

Responding to the Challenge of Non-communicable Diseases

United Nations Children's Fund

1. Many NCDs have their origins in early life

NCDs undermine children and adolescents' right to health, nutrition, education and play. Each year, about 1.2 million children and adolescents aged under 20 die from often treatable NCDs such as chronic respiratory diseases and cancers, accounting for 13% of overall NCD mortality. NCD risk factors, e.g. childhood overweight and obesity, have a negative impact on children's mental and emotional well-being, peer relations, learning and opportunities to participate in education and recreation.

Exposure to NCD risk factors is often established very early in life. Prenatal maternal undernutrition and/or low birthweight predispose an individual to obesity, high blood pressure, heart disease and diabetes later in life. Maternal obesity and gestational diabetes are associated with cardiovascular disease and diabetes in both mother and child.

Childhood and adolescence are also periods when behaviours which lead to the onset of NCDs are adopted including tobacco use, alcohol use, unhealthy diets and physical inactivity as well as unsafe sex (which can result in the spread of HPV, a cause of cervical cancer). These behaviours contribute to an estimated 70% of premature deaths in adulthood.

United Nations high-level meetings have highlighted the need for UN agencies, including UNICEF, to scale up their work on NCDs as part of the 2030 Agenda for Sustainable Development.

NCDs account for 14.6% of all-cause mortality and 24.8% of disability-affected life years (DALYs) amongst children and adolescents.

Exposure to NCD risk factors may begin before or during pregnancy and continue during infancy and childhood and adolescence, underlining the importance of action across these age groups

Childhood and adolescence are periods where significant impact can be made in risk reduction through evidence-based interventions on diet, physical activity, tobacco and alcohol consumption

Addressing NCDs requires coordinated action from all UN agencies within a broader whole-of-society response.

Children and adolescents are often targeted by companies producing, marketing and/or selling unhealthy products (e.g. tobacco, alcohol and foods high in fat, sugar and/or salt). Many children and adolescents also grow up in built environments that are not conducive to healthy behaviours (e.g. urban areas that combine limited opportunities for physical activity, exposure to unsafe roads and high levels of air pollution).

Children and adolescents with NCDs, or those tasked to provide care for family members with NCDs, have lower educational attainments and less access to employment opportunities, leading to an increased risk of financial insecurity later in life. In addition to the psychological impact on offspring, NCD-linked adult illness and premature death are associated with household poverty, food insecurity, social stigma and an increased work burden on children. NCDs can contribute to gender inequality as they usually present a need for long-term caregiving which historically is disproportionately borne by female family members. NCD risk factors, such as alcohol and tobacco use, are also linked with child deprivation and violence against children, especially girls.

2. UNICEF has a role to play in supporting countries in preventing and controlling NCDs

The UNICEF Strategic Plan for 2018–2021 has strong links to NCD prevention and control, namely:

- enhancing maternal, newborn and child health to reduce NCD risks;
- improving immunisation, particularly against human papillomavirus (HPV);
- preventing low birth weight, stunting, and other forms of malnutrition, including overweight and obesity;
- preventing and treating HIV (HIV and its treatment increase the risks of NCDs and related problems);
- investing in early childhood development (positive and responsive parenting);

- addressing adolescent health and nutrition (e.g. developing inclusive, multisectoral and gender-responsive national plans for adolescent health and well-being which included reducing behavioural risk factors for NCDs); and
- adolescent mental health, suicide and road safety.

Given its focus on childhood and adolescence and its cross-sectoral approach, UNICEF is well positioned to integrate early prevention of NCDs and their risk factors into its work.

UNICEF has reviewed the recommended cost-effective NCD interventions endorsed by the WHA to identify those that are linked to UNICEF's work at global, regional and country levels.

Many of the recommended “best buy” interventions are already being implemented by UNICEF's country offices (e.g. breastfeeding promotion), while some require the promotion of new activities (e.g. school-based policies and programmes, supportive infrastructure for active transportation in road safety programmes) and a focus on preconception health for females and males. Some areas of current and potential programming in relation to the “best buys” are highlighted in the table on page 3.

BEST BUYS

In 2017, the World Health Assembly endorsed a set of “best buys” and other recommended interventions to address NCDs.¹ Best buy interventions address four NCD risk factors (tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity) and four disease areas (cardiovascular disease, diabetes, cancer and chronic respiratory disease). There are 88 recommended interventions, including overarching/enabling policy actions.

¹ WHO. 2017. ‘Best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases. Available at: <http://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf>.

