



World Health  
Organization

# Saving lives, spending less

The global investment case for  
noncommunicable diseases



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Saving lives, spending less: the global investment case for noncommunicable diseases

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Cover photo: Uganda – Transforming Care for NCDs © WHO / Badru Katumba

# Document highlights

The World Health Organization (WHO) has identified 29 highly effective and affordable measures called “best buys” that countries can use to prevent and manage major noncommunicable diseases (NCDs) such as heart disease, diabetes, cancers and respiratory diseases. Each of these actions offers big health benefits on its own, but they work even better when combined into a package that fits a country’s specific needs.

If these measures are put into practice, the best buys can not only significantly reduce healthcare costs, but can also bolster national economies, move countries closer to achieving the Sustainable Development Goals (SDGs) and help millions of people live longer, healthier and happier lives. This impact would be evident across every country and region of the world, with significant benefits accruing by 2030 – and beyond. New analysis detailed in this report suggests that:

Fully implementing the **NCD best buys** globally could generate an average **return on investment (ROI)** of

**4:1**  
by **2030**

and

**7:1**  
by **2035**

An additional investment of approximately US\$ 3 per person per year could yield the following outcomes **by 2030**.\*



Save over  
**12 million lives**



Prevent  
**28 million cases**  
of heart attacks and stroke



Add more than  
**150 million**  
healthy years of life lived



Generate  
**US\$ 1 trillion**  
in economic benefits

\* The results presented cover the period 2025–2030, aligning with key deadlines for global commitments and targets to illustrate the potential impact of the best buys. Return on investment (ROI) figures are provided for both 2030 and 2035, with the longer horizon typically used to better capture the benefits of interventions whose impact emerges over time. The analysis covers 28 interventions, including pharmacologic treatment of hypertension, and excluding optimal breastfeeding practices. Further information is available in the accompanying methods document.

# Foreword

## Michael R. Bloomberg

*Founder, Bloomberg Philanthropies  
World Health Organization Global Ambassador for  
Noncommunicable Diseases and Injuries*

Around the world, there is a life-or-death issue that national governments do not focus on enough. In fact, it is the leading killer in most countries: the proliferation of noncommunicable diseases (NCDs), such as cancer, diabetes, and cardiovascular and lung disease.

Over the next decade, 150 million people will develop NCDs and die prematurely, unless we take bold action. Bloomberg Philanthropies, whose mission is to help the greatest number of people live better, longer lives, is working to help lead the way.

Our global work began nearly 20 years ago with tobacco control. Since then, we and our partners have saved an estimated 35 million lives. We also make long-term investments to promote healthier diets, eliminate trans fats, and prevent cardiovascular disease. Working closely with the World Health Organization (WHO) and others, including national governments, we are seeing real progress.

Although there is a long way to go before we reach the United Nations target of cutting NCD deaths by one third by 2030, there is reason for optimism, as this new WHO report shows. A growing body of evidence demonstrates that relatively low-cost policies can make significant differences.

WHO has now expanded its set of “best buy” interventions: the most cost-effective steps for tackling NCDs, from reducing tobacco use and salt intake to promoting healthy diets and early cancer screenings. The analysis in this report shows the dual health and economic benefits of such measures when implemented across low-, middle-, or high-income countries. It also highlights not just the potential long-term gains, but also those that countries can see by 2030 if they act now.

In September 2025, the United Nations General Assembly will convene its fourth high-level meeting on NCDs, providing an opportunity to spur even more investments by countries and their partners. This report can generate more helpful momentum in the upcoming months and years following the meeting.

Together, we can save millions of lives worldwide.

# Why NCDs are at the heart of sustainable development

*NCDs affect individuals, families, communities and economies, with profound implications for development. Progress on NCDs is also progress towards the achievement of the Sustainable Development Goals.*

## The growing burden of noncommunicable diseases

The wider global health landscape is shifting. Development assistance for health is declining, many countries are grappling with rising debt and economic headwinds, and geopolitical uncertainty is reshaping priorities. These pressures are especially acute in countries with limited fiscal space and significant post-pandemic debt, making it harder to sustain health investment. While the world faces uncertainty, a silent but no less devastating crisis has taken hold – one rooted not in new threats but in long-standing though often overlooked health challenges.

NCDs are now the leading cause of death in most countries worldwide, claiming 43 million lives each year – 18 million of them prematurely, meaning among individuals under the age of 70. Hundreds of millions more people are living with at least one NCD, which can significantly reduce their quality of life and life expectancy (1).

The increase in the burden of NCDs is being fuelled by various factors, including demographic changes, commercial drivers and urbanization. Importantly, many NCDs share avoidable risk factors – including tobacco and alcohol use, unhealthy diet and physical inactivity<sup>1</sup> – exposure to which is rising in many places, with profound implications for health. The consumption of tobacco, alcohol and sugary beverages alone is estimated to kill over 10 million people each year (2).

### Box 1. What are NCDs?

The term “NCD” covers a range of diseases, particularly cardiovascular disease (heart disease and stroke), cancer, diabetes and chronic lung disease.<sup>2</sup> NCDs are sometimes described in other ways, including “chronic diseases” (because they last for many years and often for a lifetime) or “lifestyle diseases” (a misleading term, as it puts blame on the individual for lifestyle choices, when in fact NCD risk factors are largely shaped by factors beyond an individual’s personal control). In 2022, Gallup, in collaboration with WHO and Bloomberg Philanthropies, published results from an international survey of people’s perceptions of NCDs and their risk factors (3). Most respondents ranked an NCD or an NCD risk factor as the biggest health problem in their country – but awareness of the links between NCDs and the major risk factors is low.

<sup>1</sup> The risk factors for NCDs also include air pollution. However, this report and its underlying data do not include air pollution, as evidence of its impact on NCDs is still evolving.

<sup>2</sup> Mental health conditions, which are also NCDs, are not covered in this report. For comprehensive information on the extent of and need for action on mental health conditions, please see: WHO. World mental health report: Transforming mental health for all. Geneva: World Health Organization; 2022. (<https://www.who.int/publications/i/item/9789240049338>, accessed 11 September 2025).

The cost of these diseases is vast. They take a physical, emotional and financial toll on individuals and their families, many of whom cannot afford to access the care they need to treat or manage their condition. The sheer scale of NCDs means that a significant share of the US\$ 9.8 trillion spent on health globally in 2022 was directed towards their care (4). Added to this are the indirect costs of lost income, lower productivity and early death, all of which contribute to the devastating economic burden. This is why cost-effective, high-impact solutions like the NCD best buys are more important than ever.

## **The time for action is now**

Under Sustainable Development Goal target 3.4, the global community has committed to reducing premature mortality from NCDs by a third by 2030. With the right policies and sufficient investment, this target could still be achieved by many countries. NCD financing must be prioritized, but in a way that maximizes the impact and cost-effectiveness of investment.

