

HelpAge response to the Political Declaration of the Fourth High Level Meeting on the Prevention and Control of Non-Communicable Diseases and the Promotion of Mental Health and Well-being

Population ageing is a triumph of human development, but our ability to reap its benefits is threatened by the alarming impact of non-communicable diseases (NCDs) and mental health and neurological conditions, including dementia. These conditions are already the leading cause of death and disability worldwide, and their rapid increase is contributing to a growing gap between life expectancy and healthy life expectancy, with profound implications for people, systems and societies.

Yet today, despite three previous High Level Meetings on NCDs, significant policy progress and strong leadership in some countries, action to address the causes and consequences of NCDs and promote mental health and well-being has lagged behind. The world is off track to meet the global NCD targets set to expire in 2025 and 2030, with many promises made at the last High-Level Meeting in 2018 unmet. These failures are leaving behind an estimated 20 per cent of the global population living with NCDs and impeding our ability to reap the benefits of healthy ageing for all. Older people, the age group most at risk from NCDs, are often furthest behind in accessing prevention and care, facing barriers related to the availability, accessibility, acceptability and quality of services, as well as ageism and age discrimination in their funding, design, delivery and monitoring.

The Fourth High Level Meeting on the prevention and control of NCDs and the promotion of mental health and well-being therefore comes at a crucial time and the [Political Declaration](#), which is now scheduled to be voted on at the General Assembly in November 2025, signals renewed commitment to driving progress. The Political Declaration builds on the last three HLMs in important ways, including through the inclusion of clear targets on prevention, primary health care, financing, governance, and surveillance. It also includes crucial recognition of the disproportionate burden of NCDs on older people and clear commitments to respond to their needs and rights.

However, the Political Declaration also represents missed opportunities. This includes the failure to agree more progressive commitments to tackle NCDs and their risk factors, and to accelerate investment in prevention and care.

The Political Declaration also fails to address older people's exclusion from NCD monitoring systems by committing to end the arbitrary, ageist and discriminatory use of the 'premature mortality' indicator (defined as deaths below the age of 70) and to replace it with a more rights-based approach such as measuring 'preventable' or 'avoidable' mortality. This exclusion of older people, mirrored in broader NCD and health data systems, presents a systemic barrier to driving equitable progress on NCDs and the achievement of health for all, and must urgently be addressed.

Below, we provide more detail on our response to the Political Declaration and our calls for action as we move beyond the High-Level Meeting.

We welcome

Older people are the age group most at risk from NCDs, yet all too often they are left behind in policy and practice. We therefore welcome the attention given to the needs and rights of older people in the final 2025 Political Declaration. This was a critical gap in the "zero draft" which HelpAge has advocated to be addressed.

In particular, we welcome:

- The recognition of 'the increasing gap between life expectancy and healthy life expectancy for older persons' and acknowledgement that 'many health systems continue to be inadequately prepared to identify and respond to the growing needs of the rapidly ageing population, including the increased prevalence of noncommunicable diseases'. (para 17).
- Commitment to promote 'social connection and integration' and to address 'social exclusion and isolation of people living with noncommunicable diseases and mental health conditions, older persons, young people, persons with disabilities, and those living in rural and underserved areas' (para 42).
- Commitment to 'Scale up efforts to develop, implement and evaluate policies and programmes that promote healthy and active ageing, maintain and improve quality of life of older persons and to identify and respond to the growing needs of the rapidly ageing population, including the need for preventive, curative, palliative and specialized care for older persons, taking into account the disproportionate burden of noncommunicable diseases on older persons, and that population ageing is a contributing factor in the rising incidence and prevalence of noncommunicable diseases' (para 44 i).
- Commitment to 'Strengthen and orientate health systems and social care policies and capacities to achieve UHC and support the essential needs of people living with or at risk of noncommunicable diseases and mental health conditions,

across the life course', including through '(i) expanding primary health and community-based services [...] '(ii) integrating, as appropriate, prevention, screening, diagnosis, rehabilitation and long-term care into existing programmes [...] (iii) integrating, as appropriate, responses to noncommunicable diseases and communicable diseases [...]; (iv) shifting, as appropriate, mental health care and resources from specialized institutions to general health care services delivered in community-based settings; and (v) ensuring access to care for people in humanitarian settings and ensuring continuity of care for people during emergencies and prolonged movement' (para 48).

