

Access for Every Child:
Ensuring Multidisciplinary Care for Non-Communicable Diseases
Concept Note for the United Nations General Assembly 2025 Side Event

Over 2.1 billion children under the age of 20 are affected by non-communicable diseases (NCDs).¹ Every year, 1 million of these children lose their lives to treatable NCDs.² Beyond mortality, NCDs contribute to 174 million years lived with disability in children, causing long-term suffering.³ To face these challenges, health systems must be restructured to deliver accessible, comprehensive care—including rehabilitation, mental health, nutrition, and psychosocial support—to ensure that children not only survive, but thrive.

Children face stark inequalities in access to care. Approximately 75% of child deaths attributable to NCDs occur in LMICs, where access to medical care, essential medicines, and supportive care is limited.³ Among children with cancer, 90% of whom reside in LMICs, survival rates can be as low as 20%, compared to over 80% in high-income countries.⁴ Children with diabetes face significant challenges as well; pediatric endocrinologists are scarce, and essential medical supplies are often unaffordable or unavailable.⁵

Inequalities are not confined to LMICs. In high-income settings, disparities in access to care persist due to poverty, geography, and gaps in insurance coverage. In the United States, rural children have 36% lower odds of receiving preventive care and a 32% lower chance of maintaining continuous insurance coverage compared to urban children.⁶ Even in nations with universal healthcare systems, children from socioeconomically disadvantaged backgrounds experience suboptimal care⁷ and face higher rates of emergency department visits, hospitalization, and readmission to hospitals.⁸

Nutrition is an essential, but underappreciated component of NCD care. Incorporating nutritional services into NCD management has been proven to save lives,⁹ lower costs,^{10–12} and lessen the burden of NCDs.¹³ In children with cancer, proactive nutrition care has the potential to improve survival rates by 30%,¹⁴ while successful obesity treatment during adolescence lowers all-cause mortality by 88%.¹⁵ Not only can nutrition counseling save lives, but it can also alter the course of the disease, reducing the likelihood of progressing from prediabetes to type 2 diabetes fourfold.¹⁶ Evidence from New Zealand and Mexico shows that integrating early, individualized nutrition care into health systems can also generate significant cost savings, ranging from NZ\$99 for every NZ\$1 spent to over US\$8.1 billion annually.^{11,12} Despite these benefits, nutrition services remain severely underfunded by governments¹⁷ and there is a global shortage of nutrition professionals.¹⁸

Collective action from Ministries of Health, United Nations (UN) agencies, and NGOs is essential to ensure equitable access to NCD prevention, treatment, and long-term care for children and adolescents. The Zero Draft of the 78th World Health Assembly underscored NCDs, unhealthy diets, insufficient physical activity, and low health literacy as priority policy targets—integral to national and global strategies for NCD prevention, control, and the promotion of population well-being. The forthcoming Fourth High-Level Meeting at the UN General Assembly presents a critical opportunity to strengthen global policy commitments and



International Agency for Research on Cancer



advance the integration of comprehensive NCD prevention and care for children and adolescents within national health agendas.

To this end, our roundtable will focus on advancing multidisciplinary care models across all income settings, exploring disparities in access to NCD care, and identifying practical solutions to strengthen NCD care systems. The discussion will result in actionable recommendations for the global community to build health systems that ensure that every child with an NCD has access to comprehensive care.

Date: September 23, 2025

Time: 5:00-7:00 PM

Title: Access for Every Child: Ensuring Multidisciplinary Care for Non-Communicable Diseases

Location: Penn Club of New York, 30 West 44th Street, New York, NY

Registration: Register for the event [here](#).

