

Reclaiming progress on noncommunicable disease and mental health through a renewed vision at the 80th Session of the United Nations General Assembly

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“Most households in our country have at least one person living with a noncommunicable disease.” This is what many ministers of health and officials from the Eastern Mediterranean Region (EMR) tell me when we discuss priority actions. Their words reflect a stark reality: 66% of deaths in the region, reaching as high as 86% in some countries, are attributed to noncommunicable diseases (NCDs) (1).

NCDs and mental health, including cardiovascular disease, diabetes, cancer and chronic respiratory diseases, impose an overwhelming health and socioeconomic burden on EMR countries. In 2023 alone, diabetes affected more than 74 million people in the region, with an economic burden of Int\$ 639 billion, of which 89% was attributable to indirect costs, such as lost productivity. By 2050, around 150 million people in the EMR will be affected by diabetes, with the economic burden expected to reach Int\$ 1.5 trillion (2).

An estimated 15.5% of the EMR population live with a mental health condition, surpassing the global average of 14%. These conditions account for 1 in every 4 years lived with disability, yet countries allocate, on average, just 2% of their health care budgets to mental health (3). Despite the increasing burden across EMR countries, NCDs and mental health remain underprioritized in broader development and humanitarian responses.

The upcoming 4th United Nations General Assembly (UNGA) High-Level Meeting (HLM) on NCDs and mental health, scheduled for 25 September 2025, holds immense significance. Member States will adopt a renewed Political Declaration (4) under the theme “equity and integration”; very crucial principles needed to tackle NCDs and mental health challenges in a region where nearly half of the countries experience humanitarian emergencies, fragile health systems, conflict, displacement, and climate-related disruptions (5). Refugees, migrants and internally displaced persons face even more severe barriers to prevention, early detection, treatment, and continuity of care, often during and beyond the acute emergency phase (6).

Since the endorsement of the Regional Framework for Action on NCDs in 2012 and its update in 2019, EMR Member States have made notable strides especially

in governance, surveillance and service delivery. With guidance from the framework’s 19 strategic interventions and 14 indicators, several countries have established multisectoral governance mechanisms, integrated NCD services into primary health care, and expanded cancer registries. In 2023, EMR countries adopted the Regional Framework for Action to Address NCDs in Emergencies (7), through which an operational guide and normative tools are being developed, based on real-world lessons from the State of Palestine, Somalia and Yemen. The guide provides practical tools and best practices for integrating NCDs into emergency risk reduction, preparedness, response, and recovery plans. Our teams have supported the prioritization, procurement and deployment of essential NCD medicines and technologies in countries and territories experiencing acute emergencies, through pre-positioning NCD kits in the WHO logistics hub in Dubai, United Arab Emirates, alongside training health care providers to maintain service continuity during crises.

In October 2024, the WHO Regional Committee for the Eastern Mediterranean adopted the Regional Action Plan for Mental Health and Psychosocial Support (MHPSS) in Emergencies (2024–2030) (8). This plan guides Member States in scaling up services, improving preparedness and building resilient health systems. It emphasizes community-based approaches, capacity building and integration of mental health into primary care systems. Over the last 2 decades, EMR, in collaboration with global partners, has developed several tools to support MHPSS integration in emergencies, including the mhGAP Humanitarian Intervention Guide (mhGAP-HIG), which is supported by a mental health kit and a suite of psychosocial interventions for non-specialist health providers to manage mental, neurologic and substance use conditions in humanitarian settings (9). The MHPSS Minimum Service Package (MSP) (10) defines priority MHPSS activities based on expert consensus and evidence, to ensure rapid deployment of essential services and a comprehensive guide for integrating mental health into primary care across developmental and humanitarian contexts. Prioritising these population groups is a moral imperative and central to achieving

Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

The new draft Political Declaration emphasises the need to integrate of NCD prevention control, alongside the provision of mental health and psychosocial support, into pandemic and emergency prevention, preparedness and response, as well as into humanitarian response frameworks, to strengthen health systems and make them more resilient and more responsive to emergencies. In the words of the WHO Director General, “Peace is the best medicine”; if we wish to deliver our promise that health is a human right, it must never be weaponised (11).

The renewed vision on NCDs and mental health is an opportunity to realign our approach and get back on track toward achieving SDG3.4 on reducing premature mortality due to NCDs by 33% by 2030, instead of the current 11.5% in our region (12). The ability within the region to mobilise multisectoral and multistakeholder engagement is a testament to the joint ownership and accountability across health, finance, education, social protection, urban planning, and civil society actors. Many countries in the EMR have established cross-ministerial coordination mechanisms for holistic NCD response. The functionality of those mechanisms offers many lessons for scaling up and replication. The engagement of people who have experienced an NCD or a mental health condition is a critical component in fostering inclusive,

responsive and empowering environment in the light of the WHO resolution on social participation (13).

