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Toward a strategy and action plan for tackling noncommunicable diseases and advancing well-being through health promotion in the WHO European Region 2027–2037

At the 76th session of the WHO Regional Committee for Europe (RC76), Member States will be invited to discuss the challenges and opportunities in reducing avoidable morbidity and mortality from noncommunicable diseases (NCDs).

Over the past four decades, life expectancy in the WHO European Region has increased by almost eight years, yet healthy life expectancy has not kept pace. The Region is not on track to meet the 2030 voluntary Global Monitoring Framework for Noncommunicable Diseases (GMF) targets[1] and relevant Sustainable Development Goals (SDGs) targets[2] due to the growing burden of NCDs and mental health conditions, alongside complex global challenges and insufficient implementation of proven policies. Accelerated action and a renewed commitment to health promotion can help recover lost ground.

Building on the momentum of the 2025 United Nations General Assembly fourth High-level Meeting on the Prevention and Control of Noncommunicable Diseases and the Promotion of Mental Health and Well-being and with less than five years to achieve the 2030 GMF and SDGs targets, there is a need to reaffirm our commitment to health and well-being and to craft a new forward-looking strategy to address the determinants of health, accelerate progress on tackling NCDs, reduce avoidable morbidity and mortality, and reduce implementation gaps in policy and practice. Additionally, given the global focus on mental health and well-being, and subject to Member State approval, the WHO Regional Office for Europe is proposing to undertake a complimentary regional strategy on mental health and well-being covering the same 2027–2037 period.

Forty years ago, the Ottawa Charter for Health Promotion reframed global thinking on health from a focus on treating illness to promoting overall well-being. Today its central message has been validated: health, including mental health and well-being, is created where we learn, work, play and love. Yet we face new challenges that require us to adapt our approaches to a changing world.

This document is intended to support discussion at RC76 and guide a coordinated process towards finalizing the strategy for consideration at RC77.

[1] Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. Geneva: World Health Organization; 2013 (accessed 5 June 2026).
[2] Transforming our World: The 2030 Agenda for Sustainable Development. New York: United Nations; 2015 (accessed 5 June 2026).

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RATIONALE

1. Societies across the WHO European Region are experiencing profound change driven by large-scale systemic shifts or so-called megatrends including health security threats, climate change, ageing populations, technology, and the escalating burden of noncommunicable diseases (NCDs) and mental health conditions. These megatrends, combined with other pressures including structural determinants of health, widening inequities and declining trust in institutions, are challenging the capacity of health systems to respond. Addressing this is central to the Second European Programme of Work, 2026–2030 (EPW2).[1]

2. Forty years ago, the Ottawa Charter for Health Promotion reframed global thinking on health from treating illness to shaping the social, economic and environmental conditions that promote overall well-being. The Charter's central message has been validated: health is created where we learn, work, play and love. Yet these settings have evolved, presenting new challenges and exposures that require us to adapt our approaches in a changing world. Evidence shows that multisectoral action can shape healthy environments, advance equity and improve health. Meanwhile, growing recognition that health systems alone cannot address the scale and complexity of evolving determinants of health and NCDs has reinforced the need for action beyond the health sector, alongside greater emphasis on population-level and structural interventions.

3. Over the past four decades, life expectancy has increased by almost eight years, but healthy life expectancy has not kept pace, largely due to the rising burden of NCDs and mental health conditions, megatrends and insufficient implementation of proven, cost-effective policies. Health promotion offers a pragmatic strategy to address the drivers of ill health, moving beyond treating health purely as individual responsibility to create systemic changes that add more healthy years to life. Advances in data, behavioural science, environmental epidemiology and implementation research have strengthened the evidence base for health promotion, making it more actionable and measurable. This strategy aims to support Member States in applying these gains to today's challenges and to advance the implementation of actions proven to reduce the growing burden of NCDs.

