

Submission by NCD Child to the World Health Organisation Consultation on a Comprehensive Global Monitoring Framework, Indicators and Targets for the Prevention and Control of NCDs, October 2012.

NCD Child welcomes this opportunity to contribute to the World Health Organisation consultation on the revised WHO Discussion Paper on a comprehensive global monitoring framework (GMF), indicators and voluntary global targets for the prevention and control of Non-Communicable Diseases (NCDs).

NCD Child acknowledges and welcomes the inclusion of human rights, Universal coverage and equity, a life-course approach, evidence-based practice and empowerment of people as the over-arching principles in the WHO Zero Draft Global Action Plan (GAP) for the prevention and control of NCDs 2013-2020 (dated 10 October 2012).

NCD Child does however have concerns at the relative mismatch between the GMF and GAP, with the targets and indicators in the revised WHO Discussion Paper missing important opportunities to support genuine attempts to address human rights, equity and a life-course approach within the context of the global NCD discourse. NCD Child is convinced a life-course approach will be essential if the global community is to effectively and sustainably prevent and control NCDs, and reduce the burden of avoidable morbidity, disability and premature mortality due to NCDs.

As a network of organisations and individuals that initially came together as the Child-focused Working Group of the NCD Alliance, and then chose to continue our collective advocacy efforts for a life-course approach beyond the UN High-Level Meeting of September 2011, NCD Child supports the recommendations outlined in the NCD Alliance submission to this consultation process. In particular, we welcome the recommendations for:

- development of an additional indicator to monitor children / youth exposure to marketing of alcohol
- an additional indicator to capture obesity and overweight in school-aged children aged 5-18 years, using WHO Growth Reference Standards
- an additional indicator on affordability of tobacco, recognising evidence showing adolescent risk behaviours are "price sensitive"
- integration of the recently adopted global target for "no increase in childhood overweight by 2025 for infants and young children under the age of 5 (WHA65[6])
- policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free-added sugars, or salt
- alignment of the target and indicators relating to availability of essential medicines and technologies with the well-established and comprehensive WHO Model Essential Medicines Lists (EML and EMLc)
- delivery of Hepatitis B vaccine within 24 hours of birth
- an indicator to monitor the number of girls aged 15 who have received three doses of the HPV vaccine

In addition to these recommendations, NCD Child proposes several other changes to the targets and indicators (please note attached pages), so as to better support a life-course approach to NCDs. We believe that until such time as specific and systematic attempts are made to protect future generations from NCDs, the rights of children and adolescents (particularly those in low and middle income countries) to healthy and productive lives will be systematically neglected and abused.

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 lifecourse. 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.

Global Monitoring Framework (GMF) Targets & Indicators			Global NCD Action Plan (GAP) Lens	Human Rights	UHC & Equity	Life-course approach	Evidence-based practice	Empower people
OUTCOME TARGETS 1. 25% relative reduction in overall mortality from CVD, cancer, diabetes or chronic respiratory disease	Current indicator	<ul style="list-style-type: none"> · Cancer incidence, by type of cancer per 100,000 population. · Unconditional probability of dying between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases. 		X	X	X	Partial	X
	Proposed indicator	<ul style="list-style-type: none"> · Cancer incidence, by type of cancer per 100,000 population · Unconditional probability of dying from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases · Data disaggregated by age 		Yes	Yes	Yes	Yes	Yes
	Rationale	Children, adolescents and youth ¹ are affected by all four NCD groups. There is an urgent need for age disaggregated data to establish the current burden of illness. There is no evidence that justifies exclusion of a rights-based approach to data collection and monitoring of this target. A life-course approach to data collection will strengthen existing health systems.						
EXPOSURE TARGETS 1. No increase in obesity prevalence	Current indicator	Age-standardized prevalence of overweight in adults aged 18+ years and adolescents (defined as body mass index equal or greater than 25 kg/m ² for adults and according to the WHO Growth Reference for adolescents)		X	X	X	X	X
	Proposed indicator	Age-standardised prevalence of overweight and underweight from age 0+ years, and age-standardised prevalence of overweight and obesity in school-aged children 5-18 years, using WHO Growth Reference Standards.		Yes	Yes	Yes	Yes	Yes
	Rationale for change	In May 2012 in Resolution WHA 65.6 WHA adopted a global target for no increase in childhood overweight by 2025, for infants and young children under the age of five. Evidence suggests malnutrition early in the life-course is a precursor to NCDs and that addressing overweight and obesity through the life course will be required to achieve adult target by 2025. Involving schools in action around NCDs will be vital to ensuring sustainable approaches are adopted and may also allow monitoring of some broader social determinants of health. The health sector must not attempt to cope with the NCD epidemic on its own – this would mean certain failure.						

