

# CHILDREN AND NON-COMMUNICABLE DISEASES (NCDs)

Remembering our Future at the UN Summit on NCDs in September 2011

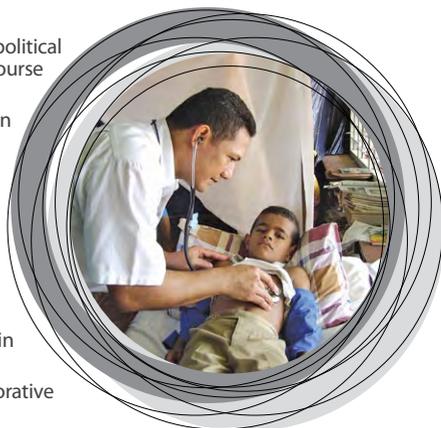
## The NCD Alliance in focusing on the burden of NCDs in children and call on:

### The global community to:

- Expect sustained and strong high-level public, private and political support for specific commitments that integrate child-specific, lifecourse considerations within NCD policies and actions
- Empower and enable children and young people's voices within decisions that affect them
- Broadcast the message that the vast majority of children and youth with NCDs can, and should, live full and productive lives, free from stigma and shame
- Identify ambitious child-specific targets and transparent reporting systems to monitor progress on priority child-specific actions

### The UN and its related agencies, such as UNICEF to:

- Focus efforts to address the underlying social determinants of NCDs in children
- Establish clear funding mechanisms to support specific collaborative action to prevent, diagnose, treat and research NCDs in children
- Encourage South-South and North-South knowledge sharing to escalate efforts for strategic, systematic and sustainable change that will improve the lives of children now and in the future
- Ensure appropriate allocation of resources by UN agencies with a primary mission that includes children, such as, but not limited to UNICEF, UNDEP, UNWomen, UNFPA and WHO
- Establish key child focused forums for sharing updates and regular progress reports on these national and international commitments to children



### National governments to:

- Ensure national policies on agriculture, trade, industry, education, health and transport shape social determinants linked to NCDs so that they promote good health of families and children. Examples include, but are not limited to, those social determinants that promote maternal nutrition, maternal and child survival, healthy diets, breastfeeding and physical activity, and reduce harmful alcohol, tobacco and air pollution exposure (notably unsafe cook-stoves)
- Accelerate implementation of the WHO Framework Convention on Tobacco Control and child-focused efforts to prevent initiation of smoking and exposure to secondhand smoke
- Raise the priority of children within global NCD agendas, and increase funding for child-specific actions

### Ministries of Health to:

- Ensure integration of feasible and cost-effective methods of primary, secondary and tertiary prevention of NCDs into pediatric primary care settings and resources
- Prioritise establishment of cost-effective Newborn Screening programs in all countries
- Strengthen health systems to provide child-centered care across different levels of the health system
- Deliver cost-effective and affordable essential drugs and technologies for all children
- Ensure investment in training and education of health professionals in specialties dealing with NCDs in children, and prioritize having a skilled birth attendant at every birth, to prevent maternal and child deaths, and reduce asphyxia and cerebral palsy
- Promote community-based action that ensures children and families who are living with NCDs enjoy the highest quality of life possible
- Ensure that national health insurance schemes include coverage for NCDs affecting children
- Urgently focus on child-specific health data and registries relating to NCDs

The "Recommendations for Action" are based on the longer policy document of the NCD Alliance A Focus on Children and NCDs: *Remembering our future at the UN Summit on NCDs, September 2011*. It is available at <http://www.ncdalliance.org/sites/default/files/rfiles/NCD%20Alliance%20publication%20-%20A%20Focus%20on%20Children.pdf>

# TEN KEY REASONS TO INCLUDE CHILDREN IN NCD POLICIES AND DISCUSSION:

1. Children are our future, and one of the strongest universal motivators the world has for changing ingrained behaviours
2. Children have a right to health and life, and the international community has guaranteed that “in all actions ... the best interests of the child is a primary consideration”
3. Children can be powerful agents for change and remarkably apt peer educators. Young people should be included in planning and implementation phases of all NCD action
4. Many children have no voice to advocate for themselves. Specific efforts must be made to include them (or their representatives, including parents and families) as a matter of course
5. Children are the cornerstone of a lifecourse approach to the prevention of NCDs
6. The four key shared risk factors commonly associated with adults also have an impact on children: tobacco use; diets high in fat, salt and sugar; physical inactivity; and harmful alcohol intake all affect child health
7. Children are affected by NCDs. Cancer, diabetes, heart disease, asthma, epilepsy, congenital defects and other chronic conditions all affect children
8. There are cost-effective interventions which, if delivered through basic health services during childhood, prevent death and disability and enable children to live long, healthy, productive and fulfilling lives
9. Childhood offers a golden-window of opportunity for cost effective prevention of NCDs. Existing health systems in most low and middle-income countries (LMIC) in particular, are not effectively dealing with the prevention, diagnosis or management of NCDs in childhood
10. Children experience the negative impact of a parent living with an NCD, particularly in LMICs. Forced to provide care or an income for their families, they can experience significant emotional, social and physical consequences

**“No child should die unnecessarily without care” and certainly “no child should suffer” if we have the means to prevent it.**

“ In 2002, more than 1.2 million people below the age of 20 died from a non communicable disease.<sup>1</sup> ”



“ We now have an opportunity to achieve real, lasting progress – because global leaders increasingly recognise that the health of women and children is the key to progress on all development goals.<sup>2</sup> ”

Ban Ki-moon, UN Secretary-General

1 “The Global Burden of Disease Among Women, Children and Adolescents,” by Colin Mathers, (chapter 2), in *Maternal and Child Health: Global Challenges, Programs and Policies*, (2009) Springer, Edited by John Ehiri

2 *The Global Strategy for Women’s and Children’s Health*, 6 August 2010

Photographs courtesy of WHO (left), World Child Cancer (above) and World Heart Federation (reverse)