



IFPMA

**From innovation
to access:
Pharmaceutical
industry priorities
ahead of the
4th UN High-Level
Meeting on NCDs
and Mental Health**



Introduction

Non-communicable diseases (NCDs), such as diabetes, cardiovascular, renal and metabolic diseases, cancer, chronic respiratory diseases, mental health and neurological diseases, are one of the greatest global health and economic threats we face in our lifetime.

Since 2000, global deaths due to NCDs have increased rapidly, even as deaths due to communicable diseases have declined. The global share of NCD deaths among all deaths rose from **61% to 74%** in 2019. In 2021, **18 million** of these 43 million NCD-related deaths occurred before the age of 70, with comparable mortality rates¹ in countries of all income levels. Alarming, about 33% of the global population is living with an NCD², up to **one in two** of us will get cancer, and about **one billion** people are affected by a mental health condition.

We are not short of actionable goals and targets for NCDs. The world is striving to reduce premature mortality due to NCDs by one third by 2030 as part of the Sustainable Development Goals (SDG 3.4). Voluntary global NCD targets have also been set on tobacco use, harmful use of alcohol, physical inactivity, halting the rise of obesity and diabetes, reducing the prevalence of hypertension, preventing heart attacks and strokes, and improving access to basic technologies and essential medicines.

Despite this - and the multitude of commitments made to tackle NCDs by governments across the world - progress is lagging. The WHO reports that no country will achieve its original 2025 NCD targets, and, in 2019, **only 19 out of 194** countries and territories were on track to achieve the one-third reduction in NCD premature mortality.

In the seven years since the 3rd UN High-Level Meeting (HLM) on NCDs that took place in 2018, the increasing global burden of NCDs has been exacerbated by a global pandemic, health workforce shortages, evolving modern lifestyles, emerging disease patterns, growing challenges with climate and the environment, and tighter budgets in all countries. The 4th HLM on NCDs and Mental Health in September 2025 is a timely opportunity to remind the world of its commitments to address this global challenge collectively. The innovative pharmaceutical industry is committed to playing its part, including through collaborations with other stakeholders.

1. IHME platform accessed February 2025
2. Estimate by IFPMA, based on global prevalence numbers and assumption of two NCDs on average per person living with an NCD

Introduction

Medicines and vaccines have transformed the prevention, treatment, and control of NCDs and mental health around the world, and the next generation of medical developments will bring further progress.

The innovative pharmaceutical industry has delivered [virtually all NCDs medicines and vaccines in use today](#), from statins and inhalers to anti-hypertensives, antidepressants, and immune modulators. These innovations improve the lives of hundreds of millions of people living with chronic conditions around the world, including the [30-40% who are living with multimorbidity](#). Many of these breakthrough medicines are now in generic or biosimilar form and continue to save countless lives and support healthcare systems worldwide, with almost 250³ of the medicines on the WHO Essential Medicines List (EML) focused on NCDs – around 40% of the total list.

Pharmaceutical companies continue to invest in innovation, translating scientific breakthroughs into the next generation of medicines and vaccines to help deliver a healthier future for people everywhere. Recent innovations, including in gene therapies, cell therapies, and nucleotide-based products, have enabled step-changes in options to prevent and treat cancers, obesity, sickle-cell disease and, for the first time, the progression of Alzheimer's disease. Over the past 10 years, industry-sponsored clinical trials for cell and gene therapies have [more than tripled](#) and six first-in-class cell and gene therapies were launched in 2023 alone. Artificial intelligence is further accelerating drug discovery. Similarly, pharmaceutical companies have gained a deeper understanding of how genetic, environmental, and lifestyle factors interact to influence cardiometabolic conditions, enabling the development of new medicines.

However, decades of experience have shown that innovation is meaningful only if people can access it at the point of care. Working together better on improving equitable access to innovations will contribute greatly to bending the curve on NCDs.

This Call to Action is the pharmaceutical industry's perspective on what we believe is needed to accelerate progress on NCDs and mental health for the 4th HLM and beyond.

