



Tackling NCDs Through Healthy Aging: An Opportunity to Achieve Health and Well-Being for All

APRIL 2025

Table of Contents

Introduction	3
Aging societies and global health planning	6
The growing burden of NCDs in an aging world	7
The interrelation of NCDs and communicable diseases	10
Addressing ageism in the NCD response	12
Conclusion: HLM4 must consider and respond to an aging world	13
References	14

Introduction

The world stands at a critical juncture in the fight against noncommunicable diseases (NCDs) and mental health conditions, yet too often, these efforts overlook a key population: older persons. As UN Member States prepare to set a new vision for NCD prevention and control at the Fourth High-level Meeting of the United Nations General Assembly on NCDs and Mental Health (HLM4) in September 2025, it is imperative that older persons—a rapidly growing portion of the global population—are explicitly included in global commitments. Current approaches to addressing NCDs often emphasize premature mortality or “excess deaths” which are determined to be deaths under age 70. This blatantly deprioritizes the health and well-being of older populations, despite a demographic shift towards more old than young: estimates suggest the population over 60 will surpass 1.4 billion by 2030 and 2.1 billion by 2050, making up 20% of the world’s population.^{1, 2}

Older adults, who disproportionately experience chronic conditions and multimorbidity, require sustained investment in prevention, treatment, and long-term care. Without urgent action, the omission of older people from policy and financing frameworks will reinforce health inequities, weaken social and economic systems, and undermine the effectiveness of global NCD and mental health strategies.

To achieve health and well-being for all people regardless of age as stated in Sustainable Development Goal (SDG) 3, global leaders should focus on healthy aging as a driver of an overall healthy society, workplace productivity, and fiscal sustainability.

The Global Coalition on Aging urges UN Member States to incorporate three areas of attention across disease areas into the 2025 High-level Declaration on NCDs:



1. Prevention

We must shift from a model of healthcare centered on reactive, acute care to a mindset of prevention in which risk-factor awareness and early interventions can help individuals strengthen underlying biological systems, reduce the risk for compounding health issues, and even avoid the most serious consequences of disease. Prioritizing prevention will lead to improved and extended quality of life and longer periods of societal engagement and economic contribution over the life course. Further, extending healthcare beyond traditional hospital, clinic, and doctors' office walls and bringing preventive tools, such as education, vaccines, and screenings into communities and homes will not only alleviate pressures on the healthcare system but also increase economic potential through longer, healthier lives.



2. Innovation

Biomedical innovation and advances in hygiene and sanitation across the 20th century have helped us achieve unprecedented longevity and have had profound consequences for every aspect of economic and social life. Investments in ongoing innovation will be paramount to ensure healthier lives accompany our historically longer lives. With age, the threat of NCDs magnify and the potential for multiple comorbidities increases. Global leaders will need to invest in research and science, medical and technological advancements, and health system reforms that keep up with the realities of aging society.



3. Care systems

Even with a focus on prevention and ongoing investments in innovation, effective and compassionate care systems will be essential for treating and mitigating the impacts of NCDs around the world. Models following the World Health Organization's Integrated Care for Older Persons (ICOPE) framework can help ensure a smart approach to NCDs and multiple comorbidities in older persons, and attention to both the formal and informal care workforce can help ensure the human capacity to achieve healthy aging for as long as possible and then ensuring dignity and respect in the process of caring for the world's vulnerable aging population.

In 2025, limited progress has been made toward achieving the SDG 3.4 target of reducing premature mortality from NCDs by one-third; but focusing only on premature deaths (in those 69 and under) not only explicitly excludes older people, it also fails to encompass the full scope of the crisis. The COVID-19 pandemic, geopolitical conflicts, and financial instability have further derailed efforts to address NCDs and mental health, exacerbating disparities that disproportionately affect older adults. To reverse this trend, governments and stakeholders must commit to prioritizing multisectoral investments that address NCDs and mental health across the life course, integrating responses into public financing mechanisms, investing in innovation, and ensuring access. HLM4 presents a unique opportunity to adopt an ambitious and truly inclusive political declaration, which ensures that sustainable action on NCDs and mental health is not limited by arbitrary age cutoffs but instead fosters health, well-being, and dignity for all people, at all stages of life.

