

WHO interactive multistakeholder hearing on noncommunicable diseases and mental health for young professionals

Meeting report, Geneva, Switzerland, 15 April 2025

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Suggested citation. WHO interactive multistakeholder hearing on noncommunicable diseases and mental health for young professionals: meeting report, Geneva, Switzerland, 15 April 2025. Geneva: World Health Organization; 2025. <https://doi.org/10.2471/B09509>. Licence: [CC BY-NC-SA 3.0 IGO](#).

Cataloguing-in-Publication (CIP) data. CIP data are available at <https://iris.who.int/>.

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1. Introduction

Premature mortality from noncommunicable diseases (NCDs) (cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes) is one of the major global health and development challenges of our time. The World Health Organization (WHO) estimates that NCDs caused at least 43 million deaths in 2021. Out of these 43 million deaths, 18 million were between the ages of 30 and 70 years, when people are most productive; more than 82% of NCD mortality took place in low- and middle-income countries (LMICs). Within countries, the poorest and most marginalized populations are disproportionately affected. Overall, more than two billion people worldwide are living with NCDs, and nearly one billion suffer from a mental health condition.

NCDs, their shared risk factors, and the underlying social, economic, and environmental determinants are rooted in poverty and driven by the impact of globalization on the marketing and trade of health-harming products, rapid urbanization, and demographic and epidemiological transitions. Most NCD premature deaths can be prevented or delayed by implementing the World Health Organization's Best Buys and other recommended interventions encompassing public health and clinical interventions that countries at all levels of economic development can implement.

In 2015, world leaders adopted the 2030 Agenda for Sustainable Development, committing to reduce premature mortality from NCDs by one-third and promote mental health and well-being by 2030 (SDG 3.4). Additionally, through a series of United Nations General Assembly (UNGA) High-level Meetings (HLM) on NCDs in 2011, 2014, and 2018, the Heads of State and Government made an extraordinary range of political commitments to address NCDs and their shared risk factors and determinants by lifting people out of poverty and ensuring that essential public health and medical interventions are available through universal health coverage (UHC) and primary healthcare (PHC) approaches.

2. The Fourth United Nations General Assembly High-level Meeting on the prevention and control of NCDs and the promotion of mental health and well-being

The fourth HLM for NCD prevention and control will be convened in New York on 25 September 2025. The Meeting presents a critical opportunity for world leaders, health advocates, and other stakeholders to reaffirm their commitment to combating NCDs and evaluate progress toward achieving SDG target 3.4. It is worth noting that the fourth HLM will include mental health and well-being as an integral part of the NCD agenda.

The HLM will comprise an opening segment, a plenary, and a closing segment. In addition, two multistakeholder panels will be held in parallel to the plenary segment, one from 11 a.m. to 1 p.m. and the other from 3 p.m. to 5 p.m.

The multistakeholder panels will address the following themes:

Panel 1. Tackling the determinants of noncommunicable diseases and mental health and well-being through multisectoral and effective governance and collaborative action.

Panel 2. Reshaping and strengthening health systems and all forms of financing to meet the needs of people living with and at risk of noncommunicable diseases and mental health conditions.

The HLM will conclude in a concise and action-oriented political declaration agreed in advance through intergovernmental negotiations.

3. Multistakeholder Hearing

Prior to the HLM in September, the President of the General Assembly, with the support of the World Health Organization and other relevant partners organized an interactive multistakeholder hearing with active participation of civil society, non-governmental organizations (NGOs), academic institutions, philanthropic foundations, medical associations, the private sector, and broader communities including people affected by NCDs and mental health conditions. The multistakeholder hearing was convened on 2 May 2025 in New York as part of the preparatory process for the HLM to provide a platform to all relevant stakeholders for sharing best practices, identifying challenges, and proposing concrete actions. A summary document will be prepared before the HLM.

