World Health Summit 2025 “Taking Responsibility for Health in a Fragmenting World”

Key insights from FH Europe Foundation

This report has been prepared based on our understanding, analysis, and interpretation of the discussions held during the meeting. The insights and key takeaways presented herein reflect our perspective and are provided for informational purposes only. This document does not constitute an official record of proceedings, nor does it necessarily represent the views or positions of all meeting participants.

FH Europe Foundation

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Building a Healthier Future: Why Prevention Starts with Our Children

At the World Health Summit, one theme cut across every discussion — prevention is not just good health policy, it is the foundation of sustainable societies. Around the world, non-communicable diseases (NCDs) such as cardiovascular disease, diabetes, and liver disorders are responsible for over 70% of deaths each year. Yet most of these deaths are preventable. The evidence could not be clearer: if we act early, act collectively, and act on science, we can change the future of health for generations to come.

Prevention as the Smartest Investment

Prevention is often treated as an afterthought — something we talk about after the hospital beds are full. But as experts reminded us, prevention is one of the most powerful tools for improving both health outcomes and economic growth. Every dollar invested in preventive health returns nearly twenty in productivity gains, cost savings, and social resilience. Prevention keeps people working, reduces hospital admissions, and helps build communities that thrive.

For cardiovascular and metabolic diseases, prevention is especially critical. By the time a heart attack, stroke, or liver failure occurs, years of silent damage have already accumulated. Early screening for high cholesterol, hypertension, and inherited lipid disorders, alongside healthier food environments and stronger primary care, can stop disease before it starts.

Protecting the Next Generation

The future of prevention begins with children. What we feed, teach, and expose them to today determines their lifelong risk of heart disease and other chronic illnesses. The latest evidence shows that the roots of cardiovascular disease can begin in childhood — in diets high in ultra-processed foods, in sedentary routines, in polluted air, and in limited access to green, safe spaces.

UNICEF and WHO leaders called for a shift in focus: the same global energy once dedicated to reducing child mortality must now be directed toward preventing chronic illness in young people. This means integrating health into every aspect of daily life — schools that serve nutritious meals, cities designed for walking and cycling, and digital tools that help families monitor and manage risk early.

Policy, Implementation, and Accountability

Speakers across the summit made it clear that prevention is a policy choice. Governments and local authorities have the power — and responsibility — to shape environments where healthy decisions are easy, affordable, and accessible. Health taxes on sugary drinks, clear front-of-pack labelling, and regulations that protect children from aggressive food marketing are proven strategies that work.

But these policies only make a difference when they are implemented, funded, and sustained beyond election cycles. Participants urged for multi-year prevention budgets, better data systems, and accountability measures that reward progress. In the words of one speaker, “We need to pay governments for keeping people healthy, not for treating them when they fall ill.”

From the Liver to the Heart — A Shared Lesson

One session used the liver as a lens to understand the bigger picture. Liver disease and cardiovascular disease share the same roots: poor diet, sedentary lifestyles, and metabolic stress. Both progress silently and are preventable through early intervention. The science of precision prevention — using data, genetics, and biomarkers to identify risks early — can transform not just liver health, but heart health too.

For communities working on familial hypercholesterolemia and other inherited lipid disorders, this is especially relevant. Early screening, family-based interventions, and community awareness can save lives and reduce the burden of disease for decades to come.

A Call to Action

The message from the summit was simple yet profound: prevention is not a cost; it is a long-term investment in humanity. Caring for our children’s health today protects the resilience of societies tomorrow.

As a global cardiovascular community, we have a responsibility to champion prevention — to turn science into action, data into policy, and awareness into demand. When we invest in the next generation, we’re not just preventing disease; we’re creating a world where every child has the chance to grow up healthy, strong, and free from preventable heart disease.

