

CALL FOR ACTION ON NCDs, CHILD SURVIVAL, AND CHILD HEALTH

Actionable opportunities for child and adolescent stakeholders to impact the post-2015 agenda



NCD Child is a global alliance of organizations focused on non-communicable diseases in children and adolescents. The main goals of NCD Child are to advocate for inclusion of children, adolescents, and youth in the global NCD agenda; to promote both treatment and prevention for addressing the NCD burden; and to support inclusion of youth and family voices in the global and country planning for NCDs.

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In less than six months, the world will adopt the Sustainable Development Goals (SDGs), renewing global development efforts for all nations. **This brief addresses actions needed between now and September 2015 to ensure that global and national monitoring frameworks include relevant indicators for children and adolescents.** It builds on a 2014 policy brief, “Sustaining Human Development: Leveraging Early Life Opportunities to Prevent and Control NCDs” developed jointly by NCD Child, the NCD Alliance, the International Society of Developmental Origins of Health and Disease, and the Partnership for Maternal, Newborn and Child Healthⁱ. This brief is designed to be used with the NCD Alliance Advocacy Tool Kit, which can be found onlineⁱⁱ.

Identifying and finalizing the SDGs has been an inclusive and transparent process, and United Nations (UN) member states will be expected to use the SDGs to frame their post-2015 agendas and policies to transform the world we live in to a better, healthier place for all. Starting with *The Future We Want*ⁱⁱⁱ from the Rio+20 conference, and through many public consultations, the UN Opening Working Group produced an SDG Outcome Document, introducing seventeen goals^{iv}. As currently proposed, **health** is draft goal #3: “Ensure healthy lives and promote well-being for all at all ages,” with nine specific targets identified^v. Other goals affecting child health include ending poverty, ending hunger and improving nutrition, and equity in education, sanitation and water, and safe and sustainable environments. Currently, a series of intergovernmental negotiations with UN member states, UN agencies, civil society, and other stakeholders are taking place to discuss and negotiate elements of the post-2015 agenda in preparation for the UN General Assembly in September 2015. A cross-cutting aim for child and adolescent health advocates is to ensure that child and adolescent health goals are appropriately addressed within this evolving agenda.

The case for action:

Non-communicable diseases (NCDs) have a significant impact on children and youth. Approximately 1.2 million deaths from NCDs occur each year in people under the age of 20, over 13% of all NCD mortality^{vi}. Children die from treatable NCDs, including rheumatic heart disease, type-1 diabetes, asthma, and leukemia. Ensuring health care systems have adequate detection, treatment, and management services for children living with NCDs is essential. Inadequate diagnostic capacity, unaffordable interventions, and an inadequate workforce lead to unnecessary suffering, early mortality, and preventable disability.

Many of the behaviors that lead to adult NCDs start during childhood and adolescence^{vii}. In much of the world, road traffic and other injuries are the leading cause of death for those aged 5-15 years^{viii}. Prenatal and childhood exposure to tobacco and alcohol, prematurity and low birth-weight, malnutrition and obesity, and diabetes have long-term impacts on health and development, such as increased risk of adult cardiovascular disease, diabetes, and other problems later in life. NCD rates are increasing faster in low- and middle-income countries, with worse outcomes than in wealthier countries^{ix}. NCDs also reduce economic progress, increasing poverty and the potential for political instability^x. Children and adolescents living with NCDs or caring for family members with NCDs have lower educational attainment and poorer access to employment opportunities^{xi}. To eradicate extreme poverty and maximize the potential of all children — in health, education and employment — the SDGs must recognize the long-term economic burden of the NCD epidemic.



What children and youth need:

Children and youth living with and/or at risk for NCDs require health care, education, and social and community services specific to their and their families' needs. Affordable diagnosis and treatment, including access to medicines, pain management and palliative care, must be provided as a matter of human rights and should be established as a priority for health and sustainable human development.

Investing in prevention through strengthening the availability and quality of routine health care for children and youth should be a priority for disease-specific, categorical activities. Governments, professional organizations, community-based institutions, donor agencies, and public-private partnerships must collaborate to support sustainable health care systems, integrate funding streams, and avoid duplication and waste to achieve these goals.