4. Engaging young leaders in the UNGA HLM preparatory process



Dr Tea Collins and Ms Daria Berlina meeting with youth advocates in WHO Headquarters in Geneva, Switzerland. 2025 © WHO/Daria Berlina

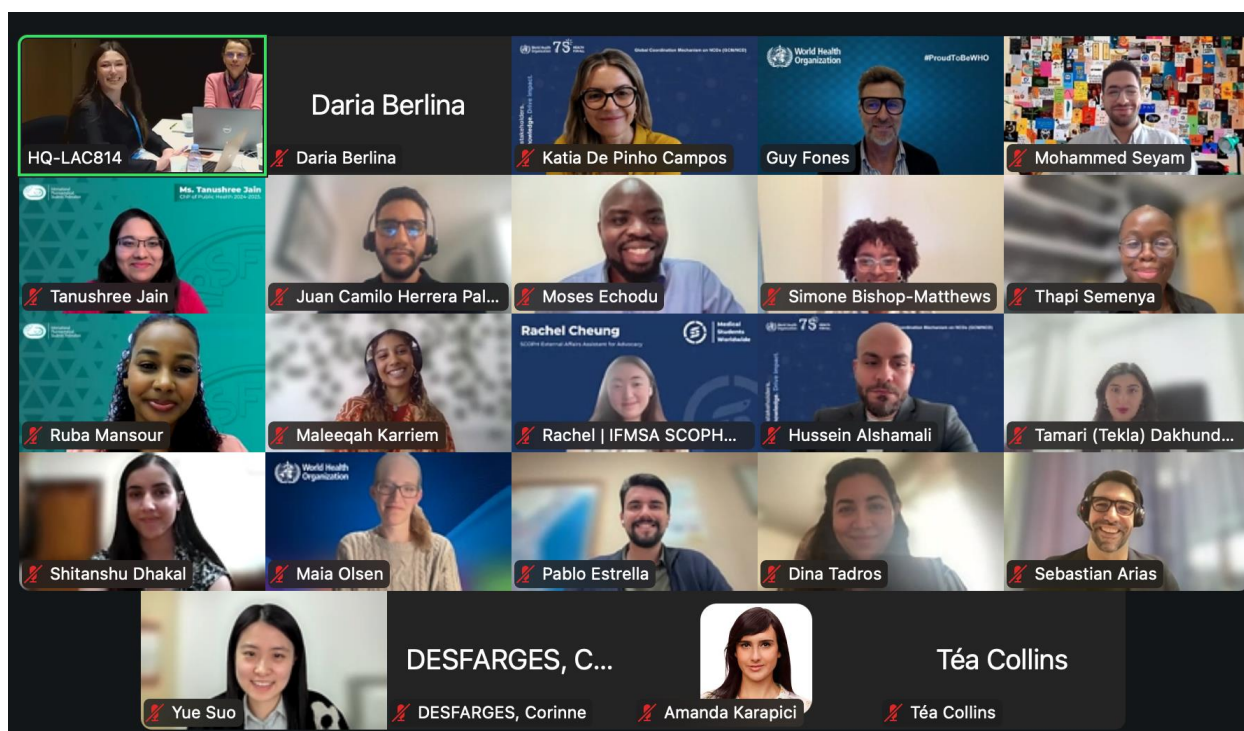
Youth participation is essential for achieving sustainable progress in preventing and controlling NCDs and mental health conditions. Young people are at the forefront of innovation, advocacy, and lived experience; however, they face barriers to meaningful participation in high-level policy discussions and engagement with healthcare systems. Youth, particularly those living with chronic NCDs and mental health and neurodevelopmental conditions, encounter unique challenges in navigating complex healthcare systems, advocating for their rights, and making their voices heard in public policy decisions.



WHO Global NCD Platform Young Researchers Programme grant recipients at World Health Summit in Berlin, Germany. 2022 © WHO/Daria Berlina

To address this gap, the WHO convened a Multistakeholder Hearing on NCDs and Mental Health for Young Professionals as a pre-conference event leading up to the Second General Meeting of the WHO Global Coordination Mechanism on NCD Prevention and Control (GCM/NCD) in collaboration with the WHO Youth Council. In this meeting, youth were defined as young professionals under the age of 35.