Aging societies and global health planning

The world is undergoing an unprecedented demographic transformation: for the first time in history, we are living in a world where older people outnumber the young. By 2030, the global population aged 60 and older is projected to surpass 1.4 billion, and by 2050, this number will rise to 2.1 billion—accounting for 20% of the world’s population. This rapid aging of the global population is both a testament to advancements in public health, medicine, and economic development and a significant challenge for health systems and societies that have yet to prepare for this transformation.

Despite the demographic shift, global policies on health, including those addressing NCDs and mental health, often fail to reflect the growing needs of older populations. Health strategies tend to prioritize premature mortality and productivity-based outcomes, reinforcing the outdated notion that aging is primarily a burden rather than an opportunity. However, older people are not passive recipients of care: they are employers and employees, caregivers, community leaders, and economic contributors. Ensuring their health and well-being is not only a moral and social imperative but also a critical economic and developmental strategy.

With longer lifespans come greater risks of living with multiple chronic conditions, disability, and frailty. Yet, health systems remain disproportionately focused on acute and episodic care rather than comprehensive, integrated, and long-term services that address the complex needs of aging populations. In addition to physical health, mental health conditions, particularly depression and cognitive disorders such as Alzheimer’s disease, are also frequently overlooked, despite their profound impact on older adults’ quality of life and independence. If left unaddressed, these gaps in care will place immense pressure on individuals, families, and health systems, exacerbating social and economic inequalities.



The caregiving burden

As populations age, the demand for caregiving rises, with family members often stepping in when formal support is lacking. More than 63 million people globally are unpaid family caregivers,³ balancing work, personal obligations, and the emotional toll of caregiving—often at the expense of their own health.⁴ Meanwhile, the long-term care workforce remains stagnant, struggling to meet growing needs, a challenge exacerbated by the COVID-19 pandemic. Investing in long-term care is essential to easing caregiver burnout, improving patient outcomes, and creating sustainable career opportunities in the care sector. Strengthening these systems will ensure both caregivers and those they support receive the resources they need, while also ensuring more people are able to continue participating in the workforce for personal and societal economic benefit.

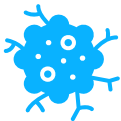
The growing burden of NCDs in an aging world

NCDs are the leading causes of death and disability worldwide, disproportionately affecting older populations. As life expectancy increases, the prevalence of NCDs rises accordingly, creating a growing demand for comprehensive prevention, treatment, and long-term management strategies. Yet, global health systems remain largely reactive, prioritizing short-term interventions over sustained investments in lifelong health and well-being. With age as a significant risk factor for many NCDs, addressing these conditions through a life-course approach is essential to ensuring both individual health and societal resilience.



Cardiovascular disease (CVD)

Cardiovascular disease (CVD), including heart disease and stroke, is the world's leading cause of death, responsible for 20.5 million deaths annually, representing nearly one-third of all global deaths.⁵ Despite its widespread impact, CVD has been deprioritized on the global health agenda, stalling progress and allowing mortality rates to climb. Prevention, including primary, secondary, and tertiary prevention, should target modifiable risk factors such as elevated cholesterol and hypertension, while also recognizing the relationship between CVD and other age-related comorbidities. Structural ageism in healthcare often results in underdiagnosis and undertreatment of cardiovascular conditions, exacerbating health disparities.⁶ Addressing CVDs in an aging population requires a paradigm shift toward early detection, equitable access to care, and policies that recognize cardiovascular health as a cornerstone of healthy aging.