NCDs both contribute to and are exacerbated by existing social and economic inequality. Tackling NCDs means strengthening health systems, regulating unhealthy products, promoting physical activity, improving diets and reducing tobacco and alcohol use – all of which will also influence the achievement of other SDGs, including those on food security, education, gender equality and sustainable cities.

In short, sustainable development cannot be achieved without addressing NCDs.

The NCD best buys are vital to achieving SDG target 3.4. New analysis by WHO suggests that, between 2025 to 2030, targeted investments in these interventions could save over 12 million lives and generate economic gains exceeding US\$ 1 trillion globally. Investing in a core set of effective interventions can drive a virtuous cycle of better health, increased economic resilience and more sustainable development. This report outlines a clear path forward to make that ambition a reality.

### **Box 2. The UN High-level Meeting on NCDs 2025**

United Nations high-level meetings provide a strategic moment for critical issues to be discussed at the highest level by all UN Member States. In 2011, for the first time ever, NCDs were the main focus of a high-level meeting. Since then, high-level meetings on NCDs have been held every four to seven years to ensure that momentum and political visibility is sustained.

The fourth UN high-level meeting on NCD prevention and control, to be held in September 2025, is an important opportunity to bring together heads of state and government and ministers of health and various other sectors to discuss NCDs (5).

# What can be done?

*WHO's best buys for NCD prevention and management are feasible, evidence-based interventions that have been shown to be highly cost-effective.*

To help the world tackle the challenge of NCDs, WHO developed the NCD best buys in 2011. An updated list of best buys was endorsed by WHO Member States in 2023 (6). The expanded list consists of interventions that are recommended as cost-effective, feasible actions that should be at the heart of national health policy on NCDs. The best buys are clustered into seven areas including both prevention (reduce tobacco use, alcohol use, unhealthy diet and physical inactivity) and management (manage cardiovascular disease, chronic respiratory disease and cancer) (Fig. 1). All are firmly evidence-based.

For this report, pharmacological treatment of hypertension has been included as a best buy, following updated calculations confirming that it meets the cost-effectiveness threshold of under 100 international dollars (I\$)<sup>3</sup> per healthy life year gained in low- and middle-income countries (LMICs). The analysis now spans 176 Member States across all income groups, making it truly global in scope, and projects health and economic benefits not only to 2030 but also through 2035, providing a more complete picture of their long-term impact.

*Fig. 1. The WHO best buys for prevention and management of NCDs*

Tobacco use



1. Tax
2. Graphic warnings / plain packaging
3. Advertising bans
4. Smoke-free policies
5. Mass media campaigns
6. Cessation services

Alcohol use



7. Tax
8. Advertising bans
9. Restrictions on availability

Unhealthy diet



10. Reformulation policies
11. Front-of-pack labelling
12. Public food procurement
13. Mass media campaigns
14. Protect children from harmful food marketing
15. Optimal breastfeeding practices

<sup>3</sup> The international dollar is a hypothetical unit of currency that has the same purchasing power parity that the United States dollar had in the United States at a given point in time.

<sup>4</sup> The complete intervention names can be found in the accompanying methods document and is listed in reference document



*Physical Inactivity*



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*Cardiovascular Diseases*



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*Chronic Respiratory Diseases*



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*Cancer*



16. Communication campaigns

17. Treatment of hypertension

18. Secondary prevention of rheumatic fever and rheumatic heart disease

19. Treatment of asthma exacerbations

20. Treatment of COPD exacerbations

21. Long-term management of COPD

22. HPV vaccination

23. Cervical cancer screening

24. Early diagnosis and treatment of cervical cancer

25. Early diagnosis and treatment of breast cancer

26. Early diagnosis and treatment of colorectal cancer

27. Prevention of liver cancer through hepatitis B immunization

28. Early diagnosis and treatment of childhood cancers

29. Early detection and treatment of cancer in those living with HIV

The best buys emphasize cost-effective prevention through action on risk factors and the creation of healthier environments. They also include affordable early diagnosis and treatment, which are essential components of universal health coverage and highly effective when integrated into primary care.

A major strength of the best buys is their flexibility: countries can introduce them in a phased way, starting with those most relevant to the national context. When applied as a package, these interventions have a greater impact. Fiscal measures – particularly taxing unhealthy products – both improve health and generate revenue that can be reinvested.



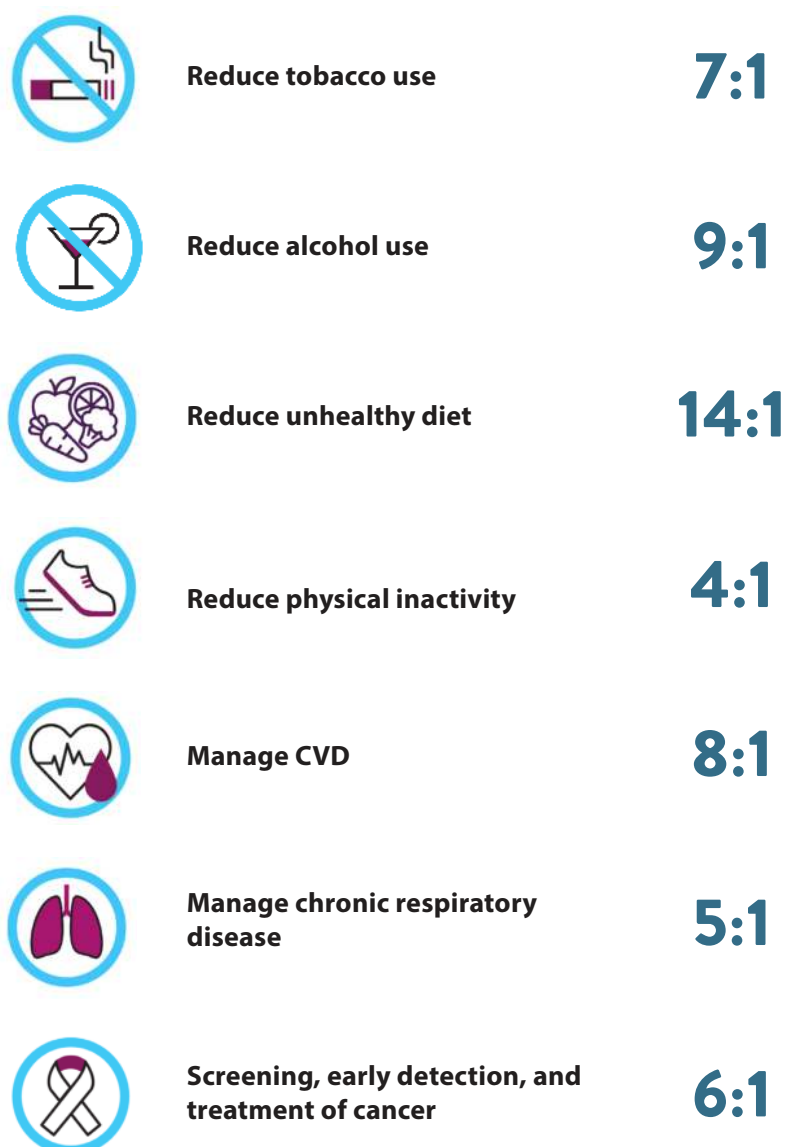
# Benefits of investing in the best buys

*Investing in the best buys is excellent value for money, providing both economic value and social value, ensuring that people live longer, happier, more productive lives.*

The best buys represent excellent value for money. New estimates by WHO show the economic return on investment of the best buys to be between 4 and 14 times for every unit of currency invested (Fig. 2).