The Young Professionals' Multistakeholder Hearing offered a unique opportunity to strengthen youth leadership and promote their meaningful participation in high-level political processes to influence national responses to NCDs and mental health. The meeting fostered intergenerational dialogue and encouraged partnerships for action. This event will contribute to more inclusive and effective NCD policies and programs by ensuring active participation from young people of diverse backgrounds.



Participants of the WHO Interactive Multistakeholder Hearing on NCDs and Mental Health for Young Professionals. Switzerland. 2025 © WHO/Daria Berlina

Objectives

The Youth Multistakeholder Hearing Meeting aimed to:

1. Highlight the critical role of young people in advancing multisectoral and multistakeholder action to tackle the risk factors and underlying social, economic, behavioral, and environmental determinants of NCDs and mental health conditions.
2. Facilitate an inclusive and participatory dialogue among youth, policymakers, and other relevant stakeholders on innovative and sustainable financing for strengthening health systems to meet the needs of people living with or at risk of NCDs and mental health conditions.
3. Identify concrete mechanisms to institutionalize youth participation in public health policy and decision-making at global, regional, and national levels.
4. Strengthen intergenerational partnerships to drive multisectoral action and enhance accountability for preventing and controlling NCDs and mental health conditions.
5. Develop actionable recommendations for a summary report of the hearing as part of the HLM preparatory process.

The sessions

To align with the 2025 UNGA HLM, the young professionals' multistakeholder hearing centered on the two thematic panel sessions featured at the HLM:

- (1) Tackling the determinants of noncommunicable disease and promoting mental health and well-being through multisectoral and collaborative action, and effective governance.

This session explored how different sectors, beyond health, can work together to address the social, environmental, and economic determinants of NCDs and mental health, ensuring coherent and integrated policies across all levels of governance.

- (2) Reshaping health systems and public financing to meet the needs of people living with and at risk of noncommunicable diseases and mental health conditions.

This session addressed the challenges of strengthening resilient integrated health systems grounded in the principles of PHC and UHC that can withstand and adapt to systemic shocks. It also explored innovative and sustainable public financing strategies to ensure that health systems are equipped to deliver essential services for NCDs and mental health, particularly for those living with these conditions who are disproportionately impacted by system failures.

Participation

This event brought together:

- Youth advocates from diverse backgrounds, including those working in community-based organizations, and academia;
- Civil society organizations and NGOs supporting youth-driven initiatives;
- International agencies and private sector entities committed to fostering youth leadership in NCD action;
- Panelists and speakers, including experts from WHO, UN agencies, youth-led organizations, and representatives of affected communities;
- Young researchers who were part of the WHO Global NCD Platform Implementation Research Grant programme;
- Young leaders who were competitively selected to participate in the WHO Global Conferences on NCD Prevention and Control over the years.

Participants were drawn from all WHO regions, with the majority identifying as female. The European Region (EUR) accounted for the largest share of participants, with additional representation from the South-East Asia (SEAR), Africa (AFR), Americas (AMR), Eastern Mediterranean (EMR), and Western Pacific (WPR) regions.



WHO Youth Council meeting on Youth in Health Diplomacy at WHO Headquarters in Geneva during the 78th World Health Assembly. Switzerland. 2025 © WHO/Daria Berlina

Participants represented a diverse range of institutional affiliations. The largest proportion came from non-state actors and NGOs, followed by intergovernmental and United Nations organizations. Academia and the private sector were also represented, albeit in smaller numbers.

The tables below provide an overview of participant characteristics by institutional affiliation, age, gender, and WHO region.

