



SUSTAINING HUMAN DEVELOPMENT:

LEVERAGING EARLY LIFE OPPORTUNITIES TO PREVENT AND CONTROL NCDs

"We must fulfill our obligations to youth. The World Programme of Action for Youth asks Governments to consider the contributions of young persons on all policies affecting them. Governments must honour this commitment. They must also increase the financial, education and technical support made available to young people...It is high time that we stopped viewing our young people as part of the problem and started cultivating their promise and potential."

— Ban Ki-moon,
UN Secretary General, International Youth Day 2007

The NCD Alliance
Putting non-communicable diseases
on the global agenda



 **The Partnership**
for Maternal, Newborn
& Child Health



INTRODUCTION

Non-communicable diseases (NCDs) — mainly cancer, cardiovascular disease, chronic respiratory diseases, and diabetes — are a major challenge to health and development in the 21st century. They are the leading cause of death and disability worldwide, exacting a heavy and growing toll on the physical health and economic security of all countries, particularly low- and middle-income countries (LMICs). NCDs perpetuate and entrench poverty within households and communities, and increase inequalities within and between countries.

To accelerate the response to NCDs worldwide, greater attention and investment are needed on the early years of life, particularly during childhood and adolescence. Today, 43% of the world's population are young people, rising to 60% in the least developed countries.¹ Children and adolescents represent an “age of opportunity” for NCD prevention and control, which to date has largely gone untapped. NCD risk begins at conception, and patterns of consumption of unhealthy products and exposure to social and environmental determinants of NCDs can be established in childhood and adolescence.

We have the opportunity now to empower a generation to make healthy choices, reduce the social and environmental NCD risk factors, and strengthen health systems to respond to the needs of children and adolescents. Together, these efforts will drive sustainable human development, achieve progress towards the “25 by 25” global NCD target, and lay the foundation for the world's future.

This policy brief provides the rationale for investing in the early years of life for NCD prevention and treatment, offers strategic opportunities for interventions and impact, and outlines recommendations for the post-2015 era.

Key Messages

- Addressing NCD risks and treatment in children, adolescents and youth is an issue of human rights, as well as a priority for health and sustainable human development.
- Research shows that the reproductive, maternal and newborn child health continuum offers critical entry points for influencing NCD risk later in life and the health status of individuals, families, and future generations.
- Interventions to promote healthy development before birth, through infancy, childhood and adolescence and those aimed at encouraging healthy behaviors in adulthood are complementary and should not be seen in competition to one another. A healthy start to life matters for a lifetime.
- Attention is required on NCD prevention, early detection and diagnosis, treatment and care, including palliative care and pain management, for children and adolescents living with NCDs so that all young people are able to reach their full potential.
- Improvements in data on NCDs in children and adolescents is urgently needed, including through the systematic monitoring of NCD risk factors, incidence and mortality, and health system responses in national surveillance systems and plans.
- While NCDs constitute a public health challenge, solutions require a holistic approach which engages a range of social, educational and community development programs in specific ways.

The Rationale: Why focus on young people and the early years of life?

Young people are at the centre of the NCD epidemic. They are uniquely vulnerable, disproportionately affected, but also offer the potential to drive change for current and future generations. The rationale for investing in young people and the early years of life is three-fold:

Maximizing an age of opportunity for NCD prevention

Current evidence unequivocally demonstrates that NCDs are largely preventable, and a significant body of research now reveals the trajectory of NCD risk starts early in life. In addition to having immediate impact on child health and survival, early life influences such as maternal under- or over-nutrition, low birthweight, second-hand tobacco smoke exposure, and newborn overfeeding increase the risk of obesity and other NCDs later in life.² Significant early adversity for children, such as extreme poverty, abuse, or neglect, leads to “toxic stress” which affects early brain development and can have a cumulative toll on an individual’s physical and mental health. In addition, children of women with diabetes, including gestational diabetes mellitus (GDM) have a greater propensity to develop NCDs in adulthood.^{3,4} The health of mothers before and during pregnancy, and the nutritional status and growth in fetal and early postnatal life, have profound effects on vulnerability to NCDs later in life (see figure).

