Plan International UK and the Young Health Programme comments: Outcome document for the
WHO Global Conference on NCDs - Enhancing policy coherence between different spheres of policy
making that have a bearing on attaining SDG target 3.4 on NCDs by 2030

Who we are

The following comments are shared on behalf of Plan International UK and the Young Health
Programme, AstraZeneca’s global community investment initiative. The YHP focuses its interventions
on young people and primary prevention of the most common non-communicable diseases (NCDs).

Risk behaviours such as tobacco use, alcohol abuse and unhealthy eating that can lead to NCDs in
later life are primarily formed during adolescence and it is thought that 70% of premature deaths in
adults can be attributed to behaviours started in adolescence. As young people make up more than
25% of the global population and in some countries, they make up over 50% of the national
population we are committed to NCD prevention at an early age so to support healthier adult lives.

General comments

We welcome the opportunity to comment on the draft outcome document and efforts to reaffirm
the 2011 UN Political Declaration on NCDs, as well as the WHO Global Action Plan for the prevention
and control of chronic disease.

We are pleased to see the document highlight the magnitude of the problem for adults and for
health systems and society, and the excellent stewardship and need for continued focused attention
by WHO.

We hope this document will be a catalyst building momentum towards the 2018 High-Level Meeting
on NCDs, providing an opportunity to accelerate efforts towards reaching global NCD targets.

Specific comments

The document does not adequately address the needs of children, adolescents, and young people.
We suggest you include stronger reference to the prevention and treatment of NCDs for children
and youth in the NCD Roadmap as well as the need for a life-course approach when confronting NCD
prevention and management.

It is critical that governments prioritise and implement effective risk factor prevention within
approaches to addressing the NCD epidemic, the text should include a stronger emphasis on the
ambition to reduce risk factors across all ages.

- Paragraph 2: include recognition that “millions of children and youth are living with or
  affected by NCDs; most risk factors start during adolescence, and many risk factors impact
  prenatal development and directly affect children.”
- Paragraph 3: change “harmful use of alcohol and unhealthy diets,” to “harmful use of
  alcohol, and inadequate and unhealthy diets,”
Paragraph 5-7: This section should include stronger text on the risk factors for NCDs, emphasizing bold ambition to reduce risk factors across all ages.

Paragraph 5: mention an inclusive life-course approach and/or the goal being relevant across the life course

Paragraph 5: Include the following text: we will increase capacities to improve policy coherence for NCDs through facilitating regular structured exchange between health and relevant non-health ministries and pursuing integration of NCDs into national development plans and frameworks. To this end, we will consider establishing high-level national multisectoral NCD commissions or analogous bodies, such as SDG Commissions. We recognize the importance of active civil society participation in these bodies.

Paragraph 6: delete the impact of from the final sentence.

Paragraph 7: mention an inclusive life-course approach and/or the goal being relevant across the life course

Paragraph 8: add “for all - at all ages, including children, adolescents, young people and older age groups.”

Paragraph 10: acknowledge other special health care needs, too

Paragraph 12: mention an inclusive life-course approach and/or the goal being relevant across the life course

Paragraph 13: change ‘gender-based approaches’ to “gender and age-based approaches”

Paragraph 13: The NCD target and indicator (SDG 3.4) does not discriminate by age – this inclusiveness must be reinforced by the Montevideo Roadmap in order for governments to recognize the need for age disaggregated data and inclusive programming.

Paragraph 17: add “children who serve as caregivers for family members and those whose parents die from NCDs are at risk for extreme poverty and loss of educational and vocational successes” and add “adolescents and young adults are also particularly vulnerable; NCDs can prevent educational and vocational successes and life trajectories.”

Paragraph 18: delete “death related” from the inclusion of “environmental exposure” – gain – there are substantial morbidities from environmental risks, and children have special and significant additional vulnerabilities.

Paragraph 22: add ‘adequate’ to “developing guidelines and recommendations that support and encourage healthy, adequate, and sustainable diets throughout the life-course...”

Paragraph 26: make “children” “children, adolescents, and young people”

Paragraph 26: add “options that are affordable and accessible, contain adequate micro-nutrients, and follow relevant nutrition facts and labelling standards...”

Thank you for the opportunity to comment.