3. Partnerships are critical for UNICEF in mobilizing an effective response to NCDs

In addition to strengthening partnerships with governments, UNICEF can advance strategic partnerships with UN and multilateral partners. Examples include:

- United Nations Population Fund (UNFPA), particularly programmes addressing antenatal care (ANC), HPV and risk factors during adolescence;
- UN Women on gender policy;
- Food and Agriculture Organization (FAO) and World Food Programme (WFP) on nutrition and agriculture;
- Gavi Alliance on HPV and hepatitis C;
- World Bank and regional development banks on infrastructures programmes, financing and taxation;
- United Nations Educational, Scientific and Cultural Organization (UNESCO) on health and well-being through the marketing of tobacco, alcohol and the impacts and consequences of high in fat, sugar and/or salt. Partnerships with some pharmaceutical companies may also pose potential or real conflicts of interest.

Due diligence is required to ensure that desired results are obtained from private sector engagement, particularly as the activities of some businesses have an impact on children’s well-being through the marketing of tobacco, alcohol and foods and beverages that are high in fat, sugar and/or salt. Partnerships with some pharmaceutical companies may also pose potential or real conflicts of interest.

Involvement with the private sector can help leverage business data and expertise, e.g. to generate evidence, while business assets, technology, communications and outreach can be developed to deliver services or promote behaviour change on a large scale.

UNICEF is also able to strengthen its collaboration with civil society on the prevention and control of NCDs, e.g. through

- the NCD Child, NCD Alliance, Global Alliance for the Health of the Child, Health Initiative and EAT Foundation, including the EAT Food Forum.

Engagement with the private sector can help leverage business data and expertise, e.g. to generate evidence, while business assets, technology, communications and outreach can be developed to deliver services or promote behaviour change on a large scale.

4. Mobilizing resources to deliver

Funding NCD prevention will enable UNICEF to protect children and adolescents from NCD risk factors and their impacts. However, while existing health, nutrition and education programmes can be adapted to include NCD prevention, it should not be assumed that this can be done easily, or at no cost. Nor should it be assumed that governments are always able to finance NCD prevention and control on their own, as many still require technical support to strengthen NCD-related services, policies, plans and programmes. Decision-makers must be made aware of the significant social and economic costs of NCD burdens. In addition to UNICEF’s traditional sources of funding for programmes and advocacy, private sector entities can be a potential source of funding provided they meet due diligence requirements.

This technical brief is drawn from the UNICEF Programme Guidance on Early Life Prevention of Non-Communicable Diseases (2019).1

1. The full document can be accessed here: https://unicef-my.sharepoint.com/:b:/g/personal/rbermejo_unicef_org1/EEmHcUrpmFLrDYURRM2uk8BmDV8IMjS_LYcXbZOYWbgjg?e=V8frzU

1. Responding to the Challenge of NCDs: UNICEF

1. Many NCDs have their origins in early life

NCDs undermine children and adolescents’ right to health, nutrition, education and play. Each year, about 1.2 million children and adolescents aged under 20 die from often treatable NCDs such as chronic respiratory disease and accidents, accounting for 13% of overall NCD mortality. NCD risk factors, e.g. childhood overweight and obesity, have a negative impact on children’s mental and emotional well-being, peer relations, learning and opportunities to participate in education and recreation. Exposure to NCD risk factors is often established very early in life. Prenatal maternal undernutrition and/or low birthweight predispose an individual to obesity, high blood pressure, heart disease and diabetes later in life. Maternal obesity and gestational diabetes are associated with cardiovascular disease and diabetes in both mother and child.

Childhood and adolescence are also periods when behaviours which lead to the onset of NCDs are adopted including tobacco use, alcohol use, unhealthy diets and physical inactivity. For example, exposure to tobacco advertising, alcohol and foods high in fat, sugar and/or salt can begin before the age of 10. These exposures can contribute to an estimated 70% of premature deaths in adulthood.

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Children and adolescents with NCDs, or those tasked to provide care for family members with NCDs, have lower educational attainments and less access to employment opportunities, leading to an increased risk of financial insecurity later in life. In addition to the psychological impact on offspring, NCD-linked adult illness and premature death are associated with household poverty, food insecurity, social stigma and an increased work burden on children. NCDs can contribute to gender inequality as they usually present a need for long-term caregiving which is disproportionately borne by female family members. NCD risk factors, such as alcohol and tobacco use, are also linked with child deprivation and violence against children, especially girls.

2. UNICEF has a role in supporting countries in preventing and controlling NCDs

The UNICEF Strategic Plan for 2018–2021 has strong links to NCD prevention and control, namely:

- enhancing maternal, newborn and child health to reduce NCD risks;
- improving immunisation, particularly against human papillomavirus (HPV);
- preventing low birth weight, stunting, and other forms of malnutrition, including overweight and obesity, and diabetes;
- preventing and treating HIV and its treatment increase the risks of NCDs and premature death are associated with household poverty, food insecurity, social stigma and an increased work burden on children. NCDs can contribute to gender inequality as they usually present a need for long-term caregiving which is disproportionately borne by female family members. NCD risk factors, such as alcohol and tobacco use, are also linked with child deprivation and violence against children, especially girls.

Many of the recommended "best buy" interventions are already being implemented by UNICEF’s country offices (e.g. breastfeeding promotion and well-baby care), while some require the promotion of new activities (e.g. school-based policies and programmes, supportive infrastructure for active transportation in road safety programmes) and a focus on preconception health for females and males. Some areas of current and potential programming in relation to the "best buys" are highlighted in the table on page 3.

**BEST BUYS**

In 2017, the World Health Assembly endorsed a "set of "best buys" and other recommended interventions" addressing NCDs. These include tobacco control (tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity) and four areas (cardiovascular disease, diabetes, cancer and chronic respiratory disease) and are 38 recommended interventions, including those recommended by previous WHO reports.

Prevention of liver cancer through hepatitis B immunisation.

Primary prevention of rheumatic fever and rheumatic heart disease.

Cervical screening and support to ensure that adolescents and young women have access to contraception and safe abortion.

Promotion of physical activity and healthy eating throughout the life course.

Fostering environmental initiatives that encourage physical activity and healthier diets (e.g. through sustainable transport and urban planning for health).

Target areas for national policies targeting NCD prevention are: 1) tobacco, 2) alcohol, 3) unhealthy diets, and 4) physical inactivity and inactivity.

UNICEF’s community and child health service delivery programmes are responsible for strengthening global, regional and country partnerships, and for developing and implementing strategies to respond to NCDs and its cross-sectoral approach, UNICEF is well-positioned to integrate early prevention of NCDs and their risk factors into its work.

UNICEF has reviewed the recommended cost-effective NCD interventions endorsed by the WHA to identify those that are linked to UNICEF’s work at global, regional and country levels.

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