Prevention Driven Approaches for Health and Economic Growth

The panel highlighted that prevention is one of the most powerful yet underused strategies for improving both health outcomes and economic growth. **Preventable conditions already cost G20 economies more than a trillion dollars each year in lost productivity**, and the evidence shows that investing in prevention delivers exceptional returns. OECD research found that every dollar spent on adult immunization generates around nineteen dollars in economic benefit by reducing illness, keeping people in work, and easing pressure on healthcare budgets. Preventive measures such as vaccination, screening, and early diagnosis not only save lives but also strengthen workforce participation and social resilience.

Despite this, **prevention remains chronically underfunded**. Political short-termism, competing spending priorities, and the difficulty of quantifying diffuse benefits across different sectors all limit investment. Policymakers tend to focus on visible, short-term gains—like hospital construction—rather than on preventive actions whose results extend beyond electoral cycles. In low-income countries, prevention is still seen as a “nice to have,” and limited fiscal space often pushes resources toward curative care. The panel agreed that **health leaders must communicate the value of prevention in economic terms that resonate with finance ministries, using clear data on productivity, GDP impact, and cost savings**.

Speakers stressed that prevention is central to making healthcare systems sustainable as populations age and non-communicable diseases rise. Early interventions reduce hospitalizations, free up capacity, and maintain a healthy workforce. Examples from Ghana showed how locally generated evidence, public pressure, and political engagement can help secure funding for preventive programs. Industry representatives also highlighted innovation and public–private partnerships, such as Egypt’s national breast-cancer screening initiative, as proof that prevention delivers measurable results.

The discussion concluded that investing in **prevention is not a cost but a long-term growth strategy**. It requires fiscal and policy reform—such as multi-year budgeting and dedicated prevention funds—as well as stronger collaboration between government, industry, and civil society. Most importantly, it depends on public awareness and demand. **When citizens understand and advocate for preventive health, governments have both the mandate and the incentive to act, turning prevention into a foundation for healthier, more sustainable societies**.

Precision Prevention of Non-Communicable Diseases

The speakers (spanning public health leaders, cancer researchers, policymakers, and technologists) argued that the world's health systems are teetering on collapse because they treat disease rather than produce health. The conversation opened with a stark warning: in many African nations, NCDs like cardiovascular disease and cancer already account for over a third of all deaths, yet treatment costs are largely paid out-of-pocket. Europe, meanwhile, faces its own crisis of aging populations and ballooning healthcare costs. The consensus was clear: if we continue reacting to illness rather than preventing it, both continents will face unsustainable systems within decades.

From there, the event shifted to the idea of "**health production**." Speakers challenged the audience to **stop thinking of health as a commodity consumed only after sickness strikes**. Instead, they called for investment in the upstream factors — sanitation, nutrition, vaccination, education, and urban design — that actually produce health. In one striking illustration, a professor compared asking a village chief how many hospital beds exist to asking how many toilets or taps are available. "Health," he argued, "is not hospital beds. It's clean water."

The science underpinning this shift came to life through discussions of precision medicine and its emerging counterpart, **precision prevention**. Researchers explained how cancer care has pioneered individualized treatments based on genetics, biomarkers, and patient data — but also how the same precision can be applied to stop diseases before they start. Prevention, they noted, can be tailored by identifying risk factors through genomics, behavioral data, and environmental mapping. But while genetic data drives cutting-edge therapies, the panel insisted that policy, equity, and environment are what determine whether people ever need those therapies in the first place. "Fast food, air pollution, urban planning... those are not individual failures," one speaker said. "They're policy failures."

Technology, especially artificial intelligence, was portrayed as both a promise and a peril. **AI's power to synthesize vast data sets could finally make prevention personal and predictive** — alerting governments, cities, and even individuals before health risks turn into disease. Yet the panel warned that AI's benefits depend on responsible governance, clear purpose, and fair data use. "If data alone could save the world," one participant quipped, "it would have done so by now."

Throughout, the dialogue returned to people and equity — to community health workers who know local families better than any algorithm, to African researchers demanding data sovereignty, and to **the everyday citizen who wants to remain a "citizen, not a patient.**" Speakers called for rethinking what counts as evidence and value in global health investment. Currently, **less than 5% of global NCD funding goes to prevention**, even though prevention could cut costs and suffering dramatically.

