Advancing Progress on Health & Chronic Conditions in a Polycrisis

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Report on Symposium held on 21 November 2025

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Acknowledgement of Country

The authors wish to acknowledge First Peoples and the Traditional Custodians of the many lands upon which we live and work. We pay our respects to Elders past and present, and thank them for ongoing custodianship of waters, lands and skies.

Summary

This brief report summarises key insights from a multi-sectoral discussion symposium held on Friday 21 November 2025 where more than 70 leaders, advocates, and young voices from Australia and around the world came together to examine how to accelerate progress on non-communicable diseases (NCDs) and mental health in the context of overlapping global crises, and outlines priority actions for government, civil society partners, research institutes, philanthropy and business. Key insights include that:

- Progress on NCDs and mental health is inseparable from broader development, equity, and governance agendas.

- Global political commitments matter, but impact depends on national and regional implementation, accountability, and resourcing.

- Current financing models are inadequate; sustainable solutions require fiscal reform, innovative financing, and stronger links between health and economic policy.

- Climate change, political instability, conflict and gender inequities can all exacerbate the impacts of NCDs and mental health challenges.

- Collaboration across sectors, institutions, and communities is essential to overcome silos and accelerate action on NCDs and mental health.

- Youth leadership, Indigenous expertise, voices from the community (prioritising the underserved), and lived experience must be central to designing and delivering solutions.

- Leadership and advocacy skills are as important as technical expertise in achieving system-level change.

Overview

On Friday 21 November 2025 more than 70 leaders, advocates, and young voices from Australia and around the world came together at the University of Melbourne to explore how global commitments can be transformed into real action. The discussions spanned NCDs, climate change, mental health challenges, and the power of a life-course approach.

While we came together in professional capacities, "*it was deeply personal*," as Hayley Jones, Director of the McCabe Centre for Law and Cancer said, "*every one of us has been touched by cancer, chronic diseases or mental health challenges.*" We can't forget that the lives of people in the room had been touched by chronic disease and mental health – themselves, family, friends, colleagues – and they carry with them personal experiences with lingering legacies, driving their work to make things better for others who might encounter health challenges.

The growing epidemic of chronic diseases or NCDs – including heart disease, cancers, chronic respiratory diseases, diabetes and mental health conditions – presents a health crisis for all countries, including Australia. NCDs accounted for 75% of all non-pandemic deaths worldwide in 2021, including 89% of deaths in Australia. Poor health is also a significant drain on economic productivity, with the cost of chronic disease projected to reach US $47 trillion by 2030. In Australia, lost labour force participation from chronic diseases is projected to cost $67.7 billion by 2030. Prevention and promotion of mental health programs remain under-prioritised globally, with countries only spending 2% of national budgets on mental health (and less than 1% in low- and middle-income countries). The urgency to act is clear.

While challenges in achieving health for all have been persistent, the discussions took place in a time of polycrisis on a number of levels: an atmosphere of growing global conflict, accelerating climate crisis and geopolitical upheaval. None of these crises exists in a closed loop – crises are interlinked, with overlapping and intertwined causes, effects and interrelationships. Our organisations are centred on health, yet there is a growing recognition that issues of equity, social justice, power, economic inequality and environmental loss need to be addressed through a systems approach.

Ahead of the fourth UN High Level meeting on Noncommunicable Disease (NCDs) and Mental Health, the McCabe Centre for Law and Cancer and the George Institute for Global Health, the Australian Global Health Alliance and the Australian Chronic Disease Prevention Alliance came together in 2024 to improve collaboration on NCDs and mental health within Australia and our region, and have organised in-person and digital events to facilitate this.

This Symposium came two months after world leaders convened for the fourth UN High Level Meeting on NCDs and Mental Health. This event brought together policymakers, researchers, practitioners, civil society representatives, and emerging leaders to examine how progress on NCDs or chronic conditions and mental health can be advanced in the context of a growing global polycrisis. Speakers represented countries and organisations with a range of experiences, including Australia, Papua New Guinea, Samoa, The Philippines, Nigeria, Malaysia, UK, Switzerland, USA and Singapore,

With 175 member states endorsing the new targets set out in the set out in the 4th UN Political Declaration on NCDs and Mental Health, and aligning national frameworks with global goals and action plans to reduce NCDs and improve physical and mental health with due dates around 2030, the conversation progressed the discussions from 'what do we need from the High Level Meeting' to 'what are our shared priorities to realise commitments to improve health'. Discussions focused on the implications of recent global commitments, the realities of implementation at national and regional levels, and the practical actions required to translate high-level agreements into meaningful change for communities.

