



The Young Professionals Chronic Disease Network (YP-CDN; www.ypchronic.org) is a global network promoting research, policy and advocacy work on non-communicable diseases (NCDs). It capitalizes on the energy, innovative thinking, and courage of young people to challenge the status quo. The YP-CDN participates in the local and global knowledge economy using social media to create virtual platforms for sharing knowledge and ideas. Members are students and budding experts in their fields - public health professionals, doctors, sociologists, anthropologists, philosophers, nutritionists and architects.

In 18 months, YP-CDN has expanded from a small group of 12 medical and public health students to a vast network of 230 people of many disciplines spanning more than 30 countries across 6 continents. On the one hand we have set into motion a grassroots social movement to address the escalating burden of NCDs. By connecting and empowering young people and communities at the global level we give them a voice at the political negotiating table. On the other hand we inform evidence-based policy-making through the development of technical reports, peer reviewed articles, and policy position statements. We held our first meeting at the Harvard Endemic NCD Conference on March 2-3, 2011; over 50 individuals were in attendance from around the world. The photo above profiles the new community.



YP-CDN
Young Professionals
Chronic Disease Network

“The YP-CDN manifesto on non-communicable diseases: The social justice issue of our generation”

Contributors: Sandeep P. Kishore, Karen Siegel, Aria Ahmad, Amina A Aitsi-Selmi, Mohammed K.Ali, Phillip Baker, Sanjay Basu, Asaf Bitton, Jerry Bloomfield, Gene Bukhman, Eleanor Emery, Andrea Feigl, Karen Grepin, Mark Huffman, Kiti Kajana, Shweta Khandelwal, Kavitha Kolappa, Chenhui Liu, Naaznin Lokhandwala, Vishal Marwah, Modi Mwatsama, Nicole Novak, Paul Park, Christina Parsons Perez, Matthew R. Price, Nikka Rapkin, Hester Rice, Ben Seligman, Sumit Shah, Joao da Silva, Devi Sridhar, David Stuckler, Rajesh Vedanthan, Justin Zaman

We recommend the following to stakeholders at the UN High-Level Meeting on NCDs on 19-20th September 2011

1. Reframe NCDs as a barrier to development

- Governments, civil society organizations, development agencies, and the global public health community at large should **re-frame NCDs as a barrier to development** by explicitly including NCDs as a target for “technical assistance, capacity building, program implementation, impact assessment of development projects, funding, and other activities,” as recommended by the Institute of Medicine.
- Governments, civil society organizations, development agencies, and the global public health community at large should **expand the next round of development targets beyond MDG-specific targets** to a combination of human and economic development goals that explicitly address primordial, primary, secondary, and tertiary prevention and the treatment of NCDs.
- Governments should include NCDs and NCD risk factor **data collection across all age groups** to understand the current burden of NCDs and long-term effects of NCDs and to provide more reliable future projections of the NCD burden.



2. Focus on the social determinants of health

- Governments should implement programmes that tackle the social determinants of NCDs with particular reference to the following: **access to information, lifestyle choices, therapies, and financing.**
- Governments should engage local, regional, national, and global communities in health-related priority setting, **ensuring fair representation from all stakeholders, including civil society.**
- All stakeholders should **engage with the private sector in reducing the amount of salt, sugar, and saturated fat content in the food supply** and should eliminate trans fats intake, with an emphasis on minimizing price shocks that disproportionately harm poor populations.
- Governments **should implement the Framework Convention on Tobacco Control** in its entirety to reduce global tobacco consumption by 30% in 10 years. Special commissions should be instituted to target informal sector tobacco consumption practices.