The event closed with optimism wrapped in realism. A Kenyan health leader reminded the audience that "health is made at home": in the air we breathe, the food we eat, the neighborhoods we walk through, and the data we choose to collect and act upon. **Precision prevention, he argued, is not just a scientific agenda but a moral and societal one.** If implemented boldly — and if data, policy, and technology serve communities rather than markets — it could transform not only health systems but the very definition of health itself.

From Commitment to Action: Advancing Sustainable Solutions for NCDs

At the World Health Summit, leaders from WHO, governments, and civil society wrestled with a difficult question: **How do we turn the UN High-Level Meeting on NCDs and Mental Health into real action?** The answer echoed through the panels: strong primary care, sustainable financing, and genuine partnerships are non-negotiable.

Katie Dain (NCD Alliance) opened by reminding us that **only 19 out of 194 countries are currently on track to meet SDG 3.4**. The new UN declaration brings fresh wins – targets, access to essential medicines, and meaningful inclusion of mental health – but it still falls short on prevention and financing.

Dr. Muhammad Y. Janabi, WHO Regional Director for Africa (and a cardiologist by training), laid bare the numbers: 37% of deaths in Africa are now caused by NCDs, and 64% occur under age 70. He urged bold action: build hypertension control, scale early detection, invest in PHC-based NCD care. He reminded us: in Africa, NCDs are not diseases of luxury, they are diseases of inequality.

In the panel that followed, voices from KfW and Sanofi called for innovative financing models, stronger domestic investment, and robust supply chains to make sure essential NCD and cardiovascular medicines reach every corner. Civil society advocates pushed for **real inclusion of people living with NCDs – not just on paper, but in policy design, accountability, and implementation**.

The strongest message was also the simplest: **don't re-declare, deliver**. NCD and mental health care must be anchored in well-funded, equity-driven primary health systems. If we want fewer premature deaths from cardiovascular disease (the world's top killer) we must move fast, measure what matters, and hold ourselves to results.

Joining Forces to Control NCDs: How to Tackle the Largest Disease Burden

Three out of four deaths worldwide come from non-communicable diseases. They don't make headlines, but they quietly define global health. And right at the heart of that burden sits **cardiovascular disease: big, preventable, and still too often ignored**. At the World Health Summit session "Joining Forces to Control NCDs," the mood was clear: no more promises, it's time to get practical.

Nina Warken, Parliamentary State Secretary at Germany's Federal Ministry of Health, called NCDs a "silent pandemic," noting they cause over 90% of deaths and disease burden in Germany. Her recipe for change: fix the global health architecture (less overlap, more coordination), keep NCDs high on the G7 and G20 agenda, and **make prevention part of everyday policy** – from active cities to smarter nutrition, mobility, and health literacy. She also put a welcome spotlight on women's health, too often overlooked in the NCD story.

From Geneva, Dr. Tedros Adhanom Ghebreyesus brought numbers that stop conversation: NCDs kill 43 million people a year, including 18 million before 70. He unveiled the UN declaration's "3×150" targets – 150 million fewer tobacco users, 150 million more with controlled hypertension, and 150 million more with access to mental health care – and urged countries to act now using WHO's ready-made "Best Buys." He highlighted hypertension control as a concrete, near-term win for global NCD outcomes.

Jeremy Farrar put it bluntly: health systems need a redesign, not a paint job. **Promotion, prevention, and care should no longer be three separate departments**. They belong under one roof – primary health care – backed by universal coverage and clear accountability.

From civil society, Katie Dain (NCD Alliance) reminded the room that **prevention works – and works fast – but politics keeps it fragile**. Taxes on sugary drinks, front-of-pack labels, marketing limits: all proven, all underused. Prevention language got watered down in the UN text, she said, but the targets and focus on PHC still matter. Health taxes, after all, don't just save lives; they fund the next round of prevention.