The George Institute for Global Health's Co-Director, Impact and Engagement, Veronica Le Nevez, stressed, "*Global agreements are only promises on paper — real progress depends on the action our governments take, and on advocates who push them to follow through.*"

The conversation emphasised that NCDs and mental health are not isolated health issues but deeply interconnected with economic, social, environmental, and political systems. Conversations did not centre on individual conditions, but rather cross-cutting challenges and solutions, drawing on case studies from certain conditions as examples of best practice and inspiration. It was highlighted that countries can save millions of lives while yielding massive economic returns by implementing the cost-effective and evidence-based NCD interventions, the WHO NCD Best Buys. Participants highlighted the urgency of coordinated, equity-focused action and the need to rethink how progress is financed, governed, and delivered.

"*Ultimately, we have to first properly understand and then address collectively – (declarations or not, funding or not) -- what it is to be human living and trying to be well in this era of climate crisis and chronic disease. Who do we need to work with and on what specifically to achieve better health for all*."
Dr Selina Namchee Lo, Executive Director, Australian Global Health Alliance

Key Themes

1. NCDs and Mental Health as development and equity Issues

Global NCD Alliance President-elect, Dato' Dr Saunthari Somasundaram framed the conversation in this way: *"NCDs are a human rights issue – founded in being a developmental issue."* Participants consistently discussed NCDs and mental health as development challenges rather than narrow health sector concerns. Chronic conditions were described as both a cause and consequence of poverty, inequity, and social exclusion, with impacts that can span generations. Worldwide, 100 million people are pushed into poverty every year due to out-of-pocket expenses on NCD care and treatment. NCDs are linked to US$ 47 trillion being lost to the world's economy between 2011-2030, an average of more than US$ 2 trillion per year. Equity emerged as a central concern, including geographic inequities, disparities affecting First Nations and marginalised communities, and unequal access to prevention, diagnosis, and care.

2. From global commitments to local action

Participants highlighted global progress on addressing NCDs since the first UN Political Declaration on NCDs in 2011. The first UN Political Declaration on NCDs did not include the targets and milestones which have now been included as a key driver for action. International collaboration via partnerships and global standards through WHO and similar bodies can play a crucial role in galvanising national action. Recent international commitments including the 4th UN Political Declaration on NCDs and Mental Health which has 175 member-states supporting it, were seen as an important foundation and advocacy tools, but insufficient on their own. Participants noted that declarations and targets must be treated as a starting point rather than an endpoint. Real progress depends on national ownership, strong governance, and sustained follow-through, particularly in translating commitments into policies, legislation, and funded programs.

3. Interconnections between climate, conflict, gender and NCDs

Addressing the burden of NCDs and mental health is deeply connected with managing disruptions from other crises and inequities. Extreme weather events and political insecurity disrupt healthcare access and vaccination campaigns. Terrorism and tribal conflicts can exacerbate climate-driven migration.

As Delphina Kerslake, lawyer and McCabe Centre Regional Manager for the Pacific noted, we must *"fund climate action as a direct investment in health"*.

Climate-resilient health systems, early warning mechanisms, and adaptation strategies are necessary to protect vulnerable populations in small island states and beyond. Further, it is essential to interrogate the impact of climate change and conflict on NCDs as a gender issue. Participants called for greater empowerment of women through education and economic opportunities. Gender-disaggregated data and co-designed policies involving marginalized groups will help address systemic inequities in healthcare access and social determinants.

Associate Professor Laura Downey, Program Lead in Universal Health Care at The George Institute noted that **"*the health of women and girls is a cornerstone of universal health coverage. Without recognising climate change as a gendered issue, we are not going to be able to meaningfully move forward towards progress for universal health coverage*"**.

