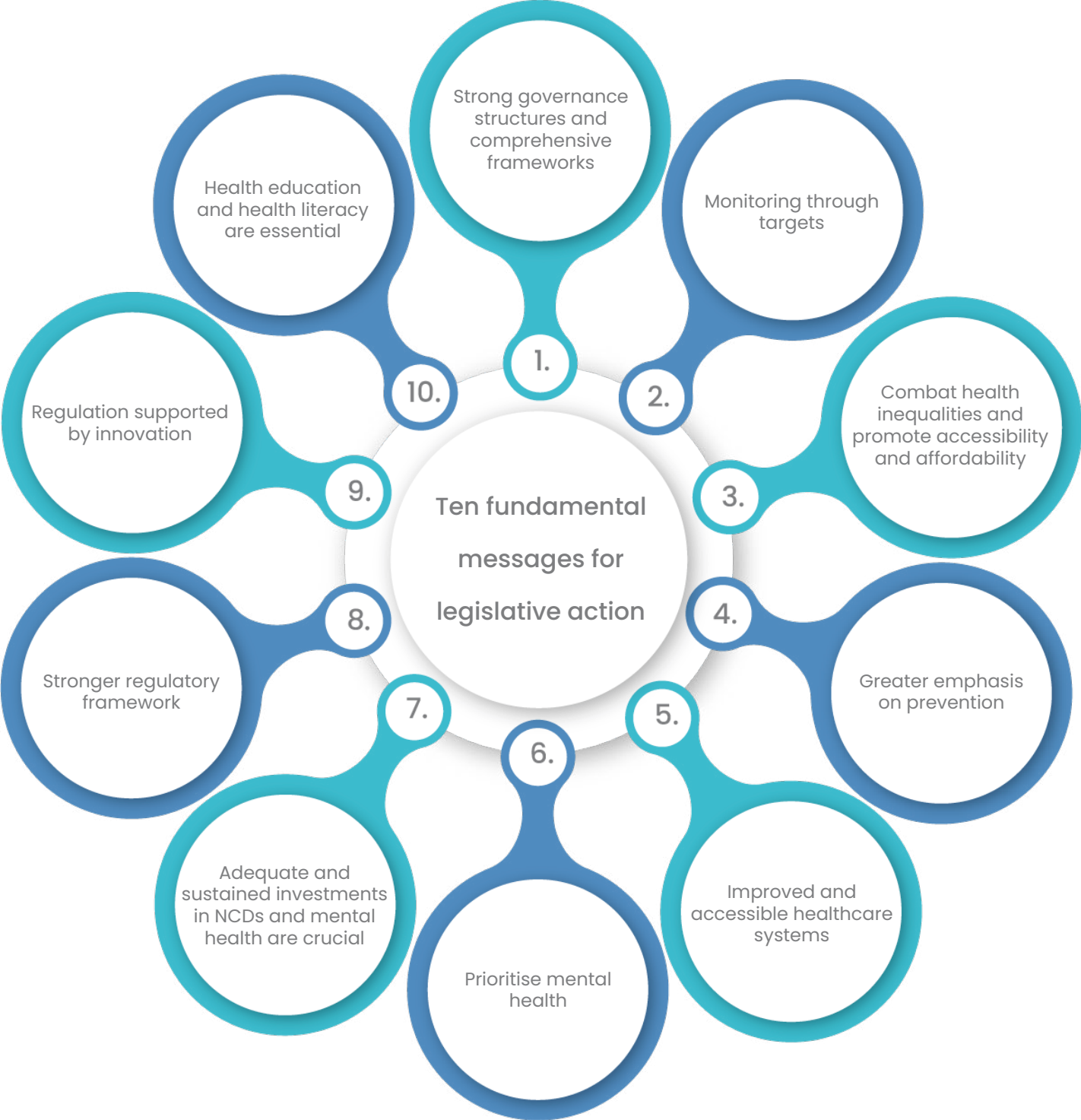
The Global Legislators report on Noncommunicable diseases and mental health challenges: a threat to health and a threat to wealth - a model resolution for legislators, supports the scale up of the legislative action required to address NCD and mental health challenges.

This includes sustained parliamentary leadership and cross-party commitment –locally, nationally, regionally and globally.

Further, lessons from pandemic responses and the 2024 Antimicrobial Resistance (AMR) Legislative Initiative[6] clearly illustrates the power of legislative action for health and development.

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—has the potential to be a cornerstone of this effort, helping to promote action, track progress and drive accountability.