¹ To clarify, this paper acknowledges: the definition of “child” as under 18 years of age as taken from the Convention on the Rights of the Child; the WHO definition of “adolescents” as those between the ages of 10-19 years; and the UN definition of youth as those between the ages of 15-24 years.

Global Monitoring Framework (GMF) Targets & Indicators			Global NCD Action Plan (GAP) Lens	Human Rights	UHC & Equity	Life-course approach	Evidence-based practice	Empower people
2. 10% relative reduction in prevalence of insufficient physical activity	Current indicator	Age-standardized prevalence of insufficiently active adults aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent).	X	X	X	X	X	X
	Proposed indicator	Age-standardised prevalence of insufficiently active persons aged 5+years (as defined by WHO recommendations)	Yes	Yes	Yes	Yes	Yes	Yes
	Rationale for change	Settings for physical activity promotion include schools and communities with mass media a key tool. Involvement of sectors other than health in providing these spaces and opportunities for promoting physical activity will be imperative. Positive approaches to and perceived positive peer opinions of active lifestyles established early in the life-course are more likely to be carried through to adolescence and consequently maintained in adulthood.						
3. Diabetes (There is no proposed target specifically related to diabetes. This reflects recognised complexities surrounding screening and differentiation of types of diabetes)	Current Indicator	Age-standardized prevalence of raised blood glucose/diabetes among adults aged 18+ years (defined as fasting plasma glucose value 7.0 mmol/L (126 mg/dl) or on medication for raised blood glucose).	X	X	X	Partial	X	X
	Proposed indicator	Age-standardized prevalence of raised blood glucose/diabetes from age 0+years (using age appropriate internationally defined values) or on medication for raised blood glucose.	Yes	Yes	Yes	Yes	Yes	Yes
	Rational for change	All human beings are at risk of diabetes. There is no evidence that justifies exclusion of a rights-based approach to data collection and monitoring of this target. The current burden of diabetes amongst children and adolescents in low and middle-income countries is still poorly documented. A life-course approach to data collection will strengthen existing health systems and help redress current inequities. The related target relating to access to essential medicine must not be restricted to particular age groups – the rights of children and adolescents to life-saving insulin must be respected.						
4. 30% relative reduction in prevalence of current tobacco smoking	Current indicator	Age-standardized prevalence of current tobacco smoking among persons aged 15+ years.	X	X	X	X	X	X
	Proposed indicators	- Age-standardised prevalence of current tobacco smoking among persons aged 10+years - Additional indicator on affordability of tobacco	Yes	Yes	Yes	Yes	Yes	Yes
	Rationale	Evidence exists on importance of risk-behaviours that start during adolescence ² as well as the price-sensitive nature of adolescents to policy change. Such efforts on NCD prevention outside the health sector will pay enormous dividends.						

²Existing data sources for surveillance of the proposed adolescent behavioural indicators include the Global School-based Student Health survey (GSHS); Global Youth Tobacco Survey (GYTS); and Health Behaviour in School-Aged Children (HBSC) study. Data on behavioural indicators including tobacco, alcohol and physical activity should be disaggregated by age.

