The Budva Youth Declaration:

A Call to Action on Noncommunicable Diseases

International Federation of Medical Students’ Associations (IFMSA)

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Introduction

We, the members of the International Federation of Medical Students’ Associations (IFMSA), having met at the 66th General Assembly in Budva Montenegro, have organised a Youth Caucus on Noncommunicable Diseases (NCDs). We join together to highlight the importance of addressing the growing burden of NCDs in order to achieve the Sustainable Development Goals (SDGs) and ensure healthy lives and promote wellbeing for all people, at all ages. In particular, we look towards SDG target 3.4 which calls for a reduction by one third of premature mortality from NCDs through prevention and treatment by 2030, and the promotion of mental health and well-being.

Fundamentally, we implore all policymakers, all sectors of government, civil society members, non-governmental organisations (NGOs) and other stakeholders to recognise that measures to prevent and control NCDs are financially sound and economically prudent. NCDs already pose a substantial economic burden; for the period of 2011-2025, NCDs, including but not limited to cardiovascular disease, chronic respiratory disease, cancer, diabetes and mental health, are projected to contribute a cumulative output loss of US$ 47 trillion\(^1\). Investing in action to address NCDs now has the potential to dramatically curb the economic impact of these diseases in the future.

Globally, funding to implement cost-effective interventions for NCDs, from domestic and international resources, is grossly inadequate for the relative burden of disease that these diseases contribute. Consensus is growing that the SDGs will not be primarily financed from international aid budgets, and countries require catalytic funds to build national capacity to address NCDs. Despite the fact that NCDs account for almost 70% of global deaths (many of which are premature)\(^2\), donor support for programs such as communicable disease and maternal and child health greatly outweighs that of NCDs\(^3\).
We call for bolder measures, increased investment and greater policy coherence in 6 key areas:

- Financing NCD prevention and control
- Protecting health in the urban environment
- Empowering vulnerable populations and reducing inequity
- Youth and NCDs
- Health systems for NCDs
- Investing in the health workforce

Financing NCD prevention and control

The IFMSA calls upon all stakeholders in the fight against NCDs to:

- Advocate for governments taking bolder action to address NCDs in order to achieve SDG targets related to health, poverty, human rights and economic development
- Lobby all sectors of government to promote the investment case for the prevention of NCDs
- Recognise the opportunities for price and tax measures on tobacco, alcohol and sugar sweetened beverages to effectively reduce consumption and health-care costs and generate a revenue stream for financing development
- Recognise the opportunity to lower prices and taxes on healthy food to facilitate individuals to make healthy choices
- Mobilize civil society to raise awareness about the health benefits of regulatory and fiscal policies to improve acceptability amongst the general population

Regulatory and fiscal policies such as taxation of health-harming products have numerous times been proven to be an effective intervention as part of a comprehensive strategy to prevent and control NCDs. A financial incentive for individuals to avoid health-harming behaviours sends a strong message about the importance of preventing NCDs, and when combined with education about NCDs empowers individuals to feel confident in making the right choices for their health. Not only do regulatory and fiscal policies prevent NCDs, they are also highly cost effective for governments, and provide an opportunity to increase financing for health and development at the national level. Indeed, money raised through taxation of health-harming products can be re-invested into other public health programs such as health education and promotion activities and subsidising health-promoting behaviours.

Taxing of tobacco products has been recognised by world leaders as the best known example of fiscal policy for the prevention of NCDs, and offers enormous return on investment in terms of lasting health and reduction in healthcare costs. A cost-benefit study showed that for every US dollar invested in implementing a tobacco price increase of 125% in a low or middle income country (LMIC) which would achieve a 50% reduction in tobacco use, the government would get 10 US dollars in return.\(^4\)

Taxation of unhealthy food products is an ongoing focus of public health efforts. With increasing globalisation, the availability of high-fat, high-salt and high-sugar foods is growing...
exponentially, and contributing significantly to NCD burden. A meta-review on the effectiveness of fiscal policy interventions for improving diets and preventing NCDs showed that evidence was strongest for the effectiveness of sugar sweetened beverages (SSBs) taxes in reducing consumption, and of fruit and vegetable subsidies in increasing consumption\(^5\).