Table 1 - Age distribution

Age	Count
<18	2
18-24	8
25-29	35
30-35	28
36+	12
Total	85

Table 2 - Gender representation

Gender	Count
Female	57
Male	27
Other genders	1
Total	85

Table 3 - WHO Region representation

WHO Regions	Count
EURO	30
SEARO	14
AFRO	11
AMRO	11
EMRO	10
WPRO	9
Total	85

Table 4 - Institutional type

Type of Institution	Count
Non-state Actor / NGO	45
Intergovernmental / UN	27
Academia	10
Private Sector	3
Total	85

Format

During the Meeting, two panel discussions were held, aligned with the thematic sessions of the High-Level Meeting. Each panel included young leaders who contributed insights from policy, country implementation and programme, and lived experience perspectives. Additional participants made statements or posed questions via the Q&A function, thereby facilitating an open and constructive dialogue while ensuring a focused discussion on the core themes.

WHO Director-General, Dr Tedros Adhanom Ghebreyesus addressed the young professionals at the Hearing. The full address can be found [here](#).



WHO Director-General Dr Tedros Adhanom Ghebreyesus addressing the participants of the WHO Interactive Multistakeholder Hearing on NCDs and Mental Health for Young Professionals. Switzerland. 2025 © WHO/Daria Berlina

Outcome

This document provides a concise summary of the key discussions and outcomes from the Meeting. It is not intended to serve as a comprehensive analytical report. While the report highlights the main themes from the two panel discussions, there was some overlap between Panel 1, Panel 2, and statements from the floor, reflecting the interconnected nature of the topics addressed.

5. Agenda

Virtual Event

Date: 15 April 2025

Time: 12:00 – 14:30 (CET)

Time	Session	Speakers
12:00 – 12:10	Opening: <ul style="list-style-type: none"> - Introduction of the agenda - MentiMeter 	<u>Chair:</u> Téa Collins - Lead (<i>Cross-cutting</i>), WHO
12:10 – 12:20	Message from the DG (Video) Message from the ADG (Video)	Tedros Adhanom Ghebreyesus - Director-General, WHO Jérôme Salomon - Assistant Director-General, Universal Health Coverage, Communicable and Noncommunicable Diseases, WHO
12:20-12:30	Welcome remarks	Guy Fones – Director a.i., Department of Noncommunicable Diseases, Rehabilitation and Disability Katia de Pinho Campos – Head a.i., Global Coordination Mechanism (GCM)
12:30-12:35	A presentation about young professionals’ role in preventing and controlling NCDs and enhancing mental health and well-being	Christina Williams – WHO Youth Council representative
12:35-12:55	Panel 1: Tackling the Determinants of NCDs and Promoting Mental Health	<u>Moderators:</u> Daria Berlina - Technical Officer, GCM, WHO Tamar Dakhundaridze - Director, Krystyna Kiel Oncology Center
12:55-12:25	Q&A	<ol style="list-style-type: none"> 1. Pablo Estrella Porter - Public Health and Preventive Medicine Resident, WMA 2. Ruba Mansour - Programme Director for NCDs, International Pharmaceutical Students Federation

		<p>3. Shitanshu Dhakal - Medical Student; Co-founder of Aarogya Foundation focused on Mental Health, PWL</p> <p>4. Simone Bishop-Matthews - Program Assistant, Caribbean Public Health Agency</p> <p>5. Yue Suo - School of Public Health, Fudan University, China</p> <p>6. Moses Echodu - Chief Executive Director, Uganda Child Cancer Foundation</p>
<p>13:25-13:45</p> <p>13:45-14:15</p>	<p>Panel 2: Reshaping health systems and public financing</p> <p>Q&A</p>	<p><u>Moderators:</u> Amanda Karapici - Technical Officer, WHO</p> <p>Dina Tadros - Pediatric Surgery Resident, University Hospital Zurich</p> <p>1. Tanushree Jain - Chairperson of Public Health, International Pharmaceutical Students Federation</p> <p>2. Sebastian Arias - Global Policy Leader, Roche</p> <p>3. Cheung Wing Tung Rachel - External Affairs, International Federation of Medical Students Association</p> <p>4. Juan Camilo Herrera - WHO Youth Council; Coordinator, Alianza Juvenil</p> <p>5. Maleeqa Karriem - Transformation officer, University of Pretoria</p> <p>6. Mohammed Seyam – People with lived experience</p>
14:15 – 14:30	MentiMeter results, wrap up & Closing	<p>Téa Collins - Lead (<i>Cross-cutting</i>), WHO</p> <p>Thapi Semanya - Diabetes & NCD Advocate, Director, Zealdaily Diabetes NPC</p>

