# Fourth Time a Charm?—How to Make the UN High-Level Meeting on Noncommunicable Diseases Effective

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**Noncommunicable diseases (NCDs)** cause three-fourths of the world's deaths, with the number continuing to increase.[1] More than 40% of NCD deaths are among people younger than 70 years, and the NCD epidemic is driven by preventable factors such as uncontrolled hypertension, tobacco and alcohol use, unhealthy diet, physical inactivity, air pollution, and limited health care access.[2] Despite their massive toll on health and economies, NCDs remain underfunded, receiving only about 2% of development assistance for health.[3]

⊞ Supplemental content

The global target established by the United Nations (UN)—Sustainable Development Goal (SDG) indicator 3.4.1—aims to reduce the risk of premature death among people aged 30 to 69 years from the leading NCDs (cardiovascular disease, cancer, diabetes, and chronic lung disease) by one-third by 2030. This risk decreased minimally, from 19.0% in 2012 to 18.0% in 2019, and only 19 countries—with just 2.7% of the global population—are on track to meet the target. At this rate, the one-third reduction would take 45 years. This delay of nearly half a century would cause more than 6 million preventable deaths at an early age from 2015 to 2030 and more than 40 million from 2015 to 2060, when, at the current rate, the target would finally be reached.

Previous attempts to accelerate action, including global convenings, have not altered this trajectory. The 2011 UN High-Level Meeting on NCDs represented a potential turning point in global health, with 34 heads of state gathering at UN headquarters and elevating NCDs from a health issue to a development imperative. Although nations pledged to reduce risk factors, strengthen health systems, boost international cooperation, advance research, and improve monitoring, the meeting concluded without specific targets or financial commitments.

The 2014 follow-up meeting documented insufficient global progress, with only a few countries making progress. The 2018 meeting, named but not implemented as "Time to Deliver," again documented insufficient progress, acknowledged government responsibility to mobilize resources, and again failed to set targets or timelines, gain any financial commitments, or establish an accountability mechanism.

The 2025 High-Level Meeting to occur in September thus comes at a critical juncture. Recent initiatives offer hope: a Global NCD Compact now engages heads of state, and World Health Organization and World Bank financing dialogues emphasize domestic resource mobilization. Where there has been investment—both political and financial—there has been progress. The World Health Organization MPOWER package of tobacco control interventions has reduced global smoking prevalence by one-fourth since its adoption in 2007.[4] Almost one-half of the world's population is now protected by best-practice policies to eliminate *trans* fat from the global food supply.[5] China has cut levels of airborne fine particulate matter ($PM_{2.5}$ [particles with a diameter of $\leq 2.5$ μm]) nearly in half over the past decade.[6] This progress shows that NCDs and their risk factors can be controlled.

The 2025 High-Level Meeting represents perhaps the final opportunity of the SDG era to transform rhetoric into action. Success requires specific prevention and control policies, transparent accountability metrics, and secured financing for implementation at scale. We suggest that governments lead; civil society organizations demand, mobilize, and monitor; and individuals commit to a specific, bold, concise, and actionable document that includes transparent, accurate, and meaningful accountability metrics. The eTable in the Supplement details actions in each priority area, recommended targets for achievable core indicators that would contribute to meeting the SDG 3.4.1 goal, potential health impact, and data sources for monitoring; this could form the basis for such a declaration. These targets could be the basis of specific country targets and accountability for progress. A specific equity focus should prioritize groups with the highest disease burden, such as low-income and rural communities, ensuring access to prevention and care. The declaration should at a minimum emphasize the following.

## Implement and Increase Health Taxes

Health taxes on tobacco, alcohol, and sugar-sweetened beverages are proven to reduce NCD risk factors, prevent cancers, and generate revenue. This is perhaps the most important priority—it will bring health improvements, advance health equity, and could also increase funding to combat NCDs. If all countries resist industry interference and increase their excise taxes so that prices on tobacco, alcohol, and sugary beverages increase by 50%, more than 50 million premature deaths, most in low- and middle-income countries, will be averted over the next 50 years. Over this period, these measures would also generate revenues, in present discounted value, of US $20 trillion.[7] Countries can tax not only sugary beverages but also other unhealthy foods such as those high in salt and sugar.

## Control Hypertension, the Leading Global Killer

Hypertension causes more deaths globally, and more deaths among individuals younger than 70 years, than any other condition and more than all infectious diseases combined, yet it appears to receive less than 0.1% of development assistance for health. Treatment to control hypertension—currently provided to control blood pressure to less than 140/90 mm Hg for only about 1 in 5 people

with hypertension—will reduce strokes, myocardial infarctions, and kidney disease and will also strengthen and require the strengthening of accessible, affordable primary health care services. This is particularly important for people with diabetes and others at high risk; antihypertension medications, statins, and newer medications to improve cardiometabolic outcomes are vastly underused. Focusing on a single indicator—control of blood pressure to less than 140/90 mm Hg with treatment in all people with hypertension—and increasing this to 50% from the current level of about 20% would prevent between 76 million and 130 million premature deaths over 35 years.

### Scale Up Cancer Prevention and Early Detection and Treatment

Cancer accounts for nearly 1 in 6 deaths globally, yet it remains neglected. Prevention, vaccination, and early detection and treatment programs are high-impact health interventions.

