Some organisations committed to integrating children within the NCD discourse include:

Allta Welfare Society – improving the lives of children living with diabetes and other endocrine conditions in Pakistan.
Child Lung Health Division of the International Union against Tuberculosis and Lung Disease – focused on health services that care for children with asthma and severe lung diseases in low-income countries.
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CLAN (Carling & Living As Neighbours) – promoting a strategic grassroots, community development framework for action that supports children living with chronic health conditions in resource-poor countries.
Cure4kids - dedicated to improving health care for children with cancer and other catastrophic diseases in countries around the globe, providing continuing medical education focusing on cancer, pediatrics, oncology, and global communication tools to health care professionals and scientists worldwide
GFED (Global Paediatric Endocrinology & Diabetes) representing members from six major regional paediatric endocrinology societies worldwide, GFED is focused on building the capacity of health professionals to care for children with endocrine conditions (including diabetes) in low-income countries.
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Why we need to integrate children within NCD policies

There are four important reasons why children, teenagers and young adults (hereafter collectively referred to as “children”) require special attention and inclusion within all NCD policies:

1. NCDs affect children – Cancer, diabetes (both type 1 and type 2 diabetes), chronic respiratory diseases (such as asthma), congenital and acquired heart disease and many endemic NCDs all affect children. Children suffer from a wide range of NCDs: some are triggered in childhood by a complex interaction between the child’s body, surrounding environment, living conditions, infectious agents, nutritional and/or other factors, with consequent scope for preventive action. Some conditions are congenital: each year an estimated 8 million children (6% of all births worldwide) are born with a serious birth defect or symptomatic genetic abnormality, and heart defects alone contribute about one-third to one-quarter of all birth defects. NCDs are a major cause of preventable mortality, morbidity and disability amongst children in Low- and Middle-Income Countries (LMICs). Many of these children die prematurely because of late diagnosis and/or lack of access to appropriate treatment; those fortunate to survive often experience significant handicap and disability as a result of living with a life-limiting health condition that is not optimally managed. The global profile of childhood NCDs in LMICs will continue to emerge as infectious conditions are increasingly brought under control.

2. Children have a right to health and life – Children’s right to health requires special attention. Children are especially vulnerable and powerless, with no voice to advocate for their own needs, and yet they face unique challenges and have special needs. The period of rapid growth and development that occurs in childhood has profound impact on future health and quality of life enjoyed in adulthood, and represents a “golden window” of opportunity in terms of improving the overall lifetime health of populations and promoting rights to health for all. Whilst various international and national laws recognise the importance of the rights of the child to adequate health care and medical assistance, discourse often focuses on adults. The rights of the child however provide an element of accountability to governments and organisations. Attention must be given to addressing health issues specifically related to children.

3. A LifeCourse approach to NCD prevention and Risk Factors is vital - There is now strong evidence for the importance of good maternal health, healthy birth weights and breastfeeding to reduce the future risk of children developing NCDs as adults. Furthermore, children’s bodies are especially vulnerable to the same risk factors responsible for many NCDs in adulthood (low physical activity, poor diet, tobacco exposure and harmful use of alcohol), and the roles of some NCDs amongst children is already on the rise globally (e.g obesity and Type 2 Diabetes), so reducing exposure to these risk factors earlier in life will have a substantial impact on the future health of entire populations. A focus on children promotes generational and population-based change, and empowers an early-onset, lifestyle approach to prevention. Children can often claim a stronger ethical business imperative in having these NCDs treated, as a case can rarely ever be made that voluntary choices contributed to their burden of disease (such as with adults who acquire NCDs through alcohol or tobacco consumption). Many NCDs in children are actually caused by adults (e.g. through passive smoking, alcohol consumption, inhalation or ingestion of toxic chemicals during pregnancy, and exposure to other environmental hazards such as lead), with the development of strong NCD policies for children as a vulnerable group.

