<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgement and Thanks</td>
<td>2</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>3</td>
</tr>
<tr>
<td>A Message from the NCD Child Conference Committee Chair</td>
<td>4</td>
</tr>
<tr>
<td>A Message from the American Academy of Pediatrics</td>
<td>5</td>
</tr>
<tr>
<td>A Message from Our Major Sponsor</td>
<td>6</td>
</tr>
<tr>
<td>Healthy Caribbean Coalition Reflections on the 2014 NCD Child Conference</td>
<td>7</td>
</tr>
<tr>
<td>Reception for NCD Child Hosted by the Australian High Commission</td>
<td>8</td>
</tr>
<tr>
<td>NCD Child Conference Youth Dinner</td>
<td>10</td>
</tr>
<tr>
<td>UNICEF Technical Meeting</td>
<td>12</td>
</tr>
<tr>
<td>Day 1 – Opening Session</td>
<td>14</td>
</tr>
<tr>
<td>Morning Plenary</td>
<td>20</td>
</tr>
<tr>
<td>Panel Sessions</td>
<td>22</td>
</tr>
<tr>
<td>Welcome Reception</td>
<td>24</td>
</tr>
<tr>
<td>Day 2 – Panel Sessions</td>
<td>26</td>
</tr>
<tr>
<td>A Focus on Young Champions</td>
<td>28</td>
</tr>
<tr>
<td>Closing Session</td>
<td>30</td>
</tr>
<tr>
<td>Supporting <em>Every Woman Every Child</em></td>
<td>31</td>
</tr>
<tr>
<td>Communications Report</td>
<td>32</td>
</tr>
<tr>
<td>Resource Tools – Port-of-Spain Declaration on NCDs, Children, Adolescents and Youth</td>
<td>33</td>
</tr>
<tr>
<td>Post 2015 Advocacy Brief on a Life-Course Approach to NCDs</td>
<td>36</td>
</tr>
<tr>
<td>Conference Delegate List</td>
<td>38</td>
</tr>
</tbody>
</table>
The NCD Child: Doing What Needs to Be Done Conference was held at the Hyatt Regency Hotel in Port-of-Spain, Trinidad and Tobago over two days – 20 March to 21 March 2014 and was kindly hosted by the Ministry of Health of the Republic of Trinidad and Tobago.

This conference would not have been possible without the commitment, vision and support of the following sponsors:

- Ministry of Health, Republic of Trinidad and Tobago
- AstraZeneca Young Health Programme
- Medtronic Philanthropy
- Save the Children UK
- Will Organise
- UNICEF

Especial thanks goes out to the NCD Child Organising Committee for their commitment to the planning and execution of the conference. Through their extensive professional networks, expertise, and guidance the NCD Child Conference was able to attract high calibre guest speakers and participants representing the best of the health and development landscape. Indeed, each session was abundant in extraordinary expertise, experience, and rich discussion.

ACKNOWLEDGEMENTS AND THANKS

The NCD Child Organising Committee members were as follows:

- Kate Armstrong – Caring & Living as Neighbours (CLAN)
- Wendy Baldwin – Population Reference Bureau
- Robert Blum – Johns Hopkins University
- Bruce Dick – International Association for Adolescent Health (IAAH)
- Mychelle Farmer – JHPIEGO
- Catherine Habashy – NCD Child
- Abigail Harrison – IAAH
- Sue Henshall – Three Stories Consulting
- Maisha Hutton – Healthy Caribbean Coalition
- Tasha Kirkaldy – NCD Child
- Molly Lepeska – AYUDA
- Jeff Meer – Public Health Institute
- Barbara Reynolds – Save the Children
- Rose Rodas – NCD Child
- Jeremy Wellard – NCD Child

There are certain partners and individuals that require particular acknowledgement. First and foremost, His Excellency Anthony Thomas Aquinas Carmona S C and Her Excellency Reema Carmona for their gracious attendance and the First Lady’s inspiring speech that set the stage for an amazing conference. Their commitment to NCDs, children, adolescents and young people in their home country and the Caribbean set a clear direction and call to action that will resonate in the region for years to come. In addition, the Honourable Dr Fuad Khan, Minister of Health and his exceptional team who tirelessly worked alongside the NCD Child committee to collectively achieve the intended conference outcomes. A heartfelt thanks must also go to the Healthy Caribbean Coalition and especially Sir Trevor Hassel and Ms Maisha Hutton, who acted as cultural and knowledge brokers, helping the NCD Child team navigate the complex task of planning an international conference from half-way across the world! Their guidance and wisdom was invaluable.

A huge thank you also to the many young speakers, performers and participants – both in-person and remote – whose amazing passion for bringing the voices of youth to all aspects of NCD Child’s work was one of the most powerful features of the entire conference. We hope the conference empowered them to continue on their inspirational journey to be the agents of change needed as we collectively strive towards a healthier world for all. And finally, our thanks to one and all who worked so tirelessly and selflessly to ensure the incredible collaboration between the NCD Child organising committee, networks, generous sponsors, supporters, and partners, amalgamated into a remarkable conference which we are proud to say will live on in these new and strengthened partnership. Our collective efforts will ensure children, adolescents, youth and a life-course approach to NCDs will have the best chance ever of establishing themselves firmly within the post-2015 health and development agenda – the best possible outcome for the health of future generations!

Finally, in recognition of his enormous support and belief in the work of NCD Child, the outgoing Secretariat CLAN (Caring & Living As Neighbours) would like to dedicate the 2014 NCD Child Conference Report to Mr Roy Eussen. A very special friend to all, husband to Amy and father to Olivia, Roy was taken too soon by pancreatic cancer, leaving us all on 6 April 2014. Roy lives on in our hearts and will always be remembered with love.

Defining Ages and Stages

This report respects the following definitions: CHILDREN as persons under 18 years of age (Convention on the Rights of the Child); ADOLESCENTS as persons between the ages of 10 to 19 years (WHO); and YOUTH as persons between the ages of 15 to 24 years (UN). It uses young people to encompass adolescents and youth.
EXECUTIVE SUMMARY

Why a Second International NCD Child Conference?

The 2014 NCD Child conference aimed to create a platform for interaction, knowledge exchange, and a priority focus on the needs of children and adolescents within the context of grassroots NCD action and global advocacy efforts around the post 2015 agenda and Millennium Development Goal (MDG) review.

The conference had several key objectives:
1. **Stock take:** Analysis of priority issues and progress made since the 2007 Port-of-Spain Declaration on NCDs and the 2011 UNHLM Political Declaration on NCDs. Focus on multi-sectoral stakeholder mapping to establish key child and adolescent groups working in the Caribbean region, with specific reference to the proposed global NCD targets and indicators.
2. **Showcase:** Empower young people as leaders in the NCD movement. Facilitate networking amongst champions in the field and examine best practices in NCD prevention and management for replication.
3. **Strategise:** Review and chart the roadmap for governments and organisations to prioritise children and adolescents within the NCD agenda with a life-course and multi-sector approach. Also consider organisational development aspects of NCD Child Coalition and most cost-effective strategies for ongoing efforts.
4. **Develop Resource Tools:** Review and make recommendations on the draft NCD chapter and existing chapters of the UN *Facts for Life* publication; develop and share advocacy tools for the NCD Child community, with particular reference to the post 2015 agenda.

The conference sought to ensure several cross-cutting issues informed all discussions and outcomes:
- A framework that acknowledges four risk factors for prevention and four key NCDs (as highlighted in the 2011 UNHLM on NCDs)
- A focus on mental health and injuries/accidents, exploring preliminary ideas to see what kind of currency they gain, how receptive NCD Child’s constituents are to these issues
- Full integration of the perspective of adolescents and youth throughout, with young people participating equally
- Health system strengthening
- Linking with existing platforms
- Sustainability and scalability
- Multi-sectoral engagement
- A focus on the social determinants of health
A MESSAGE FROM THE NCD CHILD CONFERENCE COMMITTEE CHAIR

On behalf of the Secretariat of NCD Child and other members of the 2014 NCD Child Conference Organising Committee, it gives me great pleasure to share this final report on the Second International NCD Child Conference, held in Port-of-Spain in the magnificent Republic of Trinidad and Tobago. With over 200 delegates from more than 20 countries attending in person – and the same number of participants again joining proceedings online via webinar! – this conference brought together an enormous range of organisations, sectors and stakeholders as one community, united by a shared passion for the meaningful integration of children, adolescents and a life-course approach within the international Non-Communicable Disease (NCD), health and development discourse.

This event would not have been possible without the vision and generosity of spirit demonstrated by the Honorable Minister of Health for Trinidad and Tobago, Dr Fuad Khan. The Caribbean region is highly regarded internationally for its leadership in the NCD space, and indeed Trinidad is the birthplace of the historic Declaration of Port-of-Spain: Uniting to Stop the Epidemic of Chronic NCDs (September 2007). There is much to celebrate in terms of historic achievements since that time – most notably with the United Nations High Level Meeting on NCDs held four years later in September 2011 – and yet, the collective dissatisfaction with the status quo for children and adolescents that brought us all together for the first time in 2012 for the inaugural NCD Child Conference in Oakland, now brought us together again in 2014. NCD Child is forever grateful to the wonderful sponsors, partners and supporters who have believed in this cause and joined us as one for future generations.

Indeed, this Second International NCD Child Conference in Port-of-Spain saw us united as a cohesive, collaborative, global community; connecting beyond sectors and special interests to share ideas, support and challenge the status quo; to re-trace our elders’ footsteps in many regards, and yet simultaneously break beyond, tread new ground and consider what a life-course approach to NCDs might meaningfully look like in the post 2015 agenda if we were bold and brave enough to embrace it to our fullest capacity. There were encouraging signs for the pilgrims present, most notably with the inspirational support received from His and Her Excellency of Trinidad and Tobago highlighting the value now being placed by some of the most powerful minds in the Caribbean and beyond on ensuring urgent action around NCDs protects and promotes the health and well-being of society’s youngest and most vulnerable members.

We hope this report does justice to the 2014 NCD Child Conference. With so many golden contributions, it almost feels impossible to capture everything in one document. However we have focused on sharing key messages in the hopes this report will help inform and guide our future collective actions.

In closing, as announced at the Closing Ceremony of the NCD Child Conference, in May 2014 the Secretariat of NCD Child will transition from CLAN (Caring & Living As Neighbours) to the American Academy of Pediatrics (AAP). As the outgoing Secretariat of NCD Child, CLAN would like to take this opportunity to wish AAP every success and we thank AAP for taking on this important leadership role. CLAN feels confident entrusting NCD Child to an organisation with such a strong and well established commitment to the health and well-being of young people around the world. There is much that still needs to be addressed before equity is achieved for children and adolescents who are living with, at risk of and affected by NCDs – particularly for young people in low and middle income countries – and we are grateful to the many individuals and organisations that travel the journey with NCD Child. As Healthy Caribbean Coalition reminded us all at the conference: if you want to go fast, go alone; but if you want to go far, go together. Thank you for travelling this journey with NCD Child – we look forward to seeing what the future holds for us all.

Yours sincerely

Kate Armstrong
Executive Secretary, NCD Child
President & Founder, CLAN (Caring & Living As Neighbours)
A MESSAGE FROM THE AMERICAN ACADEMY OF PEDIATRICS

Incoming Secretariat for NCD Child in May 2014

The American Academy of Pediatrics (AAP) is a nonprofit professional membership organisation of 63,000 pediatricians and child health professionals. The AAP is dedicated to the health of all children, and has a strong commitment to and an extensive history of supporting pediatricians and child health providers as community advocates working to make their communities and the world a better place for children to live. AAP was a founding organisational member of NCD Child.

AAP is committed to continued support for active engagement by professionals, adolescents, public, and private sector stakeholders to advance global advocacy and education to ensure inclusion of children and youth voices in planning for prevention and treatment of NCDs globally, and in countries. This work includes injury prevention, tobacco and secondhand smoke, obesity and healthy active living, mental health, early brain development, and children with special health care needs, including disabilities, cancers and other chronic diseases. Donna Staton, MD, FAAP and Jonathan Klein, MD, MPH, FAAP attended the 2014 NCD Child planning session, a day long consultation with UNICEF for a child and adolescent NCD prevention chapter of the UNICEF Facts for Life publication, and the NCD Child Conference in Trinidad. Ms. Terrell Carter will serve as staff contact at AAP for NCD Child.

As the new Secretariat for NCD Child, we look forward to working together to ensure that NCD Child is able to fulfill its goals and represent child and youth issues at upcoming World Health Assembly, UN General Assembly, and other key global health meetings. AAP will also be convening a strategic planning meeting in the fall of 2014 to address reinvigoration of NCD Child’s governance for the future. For more information or to volunteer to be involved please contact us at jklein@aap.org or tcarter@aap.org

Jonathan D Klein, MD, MPH, FAAP
Executive Director, Secretariat, NCD Child
Chair, Technical Assistance Group on NCDs, International Pediatric Association
Associate Executive Director, American Academy of Pediatrics

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

NCD Child conference delegates coming together at the dinner event hosted by Australian High Commissioner, Ross Tysoe in Port-of-Spain on 19 March 2014
Non-communicable diseases (NCD) are spreading rapidly; their risks are often onset in adolescence and accumulate through the life course. Preventative efforts addressing NCD risk behaviours and their determinants in adolescents will result not only in significant gains in health outcomes but also in global productivity and health care savings. However, an underexplored aspect of preventing the NCD burden is that of adolescent health. In particular there is a need to better understand the risk and protective factors which affect adolescent health and how to create an enabling environment that can help to prevent the development of NCDs later in life. Moreover the perspective of adolescents themselves has often been overlooked in coming to terms with the pre-conditions of chronic diseases and ultimately preventing them. Through research, advocacy and on-the-ground activities, AstraZeneca Young Health Programme (YHP) seeks to fill the gaps in this important area of public health.

