August 23, 2017

Dr. Douglas Bettcher
Director
Department for Prevention of Noncommunicable Diseases
World Health Organization
Geneva, Switzerland

Dear Dr. Bettcher:

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of 66,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of all children, adolescents, and young adults, we welcome this opportunity to provide input to the “Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority.”

We recommend that in paragraph two, following the mortality information about people between the ages of 30 and 69 years, mention be made of the millions of children and youth who also live with or are affected by non-communicable diseases (NCDs). This is essential for helping governments to appreciate the need for disaggregated data (per paragraph 13) and inclusive programming. The NCD target and associated indicator (3.4) in the Sustainable Development Agenda (SDA) do not discriminate based on age, but their inclusiveness must be reinforced by documents such as the Montevideo Roadmap if the target is to be fully achieved.

Diseases and conditions acquired during childhood can affect people throughout their lives. Half of adult NCDs begin in childhood and most of the behaviors that underlie NCDs start during adolescence. Children in low and middle-income countries who suffer from NCDs often die prematurely because of late diagnosis or lack of access to adequate treatment, or suffer long-term disabilities from chronic conditions that are not adequately managed. NCDs can impact a young person’s lifelong ability to become a healthy, productive member of society.

We also urge that specific attention be given to children and adolescents with disabilities. They are more likely to experience health issues, die in first five years of life, be malnourished, and experience sexual violence. They are less likely to be taken to a health facility or have access to family planning counseling.

We appreciate the attention given to gender-based approaches in paragraph 13 and the call for a technical report by the World Health Organization. Cardiovascular disease, cancer, diabetes, chronic respiratory disease and mental and neurological disorders are the leading causes of death and disability among worldwide.
However, in addition to promoting gender-based approaches, the report should explicitly endorse and provide recommendations for achieving gender equity. Globally, NCDs are now the leading cause of death and disability among women, responsible for two of every three women’s deaths. At the same time, poor women are the least likely to have access to adequate and affordable prevention, diagnosis, management, treatment or care services. Women and girls can only fulfill their full potential if we recognize gender equity as a critical determinant of health outcomes and a country’s overall development.

Finally, although it would not be appropriate for the roadmap to create a comprehensive list of NCDs or seek to prioritize them, we do wish to highlight the relevance of several related issues to the health and wellbeing of women and children—and their communications and nations—generally, and to action against NCDs specifically, even though they may be listed under other SDG goals or targets:

- **Road traffic injuries** are the leading cause of death of young people aged 15-29. This toll can be reduced through the use of seatbelts and child restraints; motorcycle helmet use; reduced drunk and distracted driving; safe roads, sidewalks, foot paths, and bicycle paths; speed bumps; and traffic crossings.

- Health workers should be trained to identify and respond to signs of abuse, neglect and violence. Toxic stress during childhood—meaning strong, frequent, or prolonged activation of the body’s stress response systems, including from violence, exploitation, abuse and neglect—may place children at risk for chronic disease, impairments in cognitive development and behavioral maladaptation, as well as impairment in social functioning and economic productivity later in life. Exposure to maltreatment is also associated with high-risk behaviors such as smoking, the harmful use of alcohol, drug abuse, and eating disorders.

- Addressing the NCD burden of women in low-resource settings will require equitable access to reproductive healthcare, particularly for two of the leading causes of cancer death in women, breast and cervical cancer. With 85% of pregnant women in low and middle income countries making at least one antenatal visit, reproductive care can serve as an entry point for other integrated services. About 28% of maternal deaths are caused by pre-existing medical conditions such as diabetes, HIV, malaria and obesity.

- **Vaccination** can prevent up to 70% of the incidences of cervical cancer, as well as lifelong disability from infectious diseases including measles, polio, meningitis and rubella. Rubella infection in pregnant women, for example, can result in miscarriages, stillbirths and birth defects including mental retardation and congenital heart defects.

Thank you for your consideration of these comments.

Sincerely,

Fernando Stein, MD, FAAP
President

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