*Fig. 2. The WHO best buys for prevention and management of NCDs*


*This figure provides WHO ROI estimates for each best buy intervention area. The benefits are likely to be greater if multiple interventions are implemented together as a package.*



### Box 3. Calculating the ROI

This report is based on an assessment of data that is more comprehensive than ever before, covering more than 90% of the global population and all country income groups. This has led to higher estimates of both the health and economic benefits of investing in the best buys, despite the relatively short five-year time frame between now and the 2030 SDG target date. This approach better reflects the extent of the potential impact of the best buys. More information is available in the methodology document for this report.

The costs that can be averted through investment in the best buys are both direct – reducing government and family expenditure on long-term health conditions – and indirect – for example, through increased productivity and reductions in premature death. WHO used the Choosing Interventions That Are Cost-Effective (CHOICE) methodology to calculate how much each intervention would cost to implement, and compared this to the projected number of healthy life years (HLYs) gained.<sup>4</sup> Any intervention with a cost-effectiveness below I\$100 per healthy life year gained in low- and middle-income countries is considered to be a best buy.



**Mauritius:** Mauritius has historically high smoking rates but has been at the forefront of action on tobacco control in Africa. In 2023, it became the first country in the region to introduce plain packaging on tobacco products, requiring coverage of 100% of the back, 80% of the front and 75% of the sides of packaging. The raft of measures taken (including increased tobacco taxes) have together contributed to a decline in tobacco use: for example, the proportion of men who smoke (men account for the majority of smokers) fell from 47% in 2000 to less than 39% by 2020 (7).



**Sierra Leone:** Significant improvements have been made in the rate of exclusive breastfeeding – with an increase from 32% in 2013 (8) to 52.7% in 2021 (9) – which is expected to help protect children's health in later life. There is now a national policy on infant and young child feeding. The Breastmilk Substitutes Act (2021) aims to encourage breastfeeding in the face of widespread marketing of formula and support the gains made in increasing breastfeeding rates.

<sup>4</sup> A healthy life year combines information on illness and death to estimate the number of years a person can expect to live in good health, without disability. Addressing the risk factors for NCDs and preventing complications among people living with NCDs can significantly impact HLYs in the population.

# Changing lives: benefits for people

*It is on people, families and communities that the benefits of the best buys have the most immediate and direct effect, and these benefits will accrue significantly over time.*

If the best buys were to be fully implemented by all countries, the impact on NCD cases and deaths and on healthy life years gained would be astounding: 12 million deaths could be prevented, 28 million cardiovascular disease cases averted and 150 million healthy life years gained by 2030. This impact would be evident across every country and region of the world, with particularly striking benefits for middle-income countries (Fig. 3), with those benefits accruing significantly over time.

*Fig. 3. Deaths averted and healthy life years gained by 2030, by region and income group*

WHO regions	Deaths averted by 2030	Healthy life years gained by 2030
African Region	1 448 005	20 747 358
Region of the Americas	1 640 675	18 530 397
Eastern Mediterranean Region	760 185	10 328 028
European Region	1 947 917	23 789 204
South-East Asia Region	1 836 522	27 965 991
Western Pacific Region	5 027 614	53 554 155
<b>Total</b>	<b>12 660 918</b>	<b>154 915 132</b>

World Bank country income classification groups	Deaths averted by 2030	Healthy life years gained by 2030
Low-income	823 310	12 318 827
Middle-income	9 811 276	115 707 379
High-income	2 026 333	26 888 926

**Brazil:** Once the country with the sixth-cheapest cigarettes in the world, Brazil began to increase its tobacco taxes incrementally in 2011. This ensured that prices kept up with inflation and income growth, and by 2018 the country had the highest tobacco tax rate in the Americas – almost 83%. This has contributed to a significant reduction in smoking, with the proportion of Brazilian adults who smoke falling from 19.9% in 2005 to 13.0% in 2020 (7).



Preventing NCDs protects family finances and well-being, both by reducing healthcare spending and ensuring that adults are able to work, and also by helping to ensure that children can stay in school rather than needing to care for family members. This helps to reduce poverty and improve health equity from generation to generation.



**Bhutan:** A best buy on cervical cancer is to ensure vaccination of girls against the human papillomavirus. Bhutan's school-based HPV vaccination delivery model, introduced in 2010, reached 89% of girls aged 13–18 years in its initial campaign. The programme has demonstrated 88% effectiveness against vaccine-targeted HPV types (10).

#### **Box 4. Tackling NCDs is crucial for health and social equity**

NCDs affect all populations, everywhere. However, not everyone is at the same risk – some are more exposed than others:

- Eight of every 10 people who die of an NCD before reaching the age of 70 live in low- and middle-income countries. However, fiscal constraints facing many of these countries are leading governments to deprioritize health spending (4). The shortfall in expenditure is made even greater because only a tiny fraction of development assistance for health is directed towards NCDs (11).
- Poorer people are more likely to be constrained in the choices that they are able to make in everyday life and, once they are living with an NCD, are less likely to be able to afford effective treatment. The expense of out-of-pocket care and the inability to work can contribute to poverty across generations.
- People living in humanitarian crisis settings, including disaster- and conflict-affected areas, face both short-term vulnerability in an acute emergency – such as lack of access to life-saving NCD drugs – and also in long-term vulnerability as a result of continued exposure to risk factors and limited availability of screening, counselling and diagnosis.
- People living with more than one disease are also at greater risk of severe outcomes. There are clear links between NCDs such as cardiovascular disease and diabetes. People with NCDs who contract an infectious disease can also experience particularly poor health outcomes (Box 5).

Additionally, action on NCDs helps to protect populations against other threats to health by building stronger health systems and bolstering community-level resilience. This can then benefit populations in the face of emergencies such as natural disasters, conflict or outbreaks of infectious disease (such as COVID-19 and other pandemic-prone diseases), to which people living with NCDs may be particularly at risk.

### **Box 5. COVID-19 and NCDs**

The COVID-19 pandemic exposed the weaknesses of health systems worldwide and laid bare the implications of a pandemic for people living with NCDs. People with diabetes, obesity, coronary artery disease and chronic lung disease, and people who smoked, were all shown to be at higher risk of severe outcomes from COVID-19 (12).

Coupled with this, three quarters of countries reported disruptions of NCD-related health services (13). Exposure to risk factors changed as lockdowns constrained physical activity, and economic insecurity meant that more people could not afford a healthy diet.

