

THE OAKLAND STATEMENT ON NON-COMMUNICABLE DISEASES IN CHILDREN AND ADOLESCENTS

Putting NCDs, children and adolescents on the broader global health and development agenda

Adopted by acclamation on 20 March 2012

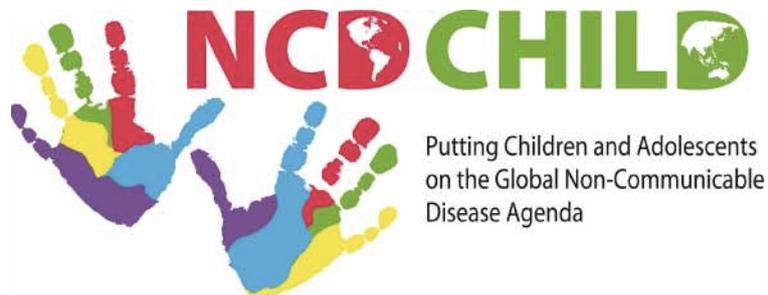
- The Oakland Conference on Non-Communicable Diseases (NCDs) in Children and Adolescents was organized by [NCD Child](#), led by [Caring and Living as Neighbours \(CLAN\)](#), the [Public Health Institute \(PHI\)](#) and [Global Health Council \(GHC\)](#). It was convened at the California Endowment Oakland Conference Center during March 19-20, 2012 in Oakland, California.
- The Conference was attended by more than 80 representatives of nonprofit organizations, for-profit corporations, advocacy organizations, academic and resource institutions, UN agencies, intergovernmental organizations and health care providers.
- Participants have issued this statement so as to synthesize the key challenges, concerns and constraints faced by children and adolescents living with NCDs. It also contains a list of urgent actions necessary to combat and minimize unnecessary and preventable deaths and complications from NCDs.

We, the participants in the Oakland conference on NCDs in children and adolescents¹, acknowledge that:

1. Children and adolescents require special attention and care. They have the right to enjoy the highest attainable standards of health and to access affordable services for early and accurate diagnosis, treatment, follow up care, rehabilitation, pain management and palliative care.
2. Children and adolescents now constitute about a third of the world's population and nearly half of the population of developing countries. Numbering over 1 billion worldwide, today's adolescents are the largest cohort ever to transition into adulthood.
3. Effective prevention strategies to redress the increasing global prevalence of NCDs (such as cancer, cardiovascular disease, diabetes, chronic respiratory disease, mental illness and dental diseases) should necessarily integrate children and adolescents. NCDs threaten the future growth, development and economic stability of countries, and a lifecourse approach that addresses the early origins of disease and adoption of risky behaviours in adolescence is required.
4. Annually, while at least 1.2 million children and adolescents die from NCDs² the actual mortality rate is unknown since NCDs are often not recorded, not considered as notifiable diseases and registries are absent or inadequate.
5. Millions more children and adolescents live with NCDs. In developing and lower-middle income countries, many children and adolescents suffer and die needlessly from highly-preventable and treatable NCDs in part because of low awareness, stigma, societal shame and poverty. A significant number acquire disabilities as a result of late diagnosis or inadequate treatment. NCDs also indirectly affect the lives of children whose parents are adversely affected by NCDs.
6. There is a huge inequity in the level of care and survival rates for NCDs between high resource and low resource countries. For example, while childhood cancer is curable and has a survival rate of 80-90 percent in the developed world, in developing countries, survival rates are around 10-30 percent.

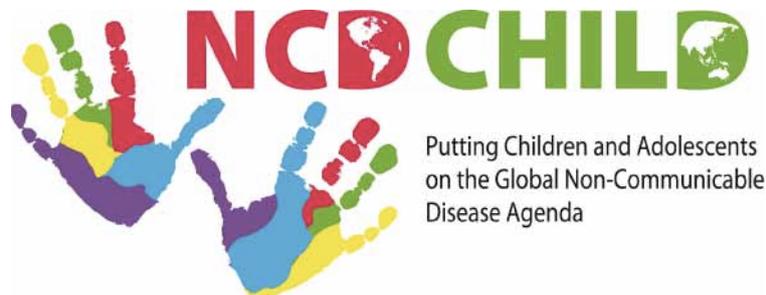
¹ The UN Convention on the Rights of the Child defines children as under the age of 18 while the World Health Organization (WHO) defines adolescents as between the ages of 10- 19. Youth is defined by the United Nations (UN) as those between the ages of 15-24.

² IDF Diabetes Atlas, International Diabetes Federation, Brussels 2010.