Panel 1: Tackling the determinants of noncommunicable disease and promoting mental health and well-being through multisectoral and collaborative action, and effective governance.

Panel 1: Tackling the determinants of NCDs and mental health and wellbeing through multisectoral and effective governance and collaborative action.



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*Director
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Simone Bishop-Matthews

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Pablo Estrella Porter

*Chair, Junior Doctors Network,
World Medical Association*



Yue Suo

*Ph.D. student at the School of
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Moses Echodu

*Executive Director, Uganda
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Overview

Representatives from global youth networks, health organizations, and research institutions emphasized the critical role of youth engagement, intersectoral collaboration, and systemic support in addressing NCDs, mental health, and commercial determinants of health. They called for comprehensive strategies encompassing education, policy, funding, and innovation to address the determinants of NCDs and improve health outcomes globally.

Panel 1. Summary of Discussion Points

1. Youth Engagement and Leadership

- Strong calls were made for comprehensive support for youth involvement in NCD and mental health policy at national, local, and global levels.
- Proposals included developing toolkits for youth advocacy, capacity-building programs, and institutional mechanisms to amplify youth voices in policymaking.
- Youth networks and initiatives such as WHO's EVID-ACTION were highlighted as promising platforms for engagement.

2. Social, Commercial, and Environmental Determinants

- Emphasis was placed on addressing the commercial determinants of health, which include the marketing of tobacco, alcohol, unhealthy foods, and digital platforms that contribute to mental health risks.
- Environmental determinants such as air pollution and climate change were also discussed, with calls for integrating environmental health into medical education and public health frameworks.
- Concerns were raised regarding conflicts of interest in industry partnerships and the need for transparent and ethical governance in health programming.

3. Intersectoral Collaboration

- Panelists and participants emphasized the importance of cross-sector collaboration, particularly among the health, education, transport, and environmental sectors.
- Examples of successful school-based programs and joint ministerial initiatives were shared as models for addressing behavioral and social determinants of health.

4. Health System Strengthening and Primary Care Integration

- There was strong support for integrating mental health and NCD services into primary healthcare systems.
- Participants called for practical WHO guidelines and implementation support to facilitate this integration, especially in low-resource settings.
- The role of frontline health workers, including pharmacists, physiotherapists, and community-based providers, was recognized as critical to achieving universal health coverage.

5. Health Equity and Access

- The discussion highlighted disparities in access to NCD and mental health services, particularly in underserved and rural communities.
- Barriers such as poverty, stigma, and limited funding were cited, along with proposals to increase national health budgets and reduce the cost of essential NCD medications.
- There was a call for greater inclusion of people with lived experience in public health design and education efforts.

6. Mental Health Advocacy and Education

- Mental health was a recurring focus, with calls to combat stigma, increase funding, and provide mental health education in schools.
- The importance of youth-led mental health advocacy and culturally relevant interventions was emphasized.
- Institutionalization of school-based counseling and improved training for rural health workers were proposed.

7. Research, Data, and Innovation

- Investment in youth-led research and value-driven inquiry was encouraged, alongside cross-sector research collaborations.
- Participants stressed the need for implementation research, literacy-sensitive education materials, and integration of NCD and infectious disease services (e.g., TB-diabetes co-management).
- The role of digital health tools and telehealth, particularly telemedicine, was noted as essential for future NCD strategies.