6.Ten key messages for legislators

Strong governance
structures and
comprehensive
frameworks

Health education
and health literacy
are essential

Monitoring through
targets

Regulation supported
by innovation

Combat health
inequalities and
promote accessibility
and affordability

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Ten fundamental

messages for

legislative action

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4.

Stronger regulatory
framework

Greater emphasis
on prevention

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5.

6.

Adequate and
sustained investments
in NCDs and mental
health are crucial

Improved and
accessible healthcare
systems

Prioritise mental
health

(i) Strong governance is essential for effective national, regional, and international responses to NCDs and mental health conditions.

Effective governance is the foundation for successful whole-of-government and whole-of-society NCD and mental health responses. Crucial for this are strong legislative oversight (including regular parliamentary oversight with annual hearings and specialized committees), and supporting action beyond electoral cycles. Health initiatives often focus on individual NCDs, but many of these conditions, along with mental health, are interconnected and share common risk factors. Addressing them in siloes leads to inefficiencies and missed opportunities. Governments and legislators must adopt integrated approaches within health systems and embed NCD and mental health prevention across other sectors and policies. A consistent, longer-term approach is essential. Effective governance requires institutionalized multisectoral coordination mechanisms that transcend electoral cycles and ensure sustained policy coherence. This must include accountability mechanisms led by or involving parliamentarians and that bring sectors and stakeholders together to deliver actions and report on progress.

(ii) Monitoring progress against objectives through targets is critical, with sustained investment in data collection and analysis.

Establishing the right policies and objectives is vital, but equally important is proper implementation and the ability to measure 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. Robust systems for health information, data collection, and evaluation are essential to monitor progress on NCD and mental health policy and plans and hold government and others to account. Individual countries should set their own SMART[7] targets considering those developed at global and regional level.

(iii) Combatting health inequities and promoting greater accessibility and affordability of services for vulnerable communities are central to effective and equitable NCD and mental health responses.

It is essential to tackle health inequities within and between countries, and to adopt a whole-of-society approach to tackle social, economic, commercial[8] and environmental determinants of NCDs and mental health conditions. 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 essential that people living with and at risk of these conditions should not be deprived of access to health and healthcare services or discriminated against. Moreover, while some argue that certain actions to improve health—such as stronger 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.

(iv) Greater investment in prevention is needed to balance action that focuses on treatment and to reduce the long-term burden of NCDs and mental health conditions.

It is evident that far too low a percentage of overall healthcare expenditure is for prevention. Cost-effective interventions that prevent and control NCDs and mental health conditions deliver substantial returns on investment while reducing long-term healthcare burdens (Annex 1). 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.[9] To shift the balance 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 solely from health budgets but also from other sectors, such as education.

(v) Accessible, affordable, and responsive healthcare systems are essential to reducing the impact of NCDs and mental health conditions.

Universal health coverage cannot be achieved without effective and equitable services for NCDs and mental health. This requires sustainable, resilient and well-financed health systems, focused on a preventive, primary health care approach, while recognizing the importance of well-functioning referral systems, to connect primary health care with secondary and tertiary health care for conditions that require specialized services. Strengthening health system capacity for integrated NCD and mental health management also requires comprehensive workforce development and quality improvement of services. Integrated service delivery models are essential given that many people are affected by more than one disease or conditions at the same time and require care across a range of health and care providers. Limited resources means that health systems must prioritize the most cost-effective interventions for preventing, screening, diagnosing, treating, and caring for people living with or at elevated risk of NCDs[11] and mental health conditions,[12] which for the most part can be delivered at community and primary health care level based on context-specific considerations. People directly affected by NCDs and mental health conditions should be central to policy making and programmes, ensuring that policies and services are effective, acceptable and people centred.

(vi) Mental health and wellbeing must be prioritised, given their wide ranging impacts on society and their roles in amplifying NCDs.

Despite greater awareness on the importance of mental health in recent years, mental health services continue to be neglected. Globally, less than 1 in 10 people with depression receive care and very limited resources (across all countries a median of 2% of their health budgets) are currently devoted to mental health[12]. Stigma and discrimination create additional barriers for people with mental health conditions seeking care and this further undermines economic productivity. Mental health conditions both increase the risk of NCDs and are worsened by them, creating a reinforcing cycle with greater health and economic costs. 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 aspects of government policy, though a Mental Health in All Policies approach.

(vii) Adequate and sustained investment in NCD and mental health responses provides benefits to the economy and is crucial for avoiding catastrophic long-term costs to individuals and their families.