The period of adolescence is also pivotal in reducing NCDs and maximizing health across all stages of life. During this period, decisions that are made, habits that are formed and paths chosen can have life-long repercussions, and impact across generations. Evidence shows that unhealthy behavior patterns related to NCDs, including unhealthy diets, tobacco use and smoke exposure, physical inactivity, and harmful use of alcohol, are often initiated during childhood and adolescence.⁵⁻⁸ It is estimated that over half of the 36 million NCD deaths every year are associated with behaviors that began or were reinforced during adolescence.^{5,8} Children and youth are also at high risk of injuries, leading to death and disability.

This demographic shift in unhealthy behavior is due in part to the low socio-economic, legal and political status of children and adolescents, which increases exposure and vulnerability to NCD risk factors. For example, adolescent girls in some LMICs are less active and place less value on participating in physical activity due to their social and cultural context. Smoking rates are increasing among youth in several regions of the world, partly due to aggressive marketing by the tobacco industry targeting girls and women,⁹ and exposure to indoor air pollution from wood and solid fuel smoke from cooking is a widespread risk for children and adolescents in LMICs, contributing to childhood pneumonia, asthma and mortality. Furthermore, exposure to child maltreatment (which includes

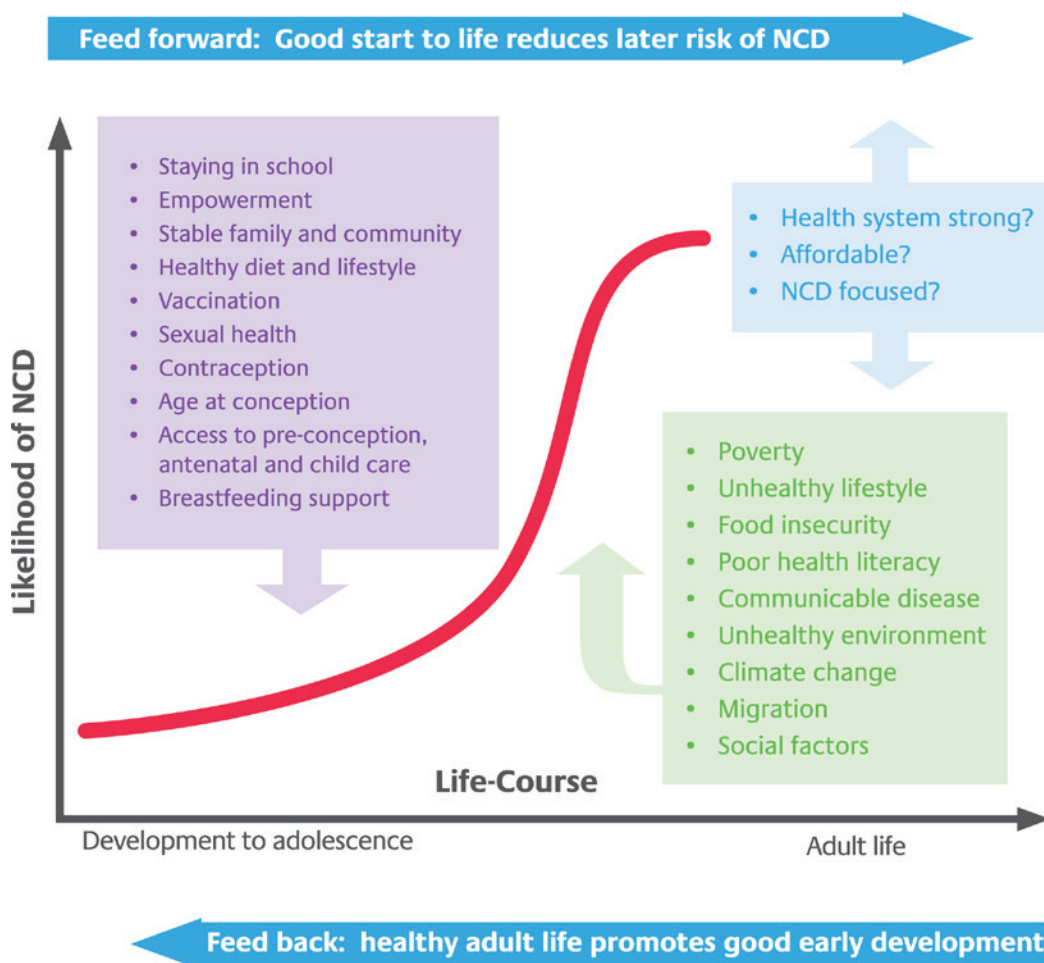


Figure: A healthy start to life matters for a lifetime

Courtesy of Professor Mark A Hanson — University of Southampton, Southampton General Hospital, UK

physical, sexual, and emotional abuse, and neglect or deprivation), is a recognized risk factor for subsequent high-risk behaviors such as smoking, harmful use of alcohol, drug abuse, and eating disorders, which in turn predisposes individuals to NCDs. Initiation of unhealthy behavior at younger ages is contributing to earlier onset of related NCDs, including obesity, which now affects 20–40% of adolescents worldwide, and type diabetes 2 in young people.⁴

