As the Turkish National Pediatric Society we have reviewed the "draft outcome document for the WHO Global Conference on NCDs (Montevideo, 18-20 October 2017)". As all over the world, the burden of disease for noncommunicable diseases in Turkey is increasing. Studies have already demonstrated that the roots of the diseases start to be planted during childhood starting from the intrauterine period, progressing during all childhood and having the greatest impact to adulthood during adolescence. However policies are most of the time lacking to emphasize the childhood period separately ignoring the different biopsychosocial characteristics of childhood. The disadvantage starts to be planted during the intrauterine period pointing the importance of the mother so besides a life-course approach, intergenerational approach is also vital.

Several factors effect the development of NCD. Nutrition, physical activity, tobacco and alcohol use and environmental toxins are the first to count. However abuse and neglect and toxic stress from any reason (war, terrorism, refugee) should also be counted and addressed.

We as the Turkish National Pediatric Society also recommend the following changes to the document:

Include a specific emphasis on prevention & treatment of NCDs for children & youth in the NCD Roadmap

- Paragraph 2: include mention of millions of children & youth living with or affected by NCDs, most risk factors start during adolescence, and many risk factors impact prenatal development and directly affect children.
- Paragraph 2: Change “reduce inequities and premature deaths from NCDs.” to “reduce inequities and premature morbidity and mortality from NCDs.”
- Paragraph 13: The NCD target and indicator (SDG 3.4) does not discriminate by age – this inclusiveness must be reinforced by the Montevideo Roadmap and for governments to recognize the need for age disaggregated data and inclusive programming.

Add recognition of the need for a life-course approach when confronting NCD prevention and management

- Paragraphs 5, 7, 12: 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 13: change ‘gender-based approaches’ to “gender and age-based approaches”
- Paragraph 26: make “children” “children, adolescents, and young people”

Add recognition of full range of NCD-related nutrition issues

- Paragraph 3: change “harmful use of alcohol and unhealthy diets,” to “harmful use of alcohol, and inadequate and unhealthy diets,”
- Paragraph 22: add ‘adequate’ to “developing guidelines and recommendations that support and encourage healthy, adequate, and sustainable diets throughout the life-course...”
Add recognition of the special needs and vulnerabilities for 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…”

- Paragraph 10: acknowledge other special health care needs, too

- 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.

Turkish National Pediatric Society Executive Committee