4. Implementation gaps and systemic barriers

Despite growing global recognition of NCDs and mental health, implementation of measures to prevent and manage their impacts remains off track. Key barriers identified included:

- Weak or inconsistent financing for prevention and long-term care

- Fragmented health systems and siloed approaches

- Limited data and surveillance capacity in many settings

- Insufficient integration of mental health and multimorbidity into primary care

- Ongoing influence of unhealthy industries and the commercial determinants of health

Participants stressed that these challenges are compounded in low- and middle-income countries and small island states, where health systems face additional constraints, and may be prone to greater impacts of climate change.

*"**Papua New Guinea cannot fight NCDs alone - partnerships are essential**"*, Margaret Asinimbu, Lawyer, PNG Department of Health.

5. Financing for sustainable impact

A strong theme was the need to move beyond reliance on traditional development assistance, which is declining. NCD prevention and control have been underfunded worldwide, especially in low- and middle-income countries. Only 1-2% of development assistance is allocated to NCD financing, which has been stagnating for the last three decades. With funding for global health tightening, there is a need to rethink how global health initiatives are designed and funded to integrate better across health siloes, improve access to primary care and essential medicines, and build resilience in health systems. Participants discussed the importance of mobilising sustainable domestic resources to support greater access to universal health coverage, broader fiscal reforms to increase available funding, and innovative financing approaches, including blended finance and pooled procurement. Taxes that address the consequences of harmful products and commodities, which can in turn support health promotion, prevention and system strengthening, were seen as valuable tools, but not a complete solution on their own.

The discussion highlighted the need for closer collaboration between the health sector and finance ministries, as well as expanded engagement with non-traditional partners, to create sustainable funding pathways for prevention, treatment, and system strengthening. It was noted that sustained, reliable funding is crucial to support programs which may take years to bear fruit, such as initiatives targeting law reform.

6. Partnerships, collaboration, and coalition building

Effective progress was repeatedly linked to collaboration across sectors and interest-holders. As Professor Rob Moodie of the University of Melbourne puts it, **"*All the leadership skills exist in this room, but we need to teach each other.*"**

Participants emphasised the value of:

- Whole-of-government and whole-of-society approaches

- Strong partnerships between governments, civil society, academia, communities, philanthropy and international organisations

- Regional cooperation and shared learning

- Inclusion of private and non-traditional partners where appropriate, with clear safeguards against conflicts of interest

Civil society was recognised as critical in advocacy, accountability, community engagement, and reaching populations that governments may struggle to access alone.

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7. Community, youth, and lived experience

The importance of lived experience and community-led action featured strongly. Participants highlighted that those most affected by chronic disease and mental health challenges are often the furthest from decision-making. Khalid Muse, emerging public health leader and co-founder of CALM Youth captured the problem when he said, ***"Let's be real about how influence keeps the system the same – people closest to these hardships are the furthest from the people making change."*** Youth leadership and grassroots initiatives were presented as powerful drivers of change, particularly in addressing stigma, prevention, and early intervention, even when such work is not always visible in formal metrics or funding systems. It was also recognised that lived experience and community involvement is underutilised in policy and programme design and development, and that more inclusive approaches that incorporate reflexive practice are more likely to be sustainable in the long-term.

8. Leadership, power, and skills for change

Beyond technical solutions, participants stressed the need for leadership, advocacy, and political skills – and including a wide range of interest-holders. Shifting power, influencing decision-makers, and building durable alliances were seen as essential capabilities for advancing reform. Professor Sanchia Aranda AM, Chair of VCCC Alliance drove the point: ***"We talk to each other, not to decision-makers—and that has to change."*** Investing in leadership development – particularly for emerging leaders – was identified as a priority for sustaining momentum over the long term.

Building engagement and advocacy skills within the civil society community was identified as key to building trust with governments, leading to greater influence and impact on policy.

Priority Actions to Implement the UN Political Declaration on NCDs and Mental Health

Drawing on the discussions to date, the following **priority actions and next steps** provide a practical menu to drive implementation of the **UN High Level Meeting Political Declaration on NCDs and Mental Health**, with shared responsibility across **governments, civil society, philanthropy, financing organisations, regional bodies, multilateral organisations, and (where appropriate) the private sector**.