4. NCDs cause 90% of deaths and 85% of disability in the Region. One in five men and one in 10 women in the Region die between the ages of 30 and 69 years due to cardiovascular diseases (CVDs), cancer, diabetes or chronic respiratory diseases. NCDs cause 1.8 million avoidable deaths annually, approximately 60% of which are preventable through reduced exposure to risk factors (tobacco, alcohol, unhealthy diets, physical inactivity and pollution) and public health interventions, and 40% of which are treatable with timely and high-quality health care. These deaths impose an annual cost of productivity loss of over half a trillion US dollars.[2] Despite offering high returns, prevention remains chronically underfunded. Most countries spend less than 3% of their health budgets on prevention, with little change since 2015.[3]

5. While the levels of most risk factors are declining, progress remains too slow to meet global targets, including target 3.4 of the Sustainable Development Goals (SDGs) on reducing premature mortality from NCDs by one third by 2030. The Region was on track to meet this SDG until 2019, thanks to the implementation and enforcement of proven NCD policies, but implementation has since slowed. The COVID-19 pandemic further disrupted the capacity of health systems to maintain routine preventive services or respond to the needs of people living with NCDs.

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[1] Health forward – a future we build together: background paper for the second European Programme of Work. Copenhagen: WHO Regional Office for Europe; 2025 (accessed 5 June 2026).

[2] Avoidable mortality, risk factors and policies for tackling noncommunicable diseases – leveraging data for impact: monitoring commitments in the WHO European Region ahead of the Fourth United Nations High-level Meeting. Copenhagen: WHO Regional Office for Europe; 2025 (accessed 5 June 2026).

[3] Avoidable mortality, risk factors and policies for tackling noncommunicable diseases – leveraging data for impact: monitoring commitments in the WHO European Region ahead of the Fourth United Nations High-level Meeting.

6. In 2024, tobacco use fell to 24.1% among adults, a 19% decline since 2010,[4] though still insufficient to meet the 2025 global NCD target of a 30% decline.[5] Alcohol consumption among adults declined by 12.5% from 10.4 litres to 9.1 litres per capita,[6] putting the Region on track for the 2030 target of 20%.[7] However, obesity continues to rise, 25% of the population remains insufficiently active, the prevalence of high blood pressure remains high (40% among men), and diabetes prevalence reached 8.9% – an increase of 26.1% since 2010. Air pollution levels are declining, but no country has achieved the WHO Global Air Quality Guidelines targets.[8] Although suicide decreased across the Region by 16.2% from 14.8 to 12.4 per 100 000 population[9] and is on track to being reduced by one third by 2030,[10] the prevalence of mental health conditions in children and adolescents aged 0–19 years has increased by 34%, and anxiety conditions in this age group have almost doubled since 2010.[11]

7. Despite uneven progress, 26 countries in the Region achieved a 25% reduction in premature mortality from NCDs by 2025, demonstrating that ambitious targets are achievable. These countries implemented many of the WHO best buys,[12] reduced risk-factor prevalence, strengthened health systems' response to NCDs, and reduced mortality from preventable and treatable NCDs by more than 2% annually.

8. With less than five years until the 2030 SDG deadline, and building on the momentum of the United Nations General Assembly fourth High-level Meeting on the Prevention and Control of Noncommunicable Diseases and the Promotion of Mental Health and Well-being (UNHLM4), this strategy provides an opportunity to position our Region at the forefront of global discussions on the NCD agenda beyond 2030. It also seeks to reboot health promotion, accelerate progress and support Member States in moving towards integrated, systems-thinking approaches and innovation that address the structural drivers, shared risk factors, prevention and management of NCDs. Grounded in health equity and the principles of the Ottawa Charter, the strategy aims to improve well-being and add healthy years to life, strengthen resilience and deliver long-term health, social and economic benefits.

ALIGNMENT

9. The strategy will align with key global guidance including the Political Declaration of the UNHLM4; the Fourteenth General Programme of Work, 2025–2028; the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2030; the WHO Global Alcohol Action Plan 2022–2030; the WHO Acceleration Plan to Stop Obesity; the global action plan on physical activity 2018–2030; the Geneva Charter for Well-being; and Achieving well-being: A global framework for integrating well-being into public health utilizing a health promotion approach.