Numerous reports demonstrate that health, including the prevention and control of NCDs and improving mental health is as economic investment. Strategic, long-term investments in prevention and treatment are required to maximise this opportunity, at national, local and individual level. Even small investments in prevention can yield a high return on investment[13,] 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, beyond electoral cycles are essential for programme continuity. People living with NCDs and mental health were impacted disproportionately by Covid-19, with health services in many countries were unable to maintain essential services. Yet post-pandemic, underinvestment in the prevention and control of NCDs and improving mental health continues.

(viii) Stronger fiscal, legislative and regulatory frameworks are critical to reduce exposure to health risks, promote healthier environments, and support access to affordable, quality care.

Fiscal, legislative and regulatory action plays a vital role in shaping both access and 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. Communities of practice enable nations with similar challenges to exchange ideas, e.g. small island developing states (SIDS)[14], low- and middle- income countries,[15] and G20 countries.

(ix) Innovation is key to reducing the burden of NCDs and improving mental health responses.

An environment should be nurtured where innovation in prevention and novel treatments can thrive. Innovation ecosystems must include regulatory oversight to make sure that rapid scaling of technological advances meet ethical standards, advance equitable access to digital and other health solutions, and reach underserved populations. Digital health technologies, telemedicine platforms, artificial intelligence[17], 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.

(x) Health education and health literacy are essential to empower individuals and communities and for legislators to advance evidence-based 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—for example, of risk factors, treatment options, and support systems— can improve outcomes and reduce stigma. Misinformation and disinformation can seriously undermine responses to NCDs and mental health 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 sensitised to NCDs and mental health, including impactful, evidence-based responses..

7. A toolkit for legislative action for global adoption and local adaptation.

A toolkit for legislative action for global adoption and local adaptation

The model resolution below 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 1 provides World Health Organization (WHO) guidance for reducing NCD risk factors in the population, and Annex 2 includes a selection of policy and legislative case studies. These case studies aim to inspire action and accelerate progress, tailored to different political and social contexts.

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

(i) Whereas noncommunicable Diseases (NCDs) and mental health conditions have a huge impact on all countries and across all income groups

(ii) 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)

(iii) 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, particularly among young people

(iv) Whereas there is also a link between NCDs and communicable diseases

(v) Whereas the indirect effects of NCDs and mental health conditions are also massive, with major economic and social impacts on all countries

(vi) Whereas NCDs and mental health conditions share many of the same risk factors—both metabolic and behavioural—as well as structural drivers including harmful commercial practices, social and economic inequalities, and environmental risks

(vii) Whereas there is a pressing need for more systematic and common action to tackling NCDs and mental health issues at all levels

(viii) Whereas a number of key messages need to be communicated as a prerequisite for more effective responses to NCDs and mental health conditions

(ix) Whereas there are set of cost-effective, evidence-based interventions, with significant return-on-investment, that are feasible to implement in almost all settings

(x) 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

(xi) Whereas it is essential to communicate that effective action on NCDs and mental health is key to improving health and upholding rights but also to advancing economic prosperity and resilience, with long-term benefits that far exceed the costs of early and sustained investment

(xii) 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 Small Island Developing State Ministerial Conference on NCDs and Mental Health, Bridgetown, 2023; the Global High-level Technical Meeting on NCDs in Humanitarian Settings, Copenhagen, 2024; the WHO and World Bank International Dialogue on Sustainable Financing, 2024; the Global Mental Health Summit, Qatar, 2024; and the WHO Europe Hearing on Confronting the Silent Epidemic Tackling NCDs and Advancing Action on Mental Health, 2025

• Taking into account the Global Charter on Meaningful Involvement of People Living with NCDs[18]

• Taking into account ongoing negotiations of the political declaration of 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, to be held on 25 September 2025

• Taking into account the report of Noncommunicable diseases and mental health challenges: a threat to health, a threat to wealth. Report and model resolution for legislators

The key role of legislators

1 Calls for legislators of all levels to drive action on NCDs and mental health conditions, and to adopt measures to reduce their socialeconomic impacts.

2 Considers that legislators are in a privileged position to promote action to tackle social economic, commercial and environmental determinants of health, by influencing their own governments and non-State actors 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 mental health conditions, outlining why it is so important, as well as promoting evidence based messages and countering misinformation and disinformation along with a toolkit to guide legislators in all countries.

4 Calls upon legislators to work with governments and non-State actors to fully implement the commitments made by Head of State and Governments in political declaration of 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

(i) Strong governance structures is essential for effective national, regional and international responses to NCDs and mental health conditions

(ii) Monitoring progress on these objectives through targets and indicators is critical, with sustained investment in data collection and analysis.

