LEARNING FROM NCD CHILD ADVOCACY WORKSHOPS AND PROJECTS: BUILDING FUTURE POLICY OPPORTUNITIES FOR HEALTH AND EDUCATION

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Strong global health advocacy, as reflected in NCD Child’s advocacy workshops and projects, is required to ensure quality care and support for children and families living with or at risk for noncommunicable diseases.

– Mychelle Farmer
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INTRODUCTION

NCD Child is a global multi-stakeholder coalition focused on the prevention, treatment, and management of non-communicable diseases (NCDs) in children, adolescents, and young people.* NCD Child advocates for the inclusion of children, adolescents, and young people in the global NCD agenda; encourages inclusion of NCD prevention among children and adolescents in the Sustainable Developmental Goals (SDGs); promotes both treatment and prevention for addressing the NCD burden; and supports the inclusion of youth and family voices at all planning levels for NCDs. NCD Child works with health professionals, non-governmental organizations (NGOs), government, private donors, and most importantly, young people, to advocate for the rights of children, adolescents, and young people and promote policies to minimize preventable death and disability in young people.

In 2015, NCD Child, in collaboration with the American Academy of Pediatrics (AAP), the International Pediatric Association (IPA), and the AstraZeneca Youth Health Program, launched a series of regional advocacy training workshops—Protecting Children from NCDs: Leadership Advocacy Training. The workshop series brought together a diverse group of advocates to work to reduce and respond to NCDs among children, adolescents, and young people at country levels. Between 2015 and 2019, a total of eight workshops and global forums were held in Peru, India, Kenya, Canada, Romania, Jordan, United Arab Emirates, and the United States. Most of the workshops were held in conjunction with a regional pediatric society conference. The workshops and forums are listed in Appendix A.

As an outgrowth of the workshops, NCD Child awarded 24 small grants for specific advocacy projects in 20 countries in five regions: Latin America, Asia-Pacific, East Africa, Europe, and North America. The grants were designed to support in each country the creation of multi-sector teams of clinicians, government officials, civil society organizations, youth leaders, and other stakeholders to advocate for a response to one or more NCDs of major importance for children and adolescents. The grant projects are listed in Appendix B. A comprehensive report on the advocacy workshops and small grant projects is available on the NCD Child website.

This report focuses on the future, drawing on the past experience from the workshops and small grants. It explores the potential for increased collaboration between the health and education sectors, as key drivers of the response to NCDs, to build a framework for future policy advocacy to address NCDs in children, adolescents, and young people. First, the report briefly reviews the global policy response to the key NCDs and outlines the relationship between NCDs, human rights, and SDGs. Second, it describes the critical roles of schools, families, and communities; youth; and other key stakeholders in responding to NCDs in children, adolescents, and young people. Third, it explores the workshops and small grants, with an overview of the roles of schools and universities, of youth, and of other key stakeholders in the small grant projects, as well as an analysis of the key findings and lessons learned. Finally, the report outlines a possible framework for policy advocacy to reinforce the role of health in moving forward on SDGs related to education, inclusion, and equity.

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* NCD Child uses the term “children, adolescents, and young people” to be inclusive of age groups spanning childhood through young adulthood. Neither “adolescents” nor “young people” have fixed official definitions. Government entities and other organizations use varying definitions. In this report, “young people” and “youth” are sometimes used interchangeably.
BACKGROUND

Children, adolescents, and young people are of critical importance in developing effective approaches for preventing and responding to NCDs. Millions of young people are living with and dying from numerous NCDs; and morbidity and mortality associated with some NCDs disproportionately affect children and adolescents under age 18. Also, nearly half of NCDs diagnosed in adults result from health risks that arise during childhood and adolescence.¹

Until recently global monitoring of NCDs has focused on adults ages 30-70, although recognition of the importance of the child and adolescent age group in relation to NCDs has been growing.² For example, in 2016 the Lancet Commission on Adolescent Health and Wellbeing clearly stated the need to ensure that adolescents are centrally placed in “relevant and emerging agendas for NCDs.” The Commission urged all countries to tackle the accelerating adolescent risks for NCDs.³ NCD Child’s agenda of advocacy workshops and country-specific project grants has closely tracked these goals of focusing on children and adolescents and tackling the adolescent risks at the country level.

