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Policy Perspective

World Public Health Nutrition statement on the fourth United Nations high-level meeting on non-communicable diseases and mental health

World Public Health Nutrition Association[1,*]

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The Fourth United Nations High-Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases and the Promotion of Mental Health and Well-being (HLM4), scheduled for September 2025, presents a critical moment for the global community. It is an opportunity for Member States to not only take stock of the progress made but also to renew their political will and realign global efforts to tackle non-communicable diseases (NCDs)—including mental and neurological conditions—with greater urgency, equity, and ambition.

The World Public Health Nutrition Association (WPHNA) emphasises that the global response to NCDs is at a pivotal inflexion point. Progress has stalled. According to the UN Secretary-General's Progress Report, only 19 countries and territories are on track to meet the SDG 3.4 target of reducing premature mortality from NCDs by one-third by 2030 (United Nations, 2025). While there has been a 16.2% global reduction in premature NCD mortality since 2000, according to the Pan American Health Organisation, this headline masks alarming trends: in more than 20 countries, most of them low- and middle-income, premature NCD deaths have increased—a clear sign of growing inequality and systemic neglect (Pan American Health Organization, 2025).

NCDs and their risk factors, including unhealthy diets, ultra-processed food consumption, alcohol use, air pollution, and sedentary lifestyles, are deeply patterned by socio-economic and commercial determinants of health. The burden of disease disproportionately affects the most marginalised, both within and between countries. Without explicit attention to equity and the political economy of health, efforts will continue to bypass those most in need.

In the seven years since the last High-Level Meeting on NCDs in 2018, the global health landscape has evolved. The High-Level Meetings on Universal Health Coverage (2019 and 2023), as well as the Pandemic Prevention, Preparedness and Response Declaration (2023), have reinforced the importance of integration and coherence across global health agendas. We must now embed the NCD response firmly within universal health coverage, pandemic preparedness, and sustainable development.

Furthermore, the escalating climate crisis has magnified the urgency of connecting climate and health policies. Air pollution remains the single most significant environmental risk factor for NCDs, and food systems—central to both public health and climate resilience—require systemic transformation. Addressing the common drivers of climate change and NCDs, including fossil fuel combustion and industrial food production, will be essential for achieving healthy, sustainable societies.

- We acknowledge that the NCDs are the leading cause of death globally, responsible for over 43 million deaths per year, with 27 million occurring prematurely in people younger than 80 years (Bennett et al., 2025), and that mental health conditions affect nearly 1 billion people and are a leading cause of disability.
- While the draft political declaration (United Nations General Assembly, 2025) acknowledges challenges such as urbanisation, socioeconomic inequalities, climate change, and the COVID-19 pandemic, which have worsened the burden of NCDs and mental health conditions, it does not acknowledge the food environment and access to food as a key determinant of NCDs, including the commercial determinants of health and concrete policies to reduce the impact ultra-processed foods (UPF) and sugary drink beverages have on many NCDs.
- While the primary commitments aim to reduce tobacco use by 150 million people, control hypertension in 150 million more people, and provide mental health care access to 150 million additional people, WPHNA believes that details on how this will be achieved through population-based approaches that go beyond behavioural change campaigns are indispensable. The draft also does not target reducing the consumption of ultra-processed foods and sugar-sweetened beverages.
- WPHNA is deeply concerned that the initiatives to increase taxes are only on tobacco and alcohol and not

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on sugar-sweetened beverages or UPF.

- WPHNA welcomes the commitments to implementing mandatory front-of-pack nutritional labelling, as well as restricting the advertising of such foods to children and promoting breastfeeding. However, we reaffirm, like many other experts, that measures on food to reduce consumption of UPF (but not reformulation) must be at the core of the recommendations to tackle obesity and other food-related NCDs.
- We remain concerned that for years, corporations have pushed back against governments and regulatory bodies to delay or weaken such measures. Stronger measures need to be included in the declaration, along with specific guidelines on how to address corporate lobbying and industry interference at the national and regional levels when addressing these issues.
- WPHNA welcomes the draft's recommendation of integrating NCD and mental health services into primary care, including the scale-up of diagnosis and treatment for hypertension, diabetes, cancer, and mental health conditions like depression, psychosis, and dementia. Nonetheless, actions related to obesity fall short considering the alarming rates in many high and middle-income countries.
- WPHNA welcomes the initiative to increase domestic funding through health taxes and the allocation of health budgets to support policy reforms and access to global public health goods. However, specifics on the allocated budgets need to be explicitly mentioned if this commitment is to be measured.
- The UN's commitment to strengthening governance is particularly relevant, albeit weak, and WPHNA welcomes and supports further commitments. WPHNA expects a clear pathway to be outlined in the final declaration, pointing to actions and strict mechanisms to monitor all actors and participants in governance and make them accountable. as a principle of transparency, WPHNA and other organisations have encouraged the HLM4to adopt a Code-of-Conduct for engaging with civil society, calling for conflict-of-interest safeguards, ensuring access to information, establishing a UN lobbying registry, and access to the many UN negotiation documents currently kept from public view.
- Therefore, while WPHNA commends the initiative to enhance data systems and periodic reporting on progress, we will continue to demand mechanisms of accountability in engaging with the private sector and its partners. These essential elements of access to justice and accountability are already implemented by many governments nationally, but are not enough. The declaration must reflect this and prompt UN institutions to be at the forefront of national safeguards in governance and accountability.

WPHNA calls on Member States and UN agencies to:

- Prioritise policy coherence on the issues discussed above across sectors and agendas.
- Address the commercial determinants of health with EFFECTIVE regulatory tools and conflict-of-interest safeguards.
- Include regulatory measures that target the problem of ultra-processed foods and sugary drinks availability and consumption, such as taxing sugary drinks.
- Make sure nutrition, food systems, and the environment are managed in a way that addresses NCDs and makes the right to food and health central.
- Embed equity and rights-based approaches at the heart of all NCD and mental health strategies.

The time to act is now. The High-Level Meeting on NCDs and Mental Health, along with the declaration, must move us from rhetoric to accountability, from fragmented actions to coordinated systems change, and from an unequal burden to a shared responsibility.

CONFLICT OF INTEREST

None

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REFERENCES

United Nations. 2025. "The sustainable development goals report 2025": https://unstats.un.org/sdgs/report/2025/

PanAmerican Health Organization. 2025. "NCDs surveillance and monitoring: Noncommunicable disease mortality and risk factor prevalence in the Americas, 2025". **Full text here**

Bennett JE, O'Driscoll ON, Stevens GA, et al. 2025. "Benchmarking progress in non-communicable diseases: a global analysis of cause-specific mortality from 2001 to 2019". *The Lancet*. https://doi.org/10.1016/S0140-6736(25)01388-1

United Nations General Assembly. 2025. "Rev. 4: 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". **Full text here**

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