Economies and health systems are still struggling to recover from the pandemic. The experience has highlighted the importance of investing in NCD prevention and treatment services to ensure that people are protected from similar events in the future.



# Changing economies: benefits for governments


*Spending a relatively small amount today on the best buys will bring rapid gains, which will accumulate over time, with total economic benefits of US\$ 1 trillion by 2030.*

If the status quo is maintained, health spending will need to grow at an annual rate of 1–2% just to keep up with increases in NCD prevalence. However, the best buys can both reduce NCD prevalence and generate economic benefits. In terms of broader benefits, the global impact of the best buys could be as much as US\$ 1 trillion globally by 2030 for an average outlay of just US\$ 3 per person per year. Better population health means more people in the workforce, increased productivity and increased tax revenue to address the budgetary pressures faced by both local and national governments. Investment in the best buys can therefore be a vital pillar in sustainable economic growth.


The updated estimates in this report show that implementation can have a rapid impact and that significant benefits (particularly of the prevention-oriented best buys) will accrue over the long term. For example, the best buys that generate revenue – such as increasing excise taxes on alcohol and tobacco – bring in money from the moment they are implemented. This revenue can then be channelled into other best buy interventions, a potentially self-sustaining model that is already being put to good use in many countries.

## Box 6. Spending for SDG 3.4

Spending the equivalent of just 0.6% of the gross national income of LMICs could enable 90% of these countries to reach the SDG 3.4 target of a one-third reduction in premature deaths from NCDs by 2030 (14).



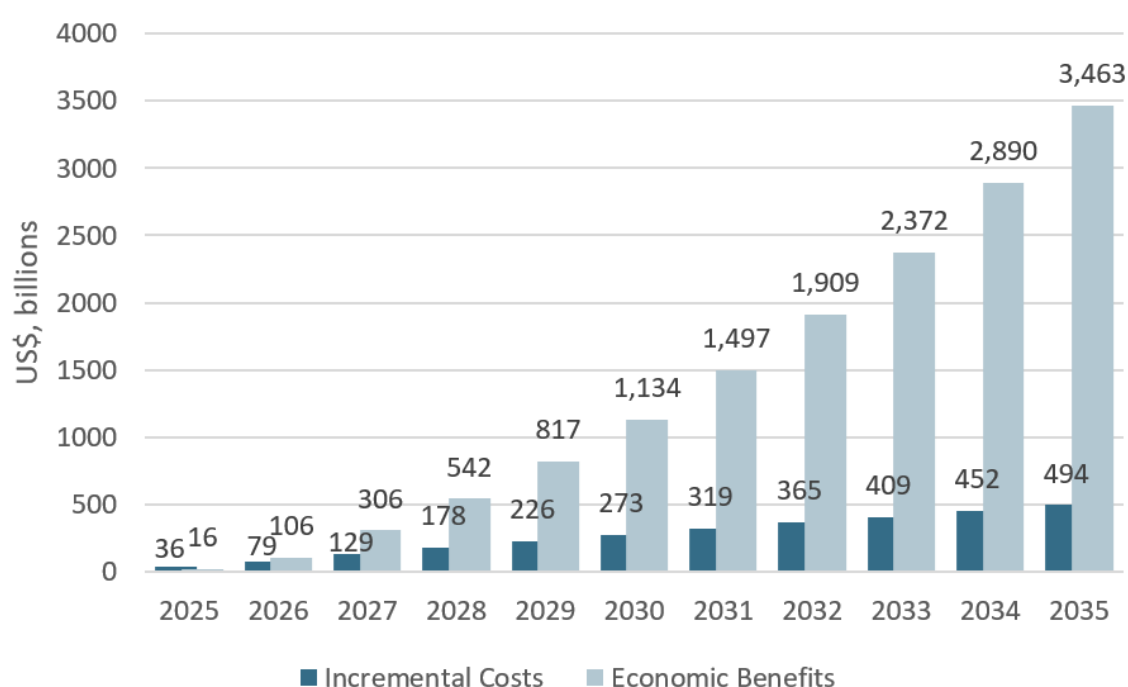
**Thailand:** In Thailand, US\$ 131 million per year was generated between 2001 and 2021 for health promotion and research activities by a 2% increase in tobacco and alcohol taxes. This income is channelled to the Thai Health Promotion Foundation, which focuses specifically on NCDs, serving as a model for secure and sustainable financing (15).



**Mexico:** A tax of one peso per litre on sugar-sweetened beverages, introduced in Mexico in 2014, increased prices by about 10%, leading to a 6% reduction in purchases in the first year of implementation, with further reductions over time. This has reduced dental caries and is expected to lead to a reduction in diabetes and relative obesity prevalence (16). The tax also raises revenue for the government, equivalent to 0.1% of gross domestic product each year.

Implementing the best buys requires more investment in higher-income settings, but this investment also delivers higher economic returns. Fig. 4 shows WHO's estimates of the cumulative costs and economic benefits for each year up to 2035 if the best buys were fully implemented. As the figure shows, the value of the economic benefits gained outpaces the incremental costs incurred each year, with benefits compounding over time. This demonstrates that sustained implementation not only secures immediate returns but also greatly enhances the value that can be achieved in the longer term.

*Fig. 4. Cumulative costs and economic benefits from the NCD Best Buys*



## Box 7. Supporting the best buys

The return on investment in the best buys will be maximized when actions to support their design and implementation are adequately funded (17). This supportive architecture includes the following:

- A whole-of-government approach to health policy that includes other sectors, such as finance, trade, transportation, education and environment.
- A strong health system, with robust primary care at its heart, to support all elements of NCD prevention and treatment, including the best buys.
- High-quality data and health surveillance systems to enable robust monitoring of programmes and their impact.
- Digital tools to help overcome barriers to healthcare access and provide real-time data for more informed decision-making (18).
- Engagement of civil society and people living with (or at risk of) NCDs to help ensure that measures are tailored to their needs.



# Changing focus: opportunities for donors

*Investment in the best buys provides an opportunity for donors to support effective, evidence-based interventions that can benefit populations across all regions. It will also contribute to the achievement of broader health and development goals with which the best buys are aligned*

## Evolving priorities

Opportunities for donor engagement continue to exist across governments (through official development assistance, or ODA), philanthropies and the private sector. Under the Millennium Development Goals, global health funding focused heavily on infectious diseases, but with the SDGs nearing their 2030 deadline, attention to NCDs remains limited. Despite repeated calls for action, the funding landscape for NCDs has seen little change and continues to be underprioritized compared to other health priorities.

### Box 8. Learning from infectious disease

For decades, donor investment in prevention and control of infectious diseases – including HIV/AIDS, malaria, tuberculosis and polio – has been changing lives. Since its inception in 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria is estimated to have saved 65 million lives through targeted interventions such as increased access to affordable treatment (19). The Global Fund's work demonstrates the strength of an approach that prioritizes investment in cost-effective interventions.

