

## COMMUNITY PAPER

# Strengthening Germany's Global Health Response to Non-Communicable Diseases and Mental Health: A Policy Roadmap for Sustainable and Equitable Health Systems

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A Community Paper of the Global Health Hub Germany Community on Non-Communicable Diseases

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## Background of this Paper

The 4th UN High-Level Meeting on Noncommunicable Diseases (NCDs) was held on 25 September 2025 in New York, USA. The NCD Community of the Global Health Hub Germany has prepared this Policy Brief to present the views of non-state actors on the global progress of NCD policy implementation and to emphasise the role Germany can play in promoting NCD action by 2030 and beyond.

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## Introduction

Dr. Hans Kluge, the Director of the WHO European Region, recently observed that “*If NCDs were a virus, the world would be in a lockdown.*” (1) Nevertheless, the silent NCD pandemic<sup>1</sup> continues to claim one life every two seconds among individuals under 70 years old, with 86% of these deaths occurring in low- and middle-income countries (LMICs). (2) The ongoing NCD and mental health epidemic is imposing a significant burden on economies and societies worldwide. Encouragingly, a growing body of evidence outlines effective interventions that countries can implement to address this issue. Prioritizing accelerated implementation – particularly in LMICs that must rapidly adapt their health systems to the challenge of NCDs – is critical. In the context of a rapidly changing global health policy and funding environment, we believe that Germany has an opportunity to step up as one of the foremost and forward-thinking leaders on NCDs and mental health within global health, including the G7 and the European Union. We hope that the analysis and ideas outlined in this Policy Brief can catalyze renewed efforts by state and non-state actors to advance NCD and mental health policy and program implementation – both in Germany and globally.

## The Policy Evolution of NCDs and Mental Health in Global Health (2011 – 2025) and Implementation Barriers

Over the last 14 years, since the first High-Level Meeting on NCDs (2011), there has been considerable progress on NCDs and mental health policies. This progress has been made possible by the active engagement of the World Health Organization (WHO), the advocacy of member states, and the significant role played by civil society organizations, academia, and the private sector. Unfortunately, implementation of these policies is lagging, and only 17 countries, out of 194, are on track to reduce premature mortality from NCDs by 2030.<sup>2</sup> In this section, we highlight the main areas of policy progress and the reasons for implementation gaps.

### Evolution in the Definition of NCDs and Risk Factors:

According to the WHO, NCDs are conditions that are not transmissible from person to person and often develop slowly, persisting over long periods. They encompass a wide range of illnesses. (3) Early global efforts by the WHO and other international actors, primarily around the 2011 United Nations High-Level Meeting on NCDs, categorised four significant types of NCDs: cardiovascular diseases, such as heart attacks and strokes; cancers with

varying origins and impacts; chronic respiratory diseases, including asthma and chronic obstructive pulmonary disease; and diabetes. A focus accompanied the identification of the main types of NCDs on key modifiable risk factors like poor diet, physical inactivity, tobacco use, and harmful alcohol consumption. (4) In 2018, at the last UN High-Level Meeting on NCDs, mental health was formally included within the definition of NCDs, and air pollution was included as a risk factor. The *5 x 5 Framework* has been the primary guiding policy framework for countries developing NCD plans to target the five conditions and their linked modifiable risk factors.

Since then, based on emerging data on disease burden, the definition of NCDs and mental health for policy action is expanding to include neurological conditions, neurodevelopmental disorders, autoimmune diseases, obesity, chronic kidney disease, chronic pancreatitis, Metabolic Dysfunction-associated Steatotic Liver Disease” (MASLD), blood disorders, skin conditions, endocrine disorders, musculoskeletal conditions, ocular conditions and oral health. Moreover, there is growing evidence of the interconnectedness between

<sup>1</sup> The WHO has referred to NCDs as the silent pandemic

<sup>2</sup> SDG 3.4, targets a one-third reduction in premature deaths (age 30–70) from the four major non-communicable diseases (NCDs)—cancers, cardiovascular diseases, chronic respiratory diseases, and diabetes—by 2030 (relative to 2015 levels). The NCD Countdown report tracks progress. Germany is also currently off-track on achieving the 2030 goal.