Catherine Kyobutungi (APHRC) widened the lens: climate change is the ultimate risk multiplier. Heat worsens heart and lung disease, air pollution adds fuel, and unstable food systems reshape long-term health. Her plea was clear: build "climate-ready" services that can still deliver care, medicines, and monitoring when the next heatwave or flood hits.

From the private sector, Bernd Montag (Siemens Healthineers) spoke the language of scale. AI, he said, can turn early detection from luxury to routine – spotting coronary disease earlier, speeding up imaging, automating radiotherapy planning, and helping doctors choose smarter, faster. But the finance model is stuck in reverse: we still pay more for fixing disease than for finding it early.

By the end, everyone agreed that the real measure of progress isn't another promise – it's better blood pressure control, earlier heart-disease detection, and primary care that quietly delivers every day. **The world doesn't need another NCD plan without concrete action; it needs follow-through**. The takeaway was simple: less talk, more treatment.

Breaking barriers to advance women's care in NCD

The session opened with a truth that hit home: **for too long, medicine has treated men as the standard and women as the exception**. That bias runs deep in non-communicable diseases, especially in heart health. **Women are still diagnosed later, their symptoms often misunderstood, and their treatment less aggressive than men's**.

Hiroyuki Okuzawa from Daichi Sankyo reminded the audience that NCDs are the leading cause of death for women worldwide, and cardiovascular disease is a big part of that story. Too few women are included in clinical trials, and too few decision-makers are women. The result? Gaps in data, awareness, and access. His message was simple: listen to women, design research that reflects real life, and make cardiovascular and oncology care work for everyone.

Elona Kickbusch highlighted a growing political challenge: even mentioning "women" or "gender" in international health discussions has become controversial. Yet avoiding those words has real-world consequences: slower progress on basic, life-saving action like recognising women's heart attack symptoms early, controlling blood pressure, and keeping essential medicines available.

From WHO, Alarcos Cieza brought a regional reality check: in Sub-Saharan Africa and South Asia, women die younger than men, often from cardiovascular causes. One bright spot came from India, where hypertension screening is being offered alongside cervical cancer checks; a simple, smart way to reach women in places they already go.

On the clinical side, Marcus Kosch shared one of the most striking findings of the day: women are more likely to survive a heart attack if treated by a female doctor. The takeaway isn't to separate care by gender, it's to train all doctors to recognise women's symptoms and make joint decisions with their patients.

Phoebe Onadi brought the discussion down to everyday life. **"Delay is the real killer," she said, delay in diagnosis, treatment, policy, and access**. Many women wait years for a correct diagnosis, whether for cancer or heart disease, and even then, medicines are often unaffordable or out of reach. Her message was clear: bring care closer to where women live and make sure they have a voice when health priorities are set.

Sarah Nasser spoke about another silent problem: good evidence that never reaches patients. The gap between what science knows and what care delivers can be years long. In cardiovascular health, that means missed warning signs, uncontrolled blood pressure, and preventable heart attacks. She argued for practical guidance that works in every setting, not just the best-equipped hospitals.

Two themes ran through the discussion. One was mental health –the emotional weight of caregiving, stress, and depression that can make managing heart disease harder. The other was the life-course approach: women's health isn't only about reproduction. Menopause, ageing, and adolescence all shape long-term heart risk and deserve attention in primary care.

The path forward, speakers agreed, is about leadership and accountability – from policymakers, industry, and civil society alike. **Europe's cancer and cardiovascular action plans were seen as chances to hardwire gender equity into real-world delivery.**

And the measure of success? Fewer missed heart attacks, and everyday health services that finally recognise women's hearts as equally worth protecting.

Health System in Europe

Europe's health systems are under strain. Climate change, ageing populations, migration, and the lingering impact of pandemics are stretching capacity and budgets across the continent. Meanwhile, cardiovascular disease remains Europe's leading cause of death: responsible for 1.7 million lives lost every year. The message from this session was clear: **resilience starts with prevention, and prevention starts with the heart**.

