

HelpAge International response to the Zero Draft 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 (2025)

Background:

HelpAge International, secretariat to a global network of over 200 members across more than 90 countries, welcomes the release of the Zero Draft Political Declaration for the 2025 UN High-Level Meeting (HLM) on the prevention and control of noncommunicable diseases (NCDs) and the promotion of mental health and well-being. We welcome the focus on leadership and the action-orientated approach. However, we express concern over the insufficient emphasis on older people; lack of recognition of the intersection of NCDs with ageing and disability; and the absence of a commitment to advancing inclusive, equity-based, and age, gender and disability-responsive health and care systems that promote healthy ageing for all.

Health and care systems must address the burden of NCDs across the life-course through integrated and community-based services across the full continuum of care. This includes: health promotion and prevention; early diagnosis, treatment, and rehabilitation; palliative and end of life care; and long-term care and support. Such a comprehensive approach is essential to support healthy longevity, maintain functional ability, and reduce the burden of NCDs across the life-course. This will ultimately ease the pressure on overstretched health systems; reduce out of pocket expenditures for families; contribute to sustainable Universal Health Coverage; and reduce poverty.

In line with this approach, we express serious concern about the continued use of the 'premature mortality' indicator (defined as deaths below the age of 70) and related language in the Zero Draft. The use of 'premature mortality' is ageist, discriminatory and remains entirely unjustified, perpetuating the exclusion of older people from NCD monitoring frameworks and related action to address their causes and consequences. It is also contradictory to the equity and rights-based approach the Zero Draft seeks to adopt. We call for this to be urgently addressed by removing references to 'premature mortality' throughout the document and by including an explicit commitment to remove upper age caps in data systems and replace the use of the indicator with more inclusive and rights-based approaches that measure 'preventable' or 'avoidable' mortality, as well as NCD related morbidity and disability, among people of all ages.

HelpAge Global Network welcomes:

- The commitment to equity, integration, and transforming lives and livelihoods through accelerated implementation of previous decisions on NCDs and UHC.
- The recognition of the commitments of previous high-level meetings of the General Assembly on the prevention and control of noncommunicable diseases; political declarations on universal health coverage; General Assembly resolution 70/1 of 25 September 2015; and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development.

- The references to 'life course', 'older people', 'addressing social exclusion of older persons, particularly older women in rural areas', 'unmet need', 'long-term care', and 'social care'.
- The focus on integrated and person-centered primary health care and commitment to 'orientate health system and social care policies and capacities to support the essential needs of people living with or at risk of noncommunicable diseases and mental health conditions, across the life course'.
- The focus 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.
- The recognition of the impact of climate change on NCDs and the heightened risk for people living in humanitarian settings.

HelpAge highlights the following areas of concern that should be addressed during the negotiations:

- The Zero Draft Political Declaration weakens the progress made in previous declarations—A/RES/73/2 (paragraph 29) and A/RES/78/4 (paragraph 60)—which acknowledged older people, the link between NCDs and ageing, and the need for a full continuum of care to address the disproportionate impact of NCDs on older populations.
- The use of the term 'premature mortality,' referring to deaths between the ages of 30 and 70, and the failure to commit to more inclusive data systems. This language and the use of the related indicator in NCD monitoring frameworks, is ageist and discriminatory and perpetuates age discrimination in the funding, design and delivery of actions on NCDs.
- The lack of language around the intersection of NCDs and disability, including the failures to:
 - highlight that NCDs are the leading cause of disability;
 - acknowledge the relationship between NCDs, ageing and disability;
 - address the heightened risks people with disabilities of all ages face in relation to NCDs, and the barriers they experience to accessing NCD prevention and care, including through lack of investment in rehabilitation and assistive technology and rights-based services for mental health and neurological conditions, including dementia, delivered in the community; and
 - failure to recall the Convention on the Rights of Persons with Disabilities (CRPD).
- The lack of a gender analysis, with no recognition of the differing experiences of NCDs between women and men.
- The insufficient attention to the full continuum of services needed by those living with NCDs and mental health conditions and neurological conditions, including dementia, in particular rehabilitation, long-term care and support, and palliative and end-of-life care.