3. IQVIA analysis from January 2025. Drugs with multiple indications are listed more than once in this analysis.

Our advocacy priorities are centered around four key policy measures, which IFPMA urges be included in the upcoming HLM on NCDs and mental health:



Enable innovation

Foster a healthy innovation ecosystem and improve awareness and uptake of medical innovation to address the global NCD and mental health burden. This should include essential and innovative NCD medicines, vaccines, diagnostics, and medical devices, supported by appropriate health service delivery models.



Mobilize investment

Commit to invest more efficiently and effectively in strengthening health systems and to have concrete and actionable financing plans for NCDs and mental health so that we can more equitably reach individuals with integrated prevention, treatment, and care.



Drive implementation

Deliver effective programs and policies to ensure equitable access to NCD prevention, treatment, and care for all. Strengthen national health systems by integrating early screening, diagnosis, vaccination, comprehensive treatment options, and rehabilitation programs that effectively reach and address the needs of people living with NCDs and mental health conditions.



Ensure accountability

Implement measures to ensure accountability and high standards across all relevant sectors of government and key health stakeholders to accurately improve and report on delivery of NCDs and mental health prevention, treatment, and care. This includes a focus on monitoring the impact of vaccination, early screening, diagnosis, and treatment programs.

Enable innovation



Addressing NCDs and mental health is a significant part of pharmaceutical R&D innovation efforts, reflecting the overall burden of these diseases worldwide. In the past 10 years, there have been 1,408 medicines launched for NCDs⁴. There are over 12,900 medicines in various stages of clinical development globally, supported by pharmaceutical companies, biotechs, academic, and medical research charities. An estimated three quarters of this pipeline – or over 9,600 medicines - is focused on potential treatments for NCDs. This includes over 4,700 for cancer, 1,100 for cardiovascular disease, almost 500 for diabetes, and over 2,800 for mental health and neurological diseases⁵.

NCD medicines approved in the past 10 years

According to the Clarivate Cortellis platform, 1,408 medicines have been launched for NCDs over the past 10 years.

Total medicines launched (2015-2025):
3,039

482

Neurological diseases

371

Cancer

344

CVD

125

Diabetes

122

Psychiatric disorders

57

Lung diseases

NCD medicines in the pipeline

Total medicines in clinical development:
12,912

Approximately 75% of medicines in the pipeline relate to the following NCD categories:

4,724

Cancer

2,277

Neurological diseases

1,110

CVD

549

Psychiatric disorders

484

Diabetes

463

Lung diseases

4. Clarivate Cortellis platform accessed in January 2025

5. Clarivate Cortellis platform access in January 2025. "Drugs", as defined in the Cortellis Competitive Intelligence database, may include small molecules, biologics, drug combinations, biosimilars, salts, and new versions of existing drugs with an element of innovation, like a new formulation. Only the most advanced stage of development globally is reported for each drug (for instance, if a drug is being investigated in both Phase I and Phase III for different indications, it would only be reported once, as being in Phase III).

Vaccines also play a critical role in tackling NCDs and can lower the risk of developing cancer. For instance, the human papillomavirus (HPV) vaccine is highly effective in preventing HPV-related cancers. It has the potential to eliminate cervical cancer in certain countries during our lifetime and radically reduce the burden of other HPV-related cancers, marking a significant milestone in the fight against this disease. Similarly, improving access to and uptake of highly effective vaccines against Hepatitis B (HBV) is critical to reducing liver cancer. Together, vaccination against HPV and Hepatitis B could [prevent over one million cancer cases](#) worldwide every year.

Even with the innovation we have seen to date, we want to go further to deliver for people living with NCDs and mental health conditions. Too many cancers are still untreatable, disease progression cannot yet be halted, and potential cures for many NCDs remains in the laboratory stages. Pharmaceutical companies are committed to continuing to research and develop new medicines and vaccines for healthier societies everywhere.



IFPMA and our members call on the UN and its Member States, and all relevant global health stakeholders, to enable a healthy innovation ecosystem to address the global NCD and mental health burden and drive greater awareness and improved uptake of the medicines, vaccines, diagnostics, and services that prevent, treat, and control these diseases.



