

## Submission by NCD Child to the Updated Revised Draft Global Action Plan for the Prevention and Control of Noncommunicable Diseases (NCDs) 2013-2020 (Version dated 15 March 2013).

NCD Child welcomes this opportunity to contribute comments on the Updated Revised Draft Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020

### NCD Child position overview

NCD Child recognises that the final Global Action Plan (GAP) for the Prevention and Control of Noncommunicable Diseases (NCDs) will be instrumental to the prevention and control of NCDs. As such, NCD Child acknowledges the significant improvements that are being made to the revised drafts in terms of clarity, coherence, and comprehensiveness. NCD Child does however recommend that there are still enormous opportunities to strengthen the GAP in its life-course approach, specifically in regards to inclusivity, increased focus on early interventions, and the meaningful expansion of age groups of beneficiaries wherever possible. Although GAP states the importance of integrating strategies across the life-course, the objectives, targets, and indicators do not currently sufficiently capture this priority. In addition, NCD Child recommends making the social determinants of health a focus and priority in the comprehensive prevention, treatment and management of NCDs.

The GAP is an important opportunity to adopt and support a life-course approach to NCDs (from preconception to death – whatever age that may occur) and integrate children, adolescents, and youths into the global health and development agenda. Unfortunately, in the current draft significant opportunities are routinely missed. NCD Child expresses concern that even the very definition of a “life-course approach” quoted in the GAP (page 5) promotes the systematic exclusion of children, adolescents and young people with the call for “care for people with noncommunicable diseases in later life”. The fact is that people of ALL ages are affected by cancer, diabetes, heart disease, asthma and other smoking related lung conditions and have a right to quality care and freedom from avoidable pain, disability and death. Likewise, a true life-course approach will be essential to sustainable and scalable NCD prevention. In addition, the one billion people of the world who are already living with disability (including 93 million children under 15 years of age) are also at risk of developing NCDs. For people living with disability there is an especial urgency that must drive action: a rights-based commitment to mainstreaming disability, promoting inclusive and enabling environments and adopting universal design must be core to future NCD action plans so that people of all ages and all abilities who are living with NCDs can enjoy the highest quality of life possible.

NCD Child recognises that NCDs are presenting enormous challenges in regards to redefining health priorities; integrating NCDs into global and national agendas; and mainstreaming multisectoral approaches to tackle the burden of NCDs. Because of (not despite) these challenges, NCD Child strongly recommends the meaningful inclusion of all ages within all NCD related agendas. Out-dated adult-based approaches will not deliver the change that is needed to redress the global inequity associated with the avoidable burden and impact of NCDs. Children, adolescents, and youths living with or at risk of developing NCDs are a vulnerable priority group that demand attention, focus, and specificity of goals, targets, and indicators. They are a significant group from a health and demographic perspective and have the right to the highest achievable level of health and productivity.

NCD Child therefore recommends the full inclusion of children, adolescents, and youth as a priority target group within life-course approaches to reduce the burden of avoidable morbidity, premature mortality and disability, in addition to prioritising the overarching principles of human rights and equity – most particularly for those of all ages who are already living with disability. The global targets for NCD risk factors indicated in the GAP (i.e. harmful use of alcohol, physical inactivity, sodium intake, tobacco use, diabetes and obesity) will be most effectively met if action is taken across the life-course, starting at birth.

Specific NCD Child Recommendations on the GAP by Section	
Scope	<p>Para 5</p> <ul style="list-style-type: none"> <li>This starts with a holistic appreciation of the scope of NCDs, but ends with a clear message that “the four NCDs (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes) that share common risk factors (tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol) remain the main focus of the action plan”. It must be clearly stated that all age groups are relevant to the prevention of these risk factors and all ages are affected by these NCDs. Consequently, NCD action plans that focus on adults alone will fail. To this end, Appendix 1 should include “Maternal, Newborn and Child Health” as a synergy. Preconception and maternal health must play a key role in the prevention of NCDs as they are highly correlated to the future health of children and the risk of NCDs in later life, making this an opportune timeframe for early intervention. Synergies with the Maternal, Newborn and Child Health should include the protection of women and children from the vulnerabilities caused by the four major causes of NCDs – harmful use of alcohol, sodium intake, tobacco use, and physical inactivity.</li> </ul>
Vision	<p>Para 10</p> <ul style="list-style-type: none"> <li>NCD Child commends the inclusive nature of the vision, most particularly the phrase “so that populations reach the highest attainable standards of health and productivity at every age”.</li> </ul>
Overarching principles and approaches	<p>Para 11</p> <ul style="list-style-type: none"> <li>NCD Child objects in the strongest terms to the wording “and care for people with NCDs in later life”. This suggests that people suffering from NCDs at other stages in the life-course should not be cared for and is misleading and at odds with the vision. In addition, although adopting a life-course approach is stated as an overarching principle, it is not clear how this is reflected in the GAP objectives, nor in the action points. NCD Child proposes specific action points and targets to reflect the importance of taking a life-course approach, beginning at preconception. A healthy mother can prime her child for a healthy future.</li> </ul>