Dr. Georg Kippels, Germany's Parliamentary State Secretary of the Federal Ministry of Health, opened with a call for stronger surveillance and readiness. Smarter monitoring systems can detect outbreaks early, but also help build the infrastructure needed for healthier, more resilient societies. Prevention, he stressed, should be part of every policy, not a separate agenda.

Olivér Várhelyi, the European Commissioner for Health and Animal Welfare, brought the headline announcement: by the end of the year, the EU's first Cardiovascular Health Plan will be launched. **The goal is to make heart health personal and practical, encouraging Europeans to "know their numbers," from blood pressure to cholesterol, while making health checks and early detection routine**. The plan also calls for smarter use of digital tools and AI to support prevention, and for policy reforms such as modernised tobacco taxation, covering heated products and vapes. (NB: FH Europe Foundation response to the consultation on the Cardiovascular Health plan is available here).

From Poland, Health Minister Jolanta Sobierańska-Grenda described a system in transformation: hospital consolidation to make better use of staff and resources, more care shifting from hospitals to local clinics, and a rapid expansion of digital tools such as e-prescriptions, e-referrals, and a national e-registration platform.

Portugal's Health Minister Dr. Ana Paula Martins showcased 39 new local health units that bring hospitals and primary care under one roof, with shared budgets and governance. Early signs suggest fewer unnecessary admissions, smoother referrals, and better accountability for results; the kind of efficiency that directly improves chronic care like hypertension management.

From the north, Usman Ahmad Mushtaq, Norway's State Secretary for Health, described how digitalisation is transforming everyday work. AI scheduling, voice-to-text note-taking, and home-based monitoring systems are helping overstretched health workers reclaim time, reduce waiting lists, and support older people safely at home. These small, steady improvements, he said, are what make systems resilient, freeing up space for prevention and long-term care.

Dr. Hans Kluge, WHO Regional Director for Europe, tied the discussion together. Primary health care, he said, is the "magic bullet" when it is funded, digitised, and trusted. He outlined **four essential pillars: precision (targeting risk early), pathways (coordinated, continuous care), professionals (protecting a stressed health workforce), and participation (engaging patients and communities).** These, he argued, are the foundations not just of pandemic resilience but of everyday heart-health resilience.

Two challenges came up repeatedly: misinformation, which now threatens chronic disease control as much as vaccination, and political continuity, ensuring reforms survive election cycles long enough to make a difference.

By the next World Health Summit, success will mean something simple and visible: blood pressure checks in every primary care visit, early detection of cardiovascular risk across Europe, digital tools that make prevention effortless, and budgets that reward keeping people healthy, not just treating them when they're sick.

Promoting Childhood Health and Well-being to Prevent and Manage NCDs

The meeting brought together representatives from international organizations, local governments, civil society, and the private sector to explore how children and future generations can be placed at the centre of the global response to NCDs. Across the discussion, participants repeatedly underscored **four interconnected priorities: the importance of prevention, the need to act early for the benefit of children, the value of collaboration across all sectors of society, and the role of evidence in shaping and sustaining effective policy implementation**.

A clear consensus emerged that **prevention must guide every dimension of the NCD agenda**. Rather than relying solely on treatment, speakers emphasized investing in environments and systems that make healthy choices easy and accessible from the earliest stages of life. Prevention, they argued, is not confined to healthcare; it extends to the way cities are designed, schools are managed, and food systems, transport, and housing are organized. The Madrid City Council, for example, has integrated health considerations into local governance through its Madrid Salud network, linking doctors, social workers, educators, and community groups to create healthier neighbourhoods.

Children and young people were repeatedly described as both the most vulnerable to NCD risk factors and the greatest opportunity for lasting change. UNICEF stressed that progress made in reducing early childhood mortality must now be matched by efforts to prevent lifelong illness. Participants noted that the **NCD response has historically focused on older adults,** but the latest evidence reveals that exposure to harmful environments and behaviours begins much earlier. Mental health, once peripheral to NCD debates, is now being recognised as a central component of child and adolescent well-being. The new United Nations political declaration on NCDs and mental health was seen as a turning point because it repositions children and youth at the heart of the global health agenda, **calling for health systems that take a life-course approach and place equal emphasis on prevention, early detection, and care**.

