Building bridges for united action on noncommunicable diseases and mental health
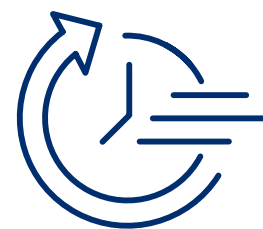
Stakeholder priorities in the WHO European Region

June 2025

World Health Organization
European Region

Accelerating action together

The WHO Regional Office for Europe is committed to advancing a transformative approach to tackling noncommunicable diseases (NCDs) and advancing mental health and well-being through a renewed Second European Programme of Work 2 (EPW 2) and a bold Political Declaration emerging from the Fourth High-level Meeting of the United Nations General Assembly (UNHLM) on the Prevention and Control of NCDs and Promotion of Mental Health and Well-being in September 2025. As we enter the last five years of the Sustainable Development Goal (SDG) era, let us take this opportunity to unite our efforts and recommit to raising NCDs and mental health on the political agenda, to accelerating efforts to achieve our commitments to reducing premature and avoidable mortality from NCDs, to advancing mental health and well-being, and to co-creating a more NCD-resilient WHO European Region.

The following document represents a synthesis of over 1200 inputs provided through a series of virtual and in-person WHO events and consultations between September 2024 and March 2025. Participants included representatives of Member States, health and care providers, public health professionals, non-state actors, people with lived experience (PWLE), young people, civil society and WHO staff. Respondents were asked to identify priority actions for addressing NCDs and mental health conditions in the WHO European Region. Inputs were collected using Pera[1], an innovative AI tool developed by the WHO Regional Office for Europe. The data were further reviewed, synthesized and summarized by staff in the WHO Regional Office for Europe.

NCDs, such as cardiovascular diseases (CVDs), caners, respiratory diseases and diabetes, as well as mental health conditions, substance use disorders and neurological conditions are the main causes of ill health in the WHO European Region. Across the Region, progress toward the Global NCD targets and SDGs is faltering and uneven. In 2019, prior to the Coronavirus disease (COVID-19) pandemic, mortality due to NCDs accounted for 90% of deaths and 85% of years lived with disability in the WHO European Region. Even as deaths from COVID-19 peaked in 2021, NCDs still accounted for 74% of deaths and 85% of disability. NCDs cause 2.3 million premature deaths (death under 70 years of age) annually. Two thirds of deaths from these conditions can be attributed to a handful of risk factors including tobacco and alcohol use; unhealthy diets; insufficient physical activity; overweight and obesity; raised blood pressure, lipids and glucose; and air pollution.

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1   Pera was developed by the WHO Regional Office for Europe. The app captures real-time input from participants and processes it with advanced artificial intelligence-driven prompts to deliver insightful outputs in seconds.

Every year NCDs cause 1.8 million avoidable deaths in the WHO European Region. Approximately 60% of these deaths are preventable, meaning they are linked to modifiable risk factors, the remaining 40% are treatable. While the greatest gains have been observed among males, they continue to have higher levels of preventable mortality. Progress among females has stalled, especially for mortality from preventable cancers. The annual cost of productivity loss due to preventable and treatable deaths from NCDs is US$514 billion.

Unless we accelerate implementation of the WHO NCD best buys, our Region will have the highest adult tobacco use prevalence among all WHO Regions. People over the age of 15 years in our Region are already the highest per capita alcohol drinkers in the world. Only two Member States are on track to halt the rise of obesity by 2030 committed to under the *Global Monitoring Framework on NCDs* and physical inactivity remains unacceptably high. The decline in CVD mortality is stalling in many countries, and deaths from cancer far exceed what can be prevented or avoided. As many as 1 in 4 people with psychosis, one of the most serious mental health conditions, are not seen by mental health services.

NCDs and mental health conditions do not exist in isolation. Mental disorders often coexist and share risk factors with many NCDs. A growing number of individuals are living with multiple chronic conditions. Communicable diseases and antimicrobial resistance are also impacting outcomes. The challenges are significant: health systems are strained, political agendas crowded, industry interference is increasing and resources are limited. The rising megatrends including human security, climate change, ageing and demographic shifts, disinformation and increasingly digital and disconnected lives have exacerbated the physical and mental health challenges faced by our populations.

Eliminating the barriers to good health and creating environments and systems that are resilient under pressure require our collective effort and bold **innovative actions**. We must drive the whole Region forward by 2030. This requires connecting the issues in our comfort zone to the issues that are front and centre on the agendas of policy-makers. We must better integrate our systems for the prevention and management of physical and mental health and transform our environments – natural, built and digital – now, to secure a better future that is carbon neutral, safe, at peace and food secure. Without decisive action, longer lives may not mean healthier lives. Responding to the complex needs of individual and systems in the face of the rising megatrends requires comprehensive, multisectoral and integrated approaches that put people at the centre of the process and engage partners beyond the health sector. It is up to every one of us to turn these barriers into bridges that will accelerate our efforts to implement **evidence**-based solutions.