### Reduce Air Pollution

Air pollution, especially $PM_{2.5}$, increases lung cancer, cardiovascular disease, and chronic respiratory illness. Reducing both indoor and ambient air pollution aligns health and climate goals. Progress will require accelerating the transition from solid (wood, dung, coal) to cleaner (propane, renewable) fuel sources, particularly for cooking and heating, and enforcing stricter limits on emissions from vehicles, industry, and energy generation.

### Increase Consumption of Healthy and Decrease Consumption of Unhealthy Food by Incentivizing Companies and Empowering Consumers

Graphic, easily interpreted front-of package warning labels and marketing restrictions on unhealthy products help all consumers make informed choices. Stop-sign warning labels on foods high in salt, sugar, and other unhealthy ingredients improve the options food producers market and the choices consumers make. Countries can restrict marketing, limit sales in schools and all government properties, and tax products with health warning labels.

### Conclusions

The clock is ticking. The preparatory process for the 2025 meeting is well underway and should engage all of society. All who care about health should demand a meaningful, actionable declaration. In adopting SDG 3.4.1, the world made a commitment: Reduce early NCD deaths by one-third. Now it must keep that commitment or pay the human and economic costs in lost lives, lower productivity, and preventable health care expenditures. The eTable in the Supplement sets out proven, measurable actions. These can only be achieved with actions from finance, agriculture, planning, and other organizations, in addition to the health sector. With commitment in action to match words and collaboration among governments, civil society, and the private sector, the world can save tens of millions of lives, improve health systems, promote healthy longevity, and accelerate economic progress.

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# Supplementary Online Content

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**eTable.** Priority Areas to Combat Noncommunicable Diseases, Key Actions to Take in Each Area, Suggested Targets and Impact, and Means to Monitor
**eReferences**

This supplementary material has been provided by the authors to give readers additional information about their work.

**eTable.** Priority Areas to Combat Noncommunicable Diseases, Key Actions to Take in Each Area, Suggested Targets and Impact, and Means to Monitor

| Area | Actions | Targets | Health impact | Monitoring and data sources |
|---|---|---|---|---|
| **Increase health taxes on tobacco, alcohol, and sugary beverages** | • Raise excise taxes to increase the real prices of these products by ≥50%<br>• Adjust taxes annually above inflation and economic growth to sustain impact<br>• Promote healthy food product reformulation by industry | • Increase excise taxes by ≥50%<br>• Decrease tobacco use prevalence to below 15% globally | • Reducing tobacco use prevalence to below 15% would prevent 10 million deaths globally within a decade and avert millions of cardiovascular and cancer-related events | • WHO program, food and nutrition database, and country reports<br>• National tax revenue reports |
| **Treat patients with hypertension** | • Scale up care using the WHO HEARTS technical package, integrating team-based primary care with affordable, high-quality medications[a]<br>• Provide antihypertensives, statins, metformin, and newer antidiabetic agents free of charge to patients to improve adherence and equity | • Achieve ≥50% global hypertension control by 2030<br>• Provide statins to at least 50% of patients who have a clinical indication | • Increasing global hypertension control rates from ≈20% to 50% by 2030 could prevent between 76 and 130 million deaths over 35 years[b]<br>• Use of statins for those at higher risk can save tens of millions of additional lives[c] | • WHO STEPS and other global surveys<br>• National health surveys |
| **Scale up cancer prevention and early detection and treatment** | • Scale up HPV vaccination for adolescents to prevent cervical and other HPV-related cancers<br>• Expand screening programs for breast, cervical, and colorectal cancer<br>• Provide affordable, effective cancer treatment | • ≥90% HPV vaccination rate<br>• ≥70% breast and cervical cancer screening and treatment and ≥50% colorectal cancer screening and treatment with >90% follow-up within 3 months | • Increasing HPV vaccination to ≥90% coverage could prevent 90% of cervical cancer cases, saving millions of lives[d]<br>• Improved screening and treatment for breast and colon cancer could prevent millions of deaths over the next decade[e] | • National cancer registries<br>• WHO and GAVI HPV vaccination reports<br>• National surveys and data for cancer screening<br>• Cancer registries and data on treatment and outcomes |
| **Reduce air pollution** | • Transition households from solid fuels to clean energy for cooking and heating<br>• Enforce strict emission standards for vehicles, industry, and energy generation | • Reduce $PM_{2.5}$ exposure by ≥25% by 2030 | • Prevent at least an additional 10 million deaths over the next decade[f] | • WHO Global Air Quality database<br>• National emission reports<br>• Strengthened air quality monitoring and public reporting systems |

| Area | Actions | Targets | Health impact | Monitoring and data sources |
|---|---|---|---|---|
| **Improve nutrition** | • Require front-of-package warning labels appropriate for low-literacy populations along with marketing and other restrictions on products with warning labels (eg, prohibiting sale or distribution of unhealthy products in all public places including schools, parks, and government buildings)[g]<br>• Mandatory salt reduction targets for products that are major sources of sodium | • Documented reduction in consumption of targeted unhealthy foods, including a 30% reduction in consumption of sodium | • Reduction of sodium by 30% would prevent more than 10 million deaths over the next decade[h] | • Market data<br>• National surveys<br>• WHO food and nutrition database |

Abbreviations: HPV, human papillomavirus; PM$_{2.5}$, fine particulate matter (particles with a diameter of ≤2.5 μm); STEPS, Stepwise Approach to NCD Risk Factor Surveillance; WHO, World Health Organization.

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