8. Monitoring, Evaluation, and Accountability

- Participants urged WHO to support countries with actionable implementation plans, including robust monitoring and evaluation frameworks.
- Examples such as the Global Diabetes Compact were suggested as models for effective accountability mechanisms.

9. Nutrition and Oral Health

- School nutrition policies were identified as an area where youth-led advocacy has yielded results.
- Calls were made to improve research and WHO support for school food environments, particularly in the Caribbean.
- The exclusion of oral health from high-level NCD agendas was criticized, with references to global strategies calling for its integration.

Panel 1: Action Points

1. Policy and System Reform

- Develop WHO-led guidelines to integrate mental health into primary care and regulate commercial health threats (e.g., unhealthy food marketing).
- Institutionalize mental health counselors in public schools and create accessible referral networks.

2. Youth Empowerment

- Launch a WHO youth engagement toolkit for NCD advocacy, including components on research, digital tools, and multi-professional collaboration.
- Provide technical and financial support to youth-led research networks, similar to WHO's EVID-ACTION and Young Researchers Programme.

3. Education and Training

- Introduce environmental health, NCDs, and mental health education into school curricula worldwide.
- Fund training for rural health providers and equip community health workers for early intervention and culturally sensitive care.

4. Intersectoral Collaboration

- Promote partnerships across health, education, and transport sectors to address social determinants.
- Create a multidisciplinary WHO framework involving physiotherapists, pharmacists, dentists, and others in NCD prevention and care.

5. Finance and Access

- Increase domestic and international budget allocations for NCDs and mental health.
- Reduce taxes on essential NCD medications and cap pharmaceutical markups to improve access, particularly in low-income countries.

6. Community and Inclusivity

- Involve people with lived experience in public health education and policy design.

- Prioritize literacy-sensitive health education and culturally accessible interventions in community settings.

7. Digital and Innovation Support

- Scale up digital health tools, including telemedicine integration into national NCD responses.
- Ensure inclusion of digital platforms in youth-focused toolkits and education strategies.

8. Address Neglected Areas

- Elevate oral health to a high-level priority within WHO frameworks (referencing the Bangkok Declaration).
- Support nutrition education initiatives in early childhood, especially in regions like the Caribbean.

Panel 2: Reshaping health systems and public financing to meet the needs of people living with and at risk of noncommunicable diseases and mental health conditions.

Panel 2: Reshaping and strengthening health systems and all forms of financing to meet the needs of people living with and at risk of NCDs and mental health conditions.



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Overview

Panel 2 explored how resilient and equitable health systems can be built through inclusive financing and integrated care approaches. Speakers highlighted the urgent need to strengthen

responses to NCDs and mental health challenges through community-based models, digital innovation, and public-private collaboration. Central to the discussion was the call for better coordination across health services and life course, sustainable domestic financing, and greater youth involvement in shaping health policy and governance. Panelists and floor participants emphasized the importance of early intervention, education, and the lived experiences of patients in designing responsive systems. From advocating for inclusive school curricula and peer-led mental health support to proposing tax-based financing and policy accountability mechanisms, the session underscored that youth are not just stakeholders but essential partners in driving health system transformation and ensuring long-term resilience.

Panel 2. Summary of Discussion Points

1. Integration and Coordination in Health Systems

- Fragmentation of services for NCDs and mental health leads to inefficiencies and poor outcomes.
- Integration of NCD and mental health services into daily life settings—schools, workplaces, and primary care—is essential.
- Strong calls for community-based, person-centered, and interdisciplinary care models, including digital platforms and real-time data sharing.

2. Financing and Investment

- There is a critical need for domestic resource mobilization, aligning budgets with disease burden and embedding NCD priorities in national financial systems.
- Innovative financing tools like health taxes on harmful products (tobacco, sugary drinks) were proposed with transparent revenue use.
- Youth-led initiatives require dedicated and sustained funding, as youth are not just recipients but active changemakers.