YHP is delighted to participate in the NCD Child Conference 2014. This is a wonderful opportunity to exchange information and learn from others who are also committed to putting children and adolescents living with or at risk of developing NCDs on the global and local policy agenda. The conference will also allow us to take stock of the progress made in addressing the prevention and control of NCDs in children and adolescents since the Political Declaration in NCDs and the Global Action Plan, bringing the voices of children, adolescents, and young people into the discussion. This conference will also provide critical outcomes to inform decisions on “doing what needs to be done” to make sure that children and adolescents are a priority target group in the fight against the avoidable burden of NCDs; and in doing so contribute to the ultimate goal of ensuring the right of children and adolescents to enjoy a healthy life.

Our sincere congratulations to NCD Child and its secretariat for the excellent job they have done in both organising and coordinating this conference. Many thanks to the honourable Ministry of Health of Trinidad & Tobago for hosting and supporting the event. The NCD Child Conference is an opportunity to reinforce the YHP commitment to working with governments, civil society organisations, and the private sector to address the needs of adolescents for the prevention of NCDs and mitigation of their impacts.

Kind regards

Caroline Hempstead
Executive Vice President HR & Corporate Affairs, AstraZeneca
On behalf of Young Health Programme
The Healthy Caribbean Coalition (HCC) was delighted to support the NCD Child conference ‘Doing What Needs to be Done’ held in Port-of-Spain, Trinidad and Tobago, 20-21 March 2014. The HCC was extremely pleased to provide regional speakers who showcased the contributions of Caribbean civil society to the important issue of NCDs and young people.

There were several positive aspects and outcomes of the meeting which highlighted the importance of the life course approach to NCDs and created a platform for interaction and knowledge exchange on needs of children/adolescents within the NCD and post 2015 agenda. One of the key outcomes was the "Port-of-Spain Declaration on NCDs, Children, Adolescents and Youth: Doing what needs to be done", agreed to by acclamation. The Conference served as a platform for raising Caribbean awareness of the UN ‘Every Woman Every Child’ commitments on NCDs. Including and engaging local youth was a priority for the HCC, NCD Child and the host country – in particular His Excellency the President of Trinidad and Tobago and Her Excellency - who invited seven young people to attend the conference as ‘Presidential NCD Youth Ambassadors’. Regional youth living with NCDs also shared their unique perspectives and visions. The tremendous value of the youth was recognised as Champions to support the NCD advocacy movement in the Caribbean.

The conference assisted in shining the spotlight on the epidemic of childhood obesity in the Caribbean which is an issue that Caribbean Public Health Agency (CARPHA) has focussed on as a priority area for the region. Deliberations and discussions at the conference are expected to result in greater regional sensitivity about the needs of youth in NCDs efforts and lead to a greater focus on youth by regional civil society organisations such as the Healthy Caribbean Coalition. There is a potentially strong guidance role for NCD Child as the HCC seeks to strengthen our capacity and impact in this area of NCD policy and programming.

The outcomes of the NCD Child are of particular relevance to the Region since these will assist in the youth aspects of the comprehensive three year analysis of the Port-of-Spain Declaration, the overall goal of which is to learn lessons that will support and accelerate further implementation of the mandates arising out of the POS Summit, with a view to improving the prevention and management of NCDs throughout CARICOM.

Why the Caribbean?

Following the success of our inaugural conference in Oakland, California in 2012, NCD Child was extremely proud to join with key partners in the Caribbean to hold our second international conference in Trinidad and Tobago. The Caribbean was chosen as an initial regional area of partnership for NCD Child given the overt priority the region has placed on addressing NCDs; their focus on young people; and the strong partnership that NCD Child has already enjoyed with PAHO and Healthy Caribbean Coalition (HCC). In 2007, CARICOM made an official declaration to “Unite to Stop the Epidemic of Chronic Diseases” (Declaration of Port-of-Spain, 2007). The declaration states a commitment to “implement strategies to prevent and control heart disease, stroke, diabetes, hypertension, obesity and cancer in the Region by addressing their causal risk factors of unhealthy diets, physical inactivity, tobacco use and alcohol abuse and strengthening our health services”. NCD Child finds that the CARICOM declaration and the actions within the region since then have multiple synergies with the work of NCD Child. The 2014 NCD Child Conference was an opportunity to establish and strengthen regional partnerships within the Caribbean and we thank everyone involved in making the event such an enormous success.
On 18 March 2014, ahead of the official opening of the NCD Child conference, the Australian High Commissioner, His Excellency Ross Tysoe and Her Excellency Ms Helen Saunderson graciously hosted an event in support of NCD Child.

The Australian High Commissioner’s commitment to promoting the health and well-being of young people worldwide was clearly displayed, not only through his support of NCD Child, but also in his partnership with the Healthy Caribbean Coalition to prevent cervical cancer in the region. In addition, the Australian High Commissioner was a key speaker on Day 1 of the NCD Child conference, speaking on Australia’s commitment to fight tobacco and NCDs, making evident the role of Australia in promoting a life-course approach to NCDs both at home and abroad.

The evening of 18 March was a true celebration of these new partnerships, and of the exciting prospects for the future.

There was a stellar guest list and an amazing array of individuals were in attendance, including: the Honorable Minister of Health, Dr Fuad Khan; Permanent Secretary Ministry of Health, Mrs Christine Sookram; Chancellor and Emeritus Professor, University of the West Indies, Sir George Alleyne; Director of Global Programs, UNICEF, Dr Nicholas Alipui; President, Healthy Caribbean Coalition, Sir Trevor Hassel; Executive Director, CARPHA, Dr James Hospedales; and representatives from PAHO/WHO, UNDP and many more.
Prior to dinner, Sir George Alleyne, the Honourable Minister of Health Dr Fuad Khan, His Excellency Ross Tysoe, and Dr Kate Armstrong all spoke briefly, emphasising the importance of addressing NCDs in the Caribbean region and beyond as a matter of priority.

Many initiatives are already ongoing in the region, and we were all reminded that the momentum cannot slow down. In fact, the dinner was a true illustration of the commitment from the regional powerhouses to strengthen child and adolescent health systems and develop comprehensive approaches to the prevention and management of NCDs.

In summary, the evening was a great success and NCD Child is eternally grateful to the High Commissioner and his dedicated team (especially Ms Lisa Griffiths) for their enthusiasm, support and dedication to the mission and vision of NCD Child by coordinating such an amazing event. It truly set the stage for the rest of the conference.

A highlight of the evening was the presentation and poster displays of the partnership between Healthy Caribbean Coalition and the Australian High Commission Direct Aid Program of a multi-country cervical cancer prevention initiative aimed at building the capacity of key Caribbean civil society actors to respond more effectively to the community-based needs for cervical cancer prevention, treatment and control.
On 19 March, the NCD Child Conference Organising Committee and Medtronic Philanthropy hosted a pre-conference youth-focused dinner. The dinner provided an informal opportunity for young change-makers from around the world to get together, meet each other, network and discuss their ideas on how youth can be more engaged within NCD efforts. Medtronic Philanthropy generously sponsored the youth dinner, as part of a larger youth engagement strategy that NCD Child engaged in preceding and during the conference.

The dinner was held in a wonderful local restaurant in Port-of-Spain called Joseph’s Restaurant. Over 35 people attended the dinner, most of them youth delegates attending the conference. Young people from all over the world were in attendance and it was incredible to see the presentation of so many perspectives, ideas and experiences! Countries represented at the dinner included Kenya, Belize, Indonesia, Trinidad and Tobago, Dominican Republic, Barbados, USA, UK, Canada, and Vietnam.

It was a special night of gathering and relationship building, light conversation and great food! For the NCD Child team, it was absolutely a reminder that youth-focused activities are not only imperative but also bring life and energy to what is usually conducted in more formal settings.

**Why was having a youth event important?**

Though it is widely recognised that young people constitute a large population affected by NCDs, they rarely have their voices heard in the NCD space. This leads to young people depending on others to develop and drive the agenda including issues affecting them. The NCD Child youth engagement strategy aimed to provide an opportunity for youth to be engaged and inform the NCD discourse. The strategy provided a tangible opportunity to harness young people's voices to meaningfully engage within the NCD discourse, and bring their voices to the attention of key stakeholders and policy makers. It provided opportunities for young people to raise and address issues of relevance to them in the NCD space and welcomed their ideas on how we can facilitate youth led strategies/projects that will demonstrate to young people that their voices and views are heard and taken into account in the NCD space.
In addition, NCD Child hoped a sense of empowerment and trust would be fostered amongst the youth delegates with networking occasions allowing increased opportunities for young people to directly input and impact on the development of agendas and policies that affect their lives. Overall, the strategy envisioned an empowered and progressive youth group that actively participates in the NCD agenda, policy and advocacy space.

One of the key strategies of the youth engagement process was to create a communication platform for youth around the world who could not attend the conference in person, to have their voices heard. Leading up to the conference, NCD Child crowd-sourced short video message clips from young people around the world and they were played for conference attendees in Trinidad and Tobago. The video messages proved to be a great success. Young people addressed questions such as:

- “How are you working to prevent NCDs?”
- “What are you doing to help children and adolescents who are living with NCDs”
- “What message do you want to share with policy makers?”

In addition to the remote video messages, an important aspect of the NCD Child conference was the attendance and full participation of young people throughout. A youth-led panel was a favorite amongst participants. The young panelists shared their work experiences, visions, and recommendations for an NCD-free world and captivated the crowd with their unbelievable expertise and vocalisation of the need for youth participation and initiatives.

NCD Child hopes that the conference provided yet another stepping stone for young people to be heard, admired, supported, and respected. It is our hope that they will continue to follow their incredible journey and that we will be part of that journey with them!

A Message from Medtronic Philanthropy

Though the sun may rise across all the planets, it shines brightest from across the Caribbean! As the global crossroads, predominated by youthful cultures and populations, it is especially appropriate to bring the focus and nexus of NCD Child to these shores. Young people are our future, and addressing their needs now is critical as we plan for a better tomorrow. Ensuring the health of the next generation is a core responsibility of all sectors working in health – public, private, non-profit – because we know that moving ahead in this area requires all of us.

As a founding funder, we at Medtronic Philanthropy marvel at the progress made in the last two years by the NCD Child Initiative, representing and advocating for the rights of children and adolescents at risk of, and living with, chronic disease. We fully support NCD Child’s “life-course” approach, which emphasizes prevention and control of NCDs throughout a person’s life in order to minimize preventable death and disability. This philosophy has been adopted by the global NCD community through the Global Monitoring Framework passed at the World Health Assembly in 2013.

We applaud NCD Child’s partnership with UNICEF, an influential multilateral organisation that lends its valuable voice to the NCD dialogue. UNICEF’s vision and leadership in ensuring NCDs are integrated in the next edition of the Facts for Life Handbook which will have a significant impact in many spheres of global health. Medtronic Philanthropy will continue to be engaged with this effort.

Of course, we cannot forget the true purpose of this work. To ensure that children and adolescents have a voice. We should never underestimate the power of the person. Today, young people living with chronic diseases are able to share their stories directly. We need to stand committed to make sure they are heard. On behalf of the 46,000 Medtronic employees around the globe who dedicate themselves to alleviating pain, restoring health and extending life...thank you to NCD Child, and all the people and partners that makes their work possible.

Jacob A Gayle, Ph D
Vice President, Medtronic Philanthropy
Executive Director, Medtronic Foundation
Given the growing challenge and burden of NCDs, there has been an increasing focus and momentum from UN agency partners to address them in their work, starting from the UN Political Declaration on NCDs (2011) and more recently the UN Interagency Task Force on NCDs (October 2013). In fact, one of the emerging initiatives involves a commitment from UNICEF to lead the development of a chapter on NCDs in the UN Facts for Life (FFL) Communication for Development tool as an effort to scale up a proven health promotion and primary prevention approaches initiatives for NCDs.

The focus of the chapter will be on ways to keep the body healthy and how to prevent the main non-communicable diseases causing death and sickness: Heart Disease, Respiratory (Lung) Disease, Cancer and the risk factors that lead to these diseases: smoking tobacco, drinking too much alcohol, eating unhealthy foods and insufficient exercise. The chapter will encourage sustainable action across the life course and will champion the rights and needs of children, adolescents and youth living with NCDs systematically including the voice and recommendations of children and youth, particularly those living with NCDs.

On 19 March 2014, UNICEF and NCD Child met in Port-of-Spain for a one-day technical review meeting of the Zero Draft chapter the day prior to the commencement of the NCD Child Conference. The meeting was well attended by NCD experts and UN partners to review and make recommendations on the content for the draft chapter as well as for its roll out and related advocacy. A working group and youth engagement group was formed and is expected to be the core consultancy team moving forward on the development of content.