Efforts to eliminate exposure to infectious agents during childhood and adolescence will also reduce NCD risk later in life. Examples of this include vaccinating against hepatitis B virus (HBV), a major cause of liver cancer, vaccinating against human papillomavirus (HPV), a main cause of cervical cancer and preventing and treating rheumatic fever, which can lead to rheumatic heart disease (RHD). Sexual health education and counselling for boys and girls in the adolescent health setting provides an opportunity for discussion of NCD risk factors and promoting gender equality and healthy lives. Sexually transmitted infections, including HIV, are also risk factors for cancer and heart disease.^{10,11}

Fulfilling the rights of children and adolescents to NCD treatment and care

Childhood and adolescence is not only an age of opportunity for NCD prevention. It also represents an imperative and an obligation for early detection, treatment and care, as many children and adolescents live with chronic, life threatening and debilitating NCDs. Common NCDs in children include type 1 diabetes, RHD, congenital heart disease, asthma, and cancers including leukemia, lymphoma and solid tumors.

Access to affordable, quality treatment and care is a fundamental human right that should be enjoyed by all, including children and adolescents. The right to health is firmly accepted and embraced by the international community, most notably in the Universal Declaration of Human Rights and the Convention on the Rights of the Child.¹² But in practice, these international commitments are often not upheld. Too often, young people in LMICs are denied access to affordable, quality essential NCD services and deprived of lifesaving medicines and technologies. As a result, there are harsh inequities in survival rates for childhood-related NCDs between rich and poor countries. For example, there is a 80% survival rate for childhood cancer in some high-income countries, compared to less than 10% in some LMICs.¹³ Survivors of birth asphyxia and resuscitation also need health systems specifically designed to meet their needs.

Entrenched poverty, gender inequality, and stigma, are all barriers for children and adolescents living with NCDs in LMICs. For individuals and families affected by NCDs, there is often a large burden of out-of-

“We have to continually ask ourselves what legacy we wish to leave our children. . . . We have given them life, let’s make sure they can live it to the fullest without the threat of disease robbing them of its quality later on.”

— Her Excellency Reema Carmona

First Lady of the Republic of Trinidad and Tobago opening the NCD Child conference on March 20, 2014

Case Study 1: *Facts for Life* — Placing children, families and communities at the heart of a UN-wide response to NCDs

Under the umbrella of the recently established UN Interagency Taskforce on NCDs, UNICEF is developing a specific chapter on prevention and management of NCDs in children and youth for its flagship publication *Facts for Life*. *Facts for Life* is an internationally validated and authoritative source consistent with the principles of the Convention of the Rights of the Child. Its 14 chapters cover a range of survival, health, protection and development issues. Promoting simple and practical messages to mothers, fathers, caregivers and communities, *Facts for Life* has been produced and used globally by UNICEF since 1989 with over 15 million copies in 215 languages across 200 countries. The aim of the new chapter on NCDs is to help raise the prominence of children and adolescents within the global response to NCDs and support tangible actions to reduce and prevent child mortality and disability from NCDs.

pocket expenses which can push households into a vicious cycle of poverty, loss of income, debt and ill-health.¹⁴ The related productivity losses pose a tangible threat to national economies and projected increases in NCDs in LMICs could be catastrophic.

Translating a political mandate into action

In recognition of these unique vulnerabilities, impact and potential for change, there is now widespread acceptance at the highest political level of the importance of children and adolescents in the global NCD response, as well as the need for a life-course approach that addresses multiple determinants from preconception to the end of life.¹⁵

The landmark 2011 UN Political Declaration on NCDs commits governments to adopting the life-course approach for NCD prevention and control strategies, and includes specific reference to children as a vulnerable population. The Political Declaration also urges governments to integrate NCDs into reproductive, maternal, newborn, and child health (RMNCH) services. More recently, the WHO Global NCD Action Plan 2013–2020 reinforces these commitments by enshrining the life-course approach as a cross-cutting principle for achieving all six objectives in the Global Plan.¹⁵ Furthermore, a newly formed UN Inter-agency Task Force on NCDs is engaging the entire UN family to respond to the global NCD burden, including UNICEF and UNFPA as important agencies for accelerating action on children and adolescents.