A handful of countries have implemented taxes on SSBs, and this movement is gaining global traction. One recent example is the implementation of the tax on SSBs in Mexico, instated in 2014. Based on observed consumption reductions so far, modelling suggest that Mexico’s SSB tax may substantially decrease morbidity and mortality from diabetes and CVD while reducing healthcare cost\(^6\).

**Protecting health in the urban environment**

The IFMSA calls upon all stakeholders in the fight against NCDs to:

- Raise awareness of the linkages between urbanisation and health, including but not limited to the impact of air pollution on cardiovascular disease, lung cancer, COPD and other respiratory diseases
- Recognise the leadership of municipal governments, and collaborate across sectors including health, urban planning, environment, finance, education, agriculture and employment to protect and promote public health
- Seek to combat indoor and outdoor air pollution through reducing use of fossil fuels, and promoting use of renewable energy sources
- Promote physical activity in the urban environment through transport systems including safe streets for walking and cycling, and access to quality green public spaces for recreation
- Recognise the co-benefits of protecting human, animal and planetary health under the One Health principle, through sustainable urbanisation
- Support and encourage the creation of robust food systems that ensure availability of healthy, fresh and affordable foods
- Empower people and communities in the promotion and protection of their health in the urban environment

The majority of the world’s population lives in cities. This proportion will only increase in the future, with 70% of the world’s population projected to live in urban areas by 2050\(^7\). Whilst urbanisation brings opportunities for individuals and families, it also promotes lifestyles characterised by unhealthy diets, lack of physical activity and tobacco and alcohol consumption. Indeed, the social determinants of health and the environment in which we are born, grow, study, work and age plays a large role in our health. With unprecedented growth in cities across the globe, it is imperative that sustainable urban planning is undertaken now to prevent poor health in the future. While the provision of health services is one component to improving urban public health, an integrated approach across sectors will be crucial in reducing exposure to health risk factors, and therefore preventing avoidable disease and death. Strategic decisions made in sectors including education, transport, energy, agriculture
and food, education, labour, and waste management impact on health and can accrue health benefits and savings, simultaneously advancing social, economic and environmental development. It is therefore critical that health impacts are assessed during both the development of urban policies and plans, and when monitoring their impact.

Municipal governments are in a unique position to ensure the implementation of health in all policies. The voices of those in the community can be heard the loudest at the city level, empowering local governments and municipalities to address the concerns of the people about their local environment.

There are many interventions in the urban environment that can promote physical activity. The presence of more green spaces and better aesthetics features in neighbourhoods is associated with higher levels of physical activity\textsuperscript{8-10} and active travel generally\textsuperscript{11}. Promoting physical activity by improving accessibility and safety of, and supporting infrastructure for, cycling and walking is a key focus of the Global Action Plan for NCDs\textsuperscript{12}. Healthy transport systems not only promote physical activity and social interaction, but they also reduce congestion and help to reduce greenhouse gas emissions and other air pollutants\textsuperscript{13}. Indeed, sustainable urban planning for health also has many collateral benefits for the environment.

Remarkable transformation of food systems, largely influenced by increasing globalisation, has contributed to the growing burden of NCDs via the increasing availability of calorie dense and nutrient-devoid foods. Nutrition enhancing food systems in urban environments is one part of the solution\textsuperscript{14}, and ensures that all citizens have the access and healthy, fresh and affordable food that is culturally acceptable and sustainably produced.

**Empowering vulnerable populations and reducing inequity**

The IFMSA calls upon all stakeholders in the fight against NCDs to:

- Recognise the importance of inequity in the burden of NCDs - both between and within communities at a local, regional, national and global level
- Promote economic development as a cornerstone of reducing the impact of NCDs
- Acknowledge that susceptibility to NCDs begins early in life, thus interventions across the entire lifecourse are required to address NCDs
- Recognise level of education as an important determinant of health
- Invest in comprehensive health literacy to equip people with transferable and flexible skills that can adapt to different health challenges experienced across the lifecourse
- Advocate for gender equity and acknowledge the unique challenges faced by women and girls in the NCD epidemic

NCDs cause 35 million of the 53 million annual deaths worldwide and more than three-quarters of these deaths occur in low and middle-income countries (LMICs). Risk factors such as smoking, excessive alcohol use, unhealthy diets and physical inactivity tend to follow a social gradient, with people from higher socioeconomic status more equipped, educated and empowered to make healthier choices. Indeed, research demonstrates the global burden of
risk factors such as tobacco use, harmful alcohol consumption, raised blood pressure and obesity are increasingly concentrated in LMICs\textsuperscript{15}, and rapid population growth and economic development in these areas pose new challenges for controlling these risk factors. For example, rates of overweight and obesity in Oceania, the Middle East, Latin America, and southern Africa now exceed those in most high-income countries\textsuperscript{16}.

