Representing 1.3 million medical students from 127 countries worldwide, we, the International Federation of Medical Students’ Associations, recommend the following changes and additions to the draft outcome document of the WHO Global Conference on NCDs:

1) Include a specific emphasis on the prevention & treatment of NCDs for children and young people. To consider:
   a) The NCD target and indicator (SDG 3.4) does not discriminate by age – premature NCD disability and deaths also occur in young people (below 30 years of age) and this should be recognised in the Montevideo Roadmap. There is a need for governments to obtain age disaggregated data and create inclusive programming offering health services tailored for adolescents to prevent and control NCDs.
   b) Paragraph 2 – include mention of the millions of children and young people living with or affected by NCDs, and emphasise that most risk factors start during adolescence (70% of preventable NCDs in adulthood are caused by risk factors that started in adolescence).

2) Add recognition of the need for a life-course approach. To consider:
   a) Paragraph 5, 7, and 12 - mention an inclusive life-course approach and/or the goal being relevant across the life course.
   b) Paragraph 8 – add: “for all - at all ages, including children, young people and older age groups.”
   c) Paragraph 13 – change “gender-based approaches” to “gender and age-based approaches.”
   d) Paragraph 26 – make “children” “children and young people.”

3) Add recognition of the special issues for and vulnerabilities of young people. To consider;
   a) Paragraph 17 – add “Adolescents and young adults are particularly vulnerable to risk factor behaviour, and suffering from an NCD can hinder educational and vocational successes, as well as life trajectories” after “carers of the sick”.

4) Add recognition of the need for meaningful youth participation to achieve SDG 3.4. To consider;
   a) Paragraph 32 – Add “We will meaningfully engage young people at all levels of society from policy making to policy implementation, recognising that the SDGs can only be achieved by collaborating with the next generation” at the end of the paragraph.

5) Add recognition of the need for the health workforce to be fairly distributed and recruited. To consider;
   a) Paragraph 9 – After “well-resourced health workforce” to add “that is distributed according to the needs of populations and is ethically recruited.”.

For questions, comments and feedback: please contact Marie Hauerslev, IFMSA Vice-President for External affairs, vpe@ifmsa.org