But while there may be a political mandate and political will, there remains a significant gap between political rhetoric and progress at the national level on NCDs, early life interventions and operationalizing a life-course approach. The 2013 UN Secretary-General’s Report on NCDs underscores that progress on NCDs since 2011 has been “insufficient and highly uneven”. Although 95% of countries have a national unit, branch or department in their Ministry of Health with responsibility for NCDs,^{16,17} national NCD plans are neither fully implemented nor adequately resourced in the majority of countries. And despite the life-course approach being a central tenant of the UN Political Declaration and the Global NCD Action Plan, the 2013 Report fails to mention it once when reflecting on progress.

The Opportunity: Strategic investment in early life interventions

The time is now to learn from our shared experiences, replicate and scale-up successful interventions, apply new technologies, and develop innovative processes and partnerships to focus on early life years, particularly children and adolescents, for NCD prevention and control. Outlined below are evidence-based strategic areas for investment, which draw upon the 2011 UN Political Declaration on NCDs and the Global NCD Action Plan 2013–2020.

Start prevention early

In order to fulfill the UN Political Declaration's mandate of a life-course approach to NCD prevention, strategies to address the early stages of life and modifiable risk factors are required. These should not be seen in competition to one another, or one as a substitute for the other. They should be seen as complementary efforts aimed at promoting healthy behavior and reducing risk of NCDs at all stages of life.

For NCD prevention during the early stages of life, strategies need to focus on health behaviors before and during pregnancy, maternal and paternal health and nutrition and exposures to toxins, and infant and early childhood nutrition. Cost-effective measures which have a positive impact on health outcomes include the provision of screening and management of GDM, detection and management of RHD, health and nutritional literacy, and smoking prevention and cessation in pregnant women.

In addition, cost-effective population-based policies and legislation are needed to protect children and adolescents from injuries and from harmful exposures, including marketing of unhealthy behaviors and products, tobacco and secondhand smoke, alcohol and other drugs. These are key to respecting and fulfilling adolescents' rights to a safe and healthy environment that enables informed decision-making and limits risky behaviors associated with NCDs. An essential package of thirteen population-based interventions is identified in *The Lancet* Commission on Investing in Health Report, all of which support a health promoting environment for children and adolescents.¹⁸ This package include three types of approaches—taxation, regulation or legislation, and information—to address tobacco, harmful use of alcohol, poor dietary quality, and physical inactivity. Fiscal policies, particularly tobacco taxation, are singled out as one of the most powerful levers to reduce the NCD burden. Across all LMICs, these interventions would cost only US\$2 billion annually.

"You see alcohol everywhere. When you go by the corner, there is a tavern, and when you turn, there is a tavern. When you turn around, there is someone selling dagga [marijuana] and you would think they are selling sweets and Simba chips."

— IDI, male adolescent, Johannesburg
WAVE Study¹⁹

Create enabling environments and supportive communities for healthy behavior

Creating an environment that is conducive to healthy behavior is critical to the prevention of NCDs in children and adolescents, and future generations. This demands a sense of shared responsibility across the whole of society to support health-promoting environments, as young people do not act or behave in isolation. They interact with and are influenced by a multitude of actors, sectors and institutions on a daily basis — notably families, peers, communities and schools. For this reason, it is imperative to recognize and empower young people as change agents for health promotion, rather than treating them as a source of the problem or reducing their role to that of a passive victim in need of rescue.

Action is required across multiple sectors — including education, urban planning, transport, and agriculture — to tackle the drivers of the NCD epidemic, and foster environments that make healthy choices the default choice for young people. For example, school health

Case Study 2: Adolescents' perspectives of health from urban communities: The WAVE study¹⁹

The Well-being of Adolescents in Vulnerable Environments (WAVE) is a global study led by the Johns Hopkins Bloomberg School of Public Health as part of the Young Health Programme. WAVE started in 2011, and focuses on young people living in disadvantaged urban communities in Baltimore, Johannesburg, Shanghai, New Delhi, and Ibadan. It explores adolescents' perceived health and their top health challenges, and the factors that adolescents perceive to be related to their health and health care utilization. Using in-depth interviews, community mapping, focus groups, and a Photovoice methodology in which adolescents were trained in photography and took photos of the meaning of 'health' for young people in their communities. Over 2500 participants across five sites were included in WAVE.