NCD Action Plans and Approaches

In 2013, the World Health Organization issued a major action plan for NCDs: Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020.⁴

The WHO plan was based on nine key approaches:

- Human rights approach
- Equity-based approach
- National action and international cooperation and solidarity
- Multisectoral action
- Life-course approach – recognition that exposure to risk factors begins in childhood
- Empowerment of people and communities
- Evidence-based strategies
- Universal health coverage
- Management of real, perceived or potential conflicts of interest

The WHO Action Plan also established six key objectives:

- Raise the priority of prevention and control of NCDs
- Strengthen national capacity, leadership, multisectoral response
- Reduce modifiable risk factors
- Strengthen and orient health systems to address prevention and control of NCDs
- Support national capacity for high quality research and development
- Monitor trends & determinants of NCDs


NCDs IN CHILDREN AND ADOLESCENTS

- Cardiovascular disease
- Cancer
- Diabetes
- Chronic respiratory diseases
- Rheumatic heart disease
- Sickle cell disease
- Asthma
- Mental health disorders
- Substance use disorders
- Injuries and violence

Source: Children & Non-Communicable Disease: Global Burden Report, NCD Child, 2019
In 2018, five years after the WHO issued its action plan, the United Nations General Assembly adopted an important resolution, the “Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.” The political declaration built on previous approaches to NCDs, articulating a new “5x5” framework based on five major NCDs and five major drivers or risk factors. The addition of mental and neurological conditions as a major NCD and of air pollution as a major risk factor were new in the 2018 UN political declaration. Along with the previous 4x4 framework, the new 5x5 framework has important implications for designing the most effective strategies for prevention and management of NCDs in children and adolescents, and thereby also contributing to prevention of future NCDs in adults.

Building on prior work and continuing the efforts to focus greater attention on NCDs in children and adolescents, in 2019 NCD Child issued a major report: Children and Non-communicable Disease: Global Burden Report 2019. Key messages in that report are: the challenge of NCDs remains a major public health concern, countries must do more, and a life-course approach to prevention and care can help to curb the rising burden. The report identified “policy best buys” in two realms: risk factors and behavior change; and systems change. In each of these realms the report highlighted several “best buys.” The policy best buys for risk factors and behavior change are related to tobacco use, harmful alcohol use, unhealthy diet and physical activity; the best buys for systems change are in the realms of health system care and treatment; managing NCDs; investments for health; and monitoring, surveillance and research. Each of these best buys is manifested in one or more of the small grant projects funded by NCD Child. A list of the NCD Child small grant projects is included in Appendix B.

NCDs and Human Rights

Following the Universal Declaration of Human Rights in 1948, numerous international treaties, conventions, and protocols have articulated a broad array of human rights. Many of the rights recognized in these agreements are directly relevant to the goal of moving forward with an agenda of equity, gender, and inclusion for addressing NCDs in children and adolescents. Indeed, as the WHO Global Action Plan emphasized, the prevention and control of NCDs must be grounded in a human rights approach. Key human rights agreements containing protections with special relevance to NCDs in children and adolescents include:

- Universal Declaration of Human Rights (UDHR)
- Convention on the Rights of the Child (CRC)
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- International Convention on the Elimination of All forms of Racial Discrimination (CERD)
- Convention on the Rights of Persons with Disabilities (CRPD)

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These human rights documents include many cross-cutting themes and protections. Key protections found in several of the documents include prohibitions against discrimination on the basis of sex, race, and disability; rights to health care and education; specific protections for women and children; and principles of equity and inclusion. Many of the specific protections most relevant to an NCD agenda for children, adolescents, and young people are set forth in Appendix C.

NCDs and the Sustainable Development Goals

In 2015, all United Nations member states adopted the 2030 Agenda for Sustainable Development that included 17 Sustainable Development Goals (SDGs). Several of the SDGs are of special relevance to the prevention and management of NCDs in children, adolescents, and young people. Therefore, developing strategies to ensure the inclusion of child, adolescent, and youth centered NCDs in the overall work to achieve these SDGs by the 2030 deadline is of critical importance.

The work of NCD Child thus far has focused most directly on SDG 3—"ensure healthy lives and promote well-being for all at all ages." Several other SDGs are also significant in relation to NCDs in children and adolescents. Most prominent among these are two closely linked goals: SDG 4—"ensure inclusive and equitable quality education and promote lifelong learning opportunities for all;" and SDG 5—"achieve gender equality and empower all women and girls." In addition to this trio, other SDGs relevant to the work of NCD Child address poverty; hunger; inequalities; climate action; and peace, justice and institutions. These SDGs reflect the importance of the social determinants of health in addressing NCDs. They also are closely interrelated in developing an understanding of the advocacy and actions needed to achieve NCD Child’s agenda moving forward.

A complete list of all 17 SDGs is included in Appendix D.

IMPORTANT SDGs FOR NCDs IN CHILDREN AND ADOLESCENTS

SDG 1: No poverty
SDG 2: Zero hunger
SDG 3: Good health and well-being
SDG 4: Quality education
SDG 5: Gender equality
SDG 10: Reduced inequalities
SDG 13: Climate action
SDG 16: Peace, justice, and strong institutions

Building a Framework for Equity and Inclusion

Wide equity differentials exist between and within countries and among populations. These differences have profound implications for the prevention and management of NCDs. A focus on equity and inclusion in addressing NCDs in children and adolescent is consistent with WHO’s emphasis on a human rights, equity, and life course approach that includes multi-sectoral action. It is also essential to implementation of several key SDGs.

