

172nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 26–30 June 2023

Provisional Agenda Item 4.4

CE172/15
12 May 2023
Original: English

POLICY ON PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES IN CHILDREN, ADOLESCENTS, AND YOUNG ADULTS

Introduction

1. Noncommunicable diseases (NCDs) continue to be the leading causes of ill health, disability, and death in the Region of the Americas, responsible for 5.8 million deaths (81% of total deaths) each year (1). They include cardiovascular disease, diabetes, cancer, and chronic respiratory diseases, among others, and they share risk factors of tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity. While children, adolescents, and young adults (up to 24 years of age) experience NCDs—especially type 1 diabetes, asthma, and certain cancers—efforts to address NCDs to date have focused on the adult population, with children and youths largely overlooked. Various factors may explain this situation, including the fact that NCDs are often considered “older adult illnesses” while the youth population is commonly thought of as healthy.

2. Yet much of the burden of NCDs in adulthood is related to modifiable risk factors early in life, as children and adolescents are exposed to social and environmental determinants of health (2). Furthermore, the COVID-19 pandemic may have exacerbated these risk factors in the youth population as a result of school closures, disruptions in health services, and societal changes overall, although the impact on NCDs is still unknown. Because so many NCD risk factors start during childhood and adolescence, this is a critical period for interventions aimed at NCD prevention. In 2016 the Lancet Commission on Adolescent Health and Well-being recommended investment in interventions to shape NCD-related health behaviors among children and teens as a means of preventing future disease development (3).

3. To better reach the population of children, adolescents, and young adults during this important developmental period, NCD prevention and control strategies need to be better adapted to their unique needs and circumstances. Policies, plans, and services for NCDs should consider health and social needs throughout the life course, starting with maternal health, antenatal and postnatal care, and maternal nutrition, and seeking to reduce environmental exposure to NCD risk factors during childhood and adolescence. This policy provides strategic and technical guidance to Member States of the Pan American Health Organization (PAHO) for the development and implementation of NCD interventions for children, adolescents, and young adults, taking a child- and family-based approach across the life course.

4. This policy first summarizes the current situation of NCDs and risk factors among children, adolescents, and young adults in the Region of the Americas, pointing out critical areas, challenges, and opportunities. It then proposes strategies to prioritize cost-effective and evidence-based interventions that are developmentally appropriate, equitable, inclusive, and culturally relevant and that address the social determinants of health. While mental health is a critical issue for the youth population and is considered part of the global NCD agenda, it is not covered in this policy since a separate policy on mental health, adopted in 2022 during the 30th Pan American Sanitary Conference, addresses this matter (4), and a separate strategy on mental health and suicide prevention is being presented to the Governing Bodies of PAHO in 2023.

Background

5. A set of societal and community factors influence the health and development of children and youth, including income inequality, national wealth, health spending, infrastructure, urbanization, access to education and educational attainment, access to health services, and employment opportunities, among others (5). In addition to these social determinants of health, commercial determinants are also important with respect to NCDs, as children and adolescents are often targeted with messages encouraging tobacco use or consumption of ultra-processed foods.

6. The risk of developing NCDs, including asthma, cardiovascular disease, diabetes, and cancer, begins during the prenatal period and increases throughout the life course, from infancy through late adulthood (5). It is during adolescence—a time for exploration and independence-seeking behaviors—that many NCD risks become more evident. Available data show that smoking, harmful use of alcohol, unhealthy diet, and physical inactivity, among other risky behaviors, typically start during the early teenage years (2). But the social determinants that contribute to these behaviors, and the biological changes that predispose to disease, start much earlier, during the preconception period or even in previous generations.

