Response Statement to The Interactive Hearing for the Third UN High-Level Meeting on MCDs

Children’s HeartLink, would like to extend its support of the United Nations and the World Health Organization in addressing the burden of NCDs. We welcome the UN leadership in this process and join many other organizations advocating for equitable access to high quality care for NCDs as part of the sustainable development framework.

Children suffering from NCDs often die prematurely or suffer long term disability because of late diagnosis, poor treatment or lack of access to care. These NCDs include, but are not limited to, cancers, heart disease, asthma, and diabetes. Every year, the 16 Children’s HeartLink partner hospitals in Brazil, China, India, Malaysia and Vietnam serve over 90,000 children affected by heart disease and their families. For children born in a high-income country, odds are likely that they will receive the care they need to survive and live a healthy childhood. The odds for children born in poor countries are dreadful. Only 7% of the population in low- and middle-income countries has access to pediatric heart surgery, leaving backlogs of millions of children awaiting life-saving treatment.

The success and sustainability of NCD care in low- and middle-income countries is dependent on integrated health systems, quality training programs that lead to an adequate workforce, surveillance and research, and sustainable financing. As we all prepare for the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in September 2018 and member states discuss the zero-draft political declaration, we request they consider addressing some of the inequalities of geography and income that impact children with CHD by addressing some of the following points:

1️⃣ By 2030 it is predicted that heart disease and other congenital abnormalities will for the first time be among the leading five causes of child death.

2️⃣ Create financing mechanisms for NCDs that improve affordability for children and their families affected by CHD, Improved affordability, which includes UHC, is key to increasing access to healthcare services and interventions. No one should fall into poverty because of out-of-pocket health care expenses for their child’s illness.

3️⃣ Deliver integrated and coordinated pediatric cardiac care to ensure 85% of children with CHD can survive into adulthood. A life-course approach is critical to ensure children with NCDs survive and thrive. Improved coordination and integration with existing and successful maternal and child health programs will strengthen the life-course approach to NCDs in children.
Expand the NCD framework to include conditions beyond the “4x4” framework and environmental and lifestyle factors for NCDs in children. Children do not choose to be born with birth defects and develop chronic disease and we owe it to them to provide the necessary care.

Close the data gap. Surveillance of pediatric heart disease and economic modelling of scaling up treatment would be critical to assure the life-threatening conditions of millions of children worldwide are not being overlooked in health policy decisions.

Beyond the 3rd UN HLM on NCDs, Children’s HeartLink will continue to seek the ongoing inclusion of childhood heart disease in the global NCD agenda and conversation. The healthy development of children born with heart disease and the eradication of rheumatic heart disease are of interest to all sectors – civil society, professional organizations, funders, national governments, private sector, patients and families. Likewise, we all have unique roles to play in improving access to pediatric cardiac care.