We call on policy makers, governments, civil society organizations, professional associations, health and development practitioners and other key stakeholders to recognize that NCDs in children and adolescents require urgent and specialised attention. This is because:

7. The causes of NCDs in children and adolescents are significantly different from that of adults. There exist many NCDs that affect children for which no clear causative links have been established (such as childhood cancer, congenital heart disease and Type 1 Diabetes). Research and development of medicines, diagnostic devices and other medical technology related to NCDs often does not take into account the distinct needs of children and adolescents.
8. Children and adolescents are central to a lifecourse approach in preventing NCDs. Many NCDs in adults start during childhood and adolescence. The key risk factors of adult NCDs (tobacco and alcohol use, unhealthy eating and physical inactivity), have a clear and inextricable link with the occurrence of specific NCDs in children and adolescents (for example asthma, childhood obesity, Type 2 Diabetes, dental disease and malnutrition). Unhealthy and risky behaviours adopted in childhood often carry through into adulthood.
9. Most NCDs of adulthood can be prevented through behaviour change and health promoting programs that ideally start in the earliest years of life. Children and adolescents must be the cornerstone to prevention. While there is a clear evidence base for child and adolescent focused NCD prevention strategies, very few countries are implementing programs of this nature.
10. Effective NCD prevention starts before conception (*in utero*), and continues throughout the lifecourse. Maternal nutrition and health during pregnancy, and health and nutrition in the first two years of life (the first 1,000 days)² all have a significant impact on the future development of NCDs in childhood and adolescence. Robust maternal, neonatal and child health programs can prevent a significant number of NCDs and minimize special health care needs of children and their families.
11. Children and adolescents often have no political voice and minimal influence in shaping health policies and programs, especially as they relate to NCDs. As a result, NCD policies and plans frequently neglect the specific needs and requirements of children and adolescents who are living with NCDs
12. Technology and systems for early diagnosis and treatment of NCDs in children and adolescents are now available. Unfortunately, resources allocated for the early diagnosis and appropriate treatment of people living with NCDs are inequitably allocated across the lifecourse and across geographic boundaries. Initiatives and interventions for children and adolescents with NCDs are particularly inadequate in resource-poor countries, where most front line health workers do not possess adequate training in the prevention, diagnosis and treatment of NCDs in children and adolescents. Newborn screening and palliative care are key examples of such global inequity. Newborn Screening has the capacity to prevent enormous disability and death and is widely available in developed countries, yet completely absent in many resource-poor countries. Likewise, there is limited access and availability of pain medication, including that for palliative care for children and adolescents, particularly in resource-poor settings.
13. There is no single forum for governments, private sector, academic institutions, and advocates for child and adolescent health to come together to share information, best practices and lessons learned on prevention, diagnosis and treatment of NCDs in children and adolescents.



Therefore, we ask all policy makers, governments, civil society organizations, professional associations, health and development practitioners and other key stakeholders, to work together, enhance their synergies and step up their initiatives, to drastically reduce the growing number of premature deaths and preventable complications caused by NCDs in children and adolescents. We specifically ask that they act on the following urgent concerns:

14. Integrate children and adolescents within all discussions, policies and programs related to NCDs
 - a. Ensure that the needs and requirements of children and adolescents are explicitly considered and embedded in the formulation of policies, goals, targets and indicators related to NCDs and adopted by the international community.
 - b. Engage adolescents and youth in dialogue and consultations on NCDs.
 - c. Ensure adequate resources are allocated by the global community to address the NCD epidemic in children and adolescents. Encourage UN agencies (i.e UNICEF, UNDP, UNFPA, UN Women) to integrate NCDs in their development agenda and to spearhead global campaigns
 - d. Mandate that the incidence of NCDs in children and adolescents be a notifiable disease, clearly documented and disaggregated by age and gender
15. Promote NCD prevention across the lifecourse, starting in *utero*
 - a. Pursue policies and interventions that promote health-seeking behaviors in expectant mothers, and encourage a focus on healthy nutrition.
 - b. Ensure sustainable financing and implementation of newborn screening programs in all countries
16. Strengthen health systems to effectively and responsively address the prevention, early diagnosis, treatment and care of NCDs among children and adolescents, particularly at the primary health care level and among community healthcare workers
 - a. Ensure essential medicines and technologies for NCDs, including pain and palliative care medication, is available, accessible and affordable
 - b. Ensure national health care and insurance systems include provisions for the prevention, care, treatment, follow up care and/or rehabilitation of children and adolescents who are living with NCDs.
 - c. Train all levels of health workers, particularly front line and community-based volunteers, in the prevention, diagnosis and treatment of NCDs in children and adolescents, including pediatric palliative care and dental disease.
 - d. Establish registries and information management systems that will track the incidence and burden of specific NCDs
 - e. Involve parent groups and youth groups in community based initiatives
17. Engage and mobilize multiple stakeholders in NCD programs for children and adolescents
 - a. Develop and implement broad based multi-stakeholder and multi-sectoral programs that will promote the provision of information and widespread awareness-raising on the common risk factors, signs and symptoms of NCDs in children and adolescents
 - b. Promote healthy lifestyle and positive practices among children, adolescents and their families
 - c. Effectively address child maltreatment, abuse and neglect as they relate to NCDs
 - d. Pursue social protection programs that address childhood poverty, improve access to education and other sustainable livelihood opportunities
 - e. Undertake research on social determinants of NCDs and disseminate evidence-based best practices and innovations on how to holistically respond to these factors
18. Accelerate the effective implementation of the Framework Convention on Tobacco Control to reduce the use of tobacco by children and adolescents, and to protect children and adolescents from secondhand tobacco smoke
19. End the stigma and discrimination against children and adolescents who are living with NCDs. Increase awareness that children and adolescents with NCDs can and often will lead productive and fulfilling lives
20. Ensure children, adolescents and NCDs are integrated into the broader global health and development agenda in the lead up to the review of the Millennium Development Goals in 2015.