The SDGs reflect the growing shift in the global disease burden, explicitly prioritizing NCDs and linking them with broader issues such as climate change, nutrition, urban planning and gender equity. This integrated framing offers a range of entry points for multisectoral donor investment, though these opportunities have yet to be fully realized.

### Box 9. NCDs and climate change

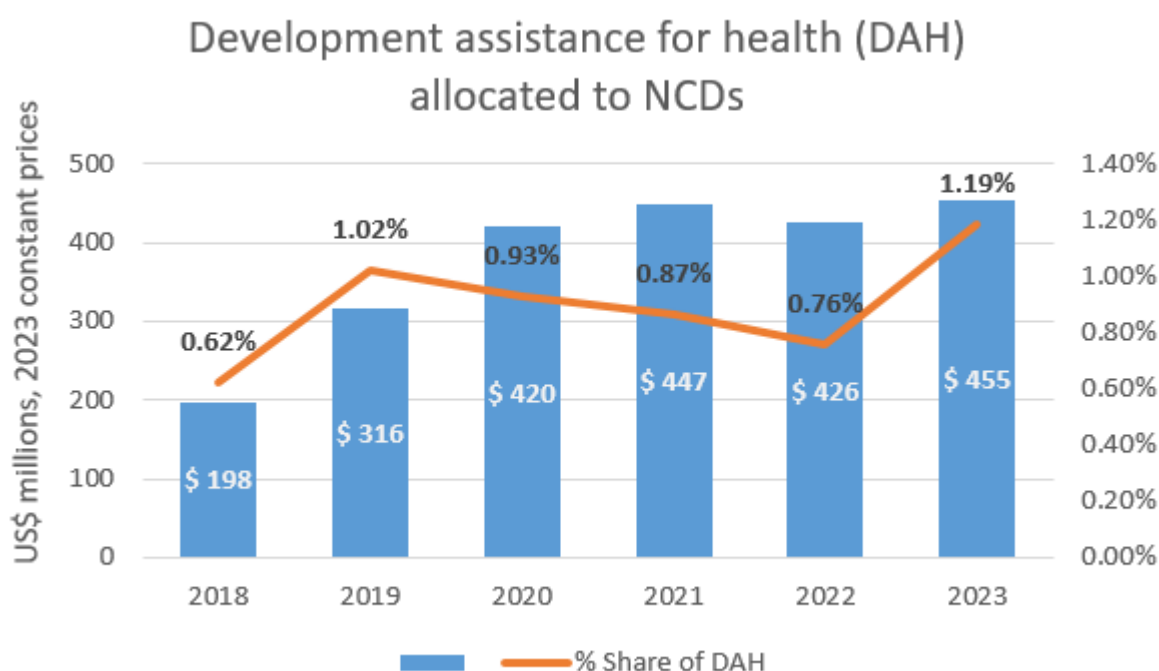
Climate change and NCDs are layered, interconnected threats. Air pollution, disruption to food systems, extreme heat and climate migration into cities all contribute to NCD risk. At the same time, industries producing unhealthy commodities – including tobacco, alcohol and unhealthy foods – are driving both environmental degradation and poor health (20).

## Current landscape of NCD funding

The proportion of development assistance for health allocated to NCDs currently falls far short of what is needed. Recent estimates suggest that only 0.8% to 2% of health aid goes towards NCDs (21), which is a significant mismatch compared with the NCD disease burden. This proportion has remained largely unchanged for years and, as NCDs have increased in LMICs, the gap between disease burden and financing has widened. To make matters worse, the lowest-income countries receiving only a tenth of the already small amount allocated to NCD prevention and control, exacerbating the inequities they face (22).

Looking at one database that tracks development assistance for NCDs (Figure 5), health aid for NCDs has shown a small upward trend in recent years, though the outlook is becoming more challenging. Eleven donor countries have announced reductions in ODA, with overall aid projected to fall by an estimated 9–17% in 2025 (23). Since these countries collectively provide the majority of ODA for NCD prevention and control, it is increasingly urgent to ensure that resources are directed towards cost-effective best buy interventions, to expand the use of health taxes as a source of domestic revenue and to raise the priority of NCDs within national budgets.

*Fig. 5. Tracking financing for NCDs*



Source: Organisation for Economic Co-operation and Development (OECD). Creditor Reporting System (CRS) database. Paris: OECD; 2025 (<https://data-explorer.oecd.org>, accessed 8 September 2025).

Investing in the WHO Best Buys is a proven, cost-effective way to address this imbalance between the global NCD burden and current financing. Donors can either focus on a specific area – such as cancer screening, tobacco control, women’s health, the environment or child protection – or support broader integration of NCD prevention and treatment within primary health care and efforts to achieve universal health coverage, alongside existing priorities such as infectious diseases or maternal health.



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**Australia:** The Australian government's Partnerships for a Healthy Region initiative (2023–2028), administered by the Department of Foreign Affairs and Trade, supports better health outcomes in South-East Asian and Pacific countries. As part of this commitment, a grant of A\$ 14.48 million (US\$ 9.7 million) over four years is being invested in the Elimination Partnership in the Indo-Pacific for Cervical Cancer (EPICC). This funding will support HPV vaccination programmes, expand screening and treatment services and bolster health workforce capacity (24).

No single donor can meet the full need for funding, but collective action can drive significant progress. Major financiers such as the World Bank are expanding their focus to include NCDs. Individual donor countries can also embed the NCD best buys approach within their own global health aid programmes. With 2030 fast approaching, donors have a critical role to play in achieving the SDGs through stronger investment in NCD prevention and control.



**The World Bank:** The World Bank has been increasing its outlays for prevention and control of NCDs: of the US\$ 7 billion spent on NCD-related projects in the period 1980–2020, half was spent between 2016 and 2020. NCD projects are ongoing in various countries, including Costa Rica, Ghana, Moldova, Morocco, Samoa and Sri Lanka; these projects include NCD screening, physician training and performance-based financing (25).

# Mobilizing resources

Health budgets are under sustained pressure due to competing priorities and broader economic challenges. In this context, identifying effective and sustainable mechanisms for mobilizing both domestic and global resources is essential to support national health goals, including those related to NCDs.

## Domestic mechanisms

*Taxes on unhealthy products, as recommended in the best buys, are an easy, effective, efficient and acceptable measure. They reduce consumption of such products, which helps improve health, and they also raise urgently needed revenues that can further support health systems.*

Governments have a central role in health financing and are encouraged to integrate NCDs into national health budgets, including within primary care and overall health systems, in the services included in universal health coverage, and in emergency preparedness. While external funding can play a complementary role, financing is most sustainable when it is mobilized domestically, including through taxation, with increased budget allocation remaining the most significant source of funding for health.