various NCDs and mental health, highlighting the importance of addressing common NCD and mental health risk factors through preventative public health measures. (5), (6) Morbidity from NCDs and mental health and not just mortality, is a key part of the policy discourse, and there is a growing focus on healthy ageing and longevity science. There is growing evidence of an interconnection between antimicrobial resistance (AMR) and NCDs. The misuse of antibiotics and the rise of antimicrobial resistance make it harder to prevent and treat NCDs, as patients become more vulnerable to complications and treatments less effective. Finally, there is increasing global reference to “synergistic epidemics and syndemics” where multiple health conditions – genetics, communicable, and non-communicable diseases, and environmental factors interact and exacerbate their individual impact, leading to complex health challenges and increased vulnerability in populations. (7) As the recent Lancet Commission on One Health – which the German Government supported – highlights, NCDs are very much part of a One Health approach and the more we can address these synergies, the more we will be able to address human health and welfare comprehensively. (8)

From a policy perspective, a comprehensive definition of NCDs and mental health

is to be celebrated, as it helps countries integrate NCDs and mental health services into existing health systems and advocate for Universal Health Coverage that includes all diseases.

NCDs and mental health are critical concerns that greatly affect economic and social progress. Despite international frameworks like the WHO Global NCD Agenda, significant gaps remain in strategies to tackle these linked challenges. As Katie Dain, CEO of the NCD Alliance, recently pointed out: *“NCDs are a policy success but an implementation failure.”*

LMICs face unique structural, financial and capacity-related barriers that hinder the effective translation of policies into action, worsening disparities in health outcomes. Germany also faces the consequences of the growing burden of NCDs and mental health. Suicide rates in Germany have plateaued and are showing a slight increase compared to 2010. (9) Obesity is on the rise. (10) And men’s health lags behind women’s health, creating gender inequity. (11) The main barriers to global implementation are outlined in Table 1.

**Table 1: Barriers to Accelerated Implementation of NCDs and Mental Health**

Factor	Description
Socio-cultural Barriers and Stigma	Stigma and misconceptions around NCDs, especially mental health, deter people from seeking care. Attributing NCDs to lifestyle choices instead of systemic or genetic factors limits early intervention and treatment adherence. Public campaigns remain too limited in scale to shift perceptions and behaviours.
Insufficient Funding and Resource Allocation for Prevention	NCD and mental health prevention is severely underfunded: less than 3% of EU health budgets and under 1% in many LMICs. This underinvestment undermines regulation, population-wide prevention, and monitoring and evaluation.
Weak Health Systems and Workforce Capacity	Health systems, especially in LMICs, are unprepared for the complexities of NCDs and mental health. Limited workforce training and fragmented referral systems hinder identification, treatment, and access to higher levels of care.
Limited Surveillance and Data Systems	Weak surveillance and a lack of data from people living with NCDs and mental health impede accurate assessment. Without reliable data, policymakers cannot design targeted, evidence-based interventions, resulting in policies that fail to address needs.

Lack of Multisectoral Approaches	Managing NCDs and mental health requires collaboration across health, education, the food chain and urban planning. Weak multisectoral action leaves root causes unaddressed, limits effectiveness, and strains fragile systems. Lack of coordination reduces awareness, resilience, and long-term impact.
<b>Lack of Private Sector Governance and Partnership Models</b>	The private sector (including food retailing & agriculture, etc.) shapes health outcomes through products and marketing but often lacks regulation and accountability. In the field of mental health, privatisation fragments services and restricts access. The absence of partnerships with public health institutions weakens innovation and community-based solutions.
<b>Complex professional advocacy and occupational politics – Resistance to change</b>	Power dynamics, hierarchies, and strategic manoeuvring within healthcare institutions influence decision-making, resource allocation, and policy implementation. Bureaucratic inertia and a fear of disrupting existing power structures are constraining the necessary changes.

There is growing recognition of the need for an integrated approach to non-communicable diseases (NCDs) and mental health, as it benefits individuals and communities while being economically sensible. Amidst an economic slowdown and fiscal pressures, the world cannot afford to overlook NCDs and mental health, or adopt a fragmented financing approach.

- Globally, the healthcare costs of NCDs and mental health are staggering: direct medical expenses (hospitalizations, medication, long-term care), indirect costs (productivity losses, disability, premature death), and caregiving burdens, often borne by women. The global mental health burden alone is estimated at USD 5 trillion, with regional GDP losses ranging from 4% in Eastern sub-Saharan Africa to 8% in high-income North America. (12)
- These economic impacts are especially severe in LMIC, where under-resourced systems lead to delayed diagnoses, inadequate treatment and high out-of-pocket expenses, perpetuating cycles of poverty and health inequity.
- Countries still lag in systematically capturing data to strengthen the economic investment case for NCDs and mental health.
- The interplay between NCDs, mental health, and socioeconomic determinants (poverty, education, and employment) underscores the need for

comprehensive policies to reduce risk factors, improve access, and promote early intervention. Such strategies can ease the economic and social toll, building more sustainable and equitable health systems.