Health and educational disparities, which are the subject of SDG 3 and SDG 4, have been extensively documented in young people. The disparities in health status and health care access for different populations of children and adolescents are clearly and directly relevant in responding to NCDs. Disparities in educational opportunities and outcomes are also highly relevant, particularly as an integral part of any prevention strategy, as low educational attainment has been found to lead to poor health.

Disparities in health status and educational outcomes result from underlying disparities in access to care and limitations on educational opportunities based on gender, race, ethnicity, geography, socioeconomic status, and disability. The inclusion of youth with a full array of these diverse characteristics is essential in building effective responses to overcoming health and educational disparities and in enlisting the health and education sectors in cooperative efforts to address NCDs in children, adolescents, and young people.

Importance of Schools, Parents, and Communities
In 2016, the Lancet Commission on Adolescent Health and Wellbeing outlined a set of interventions that are necessary elements in developing more comprehensive responses to the social and environmental determinants of health. They include:

- Structural interventions
- Marketing and social media
- Community interventions
- Online interventions
- School interventions
- Health service interventions

This list of necessary interventions makes clear that schools, parents, and communities all play critical roles in many of the social determinants of health that are drivers of NCDs in children, adolescents, and young people. In particular, the Commission identified the role of a positive school ethos in improving the health of young people; it also emphasized the importance of secondary education in contributing to healthier behaviors and increased cognitive capacity. Even so, UNESCO has found that countries are failing to meet the SDG 4 target of all 6 to 17 year olds being in primary or secondary school by 2030. This failure not only leaves many young people behind in educational attainment but has the potential for serious adverse consequences in terms of their health behaviors and future health risks.

Role of Youth
From its inception, NCD Child has highlighted the importance of including youth in all phases of its work. Sometimes overlooked as active participants by organizations working to improve their health, young people can play creative and transformative roles when they are included in more than nominal ways. Recognizing this, NCD Child’s regional advocacy workshops and small grant projects sought to ensure that young people participated in varied and meaningful capacities. For example, many of the projects included youth as participants in surveys or as subjects of studies. Beyond that, youth played roles as planners, designers, and evaluators in some projects. Significantly, young people also served as advocates, both at the individual level with other youth affected by NCDs and in the policy arena with NGOs and government officials. The lessons to be learned from their participation provide a major contribution to future planning of NCD related advocacy. Many of the project activities carried out by youth were in the school or university environment, thus illustrating the importance of collaboration between health and education.

Key Stakeholders Within and Beyond Health
Crafting an effective prevention and management response to NCDs in children and adolescents requires the active engagement of a wide variety of key stakeholders. The health sector is a foundational component and buy-in from all health stakeholders is essential: national health ministries, local public health officials, health care professional associations, primary and subspecialty health care providers, medical researchers, and health-focused NGOs, as well as global health organizations. As important entities developing agendas to address NCDs—including the UN, WHO, the Lancet Commission, and NCD Child—have emphasized, multi-sectoral participation of stakeholders beyond health is critical; these multi-sectoral stakeholders must be both targets and active initiators of focused agendas and must include schools and universities, national and local governments, and civil society organizations (CSOs) and NGOs.

The Lancet Commission suggested that: “The most effective actions for adolescent health and wellbeing lie in sectors beyond health service provision.” Nevertheless, these actions are most

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likely to be effective when undertaken collaboratively among the health sector and others. The remainder of this report focuses on the potential for such collaborative action between the health and education sectors, drawing on the experience of the NCD Child advocacy workshops and small grant projects.

**NCD CHILD ADVOCACY WORKSHOPS AND SMALL GRANT PROJECTS**

Between 2015 and 2019, NCD Child held a series of regional advocacy workshops and awarded small grants to support multi-sectoral advocacy projects. A comprehensive report on the workshops and projects is available on NCD Child website. The six workshops—held in Peru, India, Kenya, Canada, Romania, Jordan—included pediatricians, youth, civil society organizations, representatives of WHO and UNICEF, and government officials from a total of 65 countries.

As an outgrowth of the workshops, 24 small grants were awarded for projects in 20 countries in five regions—Latin America, Asia-Pacific, East Africa, Europe, and North America. The grants were awarded to enable teams from multiple sectors to advocate for a response to one or more NCDs or risk factors of major importance for children and adolescents in their country.