(iii) Combatting health inequities and promoting greater accessibility to and affordability of services for vulnerable communities, which are central to effective and equitable NCD and mental health responses.

(iv) Greater investment on prevention is needed to balance action that focuses on treatment and to reduce the long-term burden of NCDs and mental health conditions.

(v) Accessible, affordable, and responsive healthcare systems are essential to reducing the impact to NCDs and mental health conditions.

(vi) Mental health must be prioritized, as globally numbers continue to increase and mental health amplify the impact of NCDs

(vii) Adequate and sustained investment in NCD and mental health responses provides benefits to the economy and is critical for avoiding catastrophic long term costs to individuals and their families

(viii) Stronger fiscal legislative regulatory frameworks are critical to reduce exposure to health risks, promote healthier environments, and support access to affordable, quality care.

(ix) Innovation is key to effective responses to reducing the burdens of NCDs and improving mental health responses.

(x) Health education and health literacy are essential to both empower individuals and communities and for legislators to advance, evidence-based responses to NCDs and mental health.

A toolkit for action

6. **Puts forward the following toolkit to be adopted as guidance for legislators and other policymakers:**

(i) **Governance and policy integration**

   - Promote effective governance mechanisms as the foundation for successful whole-of-government and whole-of-society NCD and mental health responses, reinforcing legislative oversight (including regular parliamentary oversight with annual hearings and specialized committees), and supporting action beyond electoral cycles

   - Establish national coordination mechanisms that meaningfully include civil society, social entrepreneurs, people with lived experience, ageing populations, and young people

   - Integrate decision-making across health, finance, education, urban planning, social welfare and other relevant sectors through formal, statutory, and multi-sectoral coordination

   - Develop comprehensive and costed national and local action plans on NCDs and mental health with clear objectives, timelines, and accountability mechanisms to ensure that they are fully implemented and regularly monitored

   - Harmonise policies across government departments through a Health in All Policies approach, including regular health impact assessments of wider government policies, in order to address the full spectrum of determinants and risk factors for NCDs and mental health conditions

   - Leverage civil society action and multi-sectoral cooperation, including NGOs, academia, the faith-based community, social entrepreneurs, relevant private sector entities, health workers, and development partners

   - 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 knowledge exchange

(ii) **Monitoring and accountability**

   - Promote robust and transparent systems for health information, data collection, and evaluation to monitor progress on NCD and mental health policy and plans and hold government and others to account, including through independent inter-sectoral monitoring bodies

   - Promote capacity to collect, analyse, and report accurate health data through integrated national health information systems

   - Set measurable national targets that are aligned with commitments made in the political

(iii) **Addressing health inequities**

   - Target the social, economic, commercial and environmental determinants of health, with a focus on vulnerable and marginalized populations, including women, children, older persons, indigenous communities, and migrants, and integrate NCD and mental health interventions into broader development and poverty reduction strategies

   - Working with communities to co-design solutions and evaluate impact

   - 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, with financial protection mechanisms that prevent catastrophic health expenditure

(iv) **Promoting population-level interventions**

   - Rebalance health and development systems toward prevention, recognizing that they provide significant return on investment

   - Increase budget lines for NCD and mental health prevention in national health and development budgets

   - Implement comprehensive fiscal measures including taxes on tobacco, alcohol, and sugar-sweetened beverages, and consider channelling revenue for the prevention and control of NCDs and mental health conditions

   - Enact and enforce legislation, and regulation, along with sustained, best practice information and communication programmes to: (i) reduce tobacco use; (ii) ban or regulate electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS) and where countries permit commercialization of e-cigarettes as consumer products to reduce their appeal and their harm; (iii) reduce unhealthy diet, overweight and obesity; (iv) increase physical activity and (v) reduce consumption of alcohol and reduce air pollution, in line with WHO guidance (Annex 1)

- Address key social determinants of NCDs and mental health by: (i) securing access to quality education and supportive living and learning environments from childhood to adulthood; (ii) promoting safe, supportive and decent working conditions and pursuing active labour market policies and programming for those out of or looking for work; and (iii) providing social protection and livelihood support for low-income and impoverished households

- 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 evidence-based cost-effective screening programmes for major NCDs in high-risk populations, with referral pathways and treatment available, to avoid screening does not create false expectations of access to care

(v)   Improving NCD healthcare

- Strengthen health system capacity for integrating care for those with and at risk of NCDs and mental health conditions into primary health care

- Recognize the huge burden in all countries from people living with high blood pressure, and promote early diagnosis, access and uptake of treatment in primary care, with regular follow up to ensure blood pressure is controlled, while promoting other evidence e-based cost-effective health care interventions for those with and at risk of NCDs, including palliative care, in line with WHO guidance

