HelpAge International response to the Zero Draft Political Declaration of 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 (2025)

Background:

HelpAge International, secretariat to a global network of over 200 members across more than 90 countries, welcomes the release of the zero draft Political Declaration for the 2025 UN High-Level Meeting (HLM) on the prevention and control of noncommunicable diseases (NCDs) and the promotion of mental health and well-being. We welcome the focus on leadership and the action-orientated approach. However, we express concern over the insufficient emphasis on older people, the intersection of NCDs with ageing and disability, and the absence of commitment to inclusive, equity-based and age, gender and disability-responsive health and care systems that promote healthy ageing for all. These systems must address the burden of NCDs across the life-course through the provision of integrated and community-based services across the full continuum of care - from health promotion and prevention to early diagnosis, treatment, rehabilitation, long-term care and support, palliative and end of life care. Such a comprehensive approach is essential to support healthy longevity, maintain functional ability, and reduce the burden of NCDs across the life-course —ultimately easing the pressure on overstretched health systems, reducing out of pocket expenditures for families, contributing to sustainable UHC, and reducing poverty.

HelpAge Global Network welcomes:

- The commitment to equity, integration, transforming lives and livelihoods through leadership and actions that promote accelerated implementation of the previous made decisions on both NCDs and UHC supported by a set of evidence-based, cost-effective and affordable actions.
- We commend the recognition of the commitments of the previous high-level meetings of the General Assembly on the prevention and control of noncommunicable diseases held in 2011, 2014, and 2018 and the political declarations approved by the high-level meetings on universal health coverage held in 2019 and 2023 as well as General Assembly resolution 70/1 of 25 September 2015, on Agenda 2030 to leaving no one behind, reaching the furthest behind first, as well as the Addis Ababa Action Agenda of the Third International Conference on Financing for Development.
- Recognition of older people in Paragraph 29 '....(iv) addressing social exclusion of older persons, particularly older women in rural areas'
- The recognition of the burden of NCDs and mental health and neurological conditions and the centrality of well-being with emphasis on creating health-promoting environments through action across government and through the delivery of integrated, people-centered, primary health care.
- The commitment to 'orientate health system and social care policies and capacities to support the essential needs of people living with or at risk of noncommunicable diseases and mental health conditions, across the life course', while strengthening governance, data and surveillance to monitor progress and ensure accountability.

- Strongly welcome references to 'life course', 'older people', 'unmet need', 'long-term care', 'social care', and a focus on financial protection and reducing out-of-pocket expenditure and the risk of impoverishment for people and households affected by noncommunicable diseases and mental health conditions. This is particularly critical for older people who are the age group most at risk of catastrophic health expenditure. We also strongly welcome the recognition of the impact of climate change on NCDs and the heightening risk for people living in humanitarian settings.

HelpAge highlights the following areas of concern that should be addressed during the negotiations:

- The zero draft Political Declaration weakens the progress made in previous declarations—A/RES/73/2 (paragraph 29) and A/RES/78/4 (paragraph 60)—which acknowledged older people, the link between NCDs and ageing, and the need for a full continuum of care to address the disproportionate impact of NCDs on older populations.
- The use of the term 'premature mortality,' referring to deaths between the ages of 30 and 70, and the failure to commit to more inclusive data systems. This language and the use of the related indicator in NCD monitoring frameworks suggests there is an age at which it is acceptable to die; it is discriminatory, risks inequity in access to services, and gives space for ageism within health systems, perpetuating age discrimination in the design and delivery of services.
- The lack of language around the intersection of NCDs and disability, including failures to highlight that NCDs are the leading cause of disability; to acknowledge the relationship between NCDs, ageing and disability; to address the heightened risks people living with disabilities of all ages face in relation to NCDs, and the barriers they experience to accessing NCD prevention and care including through lack of investment in rehabilitation and assistive technology in health systems, and rights based services for mental health and neurological conditions in the community; and failure to recall the Convention on the Rights of Persons with Disabilities (CRPD).
- The lack of a gender analysis, with no recognition in the draft of the differing experiences of NCDs between women and men.
- The insufficient attention given the full continuum of services needed by those living with NCDs, including mental health and neurological conditions such as dementia: particularly the underinvested areas of rehabilitation, long-term care and support, palliative and end-of-life care.