Evidence-based interventions	UNICEF actions
Advocate for legislation on food regulation and taxation.	<p>On the global platform, UNICEF has been at the forefront of breastmilk substitute regulation.</p> <p>UNICEF has been engaged with global level advocacy on the regulation of food composition and marketing and has promoted food labelling.</p> <p>UNICEF has also worked at global and country level to advocate for fiscal measures to control the consumption of sugar-sweetened beverages.</p>
Promote and support exclusive breastfeeding for the first 6 months of life, including promotion of breastfeeding.	UNICEF's Nutrition programme focuses on protection, promotion and support for exclusive breastfeeding for the first six months of life and continued breastfeeding with safe and adequate complementary feeding up to two years and beyond as well as promoting a healthy diet and addressing multiple micronutrient deficiencies among children aged 6–23 months.
Implement nutrition education and counselling in different settings (e.g. preschools, schools, workplaces, health clinics and hospitals) to increase the intake of fruits and vegetables.	To advance UNICEF's Nutrition programme on NCDs and nutrition, guidance documents on the prevention of overweight and obesity, school nutrition and nutrition among adolescents are currently under development.
Implement mass media campaign including social marketing on healthy diets to reduce the intake of total fat, saturated fats, sugars and salt, and to promote the intake of fruits and vegetables.	UNICEF's Communication for Development (C4D) programme can contribute to advocacy and community engagement efforts by creating an enabling policy and legislative environment for NCD prevention: this can engage communities, amplify the voices of affected children and adolescents, encourage participation particularly of adolescents and guarantee that governments and other stakeholders deliver on NCD prevention and control.
Implement whole-of-school programmes that include quality physical education, availability of adequate facilities and programmes to support physical activity for all children.	<p>The UNICEF Education programme plays a significant role in NCD prevention through its preschool, primary and secondary school programmes for children over five years, and for adolescents.</p> <p>Developing and supporting whole-of-school policies and programmes that protect children and adolescents from harmful subsidies, encourage physical activity and address healthy diets are all potential entry points for UNICEF action.</p>
Implement community-wide public education and awareness campaign for physical activity which includes a mass media campaign combined with other community-based education, motivational and environmental programmes aimed at supporting behavioural change and physical activity levels.	Through its Community Health programme, UNICEF is able to provide support to mass media campaigns and targeted community-based health promotion activities via community health and social worker platforms.
Primary prevention of rheumatic fever and rheumatic heart diseases by increasing appropriate treatment of streptococcal pharyngitis at the primary care level.	UNICEF's community and child health service delivery infrastructure, part of its Integrated Management of Childhood Illness programme, has the capacity to promote early detection and effective treatment of rheumatic fever as a preventive measure against rheumatic heart disease.
Vaccination against HPV (2 doses) of 9- to 13-year-old girls.	These campaigns are part of UNICEF's Extended Programme on Immunization and delivered via in-country programmes.
Prevention of liver cancer through hepatitis B immunisation.	

Guidance on UNICEF's approach on early life prevention of NCDs was issued in 2019. The UNICEF Strategy for Health 2016–2030 covers four areas that enable action at country level. Across these areas, there are many opportunities for UNICEF to strengthen its support to national NCD responses.

Advocate for legislation on food regulation and taxation.	<p>Promote comprehensive laws that reduce the direct and indirect exposure of children and adolescents to tobacco, alcohol, illicit drugs, unhealthy foods and beverages, polluted air, water and soil (or polluted environment) and unsafe roads.</p> <p>Encourage school and community-based initiatives that enable healthy lifestyles and promote healthy food and physical activity.</p> <p>Reinforce health systems that, in coordination with education and social services, deliver NCD prevention, screening and care.</p> <p>Foster environmental initiatives that encourage physical activity and healthier diets (e.g. through sustainable transport and urban planning for health that prioritizes walkability and active mobility, in particular for school environments and safe and clean routes for schoolchildren).</p> <p>Target actions on environmental pollution monitoring, prevention and control. Integrate pollution control and NCD agenda. Pollution accounts for 22% of all deaths from cardiovascular disease, 53% of deaths from chronic obstructive pulmonary disease (COPD) and 40% of deaths from lung cancer).</p> <p>Identify data gaps and strengthen mechanisms for the collection and monitoring of NCD risk and related data across sectors.</p>
Influencing government policies.	<p>Provide technical support, convene stakeholders, facilitate knowledge exchange and mobilize resources to support governments in evidence-based policy-making and financing, including the adoption and implementation of laws, policies and programmes to protect children and adolescents from exposure to NCD risk factors.</p> <p>Make pollution prevention a core component of the intersectoral NCD agenda.</p> <p>Support the development of programmes for protective environments that discourage risk behaviours and support and protect health.</p> <p>Compile lessons learned, promote direct knowledge exchange between countries and foster South-South collaboration on effective strategies, policies and interventions.</p>
Strengthening service delivery	<p>Address NCDs more effectively across the lifecycle by leveraging existing platforms such as primary health care (PHC) facilities, community health platforms, schools and child protection systems,² as well as guaranteeing clean and safe environments.</p>
Empowering communities	<p>Work with local civil society organizations (CSOs), governments and other local influencers to create demand for NCD prevention; use information and communication technologies (ICTs) to increase knowledge on healthy behavior patterns; and develop compelling and contextually appropriate messages to promote NCD prevention, delivered via communication-for-development (C4D) multimedia strategies.</p>