Cancer

By 2050, the number of new cancer cases per year is expected to double, reaching 35 million.⁷ As the global population ages, cancer will become an increasingly urgent public health priority, with older adults bearing the highest burden. Yet, traditional cancer care models often fail to consider the unique needs of older patients, who frequently face barriers to timely diagnosis, appropriate treatment, and participation in clinical trials. Healthcare systems must be ready to deliver innovations to ensure access to the most cutting-edge medicines for the patients who need them most, thereby enabling the prospect of healthy aging for people of all ages.⁸ Innovations in oncology, ranging from precision medicine to supportive care strategies, must be integrated into health systems to ensure that aging populations receive equitable and effective cancer treatment.⁹ Additionally, shared decision-making approaches can empower older adults to make informed choices about their care, improving both outcomes and quality of life.¹⁰



Diabetes and kidney disease

The prevalence of diabetes is set to more than double globally by 2050, reaching at least 1.3 billion people.¹¹ This epidemic has far-reaching consequences, increasing the risk of heart disease, stroke, kidney failure, and other complications that disproportionately impact older populations. Similarly, chronic kidney disease (CKD) is rising at an alarming rate of 8% per year and is projected to become the fifth leading cause of death by 2040.¹² Despite their close interconnection (diabetes is a leading cause of CKD), these conditions are often managed in silos, leading to fragmented and inefficient care. Integrated, patient-centered approaches that prioritize early detection, lifestyle interventions, and innovative treatments are essential to curbing the trajectory of these diseases and their impact on aging populations.



Mental health conditions and neurological disorders

Mental health conditions and neurological disorders, particularly Alzheimer's disease and related disorders (ADRD), represent one of the most pressing health challenges of the 21st century. The number of people living with ADRD is projected to double every 20 years, reaching 139 million by 2050.¹³ Yet, mental health and cognitive disorders in older adults remain widely underdiagnosed and undertreated, often dismissed as an inevitable part of aging. Ageism itself can worsen mental health.¹⁴ Depression and anxiety also have profound effects on older adults' quality of life, yet mental health services remain underfunded and inaccessible for many. Further, NCDs are often comorbid with mental health disorders and illnesses, and share many risk factors.¹⁵ Addressing both mental and physical health is critical to healthy aging.



Osteoporosis and fragility fractures

Osteoporosis and fragility fractures are notably missing from the World Health Organization’s NCD agenda, despite the role of good bone health in promoting healthy aging and continued independence for older people. Osteoporosis, a silent and progressive disease that weakens bones, leads to fragility fractures that diminish quality of life, burden healthcare systems, and increase long-term disability. As global populations age, the incidence of fractures is rising, with an estimated 13.5 million older adults suffering fragility fractures annually by 2025.¹⁶ Not only do these fractures significantly reduce mobility and independence, but the associated healthcare costs are unsustainable, expected to reach \$400 billion annually.¹⁷ However, osteoporosis is underdiagnosed and undertreated, despite the availability of effective prevention strategies, including early screening and post-fracture care programs like Fracture Liaison Services (FLS). Investing in bone health is both a public health priority and a fiscally responsible choice, benefiting individuals and society at large, and should be part of global NCD strategy and policy.

The interrelation of NCDs and communicable diseases

Tackling NCDs also requires continued investment in the communicable disease space: communicable diseases present a potentially modifiable risk factor for NCDs,¹⁸ while NCDs increase risk for infectious diseases.¹⁹ Prevention strategies for communicable diseases should therefore be part of NCD management and prevention.



Routine immunization for adults

Vaccine-preventable diseases (VPDs), particularly respiratory infections, represent a modifiable risk factor that can significantly impact the incidence and progression of NCDs, often leading to a cascading health decline.^{20,21,22} Despite the growing body of evidence demonstrating the role of respiratory infections in the onset or worsening of NCDs, adult immunization against these infections remains underutilized as a tool for NCD prevention and management.²³ Strengthening access to and uptake of routine immunization among adults is an evidence-based, cost-effective approach that should be deployed as an integral part of NCD prevention and management.²⁴



AMR and NCDs

Antibiotics are critical to the infrastructure of modern healthcare systems. Antimicrobial resistance (AMR) threatens to undermine our ability to treat not only infection, but also to carry out procedures necessary to the treatment of NCDs, including surgeries and cancer treatment. People living with NCDs are often more susceptible to infection.²⁵ People living with NCDs also may require more frequent healthcare visits which increases exposure to infection. Therefore, for NCD management, it is necessary to ensure current and future access to safe and effective antibiotics through good stewardship of our existing antibiotics, including through the increased use of diagnostics, and investments in pull and push incentives needed to ensure a robust pipeline of future antibiotics.