**PROJECT TOPICS**

- Overall burden of NCDs
- Overweight and obesity
- Specific disease or disability
- Injury prevention
- Tobacco exposure
- General health education
- Disaster preparedness

The issues chosen as the focus of each project were wide ranging and were selected from critical factors affecting each country, such as the epidemiology of NCDs; the status of the country’s overall response to NCDs, or specific response to a particular NCD; or a critical event in the country. Several countries chose to focus their project on reducing the overall burden of NCDs (Bangladesh, Myanmar, Armenia, Egypt, and USA). Many countries opted to tackle issues associated with overweight and obesity, including healthy eating and physical activity (Argentina, India, Indonesia, Malaysia, Kenya, Tanzania, Uganda, Romania, and Canada). Several countries targeted work on responding to sick children generally or on a specific disease or disability (Japan/nutrition for sick children, Malaysia/rheumatic heart disease, Pakistan/polio rehabilitation, Ethiopia/cancer control, Kenya/diabetes). Two countries focused their projects on injury prevention (Mexico, Ethiopia). One country targeted each of the following: tobacco exposure (Mexico), general health education in primary schools (Slovenia), and disaster preparedness (Nepal). Although many of the projects included a health education component in school settings, most of these had a targeted focus on one or more NCDs or risk drivers, rather than a general health education focus.

The project activities were also varied and wide ranging. Overall, the types of activities undertaken by the projects spanned a spectrum that included targeted educational activities, data gathering, awareness raising, mentoring, and advocacy. Specifically, the projects included:

- Education of health care providers
- Training of trainers and instructors
- School-based health promotion activities
- School-based health education of students and teachers
- Health provider-based education of children and families
- Surveys and focus groups
- Awareness raising, including through social media
- Mentoring by youth
- Advocacy

In many countries these activities were carried out with the involvement of schools and universities, youth themselves, and a wide array of key stakeholders.
Roles of Schools and Universities

Schools and universities participated in more than half of the NCD Child projects. The specific roles of schools and universities varied from country to country. Most of their activities were concentrated in middle schools and secondary schools, although primary schools took part in some projects. Involvement by universities was mostly on the part of university-based researchers and planners, university pediatricians, and university hospitals developing disease specific plans, although university students played an important role in some advocacy projects.

The project activities of schools and universities fell into three main groupings: data gathering through focus groups and surveys of students; educational activities; and public policy related advocacy. Focus groups of teachers, parents, and/or students were used to help plan project activities in some schools. Surveys were used on both the front end to assess health status or knowledge as well as on the back end to evaluate the impact and effectiveness of project activities. Specific educational activities included school-based interactive sessions for parents and children, health education workshops for teachers and/or students, awareness raising and health promotion campaigns. Some universities, schools, and academics were involved in advocacy efforts specifically directed at influencing policy. For example, in one country (Bangladesh) university researchers and planners along with other key stakeholders played a major role in organizing a symposium for 300 participants to influence national policy related to low birth weight, child malnutrition, and child overweight and obesity.

Youth Involvement in Design, Implementation, and Review

A major feature of the NCD Child grant projects was the participation of youth in diverse ways across stages of the projects including design, implementation, and review. Youth involvement included a wide range of different roles such as youth engagement and outreach; specific activities conducted with or by youth; and activities involving youth with NCDs and their families.

SPOTLIGHT: CANADA

The Stop Marketing to Kids (M2K) Coalition established a Young Leaders Team that created an advocacy toolkit, facilitated workshops, met with members of Parliament, analyzed data and issued a report, and developed a Youth Action on M2K blog. Activities focused on the marketing of unhealthy food to children.

Some of the youth engagement and outreach activities were:

- Students participating in focus groups to design activities
- Youth recruited from universities to develop awareness campaigns
- Youth recruited to participate in national advocacy workshops

Activities that were conducted with or by youth were very diverse and included:

- Students engaged in health promotion activities
- Participation of youth in adult led advocacy
- Participation of youth in workshops, height & weight measurement, and surveys
- Poster competition for students
- Students trained by traffic police to pass messages to others
- Flash mob and social media events
- Cooking course for students
- Creation and use of blogs and twitter accounts
- Direct advocacy
In addition to the activities that engaged young people generally, some projects specifically sought to involve young people with NCDs and their families. In particular, some of these projects undertook creative approaches with respect to specific diseases:

- Empowering parents and children to identify symptoms of rheumatic disease
- Enlisting polio survivors to define the problem and approach to polio rehabilitation
- Engaging young people with diabetes as “disease mentors”

The examples provided by, and lessons learned from, young people with NCDs and their families can be especially useful in designing ways to ensure inclusion of young people with a chronic disease or disability in all social sectors, particularly schools and educational settings. A broad range of stakeholders, working with youth and their families, is essential to the success of these efforts.