### The UN High-Level Meeting on NCDs and Mental Health in September 2025 – and Germany's Role

The upcoming 4th UN High-Level Meeting on NCDs and Mental Health in September 2025 presented a crucial opportunity for member states to accelerate implementation by supporting actionable targets and accountability beyond 2030.

Many priorities in the Political Declaration align with Germany's aim for a more robust global health system, which emphasises prevention, access to healthcare, and the management of shared risk factors, such as tobacco use, poor diet, physical inactivity, and harmful alcohol consumption. Germany also emphasises the importance of stronger health systems and equity in access, aligning with EU NCD and global health plans that advocate for integrated interventions and address social determinants.

As an influential EU member, Germany can leverage synergies between its aim to strengthen its Global Health Strategy (2022) and the EU global health plan, both of which mirror key elements of the WHO's Global NCD Agenda. Together, these strategies could reinforce commitments to reducing morbidity and mortality, tackling NCDs and mental health burdens, and promoting sustainable, collaborative health solutions.

### Policy Recommendations of the GHHG Community on NCDs

We encourage German policy makers to strongly support the main tenets of the Political Declaration on NCDs and Mental Health, acknowledging its links to the impact on Germany's Global Health Strategy and EU Global Health Strategy. Germany should take a leadership role in strengthening the political declaration's commitments on prevention and sustainable financing for NCDs, including the role of innovative financing, such as solidarity levies and health taxes.

**To strengthen Germany's leadership on NCDs and mental health, we further recommend:**

#### 1. Strong Political leadership

- Actively support an ambitious and measurable Political Declaration on NCDs and Mental Health.
- Reinforce commitments on **prevention** and **sustainable financing** (including health taxes, solidarity levies, and innovative mechanisms) both nationally and internationally.
- Continue to advocate for the **integration of NCDs into health systems** with a focus on leveraging synergies with Universal Health Coverage, pandemic preparedness, AMR and One Health.

#### 2. Prioritize Prevention

- Champion implementation of **WHO Best Buys** nationally and internationally (tobacco and alcohol regulation, early screening, healthy nutrition, physical activity, air quality).
- Ensure prevention is adequately funded, with at least **5–10% of health budgets** allocated to it.

#### 3. Build Strategic Partnerships

- Encourage change in **living environments** in designing schools or workplaces, and community-based prevention programs.
- Support **North–South partnerships** to adapt and scale prevention approaches globally.

#### 4. Improve Access to Care, Diagnostics and Medicines

- Support LMICs in integrating NCD services into **primary healthcare** services, expanding **digital health** solutions, and ensuring **equitable distribution** of medicines and (decentralized point-of-care) diagnostics.
- Share German expertise on **UHC** and **sickness funds** as models for **sustainable** UHC financing.

#### 5. Mobilize Sustainable Financing

- Scale up **innovative financing**: health taxes on harmful products, airline levies, plastic production & use, fossil fuels to fund NCDs and mental health as part of UHC. Leverage debt for health swaps, blended finance, and impact investment to scale health system infrastructure investments.
- Promote international technical cooperation on **fiscal policy** and **health financing that includes NCDs and mental health**.

#### 6. Promote Knowledge Exchange

- Support the creation of an **Innovative Financing for NCDs Knowledge Hub** in Germany.
- Facilitate systematic exchange of **best practices** (e.g. Mexico's SSB tax, Rwanda's digital screening, Thailand's UHC integration).

## Policy Options and Interventions Based on Good Practices and the Role of Germany

### Primary and Secondary Prevention

Primary and secondary prevention are the cornerstones of effective responses to NCDs and mental health. WHO's updated *Best Buys* include 90 interventions, offering exceptional value at \$1.27 per person annually in LMICs and generating \$350 billion in economic growth by 2030. (10) Yet, implementation remains weak: although 77 countries fully achieved more of the agreed NCD indicators in 2022 compared to 2020 (11), the majority stay off track to meet the SDG target 3.4 on reducing premature mortality. Countries must integrate these measures into their national policies, accompanied by sustained investment. Examples:

- Immunisation (HPV, Hepatitis B) can eliminate cervical cancer and reduce liver cancer.
- Secondary prevention through screening in schools, workplaces, and communities enables early treatment and better health outcomes.<sup>3</sup>
- 30–40% of NCDs are preventable through modifying risk factors (tobacco, alcohol, unhealthy diet, physical inactivity).
- Early diagnosis has health system linkages since it requires affordable (including point-of-care) diagnostics, medicines, and trained primary care staff (next section).