- Invest in health workforce capacity by training and educating healthcare workers on NCDs and mental health management, as well as task-sharing and community-based approaches to address healthcare worker shortages

- Promote quality of care at all levels, including the development of patient-centred models of care for chronic NCDs as well as mental health, and support appropriate self-management for people living with NCDs

- Advance equitable, sustainable and affordable access to quality-assured medicines and health technologies for NCDs and mental health conditions, while supporting and creating systems to uphold their quality and safety by: (i) strengthening pricing policies and financial protection mechanisms, including promoting the use of quality-assured generics and biosimilars; (ii) strengthening procurement and supply chains through quantification, demand aggregation and geographically diversified manufacturing, including through TRIPS flexibilities where appropriate; (iii) strengthening regulatory systems, increasing harmonization and regulatory convergence and; and (iv) aligning intellectual property policies with global health needs

(vi)   Enhanced focus on mental health

- Recognize and address the relationship between mental health conditions and other NCDs at policy, programme and service delivery levels

- Integrate sustainable mental health services into primary healthcare, including prevention, screening, treatment and referral

- Seek to redirect resources from institutional care toward community-based mental health services, which are evidence-based, more person-centred and cost-effective, and aligned with human rights frameworks

- Implement early intervention strategies, particularly for children and adolescents, utilizing communities, schools, peer networks, and families

- Invest in 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

- 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, including laws that criminalize suicide or suicide attempts

- Improve mental health information and data systems as well as access to mental health services, and promote mental health education and literacy

(vii)   Sustainable financing

- Recognise that while long-term sustained financing is crucial to effective responses, strategic short-term investments can yield substantial, rapid and lasting economic and health benefits

- Increase domestic resources for preventing and controlling NCDs and enhancing mental health through improved public financial management, higher health taxes and the allocation of budgets in line with national health priorities and unmet needs for care

- Develop multi-year financing frameworks to ensure sustainability of NCD and mental health programs beyond election cycles

- Strengthen strategic purchasing approaches for NCDs and mental health, to invest in cost-effective interventions, with a focus on the WHO 'Best Buys' and other recommended interventions as part of health benefit packages

- 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

- Focus external support from development partners on catalysing fiscal, regulatory and legislative policy change and improvements in service capacities, access and outcomes, and support the development of global and regional health goods, including measures to counter the marketing and cross-border trade of unhealthy products

- Reduce high out-of-pocket expenditure and the risk of impoverishment for people and households affected by NCD and mental health conditions by revising financial protection policies to explicitly cover or limit the cost of essential services, diagnostics, and medicines

(viii)   Conflict of interest management

- Prioritize public health in policy development through clear conflict of interest policies, codes of conduct, and transparency in government and industry interactions

- Implement Article 5.3 of the WHO Framework Convention on Tobacco Control, which aims to prevent tobacco industry interference in public health policymaking.

- Support independent research and civil society monitoring of industry practices that impact on health and encourage findings to be used to inform policy and enforcement

- Develop regulatory frameworks for digital health technologies and media

(ix)   Innovation and technology integration

- Support South-South collaboration on sustainable financing models, including through regional financing mechanisms and partnerships with regional bodies to promote cross-border initiatives and effective regulatory approaches across countries

- Support the development of national research priorities for NCDs and mental health, and allocate funding as required

- Facilitate collaboration between academic institutions, healthcare providers, industry and social entrepreneurs in country as well as regionally and internationally

- Support the integration of digital health tools into existing health systems, including Artificial Intelligence, digital therapeutics, telemedicine, novel treatments and data analytics

- Promote digital literacy among healthcare providers and users to address digital divides and increase equitable access to health technologies

(x)   Health literacy and communication

- Support personal agency and informed decision-making and promote clear, accessible information on NCDs and mental health conditions and their risk factors

- 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, and air pollution and promote mental health through addressing common risks such as substance use, social isolation, and stigma

- Establish early-warning alerts and monitoring systems for mis- and disinformation concerning NCDs and mental health, and develop rapid response counter messaging mechanisms to address harmful inaccuracies with evidence-based messaging

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

A toolkit of implementing measures

1. Governance & policy integration
2. Monitoring and accountability
3. Health inequalities
4. Population-level interventions
5. Care for people living with and at risk of NCDs
6. Focus on mental health
7. Sustainable financing
8. Conflict of interest management
9. innovation and technology integration
10. Health literacy and communication

ANNEX 1: POPULATION BASED PREVENTION: WORLD HEALTH ORGANIZATION BEST BUYS

WHO 'Best Buys' for the prevention and control of NCDs are effective interventions with cost-effectiveness analysis ≤ I\$100 per healthy life year gained in low-income and lower middle-income countries.