Mobilize investment

NCDs have been estimated to cost [USD 2 trillion](#) per year since 2010, amounting to USD 47 trillion by 2030. The case for investing in NCDs is clear and well-established, as evidenced by the recently updated [WHO NCD “Best Buys”](#) and the 2022 [Lancet NCD Countdown](#). In 2021, it was calculated that investment in NCD prevention and control would yield an annual [seven-fold](#) return in low- and middle-income countries (LMICs) within a decade. This could lead to an expected [USD 230 billion](#) economic gain and almost seven million lives saved by 2030. Estimates such as these demonstrate large mortality reductions and a strong economic return on investment from a focused package of NCD prevention, early detection, treatment, and control interventions.

Although the WHO [estimates that USD 200-328 billion per year](#) is needed to achieve universal health coverage (UHC) in LMICs, addressing many NCDs require far lower investments. The NCD Countdown estimates that implementing the most cost-effective packages to address NCDs would cost an extra [USD 18 billion per year](#) over 2023-2030 in LMICs, potentially averting 39 million deaths and generating an average net economic benefit of [USD 2.7 trillion](#). Additionally, for every USD 1 invested in mental health interventions for adolescents under age 24 in LMICs, there is an expected return in health and economic benefits of [USD 24](#).

New research commissioned by IFPMA builds on these investment cases. In LMICs, the data demonstrates that an additional 1% of GDP investment in total public healthcare expenditure, where 40% is channeled toward cost-effective primary NCD health care interventions like cardiovascular disease management, diabetes screening, and respiratory care, could save close to [5 million lives](#) each year. This data underlines the critical importance of unlocking investment in healthcare, particularly in primary care, if we are to make substantive progress in tackling the rising incidence of NCDs and toward meeting SDG 3.4.

Despite such compelling investment cases, NCD prevention, early detection, treatment, and control remain severely underfunded and under-prioritized by both governments and global donors. According to the [WHO and World Bank](#), a major reason why governments are not devoting more resources to NCDs and mental health is low awareness by decision-makers, affected individuals, and the general population. Meanwhile, fiscal challenges faced by resource-constrained governments lead to inadequate resources for combatting NCDs. Ministries of health units responsible for NCDs and mental health then suffer from inadequate and inflexible budgets.



...in LMICs, an additional 1% of GDP investment in total public healthcare expenditure, where 40% is channeled toward cost-effective primary NCD health care interventions, could save close to 5 million lives each year...

Coupled with the lack of UHC and financial protection for people living with NCDs, this leaves afflicted people and their families to try and manage high levels of out-of-pocket payments. According to the NCD Alliance, out-of-pocket payments for NCD treatment and care push approximately [100 million people worldwide](#) into extreme poverty every year.

IFPMA and our members, [Access Accelerated](#)⁶, the [NCD Alliance](#), and other organizations are working to help countries develop and implement a suite of sustainable financing mechanisms that reflect local needs and priorities and can be complementary to one another. These include domestic resource mobilization, development financing, private sector and philanthropic financing, and innovative financing models.

Generating more domestic resources for NCDs and mental health is clearly the number one priority. Countries are taking a range of different approaches as appropriate for their healthcare systems, and are exploring mechanisms including health taxes, private or community-based health insurance programs, debt-for-health swaps, health savings accounts, performance-based financing (social impact bonds), blended financing, and mobile health financing solutions. Many of these proposals require different ways of working and careful evaluation so that successes can be learned from and replicated worldwide.

The dialogue on improved and innovative financing for NCDs and mental health can help achieve policy coherence across different government departments to reduce the incidence and burden of NCDs. Well-known contributing factors to NCDs originate from non-health sectors, so the response to prevent and control them requires action from government ministries including agriculture, education, labor, industry, finance, transport, energy, and environmental/climate departments.