7. The prevention of NCDs requires multisectoral public policies that address the social determinants of health, promote environmental changes favorable to health, and strive for policy coherence across governmental sectors. Strong connectedness and modeling of healthy behaviors among family and peers represent significant protective factors for child and adolescent health behaviors. Age-appropriate messaging and counseling strategies can help address specific NCD risk factors in the youth population. Nutrition is a critical area, given the importance of maternal nutritional status during the prenatal period and of child feeding during the first 1,000 days of life. Interventions should include promotion of exclusive breastfeeding/chestfeeding in the first six months, followed by optimal nutrition in infancy, childhood, and adolescence. Promotion of healthy school environments can foster healthy lifestyle habits, including adequate nutrition and physical activity.

8. Equally critical are efforts to increase access to health care and to strengthen the integration of NCD prevention and treatment for children into health programming. For example, human papillomavirus (HPV) vaccination is a key intervention in adolescent girls

to prevent cervical cancer, a very common yet highly preventable type of cancer among women in Latin America and the Caribbean. Children, adolescents, and young adults who suffer from NCDs require access to quality diagnosis, treatment, follow-up, rehabilitation, and palliative care, based on their situation and needs.

9. The first two decades of life are when the individual's capabilities are undergoing rapid development, and this is therefore the time when the greatest efforts should be made to shape lifelong health, learning, and social relations. Furthermore, children, adolescents, and young adults can become drivers of change in their families, communities, and society at large. However, meaningful participation of youth in policy formulation and accountability remains a challenge for the Region.

10. This policy on NCDs in children, adolescents, and young adults considers the related mandates and existing plans and strategies of PAHO. These include the Strategy for the Prevention and Control of Noncommunicable Diseases (6), the Plan of Action for Women's, Children's, and Adolescents' Health 2018–2030 (7), the Plan of Action for the Prevention of Obesity in Children and Adolescents (8), and the PAHO Strategic Plan 2020–2025 (9). The policy is also relevant to existing PAHO mandates on mental health and integrated care, and is aligned with the World Health Organization (WHO) Global Action Plan on Physical Activity 2018–2030 (10).

Situation Analysis

11. Breastfeeding/chestfeeding is one of the most effective ways to ensure child health and survival. However, nearly two out of three infants in the Region are not exclusively breastfed/chestfed in the first six months of life as recommended, a rate that has not improved in the past two decades (1). Breastfeeding/chestfeeding is associated with lower risk of overweight, type 2 diabetes, and possibly high blood pressure and cholesterol in childhood and adolescence and even into adulthood (11). Yet only four countries in the Region report that at least 50% of infants are exclusively breastfed during their first six months (1).

12. Overweight and obesity during childhood and adolescence is an important NCD risk. It is linked to ill health and premature mortality from cardiovascular disease, diabetes, asthma, and certain types of cancer later in life. In the Region, the prevalence of obesity among children and adolescents aged 5–19 years increased from 3% in 1975 to 14.4% in 2016 (latest year of available regional data), a rate that is among the highest in the world (8). The prevalence of insufficient physical activity among adolescents 11–17 years of age was 80.7% in 2016 (latest year of available data) and has not significantly changed compared to 2001, with physical inactivity consistently higher among girls (1).

13. The prevalence of tobacco use among adolescents 13–15 years of age was 11.3% in 2019 and is similar between the sexes, at 11.9% among males and 10.7% among females (12). There are an estimated 5.2 million tobacco users in this age group in the Region. The regional prevalence of heavy episodic drinking among adolescents 15–19 years of age was 18.5% in 2016 (latest year of available data), with rates ranging

from 28.0% in the United States of America to 6.7% in Guatemala (1). Rates of heavy drinking were higher for boys than for girls in every country in the Region.

14. Diabetes is of concern in the youth population, as type 1 diabetes typically appears in children and adolescents. An estimated 314,000 children and youths (19 years and younger) in the Americas live with type 1 diabetes, requiring continuous access to insulin, monitoring, and care (13). The number of people newly diagnosed with type 1 diabetes has increased by 30% since 1990 in the Region and is expected to continue increasing each year. Diabetes often goes undetected, however, and an estimated 40% of youths with type 1 diabetes will go undiagnosed or misdiagnosed (14). This points to the need for awareness, education, and capacity building for accurate and timely diagnosis and management of those affected. This is especially the case for Indigenous populations, who experience high rates of diabetes, most commonly type 2 diabetes (15–18). In addition, type 2 diabetes has increasingly been reported in children and adolescents of all ethnic backgrounds, driven largely by the rise in childhood obesity and physical inactivity (1). Children and adolescents living with diabetes are likely to face numerous challenges and stigma associated with their condition (19).