'Effective interventions' with cost-effectiveness analysis > I\$100 per HLY gained in low-income and lower middle-income countries and 'other recommended interventions' from WHO guidance but where cost-effectiveness analysis is not available are also published but not shown here.

'Best buys', 'effective interventions' and 'other recommended health care interventions' for the four main NCDs are also available.[19]

Actions required from legislators to deliver the outcomes

OUTCOMES	ACTIONS
1. Reduction in exposure to tobacco	• Increase excise taxes and prices on tobacco products • Implement large graphic health warnings on all tobacco packages, accompanied by plain/standardized packaging. • 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 smoke and encourage behaviour change. • Provision of cost-covered effective population-wide support (including brief advice, national toll-free quit line services and mCessation) for tobacco cessation to all tobacco users.
2. Reduction in consumption of alcohol	• Increase excise taxes on alcoholic beverages • 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).
3. Reduction in prevalence of people with an unhealthy diet	• Reformulation of policies for healthier food and beverage products (e.g. elimination of trans-fatty acids and/or reduction of saturated fats, free sugars and/or sodium). • Front-of-pack labelling as part of comprehensive nutrition labelling policies for facilitating consumers' understanding and choice of food for healthy diets. • Public food procurement and service policies for healthy diets (e.g. to reduce the intake of free sugars, sodium and unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables). • Behaviour change communication and mass media campaign for healthy diets (e.g. to reduce the intake of energy, free sugars, sodium and unhealthy fats, and to

OUTCOMES	ACTIONS
	increase the consumption of legumes, wholegrains, fruits and vegetables).
	• Policies to protect children from the harmful impact of food marketing.
	• Protection, promotion and support of optimal breastfeeding practices.
4. Reduction in prevalence of people that are physically inactive	• Implement sustained, population wide, best practice communication campaigns to promote physical activity, with links to community-based programmes and environmental improvements to enable and support behaviour change.
5. Reduction in levels of air pollution[20]	• Promote clean, efficient, safe, accessible energy and expand urban public transport, active mobility, such as walking and cycling, car share schemes and low-and zero–emission zones. • Reduce the open and uncontrolled burning of agricultural and other toxic residues. • Increase access to affordable, clean, sustainable and less polluting fuels for cooking, heating and electricity generation. • Develop, amend, and administer regulatory and non-regulatory measures to tackle air pollution from industrial sectors, vehicles, engines, fuels, and consumer and commercial products. • Reduce exposure to chemicals, in particular lead and children's exposure to synthetic chemicals.
6. Reduction in rates of suicide[21]	• Limit access to highly hazardous pesticides, and other means of suicide • Develop and resource national suicide prevention strategies that: foster a public health approach to suicide; reduce stigma for mental health conditions and neurological disorders, creating an open environment to discuss mental health; address responsible reporting of suicide by the media, including online, digital and social; and foster socio-emotional life-skills and support for young people.

ANNEX 2: ILLUSTRATIVE EXAMPLES OF GOOD PRACTICE

1. Case studies cited in the Global Legislators Initiative hearings

Colombia: ultra-processed food regulation and scale up of cervical cancer program

Issue:

How to reduce NCD burden through comprehensive food policy reform despite significant commercial opposition and through cervical cancer elimination.

Solution:

The world's most comprehensive ultra-processed food tax was introduced in November 2023 despite business opposition and legal challenges. A Constitutional Court ruling that commercial freedoms cannot override public health set global precedent for civil society-led health reform. A comprehensive cervical cancer elimination model was established through a public-private roundtable, with expanded HPV vaccination to boys and girls, self-collection HPV testing, and national guidelines. The cervical cancer program demonstrated the benefits of public-private collaboration

Germany: evidence-based NutriScore system

Issue:

How to tackle the NCD burden, which accounted for 90% of deaths in Germany.

Solution:

A NutriScore food labeling system was implemented in 2020 as evidence-based, cost-effective measure, which was developed by independent scientists. A five-colour, letter-coded system encouraged consumers to make healthier food choices and compare products easily. The system was also designed to benefit food manufacturers by recognizing efforts to reduce sugar, trans fats, and salt while communicating product improvements to consumers. The long-term return on investment was emphasised to legislators to allay anxieties over the high initial implementation costs. The approach balanced regulation, health education and personal choice.

