

Some organisations committed to integrating children within the NCD discourse include:

Atfaal Welfare Society – improving the lives of children living with diabetes and other endocrine conditions in Pakistan.

Child Lung Health Division of the International Union Against Tuberculosis and Lung Disease – focused on health services that care for children with asthma and severe lung diseases in low-income countries.

Children's Heartlink - partnering with health care centers in underserved regions to strengthen their capacity to diagnose and treat congenital or acquired heart disease in children

CLAN (Caring & Living As Neighbours) – promoting a strategic grassroots, community development framework for action that supports children living with chronic health conditions in resource-poor countries.

Cure4kids - dedicated to improving health care for children with cancer and other catastrophic diseases in countries around the globe, providing continuing medical education focusing on cancer, pediatrics, oncology, and global communication tools to health care professionals and scientists worldwide

GPED (Global Paediatric Endocrinology & Diabetes) representing members from six major regional paediatric endocrinology societies worldwide, GPED is focused on building the capacity of health professionals to care for children with endocrine conditions (including diabetes) in low-income countries.

Heart to Heart International Children's Medical Alliance – training physicians internationally in advanced cardiology and cardiac surgery so all children born with heart defects have access to modern heart care.

International Diabetes Federation's Life for a Child Programme - supporting the care of almost 8000 children living with diabetes in 27 countries worldwide.

International Insulin Foundation - provides technical support to improve access to diabetes care and medications in the world's poorest countries.

International Network for Cancer Treatment and Research (INCTR / Childhood Cancer) - building capacity for cancer research and treatment in developing countries.

International Pediatric Association (IPA) - an alliance of organizations, with 160 national, regional or sub-speciality pediatric societies as members, all working with other partners to promote physical, mental, and social health for all children, to achieve the highest standards of health for newborns, children, and adolescents in all countries of the world.

International Society of Paediatric and Adolescent Diabetes (ISPAD) - organizing paediatric diabetes teams from more than a hundred countries, to improve advocacy, education and research on diabetes in children and adolescents.

My Child Matters of the UICC (Childhood Cancer) - building local capacity to reduce inequities in childhood cancer survival in selected resource-constrained countries.

Partners in Health – providing a preferential option for the poor in health care, by partnering with poor communities to combat disease and poverty.

Regional Asthma Management & Prevention (RAMP) – Working together to reduce the burden of asthma.

The Public Health Institute - promotes health, wellbeing, and quality of life through research, training, and community building.

World Child Cancer - saving lives and reducing suffering associated with childhood cancer in developing countries by providing world-class expertise, sustained guidance and essential funding.

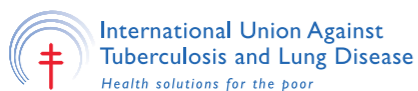
World Heart Federation - focusing on heart disease in children.

If you have an interest in working on issues relating to Children and NCDs, please contact the Chair of the NCD Alliance Working Group on Children and NCDs, Dr Kate Armstrong at kate@clanchildhealth.org.

Please use #NCDChild or follow @NCDChild on Twitter so that our voices can unite for the children. Visit www.ncdalliance.org/children for more information.



International
Diabetes
Federation



International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor



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Putting non-communicable diseases
on the global agenda

**NCD ALLIANCE
BRIEFING PAPER
ON CHILDREN AND
NCDs**

**CHILDREN IN EVERY
POLICY:**

**RECOMMENDATIONS
FOR A LIFECOURSE
APPROACH TO NCDs**



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”.¹

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

1 - United Nations Convention on the Rights of the Child 1989. Available at <http://www2.ohchr.org/english/law/pdf/crc.pdf>

2 - Ban Ki-moon, United Nations Secretary-General, Foreword: The Global Strategy for Women's and Children's Health, 6 August 2010

Why we need to integrate children within NCD policies

There are four important reasons why children, teenagers and young adults (hereafter collectively referred to as “children”) require special attention and inclusion within all NCD policies:

1. NCDs affect children – Cancer, diabetes (both type 1 and type 2 diabetes), chronic respiratory diseases (such as asthma), congenital and acquired heart disease and many endemic NCDs all affect children. Children suffer from a wide range of NCDs: some are triggered in childhood by a complex interaction between the child's body, surrounding environment, living conditions, infectious agents, nutritional and/or other factors, with consequent scope for preventive action. Some conditions are congenital: each year an estimated 8 million children (6% of all births worldwide) are born with a serious birth defect or symptomatic genetic abnormality, and heart defects alone contribute about one-third to one-quarter of all birth defects. NCDs are a major cause of preventable mortality, morbidity and disability amongst children in Low- and Middle-Income Countries (LMICs). Many of these children die prematurely because of late diagnosis and/or lack of access to appropriate treatment; those fortunate to survive often experience significant hardship and disability as a result of living with a chronic health condition that is not optimally managed. The global profile of childhood NCDs in LMICs will continue to emerge as infectious conditions are increasingly brought under control.

2. Children have a right to health and life – Children's right to health requires special attention. Children are especially vulnerable and powerless, with no voice to advocate for their own needs, and yet they face unique challenges and have special needs. The period of rapid growth and development that occurs in childhood has a profound impact on future health and quality of life enjoyed in adulthood, and represents a “golden window” of opportunity in terms of improving the overall lifetime health of populations and promoting rights to health for all. Whilst various international and national laws recognise the importance of the rights of the child to adequate health care and medical assistance, discourse often focuses on adults. The rights of the child however provide an element of accountability to governments and organisations. Attention must be given to addressing health issues specifically related to children.