Objective 1 – To strengthen international cooperation and advocacy	
Introduction General comments	<p>Para 15-17</p> <ul style="list-style-type: none"> <li>NCD Child regrets that the reference to the Social Determinants of Health (SDH), the focus on Universal Health Care (UHC) and People-Centred Primary Health-Care, to promote access for the poorest and most vulnerable segments of the population, have been omitted from this section in this updated version. It is regrettable that the Global Monitoring Framework (GMF) has such a strong bio-medical focus and includes so few measures of progress towards addressing the SDH and working in partnership across sectors.</li> <li>In regards to evidence for advocacy, NCD Child recommends generating more evidence and dissemination pieces about the linkages between NCDs and childhood related life style factors, childhood illnesses, childhood risk factors, and the greater determinants of health. Due to negligence and lack of active advocacy in low- and middle-income countries (LMICs), the foundation of good health for children and adolescents ends up having very weak foundation.</li> </ul> <p>Para 17</p> <ul style="list-style-type: none"> <li>NCD Child commends support and recognition of partnerships between government, civil society, NGOs and organisations led by people living with disabilities and NCDs. There are innumerable organisations internationally working to help children and adolescents. Their expertise and passion must be harnessed.</li> </ul>

Objective 2 – Strengthen national capacity, leadership, governance, multisectoral action and partnerships	
Proposed action for Member States	<p>Para 26d)</p> <p>In regards to collecting data for needs assessments, resource allocations, and policy review, NCD Child emphasises the importance of the collection and disaggregation of data across all age groups if we are to effectively and sustainably address NCD control and prevention. Disaggregation of data should include data gathered according to gender.</p> <ul style="list-style-type: none"> <li>NCD Child recommends that national targets and indicators reflect important equity dimensions, including age and gender.</li> </ul>

Objective 3 – Reduce exposure to modifiable risk factors for NCDs through creation of health-promoting environments	
<p>Proposed action for member states: tobacco control</p>	<p>Para 30</p> <ul style="list-style-type: none"> <li>• Risk factors such as tobacco use are most commonly adopted during adolescence, making a life-course approach crucial in the prevention of such risk factors. We note the proposed action to achieve the voluntary global target of a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years. The current wording implies that people younger than 15+ years of age are not vulnerable and that is misleading – children around the world begin smoking at a much younger age. We recommend that the following wording be adopted: “with a focus on policies and actions across multiple settings and emphasis on children and adolescents and promoting cost-effective interventions” .</li> </ul> <p>Para 30(b)</p> <ul style="list-style-type: none"> <li>• NCD Child strongly recommends that specific mention is made to a life-course approach, and particular mention made of tobacco use during pregnancy; the dangers of second-hand smoke; the importance of protecting children and adolescents more generally – most particularly in LMICs where this age demographic is seen as an emerging market; and the protection of other vulnerable groups - such as mothers and children (i.e. aggressive marketing of formula milk can influence the cessation of breastfeeding) .</li> </ul> <p>Para 30(b)</p> <ul style="list-style-type: none"> <li>• NCD Child commends mention of the WHO Framework Convention on Tobacco Control (FCTC) and recommends inclusion of the FCTC in Appendix 3, Table 3 as an important WHO Tool offering cost-effective solutions for LMICs.</li> </ul>
<p>Proposed action for Member States: promoting a health diet</p>	<p>Para 31(a)</p> <ul style="list-style-type: none"> <li>• NCD Child commends the inclusion of breast-feeding and recommends inclusion of the promotion and support of breastfeeding in Appendix 3, Tale 3 as a cost-effective solution for LMICs.</li> </ul> <p>Para 31(d)</p> <ul style="list-style-type: none"> <li>• NCD Child commends the inclusion of promoting healthy settings, including schools.</li> </ul> <p>Para 31(j)</p> <ul style="list-style-type: none"> <li>• NCD Child commends the inclusion of the WHO’s recommendations on marketing of foods and non-alcoholic beverages to children, and recommends inclusion of these WHO recommendations in Appendix 3, Table 3 as a cost-effective solution – particularly for LMICs where children and adolescents are seen as an emerging market for unhealthy food and beverage sales.</li> </ul>