### Access to Primary Care and NCDs<sup>4</sup>

Primary care (PC) within health systems is the first point of contact for families and is crucial for the prevention, detection, and management of NCDs and mental health. Integrating NCD and mental services into PC ensures continuity of care, reduces hospital burden, and supports risk modification interventions and treatment adherence.

<sup>3</sup> For example, early diagnosis of breast, colorectal, lung and prostate cancer can lead to complete recovery for significant cancer remission. Early detection and management of Type 2 diabetes and hypertension – two NCDs that are risk factors for many other NCDs such as

Key policy approaches include:

### Supporting PC Staffing and ensuring PC Staff are Skilled and Supported

Addressing the increasing gaps in the PC workforce, including in Germany and across the EU, is essential. Adequate investment in the PC workforce is vital, with a focus on:

- Workforce training and equitable distribution (including for rural areas leveraging telehealth and other digital approaches).
- Supporting innovative approaches, including social entrepreneurship, to give women (and men) a chance to establish their own PC practices.
- Team-based approaches (nurses, community health workers) expand reach;
- Supporting workforce wellbeing to prevent burnout and improve care. (13)

### Access to Medicines and Diagnostics for NCDs and Mental Health

In many LMICs, basic medicines that can support patients to manage asthma, diabetes and hypertension, among others, are not available. Basic diagnostics that can support early detection of NCDs are lacking. Barriers to access include a lack of domestic financing for PC as well as NCDs and mental health, affordability, limited availability and inequitable distribution of diagnostic tools and medicines in public health systems, particularly in low-resource and rural settings. Key policy approaches include:

- Include NCD and mental health medicines/diagnostics in essential lists.
- Integrate into UHC packages to reduce financial barriers. Cover a comprehensive PC as part of UHC

cardiovascular diseases, strokes and dementia - can lead to complete reversal of the diseases.

<sup>4</sup> Primary care is part of the broader concept of Primary Health Care (PHC).



- Use competition, pooled procurement, and other procurement mechanisms to strengthen affordability and availability.
- Support local production and ensure resilience of supply chains.

### **Building Efficient Secondary and Tertiary Care**

Strong PC frees resources for specialised centres, which are needed to address complex NCD and mental health treatment and care. Countries should:

- Invest in specialists' training and digital health tools (e.g. Teleconsultations, AI diagnostics)
- Expand UHC to include NCDs and mental health (decreasing out-of-pocket expenses, which often drive families to poverty). Germany's UHC system, based on the principle of decentralised financing through "Sickness Funds", could be an example for LMICs where many work in the informal sector, and micro health insurance should be part of UHC options.
- Utilise digital technologies to bridge workforce gaps. Germany can play a significant catalytic role in such virtual partnerships and help to strengthen bilateral relationships with other countries.

### **Sustainable Financing: Mobilising Resources for Global NCD Action**

Sustainable financing is the linchpin of NCD and mental health policies and programs. If financing is not allocated to primary and secondary prevention, early detection and disease management, as well as outpatient and community-based services, the costs to the health system will escalate, draining public health systems and households. On the other hand, if adequate financing is provided and cost-effective interventions are supported, the results for health systems can be beneficial, with resources invested in treating the most serious patients who require secondary and tertiary care. It is widely acknowledged that domestic resources mobilisation is key to financing NCDs and mental health. Development assistance for health – whether bilateral or multilateral – must play a catalytic role, crowding in domestic public and private financing.

#### **Recommendation:**

We encourage Germany to build strategic partnerships with the private sector and civil society on prevention and control of modifiable risk factors for NCDs and Mental Health, both in Germany and globally. Cross-sector collaborations can offer practical solutions in the co-creation of community-based interventions to support the implementation of WHO's Best Buys in ways that resonate with local contexts.