Key Stakeholders
Numerous diverse stakeholders proposed, designed, implemented, and evaluated the NCD Child small grant projects. Stakeholders in the health field were significantly represented in all of the projects. Key stakeholders beyond health were also active participants in many phases of most of the projects. In particular, stakeholders from education played key roles.

Health sector stakeholders, such as pediatric societies, proposed each of the projects and were the grant recipients. The vast majority of the grants were awarded to pediatric societies, with a few being led by a health advocacy coalition, a medical student organization, a disease-specific society, or a public health foundation. In addition to these groups, the health sector was represented in the projects by a very wide range of stakeholders including representatives of global health organizations, the national Ministry of Health, local health officials, practicing primary and specialty physicians, medical researchers, medical students and residents, and public health leaders.

Beyond the health sector, in many countries, the projects were able to enlist active participation by representatives from the education sector. These representatives included the Ministry of Education; local education officials; school managers, teachers, and tutors; school administrative and services staff; and students in schools and universities. These education sector participants played roles in all phases of the projects from design through implementation and evaluation.

**SPOTLIGHT: KENYA**

Youth living with Type 1 diabetes were trained as advocacy champions and mentors for other youth with diabetes. A WhatsApp group and blog were set up to facilitate diabetes.

**SPOTLIGHT: BANGLADESH**

Based on stakeholder interviews and an expert consultation workshop, a symposium was held to redevelop national recommendations on low birthweight, child malnutrition, and obesity. Key participating stakeholders included pediatricians, public health experts, researchers, obstetricians, nutritionists, policy makers, CSOs, youth, journalists, and a lawyer.

Project participation also extended beyond the health and education sectors. Many projects involved participants from community service and civil society organizations (CSOs) as well as other nongovernmental organizations (NGOs). Corporations, businesses, and sports professionals also played a role in some projects. At least one project included participation by lawyers and journalists. This diversity of stakeholders enriched the project experience for all participants, laid the groundwork for future collaboration on NCDs, and increased the likelihood of future progress on NCDs policy and services.

**Findings from NCD Child Projects**

The two dozen NCD Child projects yielded a rich body of information containing lessons that can inform future policy advocacy related to NCDs in children and adolescents. Some of the findings were general in nature; others pertained specifically to the potential for collaboration between the health and education sectors.
Overall, the survey responses suggest that impacts of the grants program include:

- Increased collaboration and networking with stakeholder groups, including youth groups
- Increased focus on advocacy initiatives at the local and national level
- Increased interest in professional development
- Intention to transfer successful project model to other NCD-related issues
- Increased collaboration with national bodies of health (e.g. Ministries of Health and various national pediatric and disease-specific societies)
- Increased collaboration of multiple sectors, including Ministry of Education, Ministry of Health, and local civil society organizations
- Use of new platforms for broader communication of advocacy efforts (e.g. social media, online presence)
- Development of new advocacy tools

Other important information emerging from the NCD Child projects pertains to collaboration between the health and education sectors. More than half of the projects included activities that took place in school or university settings, with participation by students, teachers, staff, and/or management. The design and implementation of these projects usually involved collaboration between health and education agencies, officials, or personnel. In some instances, the Ministry of Health and/or Ministry of Education were involved, usually in initial stages of project approval. The most active engagement was at the local level, often led by enthusiastic local champions.

The active role of local champions was a salient feature in the success of many of the projects, particularly those in which the education sector played a role. A major strength of the projects was the diversity of approaches tailored to local conditions. Initial assessment of local needs often led to the design of a project that was carried out in a school setting as the most promising place for addressing on or more of the risk factors for NCDs. Leadership at the community level by school principals, faculty, and staff reflected a local investment in the success of the project.

Although many of the projects resulted in success at the local community level, fewer indicated that long term sustainability was assured or that replication at the national level was likely. Taking projects to scale requires not only supportive policies but also active engagement at the level of the Ministries of Health and Education. Although the intention was expressed in reports from many projects to extend the work either through repetition at the same sites or extension to other sites, limited availability of future funds could be an impediment. Nevertheless, some projects built important relationships that could provide the foundation for future work, including the kind of advocacy required to achieve necessary policy change.

SEEKING POLICY CHANGE

Establishing a policy framework and building the necessary tools for making progress on NCD prevention and management in children and adolescents requires the active buy-in and
collaboration of multiple sectors: global organizations, national and local government agencies, civil society organizations and NGOs, and professional societies, as well as private philanthropy. Extensive work has established frameworks for addressing NCDs, albeit until recently with a primary focus on adults; other work has focused on adolescent health and well-being. Recently, work has been underway to combine these two strands into a targeted effort to understand and address children, adolescents, and young people as a critically important age group for prevention and management of NCDs.