Prevention and treatment of NCDs contributes both directly and indirectly to maternal and child survival goals. The 'dual burden' of malnutrition and obesity affects children's health and developmental outcomes, as well as adult diabetes and cardiovascular disease. Tobacco and secondhand smoke exposure affect adult cancers and cardiovascular deaths; increases prematurity and low birth-weight, respiratory infections, asthma, and sudden infant death syndrome; and also impacts hunger and food insecurity in both children and adults in developed and developing countries^{xii}. Toxic stress in newborns has damaging effects on learning, behavior, and health across the lifespan, threatening the health of the next generation. Adverse experiences in childhood are also associated with higher rates of health problems, including heart disease, diabetes, substance abuse, and depression^{xiii}.



SDG #3 Health must include children & NCDs

Investing in prevention and treatment for children and adolescents is an effective strategies for reducing the global social and economic burden of NCDs. Addressing NCDs throughout the life-course can reduce rates of NCDs and greatly improves the lives of those living with illness. The SDG health goal targets and indicators must be inclusive of children and adolescents and allow for country-level policy, planning and accountability.

SDG Goal 3 is “To ensure healthy lives and promote wellbeing for all at all ages”

Specific proposed **targets** for Goal 3 of high relevance to NCDs include^{xiv}:

- 3.2 By 2030, end preventable deaths of newborns and under 5 children
- 3.4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being
- 3.6 By 2020, halve global deaths and injuries from road traffic accidents
- 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all
- 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
- 3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines...to protect public health and in particular, provide medicines for all
- 3.c Increase substantially health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing states
- 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction, and management of national and global health risks

Whether for specific disease or risk factor targets, for access to medicines, or for universal coverage — **specific indicators and measures addressing children and youth are needed to drive accountability.** However, the provisional indicators proposed for the targets for Goal #3 do NOT address NCD issues of concern to children and youth.

For example, the indicators proposed for target 3.4, *Reduce premature mortality from NCDs through prevention and treatment and promote mental health and wellbeing*, include:

- reducing the probability of dying of cardiovascular disease, cancer, diabetes, or chronic respiratory disease between ages 30 and 70;
- reducing current tobacco use among persons 15 years and over; and,
- reducing suicide deaths and increasing access to mental illness treatment.

Critical child health metrics — such as healthy nutrition, secondhand smoke exposure protection, and prevention of toxic stress/promotion of healthy early brain development — are omitted.

Similarly, the planned indicator for target 3.6, *Reduce deaths and injuries due to road traffic accidents*, is the number of deaths due to road traffic accidents. However, this metric is combined for all population groups — no separate age or life-course data are proposed.

Specific measures for children and adolescents must be included in the targets and indicators of the SDGs, and advocacy for this is timely and necessary. Alternatively, countries should be encouraged to include them in planning and surveillance of their own populations' health and health care needs.



UN member states are encouraged to:

- Ensure treatment for NCDs is accessible and affordable for children, youth, and families;
- Understand and act upon the need for access to care for children and youth living with cancer, heart disease, diabetes, respiratory diseases and other NCDs by developing systems, personnel, and resources for universal health care that provides equitable access to all;
- Recognize the connection between NCD prevention and maternal and child survival goals;
- Include youth and family voices and professional organizations in planning health systems, including those needed for prevention and treatment of NCDs for children and youth;
- Advocate for inclusion of prevention of NCDs for children and youth in the post-2015 agenda, with specific age-disaggregated targets for tobacco use and secondhand smoke exposure, obesity and healthy eating, injury, mental health, prevention of toxic stress, and safe sexual practices;
- Champion introduction of global and national reporting of specific age stratified data for child and adolescent NCDs and NCD risk factors in the SDG indicators;
- Include youth and family voices in government, civil society organizations, and professional clinician's organizations partnerships and in health systems planning and accountability;
- Support donor country aid agencies in advancing policies and interventions that ensure appropriate health systems, surveillance, prevention, and care for children and youth living with NCDs at all levels of the health care system, consistent with the goal of universal health care.

Advocates and other stakeholders are encouraged to:

- Identify and connect with other child health and NCD advocates in their country to build partnerships and work together;
- Use traditional and social media to raise awareness and promote priorities for NCDs;
- Discuss priorities for prevention and treatment of NCDs for children and youth with ministers of health, foreign affairs, and/or development;
- Write to and/or meet with their country's UN Missions in New York and Geneva with key asks for children and youth and NCDs post-2015 ^{xv};
- Ask to be included in their country-level delegation for the UNGA Summit on post-2015;
- Register and participate in the UN Civil Society Hearing and UN Summit on post-2015 ^{xvi};
- Sign up for NCD Child Connect and the NCD Alliance e-alert to stay informed;
- Share feedback with NCD Child on discussions and activities with country government and other stakeholders via email at ncdchild@aap.org.