<p>Proposed action for Member States: promoting physical activity</p>	<p>Para 32(e)</p> <ul style="list-style-type: none"> <li>• NCD Child commends the inclusion of a call to develop policies directed at educational settings (from infant years to tertiary level) to improve provision of physical education and opportunities for physical activity before, during, and after school.</li> </ul>
<p>Proposed action for Member States: reducing the harmful use of alcohol</p>	<p>Para 33</p> <ul style="list-style-type: none"> <li>• NCD Child notes the complete lack of any specific mention of a life-course approach or any specific recommendations relating to alcohol use during adolescence. Evidence is clear that adolescence offers key opportunities in terms of influencing risk behaviours and future behavioural choices.</li> <li>• NCD Child recommends that synergies with the Maternal, Newborn and Child Health (MNCH) sector should be specifically mentioned, particularly with regards to the importance of preventing Fetal Alcohol Syndrome.</li> </ul>

Objective 4 – Strengthen and reorient health systems through people-centred primary health care and universal health coverage	
Introduction	<p>Para 37</p> <ul style="list-style-type: none"> <li>• NCD Child commends the inclusion of palliative care, and recommends that access to quality palliative care be specifically included in Appendix 3, Table 3, and that the WHO Guidelines on Palliative Care for Children also be included in the column on WHO Tools.</li> <li>• NCD Child recommends the strengthening of healthcare institutions in regards to health promotion and education.</li> </ul>
Proposed action for Member States	<p>Para 39(c) &amp; (e)</p> <ul style="list-style-type: none"> <li>• NCD Child commends the mention of UHC and access, and recommends that coverage be available to persons of all ages who are affected by the conditions nominated.</li> </ul>
Objective 5 – Promote and support national capacity for high quality research and development	
Proposed action for Member States	<p>Para 43</p> <ul style="list-style-type: none"> <li>• NCD Child recommends specific mention of the need for collection and disaggregation of data across all ages.</li> </ul>
Action for the Secretariat	<p>Para 44</p> <ul style="list-style-type: none"> <li>• NCD Child recommends specific mention of the need to advocate for the collection and disaggregation of data across all ages.</li> </ul>
Proposed action for International Partners	<p>Para 22</p> <ul style="list-style-type: none"> <li>• NCD Child recommends specific mention of the need for collection and disaggregation of data across all ages.</li> </ul>
Objective 6 – Monitor trends and determinants of NCDs and evaluate progress	
Introduction	<p>Para 45 and 46</p> <ul style="list-style-type: none"> <li>• NCD Child recommends specific mention of the need for collection and disaggregation of data across all ages.</li> </ul>
Proposed action for Member States	<p>Para 48</p> <ul style="list-style-type: none"> <li>• NCD Child recommends specific mention of the need for collection and disaggregation of data across all ages.</li> </ul>
Action for the Secretariat	<p>Para 49</p> <ul style="list-style-type: none"> <li>• NCD Child recommends specific mention of the need to advocate for the collection and disaggregation of data across all ages.</li> </ul>
Proposed action for International Partners	<p>Para 50</p> <ul style="list-style-type: none"> <li>• NCD Child recommends specific mention of the need for collection and disaggregation of data across all ages.</li> </ul>

## Appendix 1 – Synergies between major NCDs and other conditions

Maternal, Newborn and Child Health (MNCH) and Adolescent Health

NCD Child recommends the inclusion of another major synergy – that of MNCH:

- All four NCD risk factors are relevant across the entire life-course;
- Children and adolescents are affected by all four key NCDs;
- A diagonal approach to health system strengthening and NCDs will benefit more people (for example, palliative care, UHC, access to essential medicines, vaccination scheduling etc);
- Synergies with HIV/AIDS and other communicable disease platforms can be maximised through MNCH;
- Synergies with rheumatic heart disease and acute rheumatic fever can be maximised through MNCH;
- Behavioural risk factors and adolescence are indistinguishably linked;
- Environmental risk factors for NCDs have an extreme impact on pregnant women and children;
- Disability affects all age groups - some disabilities are caused by NCDs, but conversely many people who are living with disabilities will develop NCDs. Early intervention for early diagnosed congenital disabilities may offer cost-effective strategies to maximise quality of life for those affected;
- A life-course approach can synergise the efforts of international NGOs working in the MNCH space to support NCD prevention and control initiatives, including gestational diabetes and early life prevention of NCDs;
- Massive demographic shifts (younger populations in LMICs) demand a life-course approach is urgently adopted;
- Children and adolescents are vulnerable to unethical market forces (tobacco industry and marketing of unhealthy foods and beverages that specifically target younger age groups) and must be protected;
- Violence against children and resulting mental health issues must be addressed;
- Empowering carers of children who are living with NCDs will be most cost-effective if the MNCH sector is engaged; and
- The MNCH sector is well placed to offer support and advice as member states seek to integrate life-course strategies within national NCD plans.

Appendix 2 – Comprehensive global monitoring framework (25 indicators, 9 voluntary targets)	
General comments	<ul style="list-style-type: none"> <li>• The targets have a strong bio-medical focus.</li> <li>• There are no targets relating to the education of children, girls, mothers or women. Education of girls and women in all cultures help build stronger societies - they have a ripple effect on the education of their children.</li> <li>• There are no targets or indicators recommending restriction of marketing or sale of alcohol or tobacco to minors. Policies to protect the onslaught of unhealthy substances should be strictly monitored.</li> <li>• Indicators do not reflect the overarching principle of the life-course approach. Systematically, children are neglected from proposed indicator measuring risk factors and behaviours such as harmful use of alcohol, physical inactivity, sodium intake, tobacco use, diabetes and obesity, and unhealthy diets. Age standardised prevalence indicators are currently set at 18+ years, disregarding the fact that risky behaviours and risk factors are present at a much younger age.</li> </ul>
Target 5 Tobacco Use	<ul style="list-style-type: none"> <li>• Recommend inclusion of an indicator relating to the implementation of the WHO FCTC and in particular use of legislation restricting sale of products to minors.</li> </ul>
Target 7 Diabetes and obesity	<ul style="list-style-type: none"> <li>• Childhood obesity is not included -Indicator 13 only refers to adolescents.</li> </ul>
Indicator 20	<ul style="list-style-type: none"> <li>• Recommend specific mention of palliative care access across all ages.</li> </ul>
Appendix 3 –Policy options and cost-effective interventions for prevention an control of major NCDs	
General comments	<ul style="list-style-type: none"> <li>• Recommend action points, targets, and WHO tools reflect a life-course approach to NCDs within national health plans and development agendas; the integration of life-course strategies to reduce the four major behavioural risk factors; research agendas, monitoring systems and evidence base that incorporate a life-course approach and age disaggregated data</li> </ul>
Appendix 5 – Examples of cross-sectoral government engagement	
General comments	<ul style="list-style-type: none"> <li>• Commend multi-sectoral approach to NCDs;</li> <li>• Recommend “Check for life-course approach” be added as a recommended step to the implementation of sustainable multisectoral action. Without specific commitment to a focus on all age groups, sectors will invariably neglect to address life-course issues.</li> </ul>

## Discussion

The prevalence of major NCDs in children and adolescents, including cancer, cardiovascular disease, chronic respiratory disease, diabetes, childhood obesity and mental illness has reached epidemic proportions. Additionally, the majority of preventable behaviours that lead to NCDs start during childhood or adolescence. To date, the draft neglects to distinguish the health needs of children and adolescents from adults. Full implementation of health systems related interventions are critically needed. For example: child survival and newborn resuscitation interventions will reduce birth asphyxia and cerebral palsy; elimination of second-hand smoke exposure will reduce the incidence and severity of asthma; and nutritional interventions will reduce stunting, learning disabilities, Type II Diabetes (from obesity) and congenital malformations. In addition, national systems should focus on an increased supply of specialised paediatric human resources, and on expanding knowledge and practice on age appropriate medical treatments, including medicines, technologies, and surgeries.