Taxes on tobacco, alcohol and sugar-sweetened beverages offer a cost-effective strategy for reducing NCD risk while generating revenue (Box 10). These policies are inexpensive to implement and deliver dual benefits: they reduce consumption – particularly among youth and new users – and the resulting revenues can fund further health initiatives, including other NCD best buys.



**Lithuania:** Successive, substantial rises in excise taxes on alcoholic drinks in Lithuania between 2015 and 2022 led to a doubling of revenue from the tax, which accounted for almost 3% of the country's total tax revenue by 2022. Alcohol consumption decreased over this time. A doubling of the tax increase on beer and wine in 2017 is estimated to have averted almost 1500 deaths in the following year alone (26).



Globally, US\$ 3.7 trillion could be raised over five years (US\$ 2.1 trillion of which would be in LMICs) by using taxes to increase the real prices of tobacco, alcohol and sugary beverages by 50%. If this revenue was allocated to health, government health care spending would increase by 12% globally and by 40% in LMICs (27).

### Box 10. The 3 by 35 Initiative

WHO is leading the [3 by 35 Initiative](#), a bold global effort to increase the real prices of tobacco, alcohol and/or sugary drinks by at least 50% by 2035 through tax increases. The initiative aims to revitalize health taxes as a powerful tool to reduce harmful consumption, save lives and generate vital public revenue. By implementing well-designed and effectively enforced taxes on these products, countries can mobilize significant domestic resources while advancing public health. This effort is expected to reduce consumption of these harmful products while mobilizing an additional **US\$ 1 trillion** in public revenue globally over the next decade.



**United Kingdom of Great Britain and Northern Ireland:** In 2018, the Treasury of the United Kingdom introduced the Soft Drinks Industry Levy (SDIL). The rate of this tax is dependent on the level of sugar in the drink. This measure encouraged manufacturers to reformulate their products and between 2015 and 2020 led to an average 46% reduction of sugar in soft drinks subject to the levy. The SDIL also raised £338 million for the government in the financial year 2023/24 (28).

However, although tobacco and alcohol taxes are widespread and countries are increasingly introducing taxes on sugary drinks, implementation remains uneven. While some countries have adopted recommended tax structures, others have failed to keep pace with inflation and income growth, reducing the long-term effectiveness of these taxes. Consequently, 87% of smokers live in countries where cigarettes were equally or more affordable in 2024 than in 2019.

In addition to the taxation-related best buys, there are a number of other routes that governments can take to ensure that the available resources for health are spent in the most efficient way possible. These include pooling of resources across different areas, strategic purchasing and public-private partnerships for health, which are becoming increasingly popular as their benefits become evident.



## External financing mechanisms

*There are many financing models and mechanisms that can be used in new and innovative ways to scale up the WHO best buys.*

There is increasing strain on global and national institutions tasked with health and development, but with national NCD funding often limited, external financing remains essential – including for the WHO best buys (Fig. 5).

Despite the rising burden of NCDs, funding remains insufficient – although promising shifts are emerging. One key trend is the integration of NCD prevention and control into broader health systems strengthening. As more lives are saved from infectious diseases, attention must turn to preventing and managing NCDs. For example, the Global Fund is expanding its scope to address NCDs as well as infectious diseases, reflecting a more holistic approach (see Box 8).

New multilateral platforms offer catalytic financing for surveillance, health taxes, workforce training and national planning, which are all critical for an effective NCD response. Some donors are already providing targeted support for issues related to NCDs. These include Bloomberg Philanthropies, which focuses on issues such as tobacco control, nutrition and cardiovascular health, and the Gates Foundation, which works on tobacco control, primary care innovation and integrated development.





Innovative financing models – such as Unitaids’ use of airline ticket fees (29) to help fund human papillomavirus screening – show how early, strategic investments can expand access to impactful interventions and deliver long-term gains.

Public–private partnerships are also playing a growing role. The collaboration between St. Jude Children’s Research Hospital and the Pan American Health Organization (PAHO) exemplifies how joint efforts can improve access to paediatric cancer care and essential medicines across Latin America and the Caribbean (30).

In humanitarian settings, mechanisms to support NCD treatment have proven beneficial, and pooled procurement of NCD medicines can be a powerful way to reduce costs and expand access. The WHO Regional Office for Africa has supported pooled procurement of cancer medicines in small island developing states (31), while PAHO’s Revolving Fund has improved regional access to HPV vaccines, helping countries secure life-saving immunizations affordably and equitably (32).

Together, these mechanisms – multilateral platforms, catalytic funds, innovative financing, public–private partnerships and pooled approaches – form a growing ecosystem of support that can help close the NCD financing gap and advance global health goals.





# Making it work

The following case studies illustrate different ways in which investment in and implementation of the best buys has been shown to be impactful, with two examples showing domestic action and financing – one for prevention and one for treatment – and one utilizing external financing mechanisms.

## Tackling unhealthy diet in Colombia

### Why is it needed?

Heavy consumption of foods high in sugar, salt and saturated fat is a driver of ill health in Colombia. Both adult and child obesity have been increasing, and the prevalence of adult obesity is now 23.8% (33), up from 16.6% in 2010 (34). Obesity-related NCDs, including diabetes, are a major concern: an estimated 8.3% of the population live with diabetes (35), with health and societal costs estimated at US\$ 2.7 billion annually (36).

### Who is involved?

The Colombian Government has introduced a mandatory package of nutrition-related best buys, using a phased approach that requires the food industry to take successive steps to reformulate and relabel products falling within the scope of the legislation. Civil society plays an essential role in ensuring that lobbying by the food industry against the changes does not succeed.

### How does it work?

The first reformulation legislation, setting limits on trans fats, was introduced in 2012, and from 2026 these limits will align with WHO best practice. In 2019, thresholds for fat, sugar and salt were set for foods served in public schools, where unhealthy food marketing is restricted. Maximum sodium levels in almost 60 products (from bread to processed meats, cheese and convenience foods) were introduced in 2022 and were tightened in 2024 (37).

The package of nutrition measures also includes clear, black, octagonal front-of-package warning labels identifying products that are high in saturated fats and trans fats, free sugars and/or salt or that contain non-sugar sweeteners.

A new excise tax that covers not only sugary beverages is one of the first in the world to include ultra-processed food high in free sugars, salt and/or saturated fat. The tax was unanimously declared constitutional by the Constitutional Court in 2023 and was set initially at 10%, rising to 15% in 2024 and 20% in 2025 (38).