There were a number of key outcomes and ideas emerging from the meeting. Firstly, there was agreement from participants that the chapter should be a document that provides consistency on what and how we should communicate NCD issues and to consolidate critical information in one central, and trusted place. At the same time, there was an understanding that the chapter will always need to be adapted to the context and that perhaps a second supplementary document could be generated that will be more adaptable to context and to specific NCDs. Though the main focus will be primary prevention, with some focus on secondary and tertiary prevention, participants agreed that the chapter is NOT a toolkit with detailed guidance on specific behaviours and actions as they relate to treatment of NCDs.
Finally, it was recognised that both professional and youth groups will be important in the consultation process and throughout the development of the chapter. Rather than considering children and young people as passive victims of NCDs, efforts should be made for active involvement of children as agents of change, in addition to educating their parents and raising awareness in their communities.

Overall, the meeting was fruitful and progressive. Some of the resonating ideas emerging from the consultation, in addition to some of the technical recommendations:

- Prioritise and include children and adolescents within all national NCD plans
- Innovate and advance NCD medicines and technologies
- How do we protect young people and communities from actors who misrepresent the evidence of the burden and causes of NCDs (e.g., food and tobacco industry)
- Prioritise the right to access quality information – especially that which will help young people who are living with NCDs to manage their conditions and
- How can we help people navigate the astounding amount of information available about NCDs.

UNICEF Partnership Agreement with NCD Child

It was announced at the technical consultation meeting that NCD Child and UNICEF have signed a programme cooperation agreement and will engage in joint actions to ensure that children, adolescents and young people at risk or living with non-communicable disease (NCDs) are a priority in the NCD response. The one-year agreement includes the development of the chapter on NCDs and healthy living.

The partnership will focus on the development of the chapter to help leverage the current momentum within the global response to NCDs and support tangible actions to reduce the risk and prevalence of NCDs in children.

Sir George Alleyne, Chancellor of the University of the West Indies, said *Facts for Life* is one of UNICEF’s flagship publications, so it is heartening to see it include NCDs in the series – it will provide a tool for advocacy about the importance of NCDs; what the global public should know and more importantly what they can do.

Prior to signing the programme cooperation agreement, NCD Child and UNICEF collaborated on many NCD Child initiatives but it is with great pleasure that they will continue to work closely together in the future.
An incredible opening session ensured the 2014 NCD Child Conference was off to a brilliant start. Exciting cultural performances by talented young people from Trinidad and Tobago were complemented by inspirational addresses from unparalleled speakers. The entire audience – which included the 220 people in the room as well as equal numbers online – were enthusiastically engaged, and aware very early on that this conference would be something very special.

Her Excellency, Reema Carmona, gave the Opening Address at our 2014 Conference. With a deep commitment to the health and well-being of current and future generations of the Republic of Trinidad and Tobago, Her Excellency spoke passionately about the need to protect young people from the burden of NCDs and empower them as agents of change. Accompanied by His Excellency Anthony Thomas Aquinas Carmona S C and a cohort of Presidential Youth Representatives, Her Excellency inspired everyone in attendance that long-term, sustainable change is not only possible but also achievable when we all play our own role.

With the President’s Office of Trinidad and Tobago so clearly committed to ensuring youth people are empowered and meaningfully involved in NCD action moving forward, the future for the health and well-being of this Caribbean nation is looking extremely positive!
The prevalence of chronic diseases has triggered a veritable crisis faced by developing countries worldwide. In the Caribbean, our populations continue to be plagued by Non-Communicable Diseases or NCDs, and what are called Lifestyle Diseases, but which are more aptly classified as biological risk factors. The danger is such, that NCDs result in more deaths and disabilities than infectious diseases and outstrip them in terms of their negative social impact.

Lifestyle diseases such as diabetes, hypertension, and obesity are precursors to chronic diseases, contributing to their prevalence. Regrettably, many persons fall prey to lifestyle diseases as a result of the choices they make, sometimes due to a lack of options, the result of poverty, or sometimes due to a mere lack of information. The situation is compounded by a culture of unhealthy living which we inculcate in our loved ones, particularly our children. Unwittingly, we set up the conditions for our loved ones to develop lifestyle diseases when we allow them to consume unwholesome foods. We need to radically change our mindset if we are to arrest this situation. The revolution must begin in our kitchens and the meals we prepare for our loved ones. Primary and secondary school children are most at risk. The items sold in many school cafeterias are nothing short of ticking time-bombs because they encourage our children to develop a taste for excessive sugar, salt, food colouring and additives. The cumulative effect of this, is an unsuspecting adult, well on the way to developing a chronic disease.

Deaths as a result of NCDs in the Caribbean region surpass those in our North American neighbours by as much as 131% for our men and 127% for our women. The statistics paint an ominous picture. What is even more frightening is that the age at which our people succumb to NCDs is also noticeably less. In the Caribbean, we run the risk of rearing nations of invalids by creating an environment and setting up the conditions for our youth to fall prey to the allure of fast foods and unhealthy eating choices. It is often done unintentionally. For instance, it is a time- honoured tradition that our children celebrate the end of the school term by visiting a fast food outlet. Rather, we need to start celebrating the end of school term examinations and even consequent success of our children in a healthier fashion. We have to stop sacrificing long-term health and well-being for short-term gratification. The price for bad choices is often reflected in the reality that in Trinidad and Tobago, some 29% of the beds in our hospitals are occupied by diabetic patients. In 2008, Trinidad and Tobago, a country with one of the highest GDPs in the region, surpassed even Haiti, the country with the lowest GDP in the region, in terms of the number of men per 100,000 who succumbed to NCDs. Something is radically wrong with this picture.

Unhealthy eating, combined with a lack of exercise, increases the risk of developing lifestyle diseases and transitioning to more complex NCDs. It is therefore important that we begin focusing on our youth to guide them into healthier life choices. The battle is not lost. Only this Sunday gone, I participated with my own 11 year old daughter, Anura, in the St Francois Girls’ College 5K Fun Run and Walk. I was heartened to see entire families participating as well as groups from as far away as Siparia such as the Siparia Police Youth Club. I was simply impressed that when we all finished, St. Francois Girls’ College provided a healthy reward of fresh fruit including bananas and oranges, and yogurt. I want to commend the Principal, staff, students and parents of St Francois Girls’ College for leading the charge towards healthier lifestyles from the front.

We the adults have to take responsibility for what our children consume and how they spend their free time. Sitting in front of the television may be convenient for parents and youngsters alike, but is it the healthy choice? Stopping off at a fast food outlet on the way home to purchase dinner is convenient, but is it the healthy option? Choosing processed snacks over fresh fruit may seem cheaper in the short-term, but will it be cost effective in the long-term? We have to continually ask ourselves what legacy we wish to leave our children. My admonition and entreaty Ladies and Gentlemen. We have given them life, let’s make sure they can live it to the fullest without the threat of disease robbing them of its quality later on.

Thank you Ladies and Gentlemen.
MINISTRY OF HEALTH

“Love Yourself” – An Opening Address by The Honourable Dr Fuad Khan

NCD Child was extremely grateful for the tremendous opportunity to partner with the Ministry of Health of Trinidad and Tobago on the 2014 NCD Child Conference. At every stage of planning and implementation, the Ministry of Health team surpassed expectations and hopes, ensuring the wonderful success of the entire event. It was a privilege to have the Honorable Minister of Health Dr Fuad Khan address the conference audience, powerfully demonstrating in words and deeds the vital imperative of strong leadership to achieving a life-course approach to NCDs.

I am happy to have you all here at this meeting because the issue of non-communicable diseases and its tragic consequences on our society is of great importance to me. Since assuming the post as the Minister of Health, I have spoken at length as to what needs to be done in order to reduce the incidents of non-communicable diseases. The Ministry has also started several initiatives like ‘Fat the Fat’ and the ‘Healthy Me Children’s Camp’ in an effort to educate our citizens on what they should be doing to lead healthier and more fruitful lifestyles.

Our latest endeavour is the “Love Yourself Campaign.” Sometime ago I mentioned that our citizens were getting lazy. I received some positive and not so positive feedback for that comment but in the end, it had the desired outcome: it got the conversation about our lifestyle habits started. You see, we are not only hurting ourselves by consuming too many fatty foods and leading sedentary lifestyles; we are hurting our children as well. Our example informs their habits. As adults we have a responsibility to nurture and protect our younger ones; not lead them on a path to illness and a poor quality of life. Research done among Trinidad and Tobago’s youth show that as adults, we are failing in the responsibility we have to our children. The Global Health School survey completed in 2011 showed 30% of teenagers between the ages of 13 and 15 are overweight. In total, 17% of schoolchildren in this country are overweight, 15% are obese and more than 40% have at least one risk factor for developing diabetes.

To address these worrying statistics, work is underway at the Regional Health Authority level in the form of obesity clinics. The Primary Care Child Assessment Unit at Barataria and soon at St James will accommodate referrals of overweight children. Also, as mentioned previously, the Ministry of Health conducted Wee Fit and Healthy Me Camps for children with follow-up clinical support for parents and children at the Eric Williams Medical Sciences Complex. Furthermore, there are now school nurses who assist in identifying and managing children who are overweight or obese. In recognition of the importance of collecting a good level of primary data, and developing a programme for identifying at-risk or overweight children from an early age, RHA’s have developed obesity protocols, and two of them are piloting the implementation of WHO growth charts in the birth-1 year age group. But these Government initiatives should go hand in hand with what is being taught in the home. It has been shown that the dietary habits of children are formed before the age of five. After 11 years old, it becomes hard for them to change their habits. So the onus is on us as parents and guardians, to inculcate healthy lifestyle habits in our children from an early age. Teach them to love themselves by keeping active and making nutritional food choices.

The Ministry recognises that apart from the social determinants of health, there are factors that predispose children to the development of obesity and chronic disease even from the antenatal period. In addressing issues that affect child health, the health of the mother must also be optimised. In order to look at the social support available to mothers, parenting skills for both sexes should also be promoted, and this is being developed through inter-sectoral working. The Ministry of Health has developed a maternal and child health manual, draft infant and young child feeding policy, draft childhood obesity prevention policy, breast feeding initiatives, and has approved the formation of oversight committees to scrutinise policy and procedures in relation to NCD’s as well as Maternal and Child health.

Prenatal exposure to tobacco and alcohol, nutritional deficiencies, and diabetes have long-term impacts on health and development, including increased risk of adult cardiovascular disease, diabetes, and other social and medical problems later in
life. It is important to focus on pre-conception and antenatal care, ensuring healthy nutrition in pregnancy, and breastfeeding. Adequate immunizations and safe, smoke-free environments also help to prevent the burden of chronic care for children and their families. Trinidad and Tobago has a good record of immunization coverage with rates of more than 90% of children immunized. In addition to this, the Ministry of Health recently included the quadrivalent HPV vaccine for boys and girls as part of the national immunization schedule.

The onset of risk behaviours predisposing to NCD’s often occurs in children and adolescents. Globally, 100 000 young people start smoking each day, and over 90% of adults who smoke started as children or youth. Adolescent alcohol consumption is common, which may result in developmental problems and non-intentional injury and violence. And like so many things rooted in childhood, it can track into adulthood leading to alcohol dependence.

The Global Health School Survey 2011 showed that in our 13-15 year olds:
• 45% of students had an alcoholic drink in the month preceding the survey, with 80% of these children admitting to having a first alcoholic drink before the age of 14 years
• 70% of students usually drank one or more carbonated soft drinks daily – This is dangerous as excessive amounts of empty calories are taken in the form of liquid, that are not offset by a reduction of calories taken in as food. More importantly, not all calories are equal – soft drinks and snacks that are processed and “convenient” tend to be high in sugars, including fructose, which have been described by some experts as “poison” with addictive qualities that is strongly associated with the development of obesity
• Less than a quarter of adolescents participated in the recommended amount of daily exercise, with many not attending Physical Education at school
• 10% of children had smoked tobacco in the month preceding the survey, and even more alarmingly more than 50% of children reported people smoking in their presence.

A life course approach to preventive efforts addressing NCD’s and their risk factors and behaviours will improve child and adolescent health but also decrease lifetime health care costs as well as add years to life. Strengthening child and adolescent health systems is essential if we are to develop comprehensive approaches to prevention and management of NCD’s. Cognizant with the United Nations global strategy Trinidad and Tobago aims to develop and implement effective monitoring and surveillance systems. This will standardise practice, allow realistic targets to be set, and permit evaluation of programmes and services. This government aims to pay specific attention to children and adolescents in developing national chronic disease, nutrition and physical activity, and reproductive health goals and national tobacco, alcohol and mental health policies.

I wish to conclude by thanking all present here today for their attendance, commitment and contribution to understanding and addressing the threat of chronic non communicable diseases in our children and youth. It is clear that addressing prevention and management of NCD children is paramount to securing the health and wellbeing of our future generations. People say “don’t let them grow up so fast” – this expression is another way of protecting and preserving the rights, wellbeing and innocence of our children. Yet in loving them and wanting to give them the best of everything we have managed as a society to instead condemn them to a future with a poorer health outlook than our own generation. There is a local expression for this: “Monkey love he child till he kill it.”

Forty years ago a pioneer of medicine in Trinidad – Dr Poon King warned us that diabetes would be a problem, and that 40% of affected people were undiagnosed. At this time, diabetes was rare in those younger than 20 years old, but this trend has changed markedly in the past decade. These warnings have come to pass in Trinidad and Tobago, with a diabetes prevalence of more than 12% in those under 20 and growing numbers of young people being diagnosed with Type 2 diabetes and pre diabetes.