- Recognition that 'achieving universal health coverage (UHC) is essential for prevention and control of noncommunicable diseases, including through integrated, sustainable, resilient and well-financed health systems for health promotion, prevention, screening, diagnosis, treatment, care and rehabilitation for people living with, or at elevated risk of, noncommunicable diseases and mental health conditions, focusing on a 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" (para 25).
- Broader references and attention throughout the declaration to 'older people'; the 'life course' and 'unmet need'.
- Formal recognition of dementia, for the first time, as a leading NCD. With dementia projected to become the third leading cause of death worldwide by 2040, this acknowledgement represents a crucial shift in ensuring dementia is recognised as a major public health and NCD priority.
- Commitments related to the availability and accessibility of vaccines, medicines, diagnostics, and assistive and other health technologies.
- Commitment to 'Scale up, particularly at primary health care level and within general health care services, the accessibility, availability and provision of psychosocial and psychological support, and pharmacological treatment' (para 57).
- Commitments to 'strengthening and investing in more resilient healthcare systems, including infrastructure, service delivery and workforce capacity' (para 44 iv).
- The focus and commitments on financial protection and reducing out-of-pocket expenditure and the risk of impoverishment for people and households affected by NCDs and mental health conditions. This is particularly critical for older people who are the age group most at risk of catastrophic health expenditures.
- Recognition of the importance of mainstreaming a gender perspective into the prevention and control of noncommunicable diseases, recognising that 'women face a double noncommunicable diseases burden, often acting as caregivers for the sick, and facing other structural barriers that hinder timely

noncommunicable disease prevention, screening, diagnosis and treatment' (para 19).

- Recognition that persons with disabilities are at increased risk of noncommunicable diseases and mental health conditions, and often face disproportionate discrimination, stigma and exclusion from accessing health services, and that noncommunicable diseases and mental health conditions are leading causes of years lived with a disability (para 20).
- Recognition that 'the poorest, socioeconomically disadvantaged, and those in vulnerable situations, including those in conflict, emergency and humanitarian settings, and those living in areas most vulnerable to climate change, often bear a disproportionate burden of noncommunicable diseases and mental health conditions' (para 21).
- Recognition of the intersecting crises that affect people's risks of NCDs and their access to prevention and care (para 22).
- Commitments to adopt rights-based, whole-of-government and whole-of-society approaches.
- Commitments to engage persons living with NCDs and mental health and neurological condition.
- Emphasis on the need for a comprehensive and people-centred approach, with a view to leaving no one behind, reaching the furthest behind first.
- We also join with NCD Alliance in welcoming the inclusion of clear targets on prevention, primary health care, financing, governance, and surveillance, including the fast-track "3x150 million" and "tracer" targets under each section of the declaration and commitments in alignment with the 5x5 NCD framework established in 2018, to strengthen the prevention and response to mental health and neurological conditions and to act on air pollution.ⁱ

We express concern

We join with [NCD Alliance](#) in expressing our disappointment regarding the missed opportunities to make more progressive commitments to tackling NCDs and their risk factors, including:

- The failure of the Political Declaration to call for scaling up the financing for NCD prevention and control through increasing domestic resources.
- The lack of ambition to deliver strong commitments for implementing fiscal policies, particularly health taxes and health-promoting subsidy reforms.
- The rollback of commitments on health-promoting environments, weakening the scope or removing proven cost-effective NCD prevention policies.
- The text does not recognise fossil fuels as the primary driver of air pollution and climate change, nor does it include commitments towards phasing out their use and adopting air quality standards.

- The rollback of language and commitments to social participation, with the final text including only a single mention of “civil society,” falling short of the strong progress made in the 2018 declaration.

While multi-morbidity is highlighted in the document, we are disappointed that there is not more emphasis on the implications of this for the funding, design and delivery of health and care systems. More than half (51 per cent) of older people living in the community globally are estimated to be living with two or more long-term conditions that require more complex, integrated and person-centred care. We would have liked to see better recognition of this in the Political Declaration, tied to more explicit commitments to move away from vertical disease programming towards greater investment in the systems, services and workforce needed to deliver integrated, person-centred and community-based care that holistically responds to older people’s more complex health and care needs whilst promoting healthy ageing for all.