Multiple sectors have already played important roles in laying the foundation for future policy change. The World Health Organization and the Lancet Commission have highlighted the evidence base related to adolescent health and potential policy approaches. NCD Child has brought attention to the global burden of NCDs in children and adolescents. The Economist Intelligence Unit has analyzed policies of 10 countries of different income levels to assess their strength in relation to NCDs in adolescence. The United Nations has established a background framework in the human rights protections and sustainable development goals. UN agencies have established targets for the SDGs that are most relevant to NCDs in children and adolescents, especially WHO for SDG 3 (health) and UNESCO for SDG 4 (education).

Further progress will depend on even greater collaboration among sectors to achieve integrated responses that are effective and sustainable. In particular, collaboration between health and education is essential. This will involve reinforcing the role of the health sector in working to implement SDGs related to education, inclusion, and equity, while ensuring that the health sector works closely with the education sector and others. This is beginning to occur, for example, through attention by WHO to health promoting schools.

Two groups of young people for whom this is of critical importance are children with a chronic illness or disability and adolescent girls. Children with chronic illnesses and disabilities encounter significant barriers to full participation in school programs (e.g., physical accessibility, medication management). Adolescent girls also encounter significant barriers to school attendance, with many of these barriers involving a sexual or reproductive health component (e.g. menstruation management, mental health issues related to unplanned pregnancy, early motherhood). The critical role of education, particularly secondary education, as an element of NCD prevention makes addressing the issues of equity and inclusion for these youth of critical importance. Creating mechanisms for inclusion of all young people in education will require policy change at the national and local level with active participation from Ministries of Health and Education, legislative bodies, and local public health and educational officials.

In addition to the NCD issues that are clearly at the intersection of health and education, additional policy issues must be addressed to ensure progress needed on NCDs for children and adolescents. For example, greater integration of understanding and response to NCDs and communicable diseases, as recently highlighted in a workshop that National Academies of Sciences, Engineering, and Medicine in the United States. Also, the impact of climate change on NCDs must be understood and incorporated into effective responses. For example, in 2018 air pollution was added to the 5x5 framework for NCDs as one of the major risk factors and drivers for NCDs. Issues such as these must be addressed through policy action at both the national and local level.

CONCLUSION

The NCD Child advocacy workshops and small grant projects provided a rich body of experience-based lessons from which to learn in crafting future responses to NCDs in children and adolescents. Key findings relate to the role of local champions, the need for policy change to take successful work to scale, and the potential for innovative leadership by youth:

• Local champions can be major contributors to the initiation and success of projects to address NCD risk factors—such as obesity, physical activity, and tobacco use, especially in school settings—and to implement responses to NCDs—such as rheumatic fever, polio, and diabetes.

• To replicate such projects and take them to scale, engagement is essential by policymakers at the highest level in multiple sectors, who can both leverage financial resources and bring about policy change.

• Youth themselves have demonstrated the capacity to provide innovative leadership by helping with the design of projects, serving as mentors to peers with NCDs, launching online presences that raise awareness and motivate action, and engaging in direct advocacy.

These findings, along with myriad others that emerged from the workshops and projects, can begin to define a pathway toward more effective prevention of NCDs in children, adolescents, young people, and ultimately, adults.

NCD CHILD

NCD Child is a global multi-stakeholder coalition focused on the prevention, treatment, and management of non-communicable diseases (NCDs) in children, adolescents, and young people. NCD Child advocates for the inclusion of children, adolescents, and young people in the global NCD agenda and for the inclusion of child and adolescent NCD prevention in the Sustainable Developmental Goals; promotes both treatment and prevention for addressing the NCD burden; and supports the inclusion of youth and family voices in global and country planning for NCDs.

Authors

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### APPENDIX A: NCD CHILD WORKSHOPS AND FORUMS

#### REGIONAL TRAINING WORKSHOPS

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<th>REGIONAL TRAINING</th>
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<td>PAHO 2015</td>
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<td>SEARO/WPRO 2016</td>
<td>Hyderabad, India</td>
<td>15th Asia Pacific Congress of Pediatrics</td>
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<td>5th Asia Pacific Congress of Pediatric Nursing</td>
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<td>53rd National Conference of the Indian Academy of Pediatrics</td>
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<tr>
<td>AFRO 2016</td>
<td>Eldoret, Kenya</td>
<td>East Africa Pediatric Association Congress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16th Kenya Pediatric Association Scientific Congress</td>
</tr>
<tr>
<td>Global 2016</td>
<td>Vancouver, Canada</td>
<td>28th International Congress of Pediatrics</td>
</tr>
<tr>
<td>EURO 2017</td>
<td>Bucharest, Romania</td>
<td>8th Europaediatrics Congress</td>
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<tr>
<td></td>
<td></td>
<td>13th National Congress of Romanian Pediatrics Society</td>
</tr>
<tr>
<td>EMR 2019</td>
<td>Amman, Jordan</td>
<td>Advocating for Adolescent Health &amp; NCDS Workshop</td>
</tr>
</tbody>
</table>