2 UNICEF-supported maternal, newborn and child health programmes are well positioned to further integrate NCD prevention.

3. Partnerships are critical for UNICEF in mobilizing an effective response to NCDs

In addition to strengthening partnerships with governments, UNICEF can advance strategic partnerships with UN and multilateral partners. Examples include:

- United Nations Population Fund (UNFPA), particularly programmes addressing antenatal care (ANC), HPV and risk factors during adolescence;
- UN Women on gender policy;
- Food and Agriculture Organisation (FAO) and World Food Programme (WFP) on nutrition and agriculture;
- Gavi Alliance on HPV and hepatitis C;
- World Bank and regional development banks on infrastructure programmes, financing and taxation;
- United Nations Educational, Scientific and Cultural Organization (UNESCO) on health education and physical activity;
- UN Environment Programme on clean, safe and healthy environments;
- United Nations Development Programme (UNDP) on whole-of-government and whole-of-society NCD responses;
- UN-Habitat on sustainable urban mobility; and
- WHO on data/evidence/policy on prevention and control of pollution-related NCDs.

UNICEF is also able to strengthen its collaboration with civil society on the prevention and control of NCDs, e.g. through NCD Child, NCD Alliance, Global Alliance for Improved Nutrition (GAIN), Child Health Initiative and EAT Foundation,³ including the EAT Food Forum.

Engagement with the private sector can help leverage business data and expertise, e.g. to generate evidence, while business assets, technology, communications and outreach can be developed to deliver services or promote behaviour change on a large scale.

Due diligence is required to ensure that desired results are obtained from private sector engagement, particularly as the activities of some businesses have an impact on children's well-being through the marketing of tobacco, alcohol, and foods and beverages that are high in fat, sugar and/or salt. Partnerships with some pharmaceutical companies may also pose potential or real conflicts of interest.



³ For example, UNICEF and EAT have initiated a collaboration, Children Eating Well (CHEW), to conduct research into and evaluate interventions related to food environments and children's interactions with them, particularly in the urban context.

4. Mobilizing resources to deliver

Funding NCD prevention will enable UNICEF to protect children and adolescents from NCD risk factors and their impacts. However, while existing health, nutrition and education programmes can be adapted to include NCD prevention, it should not be assumed that this can be done easily, or at no cost. Nor should it be assumed that governments are always able to finance NCD prevention and control on their own, as many still require technical support to strengthen NCD-related services, policies, plans and programmes. Decision-makers must be made aware of the significant social and economic costs of NCD burdens.

In addition to UNICEF's traditional sources of funding for programmes and advocacy, private sector entities can be a potential source of funding provided they meet due diligence requirements.

This technical brief is drawn from the UNICEF Programme Guidance on Early Life Prevention of Non-Communicable Diseases (2019).⁴

⁴ The full document can be accessed here: https://unicef-my.sharepoint.com/:b/g/personal/rbermejo_unicef_org1/EemhcUrpMFFLrDYURRM2uk8BmDV8IMjS_LYcXbZOYWbgig?e=V8frzU



The United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases was established in 2013 by the Secretary General and placed under the leadership of WHO to coordinate the activities of the UN System to support the realization of the commitments made by Heads of State and Government in the 2011 Political Declaration on NCDs. Joint activities included in the work plan of the Task Force are additive to various, more comprehensive efforts conducted by the UN agencies to prevent and control NCDs. These joint activities offer important opportunities to address cross-cutting issues and to advance capacity and learning in countries.