3. Assert the rights of the child: health across the life course

- Governments should include **“health across the lifespan”** as a central pillar of all policies (“health in all policies”) to enhance the conditions and health system in which people are born, grow, live work, and age.
- Governments, civil society organizations, development agencies, and the global public health community at large should **strengthen maternal and child health programs to reduce maternal and infant mortality rates by 75%** as a means to assert women and children’s health rights.
- Governments and private sector actors should implement recommendations from the WHO policy document, **“Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children”**



4. Encourage interdisciplinary education of the public health workforce

- Governments and development agencies should **actively seek input from young professionals on global development issues** to harness their energy, creativity and leadership.
- Governments should invest in health professional education at the primary, secondary, undergraduate, graduate, and postgraduate level, stressing: **1) intellectual capital, 2) communication skills, and 3) cross-disciplinary networks.**
- Educational institutions should build leadership capacity in young professionals by developing and implementing **cross-disciplinary and trans-national leadership programs** that address NCDs.
- The WHO and civil society should improve the **affordability and availability of global level internships, scholarships and other training opportunities** for young people, particularly for trainees from LMICs.



5. Enable global access to essential drugs and health technologies

- Governments should **mandate generic substitution of medicines and utilize compulsory licenses** to reduce the cost of managing chronic diseases by expanding global financing bodies like The Global Fund and UNITAID for the provision of essential NCD medicines and diagnostics.
- The WHO should **swiftly enable pre-qualification for the 34 NCD medicines** in the WHO Primary Essential Medicines for NCDs (PEN).
- Government ministries should **support local supply chain management** through increased accountability and incentives
- The WHO should **survey the availability and financial cost of diagnosis and treatment of NCDs**, including catastrophic health spending, among WHO member states and work with the World Bank and others to **develop financial safety nets for populations in need.**



6. Adopt innovative funding and financing mechanisms

- **Augment and align global health funding** from donor agencies, member countries and private industry **with areas of greatest public health gains**, as measured through estimated age-adjusted death rates and DALYs.
- Governments should identify regional- and country-level secondary economic gains or losses from interventions that impact NCDs, including **interventions outside the health system**, in order to achieve a **“health in all policies” policy** as done in Finland.
- Governments should introduce NCD Action plans at the ministerial level **including NCDs as a line-item in national budgets** but also taking care to integrate NCD prevention and control into current priorities.
- Governments and international research and funding bodies should **direct more funds to translation trials** that can add externally valid evidence to support extensive implementation of science-based findings into real-life settings.



7. Develop a common, community-led vision for equitable global development

Governments, civil society, development agencies and global public health organizations should:

- Empower and engage communities, particularly youth, to promote equitable access to education and leadership.
- Incorporate the voice of the empowered community in decision-making.
- Work to increase local communities' awareness of risk factors for NCDs and their long term effects, thereby enabling individuals to take control of their own health and amplifying the positive effects of societal changes on health.

In return for action, we at YP-CDN commit to the following pledges:

1. **Promoting** the view that these diseases should not be viewed solely as “the fault” of the individual, but that NCDs are societal problems that require societal solutions. We will lobby our specific governments, promoting NCD awareness on university campuses around the world to this end.
2. **Contributing** to the development of a vision of a future society rooted in a social determinants of health approach and to work towards integrating the multitude of global agendas, including climate change and sanitation.
3. **Performing** research to create new knowledge realize health gains across the life course, including how they relate to the rights of the child, and to share current research with governments to accelerate progress.
4. **Lobbying** our individual academic institutions to introduce lectures on the global burden of disease, social determinants of health, and the relation of NCDs to development priorities land leveraging interdisciplinary training opportunities to tackle the complexities of real-world implementation.
5. **Monitoring** the WHO Essential Medicines List (EML) concept including adding NCD medicines to the EML, ensuring their listing in national EMLs; monitoring whether medicines make it to shelf and partner with grassroots organizations to prevent drug stock-outs.
6. **Encouraging** synergies and fostering dialogue between public health (clinical- and population-based) and related disciplines, such as urban planning or agriculture, as well as actively recruiting alternative, non-medical sources of revenue in partnership with our peers who work in these disciplines.
7. **Contributing** to the development of a highly skilled movement through peer-to-peer support and capitalize upon opportunities offered by seniors in the field to develop intellectual capital, influence, and cross-disciplinary networks. We will continue to use virtual communities (web 2.0 technologies) to produce a dynamic and barrier-breaking health movement.