### **Building on Global Good Practices - Mobilising Domestic Resources to tackle NCDs and Mental Health**

Domestic resource mobilisation must focus not only on raising more money for health but also on allocating those resources in the most efficient way possible (a smart investment approach). The policy approaches outlined before highlight the most cost-effective methods. In this section, we highlight the linkages between evidence-based interventions and financing. We highlight funding of NCDs and mental health in Germany as well. In addition, we focus on how countries – especially LMICs that are under severe fiscal pressures – can raise money for health.

**Table 2 - Country Implementation - WHO best buys (14)**

WHO Prevention Package Best Buy	Scope	Implementation Examples
MPOWER (Tobacco control)	Excise taxes, advertising bans, and smoke-free laws	Brazil's strong MPOWER implementation helped reduce smoking rates from 34,8% to 12,8% in two decades.  Australia and Canada have demonstrated success with plain packaging and ample pictorial warnings.
SAFER (Alcohol)	Taxation, availability restrictions, and marketing bans	As of 2022, 148 countries have applied excise taxes on alcoholic beverages (WHO, 2023), but implementation remains weak in parts of Europe. Lithuania's 2017 alcohol tax has improved public health outcomes and fiscal revenue.
REPLACE (Trans fat)	Elimination of industrially produced trans fat	Denmark's pioneering elimination of trans fats in 2004 and implementation of the WHO best buys have had an impact on the country's mortality rates related to cardiovascular diseases. As of 2023, 53 countries (covering 46% of the world population) have adopted similar measures.
SHAKE (Salt)	Salt reduction strategies	The UK's successful salt reduction intake program was implemented using a multisectoral collaboration, reducing salt intake by up to 55%.
ACTIVE (Physical Activity)	Urban design and transport policies	Amsterdam's cycling infrastructure and Bogotá's <i>Ciclovía</i> initiative are successful examples of urban planning that promote physical and mental well-being.
Cross-Sectoral	Nutrition labelling, food reformulation, workplace and school promotion	Chile, Mexico and Peru have implemented mandatory front-of-pack warning labels on food. School programs (healthy meals, physical education, mental health support) and workplace initiatives (reducing sedentary behaviour, psychosocial support) further contribute to prevention.

### Countries are increasingly prioritising funding prevention, and much can be learned from these initiatives.

In Germany, the per capita allocation for prevention (not only NCDs) in 2022 was €467 per person, representing 7.86% of total health expenditures. This marked a significant rise from around €180 in 2020, primarily due to pandemic-related efforts.

Importantly, this figure has not decreased now that the pandemic has ended. In comparison, the EU as a whole averaged only €202 per person (5.5% of the healthcare budget) for preventive healthcare in 2022. Germany led the way, followed by Austria

and the Netherlands. Sweden and Finland are also leaders in investing in prevention. However, there are opportunities for all countries, including Germany, to continue increasing investments in NCD prevention. In Germany, targeted efforts are needed to raise public awareness and health literacy regarding NCDs and mental health, tackle obesity and overweight issues, and ensuring that smoking rates—especially among youth—continue to decline over time.

### Countries are also investing in mental health services, although the gaps in funding are most significant in LMICS.



Once again, Germany stands out. Germany allocates a relatively large share of its health budget to mental health—around 13% of total health expenditure—making it one of the highest proportions globally. This amounts to approximately 1.3–1.4% of GDP spent on mental health services, surpassing the spending of many countries in the EU. Nevertheless, there are opportunities for Germany to reallocate more funding towards outpatient and community-based mental health services with a particular focus on suicide prevention.

**In most LMICs, domestic resource mobilisation is difficult due to a low tax-to-revenue ratio, indicating opportunities for leveraging taxes as a source of financing.**

Value-added tax is easy to raise. There are other examples, including solidarity levies such as airline taxes. For instance, in the context of a recent Ministerial Meeting on raising domestic resources for health, health ministers in Africa are looking at an airline tax associated with all flights into Africa. Health taxes represent another scalable financing mechanism for the prevention of NCDs globally. The Philippines' comprehensive health tax reform demonstrates exceptional potential: the country reduced tobacco use from 28.3% (2009) to 23.8% (2015) while generating \$1.2 billion in first-year revenue. This enabled the expansion of health services and significantly increased funding for the Ministry of Health. International technical cooperation should focus on tax design and administration, building on successful partnerships with the World Bank's Global Tax Program, integration with the WHO Global Alcohol Action Plan 2022-2030, and utilising the P4H Network framework for health financing technical assistance and knowledge exchange. Taxation reform is often complex, requiring attention to governance and strong public financing management systems. Debt-for-health mechanisms have demonstrated effectiveness in mobilising resources for strengthening health systems. The Global Fund's experience with Debt2Health transactions provides a proven model that has generated

significant resources for health programming.