[4] WHO Global report on trends in prevalence of tobacco use 2000-2024 and projections 2025-2030. Geneva: World Health Organization; 2025 (accessed 5 June 2026).
[5] Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. Geneva: World Health Organization; 2013 (accessed 5 June 2026).
[6] SDG Global Database gives you access to data on more than 210 SDG indicators for countries, areas or regions across the globe. New York: United Nations; (accessed 5 June 2026).
[7] Global alcohol action plan 2022-2030. Geneva: World Health Organization; 2024 (accessed 5 June 2026).
[8] Avoidable mortality, risk factors and policies for tackling noncommunicable diseases – leveraging data for impact: monitoring commitments in the WHO European Region ahead of the Fourth United Nations High-level Meeting.
[9] European health report 2024: keeping health high on the agenda. Copenhagen: WHO Regional Office for Europe; 2024 (accessed 5 June 2026).
[10] Transforming our World: The 2030 Agenda for Sustainable Development. New York: United Nations; 2015 (accessed 5 June 2026).
[11] Child and youth mental health in the WHO European Region: status and actions to strengthen the quality of care. Copenhagen: WHO Regional Office for Europe; 2025 (accessed 5 June 2026).
[12] Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, second edition. Geneva: World Health Organization; 2024 (accessed 5 June 2026).

10. At regional level, the strategy will elaborate EPW2 priority 2 “tackling NCDs and shaping the drivers of health across sectors”, address aspects of other EPW2 priorities relevant to NCDs, and align with regional strategies including “Ageing is living: a strategy for promoting a lifetime of health and well-being in the WHO European Region 2026–2030”; A Healthy Start for a Healthy Life: a Strategy for Child and Adolescent Health and Well-being in the WHO European Region 2026–2030 (document EUR/RC75/20; adopted in decision EUR/RC75(3)); A Strategy on Harnessing Innovation for Public Health in the WHO European Region 2025–2030 (document EUR/RC75/18; adopted in decision EUR/RC75(4)); and the 2023 Declaration of the Seventh Ministerial Conference on Environment and Health (Budapest Declaration)’s Roadmap for healthier people, a thriving planet and a sustainable future 2023–2030.

11. Subject to Member State approval, the strategy will also align with the development of a proposed sibling regional mental health and well-being strategy, recognizing shared risk factors and approaches while allowing for the interlinked but distinct mental health strategy to address the specific factors influencing mental health including stigma and discrimination, underfunding, the tradition of biologically oriented inpatient psychiatric care, the emergence of new determinants and the importance of a human rights-based approach.

12. The mental health and well-being strategy would cover a number of key areas which align with current and future Member State agendas, including but not limited to: child mental health and online harm (in line with the forthcoming Adverse Childhood Experiences (ACE-IQ) in the European Union, Iceland and Norway study); ageing, dementia, and loneliness; mental health resilience in emergencies; mental health of the health and care workforce; workplace mental health; and transforming mental health services within primary care. The mental health and well-being strategy will build on the earlier WHO European Framework for Action on Mental Health 2021–2025[13] and will be developed with Member States for consideration at the 77th session of the WHO Regional Committee for Europe (RC77).

SCOPE AND PURPOSE

13. The strategy aims to address NCDs through health promotion and well-being approaches, articulating strategic actions that countries can adapt to national priorities, while promoting integrated NCD prevention and management and unlocking the significant societal and economic benefits of cross-sectoral action.

14. The strategy will reflect the full scope of health promotion, including advancing the societal values that underpin health and well-being, shaping health-promoting policies, environments, settings and services, and strengthening knowledge and multisectoral engagement.

15. Achieving NCD targets and improving well-being cannot be done by the health sector alone. Advancing policy and addressing the commercial, social, environmental and digital determinants of NCDs requires multisectoral cooperation and a Health for All Policies approach.

16. The strategy will emphasize the co-benefits of cross-sectoral action. Policies promoting healthy diets, active mobility, clean air, education, cultural engagement and healthier urban environments can improve health and well-being while reducing health care costs, increasing productivity, and strengthening environmental sustainability and societal resilience.