1) Strengthen national implementation and accountability

- Use global and regional commitments as **advocacy and policy levers** to secure concrete national **policy, legislation, and funding** decisions.
- Embed **NCDs and mental health** within broader **economic, social, and development planning**, with clear delivery plans and accountability.
- **Track progress against agreed targets** and commitments and adapt approaches over time using evidence.
- Ensure implementation plans include **clear accountability mechanisms** and measurable milestones.

Stakeholder contributions

- **Governments:** Translate commitments into funded policies, legislation, and delivery plans with clear accountability. Recognise the role of civil society on supporting implementation and accountability.
- **Civil society:** Use commitments/targets to hold decision-makers accountable and push for ambition beyond minimum commitments (especially in relation to equity and preventive health).
- **Philanthropy:** Invest in long-term initiatives aligned to government and civil society priorities, recognising structural determinants require long time commitments.

2) Advance sustainable financing for prevention, care, and system strengthening

- Support **domestic resource mobilisation** and fiscal reform to create stable revenue streams for health and social protection (including **appropriate health-related taxes**).
- Pilot and scale **innovative financing models**, including blended finance and other mechanisms that support prevention, access to essentials, and universal health coverage goals.
- **Use strategic financing approaches** that reduce costs and expand reach (e.g., pooled procurement where relevant).

Stakeholder contributions

- **Governments:** Implement tax and fiscal reform; fund prevention, medicines access, system strengthening, and UHC-related priorities; trial blended/innovative models.
- **Civil society:** Advocate for implementation and enforcement of fiscal measures; emphasise prevention, UHC and equity-focused investment; support transparency on where funds go and whether they deliver impact.
- **Philanthropy:** Provide catalytic, flexible capital for long-term change; support pilots, scale-up, and evidence-building where public funding is constrained.

3) Strengthen prevention and address the broader determinants of health

- Prioritise **preventive health** and health promotion as foundational to reducing NCD burden and improving wellbeing.
- Invest in upstream action on **social, commercial, legal and structural determinants of health**, including stigma reduction and early intervention (especially for mental health).

Stakeholder contributions

- **Governments:** Increase and protect preventive health investment; align prevention with broader development goals.

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- **Civil society:** Elevate grassroots prevention solutions; support early intervention and anti-stigma approaches; advocate for equity.
- **Philanthropy:** Complement government action on determinants of health and long-term prevention-focused reform.

4) Integrate systems and services to reduce fragmentation and improve outcomes

- Strengthen **primary care-led, people-centred** models that address **multimorbidity and mental health together**.
- Reduce fragmentation across **prevention, treatment, and social supports**, improving continuity of care and wraparound support.
- **Improve data systems** (including disaggregated data by gender and underserved groups) so decision-making and performance monitoring are enabled and routine.

Stakeholder contributions

- **Governments:** Drive service integration; strengthen primary care; invest in quality data collection and use, including disaggregated data.
- **Civil society:** Help bridge gaps between policy intent and lived experience through outreach, service delivery, innovation, and feedback loops from communities.
- **Philanthropy:** Support integration initiatives, coordination efforts, and implementation learning where public systems are under strain.

5) Deepen cross-sector and regional collaboration (including climate–health integration)

- Formalise collaboration mechanisms across **health, finance, environment, education, and social sectors**, with shared objectives and safeguards.
- Integrate **climate and health strategies**, framing climate action as health investment and building resilient systems.
- **Leverage regional platforms** to share lessons, tools, and innovations, including opportunities for pooled procurement and capacity building.

Stakeholder contributions

- **Governments:** Include health impacts in all levels of government policies and processes; align health priorities with regional economic and development cooperation; facilitate international cooperation on NCD and mental health strategies; use regional leadership (where relevant) to enable shared solutions.
- **Civil society:** Build cross-sector coalitions beyond health; collaborate beyond disease silos; engage with non-traditional partners where appropriate and with clear safeguards.
- **Philanthropy:** Invest in coordination across organisations and stakeholders to reduce duplication and maximise impact in constrained resource environments.

6) Empower communities, lived experience, youth, and underserved groups

- Invest in civil society and grassroots organisations as **partners in research, policy and program design and implementation**, not only service delivery—backed by **reliable, long-term funding**.
- **Create meaningful pathways for people** with lived experience, youth, Indigenous and underserved communities to influence decisions.
- **Informed by evidence, ensure co-designed** approaches are resourced so participation is genuine, not tokenistic.