So let’s take stock of the situation before us and continue our efforts to secure better health for our children’s future, now.

Thank you.
Since the very start of NCD Child’s journey, the incredible Sir George Alleyne has been an invaluable mentor, supporting this emerging global movement as it increasingly found its feet and way. It was fitting then that Sir George’s opening address took the opportunity to consider the what, when, why, where and who of a life-course approach to NCDs, encouraging us all to reflect carefully on future challenges, directions and priorities.

First, I wish to thank the Minister for his kind words and his generosity in agreeing to host this second NCD Child Conference here in Port-of-Spain and for gracing us with his presence. This speaks not only to his concern for the health of children locally and globally and the relationships between the child and NCDs. He is clearly interested both in the prevention of ill health as well as promotion of good health and care of the ill child. But I like to think that his participation with us speaks to his sense of history. Port-of-Spain has a special significance in terms of the history of the politics of NCDs, as it was here in 2007 that the first ever Conference of Heads of Government was held to examine from a political point of view the implications of what is the new and growing scourge of NCDs and their effect on all aspects of Caribbean life. Everyone here I am sure knows of the progression of this political concern from the national to the regional to the Commonwealth and finally to the global stage. But the convening of this NCD Child conference now also has particular salience for those interested in the health of children, as this is the 25th anniversary of the launch of the landmark Convention of the Rights of the Child and although all aspects of that Convention are important, Article 24 on the right to health is critical for us here and now.

I selected the title “Quo Vadis’ perhaps because I have the benefit of memories of things long past. Most, if not all of you are too young to have seen the 1951 epic film of that name, based on the novel Quo Vadis: A Narrative of the Time of Nero, which alludes to the apocryphal Acts of Peter, in which Peter is fleeing Rome, but on his way meets Jesus going in the opposite direction and puts to him the question “Quo Vadis”-where are you going? Jesus replies “I am going to Rome to be crucified again”, which makes Peter go back to Rome and accept martyrdom by being crucified upside down. I am not suggesting any such fate for NCD Child. But in the closing scene of the film, the stars on leaving Rome discover Peter’s staff sprouting flowers to the theme “I am the way, the truth and the life”. It is against this historical background that I wish to explore where NCD Child and its partners are going, the often uncomfortable truths it will put forward and how this will enhance the life of the organisation such that it fulfills the potential we envisage for it. And all this must be done within the framework of the conference theme; “doing what needs to be done”.

In examining what needs to be done as we seek that way, let us look not only at the what, but complement it by asking how and when it needs to be done and by whom? I would posit that the most important task ahead is to continue to elevate concerns for NCDs in the youth to the highest political levels and press for the application of the technical tools to give concrete expression to the political statements. And there must be concerted effort to ensure that the political and the technical are underpinned by an adequate social enterprise.

The nature and size of the problem in terms of morbidity and mortality in the group of interest that needs to be addressed is almost a matter of vulgar record and is now impatient of any serious debate. The Declaration that came from the NCD Child Oakland Conference two years ago is pellucidly clear as to the urgent concerns that needed to be dealt with. One of the reasons for raising these concerns as was stated in the Declaration has resonated with me ever since. It stated “Children and adolescents often have no political voice and minimal influence in shaping health policies and programs, especially as they relate to NCDs.” NCD Child must continue to facilitate those voices being heard, act as a mouthpiece for them, but also use the institutional muscle that it possesses in their service.

There are undoubtedly many ideas as to how to discharge the remit I have suggested. But in the two years since the Oakland Conference I have become more convinced that NCD Child and its partners have a powerful lever with which they can maintain the momentum to which I referred. The right to health of children is enshrined in the Convention of the Rights of the Child which to date has 140 signatories including, I am pleased to note, all CARICOM countries. Although I have conceptual difficulties with the strict interpretation of the right to health and prefer the notion of the rights to the
measures needed to ensure health, I embrace Article 24 of the Convention which is a comprehensive statement of what the states parties have agreed as far as the health of children is concerned. The Convention itself refers broadly to the need to combat disease and malnutrition, but last year the influential Committee on the Rights of the Child which publishes its interpretation of the content of human rights provisions, known as “general comments”, issued one on the Right to Health. It made specific reference to the changing health priorities which had to be considered as part of the rights agenda and included NCDs to be addressed through a combination of biomedical, behavioral and structural interventions. The Comment went on to indicate that “preventing NCDs should start early in life through the promotion and support of healthy and non-violent lifestyles or pregnant women, their spouses/partners and young children”. Thus the Committee firmly embraced the life course approach to dealing with NCDs.

But it may not be enough for the voices to speak to the bald data on mortality and morbidity. I believe that not enough importance in advocacy terms has been attached to the social and human aspects of NCDs in children-the consequences of diabetes on schooling, the social isolation and discrimination against the obese child and the ineffable tragedy of childhood cancer – a tragedy made starker by the inequities in terms of access to adequate treatment and palliative care when it is needed. Society tends to block out the images of the wheezing child who is prevented from taking part in the sports the young enjoy because of asthma.

The concern for NCDs in the young must also turn around the economics of the problem-the catastrophic spending occasioned by the cost of lifelong treatment. But strangely enough, it is difficult to find good data on the economics of NCDs in children. There are data on the economic losses when adults die in their productive years but children are not often included in these calculations. One finds calculations on the extent to which NCDs can plunge a family into poverty, but this is usually related to adults and not the cost for children. However we do know a bit about one disease, as it is shown that the cost of treating a child with diabetes may be multiple times the cost of caring for a healthy child.

When should all this be done? Is there some optimum time for using the levers I mentioned? As Macbeth would say: “If it were done when ‘tis done, then ‘twere well It were done quickly”.

There is some immediacy for advocacy such as NCD child and its partners can develop. There is now intense discussion about the content of the post 2015-human development agenda. And note that I say human development and in so doing I do no more than echo the sentiments of the first Prime Minister of Trinidad and Tobago, Dr. Eric Williams, who famously said “Development is the face of man”....

By whom should all this be done? Obviously there is a lead role for NCD Child in terms of advocacy, but this has to be a collective effort. NCD child has already demonstrated that it is self-confident enough to join forces with others who have similar aims and objectives. There has been marvelous collaboration with the parent or godmother organisation-NCD Alliance and there is active collaboration with UNICEF and WHO which is already giving promise of tremendous benefit. There must not be hesitancy about engaging the private sector and other organisations in civil society. We need to recall and stress that the Political declaration from the high Level meeting enjoined us to embrace whole of government and whole of society approaches to the problem. The whole of society by definition must include the private sector and even though there must be due diligence and adequate precautions as to conflict of interest, there must not be undue squeamishness about involving appropriate private sector partners.

And of course there is the individual effort of many who do not belong to mighty organisations but feel strongly about the correctness of the positions taken by NCD child and the objectives it has so clearly espoused and have expertise they are willing to share. There is benefit in creating ... “a network of professionals with recognised expertise and competence in a particular domain and an authoritative claim to policy relevant knowledge within that domain or issue-areas”. I hope that the persons attending this conference would take upon themselves the responsibility to be proselytes when they return to their places of work and engage others in the advocacy needed for this work.

Mr Chairman, in my allotted time I have tried to show what should be done, how, when and by whom to advance the cause of addressing NCDs in children and adolescents. You will note that I have deliberately not discussed the therapeutic aspects of the problem. I believe I am correct in saying that the auguries are good that NCD Child is going in the right direction-finding the way, the truth and impacting the lives of countless numbers of children and adolescents.

Thank you.
The Opening Session was a tough act to follow, but the Morning Plenary on day one was an outstanding session, with Professor Robert Blum (of Johns Hopkins School of Public Health) moderating and stimulating discussions amongst a panel of luminaries.

Sir Trevor Hassell, President of the Healthy Caribbean Coalition shared his insights around NCD coalition building in the Caribbean, and the contributions of this regional movement to the global experience. Highlighting lessons learned, challenges, and successes, Sir Trevor emphasised the imperative of addressing the NCD challenge with a multi-sectoral and multidisciplinary response from a whole of Government and civil society approach.

Participants valued learning from the experiences of HCC, with coalition building strategies (such as volunteerism, communication and focus on inclusivity); guiding principles (around transparency, accountability, branding and strategic intent); and governance insights helping to explain how HCC has managed to function as a nimble and non-hierarchical organisation that is clearly adding value to health NGOs.

The strong successes of HCC were clearly outlined, with strong, collaborative partnerships across a range of sectors – including civil society, government, the private sector, public health institutions and others – clearly a key ingredient to past and present projects. Effective utilisation of electronic media has been an enormous part of HCC’s success to date, and demonstrated their capacity to add value to the efforts of local organisations and support their various priorities. In all, Sir Trevor presented compelling evidence around the value, need and rationale for Health NGOs coming together and collaborating as one. Moreover the benefits Government and Public Health Institutions can reap when they engage with civil society was clear. HCC is proof positive that NCD alliances, both regionally and globally, enrich and contribute significantly to the response to the NCD epidemic and have the potential to make a significant “game changing” contribution to that response.

“If you want to go fast, go alone. If you want to go far, go together.”

― African Proverb
Dr Nicholas Alipui, Director of Global Programs for UNICEF, led panel discussions next, and spoke to the significance of the Second International NCD Child Conference coinciding with the 25th anniversary of the United Nations Convention on the Rights of the Child. Dr Alipui reminded delegates of the responsibility we all have to advocacy around a life-course approach to NCDs and fulfilling rights to a healthy existence for children and adolescents as we lead into post 2015 discussions.

The September 2011 United Nations High Level Meeting on NCDs energised the international community, instilling a sense of urgency around the importance of addressing the issue of NCDs, and NCD Child has since provided a platform for efforts maintaining children and adolescents at the centre of advocacy efforts. There are powerful epidemiological trends supporting such an approach, and these must be interpreted in the context of the enormous inequality that exists. Seen through the lens of the family dealing with NCDs, the burden of these inequities are devastating, driving families into poverty, marginalising those who are living with disability, reducing educational opportunities and compounding the disadvantages already experienced by the poor.

The complexities of issues facing child and adolescent health today were recognised: 42 million children under the age of five years are overweight; malnourished children are more likely to become obese; and early age of commencing tobacco and alcohol use is associated with increased risk. Efforts to address underlying drivers and NCD risk factors indicate no single approach will work in isolation, and multiple stakeholders are needed – schools, health, workplace, religious, NGO, faith based, community centres, sports clubs and others must all play a role. Unfortunately a global paucity of quality data restricts our capacity for evidenced-based action and there is a dire need to invest in data collection moving forward.

The development of a new chapter relating to NCDs and healthy living in UNICEF’s flagship publication Facts For Life will facilitate advocacy around NCDs at a policy level and shift the power to drive change into the hands of women, young people, health professionals and health workers. With enormous credibility, reach and translational capacity, Facts For Life will be an essential tool for change in the post 2015 environment.

Dr Alipui closed by reiterating UNICEF’s commitment to partnering with NCD Child and others passionate about a life-course approach to NCDs, working together to mobilise strong support and facilitate advocacy efforts that will continue to shape the post-2015 agenda such that the rights and needs of children and adolescents are addressed in a timely and focused way.

Healthy discussions followed around the challenge of marketing NCDs to the general public in particular. Sir George shared some optimism on this front, but agreed it was time for a marketing campaign! Giving NCDs the face of the young was considered important, but as Professor Blum shared from experiences in slum settings, for many young people the risk of NCDs was less real to them than other life challenges. As a young person once shared with his research team: “Once you have seen someone murdered, having diabetes doesn’t seem that big.”

At a recent World Economic Forum in Davos, Lars Sorensen, the president and CEO of NovoNordisk was asked if he was surprised that there was not a greater focus on diabetes in children at that year’s forum. His reply was:

“No, I am not surprised because typically when we talk about global health and children’s health much of the focus and media attention goes to infectious diseases like polio and malaria -- not diabetes. But we are seeing the beginning of healthy debate about the impact of non-communicable diseases among specific population segments because we are seeing a rise in the diabetes epidemic in emerging market countries in Asia and Latin America. So I predict there will be much more attention given to diabetes in the future.”

I hope he is correct.  

Sir George Alleyne, Chancellor, University of The West Indies
DAY 1 – PANEL SESSIONS

The Opening Session and Morning Plenary made for an extraordinarily strong start to the remainder of Day 1. Presentations were also made available to an international audience live on webinar, and podcasts and PowerPoint presentations will be made available on www.ncdchild.org as permitted by the presenters. Our sincerest thanks to the amazing and talented experts who gave so generously of their time to attend! Many thanks to Katie Dain for launching the new NCD Alliance, NCD Child and DOHaD post-2015 advocacy brief (see page 36).