Low-income countries have the extra burden of substantially higher levels of NCD risk factors that are typically associated with poverty, including use of biomass fuels and coal for cooking and heating, which are risk factors for chronic obstructive pulmonary disease and lung cancer; fetal and early childhood under-nutrition, which are risk factors for cardiovascular and metabolic diseases in adult life; and infections that can lead to rheumatic heart disease, cardiomyopathy, heart failure, and cancers of the cervix, liver, stomach, and other sites.

It is becoming increasingly evident that susceptibility to NCDs begins very early in life, and even during fetal development. Indeed, a strong association exists between maternal gestational diabetes and obesity with diabetes and obesity in youth, demonstrating the long-term effects of NCDs on the unborn child\textsuperscript{17}. This highlights the need for NCD interventions to permeate throughout the lifecourse and protect all vulnerable populations.

Education is a powerful tool to empower people to attain the highest level of health, including in the prevention of NCDs. Studies in high-income countries, especially those outside Asia, have shown that NCD mortality is higher in populations with a low socio-economic status. Smoking is more prevalent in populations with less education in countries at all levels of economic development. Increasing health literacy amongst the population is vital to ensuring good health. Comprehensive health literacy must be introduced early in life and be integrated within the broader education curriculum. Effective health literacy equips people with transferable and flexible skills that can adapt to different health challenges experienced across the lifecourse. Levels of health literacy vary widely within populations and communities and do not always correlate with levels of general literacy.

Women and girls face unique challenges in the NCD epidemic, and pervasive gender inequality must be considered in the context of health and wellbeing. Women are vulnerable to NCDs due to their lower socioeconomic, political and legal status compared to men, and their higher level of difficulty accessing health care and health education. Moreover, women do not always have access to information and education concerning their health. This disempowerment adds to their vulnerability when living with a chronic disease. Additionally, women are affected indirectly by the increasing chronic disease burden through their traditional role as carers in families and communities. The role of the caregiver can threaten or disrupt the education of adolescent girls, and often impacts a woman in her most productive years. Promoting gender equity in all policies will help to alleviate the vulnerability of women and girls in the NCD epidemic.
Youth and NCDs

The IFMSA calls upon all stakeholders in the fight against NCDs to:

- Recognise the importance of childhood and adolescence in forming lifelong health-promoting habits such as engaging in regular physical activity and eating a healthy diet
- Recognise the susceptibility of young people to health-harming habits such as tobacco use and harmful use of alcohol and other substances
- Recognise the opportunity for intergenerational benefits of educating youth on the prevention and control of NCDs
- Ensure that the voice of youth is present in the development and implementation of health policy at local, national and global level
- Accommodate the unique needs of youth in healthcare to ensure services that are acceptable to young people
- Integrate the prevention and control of NCDs into existing youth-oriented programs such as sexual and reproductive health
- Mandate that young people are protected from adverse effects of marketing of health-compromising products and activities

Young people are generally considered to be healthy, and most likely as a result of this misperception, adolescents benefited the least from the epidemiological transition as represented by the smallest drop in mortality across all age groups since 2000. Recently, there has been an increased focus on the specific needs, characteristics and potential contribution of young people in health, although, at the global level, this recognition has largely been confined to the area of sexual and reproductive health. However, non-communicable diseases (NCDs) and its risk factors have great importance to young people as well. It is estimated that 80% of adolescents are insufficiently physically active, and that 70% of preventable adult deaths from NCDs are linked to risk factors that started in adolescence. Additionally, suicide is the third largest cause of death during adolescence, and depression is the top cause of illness and disability.