Findings from the study highlighted the importance of gender in determining health challenges for adolescents. Among female adolescents, sexual and reproductive health issues were primary health challenges, whereas among male adolescents, tobacco, drug, and alcohol consumption was of highest concern, which often resulted in acts of violence. Personal safety was also a top concern among males and females from Baltimore and Johannesburg, and among females in New Delhi and Ibadan. Factors perceived to influence health the most were the physical environment, which was characterized by inadequate sanitation and over-crowded buildings, and the social environment, which varied in influence by gender and site. Regardless of the study site, adolescents did not consider physical health as a top priority and very few felt the need to seek health care services. This study highlights the need to focus on underlying structural and social factors for promoting health and well-being among adolescents in disadvantaged urban environments.

The Young Health Programme (YHP) is a partnership between AstraZeneca, Johns Hopkins Bloomberg School of Public Health and Plan International. YHP aims to positively impact the health of adolescents in marginalized communities worldwide through research, advocacy and on-the-ground programmes which are focused on NCD prevention.⁸

programs provide important opportunities to prevent behaviors that underlie NCDs. Schools can provide a health-promoting culture by increasing access to healthy foods, teaching healthy choices, ensuring daily physical activity, promoting healthy active lifestyles, and uprooting stigma and discrimination connected with NCDs. In addition, community-based programs, for example sport and leisure activities, should address the myths and misconceptions surrounding NCDs in order to reach young people who are not in formal education or who do not have access to it.

Integrate NCDs into the RMNCH continuum of care

As a healthy start to life can be established even before conception and during pregnancy, a comprehensive approach to women and children's health that integrates NCDs is urgently needed.¹⁴ There are important entry points for integrating NCDs across the RMNCH continuum of care, from adolescence and pre-pregnancy through to the post-natal period and early childhood.

Preventative care and health promotion interventions throughout the RMNCH continuum of care can promote sexual health, good nutrition and physical activity and other major NCD risk factors. For example, HPV vaccine programs can prevent up to 70% incidence of cervical cancer²⁰ and sexual health education for young people can provide information and counselling on safer sexual behavior to reduce HIV and other infections associated with NCDs. Pre-conception planning is critical for women living with NCDs, particularly women with type 1 diabetes or RHD, in order to reduce

"The social determinants of health for adolescents will not only have immediate effects on their health and wellbeing, they will have far-reaching effects on their health and wellbeing as adults and on that of future generations, society as a whole, and perhaps even the future of humankind."⁷

— Editorial, *The Lancet*, November 2013

maternal and child morbidity and mortality. As was highlighted in a recent WHO/UN report, more than 25% of maternal deaths are caused by pre-existing medical conditions such as diabetes, HIV, malaria and obesity.²¹

Furthermore, with 80% of pregnant women in LMICs arranging at least one antenatal visit, there is a significant opportunity to provide an integrated and comprehensive antenatal package. This should include awareness and counselling to reduce risk factors during pregnancy, early detection and management of GDM which could help to reduce stillbirths by up to 45%²² as well as reducing risk of later cardio-metabolic disease in both the mother and her child. Post-natal follow up also provides important gateways to reducing the progression of type 2 diabetes in both mother and child, screening for congenital heart disease, initiating comprehensive vaccination programs and treating immediately preventable newborn death and chronic heart conditions.

Make health systems work for children and adolescents

Youth-friendly health services are essential for NCD prevention and control. Too often in LMICs the needs of children and adolescents are neglected in health systems, with few services able to provide comprehensive and user-friendly services for those living with NCDs, disability and other chronic conditions. Adolescents often fall between pediatricians and adult physicians, and even for those in schools, existing services do not provide comprehensive preventive care.

Efforts to strengthen primary health care for child and adolescent health are particularly needed, as is the integration of NCDs within existing child and adolescent health programs in LMICs. Tertiary child and adolescent health systems in LMICs must also be strengthened so that skilled health workforces are trained in the diagnosis and management of NCDs, able to offer affordable and appropriate interventions, utilize effective patient referral systems, and contribute to public awareness and capacity building within primary and secondary care facilities and systems.