Prevention of NCDs in childhood and adolescence offers cost-effective strategies for reducing the social and economic burden of NCDs. Targeting vaccine-preventable diseases in children is one example of effective primary prevention which has seen the successful mobilisation of international resources to help the world's poorest countries. Vaccine-preventable NCD programs (eg., HPV and Hepatitis B) build on these successful systems. Similarly, promoting and protecting breastfeeding practices, including exclusive breastfeeding for the first six months of life and continued breastfeeding until two years old can have tremendous impact, in a cost-effective manner. NCD efforts must collaborate with maternal, newborn and child health (MNCH) systems to achieve efficiency and effectiveness. Despite these extremely cost effective opportunities, prevention and treatment of NCDs in children and adolescents has received limited attention in the goals and targets for Member States as proposed by the WHO. Few countries devote adequate resources for children and adolescents with special health care needs, and in some less developed countries, many children suffer and die from preventable or treatable NCDs. While the draft goals emphasize the importance of UHC, they again neglect to discuss the value of prioritizing child and adolescent health access.

Tobacco use is addressed as one of the nine voluntary global targets for the prevention and control of NCDs by 2025; however, environmental tobacco smoke (ETS) also known as second-hand smoke (SHS) is disregarded. Additionally, the 'other modifiable risk factors' regarding exposure to carcinogens, also fails to address second-hand smoke. Globally, nearly half of all children are exposed to SHS and upwards of 150,000 children under five die annually as a result of passive smoking. The voluntary global targets require some modification to ensure both tobacco use/cessation and the prevention of tobacco smoke exposure is appropriately addressed.

NCD Child urges that specific attention to children and adolescents inform national approaches to tobacco, alcohol, mental health, chronic illness, nutrition and physical activity, and adolescent reproductive health, in the context of NCD prevention. Without specific efforts and specific measures in each area, in accordance with the WHO life-course approach, children and adolescents will be systematically excluded from NCD initiatives and investments. Many of the diseases and risk factors, such as diabetes, obesity, tobacco use and exposure, and physical inactivity, are as much child health issues as they are adult challenges; therefore, to achieve sustainable improved health, the objectives must be inclusive of the child and adolescent population. Equitable inclusion of these groups will help to ensure development assistance contains support for future child and adolescent health interventions.

In addition, NCD Child recommends that all measurement indicators cover key equity dimensions including gender, age, and socio-economic status. Similarly, research efforts should focus on age disaggregated data to gain a better understanding of the need and trends associated with children and NCDs. Without adequate data, we lack the evidence base to successfully understand and address the challenge of NCDs through effective measures. To this point, a life-course approach to data collection would strengthen evidence-based measures and strengthen health systems. Children and adolescents are affected by NCDs. To date, no clear data collection and monitoring frameworks exist to establish the current burden of illness within this vulnerable population. NCD Child recommends the collection of age disaggregated data as a core requirement of any NCD discourse. Comprehensive data will guide rights-based efforts and measures to tackle NCDs. A failure to include such systematic and specific efforts to move forward in the NCD discourse will systematically neglect the rights of children and adolescents to healthy and productive lives.

As a final recommendation, NCD Child encourages priority be given to the empowerment and support of caregivers of children living with NCDs. In low- and middle-income countries (LMICs), out of pocket expenditure for chronic diseases can be devastating to a family's financial stability. The cycle of poverty is exacerbated by the need to invest a high amount of both financial and non-financial resources in the treatment of NCDs in children. Caregivers need protection from financial hardships associated with the care of their child, and support to take action. NCD Child recommends that caregivers of children living with NCDs be considered a priority group in the agenda.

### NCD Child Mission Statement

The NCD Child movement is a global multi-stakeholder coalition, championing the rights and needs of children, adolescents and youth who are living with or are at risk of developing NCDs. We work together to ensure that issues related to NCDs, children, adolescents and youth are equitably addressed and prioritised in global and national health policy and development agendas.

We actively engage and collaborate with governments, foundations, multilateral and non- governmental organisations, civil society, the private sector, academic and research institutions to mainstream NCDs and scale up knowledge, experience and resource sharing on NCDs.

NCD Child is committed to the prevention and control of NCDs throughout the life-course. We promote policies and initiatives that minimise preventable death and disability. This includes a focus on the social determinants of health, as well as relevant behavioural interventions. The NCD Child movement will do all it can to ensure children, adolescents and youth are fully integrated within the global NCD, health and development agendas.