3. A Lifecourse approach to NCD prevention and Risk Factors is vital - There is now strong evidence for the importance of good maternal health, healthy birth weights and breast-feeding to reduce the future risk of children developing NCDs as adults. Furthermore, children's bodies are especially vulnerable to the same risk factors responsible for many NCDs in adulthood (low physical activity, poor diet, tobacco exposure and harmful use of alcohol), and the rates of some NCDs amongst children is already on the rise globally (eg obesity and Type 2 Diabetes), so reducing exposure to these risk factors earlier in life will have a substantial impact on the future health of entire populations. A focus on children promotes generational and population-based change, and empowers an early-onset, lifecycle approach to prevention. Children can often claim a stronger ethical imperative in having these NCDs treated, as a case can rarely if ever be made that voluntary choices contributed to their burden of illness (such as with adults who acquire NCDs through alcohol or tobacco consumption). Many NCDs in children are actually caused by adults (for example, through passive smoking; alcohol consumption; inhalation or ingestion of toxic chemicals during pregnancy; and exposure to other environmental hazards such as lead), again justifying the development of strong NCD policies for children as a vulnerable group.

4. Strengthening paediatric health systems is essential – Many NCDs that affect children are poorly managed within health systems of LMICs, with available treatment options inferior even to corresponding adult services. The needs of children with chronic health conditions are complex: they extend beyond the traditional “acute” health context, and involve families, schools and the broader community. Increased capacity of primary, secondary and tertiary health care is required at local and national levels to develop comprehensive chronic care platforms that address the entire lifecycle of humans rather than simplistic silo-approaches to change that risk “forgetting” children, and fail to address the complex and unique health care needs of children. From a purely economic standpoint, children who receive appropriate treatment for their chronic health conditions can go on and make major contributions to society, and return far more than their treatment costs.

1- The Hidden Toll of Dying and Disabled Children – March of Dimes 2006 (http://www.marchofdimes.com/mission/globalprograms_birthdefectsreport.html)

2- Centers for Disease Control and Prevention (<http://www.cdc.gov/ncbddd/bd/faq1.htm#CommonBD>)

3- This is best reflected in Article 25 of the Universal Declaration of Human Rights that states “all persons have the right to health”. It goes on to specify that children in fact are “entitled to special care and assistance”.

4- Article 24 of the UN Convention on the Rights of the Child recognises that children have the right to good quality health care and the best health care possible. It places responsibility on State parties to pursue full implementation of this right and, in particular, to “take appropriate measures to ensure the provision of necessary medical assistance and health care to all children”.

RECOMMENDATIONS: A LIFECOURSE FRAMEWORK ON NCD OUTCOMES FOR CHILDREN

The UN High-Level Summit offers a unique opportunity to promote holistic, systematic and sustainable approaches to health-system strengthening by focusing on the entire human lifecourse, and the global health community has a special obligation to integrate children into all policy discussions and decisions that emerge from the meetings.

I. Pre-conception – supporting gender equity and a rights-based approach to women's health and wellbeing, nutrition, education and financial security as a means to reducing NCD risk factors and promoting health for all.

II. Maternal and newborn health – quality prenatal and perinatal care, healthy birthweights, breastfeeding, maternal and newborn screening and immunisation.

III. Child health – rights-based, multisectoral efforts to address the social determinants of health, improve access to quality primary health care, optimise health and development in early childhood and reduce NCD risk factors.

IV. Caring for children currently affected by NCDs and other chronic health conditions – respecting and fulfilling the rights of chronically ill children and promoting community development based action aimed at:

- 1) Affordable access to quality essential medicines and equipment;
- 2) Education (of all stakeholders), research and advocacy;
- 3) Optimisation of medical management (AAAQ³, with a holistic approach to health and a focus on primary, secondary and tertiary prevention) and inclusion of chronic and congenital health conditions within IMCI, the WHO Pocket book and other relevant documents and policies to increase the capacity of paediatric health systems in LMICs;
- 4) Encouragement of grassroots, community-development approaches to supporting families and children living with NCDs; and
- 5) Reducing financial burdens on families that lead to poverty and promoting financial independence for those living with NCDs.

V. Recognising the impact of NCDs on parents of young children – so that children are not forced to become caregivers themselves or bear the financial burden for the family.

2 - AAAQ: availability, accessibility, acceptability and quality of the health care system – http://www.searo.who.int/en/Section23/Section2397_15517.htm

5- Framework for action based on “5 Pillars” developed by CLAN (Caring & Living as Neighbours) http://www.clanchildhealth.org/index.php?option=com_content&view=article&id=42&Itemid=76

6- AAAQ: availability, accessibility, acceptability and quality of the health care system

7- Integrated Management of Childhood Illness (IMCI) http://www.who.int/child_adolescent_health/topics/prevention_care/child/imci/en

8- WHO Pocket book of hospital care for children

9- This policy brief was completed for the NCD Alliance by CLAN (Caring & Living as Neighbours) in collaboration with the organizations listed here.