There is reason for hope. Ten countries in the Region have achieved the EPW target for premature mortality reduction ahead of schedule. They are succeeding through addressing both preventable and treatable mortality, through reducing exposure to risk factors and investing in management and delivery of care. Additionally, the WHO Regional Office for Europe has identified

25 **NCD quick buys** – proven interventions that demonstrate measurable public health benefits in less than five years. We know what works.

Our Region is rich in civil society, knowledge and **innovation.** Leveraging this expertise, passion and real-world experience, particularly from those on the front lines and those living with NCDs, is key to reshaping health systems, care delivery and environments. Following the Tallinn Conference on **Trust and Transformation:** resilient and sustainable health systems for the future, and **WHO Resolution on social participation for universal health coverage, health and well-being**, there is recognition of a need for a renewed expression of shared values and inclusive, participatory decision-making. We must **work collaboratively to identify actionable ways to link our efforts and collectively accelerate progress towards the NCD and mental health targets and to shape a healthier, more resilient WHO European Region** that places equity, solidarity and engagement at the core. We must decide whether to lead in reducing premature mortality or risk falling behind.

PWLE bring valuable insights not just about managing chronic conditions but from their diverse professional backgrounds as data scientists, engineers, health providers, designers, policy-makers and more. As experts, their voices must guide our efforts in shaping environments, defining quality of care and improving access for all. Equally important, **young people** are poised to inherit a Region in a state of permacrisis facing the impact of conflict, migration, climate change, air pollution, financial crises, industry interference, underemployment, housing insecurity and growing social inequality. Demographic shifts will shape their choices. **Professional associations** and **civil society organizations** representing cardiovascular and respiratory diseases, cancer, diabetes and oral health have vast networks. Each one a powerful force in and of itself. We must find opportunities to build bridges across professions and issues to create a collective force for tackling NCDs and mental health. **Participation** of health service users, PWLE, young people and civil society in planning, decision-making and implementation is a fundamental principle of a human rights-based approach to health, it builds trust and yields positive outcomes at the organizational, community and individual level. **Trust** and co-creation between stakeholders are key to empowering people and communities to drive this transformation.

This approach underpins the WHO Regional Office for Europe's dual-track effort to accelerate collective action to deliver public health gains by 2030 (**RACE to the Finish**) and ultimately shape healthier environments and communities (**Vision 2050**). It aligns with WHO core priorities and peoples' expectations that their governments secure their right to universal access to quality care without financial hardship, protect them against health threats and emergencies and ensure better health and well-being at all ages.

Looking ahead to the UNHLM in September 2025 and beyond, stakeholders have voiced that the following priorities and themes are key to achieving progress and realizing this vision for the WHO European Region.

Key themes and priorities
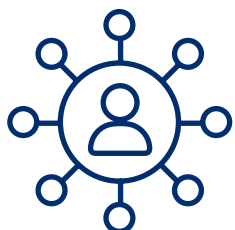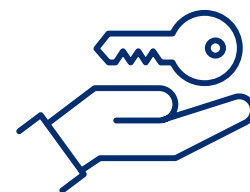
Strengthen political commitment, leadership, governance and accountability

1.

- Reinforce high-level **political commitment** to ambitious NCD and mental health targets with clear accountability mechanisms.

- Establish national **action plans** for tackling NCDs and advancing mental health, with dedicated funding and implementation timelines.

- Advance a **well-being economy** approach that puts people at the centre of policy- and decision-making.

- Recognize health as a **cross-sectoral issue** and emphasize the role of all sectors in advancing health and well-being.

- Recognize the importance of addressing NCDs and advancing mental health in the context of **national security,** and social and **economic development goals**.

- Support community-led initiatives and **civil society** engagement to ensure grassroots participation in health governance.

Foster multisectoral collaboration, social participation and meaningful engagement

2.

- Advance **multisectoral partnerships** across sectors including health, education, agriculture, finance, urban planning, transportation and environment to address drivers and root causes of NCDs and mental health conditions and promote health in all policies.

- Establish **advisory councils** that include PWLE to inform health policy, service design, implementation and evaluation.

- Foster **inclusivity** and support patients and communities to engage in decision-making, innovation, care management and evaluation.

- Organize **participatory policy dialogues** co-created with civil society, ensuring inclusive and transparent decision-making processes.

3. Leverage data for impact, equity, research and innovation

- Institutionalize and enhance **data collection and analysis systems** by investing in sustainable monitoring systems of NCDs and their behavioural, biological and environmental risk factors, modelling, artificial intelligence, machine learning and real-time monitoring to inform policies, target support, close outcome gaps and advance equity.

- Reevaluate **measurement frameworks** and consider targets for well-being, social participation, community engagement and participation of PWLE.

- Build capacity for **advanced surveillance**, monitoring and evaluation including disaggregation of data by sex and age.

- Foster collaboration and data exchange across levels of care, sectors and borders to increase impact.

- Support **data privacy** and security standards.

- Explore inclusion of **citizen-generated data** to complement registries and traditional records.

- Strengthen **implementation science** research to bridge the gap between evidence and practice.