Learning From The Field
Moderator: Dr Abigail Harrison, International Association for Adolescent Health (IAAH)

Chronic Non-Communicable Diseases in a Group of Primary School Children in Barbados
Dr Anne St John, Heart and Stroke Foundation of Barbados, University of the West Indies

Snapshot of Key Lessons From The NCD Response – Grantee Perspectives
Ms Paurvi Bhatt, Medtronic Philanthropy

The slum as a breeding ground for NCDs. Findings from the WAVE study
Prof Robert Blum, Johns Hopkins Bloomberg School of Public Health

Insights from NCD Community Consultations – Hearing what needs to be done
Dr Kate Armstrong, CLAN

Obesity in a select population of Trinidadian school children
Dr Beni Balkaran, University of the West Indies

Panel Question and Answers

Human Rights, Legislation and Post 2015
Moderator: Dr Lyn Silver, Public Health Institute

Australia’s commitment to legislation and action to protect young people from NCDs - national and international effort
Mr Ross Tysoe, High Commissioner, Australian High Commission, DFAT, Trinidad and Tobago

See No Evil, Hear No Evil, Speak No Evil … The 21st Century Movement Towards Caribbean Youth Empowerment
Ms Sharryl Spence, University Student and Tobacco Advocate

A Life-Course Approach to NCDs in the Post-2015 Development Agenda (see Policy Brief, page 36)
Ms Katie Dain, NCD Alliance

Launch of the NCDA/HCC Regional NCD Status Report and Call to Action
Prof Nigel Unwin, Healthy Caribbean Coalition

Panel Question and Answers

Information Is Power: What data do we have? What data do we need?
Moderator: Dr Avery Hinds, National Surveillance Unit, Ministry of Health Trinidad and Tobago

NCD risks for individuals and countries … what do we know?
Dr Wendy Baldwin, Private Consultant

Towards a Tobacco Free Environment
Edouard Tursan D’Espaignet, Tobacco Free Initiative (TFI), WHO (pictured)

Using Photovoice as a way of hearing from youth
Prof Robert Blum, Johns Hopkins Bloomberg School of Public Health

Burden of diseases, injuries and risk factors for Children and Adolescents in Latina America and the Caribbean
Dr Rafael Lozano, Institute for Health Metrics and Evaluation (IHME)

Health strategies for prevention, detection and diagnosis, and management of NCDs among young people
Dr Garrett Mehl, World Health Organisation

Panel Question and Answers

Close Of Day: Ms Rose Rodas, NCD Child
On the evening of 20 March, the first day of the NCD Child Conference, the Ministry of Health (MoH) of the Republic of Trinidad and Tobago hosted the official welcome reception for conference delegates in the Lime Lounge of the Hyatt Regency with the Minister of Health and his wife in attendance. The evening was a truly spectacular showcase of Trinidadian hospitality, delicious food, and amazing entertainment. The welcome event was absolutely magical and NCD Child was taken aback by the generosity of the Ministry in hosting, planning and executing such an unforgettable evening.

The evening began with an amazing performance by a local artist on the steel pan. Steel drums are a musical instrument originating from The Republic of Trinidad and Tobago and are the country’s official national instrument. At first, the steel pan performance began with a traditional set of calypso songs and transitioned into pop culture music. It was an incredible performance to attend! Along side a DJ, the steel pan player had the crowd dancing and bobbing to his tunes!

The magic didn’t stop there. After an official welcome speech by the Ministry, a young girl by the name of Jsantelle Calliste, a poetry slam winner presented a poem about the dangers of smoking, drinking alcohol and unhealthy living. She urged us to consider the effects that NCDs have on families and relationships, and highlighted the senselessness of engaging in risky behaviours. Jsantelle was a true example of an empowered youth and had every single individual captivated by the clarity and understanding she has for the issues of NCDs. Her message to us was invaluable and unforgettable.

Finally, to end the live performances, the closing performer of the evening was a popular calypso singer well known beyond her home country of Trinidad and Tobago. Calypso is a style of music that originated in Trinidad and Tobago during the early to mid 20th century. Its rhythms are a mix of African and French influences.

The night continued with dancing and feasting on delicious Trinidadian cuisine. It was a truly humbling experience for NCD Child to be so welcomed and treated to such spectacular cultural treats. Conference delegates were truly refreshed for a second day of conference activities, ready for another full day of presentations and networking. It was the very best showcase of what Trinidad has to offer and we are forever grateful for the opportunity to be part of it all.
DAY 2 – PANEL SESSIONS

The second and final day of the NCD Child Conference was off to a brilliant start with a session led by regional experts on the challenges of childhood obesity in the Caribbean. During lunch a youth-led UNICEF meeting on the NCD & Health Living Chapter of Facts For Life was held with many enthusiastic participants, and this strong youth focus was an underlying theme throughout the entire day in fact.

Combating Childhood Obesity in The Caribbean
Moderator: Dr Ruben Grajeda, Working Group on Adolescent and Child Obesity at PAHO

We All have a Role in Obesity Prevention - Why and How
Dr Godfrey Xuereb, Prevention of NCDs Department, WHO

Combating Childhood Obesity: A Perspective from the Interface of Public Health & Politics
Dr Patrick Martin, Chairman, Public Health Nutrition Advisory Committee, CARPHA

Addressing Behavioral Barriers and Motivational Triggers for Obesity Prevention in Young People ...
A Caribbean Experience
Ms Kamila McDonald (Miss Jamaica contestant, Jamaican TV personality, fitness enthusiast)

CARPHA’s Call to Action for Achieving Healthy Weights among Caribbean Children and Adolescents
Dr James Hospedales, Executive Director, CARPHA

Panel Question and Answers

From Research to Practice: Prevention and Mitigation Of Ncds In Childhood and Adolescents
Moderator: Dr Barbara Reynolds, Save the Children

Policy Implementation in Trinidad & Tobago: Lessons Learned
Ms Yvonne Lewis, Health Education Division, Ministry of Health, Trinidad & Tobago

Behavioral Approaches to Preventing and Mitigating NCDs
Mr Christopher Eldridge, Yunus Center, Asian Institute Of Technology, Thailand

Empowering Families: Training Health Educators and Patients
Dr Mapoko M. Ilondo, Novo Nordisk A/S

Jom Mama: Socio-Ecological Approach to Developing Public Health Interventions and Prevent Diabetes.
Ms Haniza Anuar, Ministry of Health, Malaysia

Panel Question and Answers
**Learning From The Field – Regional and International Champions**

**Moderator:** Dr James Hospedales, CARPHA

- **Tobacco use among Caribbean youth: Implications and solutions**
  *Ms Barbara McGaw, The Heart Foundation Of Jamaica/Jamaica Coalition For Tobacco Control*

- **Type 1 Diabetes- My Past, My Present and My Hope for the Future**
  *Ms Krystal Boyea, young person living with T1D, Barbados*

- **More Than Just Condoms! A Look At PSI Caribbean’s Work In Non-Communicable Disease Prevention**
  *Ms Marina Hilaire-Bartlett, Population Services International/ Caribbean*

- **The Global Burden Of Asthma In Children**
  *Prof Luis Garcia-Marcos, Global Asthma Network Steering Group*

- **YHP Brazil: Making a meaningful difference to the health of the young people in Maranhão. Youth engagement on the prevention of common risk factors for sexual and reproductive health and NCDs**
  *Ms Nicole Campos, Young Health Programme - Plan Brazil*

**Panel Questions and Answers**

---

**Strengthening Community Based Services**

**Moderator:** Dr Mychelle Farmer, JHPIEGO

- **Youth Friendly Clinics, Guyana**
  *Dr Malika Mootoo, St Joseph’s Mercy Hospital; University of Guyana, Faculty of Health Sciences*

- **Triumphs and challenges with perinatal HIV-infected adolescents – lessons from the field**
  *Dr Russel Pierre, the Department of Child and Adolescent Health, University of the West Indies, Jamaica*

- **Children and NCDs, Haiti**
  *Dr Dianne Francois, Catholic Medical Mission Board’s (CMMB) - Haiti and the Dominican Republic*

**Panel Question and Answers**

---

Many thanks to the fantastic conference delegates (below) who participated in UNICEF’s Facts For Life (FFL) youth consultation meeting during the lunch break on Day 2. Your contributions to the development of FFL’s new NCDs and Healthy Living chapter were invaluable. NCD Child is passionate about youth engagement and looks forward to ongoing collaboration.
Moderated by Mr Francisco Sierra, the Young Champions session, towards the end of Day 2, was perhaps the most inspiring of them all! A truly transfixed audience listened to these incredible young people share their unique experiences, work, and personal perspectives of children, adolescents and young people living with or at risk of NCDs. They strengthened our resolve to continue working to raise the profile of youth voices globally, and reminded us all how important it is to encourage youth participation and empowerment in everything we do.

Dr Mellany Murgor is a final year medical student at the University of Nairobi and the Kenyan Delegate for Young Professionals Chronic Disease Network. Mellany opened the youth focused session with a spark of youth and vitality. It was just what the audience needed to re-energize on a Friday afternoon! Her presentation focused on cervical cancer prevention in her home country, Kenya. Cervical cancer is one of Kenya's leading cause of death and the study's examination of awareness and knowledge of cervical cancer contributes to the understanding about why women in Kenya are usually diagnosed late when cervical cancer is present. The study, which asked participants “What do you think causes cervical cancer?” and “Do you know about HPV vaccination and / or anybody who has received it and at what age?”, examined results from 216 respondents, 70% of which were 17-30 year of age.

Results showed that knowledge and awareness of cervical cancer vaccination is relatively low among the population, though the majority of respondents reported receiving some information from their health care provider. Also, even among those that had increased awareness, only a small number of them (13%), would recommend getting the vaccine. More research needs to be done to understand the factors that influence vaccine uptake and acceptance. The HPV vaccination continues to be one of the most effective methods to prevent cervical cancer, and could help to decrease the prevalence of cervical cancer in Kenya. Further work can examine knowledge dissemination efforts. Mellany will continue to strive for a healthier future for young women in Kenya who unnecessarily die from this preventable illness.

Dr Duncan Matheka is a young Kenyan medical doctor, public health researcher, and the African representative for the Young Professionals Chronic Disease Network (YPCDN). Duncan presented on the role of interactive digital educative modules in training Kenyan school-going children on rheumatic heart disease (RHD) with the intention to increase knowledge to reduce the incidence of RHD among this population. Interactive modules, including animations and quizzes, have shown to be a more effective method to teach children, than standard didactic sessions. In fact, the study did indeed show a statistically significant increase in knowledge based on test scores administered.

In Kenya, around 200,000 RHD cases are diagnosed each year, affecting mostly children between five to 15 years old. The disease is one of inequity as well, being highly associated with poverty, over-crowding, and lack of access to medicines.

The second section of Duncan’s presentation focused on the efforts to launch a RHD Club in Kenya, with the purpose to mainstream RHD care. RHD Clubs are based on CLAN’s pillars model. In short, the clubs aim to increase access to echocardiograms and access to penicillin; education, research and advocacy; optimal medical management; family support; and decrease the financial burden of the disease. Ultimately, Duncan hopes that RHD Clubs will continue to improve the quality of life of many children. He continues to drive RHD efforts in Kenya, and is one of the world’s up-and-coming young leaders to look out for!
George Dove is an incredible young man, youth ambassador for the JDRF and someone who is keen on raising global awareness of Type 1 diabetes to help children around the world have a better quality of life. George's presentation was truly inspiring – he is an exceptional example of the impact an empowered child has to make a difference! George captivated the audience with his brave story of leadership and awareness building through his work with JDRF. George's work continues to be recognised, including through the Bakken Invitation Award he received from Medtronic Philanthropy!

Dr Dwi Lestari Pramesti (‘Dr Mesty’) is a young medical doctor from Indonesia. She organises four NCD Children/Family Communities in Indonesia including FOSTEO (Osteogenesis Imperfecta), KAHAKI (Congenital Adrenal Hyperplasia), IKADAR (Type-1 Diabetes), and YTI (Turner Syndrome), driving change for children and adolescents in LMICs. She has been the spokesperson of the Indonesia Heart Foundation since 2009. Mesty is a truly incredible young woman to say the least.

Mesty presented her work with the NCD community groups she organises, identifying many ongoing barriers but also opportunities for children living with chronic conditions in Indonesia. For example, she identified lack of awareness and knowledge, misdiagnosis and under-diagnosis, lack of prioritisation for a national data registry, and a low commitment level of the Ministry of Health to focus on children under 14 years of age, as major barriers to increasing the quality of life of children with these conditions. Nonetheless, NCD communities provide an opportunity to enhance care by creating a platform for patient registrations, awareness raising amongst and between family support groups, knowledge sharing, and increased visibility through the power of group collaboration. Mesty wholeheartedly believes, and made us believe in the power of communities to drive sustainable change! She is yet another example of the incredible power of youth voices.

Our final young champion speaker was Romel Kimkeran, a peer-counsellor at DATT (Diabetes Association of Trinidad and Tobago) diabetes camp, and champion cricketer in Trinidad and Tobago. He proudly told the audience that ‘Diabetes would not stop him from achieving his dreams’. He lives with Type 1 diabetes and believes in empowering children to achieve their full potential. His work with DATT is truly inspirational, as he drives efforts to motivate younger children to dream high and aim high, despite their health conditions. Through his favourite activity, cricket playing, Romel raises awareness about healthy living, discrimination, motivation, and persistence. He believes that “success is a journey, not a destination”.
CLOSING SESSION

The Closing Session of the 2014 NCD Child Conference came all too soon! Moderated by the fabulous Dr Barbara Reynolds of Save The Children, the final session of the conference was a time for coming together, reflecting on key lessons learned and next steps for the NCD Child movement.

