Women4GlobalFund (W4GF) Statement

Fourth UN High-Level Meeting on the Prevention and Control of Noncommunicable Diseases and the Promotion of Mental Health and Well-Being

As this UN High-Level Meeting draws to a close, Women4GlobalFund reflects on the path charted, the commitments made, and the unfinished business, especially for women and girls in all of their diversity[1], and gender-diverse people who bear a disproportionate burden from NCDs and mental health conditions. Rooted in UN General Assembly Resolution **A/RES/79/273** ("Reshaping health systems and all forms of financing to meet the needs of people living with and at risk of NCDs & mental health conditions"), aligned with outcomes of the **Seville Financing for Development Conference (FfD4)**, and bearing witness to emerging real-world crises, we present this holistic view on health systems financing and gender justice in NCDs & mental health; **with a special focus on the needs and rights of women and girls in all of our diversity, living and affected by HIV, tuberculosis and malaria.**

I. What has been acknowledged, and where gaps remain

- **Resolution A/RES/79/273** mandates that health financing must become more equitable, inclusive, and people-centered: diversifying revenue, strengthening risk-pooling, reducing out-of-pocket costs, and aligning services with the needs of those living with or at risk of NCDs and mental health conditions.
- The **Seville Platform for Action** (FfD4, mid-2025) reaffirmed commitments to gender-responsive financing, care economy investment, and protecting health budgets especially for essential, public, and community health services. Yet many commitments remain declarative without binding mechanisms for monitoring, accountability, or enforcement.
- Despite strong rhetoric, funding trends, especially in LMICs, have not kept pace. Mental health often remains under 2% of national health budgets. NCD funding lines are vulnerable to cuts in times of economic austerity, even as evidence grows that NCDs are the leading cause of death among women globally. The risk is that women, girls, and gender diverse people will be left further behind.

[1] W4GF focuses attention on women and girls in all of our diversity and our intersections, addressing issues faced by women living and/or affected by HIV, TB,and Malaria including heterosexual, lesbian, bisexual, intersex, non-binary, transgender women, sex workers over 18 years old, and adolescents, girls, and young women. We address challenges of indigenous, displaced, migrant, and refugee women; and women with disabilities.

II. Gendered burden: NCDs and mental health data for women, girls in all their diversity

Dimension	Key data and findings
Mortality & NCDs	Approximately **2/3 of all female deaths globally** are due to NCDs. Many of these deaths are preventable. Cervical cancer alone kills ~300,000 women annually, mostly in LMICs. Cardiovascular disease is the leading killer of women.
Women living with HIV & NCD comorbidity	For women living with HIV, NCDs (such as cardiovascular disease, cancers, renal disease, neurocognitive disorders) now contribute more to morbidity and mortality than HIV in many settings. Mental health comorbidity (depression, anxiety) further diminishes treatment adherence and health outcomes.
Mental health among women in reproductive age and adolescents	In 2021, there were over **343 million cases** of mental health disorders among women of reproductive age globally. Disorders like depression, anxiety, dysthymia represent ~17.7% of disease prevalence in this group. Adolescent girls (13-17) in LMICs often report suicidal ideation rates in the range of **~15-20%**, especially in contexts of gender-based violence, stigma, discrimination, and exclusion.
Risk factors & intersectional harms	Gendered norms and inequities such as intimate partner violence, economic dependence amplify risk for both NCD and mental illness, especially among sex workers, rural women, women with disabilities, and gender diverse people. Access to screening, treatment, and mental health services is frequently limited by poverty, stigma, discrimination.

III. Why inclusion of mental health and gender-specific NCDs into HIV, TB and Malaria comprehensive healthcare services and packages is essential and cost-effective

1. Early screening (for cervical cancer, hypertension, diabetes), HPV vaccination, and mental health symptom screening/intervention can prevent high-cost outcomes (advanced cancers, strokes, hospitalizations, suicide).
2. Embedding mental health services into HIV, TB, malaria, SRH or maternal health platforms means leveraging existing outreach; this reduces duplication and improves outcomes. Studies show that ART retention improves, treatment side-effects are better managed, and mental health symptoms decline when services are integrated.
3. WHO and Lancet work show that scaling up treatment for common mental health disorders yields **US$4 return for each US$1 invested** in terms of productivity, health, and social benefits. Reduction in out-of-pocket expenditures, catastrophic health

spending among women, and avoided hospitalizations further tip the cost-benefit scale strongly in favor of investment.

