

## Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs

Web-based consultation: Phase I (1–26 May 2024)

### General comments on key priority areas in the WHO-Director General's report

#### Directions

The *WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2030* ([NCD-GAP](#)) provides a road map and a menu of policy options for all Member States and stakeholders, to take coordinated and coherent action, at all levels, from local to global, to attain the nine voluntary global targets. Accelerating progress on the prevention and control of NCDs, and mental health and well-being will require dedicated and collaborative actions along all six objectives of the NCD-GAP, with an added focus to reduce air pollution and promote mental health as part of the 5 by 5 agenda endorsed by the third political declaration on the prevention and control of NCDs in 2018.

**Using the table below, please provide written comments on key priority areas along each objective that can catalyse urgent action and attention by Member States and stakeholders, to accelerate progress in addressing the prevention and management of NCDs, the promotion of mental health and well-being, and the treatment and care of mental health conditions. These inputs may inform the recommendations to be included in the report of the WHO Director-General to the WHA 2025 titled *Preparation for the fourth High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2025*.**

#	NCD-GAP objective	Comments on key priority areas
1	To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.	St Patrick's Mental Health Services (SPMHS) endorses and supports this objective, and highlights the interlinked and bidirectional association of noncommunicable diseases with mental health difficulties. The major consequences for morbidity and premature mortality for people simultaneously experiencing NCDs and severe mental health difficulties reinforce the need for greater priority to be accorded this issue at national and international levels. For example – "People with severe mental illness (schizophrenia, bipolar disorder or major depressive disorder) die up to 15 years prematurely due to other chronic conditions such as heart disease". ( <a href="#">United for Global Mental Health, 2024</a> ).
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Adequate funding and resourcing to accelerate national capacity in the most accessible and effective way for varying country responses for the prevention and control of NCDs and mental health difficulties is essential. Financing for NCDs and mental health should be integrated and complementary where appropriate given their interlinked nature. SPMHS would emphasize that national budget allocation for mental health in

		<p>particular should be appropriately proportionate to overall health budgets given long-standing discrepancies internationally in funding for mental health services. [For example, within Ireland, a high-income country, 10% proportional spend on mental health within overall health expenditure is recommended with our national healthcare policy Sláintecare but annual funding continues to fall below this level at 5-6% - <a href="#">Mental Health Reform, Pre-budget submission, 2024</a>]</p> <p>Given the interlinked nature of NCDs with mental health difficulties, integrating responses to prevention and service delivery would be key for strengthening capacity, efficiency, outcomes and for person-centred and holistic healthcare. (<a href="#">United for Global Mental Health, 2024</a>) The potential benefits and impacts of partnerships across public, private, and independent and voluntary sectors to strengthen national capacity and enable greater access to and effectiveness of healthcare services should be supported and explored.</p> <p>SPMHS support the assertion that non-communicable diseases and mental health are multi-sectoral issues and requires incorporation into comprehensive national strategies involving multiple sectors including health, education, financing, social protection, environmental and others (<a href="#">United for Global Mental Health, 2024</a>).</p>
3	<p>To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.</p>	<p>SPMHS would highlight cross-cutting risk factors for mental health and other NCDs, in particular pertaining to social determinants and inequalities experienced from birth as requiring urgent attention to achieve this objective. (<a href="#">Marmot and Bell, 2019</a>; <a href="#">WHO, 2014</a>) Even before birth, in-utero impacts of the exposure of pregnant women to climate harm such as extreme weather events has serious and detrimental impacts on the physical and mental development of children postnatally, in addition to the impacts experienced by the mother (<a href="#">WHO, Protecting maternal, newborn and child health: A call to action 2023</a>). This emphasises the urgency and necessity of climate mitigation in the context of risk factors for non-communicable diseases and mental health.</p> <p>SPMHS would also point to increasing evidence of the range of mental health consequences emerging from</p>