#### GLOBAL FORUMS & WORKSHOPS

<table>
<thead>
<tr>
<th>FORUM/WORKSHOP</th>
<th>MEETING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global NCDs Forum, Children and Youth 2019</td>
<td>Sharjah, United Arab Emirates</td>
</tr>
<tr>
<td>Global NCDs Workshop 2018</td>
<td>Washington, DC, in conjunction with CORE Group Global Spring Meeting</td>
</tr>
</tbody>
</table>

1 Many of the regional training workshops were held in conjunction with regional or international pediatric conferences. At least one workshop was a free-standing event.
## APPENDIX B: NCD CHILD ADVOCACY IN ACTION GRANTS

<table>
<thead>
<tr>
<th>COUNTRY/RECIPIENT</th>
<th>PROJECT GOALS, OBJECTIVES, ACTIVITIES</th>
<th>PROJECT FOCUS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LATIN AMERICA REGION</strong></td>
<td></td>
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</tr>
<tr>
<td>Argentina/Argentinian Pediatric Association</td>
<td>Establish network of instructors by conducting pilot training courses for prevention, detection, and response at primary care level</td>
<td>Obesity</td>
</tr>
<tr>
<td>Mexico</td>
<td>Train 40 Mexican pediatricians as leaders in the prevention of exposure to tobacco smoke and the prevention of accidents and injuries in the population under 18 years of age in Mexico</td>
<td>Tobacco exposure Accidents &amp; injuries</td>
</tr>
<tr>
<td><strong>ASIA PACIFIC REGION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bangladesh/Bangladesh Pediatric Association &amp; Centre for Woman &amp; Child Health</td>
<td>Reduce burden of child and adult NCDs through literature review, expert consultation, and a multi-sector symposium to raise awareness and develop policy and practice recommendations</td>
<td>Low birthweight Child malnutrition Obesity</td>
</tr>
<tr>
<td>India/Indian Academy of Pediatrics</td>
<td>Increase awareness among school children of NCD prevention by conducting school-based health education program and developing evaluation plan</td>
<td>Healthy food Physical activity</td>
</tr>
<tr>
<td>India/Public Health Foundation of India</td>
<td>Engage pediatricians and enable schools to adopt health promoting policies and activities to achieve India’s NCD targets</td>
<td>Obesity</td>
</tr>
<tr>
<td>Indonesia/Indonesian Pediatric Society</td>
<td>Improve Indonesian adolescents’ knowledge, attitudes, and behavior towards obesity and its impact in adult life through a seminar in Indonesian schools</td>
<td>Obesity</td>
</tr>
<tr>
<td>Japan/Japanese Pediatric Society</td>
<td>Improve nutritional status of sick children and prevent malnutrition to decrease prevalence of diseases related to malnutrition, and in turn, decrease the number of hospitalizations related to malnutrition</td>
<td>Malnutrition</td>
</tr>
<tr>
<td>Malaysia/Malaysian Paediatric Society</td>
<td>Decrease the incidence of RHD and control the progression of existing cases of RHD by raising awareness and empowering students, parents, and teachers in early identification of symptoms through school-based interactive activities</td>
<td>Rheumatic Heart Disease</td>
</tr>
<tr>
<td>Malaysia/Malaysian Paediatric Society</td>
<td>Train pediatricians to be more effective advocates in prevention of childhood obesity</td>
<td>Obesity</td>
</tr>
<tr>
<td>Myanmar/Myanmar Pediatric Society</td>
<td>Disseminate knowledge of NCDs to pediatricians and allied medical professionals, regarding obesity, diabetes mellitus, disability, and mental health</td>
<td>Obesity Diabetes Disability Mental Health</td>
</tr>
<tr>
<td>Nepal/Nepal Pediatric Society</td>
<td>Educate practitioners and other healthcare workers on disaster preparedness as an emerging child health issue in non-communicable diseases to better serve children of Nepal across all age groups</td>
<td>Disaster Preparedness</td>
</tr>
<tr>
<td>Pakistan/Pakistan Pediatric Society</td>
<td>Develop plan to ensure children living with disabilities in Pakistan have access to comprehensive rehabilitation services by engaging with polio survivors and families and visits to rehabilitation centers</td>
<td>Polio rehabilitation</td>
</tr>
<tr>
<td>EAST AFRICA REGION</td>
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<tr>
<td><strong>Egypt/Egyptian Pediatric Association</strong></td>
<td>Initiate, maintain, disseminate, and evaluate interactive website and mobile app for pediatric NCDs in Egypt</td>
<td>NCD prevention, management, and treatment</td>
</tr>
<tr>
<td><strong>Ethiopia/Ethiopian Pediatric Society</strong></td>
<td>Increase awareness of road traffic accidents by hosting educational programs in four schools</td>
<td>Road traffic accidents</td>
</tr>
<tr>
<td><strong>Ethiopia/Mathiwos Wondu-Ye Ethiopia Cancer Society</strong></td>
<td>Advocate for pediatric cancer national control plan by conducting two-day consultative workshop and one-day follow up evaluation workshop</td>
<td>Pediatric cancer</td>
</tr>
<tr>
<td><strong>Kenya/Kenya Diabetes Management and Information Centre</strong></td>
<td>Train youth living with diabetes as peer mentors and champions; and establish social media presence to facilitate diabetes awareness and advocacy</td>
<td>Diabetes</td>
</tr>
<tr>
<td><strong>Kenya/Kenya Pediatric Association</strong></td>
<td>Develop and disseminate information, education, and communication materials on physical activity to increase community and institutional awareness</td>
<td>Physical activity</td>
</tr>
<tr>
<td><strong>Tanzania/Paediatric Association of Tanzania</strong></td>
<td>Determine magnitude of obesity among children in secondary schools; increase awareness among teachers, parents, and children of health implications of obesity and importance of physical activity</td>
<td>Obesity</td>
</tr>
<tr>
<td><strong>Uganda/Uganda NCD Alliance</strong></td>
<td>Assess knowledge, attitude, and practice of physical activity and nutrition in secondary schools; create awareness among teachers of physical activity and nutrition; assess behavior change</td>
<td>Obesity</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>EUROPE REGION</th>
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</thead>
<tbody>
<tr>
<td><strong>Armenia/Armenian Pediatric Association</strong></td>
<td>Decrease NCD prevalence in children by raising awareness of NCD prevention in schools and among pediatricians</td>
</tr>
<tr>
<td><strong>Romania/Romanian Society of Social Pediatrics</strong></td>
<td>Promote healthy lifestyle for high-school children by holding educational programs, cooking workshops, and running events</td>
</tr>
<tr>
<td><strong>Slovenia/Slovenian Medical Students’ International Committee</strong></td>
<td>Unite youth, student and other non-governmental organizations, whose members currently actively contribute to or will contribute to health education of school children</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>NORTH AMERICA REGION</th>
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<tbody>
<tr>
<td><strong>Canada/Stop Marketing to Kids (StopM2K!) Coalition</strong></td>
<td>Youth led advocacy campaign to stop marketing of unhealthy foods to children</td>
</tr>
<tr>
<td><strong>USA/American Academy of Pediatrics</strong></td>
<td>Strengthen pediatricians’ capacity and awareness to promote NCDs awareness at the local level through participation in NCDs workshops offered through pediatric professional associations</td>
</tr>
</tbody>
</table>
APPENDIX C: HUMAN RIGHTS PROTECTIONS

