EDITORIAL VIEWPOINT gOPINION

Youth Engagement for NCD Prevention Policies



Rising NCD in India and Youth as Change Enablers

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Youth are a vital component of global society. Youth, who are considered by the World Health Organization (WHO) to be anyone between the ages of 15 and 24 years, make up roughly one-fourth of the world's living population [1,2]. Currently, this particular age cohort is the largest in history and in turn has the ability to serve as a catalyst for change that will shape the future of the world's social, economic, and health enterprises [2]. In India, where youth make up 19% of the population, this is especially true and should be acknowledged by the country's government, especially when considering health. The Global Burden of Disease study reported that 71.3% of deaths worldwide in 2015 were attributed to noncommunicable diseases (NCD)-a 14.3% increase from 2005 [3]. Of the total NCD deaths, 80% of them occurred in low- and middle-income countries [4]. In India, NCD are accountable for 80% of premature deaths affecting all sections of the population and threatening their fundamental human right to health [5].

On the occasion of World Health Day, the Indian Union Minister of Health and Family Welfare stated, "We need to focus on the youth and adolescents of the country in our efforts to prevent and combat lifestyles diseases." However, for this to happen, we must include youth in a meaningful way throughout the change-making process in order to reduce the chronic disease burden in India.

In recent years, there has been a surge in interest in global health issues within the student population, and youth advocates have securely claimed their role as key stakeholders in these discussions [6]. It is necessary to shift the traditional perception that youth are merely a target for policies and programs, and instead take advantage of their innovative thinking through strategic participation. To the best of our knowledge, there are 3 prominent global commissions—the Commission on Ending Childhood Obesity (ECHO), the Lancet Youth Commission on Global Governance for Health (YCGGH), and the Youth Commission of Essential Medicines Policies (YCEMP)—are making use of the mobility, passion, and commitment that youth possess to address various issues of global health.

ECHO was created in 2014 by WHO in response to the rising rates of childhood and adolescent obesity worldwide. The task of the commission is to provide specific interventions and approaches that they believe would be most effective in curbing obesity rates in a global context. ECHO is composed of 15 individuals who represent various stakeholders, including youth. WHO appointed 1 young advocate from Nepal who serves as the voice of the targeted population.

YCGGH was established in 2012 in conjunction with Lancet—University of Oslo Commission on Global Governance for Health in the interest of facilitating the collaboration of young academics and students. The commission, composed of youth from every region in the world, has 2 tasks: execute an independent assessment of global governance for health and to serve as an advisory group providing feedback continuously the Lancet—University of Oslo Commission. In doing so, youth have a prominent voice in global discourse being had in regard to health governance.

YCEMP is a youth-driven group that was established in 2015 to work closely with the Lancet Commission on Essential Medicines Policies. YCEMP seeks to assess the current state of global accessibility and promotion policies for essential medicines. This group of young researchers, advocates, and health care providers represents every region of the world, including India. Members use their diverse professional backgrounds as well as their positionality when delving into policy reform through a new lens. YCEMP was formed as means for including key youth perspectives into current and future essential medicines policies.

Each of these commissions have successfully shown not only that it is feasible to include youth in discussions surrounding policy reform, but also that they can play a significant role in shaping the future landscape of the global health field. These commissions have set the stage and now it is the turn of the government to encourage such advocacy by engaging youth at the national level. We propose 3 ways that youth can be involved at the policy level in India.

REPRESENTATION IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

Although the Ministry of Health and Family Welfare has deliberately stressed that youth should be the focal point to prevent and combat NCD, little effort is being made to actually include them in decision making. Currently, the Ministry of Health and Family Welfare does not have any authoritative position that is marked for a youth representative. Youth should not only be the target recipients of government programs and policies, but they should have a participatory role at the level of policy making. Youth representation in the NCD division of the ministry as core team member(s) or in working groups or in the strategic

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advisory committee is crucial. There is a need to effectively engage people who are affected by a policy or program to get the results desired, and this is one such way of achieving that.

CHAMPION AMBASSADORS FOR THE GOVERNMENT PROGRAMS AT THE COMMUNITY LEVEL

Youth can be a strong voice for change in the community. Specifically, they can be well positioned as champion ambassadors for government programs in their own community to share information about NCD and promote awareness regarding a balanced and healthy lifestyle. One example where the government is currently engaging youth as ambassadors is the Rashtriya Kishore Swasthya Karyakram (National Adolescent Health Programme) launched in 2014 [7]. The program's focus areas include nutrition, sexual and reproductive health, and a peereducator model, which is being tested. Such initiatives that could include government monitoring and supervision to involve youth as champion ambassadors can help in NCD prevention. This would also build trust between communities and government.

ADVOCATES AT A GRASSROOTS LEVEL

Young people with their tendency toward openmindedness, and innovative and creative thinking have the ability to be excellent advocates for policies and programs for NCD prevention. They can become advocates at the grassroots level and raise awareness about NCD as well as hold the government accountable for its promises and commitments on NCD prevention and control. They will only have this ability to lead advocacy for necessary change if they become translators of reliable information. This can only be possible if they have enough knowledge and some experience in regards to NCD. Therefore, having NCD included in the school and college science curriculum will help youth make informed choices on healthy lifestyles and give them the ability to disseminate these learnings to people around them. This would promote access to reliable information to the communities regarding preventive and treatment services being provided by the government, eventually leading to lowering the disease burden.

SUMMARY

Youth are change enablers and the future leaders of the world. With NCD being a human rights issue, it is imperative that the governments take cognizance of the problem's magnitude, especially in low- and middle-income countries. In India, the current youth cohort will be living proof of the effectiveness of NCD prevention policies in curbing rising trends of chronic diseases. Therefore youth should be a key stakeholder in the policy-making process and not merely a policy target.

REFERENCES

- United Nations. Definition of Youth. Available at: http://www.un.org/ esa/socdev/documents/youth/fact-sheets/youth-definition.pdf. Accessed December 22, 2016.
- World Health Organization. Youth and Health Risks, Sixty-Fourth World Health Assembly WHA 64.28. Available at: http://www.who.int/hac/ events/wha_a64_r28_en_youth_and_health_risks.pdf. Accessed December 21. 2016.
- 3. Wang H, Naghavi M, Allen C, et al., for the GBD 2015 Mortality and Causes of Death Collaborators. Global, regional, and national life expectancy, all-cause mortality, and cause-specific mortality for 249 causes of death, 1980—2015: a systematic analysis for the Global Burden of Disease study 2015. Lancet 2016;388:1459—544.
- World Health Organization. Global Status Report on Noncommunicable Diseases. Available at: http://www.who.int/nmh/publications/ncd_ report_chapter1.pdf?ua=1; 2010. Accessed December 21, 2016.
- Ministry of Health and Family Welfare, Government of India. National Action Plan and Monitoring Framework for Prevention and Control of Noncommunicable Diseases (NCDs) in India. Available at: http://mohfw. nic.in/WriteReadData/1892s/9967643039National_Action_Plan_and_ Monitoring Framework.pdf. Accessed December 21, 2016.
- Pleyer C, Dhatt R, Guinto R, et al. The role of young people in global health governance: an interview-based observational study. Lancet 2013;382:12.
- National Health Mission, Ministry of Health and Family Welfare, Government of India. Rashtriya Kishore Swasthya Karyakram. Available at: http://nrhm.gov.in/rashtriya-kishor-swasthya-karyakram.html. Accessed December 23, 2016.