15. While cancer is rare in children and adolescents, an estimated 45,000 people 19 years of age and younger are diagnosed with some type of cancer in the Region each year. The most common types of pediatric cancers include leukemia, lymphoma, retinoblastoma, Wilms tumor, and brain and other central nervous system tumors. Optimal outcomes are largely determined by timely diagnosis and access to quality care, as many of these cancers are amenable to early diagnosis and effective treatment. However, survival rates for children and adolescents vary widely, with more than 80% surviving in Canada and the United States of America as compared to 60% in South America, 45% in Central America, and 45% in the Caribbean (20). Lower survival rates result from lack of diagnosis, misdiagnosis, or delayed diagnosis, obstacles to accessing care, abandonment of treatment, death from treatment toxicity, and higher rates of relapse, as well as social determinants of health generally, calling attention to the need for an equity approach to strengthening childhood cancer services (21).

16. Although information is available on the health status of youth with regard to NCDs and their risk factors, there is a continuing need to strengthen the evidence base to inform decision making. This task should be approached with a health equity lens, focusing on absolute and relative measures of inequality and their impact on health-related behaviors and health outcomes among children, adolescents, and young adults.

Proposal

17. This policy sets forth strategies and approaches designed to target NCD prevention and control interventions to the needs of children, adolescents, and young adults in the Region. It seeks to strengthen NCD prevention through health programs and public policies; strengthen the health system response to NCDs; and improve NCD and risk factor surveillance, all with a focus on children and youth. The policy draws on a set of cost-effective and evidence-based NCD interventions proposed and recently updated by

WHO (22). Among these, the most relevant interventions for youth populations are those that *a)* address the social and environmental determinants of health and modifiable NCD risk factors during critical windows for intervention and are delivered through community-based, school-based, peer-based, and family-based platforms, and *b)* strengthen health systems to better meet the care needs of children, adolescents, and young adults with common NCDs. The policy also draws on recommendations from the Lancet Commission on Adolescent Health and Well-being (3). Steps should be taken to increase civil society participation in NCD prevention and to promote adolescent and young adult involvement in developing NCD prevention policies and programs, so that youth perspectives are considered in their design.

Strategic Line of Action 1: Integrate NCD prevention and control strategies into health programs for children, adolescents, and young adults

18. Strategies include promotion of exclusive breastfeeding/chestfeeding, followed by optimal nutrition in childhood and adolescence. Children should begin breastfeeding/chestfeeding within the first hour after birth and should be exclusively breastfed for the first six months of life (8). From the age of 6 months, children should begin eating safe and appropriate complementary foods while continuing to breastfeed/chestfeed for up to two years and beyond. PAHO and WHO promote breastfeeding counseling, incorporation in health and maternity care services of the “Ten Steps to Successful Breastfeeding” of the Baby-friendly Hospital Initiative, and adoption of the maternity protection policies of the International Labour Organization and the International Code of Marketing of Breast-milk Substitutes (8).

19. The prevention, screening, and early detection of NCDs should be integrated into maternal and child health programs. This may include, for example, offering HPV vaccination, anemia screening, assessment for asthma, or diabetes detection as part of these programs. To promote NCD prevention among children and youth, health programs should provide information and support on tobacco prevention/cessation, alcohol and substance use, physical activity, and nutrition. Health education in these areas can also be offered through schools, camps, and community activities involving children and youth.