Particular attention must be paid to providing universal access to affordable and quality-assured essential medicines and technologies for children and adolescents, including insulin, salbutamol, penicillin, chemotherapy, pain relief medicines, and asthma inhalers. The global response to scaling up NCD treatment must be underpinned by a rights-based approach including the right to health as well as education, housing, food and human dignity. This will involve empowering young people living with NCDs and removing the barriers which prevent them from participating in their communities.

Bridge the information gap on children and adolescents

The paucity of reliable data, particularly in LMICs, on children and adolescents with NCDs and the associated risk factors continues to be a major barrier to progress at the national level. In high-income

Case Study 3: Jom Mama: Interventions to prevent diabetes in pregnancy and the next generation

Launched in 2013, Jom Mama is a public-private partnership between the Malaysian Ministry of Health, Steno Diabetes Center, the University of Southampton, the University of Witwatersrand and Novo Nordisk. It explores opportunities to develop and assess pre-pregnancy interventions to optimize women's health and integrate these into Malaysia's existing health system. A qualitative research study was developed to gain an in-depth understanding of the factors and levers that affect behavior of young couples in Malaysia. The study collected perspectives from three main groups — young couples, the community, and healthcare providers.

Healthcare providers reported that current health systems offer important access points to introduce pre-pregnancy interventions, but inadequate human resources, training, and infrastructure were highlighted as some of the barriers to achieving this. Interviews with community members revealed low levels of health literacy among young couples, with financial, socio-cultural and physical environments also serving to prevent healthy behaviors. Young couples reported that work patterns had a large influence on their eating habits and level of physical activity. It was also found that young couples often seek health information from both electronic and printed media as well as from healthcare personnel, and the types of information sought were on pregnancy, sexual health, healthy lifestyle and diseases.

The Jom Mama study has highlighted the need — but also the opportunity — to introduce preconception interventions to improve young women's health status prior to and during pregnancy, and also to reduce diabetes transmission to the next generation. Implementation is now being planned.

Case Study 4: A Community Development Approach to Rheumatic Heart Disease in Kenya

"We need to treat approximately 500 patients with RHD, but we can only handle about 50 open heart surgeries locally due to resource constraints"
— Professor Gerald Yonga, Chair, Department of Medicine at the Aga Khan University Hospital, Kenya.

No longer seen in high-income settings, Rheumatic Heart Disease (RHD) kills approximately 233,000 people annually and is the most common childhood heart disease in Kenya and many LMICs. A preventable NCD, RHD is responsible for devastating outcomes when left untreated. The decline of RHD in developed countries is believed to be the result of improved living conditions and availability of antibiotics. Overcrowding, poor housing conditions, under-nutrition, poverty and lack of access to healthcare play a role in the persistence of this neglected, chronic disease of childhood.

In March 2014, the Kenyan RHD Family Support Club was launched by families, professionals and organizations, based on a rights-based, person-centered, community development framework for action that has been used effectively in the Asia-Pacific region by Caring & Living As Neighbours (CLAN) – an Australian Non-Government Organization. Early outcomes include multisectoral planning to improve access to medicine; utilization of mobile phone networks to enable ongoing communication amongst families and health professionals; clarification of community priorities; youth empowerment; emotional support; and the development of strategies in place to strengthen existing health systems and stream-line outpatient care. This multi-sectoral, community development approach to reducing the burden of NCDs early in the life-course promises sustainable change at a national level.

countries, the incidence of cancer, diabetes, cardiovascular disease and lung disease (including asthma) in children and adolescents is now being collected, but surveillance on health-risk behaviors in adolescents remains highly variable and disconnected.²³ In LMICs, surveillance systems are weak, disease registries are not maintained systematically or coordinated to inform case management, and indicators related to child and adolescent health are often neglected in the demographic and health surveys which form the basis for policy making and planning. As a result, there is an information gap at country and global levels on children, adolescents and NCDs. Specific action is needed to improve the systematic collection and monitoring of NCD risk factors and NCD incidence and mortality data, disaggregated by age and sex from birth to 24 years. Existing surveillance and reporting mechanisms for measuring country capacity and response to NCDs such as the WHO Global Survey also require strengthening to include child- and adolescent-specific targets.

Institutionalize mechanisms for youth participation, including social networks

It is widely recognized that policy-making and program development is more sustainable and effective when youth and families are treated as partners. Young people have the right to participate in policy forums that shape the global response to NCDs. Provided with the necessary information, means and skills, they provide important youth-sensitive perspectives, and can be empowered to be advocates for NCDs in their communities. Significant opportunities ahead include the UN Review and Assessment on NCDs in July 2014, and ongoing consultations on the post-2015 development agenda.