Drawing on outcomes from the Facts For Life Technical Meeting on 19 March and the Facts For Life Youth Meeting held on 21 March, Dr Kerida McDonald of UNICEF shared an excellent presentation on the current status of the development of the new NCD and Healthy Living Chapter under development for Facts For Life. Starting with an overview of the chapter, Dr McDonald then shared updates on the general principles underpinning development of the chapter and an outline of key dates and milestone events that will direct future activities. Future work on the chapter will utilise and build upon the networks facilitated by the 2014 NCD Child Conference, with a particular focus on youth engagement.

Another exciting highlight of the closing ceremony was the coming together of several distinguished representatives to sign the 2014 NCD Child Conference Port-of-Spain Declaration. The declaration was developed over many months of consultation, culminating in further input from delegates on site at the conference itself. The final version was approved by acclamation in the closing session and signed in front of all conference delegates by Professor Robert Blum from NCD Child; Dr Kumar Sundaraneedi from the Ministry of Health for Trinidad and Tobago and Sir Trevor Hassell from Healthy Caribbean Coalition.

As has become custom for NCD Child, Sir George Alleyne closed the conference with some insightful words and call to action. Acknowledging NCD Child's journey as mirroring the stages of man, Sir George reflected that as a movement NCD Child now stood as a young schoolboy, bright-eyed with school satchel on back, ready to make his way in the world. And, like any good school student, Sir George encouraged NCD Child to focus on data – both numbers and information. Data would help develop knowledge and wisdom, empowering us to speak to the head, pocket and heart in our advocacy efforts. The data around tobacco is impressive for this reason, and there is a uniformity of conviction communicated in all messaging.

Sir George entreated conference delegates to listen to the comments of youth, yet warned against leaving youth to do everything alone, whilst elders abrogate and avoid responsibility. This would be an unfair burden on our youth leaders – all must play their part. Indeed, Sir George encouraged us all to take pride in the achievements of NCD Child to date – and yet we must not become complacent. Returning to the school analogy Sir George issued civil society a final report card on our efforts to date for children and adolescents in the NCD, health and development discourse:

<table>
<thead>
<tr>
<th>On our ability to…</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agitate</td>
<td>C</td>
</tr>
<tr>
<td>Educate</td>
<td>C</td>
</tr>
<tr>
<td>Integrate</td>
<td>B</td>
</tr>
<tr>
<td>Communicate</td>
<td>A</td>
</tr>
</tbody>
</table>

There is much yet to do – we must all “lean in”, keep on messaging and celebrate life – not the prevention of death.

“" We will not deny or defer to any man neither justice nor right."" Magna Carta (1297)
**Every Woman Every Child** is an unprecedented global movement, spearheaded by UN Secretary-General Ban Ki-moon, to mobilise and intensify global action to improve the health of women and children around the world and advance the health-related Millennium Development Goals (MDGs).

**New NCD-Related Commitments to Women’s and Children’s Health**

Nearly 40 *Every Woman Every Child* partners have focused their commitments on NCDs, pledging to make crucial interventions in the areas of disease prevention, treatment, and care; policy development; and health system strengthening. (For more information, please visit www.everywomaneverychild.org)

NCD Child was proud to use the Closing Ceremony of the 2014 Conference to announce several new NCD related commitments to the United Nations Secretary General’s *Every Woman Every Child* (EWEC) movement. **Dr Kate Armstrong** shared with conference delegates updates on these commitments, and emphasised NCD Child’s commitment to strengthening civil society’s capacity to raise awareness and increase networking around a life-course approach to NCDs.

**Arogya World**

Arogya World is pleased to be part of the *Every Woman Every Child* community, and commits to educating 10,000 middle school children (6-8 grades; 11-13 years old), over the next five years, in India, on diabetes (type 2) and its prevention with lifestyle changes.

We will use our proven two-year Diabetes Awareness and Prevention program, with 10 age-appropriate compelling educational activities, and implement them with trained student leaders and teachers, in the school setting. Proof of concept has been previously established in a 2000 children pilot in urban India (Delhi) with partner Hriday, with demonstrable effectiveness in bringing about increased awareness and behavior change. The program and materials have previously been adapted for rural South India with partner Agastya International Foundation. Questionnaires, the implementation model, training materials, and student and teacher activity guides are all available and will be leveraged by Arogya World for this new *Every Woman Every Child* Commitment.

**NCD Alliance**

Building on global political commitments, such as the 2011 UN Political Declaration on the Prevention and Control of NCDs and the WHO Global NCD Action Plan 2013-2020, the NCD Alliance commits to increase recognition of the linkages between non-communicable diseases (NCDs) and women and children’s health through active advocacy on the importance of a life-course approach to NCD prevention and control and the need to act on the social determinants of health such as gender and poverty.

The NCD Alliance will deliver on its commitment by brokering knowledge, mobilizing political support and convening relevant stakeholders, e.g. through hosting side events at important international meetings, producing policy briefs and collaborating with partners such as the Partnership for Maternal and Child Health, NCD Child, UN Agencies and Governments to help improve the health of women and children around the world.

**CLAN (Caring & Living As Neighbours)**

CLAN proudly commits to ongoing advocacy efforts and action on behalf of children and adolescents, so as to protect and promote their international human rights to health, most particularly in the context of the unacceptably high burden of preventable disability and death caused by chronic health conditions and Non-Communicable Diseases (NCDs) in low- and middle-income countries.

At a grassroots level, CLAN will collaborate with a range of partners to support community development based activities for children and adolescents who are living with Rheumatic Heart Disease in Kenya. CLAN will also continue to support existing NCD communities that we partner with in the Asia-Pacific region. At a global level, CLAN commits to striving in its role as inaugural Secretariat of NCD Child to ensure the success of the second international NCD Child Conference, to be held in the Republic of Trinidad and Tobago in March 2014. Themed “Doing What Needs To Be Done” this conference will focus on practical recommendations and commitments, and the meaningful engagement of young people in advocacy efforts towards a life-course approach to the prevention and management of NCDs in the post-2015 development agenda.
An important component of the NCD Child conference was the engagement and inclusion of remote participants through various channels. As always, it was a priority of NCD Child to be inclusive and provide as many cost-effective options for engagement as possible.

Webcasting
The NCD Child Conference was proud to offer a live stream webinar of the full two-day conference and the UNICEF technical consultation meeting, available through a URL link that was disseminated through the NCD Child Connect newsletter, Facebook, and Twitter. The webinar also provided a live chat function in which people could ask questions to create a more interactive experience. Overall, this was extremely successful:
- 211 participants joined the webcast throughout the two days of the conference and the UNICEF technical consultation meeting
- Participants represented more than eight countries
- Many of the participants expressed their appreciativeness for having a means to participate remotely.

News Coverage
The NCD Child Conference enjoyed media coverage in Trinidad and Tobago and beyond in many international news outlets! The conference was promoted and highlighted through the Ministry of Health of Trinidad and Tobago, The Partnership for Maternal, Newborn and Child Health, Every Woman Every Child, NCD Alliance, Public Health Institute, Healthy Caribbean Coalition, Belize Cancer Society, Global Asthma Network, and many others. A huge thank you to all those who were involved!

News media outlets were alight with news relating to the NCD Child Conference. More information is available at www.ncdchild.org

Social Media
Both Facebook and Twitter activity was substantial leading up to the conference and throughout the entire week in Port-of-Spain. Both @NCDChild and @NCDYouthVoices accounts were actively absorbed in the excitement of the conference and live-Tweeting key messages and questions.

The hash tag #youthvoices was used to connect and bring attention to messages of youth empowerment, engagement and participation. NCD Child messages were re-tweeted and favourited almost every time they were posted. In addition, inspiring messages were directed at NCD Child as well!

@NCDChild has created a platform to advance the NCD agenda by engaging youth in this effort, empowering those at the center of this movement

“Don’t forget. A small voice can have a big impact.” So inspired by our young leaders.
@NCDChild @NCDYouthVoices #youthvoices

“The message must be the celebration of life and not the prevention of #NCDs”
Sir George Alleyne  @NCDChild @NCDYouthVoices

“We must not lose the strength we had with communicable diseases now that a new tsunami is upon us”
Sir George Alleyne  #NCDs @NCDChild

“"We can’t do everything all alone. Sometimes we have to speak up, but most of the time we have to listen. By attending the NCD Child Conference, I was able to share experiences from Indonesia and the situation facing our children who are living with NCDs and I enjoyed listening to representatives from other countries share what they are doing to address global inequalities. We have been working together with CLAN and other partners for several years, and the diagnosis and management for children with several NCDs has improved (in a few years the prevalence of Osteogenesis Imperfecta has increased 3-fold; the Type 1 Diabetes community size has increased 5-fold) – and so much impact has been seen already. Now I am hoping we can learn from the work others are doing internationally to further improve what we do in Indonesia. Thank you NCD Child for a great conference!”

Dr Dwi Lestari Pramesti, Jakarta, Indonesia
We, the participants, meeting in Port-of-Spain, Trinidad and Tobago on 20-21 March, 2014 on the occasion of the second international NCD Child Conference on Non-Communicable Diseases (NCDs), Children, Adolescents and Youth;

- Recognising the World Health Organisation (WHO) definition of Non-Communicable Diseases (NCDs) “as chronic diseases, (are) not passed from person to person. They are of long duration and generally slow progression”, and that NCDs have a significant impact on the life of a person, requiring multi-sectoral approaches to prevention and management.
- Recognising while at least 1.2 million children and young people die from NCDs annually, the full burden remains hidden by the lack of accurate national level data;
- Acknowledging the increasing body of evidence highlighting the importance of a life-course approach to the prevention of NCDs, with early life factors altering the response of the body to the risk factors to which we are all exposed through our lives (the field of developmental origins of health and disease);
- Acknowledging the consequences of adverse childhood experiences (ACEs) on health risk behaviours and the increased risk of developing NCDs in adulthood; and recognising children who are living with NCDs and disabilities are more exposed to ACEs than are their peers without chronic health conditions;
- Recognising there are benefits to health and well-being across the life-course of addressing these underlying early life factors (ranging from biological to behavioural and social determinants of health) as early in development as possible;
- Recognising that recent data from some societies offer hope that the incidence of obesity as a risk factor for later NCDs can be reduced in young children in ways that have not been achieved in adults.
- Acknowledging childhood and adolescence are pivotal times for avoiding – or beginning – behaviors that raise the risk of later NCDs and injury (including road traffic injuries), primary prevention activities that address youth risks should be adopted along with secondary prevention programs and programs to serve youth with NCDs;
- Acknowledging the diversity of diseases and conditions that are subsumed under the NCD construct and recognising the critically important work of local, national and international professional, societal and parent organisations working to address disease specific conditions;
- Affirming the importance of all children and young people entering the work force healthy and ready to contribute to the full measure of their physical and cognitive capacities and increase society’s social capital;
- Acknowledging the significant progress made since the 2011 United Nations High-level meeting on NCDs including adoption by all countries of the World Health Organization (WHO) Global Action Plan (GAP) for the Prevention and Control of Non-communicable Diseases 2013-2020, which cites the need for adopting a life-course approach as an overarching principle; yet recognizing the urgent need to ensure children and adolescents are appropriately recognized in all global NCD policies and declarations and empowered as stakeholders in new initiatives;
- Recognising the large gap between international declarations and the lack of human, technical and financial resources available at the local level that prevent children, adolescents and youth from living in health promoting environments and having equitable access to quality health services, education, vocational training, employment and social protection resulting in unacceptable disparities in health outcomes
- Acknowledging that there has been 20 years of global experience with child/adolescent HIV programs - with mother to infant transmission reduction initiatives upon which to build - and that opportunities exist for all partners working with children and young adolescents and youth who are living with, at risk of and affected by chronic conditions to work synergistically and promote healthy living at all stages of life.
- Recognising the need for partnerships with shared values to conduct responsible and accountable programs to address NCD risk prevention in early life, involving UN agencies, government, non-government organisations, academia, civil societies, charities, philanthropists and, as appropriate, the private sector; defining the modes of operation, transparency and declaration of potential conflicts of interest of such partnerships; and acknowledging the urgent need for adequate and ethical financing of such programs.

PORT-OF-SPAIN DECLARATION ON NCDs, CHILDREN, ADOLESCENTS AND YOUTH

Adopted by Acclamation on 21 March 2014
We declare:

1. Our commitment to advocate for the right of children, adolescents and youth living with or at risk of the diseases that comprise NCDs, including those living with disability, to enjoy the highest attainable standards of health and to equitable access to quality, effective and affordable services for early and accurate diagnosis, treatment, supportive care, rehabilitation, and palliative care.

2. Our commitment to addressing NCD risk factors across the life-course (including but not limited to under and over nutrition; secondhand smoke exposure, tobacco, alcohol, and other drug use; physical inactivity; infection with Human Papilloma Virus (HPV) and Hepatitis B Virus; and adverse childhood experiences) which increase the risk of NCDs later in life.

3. Our commitment to eliminating the discrimination experienced by people with disabilities and NCDs that prevent them from achieving optimal health and participating fully in local and national life.

4. Our commitment to the meaningful engagement of children, adolescents and youth as equal stakeholders in the global health and development discourse, and wherever possible to create an enabling environment that allows them to fully capitalise on their role as agents of change regarding NCD attitudes and policies.

5. Our commitment to gender equality and to addressing the special disadvantages and adverse exposures (including increased risks of sexual violence) of girls and young women with disabilities, and to engaging boys and young men in the initiatives to reduce NCD risk in early development.