To take one example, as the evidence grows on the impact of climate change on health, coherence between effective environmental policies and approaches to tackle diseases like asthma and chronic obstructive pulmonary disease (COPD) should be established. Redirecting some public money currently subsidizing fossil fuels into healthcare could be [accelerated](#). In the case of NCD prevention, this undoubtedly includes implementing more of the cost-effective “Best Buys” and in-built resourcing opportunities such as taxing tobacco, alcohol, and unhealthy foods. The Taskforce on Fiscal Policy for Health estimated that such taxes would raise [USD 260-420 billion](#) per year in LMICs that could be invested into health, while also reducing the incidence of NCDs.



IFPMA and our members call on the UN, its Member States, and all relevant global health stakeholders, to commit to invest more effectively and efficiently to strengthen health systems and develop concrete and actionable financing plans for equitable NCD prevention, early screening, diagnosis, treatment, and care. We must prioritize NCDs and mental health as part of UHC, and implement new and sustainable financing streams from governments, donors, and other stakeholders to close the financing gap.

6. The Access Accelerated initiative has a technical partnership with the World Bank and other organizations to help LMICs improve financing for NCDs via a variety of locally-driven financing initiatives. Since 2017, they have catalyzed USD 4 billion in NCD-related investments.

Drive implementation



Today, many initiatives and care delivery models remain siloed, exacerbating the hurdles people living with NCDs face. For example, fragmented approaches to management of cardiovascular, renal, and metabolic diseases, which are often interconnected, are compounded by their frequent asymptomatic nature in the early stages, resulting in delays in diagnosis or misdiagnosis, along with delays in referrals to care.

People affected by these diseases are often not diagnosed until their condition has progressed to substantial organ dysfunction. This means treatment may need to be more intensive from the start, the impact on quality of life is likely to be more significant, and there is an increased risk of comorbidities.

Better integration of NCDs and mental health into UHC schemes, primary health care models, and infectious disease programs, as well as building the necessary capacity and health workforce, help drive implementation of NCDs programs and initiatives forward and improve health outcomes.

The Global Health Progress interactive hub highlights more than 150 examples of cross-sector collaborations involving the pharmaceutical industry in over 100 countries, working together with partners to implement innovative solutions to address the global burden of NCDs and mental health.



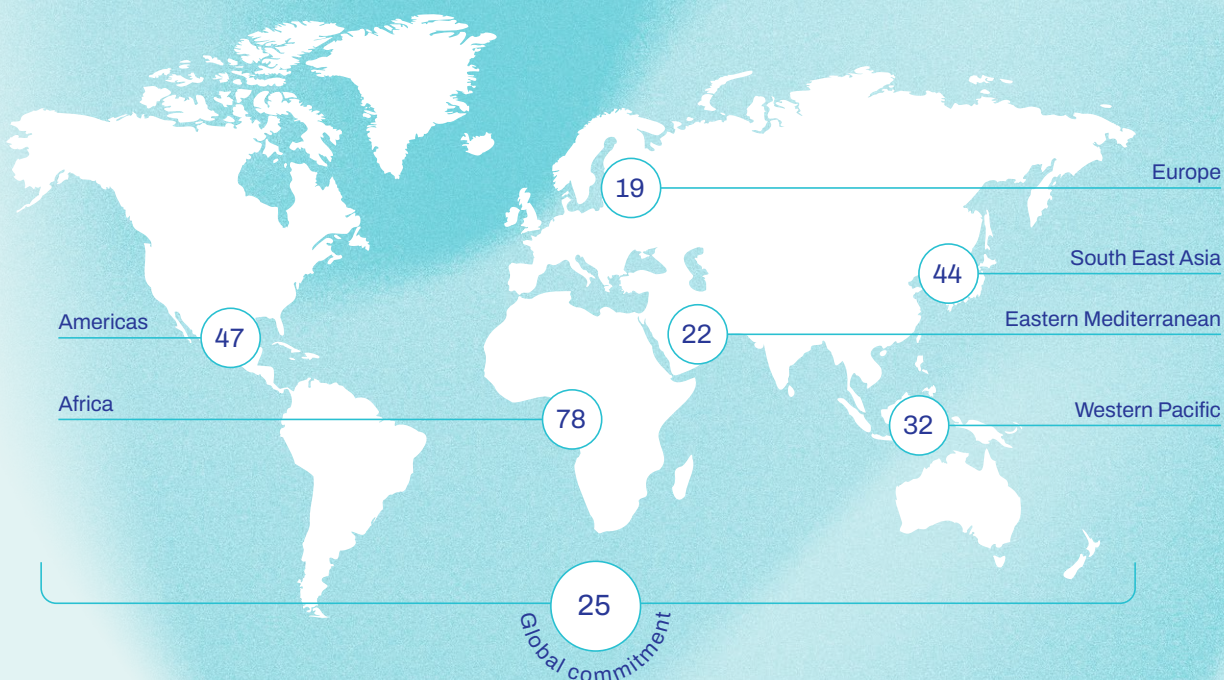
Discover more on
globalhealthprogress.org