3. Youth Leadership and Governance

- Young professionals must be meaningfully included in governance via advisory boards, policymaking platforms, and participatory budgeting tools.
- Young professionals already make significant contributions to digital health innovation, community education, and policy advocacy.

4. Maternal and Women's Mental Health

- Women's and maternal mental health, including menopause, remain neglected areas of health systems.
- Investing in women's well-being yields ripple effects on family and community resilience.

5. Workforce Development and Burnout Prevention

- Young healthcare workers face high levels of burnout, especially in overburdened systems such as Hong Kong's.
- Solutions include flexible hours, mentorship, emotional support, and curricula focused on community-based and preventive care.

6. Primary and Community Health Strengthening

- Lack of training and equipping frontline health workers for NCDs and mental health care is a persistent gap.
- There is a lack of standard global guidance for community mental health models, including peer support services.

7. Structural and Social Determinants

- Social and structural drivers of NCDs, such as poverty, food insecurity, stigma, and marketing of unhealthy commodities, must be addressed.
- Emphasis on non-financial determinants, such as early childhood care, gender dynamics, and community infrastructure.

Panel 2. Action Points

1. Health Systems Integration

- WHO and national governments to promote integrated models for NCD and mental health services in primary care, schools, and workplaces.
- Establish referral systems across primary, secondary, and tertiary levels to ensure continuity of care.

2. Sustainable Financing

- Embed NCD and mental health priorities into national budget planning and medium-term expenditure frameworks.

- Implement innovative financing mechanisms, such as taxes on tobacco, sugary drinks, and ultra-processed foods, with transparency in how funds are used.
- Allocate budgets according to disease burden data to ensure equitable distribution of resources.

3. Youth Empowerment and Governance

- Establish youth advisory councils within health ministries and WHO regional offices.
- Institutionalize participatory mechanisms (scorecards, policy platforms) to include youth and persons with lived experience for health accountability.

4. Community Health and Capacity Building

- Develop national training programs for community and frontline health workers on NCD and mental health care.
- WHO to issue global standards for community mental health and peer support programs.
- Invest in early education on NCDs and mental health through school curricula and youth volunteer platforms.

5. Maternal and Women's Mental Health

- Integrate maternal and women's mental health into national health strategies.
- Create safe spaces and culturally grounded support for women's mental health, especially during pregnancy and menopause.

6. Workforce Well-being and Education Reform

- Address young health worker burnout through emotional support, mentorship, and workload flexibility.
- Reform medical and health professional curricula to emphasize community-based, patient-centered care and NCD management.

7. Digital Innovation and AI

- Support the use of AI and digital tools for diagnostics, data sharing, and health system efficiency.
- Encourage partnerships between the private sector and youth-led health innovation initiatives.

8. Addressing Social Determinants

- Tackle structural causes of NCDs, such as poverty, poor nutrition, and inadequate obstetric care, through intersectoral policies.
- Promote front-of-pack food labeling and regulate aggressive marketing to youth (e.g., R.337 in South Africa).

Summary of the Statements from the Floor

1. Enhanced Governance

The statements stressed the need for transparent, accountable, and truly multisectoral governance structures. Commercial interests (tobacco, alcohol, processed food industries) continue to impact global health outcomes, calling for stronger policies regulating harmful marketing and unethical partnerships.

Effective governance requires involving not only government officials but also youth networks, educators, environmental experts, civil society, and people with lived experience. Practical measures proposed include establishing youth advisory councils within health ministries and WHO regional offices, using tools such as policy scorecards and participatory budgeting to ensure community voices help set priorities and monitor outcomes.

2. Sustainable Financing

There was a consensus that funding for the prevention and control of NCDs and mental health conditions is not sufficient. Suggested actions include raising national health budgets, especially in low- and middle-income countries, dedicating funds to prevention, reducing taxes and markups on essential medications, and capping prices to make them affordable. Innovative financing approaches such as health taxes on tobacco and sugary drinks, with revenues earmarked for NCD prevention and care, were emphasized. There was a strong call to support youth- and community-led initiatives financially and to enhance transparency and accountability through clear tracking of expenditures.