The NCD Alliance advocacy toolkit (available at www.ncdalliance.org) is designed to help civil society and other stakeholders address NCD goals for countries and for the UN. Child and adolescent health advocates should become familiar with this toolkit and are encouraged to take advantage of the opportunity to comment to UN agencies and to their own governments about the need for specific consideration of children and youth in the NCD and SDG agenda.

References

ⁱ Policy Brief by NCD Child, 2014. *Sustaining Human Development: Leveraging Early Life Opportunities to Prevent and Control NCDs*. Accessed online at www.ncdchild.org

ⁱⁱ NCD Alliance toolkit can be accessed here: <http://ncdalliance.org/ncd-alliance-post-2015-advocacy-toolkit>

ⁱⁱⁱ Rio+20 Outcome Document. *The Future We Want*. Annexed in the 66th Session of the World Health Assembly; Resolution 66/288 A: July 2012. Accessed online at <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N11/476/10/PDF/N1147610.pdf?OpenElement>

^{iv} 68th Session of the World Health Assembly. *Report of the Open Working Group on Sustainable Development Goals*. Resolution 68/970: July 2014. Accessed online http://www.un.org/ga/search/view_doc.asp?symbol=A/68/970&Lang=E

^v *Open Working Group Proposal for Sustainable Development Goals* accessed online <https://sustainabledevelopment.un.org/content/documents/1579SDGs%20Proposal.pdf>

^{vi} Mathers, Colin. "The Global Burden of Disease Among Women, Children and Adolescents." *Maternal and Child Health: Global Challenges, Programs and Policies*. Ed. John Ehiri. Springer, 2009. Accessed online at <http://www.codajic.org/sites/www.codajic.org/files/CARGA%20DE%20ENFERMEDAD%20EN%20NI%C3%91OS%20Y%20ADOLESCENTES.pdf>

^{vii} Mathers, Colin. "The Global Burden of Disease Among Women, Children and Adolescents." *Maternal and Child Health: Global Challenges, Programs and Policies*. Ed. John Ehiri. Springer, 2009. Accessed online at <http://www.codajic.org/sites/www.codajic.org/files/CARGA%20DE%20ENFERMEDAD%20EN%20NI%C3%91OS%20Y%20ADOLESCENTES.pdf>

^{viii} Marquez, Patricio V.; Farrington, Jill L. 2013. *The challenge of non-communicable diseases and road traffic injuries in Sub-Saharan Africa: an overview*. Washington DC; World Bank. Accessed online at <http://documents.worldbank.org/curated/en/2013/06/17997739/>

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^{vix} Council on Foreign Relations Independent Task Force. *The emerging global health crisis: Noncommunicable Diseases in Low- and Middle-Income Countries*. New York: Council on Foreign Relations, 2014. Print.

^x Council on Foreign Relations Independent Task Force. *The emerging global health crisis: Noncommunicable Diseases in Low- and Middle-Income Countries*. New York: Council on Foreign Relations, 2014. Print.

^{xi} Report by NCD Child, 2012. *Safe-Guarding Adolescent and Youth Livelihood In The Face Of NCDs and their Risk Factors*. NCD Child. Accessed online at www.ncdchild.org

^{xii} Lando, HA, Hipple, B, Muramoto, M, Klein, J, Prokhorov, A, Ossip-Klein, D, and Winickoff, JP; Tobacco as a Global Pediatric Concern. *Bull World Health Organ* 2010 Jan; 88:2.

^{xiii} Committee on Psychosocial Aspects of Child and Family Health. American Academy of Pediatrics. *The New Morbidity Revisited: A Renewed Commitment to the Psychosocial Aspects of Pediatric Care*. *Pediatrics*. 2001; 108(5):1227-1230.

^{xiv} Targets and Indicators were accessed at <https://sustainabledevelopment.un.org/sdg-sproposal.html>

^{xv} Contact information for Missions can be found here: [http://www.unog.ch/80256EDD006B8954/\(httpAssets\)/C18EDE3A237C7504C125791F002A7AEB/\\$file/MISSIONS%20livre.pdf](http://www.unog.ch/80256EDD006B8954/(httpAssets)/C18EDE3A237C7504C125791F002A7AEB/$file/MISSIONS%20livre.pdf)

^{xvi} Information on UN civil society hearings can be found here: <http://csonet.org/index.php?page=view&type=12&nr=180&menu=14>



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