Active collaborations targeting NCDs

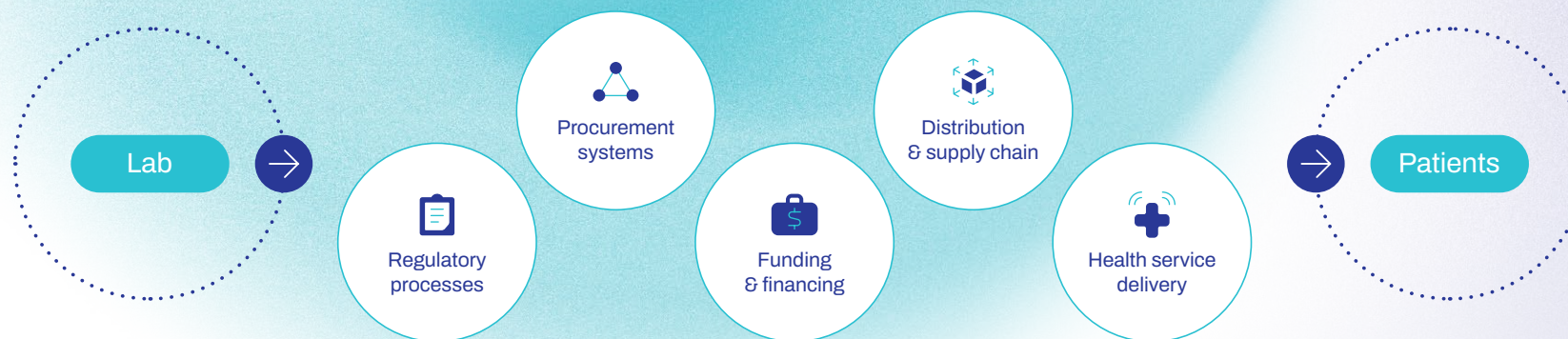
153

103 Countries

40 Partners



Pathway from innovation to access



Accelerating the adoption of medicines and vaccines can only be achieved through a concerted end-to-end approach that addresses all steps along the pathway from laboratory to patient. Despite progress, significant gaps remain in uptake, especially in many LMICs.

For example, treating hypertension is one of the most important interventions to meet SDG target 3.4 and anti-hypertensive medicines are known to be effective and cheap, yet a [Lancet study](#) of household survey data for 1 million people in 44 LMICs found that less than half of those with high blood pressure are properly diagnosed. Among those with the condition, only 30% are treated and only 10% have the disease under control. If we increased the percentage of people whose hypertension is under control globally to 50%, we could [prevent 76 million deaths](#) between 2023 and 2050.

A step-change is needed if we are to reverse the trend in the rising incidence of NCDs. Barriers to achieving equitable patient access to quality and affordable medicines in LMICs are complex and multi-faceted and go beyond simple pricing and affordability issues. They include regulatory processes, procurement systems, funding and financing, distribution and supply chain, and health service delivery including diagnosis, capacity, and data.

These barriers mean that even low-priced, or free of charge, medicines are failing to reach patients at the point of care. For these reasons, overcoming challenges to UHC and access to medicines in LMICs often require solutions based on a deep understanding of country-level access pathways and the barriers and bottlenecks that are causing problems.