Note: This Appendix highlights selected provisions and specific language in five major human rights documents with particular relevance to achieving equity and inclusion in the realm of NCDs.

Universal Declaration of Human Rights (1948)
• “Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.” (Article 2)
• “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.” (Article 25)
• “Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.” (Article 25)
• “Everyone has the right to education.” (Article 26)

• Protection against discrimination (Article 2)
• Protection of the rights of disabled child (Article 23)
• “State Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.”
• “States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.” (Article 24)

Convention on the Elimination of All Forms of Discrimination Against Women (1979)
• “States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women . . . .” (Article 10)
• “States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.” (Article 12)
• “States Parties shall take all appropriate measures to eliminate discrimination against women in other areas of economic and social life in order to ensure, on a basis of equality of men and women, the same rights, in particular: . . . The right to participate in recreational activities, sports and all aspects of cultural life. (Article 13)

International Convention on the Elimination of All Forms of Racial Discrimination (1965)
States Parties undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of the following rights: . . . The right to public health, medical care, social security and social services; The right to education and training. (Article 5)

• Right to education (Article 24)
• “States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.” (Article 25)
APPENDIX D: SUSTAINABLE DEVELOPMENT GOALS

SDG 1: End poverty in all its forms everywhere

SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

SDG 3: Ensure healthy lives and promote well-being for all at all ages

SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

SDG 5: Achieve gender equality and empower all women and girls

SDG 6: Ensure availability and sustainable management of water and sanitation for all

SDG 7: Ensure access to affordable, reliable, sustainable and modern energy for all

SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

SDG 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

SDG 10: Reduce inequality within and among countries

SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable

SDG 12: Ensure sustainable consumption and production patterns

SDG 13: Take urgent action to combat climate change and its impacts

SDG 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development

SDG 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

SDG 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development