Gibraltar: a whole-of-government mental health model

Issue:

A small jurisdiction (~38,000 population), with an ageing and inactive population which required agile mental health approaches.

Solution:

A whole-of-government approach to mental health was implemented that involved collaboration across all departments. The Government established a specific budget for mental health and created a referral system that connected government services with charitable organizations, especially to provide early intervention.

India: scaling up the Atmiyata community Mental Health Model

Issue:

How to respond to the high burden of mental health and maximise the engagement of communities.

Solution:

Atmiyata developed as a community-led, rights-based mental health model. It 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 (US $9 per US $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.

Jamaica: a whole-of-government NCD approach

Issue:

How to implement coordinated multi-sectoral approaches to NCD.

Solution:

Intergovernmental cooperation was established, with agencies from health, education, finance, and agriculture working together on NCD strategies. Data-sharing initiatives were implemented, with government departments exchanging health and economic data to track NCD trends and measure intervention effectiveness. High-level political commitment was secured with ministers from multiple departments involved in policy discussions, ensuring NCD prevention became a national priority. Multi-sectoral action plans were developed extending beyond healthcare to urban planning, food regulation, and workplace policies. NCD action plan was linked to the national strategy for economic growth, recognizing healthy populations as key to GDP growth, linking health outcomes to economic development objectives.

Kingdom of Bahrain: governance of NCDs and mental health

Issue:

The need to strengthen governance for a comprehensive health and development response to NCDs and mental health.

Solution:

An Institutionalized Multisectoral National Coordination Mechanism on NCDs, was established with a Task Force chaired by the Minister of Health, that used a whole-of-society approach to promote dialogue and collaborative action that was responsive to citizens' needs. The Task Force also developed an NCD investment case with the Gulf Health Council and the UN as well as an expanded Healthy Cities Programme focusing on sustainable urban development, community engagement, and intersectoral collaboration. Mental health was integrated into primary health care, with effective referral systems, supported by workplace initiatives and campaigns to eliminate stigma while addressing broader social determinants. The National Health Survey provided insights into health behaviours, enabling data-driven interventions, including health tax policies to promote healthier choices and generated revenue. The Public Health Law included a dedicated NCD chapter mandating national prevention strategy.

Philippines: tax reform with industry protection

Issue:

How to implement health taxation on tobacco and alcohol while protecting policy development from industry interference.

Solution:

A series of alcohol and tobacco tax reforms was implemented between 2012-2015, generating a 140% increase in alcohol tax revenue and a 270% increase in tobacco tax revenue. There was rapid and significant fiscal and public health impact, demonstrating that health taxes can both reduce consumption of harmful products and generate substantial government revenue. Multi-sectoral governance and transparency provided effective protection against commercial interests in contracts and legislation.

South Africa: a comprehensive 5x5 campaign

Issue:

Facing a quadruple burden of disease with NCDs and mental health alongside infectious diseases and trauma-related injuries. 20 million people screened annually for diabetes and hypertension but challenges in ensuring that those diagnosed receive proper treatment.

Solution:

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 disorders) was implemented. The 20 million that were screened were linked to referrals, alongside policy interventions that included sugar taxes and tobacco and alcohol price increases. Driven by strong tobacco tax increases and tobacco control laws, adult smoking prevalence in South Africa fell from 31% in 1994 to. 18% in 2012. Cigarette sales dropped by a third and a government revenue from tobacco taxes grew nine fold between 1993 and 2009.Cigarette sales dropped by a third and a government revenue from tobacco taxes grew nine fold between 1993 and 2009.

Tanzania: civil society-led health system reform

Issue:

How to include NCD care in universal health coverage (UHC), along with mechanisms for sustainable financing.

Solution:

Civil society advocacy over many years was instrumental in getting the Universal Health Insurance Bill passed in 2023. NCD care was prioritized through the creation of special fund for NCDs within a broader UHC framework. Progressive health taxes were implemented as part of the health financing strategy. Civil society provided technical input into the NCD National Action Plan, again demonstrating the power of sustained civil society advocacy in comprehensive health system reform with NCDs explicitly included alongside innovative financing.

Turkey: integrated mental health and emergency response

Issue:

How to address mental health needs in routine care and emergency/disaster settings.

Solution:

Two-year national mental health action plan was implemented through collaboration between Ministry of Health and Ministry of Family and Social Services, with integrated psychosocial support. Systematic approaches to address mental health needs of women and girls in conflict zones and emergency settings were established, linking routine mental health care with emergency preparedness.

Zambia: multi-faceted NCD and mental health challenges

Issue:

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. Zambia has struggled with tobacco control enforcement since enacting legislation in 2008, mainly due to industry interference.