The international community should explore expanding these mechanisms to include "Debt-for-NCD-Prevention" swaps, explicitly targeting the implementation of Best Buy, with outcome-based conversion mechanisms tied to measurable health improvements.

Blended finance and impact investment approaches offer opportunities to leverage private sector resources for NCD prevention. The Global Health Investment Fund provides a model for pharmaceutical development that targets the needs of LMICs, while Development Impact Bonds can pioneer NCD-focused outcome-based financing approaches. Social impact investment funds targeting NCD prevention should be developed with appropriate risk-sharing mechanisms between the public and private sectors.

The international community should strengthen intersectoral coordination to create synergistic funding approaches. This includes leveraging climate and environment financing for air pollution reduction programs that prevent NCDs, developing coordinated donor strategies through mechanisms like Team Europe, and creating investment initiatives that provide guarantees for health technology innovations targeting NCDs.

### **Proven Best Practices: Scaling Successful Models for Global Impact**

Successful country implementations provide compelling evidence that dramatic NCD progress is achievable even in resource-constrained settings. Mexico's sugar-sweetened beverage tax demonstrates exceptional effectiveness and transferability. The intervention reduced purchases by 37% while generating significant annual revenue and sustaining a positive consumer response over multiple years. Recent analysis shows the tax generated approximately \$5.3 billion in revenues during 2014-2017 and is projected to save \$3.98 for every dollar spent on implementation. Key transferable elements

include a simple ad valorem tax structure (1 Mexican peso per litre or .046 Euros), comprehensive coverage of all sugar-sweetened beverages, public health messaging campaigns supporting implementation, and revenue recycling mechanisms for strengthening the health system.

Rwanda's digital health integration achieved 91% NCD screening coverage through innovative use of the DHIS2 platform, demonstrating how technology can enable systematic implementation even in resource-constrained settings. The replicable innovations include integration with existing health management information systems, community health worker training and deployment, real-time data monitoring and feedback loops, and integration of the Universal Health Coverage benefit package.

Thailand's approach of integrating NCD services into Universal Health Coverage benefits packages resulted in 552

multidisciplinary smoking cessation clinics across all 77 provinces. This demonstrates the importance of moving beyond pilot projects to systematic, scaled implementation with sustained political commitment. The most successful countries share common characteristics, including strong political leadership, multi-sectoral coordination that extends beyond the health sector, integration with existing health systems, and robust monitoring and evaluation systems.

The international community should prioritise knowledge sharing and technical cooperation that enables broader adoption of these proven approaches.

**Germany could consider investing in innovative financing for an NCD knowledge hub managed through German academic institutions, which would allow countries to access the most up-to-date information and share knowledge on their respective efforts.**

## Conclusion and Recommendations

The 4<sup>th</sup> UN HLM on NCDs offered a critical opportunity for measurable commitments backed by evidence. The systematic implementation of cost-effective interventions and innovative financing can deliver SDG 3.4, while generating significant health, economic, and social returns.

Based on the exceptional return-on-investment demonstrated by WHO Best Buy interventions—generating \$350 billion in economic growth for just \$1.27 per person annually - the international community should focus on evidence-based actions for inclusion in the new UN Declaration.

### **About the Global Health Hub Germany**

The Global Health Hub Germany offers all individuals and institutions active in the field of global health the opportunity to connect in an independent network across eight different stakeholder groups: International organisations, youth, politics, foundations, think tanks, business, science, and civil society. The members of the Hub work together on current issues of global health. The interdisciplinary exchange generates themes, issues and solutions that the Hub brings to policymakers to support informed policy-making and advance in global health. Founded in 2019, the Hub now has around 2,000 members. For more information: [www.globalhealthhub.de](http://www.globalhealthhub.de).

### **About the Hub Communities**

The Hub Communities are working groups led by the members of the Global Health Hub Germany themselves. They meet regularly to exchange ideas, share expertise and work together on global health issues. If you would like to join a Hub Community or learn more about their work, contact Katrin Lea Würfel, Head of Community Management: [katrin.wuerfel@globalhealthhub.de](mailto:katrin.wuerfel@globalhealthhub.de).

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