17. The strategy will connect risk-factor-specific action with shared upstream solutions, recognizing the evidence base for each risk factor and the common determinants that shape population exposure and drive population-level risk.

[13] WHO European framework for action on mental health 2021–2025. Copenhagen: WHO Regional Office for Europe; 2022 (accessed 5 June 2026).

18. The strategy will span the full continuum of prevention and care from upstream drivers to primary, secondary and tertiary prevention; management; rehabilitation and palliative care. It will ensure access to quality care and enhance well-being across the care continuum and lifespan, noting the significant impact of interventions in early life to help children and adolescents shape lifelong health trajectories.

19. The strategy will acknowledge the importance of the environmental and cultural context in which health-related behaviours occur, as well as the need for evidence-based, people-centred and culturally grounded approaches.

20. The strategy will link NCDs with other EPW2 priorities to ensure mutual reinforcement.

21. The strategy will combine measures that deliver short-term impact (NCD quick buys), with long-term, transformational change to make the Region more resilient to NCDs. This requires commitment to addressing structural determinants, managing NCDs in emergencies, and addressing the linkages between NCDs and climate change.

22. In April 2026 the virtual public hearing “Rebooting health promotion: marking 40 years of the Ottawa Charter in the WHO European Region” brought together 2 000 participants to consider how health promotion can address key megatrends, including the growing burden of NCDs and mental health conditions. Participants agreed stronger strategic action was needed to reduce exposure to the major risk factors for NCDs and to reorient health systems towards health promotion, highlighting the following actions:

(a) Implementing healthy public policy: strengthen action on structural determinants and accelerate adoption, implementation, enforcement and evaluation of evidence-based policies that reduce exposure to risk factors and unhealthy products. Actions include WHO best buys such as excise taxes on tobacco, alcohol and sugar-sweetened beverages; marketing and advertising restrictions; front-of-pack labelling; smoke-free policies; and reducing the availability of harmful products.

(b) Creating health-promoting environments and settings: advance settings-based approaches that make healthy choices easy, affordable and accessible across schools, workplaces, communities, urban environments and health care settings. Promote school nutrition programmes, active mobility and transport, safe public spaces (including digital), and healthy urban design that promotes physical activity and mental well-being.

(c) Strengthening community engagement and social innovation: empower communities, civil society and people living with NCDs to participate in co-designing, implementing and evaluating policies and interventions that are equitable, accessible, culturally relevant and actionable. Foster social innovation and community-led solutions that ensure partnerships manage conflicts of interest, are transparent and are guided by public health objectives.

(d) Advancing knowledge and evidence-based health literacy: strengthen health literacy and digital competencies to enable individuals and communities to access, understand and evaluate information. Build capacity to counter misinformation and stigma. Expand therapeutic patient education and trusted communication. Ensure approaches are inclusive, people-centred and adapted for people living with disabilities, take into account social and cultural context and focus on actionability.

(e) Transforming health services: further evolve health systems from treatment-focused models towards integrated prevention-oriented, people-centred care approaches. Embed prevention, risk assessment and early detection into routine care and population health management approaches. Improve prevention of complications and strengthen access to quality care, rehabilitation and palliative care across the life course for NCDs including CVDs, stroke, cancer, diabetes, chronic obstructive pulmonary disease and asthma. Align resources and incentivize innovation in prevention service delivery, workforce models, digital decision-support tools and training.

23. The following enablers are proposed to drive implementation:

(a) Governance and multisector coordination: strengthening cross-sectoral collaboration and governance requires political leadership. Action must extend beyond the health sector to culture, education, sport and urban planning, which shape the conditions in which people live, learn, work, play and connect. This requires new partnerships, accountability mechanisms and whole-of-government approaches.

(b) Data and accountability for impact: strengthening monitoring of mortality, morbidity and risk-factor trends requires timely, reliable data. This includes better data on the drivers of risk behaviour, including developing indices to monitor policies and their enforcement, moving beyond a focus on mortality, and investing in health examination surveys, improved cause-of-death data and increased use of health service data – especially electronic health records – to monitor clinical outcomes and quality of care.