HelpAge and its global network calls on member states to:

- Ensure stronger references to NCD-related mortality, morbidity and disability among people of all ages and across the life-course, and explicit references to populations at greatest risk, including, among others, older people, women and girls of all ages, and persons with disabilities.

- Acknowledge the disproportionate burden of NCDs on older persons and the need to scale up efforts to develop, implement and evaluate policies and programmes that promote healthy and active ageing (Sources: A/RES/73/2 paragraph 29, A/RES/78/4 paragraph 60).
- Remove the entirely unjustified, discriminatory and ageist language and target of 'premature mortality' (defined as death before the age of 70) from the declaration and replace it with a rights-based approach such as 'preventable' or 'avoidable' mortality. This must include explicit commitments to remove upper age caps from all NCD monitoring frameworks and collect and use sex-, age- and disability-disaggregated data on people of all ages, to address the exclusion of older people from NCD and health data. This is critical to understand and effectively respond to NCDs across the life-course.
- To align the commitment to increase the percentage of budget allocations for mental health care with an explicit target for increasing investment in noncommunicable diseases more broadly, to meet the needs of populations across the life-course.

HelpAge calls for the following amendments and additions to the Political Declaration:

1. **Opening paragraph:** We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 25 September 2025 to review progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health and well-being **[ADD - across the life course]**, commit to accelerating a priority set of evidence-based, **[ADD - rights-based]** cost-effective and affordable actions.
2. **Paragraph 5:** Emphasize the burden of noncommunicable diseases, including cardiovascular diseases (such as heart disease and stroke), cancers, diabetes, and chronic respiratory diseases, which together account for more than 43 million deaths each year, **[Delete - 18 million of which occur prematurely (before the age of 70 years)]**, with cardiovascular diseases accounting for the largest share of these deaths, while recognizing the burden of conditions beyond the four main noncommunicable diseases **[Add – and that NCDs currently contribute to 80 per cent of all years lived with disabilities]**.
3. **Paragraph 8 -** Emphasize with concern that globally there are: (i) 1.3 billion tobacco users; (ii) 1.3 billion adults living with hypertension – a doubling since 1990 (and only 1 in 5 have it under control); (iii) 800 million adults living with diabetes – a fourfold increase since 1990; **[Delete - and]** (iv) 41 million children over 5 years old being overweight or obese, while adult obesity has more than doubled since 1990; **[ADD - and v) 57 million people living with dementia.]**
4. **Paragraph 15 -** Recognize the need for integrated, well-financed and functioning health systems to prevent, screen, diagnose, treat and care for people living with, or at elevated risk of, noncommunicable diseases and mental health conditions, focusing on primary care, 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 **[ADD - and with social services and local government and community-based supports to ensure continuity of care for rehabilitation and long-term care and support]**.
5. **Paragraph 17 -** Recognize the importance of adopting a human rights-based approach for the prevention and control of noncommunicable diseases and the promotion of mental health and well-being **[ADD – of people of all ages]**, including access to services, care,

acknowledging that people **[ADD - of all ages]** living with and at risk of these conditions are routinely and unjustly deprived of such access and discriminated against; **[ADD – and recognizing the heightened risk faced by people who face multiple and intersecting forms of discrimination and inequalities, whether related to their sex, gender, age, disability, socio-economic status.]**