Based on this understanding and the roles and responsibilities for different stakeholders, potential opportunities for collaborative efforts to unlock patient access at a local level can be taken forward. Multi-stakeholder collaborations such as the [Access to Oncology Medicines \(ATOM\) Coalition](#), [Coalition for Access to Essential NCD Medicines and Products](#), the [WHO Cervical Cancer Elimination Initiative](#), and [Be Healthy Be Mobile](#) bring together companies and other stakeholders to deliver multiple steps along the pathway.

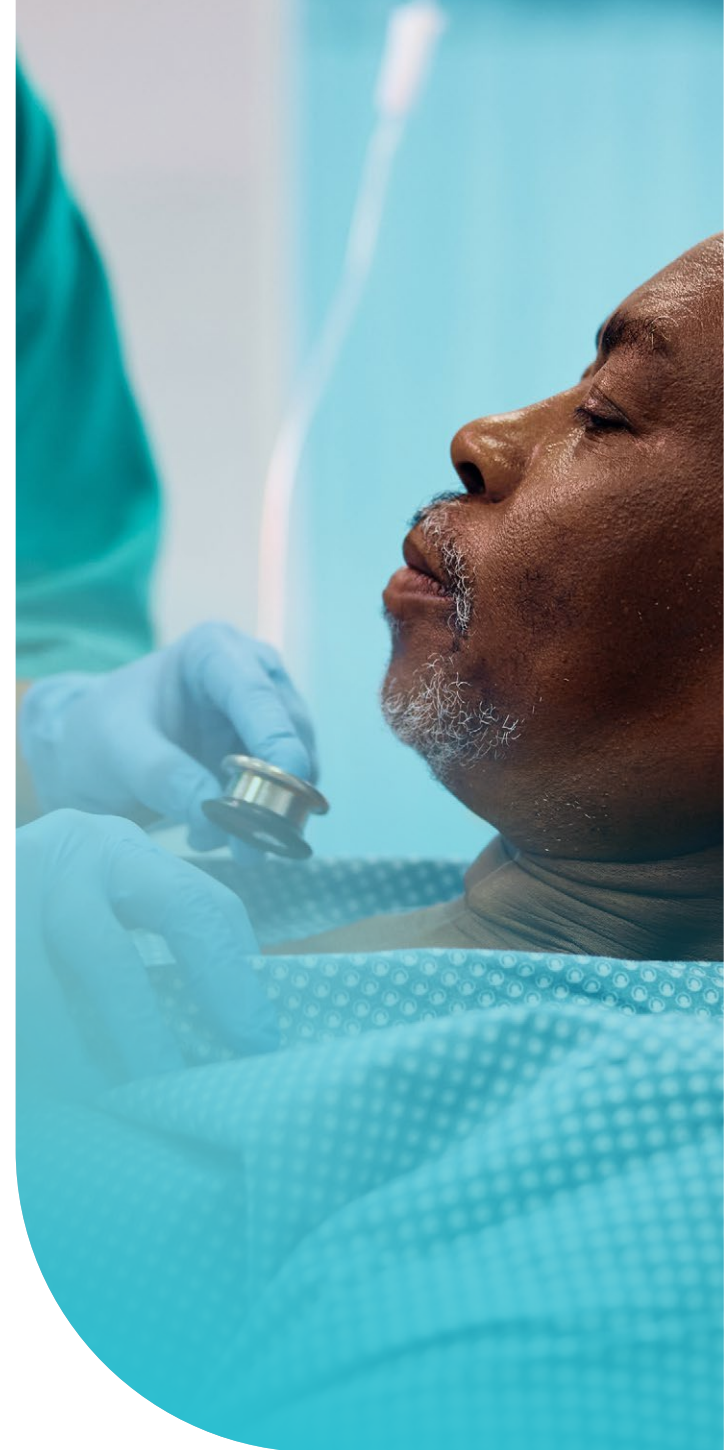
Drive implementation

Preventing disease or preventing disease progression also enhances quality of life, lowers hospitalizations, and improves health outcomes. When we [prevent the onset of chronic diseases](#), we reduce the burden on people living with NCDs, carers, and health care systems by decreasing hospitalizations and optimizing workforce utilization, lowering the risk of morbidity, comorbidities, and mortality. This means valuable resources can be allocated elsewhere, and supports a healthy, active, and skilled workforce throughout life, which boosts economic productivity.