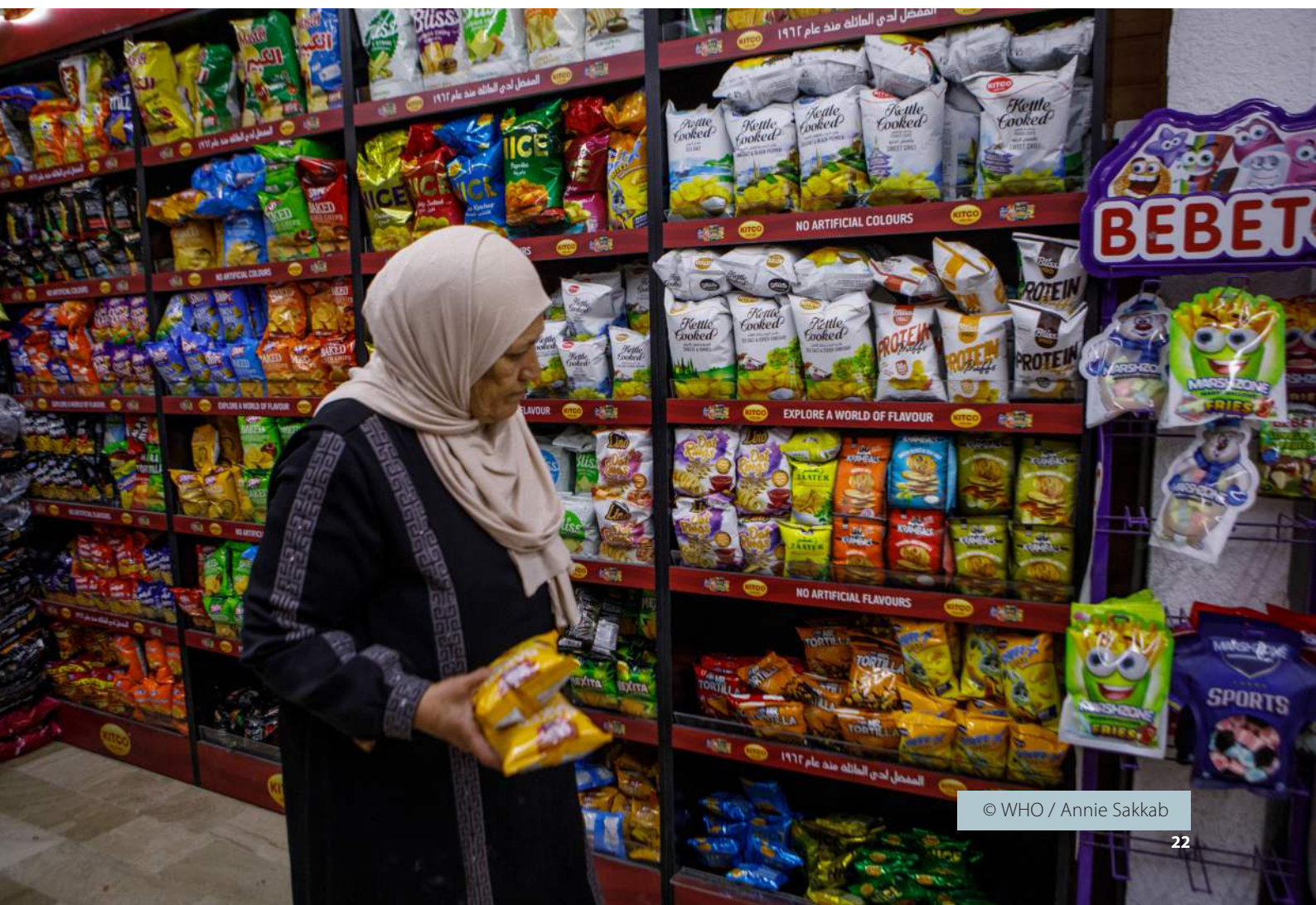


## What impact is it having?

A 2025 study demonstrated substantial decreases in sugar and salt levels in ultra-processed foods between 2015 and 2024 (39). On average, across 162 food items and 38 beverages, sodium levels in food decreased by a quarter, falling from 400 mg to 296 mg per 100 g. Total sugar content in food decreased from 10.7 g to 8.1 g per 100 g and in drinks from 8.9 g to 4.8 g per 100 ml. There is more that can be done – for example, there were only minimal decreases in saturated fat content, and the study found ongoing gaps in the implementation of the mandatory labelling requirements. Nevertheless, the package of measures approved under the legislation is having a significant impact.

## Key message

Colombia is leading the way through its introduction of a comprehensive package of nutrition-related best buy measures, which are being phased in over time to enable producers to adapt and reformulate. This has led to significant reductions in the levels of salt and sugars in foods and of sugars in beverages.



# Hypertension control in Bangladesh, Ethiopia and the Philippines

## Why is it needed?

Hypertension (high blood pressure) is a leading preventable risk factor for premature death and disability worldwide, and, accounting for around half of all heart disease and stroke-related deaths each year. Of the estimated 1.4 billion adults aged 30–79 who are living with hypertension, two thirds live in LMICs. Almost half (44%) are unaware that they have the condition and approximatively one in five have it under control (40), leaving almost 1 billion people at risk of stroke, heart attack and other severe complications. (40).

## Who is involved?

WHO launched a global effort (the Global Hearts Initiative) to support governments in strengthening the prevention and control of cardiovascular diseases (CVDs), including HEARTS. It provides governments with a set of effective, practical interventions to strengthen the management of CVD risk factors, including hypertension.

The HEARTS technical package specifically aimed to improve cardiovascular disease management in primary health care., with focus on hypertension management. Successful implementation depends on strong political commitment and the involvement of people at multiple levels: policymakers at ministries of health and in local governments, programme managers responsible for service delivery, and facility managers and primary healthcare providers. This HEARTS package relies on 5 key pillars; standardized protocol for hypertension management, access to medicine, trained health care providers, and available systems for monitoring.

## How does it work?

In Bangladesh, the 2018 Bangladesh Hypertension Control Initiative is improving the integration of hypertension management into primary care. Among the policies and programmes recommended by HEARTS that have been adopted is the Simple app, which collects data and monitors patient processes, helping to improve the quality of care. Services are also being brought closer to where people live to address poor patient retention, with hypertension services included in essential service packages delivered in community clinics.

HEARTS was adapted for use in Ethiopia in 2015. The aim is to overcome challenges such as lack of available medication, the distance patients have to travel, shortcomings in health worker capacity and disruption to services due to armed conflict. To address these challenges and improve patient retention, pilot interventions have introduced innovations such as three-month spacing between clinic visits and drug refills. The Government has also expanded community-based health insurance to remove the need for people living with NCDs to pay out of pocket for their medication.





In the Philippines, the Department of Health has worked with the WHO country office to integrate hypertension into plans for universal health coverage, funded by a new national insurance scheme. Elements of the Global HEARTS Initiative – such as the introduction of a team-based care model and a hypertension medicines treatment protocol – have been introduced. Programmes are co-created with local governments to ensure local ownership (including the development of culturally appropriate strategies), and community health workers are involved in delivery of health promotion activities.

### What impact is it having?

In Bangladesh, in 2019 just 14% of the estimated 20 million adults living with hypertension had their condition under control. Among patients receiving treatment at facilities that are implementing the Hypertension Control Initiative, the proportion has increased to 56% (41).