Addressing ageism in the NCD response

Despite global commitments to health for all, ageism remains a systemic barrier in the response to NCDs. Policies and interventions frequently prioritize younger populations, reinforcing the false assumption that aging populations are less deserving of investment, when in fact SDG 3 is clear on its goal of health and well-being for all ages.

The Political Declaration of the 3rd High-level Meeting of the General Assembly on the Prevention and Control of NCDs explicitly recognized the disproportionate burden of NCDs on older persons and called for preparing health systems to meet their needs.²⁶ Yet, in practice, older adults remain largely invisible in global NCD strategies, financing mechanisms, and research agendas. Many face barriers to diagnosis and treatment due to policies that limit access based on age or the outdated perception that treating older patients offers limited benefit. Clinical trials for new therapies frequently exclude older participants, leading to a lack of evidence-based treatments tailored to their needs.

Ageism in healthcare contributes to poor health outcomes, reduced quality of life, and increased healthcare costs due to delayed or inadequate care. To build an inclusive and effective NCD response, HLM4 must move beyond premature mortality as a primary metric of success, which excludes older people in measurements of progress, and ensure that policies explicitly recognize older populations and advance healthy aging for all.

Governments and stakeholders must:

- focus on prevention at every stage of the life course
- eliminate age-based discrimination in healthcare
- expand research and access to innovative treatments
- adapt care systems to meet the needs of a growing aging population carrying the NCD burden.

Without these crucial steps, the global effort to combat NCDs will remain incomplete: failing not only older people but also the broader goal of achieving health and well-being for all.

Conclusion: HLM4 must consider and respond to an aging world

The global NCD crisis is inseparable from the realities of population aging. Without urgent, coordinated action, the increasing prevalence of NCDs will not only strain healthcare systems but also threaten economic stability, workforce participation, and overall societal well-being. The Fourth High-level Meeting of the UN General Assembly (HLM4) presents a critical opportunity to adopt inclusive, ambitious, and actionable policies and investments that prioritizes NCD prevention, innovation, and care systems with the goal of healthy aging for today's older persons—and with cascading benefits for all global citizens and for society as a whole.



References

- 1 "Ageing and Health," World Health Organization, Oct. 2024, <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- 2 United Nations Department of Economic and Social Affairs. (2019). World population prospects 2019, Revision. https://population.un.org/wpp/publications/files/wpp2019_highlights.pdf
- 3 Embracing Carers. (2020). The Global Carer Well-Being Index. https://www.embracingcarers.com/wp-content/uploads/Global-Carer-Well-Being-Index-Report_FINAL.pdf
- 4 Lacey, R. E., et al. (2024, Jan.). The Lancet. "Mental and physical health changes around transitions into unpaid caregiving in the UK: a longitudinal, propensity score analysis." [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(23\)00206-2/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(23)00206-2/fulltext)
- 5 Nawsherwan, M. S., et al. "Epidemiological Trends in Cardiovascular Disease Mortality Attributable to Modifiable Risk Factors and Its Association with Sociodemographic Transitions across BRICS-Plus Countries." *Nutrients*. 2023 Aug 28;15(17):3757. <https://doi.org/10.3390/nu15173757>
- 6 Global Coalition on Aging. "The Health and Economic Costs of Ageism as a Social Determinant of Health: The Case of Heart Valve Disease." 2024. [Atherosclerotic cardiovascular disease risk prediction: current state-of-the-art | Heart](#)
- 7 American Cancer Society. 2024. [The Questions on Everyone's Mind: What is and Why Do We Need Preventive Cardiology? - PMC](#)
- 8 Global Coalition on Aging. 2024. "Issue Brief: The Role of a Strong Innovation Ecosystem & Equitable Access Measures in Advancing Healthy Ageing." <https://globalcoalitiononaging.com/wp-content/uploads/2024/12/GCOA-Alliance-Issue-Brief-SEF-and-CAR-T.pdf>
- 9 Global Coalition on Aging. "Policy Brief: Innovation in Oncology Supports Healthy Aging." March 2024. [Assessment of ASCVD Risk in Primary Prevention - PMC](#)
- 10 Global Coalition on Aging. "How to Better Support Older Adults and Their Families for Shared Decision-Making About Cancer Care." [ASCVD Primary Prevention Guideline](#)
- 11 GBD 2021 Diabetes Collaborators. "Global, regional, and national burden of diabetes from 1990 to 2021, with projections of prevalence to 2050: a systematic analysis for the Global Burden of Disease Study 2021." *The Lancet* (2023). [ASCVD Secondary Prevention Guideline](#)
- 12 Francis, A., et al. "Chronic kidney disease and the global public health agenda: an international consensus." *Nat Rev Nephrol*. 2024. [CVD Prevention | What We Do | World Heart Federation](#)
- 13 Alzheimer's Disease International. "Dementia facts and figures." [Secondary Prevention of Cardiovascular Diseases and Application of Technology for Early Diagnosis - PMC](#)