References

1. United Nations Children's Fund. *Placing Children at the Heart of the Non-Communicable Disease and Mental Health Agenda*. Accessed June 24, 2025. <https://www.unicef.org/media/169746/file/Prioritizing-Children-NCD-Mental-Health-Agenda-2025.pdf>
2. Strategies to address severe chronic non-communicable diseases in children and young people | UNICEF South Asia. December 13, 2024. Accessed April 24, 2025. <https://www.unicef.org/rosa/reports/strategies-address-severe-chronic-non-communicable-diseases-children-and-young-people>
3. Guariguata L, Jeyaseelan S. *Children and Non-Communicable Disease: Global Burden Report 2019*.; 2019. Accessed April 24, 2025. https://www.ncdchild.org/wp-content/uploads/2021/03/ncdchild_global_burden-report-2019.pdf
4. Ehrlich BS, McNeil MJ, Pham LTD, et al. Treatment-related mortality in children with cancer in low-income and middle-income countries: a systematic review and meta-analysis. *Lancet Oncol*. 2023;24(9):967-977. doi:10.1016/S1470-2045(23)00318-2
5. Pulungan AB, de Beaufort C, Ratnasari AF, Puteri HA, Lewis-Watts L, Bhutta ZA. Availability and access to pediatric diabetes care: a global descriptive study. *Clin Pediatr Endocrinol*. 2023;32(3):137-146. doi:10.1297/cpe.2023-0017
6. Crouch E, Hung P, Benavidez G, Giannouchos T, Brown MJ. Rural-urban differences in access to care among children and adolescents in the United States. *J Rural Health Off J Am Rural Health Assoc Natl Rural Health Care Assoc*. 2024;40(1):200-207. doi:10.1111/jrh.12769
7. Nussbaum C, Novelli A, Flothow A, Sundmacher L. Exploring patterns in pediatric type 1 diabetes care and the impact of socioeconomic status. *BMC Med*. 2025;23(1):229. doi:10.1186/s12916-025-04049-3
8. Redmond C, Akinoso-Imran AQ, Heaney LG, Sheikh A, Kee F, Busby J. Socioeconomic disparities in asthma health care utilization, exacerbations, and mortality: A systematic review and meta-analysis. *J Allergy Clin Immunol*. 2022;149(5):1617-1627. doi:10.1016/j.jaci.2021.10.007
9. Tripodi SI, Bergami E, Panigari A, et al. The role of nutrition in children with cancer. *Tumori*. 2023;109(1):19-27. doi:10.1177/03008916221084740
10. Buitrago G, Vargas J, Sulo S, et al. Targeting malnutrition: nutrition programs yield cost savings for hospitalized patients. *Clin Nutr Edinb Scotl*. 2020;39(9):2896-2901. doi:10.1016/j.clnu.2019.12.025

11. Sulo S, Vargas J, Gomez G, Misas JD, Serralde-Zúñiga AE, Correia MITD. Hospital nutrition care informs potential cost-savings for healthcare: a budget impact analysis. *Clin Nutr ESPEN*. 2021;42:195-200. doi:10.1016/j.clnesp.2021.01.041
12. Howatson A, Wall C, Turner-Benny P. The contribution of dietitians to the primary health care workforce. *J Prim Health Care JPHC*. 2015;7(4):324-332. doi:10.1071/hc15324
13. Long Q, Zhang T, Chen F, Wang W, Chen X, Ma M. Effectiveness of dietary interventions on weight outcomes in childhood: a systematic review meta-analysis of randomized controlled trials. *Transl Pediatr*. 2021;10(4):701-714. doi:10.21037/tp-20-183
14. Orgel E, Genkinger JM, Aggarwal D, Sung L, Nieder M, Ladas EJ. Association of body mass index and survival in pediatric leukemia: a meta-analysis. *Am J Clin Nutr*. 2016;103(3):808-817. doi:10.3945/ajcn.115.124586
15. Putri RR, Danielsson P, Ekström N, et al. Effect of pediatric obesity treatment on long-term health. *JAMA Pediatr*. 2025;179(3):302-309. doi:10.1001/jamapediatrics.2024.5552
16. Parajuli S, Jasmin G, Sirak H, Lee AF, Nwosu BU. Prediabetes: adherence to nutrition visits decreases HbA1c in children and adolescents. *Front Endocrinol*. 2022;13:916785. doi:10.3389/fendo.2022.916785
17. Leveraging nutrition financing to save lives and accelerate the SDGs. Scaling Up Nutrition. Accessed April 24, 2025. <https://scalingupnutrition.org/resource-library/information-notes/leveraging-nutrition-financing-save-lives-and-accelerate-sdgs>
18. World Health Organization. *Global Nutrition Policy Review 2016-2017: Country Progress in Creating Enabling Policy Environments for Promoting Healthy Diets and Nutrition*. World Health Organization; 2018. Accessed April 24, 2025. <https://iris.who.int/handle/10665/275990>