HelpAge and its global network calls on member states to:

- Have stronger references to NCD related mortality, morbidity and disability among people of all ages and across the life-course, and explicit references to populations at greatest risk, including, among others, older people, women and girls of all ages, and persons with disabilities.
- Acknowledge the disproportionate burden of non-communicable diseases on older persons and the need to scale up efforts to develop, implement and evaluate policies and programmes that promote healthy and active ageing (Sources: A/RES/73/2 paragraph 29, A/RES/78/4 paragraph 60).
- Remove discriminatory and ageist language around 'premature mortality' in favor of more rights-based language, such as 'preventable mortality.'
- Address the need for data systems to collect and use sex-, age- and disability-disaggregated data on people of all ages, to address the exclusion of older people from

NCD and health data. This is critical to understand and effectively respond to NCDs across the life-course.

In line with these comments, HelpAge calls for the following amendments and additions to the Political Declaration:

1. **Opening paragraph:** We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 25 September 2025 to review progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health and well-being **[ADD- across the life course**], commit to accelerating a priority set of evidence-based, **[ADD -rights-based]** cost-effective and affordable actions, and in this regard we:

2. **Paragraph 7:** Recognize that the main modifiable risk factors are behavioral, environmental and metabolic, are largely preventable, and require **[ADD - interdisciplinary coordination and]** cross-sectoral actions **[ADD- and services]** to be addressed;

3. **Paragraph 8** - Emphasize with concern that globally there are: (i) 1.3 billion tobacco users; (ii) 1.3 billion adults living with hypertension – a doubling since 1990 (and only 1 in 5 have it under control); (iii) 800 million adults living with diabetes – a fourfold increase since 1990; and (iv) 41 million children over 5 years old being overweight or obese, while adult obesity has more than doubled since 1990; **[ADD - v) In 2021, 85 per cent of all deaths from NCDs globally were among people aged 55 and over, while rates of Years Lived with a Disability caused by NCDs were highest for older people.]**

4. Paragraph 15 - Recognize the need for integrated, well-financed and functioning health systems to prevent, screen, diagnose, treat and care for people living with, or at elevated risk of, noncommunicable diseases and mental health conditions, focusing on primary care, 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 **[ADD - and with social services, local government and community-based supports for continuity of care for rehabilitation and long-term care and support]**.

5. **Paragraph17** - Recognize the importance of adopting a human rights-based approach for the prevention and control of noncommunicable diseases and the promotion of mental health and well-being **[ADD – of people of all ages],** including access to services, **[ADD- palliative]** and **[ADD -long term]** care, acknowledging that people **[ADD- of all ages]** living with and at risk of these conditions are routinely and unjustly deprived of such access and discriminated against; [**ADD – and recognizing the heightened risk faced by people living with and at risk of these conditions who face multiple and intersecting forms of discrimination and inequalities, whether related to their sex, gender, age, disability, socio-economic status.**]

6. **Paragraph 18** –Recognize that people living with noncommunicable diseases and mental health conditions have unique experiences and can provide first-hand expertise into designing, implementing and monitoring **[ADD - integrated-]** person-centered prevention, diagnosis, treatment, care (including rehabilitation, **[Delete-and]** palliation **[ADD - and long term care and support])** policies and programs;

7. **Paragraph 19 -** Acknowledge that there are evidence-based interventions for preventing, screening, diagnosing, treating, and caring for people **[ADD - of all ages]** with noncommunicable diseases and mental health conditions, while also acknowledging that scarce resources means Member States must prioritize the most cost-effective, affordable and feasible interventions, which for the most part can be delivered at community and primary health care level;

8. **After Paragraph 19 add** - 'Acknowledge the disproportionate burden of non-communicable diseases on older persons and recognize the need to scale up efforts to develop, implement and evaluate policies and programs that promote healthy and active ageing, maintain improve quality of life of older persons and to identify and respond to the growing needs of the rapidly ageing population, especially the need for continuum of care, including promotive, preventive, curative, rehabilitative and palliative care as well as specialized care and the sustainable provision of long-term care, including home and community care services, taking note of the proclamation of the United Nations Decade of Healthy Ageing (2021–2030). (Sources: A/RES/78/4 paragraph 60 and A/RES/73/2 paragraph 29).