Global Monitoring Framework (GMF) Targets & Indicators			Global NCD Action Plan (GAP) Lens	Human Rights	UHC & Equity	Life-course approach	Evidence-based practice	Empower people
HEALTH SYSTEM RESPONSE TARGETS 1. 80% availability in both public and private facilities of basic technologies and generic essential medicines required to treat major NCDs.	Current indicator	- Availability of generic essential NCD medicines and basic technologies in both public and private facilities. - Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer.		X	X	X	X	X
	Proposed indicator	- Availability of WHO EML and EMLc medications and affordable technology (for diagnostics and treatment) in both public and private facilities - Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death for every human being regardless of age from cancer - Proportion of girls aged 15 years who have received three doses of the Human Papilloma Virus (HPV) vaccine		Yes	Yes	Yes	Yes	Yes
	Rationale	Essential medicines and equipment must be affordably available to all members of the human race. Children and adolescents are affected by diabetes, cancer, chronic respiratory disease (including tobacco-related) and heart disease. From a rights-based perspective, they must therefore have access to essential medicines and methods of treatment. Unless specific efforts are made, the rights and needs of children and adolescents will be systematically denied. Use of existing frameworks and resources should be made as part of broader efforts to strengthen existing health systems, redress inequity and achieve universal health coverage. A life-course approach is required. A life-course approach prompts us to consider opportunities for NCD prevention (eg prevention of cervical cancer)						
2. No increase in obesity. 10% relative reduction in prevalence of insufficient physical activity	Current indicator	N/A		X	X	X	X	X
	Proposed indicator	School-based policies to educate children and adolescents about NCD risk-factors and promote action around adoption of healthy lifestyles		Yes	Yes	Yes	Yes	Yes
	Rationale	A multi-sectoral response to NCDs is required. The health system alone cannot address this epidemic. Collaboration with education ministries to promote a life-course approach to the prevention and control of NCDs will be essential. Schools offer a unique opportunity to explore and address behavioural risk-factors during adolescence as well as collate data.						



Global Monitoring Framework (GMF) Targets & Indicators			Global NCD Action Plan (GAP) Lens	Human Rights	UHC & Equity	Life-course approach	Evidence-based practice	Empower people
3. 30 per cent relative reduction in prevalence of current tobacco smoking. 10% relative reduction in overall alcohol consumption (including hazardous and harmful drinking)	Current indicator	Nil		X	X	X	X	X
	Proposed indicator	- Indicator to monitor policies that will reduce the sale of tobacco and alcohol to minors. - Indicator on affordability of tobacco, sourcing data on price through country reports on FCTC implementation (or national CPI)		Yes	Yes	Yes	Yes	Yes
	Rationale	A multi-sectoral response to NCDs is required. The health system alone cannot address this epidemic. The broader Social Determinants of Health must be considered. Excise taxes are an effective method of stopping initiation of smoking and consumption of alcohol amongst adolescents, with evidence suggesting adolescents are a price sensitive demographic with respect to policy change. Harm minimization during pregnancy would be a positive outcome of such policies, as pregnancy during adolescence is especially prevalent in lower income countries and settings.						
4. 100% coverage of basic neonatal interventions to reduce disability and NCDs	Current indicator	Vaccination against infectious cancers: Hepatitis B virus (HBV).		Yes	Yes	Yes	Yes	Yes
	Proposed indicator	Availability of basic neonatal NCD intervention package: newborn screening (one-off oxygen saturation levels within 24 hours of birth as a minimum); Hepatitis B vaccination within 24 hours of birth; appropriate support and referral where obvious congenital condition evident at birth.		Yes	Yes	Yes	Yes	Yes
	Rationale	A rights-based and life-course approach to NCDs empowers an optimally effective and sustainable approach to their diagnosis, management and prevention. Infancy and childhood offer a “golden window” from which to profoundly impact on the future health and well-being of populations. Disability is not only preventable, but when diagnosed and managed in a timely and appropriate way, can be addressed in a way that promotes and protects the rights and dignities of every human being, regardless of age. Taking the opportunity to combine a number of simple and inexpensive interventions at the time of birth will not only prove cost-effective, but also strengthen existing health systems and promote and protect the rights of all human beings to life, health and productive and fulfilling lives.						