New communication technologies can be leveraged for youth and family engagement in policy making processes, as well as lending momentum and geographical breadth to youth-led activism. Used appropriately, the internet, social networking and related technologies can be powerful tools that enable children and adolescents to speak out on NCDs, access and exchange ideas and information, and shape attitudes and behavior. These networks also provide a platform for the inclusion of traditionally excluded populations such as girls and women and persons living with disabilities.²⁴ There is huge potential for online and interactive activism, creating relevant and agile social networks for youth and NCDs.

Case Study 5: Young Leaders in Diabetes Program — Young Minds, Fresh Ideas, Real Change!

The incidence of diabetes continues to grow at an alarming rate worldwide, with the most concerning growth occurring in people under the age of 25. In 2011, the International Diabetes Federation (IDF) set up the Young Leaders in Diabetes (YLD) Program in order to involve and engage young people in diabetes policy. The YLD is a network of 132 advocates with diabetes between the ages of 18–30 from 70 countries, all committed to being a powerful voice in the fight against diabetes. Together with their national diabetes associations, they fight for prevention, education, access to quality care, ending discrimination, and overall improving quality of life for people with diabetes and those at risk worldwide. Armed with personal experience of diabetes, the YLD are the face of this global health and development challenge. Connecting these young advocates creates an unstoppable drive for change and shows how collaboration of individual efforts provides solutions for issues on local, regional and global scales.

Keegan Hall, President of the YLD summarizes the origins and impact of the project: "Several Young Leaders in Diabetes have experienced discrimination and lack of access to appropriate diabetes care and education. However, instead of feeling demoralized, they felt empowered to engage with policy makers and government officials to improve the situation for those living with diabetes in their country. The YLD is a global example of the change that needs to occur within the diabetes community and a powerful voice for people living with diabetes. With our slogan 'Young Minds, Fresh Ideas, Real Change' we want to show the world that we will not stop our fight until nobody dies from diabetes."

From organizing diabetes education camps, to setting up national diabetes awareness campaigns, the efforts of the YLD have resulted in an abundant number of local and regional projects. Additionally, by sharing experiences and creating good practices, the YLD will continue to increase their impact and shape the future of diabetes worldwide.²⁵

The Future: NCDs, life-course and early life interventions in the post-2015 era

“Young people must be subjects, not objects, of the post-2015 development agenda.”

— Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda

With the expiry date of the current Millennium Development Goals (MDGs) fast approaching, the global health community has a unique opportunity to shape the framework and priorities for the post-2015 development agenda. Collectively, we must ensure that health and NCDs are at the heart of the post-2015 era, and that the unique needs and potential of children, adolescents and youth are fully reflected.

For the post-2015 development agenda to effectively address NCDs, children and adolescents, and the life-course approach, the following recommendations should be taken into consideration. These recommendations build upon the NCD Alliance’s Healthy Planet, Healthy People: A Vision for Health in the Post-2015 Development Agenda.²⁶

- **Embrace a holistic vision of health:** Health in post-2015 must measure and drive progress in quality of life, mortality, morbidity, and disability. An overarching goal which measures healthy life expectancy should be applicable to all countries in the post-2015 era;
- **Incorporate the “25 by 25” global NCD mortality target:** Adapt the recently adopted target to achieve a 25% reduction in overall premature mortality from NCDs by 2025 — referred to as “25 by 25” — into the post-2015 framework;
- **Adopt a life-course approach to health:** From an NCD perspective, promoting good health and healthy behaviors at all ages is critical. All people, regardless of their age, must be included in strategies for prevention, early detection and diagnosis, management, rehabilitation, treatment and care in the post-2015 era;
- **Leave no one behind:** All goals and targets must have a strong equity focus in order to measure progress within poor and marginalized populations. Data should be able to be disaggregated and examined by gender, age, disability, and income within countries;
- **Reinforce the value of a human-rights based approach to health:** Make quality health care the route to equity and dignity for children, adolescents and all ages;
- **Take young people seriously:** Include indicators on children and adolescents in all monitoring mechanisms for NCDs and women’s and children’s health, and meaningfully involve young people and families in all policymaking processes and bodies in the post-2015 era;
- **Integrate and align NCD and RMNCH institutions and platforms:** Leverage the interconnections between NCDs and RMNCH, integrating services, platforms and organizations and institutions at national and global levels.

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