We also express serious concern regarding the failure of the Political Declaration to address the exclusion of older people in NCD monitoring frameworks, including by committing to replace the ‘premature mortality’ indicator (defined as deaths below the age of 70) with a more rights-based approach such as ‘preventable’ or ‘avoidable’ mortality. The use of ‘premature mortality’ is ageist, discriminatory and remains entirely unjustified, perpetuating the exclusion of older people from action to address the causes and consequences of NCDs and to hold power holders to account. As populations age, the use of this indicator, as well as other arbitrary age caps within data sources such as WHO STEPs (which typically excludes adults over 64 or 69) and the Demographic and Health Surveys (which typically excludes women over the age of 49 and men over the age of 59), are excluding greater numbers of people each year. This denies those over the age limits their right to be counted and affects our ability to understand and respond effectively to their needs, and deliver better outcomes for people, systems and societies. Their exclusion therefore presents a systemic barrier to driving equitable progress on NCDs and the achievement of health for all and must be urgently addressed.

Calls to action

As we move beyond the HLM, we urge governments and stakeholders at all levels to build on the political declaration, turn commitments into action, and drive real progress in the prevention and control of NCDs and the promotion of mental health and wellbeing.

We join with NCD Alliance in their continued calls to [accelerate implementation, break down silos, mobilise investment, deliver accountability, and engage communities](#).

Considering older people's needs and rights within the NCD agenda, we also continue to call on governments and health stakeholders at all levels to:

- **Recognise and respond to the disproportionate burden of NCDs on older people** and promote an equity- and rights-based approach in action at all levels.
- **Mainstream NCDs and mental health within UHC and PHC as part of efforts to reorientate health and care systems to meet the needs of older people and promote healthy ageing for all.** This must include:
 - Investing in age and disability inclusive and gender responsive systems that deliver equitable, integrated and person-centred care through strong primary health care approaches that engage and empower people and communities.
 - Including NCDs, mental health and neurological services within UHC benefit packages and ensuring people's access to the full continuum of care with financial protection – from promotion and prevention to screening, early diagnosis, treatment, rehabilitation, palliative and end of life care, and long-term care and support, alongside access to the medicines, vaccines and assistive technologies needed by older people living with NCDs in all settings.
- **Invest in the health and care workforce needed to deliver person-centred, integrated and rights-based NCD and mental health services and promote healthy ageing,** including through recognising, reducing and redistributing unpaid care, and rewarding and representing paid care, to advance the rights of women and girls of all ages.
- **Advance access to rights-based, integrated, person-centred and community-based services and support for people living with mental health and neurological conditions, including dementia.** This must include accelerating de-institutionalisation and ensuring all services and support align with the Convention on the Rights of Persons with Disabilities (CRPD) and other human rights instruments.
- **Integrate essential NCD and mental health services into every part of the emergency cycle** and ensure services and the workforce delivering them are able to respond to the needs of older people living with NCDs in humanitarian settings.
- **Advance action on the environmental, social, economic and commercial determinants of health, including climate change, and tackle health inequities across the life-course,** adopting an intersectional, gender transformative and equity-based approach. This must include implementation of WHO "best buys".

- **Engage older people living with NCDs, and civil society organisations working with them, in the design and delivery of responses at all levels,** recognising them as agents of change in achieving health for all at all ages.
- **End the discriminatory and ageist focus on ‘premature mortality’ within the NCD agenda and the broader exclusion of older people from health data systems.** This must include: (i) removing upper age caps in all health data systems, (ii) collecting, analysing, reporting and using sex-, age- and disability-disaggregated data on people of all ages, and (iii) replacing the use of the ‘premature mortality’ indicator with more inclusive and rights-based approaches such as those that measure ‘preventable’ or ‘avoidable’ mortality, alongside morbidity and disability across the entire life-course.

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 member and global partner of the HelpAge global network who promote the right of all older people to lead dignified, healthy and secure lives. HelpAge’s health and care work is driven by the **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 enquiries or to connect with us on our response,** please contact Roseline Kihumba at roseline.kihumba@helpage.org or the HelpAge Global Network and Partner in your country.

NCD Alliance, UN Fourth High-Level Meeting on NCDs and Mental Health, Final response to the UN political declaration, 15 September 2025. Available at UN Fourth High-Level Meeting on NCDs and Mental Health