3. Health Literacy and Health-Promoting Environments

Early, continuous, and culturally relevant health education emerged as a cornerstone of prevention. There were proposals to integrate nutrition, physical activity, and mental well-being modules into school curricula, tailored to diverse literacy levels and languages.

Youth-led advocacy and peer-led mental health initiatives were highlighted as effective models. Addressing new risks posed by digital content and cyberbullying was also recommended. Health

promotion should extend beyond schools to workplaces and communities, involving young people and those with lived experience in the design and delivery of these programmes.

4. Primary Health Care and Health System Strengthening

Primary care is critical as the first contact point for NCD and mental health services. Integrating these services into primary and community health care was emphasized, along with expanding the roles of pharmacists, physiotherapists, community health workers, and other frontline providers. WHO guidance is needed to support integration, especially in resource-limited settings. Protecting the health workforce—through training, mentorship, flexible work policies, and burnout prevention, particularly for young workers—was also stressed.

5. Integrated Care

The interventions from the floor highlighted the need to shift from fragmented, siloed services toward integrated, people-centered care models coordinated across conditions and care levels (from schools to hospitals). Digital innovation, including telehealth, real-time data sharing, and AI, offers major opportunities to enhance integration and system efficiency. Multidisciplinary teams should include a broad range of health professionals to provide holistic care.

6. Strengthened Data and Surveillance

Investment in improved data collection, monitoring, and evaluation is vital. Emphasis was placed on youth- and community-led research, value-driven studies that reflect local priorities, and cross-sectoral data linkages (health, education, transport, environment). WHO was urged to develop global standards for community mental health and peer support and promote partnerships involving public, private, and youth-led innovation initiatives. Including social determinants of health, such as poverty, food insecurity, and gender dynamics in data systems was deemed crucial for equitable policy-making.

7. Meaningful Engagement of People with Lived Experience, Communities, and Youth; Addressing Vulnerable Groups and Minorities

Meaningful participation of people with lived experience, youth, and marginalized communities was a central theme. The participants advocated for these groups to be partners—not just consultees—in policy design, implementation, and monitoring. This includes funding youth-led advocacy and research, creating youth advocacy toolkits, and culturally sensitive interventions tailored to vulnerable populations like rural, indigenous, or stigmatized groups. Special attention was given to women's and maternal mental health, with calls for safe spaces, culturally grounded programs, and addressing structural social determinants such as poverty and stigma.

8. Equitable Access to Diagnostics, Treatment, and Care

Barriers to access—including financial costs, stigma, and geographic distance—must be overcome. Recommendations included increasing funding, reducing taxes on essential medications, expanding community- and school-based health services, and implementing regulations on marketing and labeling unhealthy products. Front-of-pack food labeling and restrictions on marketing to youth were underscored as strategies to protect health. Ensuring that essential services, including maternal mental health care, are universally accessible regardless of background or location was a key demand.

Conclusion and Recommendations

Youth participants presented a unified vision grounded in equity, prevention, and sustained engagement. Their key recommendations are as follows:

1. Institutionalize Youth Participation

Establish youth advisory councils within health ministries and WHO regional offices to ensure meaningful and ongoing youth engagement in decision-making.

2. Expand Research and Capacity Building

Invest in youth-led research, ethical training, and intersectoral innovation hubs to empower young people and foster sustainable solutions.

3. Support Multisectoral Action

Facilitate collaboration across sectors through formal partnerships and integrated policy platforms that address the social determinants of health.

4. Ensure Equitable Financing

Prioritize NCD and mental health funding within national budgets, promote co-financing mechanisms, and ensure accountability through transparent scorecards.

5. Integrate Services Across the Life Course

Develop culturally responsive, community-based care models that integrate physical and mental health services across all stages of life.

As one participant stated, ***“We are not just the leaders of tomorrow—we are the stakeholders of today. Our voices must not only be heard but institutionalized.”***