

INTRODUCTION

The Third UN High-Level Meeting (HLM) on NCDs is less than 90 days away. Over the past six months, child health advocates, including health care providers, civil society, and youth, have repeatedly urged Member States to ensure the final Political Declaration for the UN HLM on NCDs is responsive to the needs of the population most affected by its policies: children, adolescents, and young people. This requires including youth at the policy-making level and ensuring policy targets are supportive of the unique needs of the next generation.

CURRENT STATUS

The zero draft of the Political Declaration is currently being negotiated by Member States through July. While the draft is an improvement from previous UN NCD documents, it is still deficient in appropriately addressing the prevention, treatment, and management of NCDs through a life-course approach.

Several civil society organizations, including NCD Child, the Global Health Council, and the American Academy of Pediatrics participated in the consultation and recent UN HLM Hearing on NCDs to champion a life-course approach to the global NCD agenda. If negotiations remain on schedule, less than 3 weeks remain before the declaration becomes final. These recommendations, developed by youth champions for NCD prevention and control, will be circulated to Member States and the WHO High-Level Commission on NCDs.

OUR RECOMMENDATIONS

To ensure universal and equitable access to high-quality, affordable, age-appropriate health care services for all children, adolescents, and young people at risk for and/or living with NCDs (PLWNCDS), we urge Members States to:

1. Elevate the urgency of the growing NCD epidemic by committing representation by the Head of State or Government at the UN High-Level Meeting on NCDs in September.
2. Remove the lower limit of the WHO definition of ‘premature mortality’ so deaths by young people under the age of 30 are appropriately counted.
3. Provide a platform for youth and PLWNCDS at the UN HLM and in the design, implementation, enforcement and evaluation of NCD policies.
4. Mobilize and scale up sustainable financing mechanisms to prevent and control the NCD epidemic, across the life-course, with a focus on multisectoral partnerships with civil society organizations, youth advocates, PLWNCDS, and the private sector.
5. Improve and expand country-level, age-disaggregated surveillance of risk factors, disease prevalence, and mortality.
6. Regulate the range of social, environmental, commercial, and political determinants driving the NCD epidemic in accordance with the WHO ‘best-buys’ and other recommended cost-effective interventions such as effective taxation on tobacco and sugar-sweetened beverages.
7. Commit to policy which promotes prevention, access to treatment and care, including medicines and technologies that are person-centric. Move beyond the traditional 4x4 approach to include all NCDs, including care for mental health and injury prevention.
8. Urge Member States to consider equity in access to NCD prevention and care, particularly for children living with disabilities, children born with congenital conditions, indigenous people, and other underrepresented groups.
9. Institutionalize the role of youth advocates in existing and planned decision-making bodies or expert commissions at the local, national, regional, and global levels; support youth capacity building on leadership, policy development, research, and community engagement.
10. Prioritize targeted health promotion campaigns on the risk factors, prevention, and management of NCDs for youth, families, schools, and communities.