6. Our full support for the initiatives and processes of the United Nations Interagency Taskforce on the prevention and control of NCDs (The Task Force), and reaffirm our commitment to work in partnership with The Task Force to develop a revised edition of the United Nations Facts for Life publication to include a focus on NCDs.

7. Our commitment to work in partnership with existing platforms and infrastructure (such as maternal, newborn and child and adolescent health (MNCAHI)) that seek to reduce the burden of NCDs in children, adolescents and youth. This includes the United Nations Global Strategy for Women's and Children's Health, Every Women Every Child (EWEC), which recognises that women's and children's health is inextricably linked to the prevention and control of NCDs and includes existing commitments from over 40 EWEC partners in addition to those made at this conference

8. Our full support of regional commitments, initiatives, policies and programs to address the prevention and management of NCDs in children, adolescents and young people

Therefore, we ask all governments to work together and in collaboration with civil society organisations, foundations, for-profit corporations and carefully defined components of the private sector, multi-lateral organisations, academic institutions, and other relevant stakeholders, in order to take the following specific actions to reduce avoidable morbidity, disability and premature mortality in children, adolescents and youth, and to reduce the risk of NCDs:

1. Address the lack of data through the implementation of a universal framework for the systematic collection and monitoring of NCD risk factors and NCD incidence and mortality data [disaggregated by age from birth to age 24 and sex and in relation to ethnic, social and other factors] as a minimum requirement as part of national NCD action plans.

2. Give specific attention to NCD prevention and management across the life-course by investing in preconception health; maternal health and nutrition in pregnancy; and perinatal / newborn care including the provision of sustainable newborn screening programs in all countries and the promotion, protection and support of breastfeeding for at least the first six months of life, and care for children with congenital conditions and the complications of birth asphyxia.

3. Stop and reverse the rising trends of childhood obesity (over-nutrition) through the implementation of WHO recommendations around healthy nutrition, exercise in early life, and legislation protecting young people from the marketing of unhealthy food and beverages; in tandem ensure that programs to optimize stimulation and education to promote neuro-cognitive development are upheld.

4. Ensure access to education with particular reference to attendance at school by teenage girls, whether married or not, to promote health literacy and reduce teenage pregnancies.

5. Accelerate the effective implementation of the WHO Framework Convention on Tobacco Control to reduce the use of tobacco products (smoking and smokeless) by children and adolescents and to protect children and adolescents from second-hand and third-hand tobacco smoke, through legislation to limit or eliminate smoking in public places and private vehicles; ban the sale, advertising and promotion of tobacco products to children; regulate packaging of tobacco products; and introduce such fiscal measures as will reduce accessibility of tobacco to children, adolescents and their carers.

6. Prioritise strategies for the reduction of the harmful use of alcohol throughout the life-course, such as the restriction of marketing or sale of alcohol to minors; pricing policies; labeling; increasing awareness of the effects of alcohol during pregnancy and relationship to FASD.

7. Recognise the physical, mental and social benefits of physical activity and sport practice in the healthy development of young people by implementing policies across education, health, urban planning, transport and other relevant sectors to improve opportunities for physical activity and education at all ages. Address the burden of road traffic-related and other injuries as common causes of chronic disability and preventable death amongst children and adolescents.
8. Strengthen the capacity of existing health systems to implement the GAP recommendation of an 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat and manage NCDs in both public and private facilities by prioritising NCD drugs that are already on the WHO Essential Medicines List for Children, such as insulin (for diabetes); salbutamol (for asthma); penicillin (for rheumatic heart disease); chemotherapy (for childhood cancers and leukaemia); and palliative care drugs (to ensure access to pain relief medicines as part of quality palliative care for all children); and appropriately diagnose and treat NCDs of childhood.

9. Ensure that all health professionals and teachers have a baseline understanding of the major chronic and disabling conditions of childhood in their community, access to disease specific information and the skills to address prevention and to meet the social and emotional needs of children and adolescents with NCDs as well as their parents; ensure that early life risk factors for later risk of NCDs are widely understood.

10. Strengthen partnerships with a broad array of civil society, faith-based and other entities to address the risks to youth of NCD risks and engage youth in the development of interventions to support healthy lifestyle and avoid such risks.

11. Empower appropriate community level support networks that encourage families of children and adolescents living with chronic health conditions and disabilities to work together with the wider community to provide support, decrease stigma and misconceptions associated with NCDs and disabilities and maximize quality of life for all.

12. Assure that institutional and environmental barriers are reduced, affordable technologies made available at the local level, and inclusive approaches ensure young people with disabilities are able to engage in school and community sporting and social activities and to access current knowledge and information about their condition.

13. Engage adolescents and youth in the development of policies and programs that impact their lives including national NCD policies. Children/adolescents/youth are beneficiaries, but they are also actors.

14. Promote the case for children and adolescents who are living with or at risk of developing NCDs being explicitly called out as a central part of the discussion at the 2014 United Nations comprehensive review and assessment of the progress achieved in the prevention and control of NCDs (2014 NCD Review).

15. Integrate social protection measures and adopt universal health coverage for all families living with NCDs so as to mitigate the catastrophic social and financial impact and to enable children and adolescents to exercise their right to access quality health services without discrimination and on an equal basis with others.

16. Strengthen links outside of health to address the underlying social, economic, political, environmental and cultural factors, broadly all of the social determinants which underlie NCDs. In particular, Member States should recognise and uphold their obligation of the rights of children and adolescents who are living with NCDs and disabilities to access quality, equitable, culturally appropriate education and vocational training adopting a sustainable approach to life-long learning that includes 21st century skills such as communications and digital literacy.

17. Ensure children and adolescents are explicitly considered and embedded in the formulation of the goals, indicators and targets for the post-2015 development agenda and support the adoption of a health target “maximising healthy lives at all stages of life”.

---

[Signatures and dates are not transcribed.]
The Early Life-Course Approach to Non-Communicable Diseases in the Post-2015 Sustainable Development Goal Context

Scale Of The Issue

Non-communicable diseases (NCDs, such as diabetes, cardiovascular diseases, chronic lung diseases and cancer, plus mental health and neurological disorders) affect all countries, and people of all ages, and form arguably the single greatest threat to global health in the 21st century. NCDs can develop gradually, reducing the health capital of the population and making individuals and families less resilient, hastening dependency on health care resources and development of toxic stress. Preventable NCDs can strike children and families suddenly, as in the case of injuries, congenital conditions, and complications of birth asphyxia. Children and adolescents affected or at risk of developing NCDs, are an under-recognised but critical group for the future of sustainable global health and prosperity.

The NCDs increasingly apparent in young people will have dramatic effects on their lives and on the societies in which they live. The omnibus resolution on NCDs adopted by UN Member States at the 66th World Healthy Assembly in 2013 recognises that children can die from treatable NCDs, including rheumatic heart disease, type 1 diabetes, asthma, and leukaemia. Addressing the prevention and treatment of NCDs early in the life-course accords with the right of the child to achieve the highest attainable standard of health, as enshrined in UN Convention on the Rights of the Child.

Many unhealthy behaviours that underlie NCDs start during childhood and adolescence. They include the main modifiable NCD risk factors: physical inactivity, tobacco use and second-hand smoke exposure, unhealthy diets, and the harmful use of alcohol - strongly linked to morbidity, mortality, and disability in the short- and longer-term. For example the doubling, or in some cases tripling, of childhood obesity rates in many countries, threatens to reverse recent gains in child health as well as predisposing children and adolescents to unhealthy adult lives. In addition, children born to women with diabetes and cardiovascular diseases are predisposed to developing NCDs themselves, perpetuating the burden of disease across generations. For example, gestational diabetes mellitus, which affects more than 20% of pregnancies in some populations, also predisposes the child to developing metabolic disorder later in life.

A Focus On Early Interventions

With the trajectory of NCD risk starting early in the life-course, early intervention will have the greatest impact (Figure 1), especially given that interventions targeted only at modifying behaviours in adulthood have had variable and disappointing results. In addition to actions on prevention, access to early diagnosis, treatment and care of children and adolescents with NCDs is also vital and has a direct impact on the reduction of preventable death and disability. Simple, cost-effective public health measures including provision of sustainable newborn screening and education programs can have a major positive impact on health outcomes. Other early interventions improve long-term outcomes, for example early support for communication, health literacy and behavioural initiatives, along with parent education, can be critical for improving the health and developmental outcomes of children.

Many government public health bodies, NGOs and health professionals have been slow to appreciate this change in thinking and the necessary actions which follow from it. Interventions to promote healthy development through childhood and adolescence and to encourage healthy behaviours in adults are not alternatives: they are inextricably linked because a healthy start to life will favour better responses to later interventions.

The life-course approach focuses on how multiple determinants interact to affect health throughout life and across generations. Health is considered as a dynamic continuum rather than a series of isolated health states. The approach highlights the importance of transitions, linking each stage to the next, of defining protective risk factors, of prioritizing investment in health care and social determinants of health, and of gender equality and the promotion of human rights early in the life-course.

Figure 1 Courtesy of Professor Mark A Hanson, University of Southampton, Southampton General Hospital, UK
Adopting A Life-Course Approach to NCDs in the Post-2015 Era

Sustainable human development in the post-2015 era demands an ambitious vision that enshrines the values of human rights, equality and sustainability and reinforces the critical role of health across the entire life-course. This will help to achieve sustainable, equitable and inclusive change and the impact envisioned by the UN High Level Meeting and Political Declaration on Prevention and Control of NCDs in 2011.

One formulation of an overarching health goal for inclusion in the post-2015 sustainable development framework that captures this holistic vision of health at all ages is ‘maximising healthy lives at all stages of life.’ Such a goal is universally-applicable, would not place health conditions in competition with one another, and is measurable (see Box 1). It reinforces the need to integrate a life-course approach to NCDs with plans, programs and policies at all levels. Supporting this goal would be a subset of health targets focused both on the unfinished business of the health-related MDGs, and on reducing the burden of NCDs. Building upon the recently agreed global monitoring framework for NCDs, corresponding indicators would encompass early interventions for maternal, newborn and child health as well as adolescent health literacy and behaviours, thereby reducing the global burden of NCDs as part of the Sustainable Development Goals (SDGs), accelerating progress towards the health-related Millennium Development Goals (MDGs) and addressing emerging NCD challenges.

The post-2015 framework should build on existing successful policies, platforms and infrastructure in reproductive and sexual health and infectious diseases, and facilitate a multisectoral approach to health across sectors as diverse as education, urban planning, agriculture and trade. This would include implementing legislation and regulatory measures that have proved effective in protecting young people from risk factors such as marketing unhealthy food and beverages and tobacco products. It also has significant implications for achieving inclusive sustainable human development both by reducing the divide in social equity and strengthening national economies.

The outcomes-focused goal of ‘Maximising healthy lives at all stages of life’ captures the health dimension of sustainable development by measuring healthy life expectancy (HALE) throughout the life-course. HALE is defined by WHO as “the average number of years that a person can expect to live in full health by taking into account years lived in less than full health due to disease and/or injury”. HALE from birth is a key indicator of the state of a nation’s health, measuring mortality, morbidity and disability at all ages and for all causes. It also relates to social and economic sustainability.

Eleven Early Life-Course Intervention Targets

- Reduce smoke exposure and tobacco, alcohol and drug use among children and adolescents
- Reduce preventable NCDs, including those from injuries and birth asphyxia
- Promote health literacy, diet and physical activity in children and young couples
- Ensure healthy pregnancy – to reduce GDM and other pregnancy conditions
- Promote exclusive breastfeeding for at least the first six months of life
- Ensure provision of newborn screening programs, measurement of biomarkers of later NCD risk
- Optimise child growth (reducing stunting and obesity), neurocognitive and immune function
- Ensure access to quality, equitable, culturally appropriate education and vocational training
- Ensure access to affordable NCD technologies and essential medicines for people of all ages
- Empower and engage young people as stakeholders and agents of change
- Regulate advertising and marketing of unhealthy foods and beverages aimed at young people.
CONFERENCE DELEGATE LIST

Farah Ali
Ministry of Health
Trinidad and Tobago

Rayann Agard
South West Regional Health Authority
Trinidad and Tobago

Kelda Alexander
San Fernando General Hospital
Trinidad and Tobago

Mellona Ali
Eastern Regional Health Authority
Trinidad and Tobago

Nicholas Alipui
UNICEF
USA

George Alleyne
Pan American Health Organisation
USA

Glennis Andall-Brereton
Caribbean Public Health Agency
Trinidad and Tobago

Haniza Anuar
Institute for Health System Research, MoH
Malaysia

Kate Armstrong
NCD Child and CLAN (Caring & Living As Neighbours)
Australia

Marie Austin
Ministry of Health
Trinidad and Tobago

Prithviraj Bahadursingh
South-West Regional Health Authority
Trinidad and Tobago

Anuradha Bahall
North West Regional Health Authority
Trinidad and Tobago

Wendy Baldwin
Independent Consultant
USA

Beni Balkaran
University Of The West Indies
Barbados

Cheyenne Baptiste
PSI Caribbean
Trinidad and Tobago

Yvonne Batson
CANDI
Trinidad and Tobago

Abdul Rahman
Bawa
Africa Health Research Organisation
Ghana

Sa’eed Halilu Bawa
The University of the West Indies
St Augustine Campus
Trinidad and Tobago

Meera Beharry
International Association of Adolescent Health and McLane Childrens Hospita/Bayl
USA