Stakeholder contributions

- **Governments:** Build structured mechanisms for participation and co-design in policy and implementation.
- **Civil society:** Centre lived experience and community leadership; elevate locally-led solutions; support participation and representation.
- **Philanthropy:** Fund co-design processes and participation costs; invest in youth and community leadership and voice.

7) Build leadership, capability, and implementation capacity

- **Invest in leadership development, advocacy skills, and policy literacy** across the NCD and mental health ecosystem.
- **Support emerging leaders and institutional capability** so reforms are sustained beyond short project cycles.

Stakeholder contributions

- **Governments:** Build policy, legal, implementation, and cross-sector leadership capacity.
- **Civil society:** Strengthen advocacy and policy literacy; mentor emerging leaders; sustain locally-led momentum.
- **Philanthropy:** Provide long-term support for leadership pipelines and institutional strengthening, not just short-term projects.

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Conclusion

Accelerating progress on NCDs and mental health requires coordinated government leadership and a strong, empowered civil society, supported by research on cost-effective and impactful strategies and strategic philanthropy. Clear roles, sustained financing, and genuine partnership are essential to reduce future health costs, strengthen productivity, and advance equity across Australia and the region. As Khalid Muse said, we must also continue to challenge the tendency to reiterate known issues without reflecting, ***"Do we ever stop to ask what's missing from our knowledge—and more importantly, who's missing from our conversation?"*** Dr Saunthari emphasized, we need to "***move from rhetoric to reality***" which requires **"*making every dollar go further and every impact stronger.*"** The Symposium concluded with Hayley Jones making a call to **"*take that momentum forward, that hope, forward."***

Acknowledgments

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- Veronica Le Nevez, Co-Director, Impact and Engagement, The George Institute for Global Health

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- Hayley Jones, Director, McCabe Centre for Law and Cancer; Co-Chair, Australian Network of WHO Collaborating Centres

- Ma-Anne Rosales Sto. Domingo, Regional Manager for Asia, McCabe Centre for Law and Cancer

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Symposium Speakers

Dato' Dr Saunthari Somasundaram, Cancer Society of Malaysia, President-Elect, NCD Alliance

Margaret Asinimbu, Papua New Guinea Department of Health

Dr Cary Adams, CEO, Union for International Cancer Control

Professor Sanchia Aranda AM, Chair, VCCC Alliance; Professor of Health Services Research, University of Melbourne and Peter MacCallum Cancer Centre

Evan Blecher Ph.D., Economist - Global Tax Program (Macroeconomics, Trade and Investment Global Practice), The World Bank

Associate Professor Laura Downey Ph.D., Program Lead, global program for Universal Health Coverage (UHC); Conjoint Senior lecturer, UNSW Sydney, Advanced Research Fellow, Imperial College London UK

Dr. Zainab Shinkafi-Bagudu, Founder, Medicaid Cancer Foundation (Nigeria), President-elect, Union for International Cancer Control

Delphina Kerslake, Regional Advisor – Pacific, McCabe Centre for Law and Cancer

Professor Rob Moodie, Melbourne School of Population and Global Health, University of Melbourne

Krystal Millar, Acting Director - UHC, Australian Department of Foreign Affairs and Trade

Khalid Muse, Emerging public health leader and Co-founder - Calm Youth

Shane McArdle, Head of International Projects, Asbestos and Dust Diseases Research Institute (AADRI), Adjunct Lecturer, Faculty of Medicine and Health, University of Sydney

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Lisa Stevens Ph.D., Director, Programme of Action for Cancer Therapy, International Atomic Energy Agency

Professor Susan Sawyer, Chair of Adolescent Health, Department of Paediatrics, University of Melbourne; Director, WHO Collaborating Centre for Adolescent Health

Tan Kwang Cheak, CEO, Singapore Cancer Society

Lucy Westerman, Melbourne School of Population & Global Health, University of Melbourne

Veronica Le Nevez, Co-Director Impact and Engagement, The George Institute for Global Health

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Full biographies of speakers available here:
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