References

- 14 Lyons, A., et al. (2018, Nov). Aging Ment Health. "Experiences of ageism and the mental health of older adults." Esmaeili, P., Roshanravan, N., Ghaffari, S. et al. Unraveling atherosclerotic cardiovascular disease risk factors through conditional probability analysis with Bayesian networks: insights from the AZAR cohort study. Sci Rep 14, 4361 (2024). <https://doi.org/10.1038/s41598-024-55141-2>
- 15 Stein, D., et al. (2019, Jan). BMJ. "Integrating mental health with other non-communicable diseases." <https://pmc.ncbi.nlm.nih.gov/articles/PMC6348425/>
- 16 Global Coalition on Aging. "More Than Just a Fracture." (2022.) https://globalcoalitiononaging.com/wp-content/uploads/2022/10/GCOA_BHI_More-Than-Just-a-Fracture_Definition-CTA_Oct2022.pdf
- 17 Ibid.
- 18 Coates, M. M., et al. (2021, April). Burden of non-communicable diseases from infectious causes in 2017: a modelling study. Lancet Glob Health 8 (12), e1489 – e1498. Goldman, R., & Clark, C. (2021, August 24). Cholesterol Levels: By age, LDL, HDL, and More. Healthline. <https://www.healthline.com/health/high-cholesterol/levels-by-age#treatment>.
- 19 Drozd, M., et al. (2021). Non-communicable disease, sociodemographic factors, and risk of death from infection: a UK Biobank observational cohort study. The Lancet. Infectious diseases, 21(8), 1184–1191. [https://doi.org/10.1016/S1473-3099\(20\)30978-6](https://doi.org/10.1016/S1473-3099(20)30978-6)
- 20 Ibid.
- 21 Kopel, H., et al. (2024). Comparison of COVID-19 and Influenza-Related Outcomes in the United States during Fall-Winter 2022-2023: A Cross-Sectional Retrospective Study. Diseases (Basel, Switzerland), 12(1), 16. <https://doi.org/10.3390/diseases12010016>
- 22 Ramirez, J. A., et al. (2024). Cognitive impairment and mortality after hospitalization for community-acquired pneumonia. Norton Healthcare Medical Journal, 1(1). <https://doi.org/10.59541/001c.118874>
- 23 El Banhawi, H., et al. (2024). The socioeconomic value of adult immunisation programmes (OHE Contract Research Report). Office of Health Economics. <https://www.ohe.org/publications/the-socio-economic-value-of-adult-immunisation-programmes/>
- 24 Vaccines Europe. (2022, December). Prioritising adult immunisation policy in Europe. https://www.vaccineseurope.eu/wp-content/uploads/2022/12/VE_Prioritising-Adult-Immunisation-Policy_Final-December-2022-1.pdf
- 25 Drozd, M., et al. (2021). Non-communicable disease, sociodemographic factors, and risk of death from infection: a UK Biobank observational cohort study. The Lancet. Infectious diseases, 21(8), 1184–1191. [https://doi.org/10.1016/S1473-3099\(20\)30978-6](https://doi.org/10.1016/S1473-3099(20)30978-6)
- 26 UN General Assembly. "Political Declaration of the 3rd High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases." 2018. <https://digitallibrary.un.org/record/1645265?ln=en&v=pdf>