In Ethiopia, just 2% of the estimated 11.8 million people living with hypertension (16% of the population) successfully control their blood pressure. However, under the pilot interventions implemented, this proportion increased to 57% of patients. There have also been significant improvements in patient retention within the health system (42).

In the Philippines, where the hypertension programme has been implemented at provincial level, 80% of patients have achieved controlled blood pressure (43), compared with a national average of just 13% (44). The programme is being expanded to cover a region with a population of over 12 million people .

### Key message

Implementation of the approaches recommended in the [WHO HEARTS technical package](#) is having very significant impacts on hypertension control in Bangladesh, Ethiopia and the Philippines. Many more people could benefit from further scale-up of the initiatives in these countries and beyond.

## Pooling donor funding for NCDs: the Health4Life Fund

### Why is it needed?

Until very recently, there has not been a global, multilateral financing mechanism that enabled donors to pool financing for NCD prevention and control. Now, the United Nations Multi-Partner Trust to Catalyze Country Action for Non-Communicable Diseases and Mental Health – known as the [Health4Life Fund](#) (H4LF) – is filling this gap, taking a pragmatic, targeted approach to disbursement of funds to governments to catalyze sustainable NCD responses (45).

### Who is involved?

The Fund was set up by the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF) and WHO, which together form a steering committee, along with strategic partner countries (Kenya, Mauritius, the Philippines, United Kingdom (Scotland) and Uruguay), the NCD Alliance and United for Global Mental Health. The Scottish Government was the first to commit resources and has since been followed by Mauritius, the Philippines and the private sector. The hope is that the leadership shown by these countries will itself be catalytic, bringing new donors to the Fund.

### How does it work?

Governments, through the UN system can apply for H4LF funding across four pillars of action on NCDs and mental health: integration, risk factor prevention, strengthening of health systems and integrated service delivery, and disease elimination (cervical cancer). Countries are also encouraged to use the funding to help establish and formalize multisectoral engagement processes. However, as H4LF funding is catalytic, it cannot replace domestic resources for NCDs.





## What impact is it having?

In 2024, two countries successfully answered the first competitive call for H4LF funding, each receiving US\$ 1 million. **Rwanda** will use this funding to better integrate NCDs and mental health services into multisectoral care systems through improved cross-sector collaboration and the development of models, services and tools, with accompanying capacity-building for the health workforce. In **Zambia**, the funding will be used to enhance the health of young people, including by developing behaviour change models for adolescents on NCD risk factors and encouraging schools and colleges to integrate NCD prevention into their curricula. The funding will also support health campaigns; the development of new legislation on tobacco, alcohol and salt/sugar taxation; and the establishment of a multisectoral national coordination mechanism on NCDs.

In 2025, a second round of funding was allocated to three countries. In **Sierra Leone**, the focus is on integrating NCDs into the national social health insurance scheme and advocating for earmarked health taxes. In **Lao People's Democratic Republic**, support will strengthen implementation of the Package of Essential Noncommunicable (PEN) disease interventions and embed new disease modules into the national health information system to improve surveillance. **Papua New Guinea** will pilot multisectoral budgeting to foster greater policy coherence on NCDs. Both Lao People's Democratic Republic and Papua New Guinea are prioritizing participatory, multisectoral approaches that engage young people. In addition, 2025 saw the launch of a South-South and Triangular Cooperation Learning Lab, hosted by UNDP, to facilitate cross-country knowledge exchange.

## What's next?

The forthcoming round of grants – worth around US\$ 1 million – is expected to reach a further set of countries in other parts of the Global South.

## Key message

The UN Health4Life Fund is the first initiative of its kind: a mechanism to pool donor financing at the global level that is then used to catalyse in-country action on NCDs. This is an opportunity both for donors to contribute to a novel initiative and for governments in low- and middle-income countries to apply to a new funding stream for NCD prevention and treatment.



# In summary....

## 1) A changed global context demands smarter strategies

- With declining external aid for health and mounting global health and economic pressures, countries need to adapt to the changing landscape.
- Success now depends on policies that stretch resources further and interventions that are affordable, cost-effective and scalable.
- **The Best Buys fit this need:** they are evidence-based, adaptable to diverse settings and proven to deliver both immediate health gains and long-term economic benefits.

## 2) This is an opportunity to save lives

- NCDs exact a huge health and economic toll, particularly in LMICs – but many deaths can be prevented or delayed.
- Investing in NCD prevention and care is about saving lives, improving quality of life, extending healthy life years and driving sustainable development.
- **Over 12 million lives could be saved** and **150 million healthy life years gained** between 2025 to 2030 through the best buys.

## 3) This is a phenomenal opportunity for investment

- Action on NCDs delivers excellent returns, with benefits that go far beyond health.
- By 2030, the best buys can generate **US\$ 1 trillion in economic benefits** – a 4:1 return on investment.
- Returns grow over time: by 2035, every dollar invested can **yield benefits worth seven dollars**.

## 4) Financing options exist, and some countries are already leading the way

- Domestic financing is still the primary route for supporting action on NCDs, which means political commitment and political will are crucial.
- **Health taxes** on tobacco, alcohol and sugary drinks both **improve health and raise revenue** for further investment.
- Many countries are already showing that the best buys work in practice – from tobacco taxes in Brazil to hypertension control in Bangladesh.
- The cost is modest, averaging just **US\$ 3 per person globally** each year.
- Donors can catalyse action in other areas: NCDs intersect with climate change, food security, gender equality and other issues targeted by the SDGs, creating multiple entry points for support.

## 5) The time is now

- The NCD best buys are essential to achieving the SDGs by 2030, but they also offer benefits extending far beyond this time horizon.
- 2025 is a fork in the road. The United Nations high-level meeting on NCDs is the time to marshal resources, accelerate implementation and commit to a healthier future for all.



# Call to action

The global health landscape has shifted dramatically, and with only a few years left to achieve the 2030 NCD and SDG targets, there is no time to lose. The fourth United Nations high-level meeting on NCDs is a pivotal moment to turn words into accelerated action and to drive progress in the years ahead.

With development assistance for health in decline and the pressures of new global health and economic challenges mounting, circumstances have changed in a way that makes the case for concerted action stronger than ever. Countries can no longer afford delay: they need to prioritize cost-effective, scalable strategies on NCDs that both reduce the staggering burden of premature death and disease and generate new, sustainable sources of financing.

The WHO best buys are the best way to achieve both of these goals. They are affordable to implement, adaptable to every context and proven to deliver rapid health improvements alongside lasting economic gains. Governments and policymakers should integrate them into national plans, mobilizing domestic resources and strengthening regulation. Donors have the opportunity to rebalance global health funding to reflect today's disease burden and catalyse further action. Meanwhile, civil society and the private sector should press for accountability, innovation and partnerships that accelerate implementation. Everyone has a role to play, whatever the entry point or contribution.

Investing in the best buys is the smartest and most cost-effective step the world can take today to secure a healthier future. The evidence is clear, the tools exist and the benefits are transformative.

The time to act is now.



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