Adolescence is a paramount phase of human development and the biological and psychosocial changes that take place during adolescence are of high importance to numerous aspects of the future lifecourse. As such, adolescence is a unique period to lay the foundation for good health in adulthood. Indeed, investing in the health of young people offers a unique triple return on investment – it can improve health in adolescence itself, create lasting impacts on adult health, and also ensure intergenerational transmission of healthy behaviours to the future children of young people.

Health services to young people need to be tailored specifically to young people to be most effective; they themselves must take part in developing and implementing policies for youth-friendly services. In many LMICs there are existing youth-oriented programs for HIV/STI prevention. We believe that integrating NCD risk factor prevention integrated into these would be a cost-effective and feasible solution. Many young people today have unprecedented access to information and the capacity to act on that information in shaping their own lives,
and determining their own health status. Young people can contribute in several ways to prevent NCDs such as engaging with different communities and share information about NCDs. By using new media, young voices can provide a novel perspective on NCD prevention and control by sharing targeted messages on key risk factors and interventions.

Another important aspect of NCDs prevention in young people is the deleterious effects of marketing of health compromising behaviours and products aimed at youth. Children and adolescents are often the target of the advertisement of food products that are high in fat, sugar and salt through various media platforms. Young people are highly susceptible to these marketing messages and it has been shown that advertising influences children's food preferences, purchase requests and consumption patterns.

Health systems for NCDs

The IFMSA calls upon all stakeholders in the fight against NCDs to:

- Continue to advocate for universal health coverage as a just and equitable means of providing healthcare and minimised out of pocket expenses for people living with NCDs
- Promote holistic, people-centred healthcare services
- Recognise the growing challenge of addressing a double burden of disease between communicable and noncommunicable diseases, especially in LMICs
- Explore the opportunities for integrating NCDs into existing health programs such as those for infectious diseases such as HIV and tuberculosis

NCDs are complex diseases that require robust health systems in order to provide adequate services across the spectrum of illness, including prevention of disease, early diagnosis, management and palliative care. Health systems in low- and middle-income countries are facing a double-burden of disease of communicable and noncommunicable diseases; having to treat infectious diseases as well as preserving the continuity of care of long-term health conditions. This is putting extra strain on already fragile health systems.

To improve their efficiency and relevance, health systems and health policies need to shift from disease-centered to people-centered approaches in order to provide holistic care that address all the needs of a person and gives adequate attention to the social determinants of health. It is also important to identify, analyse and address the barriers to accessing healthcare experienced by vulnerable populations. It is crucial to recognize that a paradigm shift is imperative in dealing with NCDs.

Robust and effective healthcare systems have been built around other programmatic areas in health, and provide a potential platform for integrating NCDs. Such programmatic areas include services for maternal and child health, sexual and reproductive health, and communicable diseases such as HIV and tuberculosis. NCDs have a strong interaction with each of the above domains, and therefore utilising the existing services to integrate programs in NCD prevention and control is likely to produce co-benefits. As one example, the global
response to the HIV epidemic since the 1980s has been an unprecedented mobilisation of efforts and resources. With the rapid upscale up of HIV treatment, HIV has effectively become the first large-scale chronic care programme in many resource-limited settings. Many aspects of HIV services - such as a focus on early detection, improving treatment adherence, encouraging task-shifting and task-sharing in the health workforce and empowering patients in their own care - are highly relevant in the NCD response. There is enormous potential for existing services to be expanded to encompass the prevention and control of NCDs.

Integration is a dynamic process with multiple dimensions that can prove challenging to implement. It is not a panacea and is best seen as a continuum rather than as two extremes of integrated vs not integrated. Integrated care can look different depending on service levels, or contexts. There are many possible permutations and in some scenarios, good referral links rather than integration of service delivery can be considered. The model of integration offered below consists of a series of systematic steps that can provide higher chances of success compared to fragmented or unsystematic approaches. We must however note that there is no single systemic model that could guide the process of integration and these proposed actions are principles that should be adapted by countries according to their context. Additionally, integration should be people-centred and aim to provide accessible and comprehensive care for people living with, or at risk for, HIV and NCDs at the lowest possible cost.