Strategic Line of Action 2: Develop multisectoral actions and policies to improve health promotion, NCD prevention, and NCD risk factor reduction among children, adolescents, and young adults

20. The most cost-effective approach to NCD prevention is through culturally appropriate, age-appropriate, and gender-appropriate public policies that reduce tobacco use and harmful use of alcohol and support healthy diet and physical activity. Such policies can address the determinants of health, including the commercial determinants, and have a critical impact on youth exposure to NCD risk factors. A Health in All Policies approach is needed, with policy coherence across relevant government sectors beyond health, including education, finance, transportation, agriculture, customs, social services, and information and communication technology. The latter sector is especially important with

respect to youth, given the widespread use of mobile phones, social media, and online games, which may serve as valuable intervention platforms for reaching young people.

21. An updated set of cost-effective NCD interventions, known as “best buys,” was approved by the 152nd WHO Executive Board in January 2023. They include, among others, taxation of tobacco and alcohol, salt reduction, trans fat elimination, front-of-package nutrition labeling, marketing regulations, bans on tobacco advertising, promotion and sponsorship, improvement of school environments with respect to food and physical activity, and promotion of physical activity in the community (22). As part of the health-promoting schools initiative, children and adolescents should receive nutrition education and quality physical education in school settings and should have access to school health and nutrition services. School environments should be smoke-free, and only healthy foods low in fats, sugars, and salt should be available and promoted. Municipalities and communities can also implement regulatory policies to create a healthy food environment along with green zones and transportation opportunities that facilitate walking and cycling and help children meet the WHO recommendation of at least 60 minutes of moderate-intensity physical activity per day (10).

Strategic Line of Action 3: Strengthen primary health care services that incorporate digital health solutions for NCD diagnosis and treatment among children, adolescents, and young adults

22. Appropriate health services for children, adolescents, and young adults need to be developed to ensure timely diagnosis, treatment, and follow-up care for common NCDs occurring in this age group (24 years and younger). This will involve reorienting health services to strengthen primary health care as the central pillar for NCD management. Efforts should be made to build capacity for adequate and timely diagnosis, treatment, and continuous (chronic) care for children, adolescents, and young adults with NCDs, focusing on type 1 and type 2 diabetes, cancer, asthma, and obesity. Additionally, youth should be educated on self-management of these conditions. The use of digital health technologies is recommended as a strategy to extend the coverage and reach of services, improve clinical management and monitoring, and help people living with NCDs to manage their condition. Community health workers, home visits, community-based activities with young people, and schools and day care centers are examples of people and settings that offer additional opportunities to inform, identify, and/or refer those at risk of or already affected by an NCD.

Strategic Line of Action 4: Strengthen capacity for NCD and risk factor surveillance to provide more timely and complete information on the status of NCDs, risk factors, and their determinants among children, adolescents, and young adults

23. Regular reporting on the situation of NCDs and risk factors is needed for a comprehensive understanding of health status, determinants, inequities, and health outcomes related to NCDs in the youth population. However, NCD and risk factor surveillance has historically focused on adults, with large data gaps for populations under 24 years of age and especially for those 6–12 years of age. Some relevant NCD data are collected through the Global School-based Student Health Survey and the Global Youth

Tobacco Survey, but these include only adolescents aged 13–17 years. Some countries collect relevant data on youth through the Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and National Health and Nutrition Examination Surveys, but not across all age groups. There continues to be a need for timely and continuous population-based surveys, with NCD and risk factor data collected from those under 24 years of age as part of the national surveillance system. Disaggregated data should be collected from all relevant sources and settings, including schools and youth organizations, and should include data on determinants of health and equity. Country capacity for NCD and risk factor surveillance, monitoring, and reporting must be strengthened to ensure timeliness, quality, and completeness of the data.

Monitoring and Evaluation

24. Monitoring and evaluation of this policy will make use of data and information routinely provided by Member States to PAHO, publicly available information on NCD risk factor prevalence from population-based surveys and country surveillance systems, and information on how Member States are applying this policy in their health programs. This policy will contribute to the achievement of the objectives of the PAHO Strategic Plan 2020–2025 and the Sustainable Health Agenda for the Americas 2018–2030. The monitoring and evaluation of this policy will be aligned with the Organization’s results-based management framework and with its performance monitoring and evaluation processes. A progress report will be presented to the Governing Bodies of PAHO in 2027, followed by a final report in 2031 to document the status of NCD and risk factor policies, prevalence, and mortality in the youth population.