(c) Innovation in public health: embedding innovation enables the rapid testing, adaptation and scaling of solutions that reflect lived realities, keeping pace with digital, demographic and climate shifts. A deliberate innovation approach is needed to close this gap and reshape policy-making, service delivery and community engagement at scale.

(d) Well-being society and economy: advancing a well-being society that treats health as an investment and measures progress not just by gross domestic product (GDP), but by people's well-being – prioritizing health, equity and sustainability.

(e) Digital tools, settings and technology: leveraging digital tools and digital environments to strengthen health promotion, disease prevention, surveillance and access to care, while addressing risks related to equity, privacy, harm, misinformation and the digital divide.

(f) Capacity-building: building capacity for health promotion not only among health and care workers, but also among policy-makers, employers, teachers and community leaders.

24. Most NCD-related ill health is linked to key risk factors: alcohol, tobacco, physical inactivity, unhealthy diets and air pollution. While they share common determinants and policy solutions, the value of keeping an individual focus on each key risk factor is also recognized:

(a) Alcohol: the Region has the world's highest alcohol consumption causing 800 000 deaths annually and driving a substantial burden of NCDs, including CVDs and cancer, as well as injuries, violence, harms to others and widening health inequalities and inequities. The downward trend has flattened, requiring stronger implementation of commitments under SDG target 3.5 on substance abuse, the European Framework for Action on Alcohol 2022–2025 (EUR/RC72/12; adopted in decision EUR/RC72(4)) and the Global alcohol action plan 2022–2030. Priorities include WHO best buys such as taxation and pricing, reduced alcohol availability and marketing restrictions, alongside labelling; screening and brief interventions; treatment; and community action to reduce exposure to alcogenic environments, delay initiation and protect populations from alcohol-related injuries.

(b) Tobacco: the Region also has the highest prevalence of tobacco use in the world. Tobacco causes 1.2 million deaths annually across the Region, including 200 000 from second-hand smoke, and has a major impact on CVDs and cancer.[14] The nicotine market is evolving rapidly and the use of emerging products is increasing, particularly among young people (adolescent e-cigarette use is the highest globally), requiring full implementation of the WHO Framework Convention on Tobacco Control, complemented by forward-looking policies to address emerging products and protect future generations.

[14] Global Burden of Disease 2023: Findings from the GBD 2023 study. Seattle: Institute for Health Metrics and Evaluation; 2025 (accessed 5 June 2026).

(c) Physical inactivity: across the Region, a quarter of adults are physically inactive, and the Region is not on track to meet the NCD target of a 15% reduction in physical inactivity by 2030.[15] Physical activity provides substantial physical, mental and social health benefits across the life course, reducing the risk of CVDs, diabetes, cancers, depression, frailty and premature mortality. Health-enhancing physical activity policies are needed across sectors including education, workplace, sports, health and transport.

(d) Diet and obesity: over half of adults and a quarter of primary school children in the Region are living with overweight and obesity. Obesity among adults is rising in 50 of the 53 Member States in the Region and is the leading contributor to ill health. Only 5% of primary school aged children consume the recommended daily amounts of fruits and vegetables. Unhealthy diets are a major public health issue and can be addressed by fiscal policies, marketing restrictions, front-of-pack labelling, healthier public procurement and support for healthy early-life nutrition.

(e) Air pollution: air pollution is a major preventable driver of NCDs, including cardiorespiratory diseases and lung cancer, and causes 700 000 deaths annually in the Region. However, it remains insufficiently integrated into national disease prevention and control programmes. Achieving the WHO Air Quality Guidelines[16] levels requires multisectoral action to reduce emissions at source and strengthen integration into national disease prevention and control programmes. Embedding air pollution within NCD policies and health services can help reduce disease burden, protect populations experiencing vulnerability and improve health outcomes.