However, financing remains the critical gap. National NCD and mental health plans are underfunded in most of our Member States. The new Declaration must catalyse innovative models for sustainable NCD financing-anchored in national budgets and complemented by public-private partnerships that prioritize population health and equity over private and commercial interests (14).

The NCD “best buys”—taxes, regulation, and fiscal measures on tobacco, alcohol, nutrition and physical activity—are cost-effective, high-return interventions that countries need to scale-up. The investment cases produced by our teams offer tailored guidance that speaks to our needs and challenges in this region. For instance, the 2024 women’s cancer in the EMR investment case outlines the most cost-effective actions for addressing breast and cervical cancers, estimating a return on investment of up to US\$ 7.8 for each dollar spent (15).

The EMR stands at an inflection point. The 4th UNGA HLM on NCDs in September 2025 offers a rare opportunity to enshrine region-specific priorities in a renewed political declaration. By anchoring commitments on NCDs and mental health in the realities of conflict, displacement, inequity, and emergent crises, EMR leaders can drive sustained action, resource mobilization and

References

1. World Health Organization. Assessing national capacity for the prevention and control of noncommunicable diseases in the EMR 2023 report. Cairo: WHO Regional Office for the Eastern Mediterranean (unpublished).
2. Elmusharaf K, Mairghani M, Poix S, Scaria E, Phyto PP, Thu W, et al. A cost of illness study of the economic burden of diabetes in the Eastern Mediterranean Region. *East Mediterr Health J*. 2025;31(7):426-435. <https://doi.org/10.26719/2025.31.7.426>.
3. World Health Organization. World mental health report: transforming mental health for all. Geneva: World Health Organization, 2022. <https://iris.who.int/bitstream/handle/10665/356119/9789240049338-eng.pdf?sequence=1>.
4. World Health Organization. HLM4: On the road to 2025 and beyond. Geneva: World Health Organization, 2025. <https://www.who.int/teams/noncommunicable-diseases/on-the-road-to-2025>.
5. UNOCHA. Global Humanitarian Overview 2025. New York: United Nations Office for the Coordinator of Humanitarian Affairs, n.d. <https://humanitarianaction.info/?bs=eyJibG9jay1hOGM1Y2MyNiooZGZmLTQ5ZmUtYTkiMi>.
6. World Health Organization. Global evidence review on health and migration: continuum of care for noncommunicable disease management during the migration cycle. Geneva: World Health Organization, 2022.
7. World Health Organization. Addressing noncommunicable diseases in emergencies: a regional framework for action. Cairo: WHO Regional Office for the Eastern Mediterranean, 2023. <https://applications.emro.who.int/docs/NCDs-emergencies-eng.pdf>.
8. World Health Organization. Regional Action Plan for Mental Health and Psychosocial Support (MHPSS) in Emergencies (2024–2030). Cairo: WHO Regional Office for the Eastern Mediterranean, 2024. <https://applications.emro.who.int/docs/TP-NMH-MHPSS-eng.pdf>.
9. World Health Organization. mhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies. Geneva: World Health Organization, 2015. <https://applications.emro.who.int/docs/TP-NMH-MHPSS-eng.pdf>.
10. World Health Organization. The Mental Health and Psychosocial Support Minimum Service Package: For an effective MHPSS emergency response. Geneva: World Health Organization, n.d. <https://www.mhpssmsp.org/en>.
11. Ghebreyesus T A. Tedros Adhanom Ghebreyesus: peace is the best medicine *BMJ* 2024;387:q2629 doi:10.1136/bmj.q2629.

12. World Health Organization. Progress on the health-related Sustainable Development Goals and targets in the Eastern Mediterranean Region. Cairo: WHO Regional Office for the Eastern Mediterranean, 2023. <https://applications.emro.who.int/docs/Progress-health-related-SDGs-targets-EMR-2023-eng.pdf>.
13. World Health Organization. Social participation for universal health coverage, health and well-being. Geneva: World Health Organization, 2024. https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF3-en.pdf.
14. World Health Organization. Supporting Member States in reaching informed decision-making on engaging with private sector entities for the prevention and control of noncommunicable diseases: a practical tool. Geneva: World Health Organization, 2024. <https://iris.who.int/bitstream/handle/10665/378209/9789240094840-eng.pdf?sequence=1>.
15. World Health Organization. Women's cancer in the WHO Eastern Mediterranean Region: situation analysis and investment case report. WHO Regional Office for the Eastern Mediterranean, 2024. <https://iris.who.int/handle/10665/380207>.