4. Advance implementation of WHO NCD best buys and integrated prevention and management approaches

- Accelerate implementation of **NCD quick buys** – taxes on harmful products; marketing bans and access restrictions; front-of-package labelling; food reformulation; smoking bans; treating hypertension; statin use; Human papillomavirus (HPV) vaccine and cervical cancer screening; and breast and colorectal early diagnosis programmes, among others.

- Develop **integrated models of care** for NCDs and mental health from the primary health care level throughout the care continuum, with an emphasis on prevention, early diagnosis and equitable access to treatment, including telemedicine and digital health solutions.

- **Incorporate** oral health, rare diseases and chronic pain management into national NCD strategies.

## Build resilient and prepared health systems

5.

- Develop **integrated emergency preparedness** plans that ensure continuity of care and resources for people living with NCDs and mental health conditions during acute and protracted crises.

- Strengthen the health-care **workforce capacity** to provide NCD and mental health support during crises.

- Invest in **digital health solutions and data systems** to enhance rapid response and early detection of health risks.

- Establish sustainable **funding models** to guarantee equitable access to essential health services.

- **Adapt** health systems to evolving societal needs including demographic shifts and climate change.

Strengthen capacity to counter commercial determinants of health

6.

- Implement **comprehensive strategies** to tackle commercial determinants of health and equip public health professionals with the skills and resources to counter harmful corporate influence.

- Utilize analytics, machine learning and strategic alliances – particularly with civil society and young people – to **shift policy narratives** in favour of promoting health, counter disinformation, and expose industry tactics and the influence of transnational corporations on individual choices.

- **Restrict** industry influence in public health policy-making.

- Introduce and enforce **policies regulating** advertising, pricing and sales of harmful products including tobacco, alcohol and sugary beverages.

- Promote the **polluter-pays principle** to harmful products requiring health-harming industries to pay for the impact on population health.

- Implement and **enforce fiscal policies** such as taxing harmful products, reducing fossil fuel subsidies, and addressing tax avoidance and monopolistic practices.

- Implement and enforce policies to ensure **transparent interaction** between policy-makers and commercial entities to prevent industry interference in decision-making.

- Establish mechanisms to **monitor and prevent conflict of interest** and industry interference in policy development and implementation.
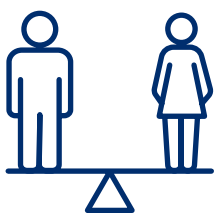
Promote health equity, access, and inclusion

7.

- Promote **gender-responsive approaches** to addressing NCDs and mental health conditions to inform policies and practices and reduce gaps in outcomes.

- Support **community-based initiatives** addressing social determinants of health including access to nutritious food, safe housing and education.

- Prioritize the **voices** of young people, older persons, PWLE and vulnerable groups in health policy and programme design.

- Strengthen **cross-sector collaboration** among health, education, housing and social services to support vulnerable populations.

- Ensure internally displaced persons, refugees and migrant communities have **access** to health-care services including mental health support.

- Leverage **innovation** to increase access to quality NCD and mental health services.

- Support **international collaboration** to improve equity through **pooled procurement** for affordable medicines and medical devices.

Transform and innovate mental health services for increased well-being

8.

- **Expand access** to mental health services within primary health care, shifting care from specialized institutions to community-based networks.

- Promote **early interventions** and resilience-building programmes, including stress management and community support networks.

- Leverage **innovation** and telemedicine to improve access to care.

- Promote **social prescribing** and non-clinical interventions, including arts and culture, to address loneliness and mental health conditions.

9. Address climate change to promote human and planetary health

- Implement policies to mitigate the **health and planetary impacts** of climate change including heat-related illness, pollution and food insecurity.

- Invest in **research** on the intersection of climate change and NCDs and mental health to inform policy and interventions.

- Promote **co-benefits of climate action and health** such as sustainable urban planning and transport, clean energy and air initiatives, and sustainable food systems.

- **Engage young people** in climate and health advocacy to address eco-anxiety and promote collective action.

10. Advance health-promoting, inclusive and age-friendly environments

- **Eliminate barriers to good health** and design public spaces and environments to make healthy choices the easy choices.

- Promote **inclusive urban design** that fosters active lifestyles, accessibility and social engagement for all ages and abilities.

- Support **intergenerational programmes** to strengthen social connections and reduce loneliness.

- Implement policies to promote **safe digital environments** and minimize the harm – especially to children – of the marketing of harmful products, cyberbullying, violence and exploitation, misinformation and data exploitation.

Enhance health literacy, education and self-management

11.

- Strengthen policies that promote **health literacy** and expand **therapeutic patient education** to support the self-management of NCDs and mental health conditions.

- Promote **setting-based approaches** (work, live, learn) to health education including integrating health literacy programmes into school curriculums to educate children on healthy behaviours, mental health and disease prevention.

- Launch targeted public health campaigns to **counter disinformation** and misinformation, raise awareness about NCDs, reduce stigma and promote evidence-based interventions.

- Improve **digital health literacy** to empower individuals to access reliable health information and services.

Facilitate increased international cooperation and knowledge sharing

12.

- Strengthen **international collaboration** and cross-border knowledge exchange, through innovative platforms and partnerships.

- Enhance international efforts to improve **access to care across borders**, ensuring equitable care for all.