



The members of NCD Child recommend that:

1. Data on all NCD-related deaths (not just beginning at age 30) should be disaggregated by age for the first target.⁹
2. Type 1 Diabetes is not preventable and improved screening for Type 2 Diabetes will increase prevalence. Therefore Target 2 should reflect improvements in access to care (such as percentage of people with insulin-dependent diabetes who have access to insulin). Children and adolescents should not be excluded from any diabetes-specific targets.
3. While global prevalence of alcohol and tobacco use, as well as obesity, are perhaps lower than in adults, substantial evidence exists on the need to collect these data¹ among children and younger adolescents. WHO should consider monitoring levels of tobacco use (target 3) and alcohol (target 4) in children beginning at age 10, and obesity (target 7) beginning at age six.
4. Given the emerging literature⁷ on the effects to children of prenatal exposure to alcohol, tobacco, gestational diabetes, and nutritional deficiencies, WHO should consider developing a target for data collection and reporting among expectant mothers capturing at least these risk factors.
5. WHO should consider developing a global target to measure the incidence of asthma in individuals younger than 20.
6. If a physical activity target is added for adults, it should be extended as well – with appropriate age-related goals – to children and adolescents.

Children and adolescents have an inalienable right to “enjoy the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.”²

In 2002, NCDs killed an estimated 1.2 million children under the age of 20.³ That number is almost certainly higher today. Millions more children and adolescents live with chronic illnesses, many without access to the care and treatment they deserve. There remain many places where accurate statistics on NCD morbidity and mortality for children and adolescents simply do not exist. Without these data, efficient prevention, early detection and treatment of NCDs in children and adolescents are not feasible.

Prevention and early treatment of NCDs in children can provide more resources for education. Conversely, the cost of treating NCDs, including the use of tobacco and the harmful use of alcohol, means fewer resources for educating children, especially girls.⁴ This has direct implications in the potential attainment of Millennium Development Goal 2 on primary education.

Most recent data suggest that a lifecourse approach to NCDs⁵, which includes children and adolescents, is the most effective way to reduce NCD-related mortality and morbidity.⁶

Some data collection already exists on the incidence of under-nutrition among children and adolescents. However, few countries outside of the most developed nations collect data on childhood obesity. This despite the fact that, according to WHO, obesity is linked to more morbidity than underweight.⁷ An estimated 43 million children were overweight or obese in 2010, with 35 million of these children living in developing countries³ and, in part because of this, Type 2 Diabetes is no longer known as “adult-onset.” Some evidence indicates that physical activity levels in children are linked to future physical activity levels in adults⁸, reinforcing the importance of a lifecourse approach.

Strengthening health systems to effectively prevent and manage NCDs in children and adolescents and across the lifecourse must be an urgent priority. Effective vaccines are now available for administration to children and young people to prevent cancers, including for human papilloma virus, which causes most cases of cervical cancer. Type 1 Diabetes is highly treatable and yet the life expectancy of a child diagnosed with this NCD in some low income countries is less than one year.⁹ Congenital Heart Disease (CHD) and Rheumatic Heart Disease (RHD) are likewise poorly managed in resource-poor settings. Among the most common noncommunicable diseases in children and adolescents is asthma. Asthma disproportionately affects children compared with adults¹⁰ and untreated asthma is a primary cause of chronic lung disease.

Since the majority of NCD prevalence among children and adolescents is of a wholly different etiology from NCDs in adults, it is inexplicable that none of the new draft targets¹¹ attempts to quantify this difference. In fact, the new draft targets document released by WHO omitted the only targets that previously referred to data collection among children and younger adolescents.¹²

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¹ “U.S. National Survey of Children’s Health,” 2007, SAMSHA, US Department of Health and Human Services, accessed on 3 January, 2012

² United Nations Convention on the Rights of the Child, entered into force 2 September 1990, para 24.1, accessed on January 4, 2012

³ “Global Burden of Disease Among Women, Children and Adolescents,” Mathers, C., in Maternal and Child Health: Global Challenges, Programs and Policies, Springer, 2009, pp. 19-42, table 2.1

⁴ “NCDs and MDGs – Success in Synergy,” fact sheet provided by the Office of the UN Secretary General, January 3, 2012.

⁵ Political Declaration of the High Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases” (A/66/L.1) September 16, 2011, para 45 b.

⁶ “Developmental origins of noncommunicable disease: population and public health implications,” Hanson, M. and Gluckman, P. in American Journal of Clinical Nutrition, June 2011, article 001206.

⁷ “Obesity and Overweight,” WHO Fact Sheet, Number 311, Updated March 2011, accessed on 4 January, 2012.

⁸ “Physical activity in childhood and adolescence as predictor of physical activity in young adulthood” Telama R, Yang X, Laakso L, Viikari J. American Journal of Preventive Medicine 1997;13 pages 317-23.

⁹ “Access to Care for Patients with Insulin-Requiring Diabetes in Developing Countries: Case studies of Mozambique and Zambia”, Diabetes Care, Vol 28, No 9, pp2136-2140, September 2005.

¹⁰ “Data Fact Sheet: Asthma Statistics,” US Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute, January 1999, accessed on January 4, 2012.

¹¹ “A Comprehensive Global Monitoring Framework and Voluntary Global Targets for the Prevention and Control of NCDs,” version dated 21 December 2011, accessed on 4 January, 2012.

¹² “Targets to Monitor Progress in Reducing the Burden of Noncommunicable Diseases,” version dated 15 July, 2011, accessed on 20 July 2011.