Vaccines targeting respiratory diseases are essential in managing NCDs by effectively preventing complications associated with vaccine-preventable infections. Influenza is a [risk factor](#) for asthma attacks and COPD exacerbations. Flu can also destabilize blood glucose levels, potentially having both immediate and longer-term effects for people with [diabetes](#)³⁴. Given this link, influenza vaccination in people with CVD may reduce the risk of a heart attack or stroke by as much as [67% and 24%](#), respectively. Life-course vaccination programs do not only protect people living with NCDs who are more at risk of long-term complications, but they also reduce pressure on health systems. Data shows that adult vaccination programs deliver socio-economic benefits of up to [19 times](#) the initial investment through benefits to individuals, health care systems, and wider society.



IFPMA and our members call on the UN, its Member States, and all relevant global health stakeholders, to ensure equitable access to NCD prevention, treatment, and care for all. Integrating early screening, diagnosis, vaccination, comprehensive treatment options, and rehabilitation programs will strengthen national health systems and more meaningfully address the needs of people living with NCDs and mental health conditions.



Ensure accountability



The upcoming UN HLM on NCDs and Mental Health provides an opportunity for governments to establish meaningful accountability in driving progress toward meeting targets on NCDs. By obtaining commitments across governments and relevant stakeholders, there is an opportunity to ensure that all their respective capabilities and resources are contributing to improve access to quality NCD and mental health prevention, treatment, and care for all. To accomplish this, the UN, Member States, WHO, and other stakeholders can take a series of [tangible measures](#), such as strengthening national surveillance and monitoring systems for NCDs, establishing and strengthening inclusive NCD accountability mechanisms, and increasing NCD financing data collection and accountability.

While government leadership is paramount to tackling the global NCD and mental health burden, governments cannot address the burden of these diseases on their own. Publishing and reporting on progress every two years to the World Health Assembly would result in more collective accountability toward meeting existing gaps in provision of NCD treatment and care.

The innovative pharmaceutical industry has an important role to play and is working with governments and other stakeholders to implement practical, well-financed, innovative, and collaborative solutions to address the global burden of NCDs. Several organizations work to hold the pharmaceutical industry accountable for improving access to medicines and vaccines and we support ongoing efforts to harmonize and simplify these reporting frameworks.

This shared accountability must be underpinned by commitments to ensure high standards of integrity and ethical conduct throughout the world's health systems. This includes public-private collaboration and collective action to root out corruption and unethical conduct inhibiting access to NCD and mental health prevention, treatment, and care, and strong and aligned integrity standards across all health stakeholders.



Ensure accountability



IFPMA and our members call on the UN and its Member States, and all relevant global health stakeholders, to implement measures to ensure accountability and high standards to accurately improve and report on delivery of quality NCD and mental health prevention, treatment, and care. This includes a focus on monitoring the impact of vaccination, early screening, diagnosis, and treatment programs.

Addressing the prevention, early detection, treatment, and control of NCDs and mental health as part of UHC is integral to achieving the SDGs in 2030 and beyond, with a vision to 2050. By effectively tackling NCDs and mental health conditions, we can achieve a more resilient, sustainable, and equitable world for all.

About IFPMA

IFPMA represents the innovative pharmaceutical industry at the international level, engaging in official relations with the United Nations and multilateral organizations. Our vision is to ensure that scientific progress translates into the next generation of medicines and vaccines that deliver a healthier future for people everywhere. To achieve this, we act as a trusted partner, bringing our members' expertise to champion pharmaceutical innovation, drive policy that supports the research, development, and delivery of health technologies, and create sustainable solutions that advance global health.