Collaboration emerged as both a recurring theme and a practical necessity. Each speaker illustrated how progress depends on cooperation that transcends traditional institutional boundaries. The World Health Organization representative spoke of the need to **break away from vertical structures and to work horizontally across ministries—finance, education, transport, and environment—so that health promotion is embedded in every sector**. Novo Nordisk, representing the private sector, discussed how long-term partnerships and investment in prevention are both a moral and a pragmatic imperative for sustainable health systems.

The role of evidence and accountability ran throughout the conversation. Participants argued that **policy change must be grounded in reliable data and real-world outcomes, not political declarations alone**. The UN's new NCD framework, with its measurable targets and accountability mechanisms, was welcomed as a step toward more transparent monitoring. Evidence, participants noted, also serves as a shield against vested interests that resist regulation or reform.

The meeting concluded with a shared understanding that prevention is both a moral responsibility and a strategic investment in the future. **Safeguarding the health of children today protects the resilience of societies tomorrow**. To achieve this, governments must lead but cannot act alone. Only through collaboration that connects international organizations, cities, communities, academia, and the private sector—and through policies built on sound evidence and driven by shared accountability—can the global community make prevention a lived reality for every child and every generation to come.

Addressing Liver Disease and Major NCDs in Global Health Policy

The discussion unfolded like a masterclass in rethinking disease: **shifting from reactive medicine to a future where prevention is precise, data-driven, and deeply human**. The liver was used as a vivid case study to show how the science of precision prevention can stop non-communicable diseases (NCDs) long before they take hold and how the same principles could transform cardiovascular health.

The liver, speakers explained, tells the story of how health and disease coexist silently inside us. It is an organ that can regenerate, adapt, and signal distress long before it fails. But in most countries, we ignore those signals. By the time liver disease is diagnosed, the damage is often irreversible. The point was not to lament this but to illustrate that the same biomedical precision that allows us to sequence a tumor or tailor a drug can be redirected toward prevention: identifying molecular, metabolic, and environmental markers that predict risk years in advance.

This is what "precision prevention" means: using genomics, biomarkers, imaging, and data analytics to detect the earliest signs of stress in organs like the liver and acting on them through policy, lifestyle, and environmental change. The science is already here — non-invasive tests can measure liver stiffness or fat accumulation, digital twins can simulate organ health trajectories, and population data can identify communities most at risk. What's missing is the mindset: **prevention as a societal investment, not an individual afterthought**.

And this insight travels seamlessly from the liver to the heart. The same metabolic pathways that drive fatty liver disease are also the root causes of some cardiovascular disease. Both share a silent, decades-long progression; both can be predicted by the same biomarkers; and both respond to early, targeted interventions. Precision prevention, then, is not organ-specific, it's a health system principle.

Speakers called for a **reorientation of policy and public health funding. Today, the majority of global health resources still flow to treating late-stage disease, whether it's liver failure or heart attacks**. Yet investing upstream — in monitoring early biomarkers, and deploying AI to identify high-risk groups — yields far greater returns. The liver case shows us that with the right data and diagnostics, we can map disease risk in real time. For the heart, this means detecting vulnerability before the first plaque forms, before hypertension becomes chronic, before the health system collapses under the weight of preventable illness.

The event's message resonated beyond biomedicine. Prevention, participants emphasized, is not only about technology or genetics; it's about the environment in which health is made or lost. Access to clean food, breathable air, safe neighborhoods, and health literacy are as much "biological interventions" as any molecule or machine.

By the end, the takeaway was clear and compelling: the liver is not just an organ but a metaphor for how health systems should function. When we listen early, act early, and use precision science to protect rather than repair, we can rewrite the trajectory not only of liver disease but of cardiovascular disease and NCDs at large. **Precision prevention, the speakers urged, is the future of sustainable health: a science of anticipation, equity, and hope**.