Natasha Bellamy
Eastern Regional Health Authority
Trinidad and Tobago

Abihail Berkley
Tobago Regional Health Authority
Trinidad and Tobago

Nicole Best
Healthy Caribbean Coalition
Grenada

Ganga Bhagirathee
South West Regional Health Authority
Trinidad and Tobago

Paurvi Bhatt
Medtronic Philanthropy
USA

Lynne Michael Blum
Johns Hopkins University
USA

Robert Blum
Johns Hopkins Bloomberg School of Public Health
USA

Karen Boatswain
Trinidad and Tobago

Christine Bocage
Caribbean Public Health Agency (CARPHA)
Trinidad and Tobago

Krystal Boyea
International Diabetes Federation
Barbados

Richard Brachalalsingh
South West Regional Health Authority
Trinidad and Tobago

Kellie Brewster
Trinidad and Tobago

Cherice Bronte-Tinkew
Ministry of Health
Trinidad and Tobago

Luisa Brumana
UNICEF
Panama

Larry Burton
Andrews University
USA

Nicole Campos
Plan International Brazil
Brazil

Renee Celestine
Self Employed
Trinidad and Tobago

Dianne Charles
Caribbean Association of Nutritionists & Dietitians
Trinidad and Tobago

Edward Clarke
University Of The Southern Caribbean
Trinidad and Tobago

Archie Clethus
Trinidad and Tobago

Catherine Cole
CLAN (Caring & Living As Neighbours)
Australia

Denise Combs
Trinidad and Tobago

David Constant
Ministry of Health
Trinidad and Tobago

Victor Coombs
Healthy Caribbean Coalition
Trinidad and Tobago

Joanne Cornwall
Trintiad and Tobago

Sally Cowal
American Cancer Society
USA
Antonia Coward  
Caribbean Association of Home Economists  
Barbados

Elva Cumberbatch  
National Surveillance Unit, Ministry of Health  
Trinidad and Tobago

Katie Dain  
NCD Alliance  
United Kingdom

Tamu Davidson Sadler  
Ministry of Health  
Jamaica

Trevaughn Davis  
Trinidad and Tobago

Joanne De Freitas  
UNI Global Union  
Trinidad and Tobago

Charlene DeFreitas-Johnson  
Eastern Regional Health Authority: Sangre Grande Hospital  
Trinidad and Tobago

Nicole Dedier  
Eastern Regional Health Authority  
Trinidad and Tobago

Meera Deonarine  
North Central Regional Health Authority, Eric Williams Medical Sciences Complex  
Trinidad

Andrew Dhanoo  
University of the West Indies  
Trinidad and Tobago

Marise Didier  
North Central Regional Health Authority, Eric Williams Medical Sciences Complex  
Trinidad

Emma Dove  
Community Member  
United Kingdom

George Dove  
Medtronic Philanthropy  
United Kingdom

Bernice Dyer-Regis  
The University of the West Indies  
Trinidad and Tobago

Joslyn Edwards  
Ministry of Health - National Surveillance Unit  
Trinidad and Tobago

Christopher Eldridge  
Yunus Center, Asian Institute Of Technology, Thailand

Mychelle Farmer  
Jhpiego  
USA

Maritza Fernandes  
Ministry of Health  
Trinidad and Tobago

Kevon Foderingham  
Population Services International  
Caribbean  
Trinidad and Tobago

Hazel Forsythe  
Caribbean Association of Home Economists  
Trinidad and Tobago

Isabella Francis-Granderson  
The University of the West Indies, St. Augustine Campus  
Trinidad and Tobago

Luis Garcia-Marcos  
Arrixaca Children's Hospital. University Of Murcia  
Spain

Christy Gavitt  
Independent  
USA

Kalowatie Gokool  
North Central Regional Health Authority  
Trinidad

Steven Goorachan  
Trinidad and Tobago

Yulit Gordon  
Jamaica Cancer Society  
Jamaica

Kamini Gosine  
South West Regional Health Authority  
Trinidad and Tobago

Ruben Grajeda Toledo  
Pan American Health Organisation  
USA

Catherine Habashy  
Global Institute Of Public Health, New York University  
USA

Edison Haqq  
North West Regional Health Authority  
Trinidad and Tobago

Abigail Harrison  
University of the West Indies  
Jamaica

Trevor Hassell  
Healthy Caribbean Coalition  
Barbados

Earl Henry  
Trinidad and Tobago

Sue Henshall  
Three Stories Consulting  
Australia

Marina Hilaire-Bartlett  
PSI-Caribbean (Population Services International - Caribbean)  
Trinidad and Tobago

Avery Hinds  
National Surveillance Unit, Ministry of Health  
Trinidad and Tobago

Brigette Hinds  
Charlotte's Education Services Consortium  
Guyana

Selma Hodge  
Trinidad and Tobago Association Of Nut.& Diетetics  
Trinidad and Tobago

June Holdip  
Caribbean Association Nutritionists and Dietitians  
Trinidad and Tobago

Kizzie Hope  
Trinidad and tobago Association of Nutritionists and Dietitians  
Trinidad and Tobago

James Hospedales  
CARPHA  
Trinidad and Tobago

Cecilia Hutson  
North West Regional Health Authority  
Trinidad and Tobago

Maisha Hutton  
Healthy Caribbean Coalition  
Barbados

Mapoko M Ilondo  
Novo Nordisk A/S  
Denmark

Lawrence Jaisingh  
Trinidad and Tobago

Dianne Jean-Francois  
Catholic Medical Mission Board (CMMB)  
Haiti

Nicole Jordan-Coombs  
The Trinidad & Tobago Cancer Society  
Trinidad and Tobago
Susan Joseph
South West Regional Health Authority
Trinidad and Tobago

Lisa Joseph-Mayers
Sangre Grande Hospital
Trinidad and Tobago

Katrina Kerr
South West Regional Health Authority
Trinidad and Tobago

Natesha Kerr-Lambert
Petrotrin
Trinidad and Tobago

Fuad Khan
Ministry of Health
Trinidad and Tobago

Anna King-Edwards
Nutrition and Metabolism Division
Ministry of Health
Trinidad and Tobago

Nastassja Kirkaldy
NCD Child
Canada

Leona Landers
Australian High Commission
Trinidad and Tobago

Yvonne Lewis
Ministry of Health, Trinidad and Tobago
Trinidad and Tobago

Moira Lindsay
Population Services International-Caribbean
Trinidad and Tobago

Prasanga Lokuge
Medtronic Philanthropy
USA

Errol Longsworth
GoJoven/National Drug Abuse Control Council
Belize

Rafael Lozano
Institute for Health Metrics and Evaluation (IHME)
Mexico

Fallon Lutchmansingh
Diabetes Education Research and Prevention Institute (DERPi)
Trinidad and Tobago

Melissa Mark
Southern Medical Services Limited
Trinidad and Tobago

Tricia Maingot
South-West Regional Health Authority
Trinidad and Tobago

Meera Maraj
Trinidad and Tobago Association of Nutritionists and Dietitians (TTANDI)
Trinidad and Tobago

Barrie Margetts
UNICEF
United Kingdom

Patrick Martin
Ministry of Health
St Kitts and Nevis

Vanesa Martina
National Schools Dietary Services Limited
Trinidad and Tobago

Duncan Matheka
Young Professionals Chronic Disease Network
Kenya

Kerida McDonald
UNICEF
USA

Barbara McGaw
The Heart Foundation Of Jamaica/Jamaica Coalition For Tobacco Control
Jamaica

Alyssa Medina
Nutrition and Metabolism Division-Ministry of Health
Trinidad and Tobago

Marilyn Medrick
Trinidad Association of Nutritionists And Dietitians
Trinidad and Tobago

Garrett Mehl
World Health Organisation
Switzerland

Jochelle Mohammed
South West Regional Health Authority
Trinidad and Tobago

Shehenaz Mohammed
North Central Regional Health Authority
Trinidad and Tobago

Sasha Monteil
Trinidad and Tobago

Cardele Moore
Area Hospital Point Fortin
Trinidad and Tobago

Malikia Mootoo
Positively United to Support Humanity
Guyana

Mark Mungal
Caribbean Sport and Development Agency
Trinidad and Tobago

Mellany Murgor
Young Professionals Chronic Disease Network
Kenya

Hayon Nam
UNICEF
USA

Jael Nicholas
Ministry of Health
Trinidad and Tobago

Jose Nunez
SWRHA
Trinidad and Tobago

Shaneisha Onfry
Trinidad and Tobago

Adepeju Oyesanya
Best Start
Trinidad and Tobago

Taryn Phillip
Ministry Of Health
Trinidad and Tobago

Charlene Pattoo
Sangre Grande Hospital
Trinidad and Tobago

Jacqueline Pereira-Sabga
Regents Medical Clinic
Trinidad and Tobago

Kailasha Persad-Latchman
Ministry of Health
Trinidad

Russell Pierre
University of the West Indies
Jamaica

Theresa Pierre
“Bite and the “Body Talks”
Trinidad

Dwi Lestari Pramesti
Faculty of Medicine
University of Indonesia
Indonesia

Patrice Prout
UWI
Trinidad and Tobago

Joy Providence-Williams
South West Regional Health Authority
Trinidad and Tobago
Madhuri Rambharose-Boodoo
South West Regional Health Authority
Trinidad and Tobago

Zobida Ragbirsingh
Diabetes Association of Trinidad and Tobago
Trinidad and Tobago

Vidy Rajpaulsingh-Bharath
National Schools Dietary Services Limited
Trinidad and Tobago

Cherisse Ramai
San Fernando General Hospital
Trinidad and Tobago

Radha Ramkhelawan
Ministry of Health, Trinidad and Tobago
Trinidad and Tobago

Varsha Ramlakhan
National Schools Dietary Services Limited
Trinidad and Tobago

Ava Rampersad
PSI Caribbean
Trinidad and Tobago

Indrani Rampersad
South West Regional Health Authority
Trinidad and Tobago

Seromanie Rampersad-Debideen
South-West Regional Health Authority (SWRHA)
Trinidad and Tobago

Barbara G Reynolds
Save The Children UK
United Kingdom

Keisha Roberts
UWI St Augustine
Trinidad and Tobago

Andrea Robin
Caribbean Association of Nutritionists and Dietitians
St Vincent and The Grenadines

Rose Rodas
NCD Child
Canada

Camille Rolingson
Ministry of Public Utilities
Trinidad and Tobago

Sherry-Anne Rollocks-Hackett
Trinidad and Tobago

T. Alafia Samuels
University of West Indies
Barbados

Samantha Seecharan
NWRHA
Trinidad and Tobago

Anjani Sharma
Ministry of Health, Trinidad and Tobago
Trinidad

Karmesh L D Sharma
Kathak Academy Bangladesh (KAB)
UNCSOs
Bangladesh

Abul Kashem Sheikh
AstraZeneca
United Kingdom

Sharryl Shervaylle Spence
Jamaica Cancer Society
Jamaica

Hazel Spring
South West Regional Health Authority
San Fernando

Augusta St Louis
Trinidad And Tobago

M Anne St John
University Of The West Indies
Barbados

Donna Staton
American Academy of Pediatrics
USA

Adanna Stephen
Eastern Regional Health Authority
Trinidad and Tobago

James Stout
AYUDA
USA

Kumar Sundaraneedi
Ministry of Health, Trinidad and Tobago
Trinidad and Tobago

Kimberly Suraj
Eric Williams Medical Sciences Complex
Trinidad and Tobago

Alicia Surujlal
Trinidad and Tobago

Raj Tamai
University of the West Indies
Trinidad and Tobago

Bernadette Theodore-Gandi
Trinidad and Tobago

Debra Thomas
DOTS
Trinidad and Tobago

Kernelia Thomas
San Fernando General Hospital
Trinidad and Tobago

Kathryn Thomas-Elbourne
South West Regional Health Authority
Trinidad and Tobago

Donna Kay Tobais Clarke
Trinidad and Tobago

Kristy Toolsie
North Central Regional Health Authority, Eric Williams Medical Sciences Complex
Trinidad and Tobago

Tennille Toolsie
NCRHA
Trinidad and Tobago

Edouard Tursan D’Espaignet
World Health Organisation
Switzerland

Ross Tysoe
Australian High Commission
Trinidad and Tobago

Nigel Unwin
University Of The West Indies
Barbados

Denesia Venus
North Central Regional Health Authority
Trinidad and Tobago

Audrey Watts
South West Regional Health Authority
Trinidad and Tobago

Marquitta Webb
The University of the West Indies
St Augustine Campus
Trinidad and Tobago
Jeremy Wellard  
NCD Child and CLAN (Caring & Living As Neighbours)  
Vietnam

Angie Williams  
Trinidad and Tobago

Lyndell Wills  
Will Organise  
Australia

Carole Winner Devers  
Consultant – Various Organisations  
Trinidad and Tobago

Phyllis Woolford  
University of the Southern Caribbean  
Trinidad and Tobago

Godfrey Xuereb  
World Health Organisation  
Switzerland

Ingrid Allan  
Trinidad and Tobago

Rohit Doon  
Ministry of Health, Trinidad and Tobago  
Trinidad and Tobago
Thank you to everyone who helped make the 2014 NCD Child Conference the fantastic success that it was!

Please visit www.ncdchild.org for more information on the conference program, abstracts and presentations.