NCD Child Position Statement: WHA73

NCD Child wholeheartedly endorses the WHA73 Pillar of achieving better health and well-being for one billion people worldwide. With the rising trends of non-communicable diseases (NCDs) globally, there is an increasing need to focus on the impact of chronic NCDs and the challenges they present for health and well-being. They are a leading cause of disability and death, with up to 42 million deaths per year or 73 per cent of deaths globally\(^1\). As such, we recognize that prioritizing the impact of NCDs along with infectious diseases is essential in order to achieve better health.

Young people are at the centre of the NCD epidemic as two-thirds of premature deaths due to NCDs are linked to risk factor behaviours during childhood, adolescence and youth. Young people, including those living with NCDs, are key stakeholders in the global NCD agenda, who must be meaningfully engaged in order to sustainably achieve better health and well-being for all.

**UN Sustainable Development Goals (SDGs)**

We recognize the urgent priority to advance Sustainable Development Goal 3: “To ensure healthy lives and promote well-being for all at all ages,” with special emphasis on target 3.4 “to reduce the premature mortality from NCDs by one-third by 2030”. At the heart of these efforts is an integrated approach to NCD prevention and control across sectors and including the voices of those often overlooked such as children, adolescents and young people.

The current WHO definition of ‘premature deaths’ starts at age 30 – NCD Child believes that the age limit under this definition should be removed to ensure that children, adolescents, and young people are not excluded from these counts. While many gains have been achieved in reducing under-5 mortality, the reduction of premature deaths due to NCDs requires a holistic approach that targets health across all years of life. SDG 3 should not only be defined by child mortality, but also with the recognition of a child’s right to lead fulfilling and healthy lives throughout the life course.

**Life-course approach**

NCDs have traditionally been viewed as an issue of adulthood and ageing. However, most preventable adult deaths from NCDs are linked to risk factors that start earlier in life. The period during childhood and adolescence is critical for preventing NCDs as many unhealthy behavior patterns, such as unhealthy diets, tobacco use, harmful use of alcohol and physical inactivity often start during this age period. As such, the sustained prevention of NCDs should occur early in life, which requires a child-centered approach to improve the health and well-being of people of all ages.

NCDs also affect people earlier in the life-course, including children and adolescents. These include childhood cancer, type 1 diabetes, and congenital heart diseases, which are currently not considered preventable. However, access to timely treatment and management of NCDs for all ages is equally important to ensure the well-being and health of children.

**Universal Health Coverage (UHC)**

NCD prevention and management should be prioritized in the overall advancement of UHC. In particular, addressing NCD poverty among the poorest billion, including children and youth,

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requires greater commitment to UHC. Addressing the burden of NCDs among the poorest and most marginalized people will require preventative strategies and the implementation of life-changing interventions.

UHC ensures a cost-effective way to provide high-quality care, strengthen health systems and support access to health care as a basic human right. Recognizing the important role of children, adolescents and young people in the NCD epidemic is a first step to ensuring people of all ages will have equal access to UHC for the prevention and management of NCDs. Necessary changes need to be made in collaboration with the next generation, young people themselves. Young people will play a unique role on the road to achieving UHC and therefore must be appropriately and consistently engaged as the Political Declaration is put into practice.

**Access to medicines**
We believe that access to quality healthcare services is a basic human right for all, including access to safe, effective, high quality and affordable essential medicines and vaccines. NCDs require long-term and often lifelong care, including palliative care and pain relief. As such, access to essential medicines is necessary to minimize symptoms and the risk of long-term complications for people living with NCDs. This investment maximizes their participation in education and work.

At NCD Child, we recognize that medicines, technologies, devices and diagnostic tests that are safe, effective and appropriate for infants, children and adolescents should be equitably accessible globally for NCD prevention and management.

**Equal access to improved health and well-being**
More work must be done to ensure that gains in NCD prevention and management are shared equally. Ensuring equitable access to healthcare and medicines to all can bridge the gap in NCD rates globally. The world’s poorest one billion people in low and middle-income countries (LMICs) experience levels of poverty that systematically exclude them from accessing NCD prevention and management. This disparity is of particular importance as children and young people make up the largest portion of people living in extreme poverty. Addressing the role of poverty and NCDs, particularly for children and young people, is important in achieving better health and well-being for all.

**Building back better**
As we look to the era of “building back better” it is important to address cross-cutting issues beyond SDG3, such as poverty, education, gender equality and environmental factors.

It is equally important to acknowledge and address the impact of COVID-19 on the NCD community. NCDs are a major contributor to COVID-19 mortality and severe illness across all age groups, especially those with conditions such as diabetes, hypertension, obesity, heart disease, and cancer.

While global political action on NCDs continues to be inadequate, now more than ever there is a need for coordinated action to focus on the prevention and management of NCDs. Following the World Health Assembly, we must proactively strengthen surveillance, communication, and equitable access to healthcare in order to address the burden of both infectious and non-communicable diseases.