Financial Implications

25. It is expected that Member States will prioritize the allocation of resources toward the implementation of this policy, as appropriate, in the context of the post-pandemic recovery. The Pan American Sanitary Bureau will endeavor to mobilize additional resources for the implementation of this policy to support Member States (see Annex B).

Action by the Executive Committee

26. The Executive Committee is invited to review the information presented in this document, provide any comments it deems pertinent, and consider approving the proposed resolution presented in Annex A.

Annexes

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172nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 26–30 June 2023

CE172/15
Annex A
Original: English

PROPOSED RESOLUTION

POLICY ON PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES IN CHILDREN, ADOLESCENTS, AND YOUNG ADULTS

THE 172nd SESSION OF THE EXECUTIVE COMMITTEE,

(PP) Having reviewed the proposed *Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults* (Document CE172/15),

RESOLVES:

(OP) To recommend that the 60th Directing Council adopt a resolution along the following lines:

POLICY ON PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES IN CHILDREN, ADOLESCENTS, AND YOUNG ADULTS

THE 60th DIRECTING COUNCIL,

(PP1) Having reviewed the *Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents and Young Adults* (Document CD60/__);

(PP2) Recognizing that noncommunicable diseases (NCDs) continue to be the leading causes of ill health, disability, and death in the Region of the Americas, but that efforts to address NCDs to date have focused on the adult population, with children, adolescents, and young adults (24 years of age and younger) largely overlooked;

(PP3) Understanding that common NCDs, such as type 1 diabetes, asthma, and certain types of cancer, can appear early in life; and that, furthermore, much of the burden of NCDs in adulthood is related to modifiable risk factors that have their origins in the prenatal period and childhood and continue to accumulate as older children and adolescents are exposed to additional social, environmental, and commercial determinants of health;

(PP4) Considering that cost-effective and affordable population-level interventions to prevent and control NCDs exist—including those that address the social, environmental, and commercial determinants, as well as modifiable NCD risk factors during critical time periods for intervention—and that these can be delivered through community-based, school-based, peer-based, and family-based platforms;

(PP5) Recognizing the need to strengthen health systems with a focus on primary health care to better meet the diagnosis and care needs of children, adolescents, and young adults with NCDs;

(PP6) Acknowledging the need to improve surveillance to provide more timely and complete information on the status of NCDs, risk factors, and their determinants among children, adolescents, and young adults for the purpose of policy formation,

RESOLVES:

(OP)1. To approve the *Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults* (Document CD60/___).

(OP)2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:

- a) promote the implementation of the strategic lines of action contained in this policy;
- b) enhance child, adolescent, and young adult health programs through the integration of NCD prevention and control strategies in school-based and community health programs targeting this population group;
- c) improve health promotion, NCD prevention, and NCD risk factor reduction among children, adolescents, and young adults through multisectoral actions that target reduction in tobacco use and harmful use of alcohol and promote healthy diet and physical activity;
- d) strengthen primary health care services to increase coverage, access, availability, and quality of services for NCD screening, diagnosis, treatment, and palliative care among children, adolescents, and young adults; and
- e) strengthen capacity for NCD and risk factor surveillance to provide more timely and complete information on the status of NCDs, risk factors, and determinants among children, adolescents and young adults, with an equity lens.

(OP)3. To request the Director to:

- a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of this policy and the achievement of its strategic lines of action, with support for the implementation of NCD “best buys,” integrating NCDs into primary care, resource mobilization, and partnerships;

- b) support Member States to strengthen multisectoral actions on NCDs, based on a Health in All Policies approach, with policy coherence across relevant government sectors and promotion of civil society participation in prevention and control of NCDs among children, adolescents, and young adults; and
- c) report periodically to the Governing Bodies on the progress made and challenges faced in the implementation of this policy through a midterm review in 2027 and a final report in 2031.

Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

<p>1. Agenda item: 4.4 - Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults</p>
<p>2. Linkage to Program Budget of the Pan American Health Organization 2022-2023:</p> <p><i>Output 5.1:</i> Countries and territories enabled to provide quality, people-centered health services for noncommunicable diseases, based on primary health care strategies and comprehensive essential service packages</p> <p><i>Output 5.2:</i> Countries and territories enabled to strengthen noncommunicable disease surveillance systems to monitor and report on the global and regional NCD commitments</p> <p><i>Output 13.1:</i> Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflicts of interests</p> <p><i>Output 14.1:</i> Countries and territories enabled to develop and monitor implementation of policies and plans to tackle malnutrition in all its forms and to achieve the global nutrition targets for 2025 and the nutrition components of the Sustainable Development Goals</p>
<p>3. Financial implications:</p> <p>a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities): No additional funding is requested for this policy, as it is considered part of the PAHO program plans on NCDs, child health, and adolescent health.</p> <p>b) Estimated cost for the 2024–2025 biennium (including staff and activities): No additional funding is requested for this policy, as it is considered part of the PAHO program plans on NCDs, child health, and adolescent health.</p> <p>c) Of the estimated cost noted in b), what can be subsumed under existing programmed activities? All costs can be subsumed under existing programmed activities.</p>
<p>4. Administrative implications:</p> <p>a) Indicate the levels of the Organization at which the work will be undertaken: This policy will be managed by PASB through the programs on noncommunicable diseases in collaboration with the programs on child health and adolescent health.</p> <p>b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile): No additional staffing is required.</p> <p>c) Time frames (indicate broad time frames for the implementation and evaluation): This policy will be applied from adoption in 2023 through 2030.</p>

Analytical Form to Link Agenda Item with Organizational Mandates

1. Agenda item: 4.4 - Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults
2. Responsible unit: Unit of Noncommunicable Diseases, Violence and Injury Prevention (NMH/NV)
3. Preparing officer(s): Silvana Luciani, Chief, Unit of Noncommunicable Diseases, Violence and Injury Prevention
4. Link between Agenda item and the Sustainable Health Agenda for the Americas 2018-2030: <i>Goal 9:</i> Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders
5. Link between Agenda item and the Strategic Plan of the Pan American Health Organization 2020-2025: <i>Outcome 5:</i> Access to services for NCDs and mental health conditions. Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions <i>Outcome 13:</i> Risk factors for NCDs. Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action <i>Outcome 14:</i> Malnutrition. Malnutrition in all its forms reduced
6. List of collaborating centers and national institutions linked to this Agenda item: The collaborating centers linked to NCDs include the Public Health Agency of Canada (Can-44), the University of Toronto (Can-87 and Can-110), and the University of South Florida (USA-472).
7. Best practices in this area and examples from countries within the Region of the Americas: The World Health Organization has identified a set of “best buys,” 90 cost-effective and affordable population-level health interventions for NCD prevention and control. When implemented, these are expected to lead to significant reductions in NCD risk factor prevalence and premature mortality due to the main NCDs (cardiovascular diseases including hypertension, diabetes, chronic respiratory diseases, and cancer). Most of the best buys apply to all population age groups, given that they are societal policies that influence health behaviors and promote health-supporting environments. They encompass policies to reduce tobacco use and harmful use of alcohol, promote healthy diet and physical activity, and improve treatment for the main NCDs. A detailed list of interventions, first introduced in 2017, was updated in 2022 and adopted at the 152nd session of the WHO Executive Board in January 2023 (https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_6-en.pdf). These policy interventions have been implemented throughout the Region of the Americas to varying extents. Reports illustrating specific interventions in specific countries have been published in various formats, including PAHO webstories, reports to the Directing Council of PAHO, and topic-specific regional reports such as the regional report on tobacco control, as well as through the PAHO newsletter from the Department of Noncommunicable Diseases and Mental Health.