		<p>environmental degradation and global warming across the lifespan. – “climate change also exacerbates many social and environmental risk factors for mental health and psychosocial problems, and can lead to emotional distress, the development of new mental health conditions and a worsening situation for people already living with these conditions.” (<a href="#">WHO Mental Health and Climate Change, Policy Brief, 2022</a>).</p> <p>As regards the crucial need to reduce air pollution as a modifiable risk factor, and to create health-promoting environments the Global Mental Health Action Network notes – “The cost of mental health conditions as a direct result of climate-related hazards, air pollution and inadequate access to green space is projected to reach nearly US\$47 billion per year by 2030.” (<a href="#">Global Mental Health Action Network, Climate Change and Mental Health, 2023</a>). Further, air pollution has increasingly been found to have mental health impacts such as an association with exacerbation of severe mental health difficulties (<a href="#">Newbury et al, 2021</a>).</p> <p>SPMHS would also highlight the significance of gender-based violence as a major risk factor for mental health difficulties for girls and women especially, and which additionally has been found to be worsened by climate change. (<a href="#">Oram et al, 2016</a> ; <a href="#">IUCN &amp; UN Women 2022</a>)</p>
<p><b>4</b></p>	<p>To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.</p>	<p>SPMHS endorses the focus and recommendations on strengthening and orienting upstream investment in preventive and early intervention approaches, as regards mental health. This is particularly significant as regards child and adolescent mental health and SPMHS would support a focus on evidence-based community and school-based early intervention approaches from primary school age.</p> <p>Promoting a human rights-based approach to health, and in particular mental health, may strengthen and orient health systems’ understanding, identification and response to the underlying social determinants of non-communicable diseases and mental health difficulties. For example, enabling greater recognition and responsiveness of the significance of experience of trauma or economic disadvantage to the development of health difficulties.</p>

5	<p>To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.</p>	<p>In relation to mental health, SPMHS would advocate for the following to promote and support national capacity for high quality research:</p> <ul style="list-style-type: none"> <li>- Increased collaborations intra-disciplinarily and integration of research on mental health and NCDs with funding encouragement for these two domains to work collaboratively</li> <li>- Funding programmes should promote research to enable the development and evaluation of new and alternative approaches to prevent mental health difficulties or support people with them. The priority of mental health research should firstly be to benefit the individual who is experiencing mental ill health.</li> <li>-Appropriate representation from diverse groups in developing priorities for mental health research and especially people with lived experience, and inclusion of severe mental health difficulties as a research priority. Mental health research should value the contributions of stakeholders, service user and carer groups, to guide and co-design research activities towards meaningful impact.</li> <li>- A more diverse research community should be established to facilitate research across different settings. As interventions may not always transfer across settings, systematic implementation research should be encouraged to enable local adoption.</li> <li>- Research training within mental healthcare training should reflect approaches beyond the positivist paradigm, ensuring a balance with qualitative and theoretical research.</li> </ul>
6	<p>To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.</p>	<p>SPMHS would highlight the significance and benefit of leveraging technology and innovation to support the realization of this objective. For example, utilising electronic health records and their integration across healthcare facilities and systems.</p> <p>Given the acceleration of the climate crisis and the global implications for health impacts, the intersection between climate change impacts, NCDs and mental health across the lifespan, should be prioritised as an area requiring ongoing monitoring and research. (<a href="#">WHO Mental Health and Climate Change, Policy Brief, 2022</a>).</p>
*	<p><i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.</p>	<p>SPMHS would highlight the continued significance of comprehensively tackling stigma and discrimination associated with mental health with evidence-based</p>

and appropriately funded national programmes, with regard to this objective ([Thornicroft et al, 2022](#)). SPMHS would further note that the participation of experts by experience is crucial in developing such programmes, and also programmes and services to promote mental health and wellbeing.

SPMHS would highlight the significance of early intervention and the need to maximise the mental health and wellbeing of children and young people within the context of this objective, given that 50% of mental health conditions develop before the age of 14 and that suicide is one of the three leading causes of death among adolescents ([UNICEF, Adolescent Mental Health Matters 2020](#)). The significance of perinatal and mother and infant physical and mental health protection and promotion needs further attention at national and international level in this regard, and the particular vulnerabilities of pregnant women and children to grave physical and mental health harms as a result of climate change must be given far great attention and responsiveness at an international level if SDG target 3.4 is to be achieved ([WHO, Protecting maternal, newborn and child health: A call to action 2023](#)).

The necessity of recognising the broader environmental and socioeconomic factors, and grave inequalities at national and international level that can impact and determine mental health and wellbeing must be meaningfully addressed and responded if we are to accelerate progress towards achieving SDG target 3.4.

**Please send this completed form to [OnTheRoadTo2025@who.int](mailto:OnTheRoadTo2025@who.int) during the period 1–26 May 2024.**