Targets and accountability

25. A core element of the proposed strategy will be an agreement to develop regional targets, aligned with existing global commitments including the SDGs and the Political Declaration of the UNHLM4. Targets should be ambitious but realistic, based on past trajectories. They must cover health outcomes, risk factors, health system response to major NCDs, policy implementation and enforcement scores or indices. This is also an opportunity to look beyond GDP to measure well-being and better capture improvements in quality of life and upward convergence (the narrowing of outcome disparities through accelerated improvement among those furthest behind).

26. Periodic reporting on agreed targets is proposed for accountability, with a revision of targets if needed to align with future changes in global accountability frameworks like the SDGs.

Timeline

27. The strategy proposes to cover the period 2027–2037. Given that several global NCD strategies and targets end in 2030 and the post-2030 framework may change, the strategy could include two implementation phases with a formal review period (2030/2031) to maintain global alignment.

PROCESS

28. The strategy will be developed through a consultative process co-owned by Member States, informed by experts and stakeholders and backed by data and evidence. It will build on consultations held for the UNHLM4, the development of EPW2, and the 2026 virtual public hearing “Rebooting health promotion: marking 40 years of the Ottawa Charter in the WHO European Region”.

29. This document will support the strategic discussion at RC76 in 2026, ahead of the strategy’s submission for consideration at RC77 in 2027.

[15] Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020.
[16] WHO Global Air Quality Guidelines. Geneva: World Health Organization; 2021 (accessed 5 June 2026).

30. Development entails five interlinked components:

1. The Standing Committee of the Regional Committee for Europe (SCRC) will be consulted in its regular sessions to advise on all aspects of the strategy development process.
2. In tandem with consultations through the SCRC, nominated national focal points from ministries of health, national counterparts, and representatives of Member State missions to the United Nations will be consulted on an annotated outline and two drafts of the document. Consultations in subregional groupings may be added as appropriate (for example Small Countries Initiative or the countries involved in the Roadmap for health and well-being in Central Asia, etc.).
3. Consultations with stakeholder groups may include non-State actors; civil society organizations; health professionals and patient organizations; academia; people with lived experience; youth (October 2024, March 2027); subnational and local authorities through the WHO Regions for Health Network (RHN); the WHO European Healthy Cities Network (June 2026, November 2026); the network of WHO collaborating centres; and the Youth4Health network.
4. An expert group led by the WHO Secretariat will be established comprising experts in various technical areas from the WHO Regional Office for Europe as well as external participants.
5. A regional NCD trends report will provide comprehensive analysis by country of progress towards agreed NCD targets and indicators including the SDGs, WHO NCD Global Monitoring Framework and other NCD progress monitor indicators assessing national capacity, policy implementation, and health system responses to NCDs.

DISCUSSION

31. The complexity of the task ahead lies not only in the number of sectors involved, but also in the political economy of disease prevention and health promotion, including the economic and fiscal interests that shape NCD risk environments. The development of the strategy requires managing tensions between long-term vision and short-term accountability, integration and technical specificity, health sector leadership and limited authority, public health objectives and commercial interests, and regional ambition and national diversity. This takes place against a backdrop of shifting geopolitical realities. As we move forward with the development of the strategy, the following questions are posed to Member States for discussion:

- Strategic alignment: Do the action areas and enablers align with Member State priorities for reducing avoidable morbidity and mortality from NCDs and advancing health and well-being? Are there gaps?
- Scope and purpose: Does the scope and focus of the strategy support Member State objectives? How can the strategy reflect structural determinants in an operational way for Member States? How can risk-factor specificity be maintained within a broader health promotion agenda?
- Mental health and well-being: Are Member States supportive of the proposal for a complimentary mental health and well-being strategy that builds on both the UNHLM4 and the earlier WHO European Framework for Action on Mental Health 2021–2025, in line with EPW2 priorities 3 “living and ageing in good physical and mental health” and 5 “shaping the health systems of the future”?
- Process: Is the process agreeable, or should it be optimized to ensure Member State ownership and stakeholder consultation?
- Continuity and accountability: To what extent should the strategy include new targets for 2030 and beyond?

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