4. Strengthening paediatric health systems is essential – Many NCDs that affect children are poorly managed within health systems of LMICs, with available treatment options inferior even to corresponding adult services. The needs of children with chronic health conditions are complex: they extend beyond the traditional “acute” health context, and involve families, schools and the broader community. Increased capacity of primary, secondary and tertiary health care is required at local and national levels to develop comprehensive chronic care platforms that address the entire lifecycle of humans rather than simplistic silo-approaches to child health care. Children need to be taken into account when policies are being designed, and the implications for children’s health fully recognised.

RECOMMENDATIONS: A LIFE COURSE FRAMEWORK ON NCD OUTCOMES FOR CHILDREN

The UN High-Level Summit offers a unique opportunity to promote holistic, systematic and sustainable approaches to health-system strengthening by focusing on the entire human life-course, and the global health community has a special obligation to integrate children into all policy discussions and decisions that emerge from the meetings.

I. Pre-conception – supporting gender equity and a rights-based approach to women’s health and wellbeing, nutrition, education and financial security as a means to reducing NCD risk factors and promoting health for all.

II. Maternal and newborn health – quality prenatal and perinatal care, healthy birthweights, breastfeeding, maternal and newborn screening and immunisation.

III. Child health – rights-based, multisectoral efforts to address the social determinants of health, improve access to quality primary health care, optimise health and development in early childhood and reduce NCD risk factors.

IV. Caring for children currently affected by NCDs and other chronic health conditions – respecting and fulfilling the rights of chronically ill children and promoting community development based action aimed at: Affordable access to quality essential medicines and equipment; Education (of all stakeholders), research and advocacy; Optimisation of medical management (AHAQ), with a holistic approach to health and a focus on primary, secondary and tertiary prevention; and inclusion of chronic and congenital health conditions within IMCI, the WHO Pocket book and other relevant documents and policies to increase the capacity of paediatric health systems in LMICs;

5. Framework for action based on “7 Pillars” developed by CLAI Caring & Living as Neighbours http://www.paho.org/hq/index.php?option=com_content&view=article&article_id=443&Itemid=76
7. NCDs Alliance’s leaflet for families on NCDs in children: www.ncaalliance.org/leafletmins/ncaalliance_leaflet_mins_ncds_in_children.pdf
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9. This policy brief was developed for the NCD Alliance by CLAI Caring & Living as Neighbours in collaboration with the organisations listed below.

The NCD Alliance is a global partnership of civil society organisations and research networks working together to promote global and country-level advocacy for NCDs. The NCD Alliance represents the views of a broad group of organisations from around the world.

For more information on the NCD Alliance and its work, please visit: www.ncaalliance.org
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4. Strengthening paediatric health systems is essential – Many NCDs that affect children are poorly managed within health systems of LMICs, with available treatment options inferior to even corresponding adult services. The needs of children with chronic health conditions are complex: they extend beyond the traditional “acute” health context; and involve families, schools and the broader community. Increased capacity of primary, secondary and tertiary health care is required at local and national levels to develop comprehensive chronic care platforms that address the entire lifecycle of humans rather than simplistic silo-approaches to change that risk “forgetting” children, and fail to address the complex and unique health care needs of children. From a purely economic standpoint, children who receive appropriate treatment for their chronic health conditions can go on and make major contributions to society, and return far more than their treatment costs.

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- Education (of all stakeholders), research and advocacy;
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- Encouragement of grassroots, community-development approaches to supporting families and children living with NCDs;
- Reducing financial burdens on families that lead to poverty and promoting financial independence for those living with NCDs.

V. Recognising the impact of NCDs on parents of young children – so that children are not forced to become caregivers themselves or bear the financial burden for the family.

1. UN High-Level Summit on NCDs and Health Promotion in the Life Course, 20-21 September 2011. New York. UN


6. AHRQ（美国卫生与公众服务部资助的）高度可及性,可获得性,可接受性与质量（HCQ）评分系统


8. WHO Pocket book for nurses for children

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