6. **Paragraph 18** –Recognize that people living with noncommunicable diseases and mental health conditions have unique experiences and can provide first-hand expertise into designing, implementing and monitoring **[ADD - integrated-]** person-centered prevention, diagnosis, treatment, care (including rehabilitation, **[Delete - and]** palliation **[ADD - and long-term care and support]** policies and programs;
7. **Paragraph 19** - Acknowledge that there are evidence-based interventions for preventing, screening, diagnosing, treating, and caring for people **[ADD - of all ages]** with noncommunicable diseases and mental health conditions, while also acknowledging that scarce resources means Member States must prioritize the most cost-effective, affordable and feasible interventions, which for the most part can be delivered at community and primary health care level;
8. **After Paragraph 19 add** - 'Acknowledge the disproportionate burden of non-communicable diseases on older persons and recognize the need to scale up efforts to develop, implement and evaluate policies and programs that promote healthy and active ageing, maintain improve quality of life of older persons and to identify and respond to the growing needs of the rapidly ageing population, especially the need for continuum of care, including promotive, preventive, curative, rehabilitative and palliative care as well as specialized care and the sustainable provision of long-term care, including home and community care services, taking note of the proclamation of the United Nations Decade of Healthy Ageing (2021–2030).' (Sources: A/RES/78/4 paragraph 60 and A/RES/73/2 paragraph 29).
9. **Paragraph 24** - Recognize that cost-effective and affordable population level interventions to prevent noncommunicable diseases **[ADD – among people of all ages and across the life-course]** are available and require leadership, political commitment, action and coordination beyond the health sector;'
10. **Paragraph 29:** Address key social determinants of noncommunicable diseases and mental health by: (i) securing access to inclusive and quality education and supportive living and learning environments from childhood to adulthood; (ii) promoting safe, supportive and decent working conditions; (iii) providing social protection and livelihood support for low-income and impoverished households; **[Delete – and]** (iv) addressing social exclusion of older persons, particularly older women in rural areas; **[ADD - and (v) taking action to advance health equity for persons with disabilities in line with the Convention on the Rights of Persons with Disabilities]**
11. **Paragraph 30:** '(i) expanding **[Add – person-centred, gender and age responsive, and disability inclusive]** community-based services to improve prevention, screening, diagnosis, treatment, referral pathways, and follow-up for hypertension, diabetes, cancers, depression and other common noncommunicable diseases and mental health conditions; (ii) integrating prevention, screening, diagnosis, treatment, rehabilitation, **[Delete – and]** **[ADD - palliative and end of life care, and long-term care [ADD – and support]** into existing programmes for communicable diseases, maternal and child health, and sexual and reproductive health programmes;

12. **Paragraph 36** - Scale up the availability and provision of as well as the access to **[ADD – rights based]** psychosocial, psychological and pharmacological treatments;
13. **Paragraph 37** - Increase the number, capacity, retention, and competencies of trained health **[ADD – and]** care workers to implement integrated primary care services for prevention, screening, diagnosis, treatment, rehabilitation, **[Delete – and]** palliative **[Add – and end of life]** care, **[ADD – and long-term care and support]** for people living with one or several noncommunicable diseases and mental health conditions;
14. **Paragraph 46** - Develop and implement noncommunicable diseases and mental health the multisectoral national plans and, where appropriate, subnational plans that: (i) are focused on a set of evidence-based, cost-effective and affordable interventions that are based on the local context; (ii) identify the roles and responsibilities of government ministries and agencies and development partners; (iii) are costed and linked to broader health, development **[ADD - climate change,]** and emergency plans; (iv) are rights-based and engaging people **[ADD - of all ages]** living with noncommunicable diseases and mental health conditions; and (v) are ambitious but have measurable targets;
15. **Paragraph 49** - Improve infrastructure for systematic and ongoing country surveillance on noncommunicable diseases, risk factors and mental health, including death registration, population-based surveys and facility-based information systems **[ADD –, removing discriminatory upper age caps and ‘premature mortality’ targets, in favor of more rights based approaches that collect ‘avoidable mortality’ data, alongside data on NCD-related morbidity and disability, on people of all ages, disaggregated by income, gender, sex, age, race, ethnicity, migratory status, disability, geographic location, and other characteristics relevant in national contexts as required to monitor progress and identify gaps’];**
16. **Paragraph 51** - Incorporate reporting on noncommunicable diseases and mental health **[ADD - among people of all ages]** into national Sustainable Development Goals-related review processes such as the voluntary national reviews, including timely reporting on global targets **[ADD – disaggregated by income, gender, sex, age, race, ethnicity, migratory status, disability, geographic location, and other characteristics].**

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