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.

2. Additional case studies identified by the authors of the report[22]

Tobacco Control

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.

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.

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.

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.

Russian Federation: multi-sectoral action to reduce alcohol consumption

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 the effectiveness of a comprehensive approach in improving population health.

Examples of health taxes for the prevention and control of NCDs[23]

France - Tobacco tax implementation
Deaths from lung cancer have been reduced by raising tobacco taxes, with demonstrable correlation between taxes and cancer reduction.

The Gambia - Progressive tobacco tax reform
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.

Portugal - Sugar-sweetened beverage tax
Implementation of tax on sugar-sweetened beverages designed to encourage industry product reformulation and consumption pattern modification, achieved success—the health taxes generated an extra EUR 80 million in the first year alone with revenues being used to support the national health service

United Kingdom - Sugar sweetened beverages tax
Implementation of tax on sugar-sweetened beverages designed to encourage industry product reformulation and consumption pattern modification, achieved success—the health taxes generated an extra EUR 80 million in the first year alone with revenues being used to support the national health service

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Notes

1. Metrics for diplomats: is mortality from non-communicable diseases increasing or decreasing? Bovet P and Banatvala N. Lancet. 2025:406;582–584.

2. Marmot M, Allen J, Boyce T et al. Health equity in England: The Marmot Review 10 years on. London. 2020. Institute of Health Equity. See also Bell R, Miranda JJ, Woo J et al. Social determinants of health. In: Banatvala N, Bovet P, eds. Noncommunicable diseases: a compendium. Oxford, UK: Routledge, 2023.

3. Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, second edition. Geneva: World Health Organization; 2024.

4. Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders. Geneva: World Health Organization; 2023.

5. Saving lives, spending less: the global investment case for noncommunicable diseases. Geneva: World Health Organization; 2025.

6. AMR Global Legislative Initiative. London: G20 & G7 Health & Development Partnership; 2024.

7. Specific, measurable, achievable, relevant, and time-bound.

8. Commercial determinants of health: (i) describe how corporate activities shape the physical and social environments in which people live, learn, work and play—both positively and negatively; (ii) describe how the private sector influences the social, physical and cultural environments through business actions and societal engagements (e.g. supply chains, product design and packaging, lobbying, preference shaping); (iii) impact a wide range of NCD outcomes (e.g. obesity, diabetes, cardiovascular health and cancer).

9. Global Action Plan for the Prevention and Control of Noncommunicable Diseases, 2013-2030. Geneva: World Health Organization; 2013.

10. See note 3

11. See note 4

12. And yet returns on investment (ROI) from mental health expenditure can be very high. For example, mental health interventions yield an ROI of up to 5:1 for adults, and up to 15:1 for adolescents.

13. One example is action against hypertension, a significant cause of global deaths that can be effectively tackled with relatively inexpensive treatments. Tobacco control programmes provide up to 15:1 ROI—for every dollar spent, governments save up to $15 in avoided healthcare and economic costs, including lost productivity; and that obesity reduction efforts could save 2-3% of GDP globally, equivalent to hundreds of billions of dollars annually.

14. SIDS are 39 developing countries characterised by small size, remoteness and unique social economic and environmental vulnerabilities. For further information see: SIDS ministerial conference on NCDs and mental health

15. Low- and middle-income countries are defined by the World Bank on the basis of their gross national income (GNI). These countries generally face challenges to economic development, healthcare and social well-being.

16. Removed

17. Which has huge potential on many issues related to NCDs, such as analysing data, summarizing recommendations, and improving diagnosis and healthcare for policy makers, healthcare workers, patients and the public.

18. Global Charter on Meaningful Involvement of People Living with NCDs. London: NCD Alliance; 2021

19. See note 3

20. These are not included in the WHO NCD Best buys but are from other WHO guidance.

21. From WHO guidance.

22. The following reports were reviewed in developing these case studies: WHO report on the global tobacco epidemic 2021: addressing new and emerging products; WHO and IPU report, 2022: Saving Lives and Mobilizing Revenue - A parliamentary action guide to health taxes; WHO European Regional Obesity Report 2022; WHO report on the global tobacco epidemic, 2023: Protect people from tobacco smoke; WHO Brief, 2025: Restricting alcohol availability in practice: evidence from selected countries; and WHO Toolkit, 2025: Promoting walking and cycling: a toolkit of policy options.

23. Saving lives and mobilizing revenue: a parliamentary action guide to health taxes. Geneva: World Health Organization and InterParliamentary Union; 2022.

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