9. **Paragraph 24** - Recognize that cost-effective and affordable population level interventions to prevent noncommunicable diseases [**ADD – among people of all ages across the life-course**] are available and require leadership, political commitment, action and coordination beyond the health sector;'

10. **Paragraph 29:** Address key social determinants of noncommunicable diseases and mental health by: (i) securing access to inclusive and quality education and supportive living and learning environments from childhood to adulthood; (ii) promoting safe, supportive and decent working conditions; (iii) providing social protection and livelihood support for low-income and impoverished households; [**Delete** – and] (iv) addressing social exclusion of older persons, particularly older women in rural areas; **[ADD - and (v) taking action to advance health equity for persons with disabilities, promoting disability inclusion in all areas in line with the Convention on the Rights of Persons with Disabilities''**.

11. Paragraph 30: '(i) expanding **[Add – person-centred, gender and age responsive, disability inclusive]** community-based services to improve prevention, screening, diagnosis, treatment, referral pathways, and follow-up for hypertension, diabetes, cancers, depression and other common noncommunicable diseases and mental health conditions; (ii) integrating prevention, screening, diagnosis, treatment, rehabilitation, **(Delete – and)** long-term **[ADD - , palliative and end of life]** care into existing programmes for communicable diseases, maternal and child health, and sexual and reproductive health programmes;

12. **Paragraph 36 -** Scale up the availability and provision of as well as the access to [**Add** – **rights based]** psychosocial, psychological and pharmacological treatments

13. **Paragraph 37** - Increase the number, capacity, retention, and competencies of trained health care workers to implement integrated primary care services for prevention, screening, diagnosis, treatment, rehabilitation [**Add** – **and long-term care and support**] and palliative care [**Add** – **and end of life care] for people living with one or several noncommunicable diseases and mental health conditions**;

14. **Paragraph 46 -** Develop and implement noncommunicable diseases and mental health the multisectoral national plans and, where appropriate, subnational plans that: (i) are focused on a set of evidence-based, cost-effective and affordable interventions that are based on the local context; (ii) identify the roles and responsibilities of government ministries and agencies and development partners; (iii) are costed and linked to broader health, development **[ADD - climate change,]** and emergency plans; (iv) are rights-based and engaging people **[ADD- of all ages]** living with noncommunicable diseases and mental health conditions; and (v) are ambitious but have measurable targets;

15. **Paragraph 49 -** Improve infrastructure for systematic and ongoing country surveillance on noncommunicable diseases, risk factors and mental health, including death registration, population-based surveys and facility-based information systems **[ADD – that collect data on people of all ages disaggregated by income, sex, age, race, ethnicity, migratory status, disability, geographic location, and other characteristics relevant in national contexts as required to monitor progress and identify gaps' ;**

16. **Paragraph 51** - Incorporate reporting on noncommunicable diseases and mental health **[ADD - among people of all ages]** into national Sustainable Development Goals-related review processes such as the voluntary national reviews, including timely reporting on global targets [**Add** - **disaggregated by income, sex, age, race, ethnicity, migratory status, disability, geographic location, and other characteristics**]

For more information, please see our briefing for the high-level meeting, Driving equitable action on Non-Communicable Diseases (NCDs) and healthy ageing.

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives. HelpAge's health and care work is driven by **HelpAge Healthy Ageing Platform,** a global initiative co-led by HelpAge, network members and partners of the HelpAge Global Network that strengthens knowledge exchange, collective advocacy, and inclusive leadership—from the grassroots to the global level—to influence health and care systems that uphold the rights and dignity of older people. More information is available at: https://www.helpage.org/healthy-ageing-platform/. **For inquiries or to connect with us on our response,** please contact Roseline Kihumba, Global Healthy Ageing Adviser, at roseline.kihumba@helpage.org or the HelpAge Global Network and Partner in your country.