Investing in the health workforce

The IFMSA calls upon all stakeholders in the fight against NCDs to:

- Invest in a health workforce that is well equipped to address the growing burden of NCDs
- Ensure that NCDs are an integral component of medical school curricula, including prevention of NCDs through attention to social determinants of health
- Encourage innovation in the field of medical education, including in growing field of health technology and digital health
- Promote multidisciplinary work and task-shifting as key strategies to maximise efficiency and reduce the health impact of NCDs
- Recognise the importance as well as economic and social feasibility of primary healthcare and family doctors in the prevention, diagnosis and management of NCDs

Investing in an effective and efficient health workforce is fundamental to address the growing burden of NCDs. As medical students, we are particularly invested in ensuring the medical training curriculum is equipping future doctors to become future responders to the NCD epidemic.

NCDs are influenced strongly by the social, cultural, environmental and political conditions in which an individual is born, grows, studies, works and ages. A combination of these factors leads to susceptibility to NCDs, and addressing these upstream factors is crucial, requiring multisectoral action. While we recognize the role that the health sector plays in addressing NCDs from different aspects (health promotion, prevention and cure), it remains challenging...
to evaluate how the training curriculum can be shaped to address the broader influences on public and population health.

Strengthening primary healthcare systems and upskilling family doctors to address the prevention and control of NCDs is imperative. Family doctors are uniquely placed to address the socioeconomic factors of individuals and communities that contribute to poor health. The IFMSA National Member Organisations have recognised a general lack of clinical exposure to family medicine during medical training, as well as an insufficient proportion of this field in the academic curriculum.

In preparation for this Declaration, a survey was conducted within IFMSA National Member Organizations on current medical education practices around NCDs. There were 128 respondents of the survey, each representing the medical student population in their respective country. In the survey, around 75% of National Member Organisations agreed or strongly agreed that more teaching was required on the topic of upstream determinants of health - that is, the social, cultural, environmental and political conditions in which we are born, grow, study, work and age - at their medical schools. Only 7% believed that teaching on upstream determinants was adequate. Another question revealed that perceptions are hugely variable concerning the perceived quality of teaching on preventative health, including the four main risk factors for NCDs. Encouragingly, almost 40% of National Member Organisations thought the quality of their education on preventative health was good or excellent. However, 32% rated it as insufficient, and 5 countries rated the quality of their medical education on preventative health as very poor.

These results demonstrate the need for new and innovative ways to incorporate important topics, such as the social determinants of health, into the medical curricula, such that future medical professionals are equipped to address NCDs in a holistic and effective fashion.

Furthermore, multidisciplinary work and task-shifting are key steps to increase efficiency towards reducing the health impact on populations from NCDs. Some concrete examples can be about smoking cessation advisory and diet loss programs within patients that require a collaborative approach from different health stakeholders.
Process

The Budva Youth Declaration on NCDs was written in the context of increasing high level action on NCDs ahead of the 2018 United Nations Third High Level Meeting on NCDs. At this meeting, a comprehensive review will be undertaken of the progress achieved in the prevention and control of NCDs since the Second High Level Meeting in 2014. Data were collected from a survey of 128 National Member Organisations of the IFMSA conducted before the General Assembly in Budva. Delegates of the IFMSA contributed to the Declaration via their participation in the NCD Youth Caucus held as part of the General Assembly. National Member Organisations were invited to provide written feedback on the Declaration throughout the General Assembly. Additionally, the IFMSA consulted other stakeholders including the World Health Organisation, non-governmental organisations and other members of civil society.

Leading up to the United Nations High Level Meeting on NCDs in 2018, the IFMSA calls upon all stakeholders to:

• Ensure comprehensive consultation and collaboration across sectors including civil society organisations
• Recognise the importance of meaningful youth participation in processes related to the prevention and control of NCDs
• Ensure voices of young people are heard at all levels of society, recognising that young people will be living in a world informed by decisions made today

Conclusion

We, the 132 National Member Organisations of the IFMSA, call for increased action on reducing the burden of NCDs. This Declaration represents the voices of young people and future health professionals worldwide. We are committed to reducing the burden of NCDs and ensuring that we are equipped with the necessary skills to be health advocates for the present and future. We will continue to collaborate with stakeholders to advocate for the health of all people and strive towards the achievement of the Sustainable Development Goals.
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