4. For gender diverse people, sex workers, adolescent girls and women living with or affected by HIV,TB, and malaria; access to mental health and NCD services affects not only health but autonomy, economy, safety, and overall equality. Service omissions are also rights violations under international human rights frameworks.

IV. Holistic health systems financing: Key features to deliver on gender justice in NCD & mental health responses

Drawing on Resolution A/RES/79/273, Seville commitments, the following are essential components of a gender-transformative health systems financing strategy:

- Progressive taxation (wealth, capital gains, digital economy), closing tax evasion, gradual reallocation of public expenditure towards public health, care economy investment, and ensuring sovereign debt relief or restructuring so that health and gender equality budgets are not sacrificed.

- Strong national health insurance (UHC) or risk-pooling mechanisms that explicitly cover mental health, NCD treatments, and related out-of-pocket costs for women. Exemptions or subsidies for low-income, rural, marginalized women and gender diverse populations.

- Budget lines for HPV vaccination/screening; maternal hypertension and gestational diabetes; breast and cervical cancers; mental health services (postpartum depression screening, trauma-informed care, psychosocial support services) must be ring-fenced within national health budgets.

- Embed mental health within primary health care, HIV, TB, malaria programs, maternal and adolescent health platforms; community and peer-led services; digital innovations. Integrate NCD risk factor screening and prevention into existing health visits (antenatal, family planning, chronic care visits).

- Services must be accessible in terms of geography, cost, stigma; gender-affirming care; services for women and girls in all of their diversity, who are at most risk; ensuring safe, nonjudgmental, free from stigma and discrimination environments, confidentiality, and human rights protection.

- Collect, report, and act on data disaggregated by sex, age, gender identity, socio-economic status, key population status. Set gendered targets for NCD mortality reduction, mental health service coverage, equity of access; establish civil society oversight and independent monitoring.

- Ministries should establish stabilization mechanisms to protect essential NCD and mental health services from cuts during economic downturns; recognize mental health and women's health financing as core, not discretionary.

V. Proposed benchmarks & what success should look like

Metric	Target
% of national health budget allocated to NCDs & mental health	Minimum 15-20% for countries with high NCD mortality; in all countries at least increasing by 50% from current baseline by 2030
Mental health budget share	Increase to at least 5% of total health spending in LMICs by 2027; ensure mental health is included in UHC benefit packages with minimal co-payment / out-of-pocket burden
HPV vaccination & cervical cancer screening coverage	≥ 90% HPV vaccine coverage among eligible girls; screening of women in target age groups in rural and urban settings with equitable access by 2028
Adolescent girl suicidal ideation / attempt rates	Visible decline in prevalence among adolescent girls by 2030; integrated mental health interventions in schools and community settings
Women-led & gender-diverse organisation funding	At least 25% of NCD/mental health program funding flows directly to women-led, adolescent-girl-led, gender-diverse CSOs, with simplified mechanisms
Out-of-pocket expenditures for NCD/mental health care among women	Reduction of catastrophic expenditure by >50% for poorest quintile by 2030 via risk pooling and subsidy mechanisms

VI. Reflection & next steps

W4GF note that high-level political will has shifted: Resolutions have passed; Seville has reframed the financing for development conversation with gendered language; civil society has been more assertive.

Yet commitments without funding and accountability are hollow. As the meeting ends:

- We must ensure that **A/RES/79/273** is operationalized: that its mandates become actual policies, budget lines, legal reforms.
- We must ensure that **Seville's gender-responsive financing commitments**, especially on care economy and public health, are implemented with measurable targets, auditing, and community oversight.

- We must guard against rolling back essential NCD/mental health services in women's health: especially within HIV, TB, and malaria healthcare, due to austerity or reallocation.

VII. Call for fiduciary justice

As the global health community proceeds, W4GF calls for fiduciary justice: financing that is accountable, fair, gender-transformative, and resilient. Such justice means rejecting health financing models that leave women, girls, and gender diverse people behind; it means funding what has been proven, scaling what works, and prioritizing human life, dignity, and equality; with a particular focus on women and girls living and affected by HIV, tuberculosis, and malaria.

This is our moment: the resolutions and rhetoric must translate into budget lines, service delivery, and measurable reductions in NCD and mental health burdens for women and girls everywhere.

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