



## **Seventy-Ninth World Health Assembly (WHA79)**

### **PILLAR 1 - AGENDA ITEM 12.1: Follow-up to the political declaration of the high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases (NCDs)**

#### **CONSTITUENCY STATEMENT**

**“Building on Political Momentum for Childhood NCDs:  
Translating 4HLM global commitments into policy and programme implementation  
to advance multi-disciplinary care and equity for children worldwide”**

**ORGANIZER: THE INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY [SIOP]**

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#### **List of Non-State Actors in Official Relations participating in the Statement**

- The International Society of Paediatric Oncology (SIOP) - [organizer](#)
- Childhood Cancer International (CCI)
- European Association for Injury Prevention and Safety Promotion (EuroSafe)
- HUMATEM
- International Agency for the Prevention of Blindness (IAPB)
- International Association for Dental, Oral, and Craniofacial Research (IADR)
- International Association for Hospice and Palliative Care (IAHPC)
- International Pediatric Association (IPA)
- International Psycho-Oncology Society (IPOS)
- World Federation of Nuclear Medicine and Biology (WFNMB)
- World Federation of Societies of Anesthesiologists (WFSA)
- Worldwide Hospice Palliative Care Alliance (WHPCA)
- Worldwide Network for Blood & Marrow Transplantation (WBMT)

#### **With the support of WHO Collaborating Centre:**

- St Jude Children’s Research Hospital

**STATEMENT FOLLOWS ON PAGE 2**

## STATEMENT

Distinguished Chair and Delegates,

Noncommunicable diseases (NCDs) affect over 130 million children worldwide, particularly in low-and-middle-income countries. This includes life-threatening NCDs with high global toll and injury risk, such as childhood cancers.

The Political Declaration of the UN 4<sup>th</sup> High-Level Meeting on NCDs and Mental Health included the Global Initiative for Childhood Cancer target: at least 60% survival worldwide by 2030. This milestone also builds momentum for other childhood NCDs.

The WHO recognizes childhood cancer interventions as cost-effective. Investment in this multi-disciplinary area will strengthen health systems, workforce capacity, and services such as imaging, hematopoietic cell and organ transplants, pathology, anaesthesiology, critical care, nursing, vaccination, pain, palliative, and psychosocial care. It will advance health and safety research, injury and blindness prevention, timely diagnosis, effective treatment, and comprehensive care. These benefits apply across childhood NCDs including sickle cell, eye and oral health conditions.

Political momentum must now translate into action on childhood NCDs through national policy and programmes. To underpin this, safe, well-resourced and trained health teams and quality medicines and equipment are key, alongside robust surveillance and monitoring to ensure effective reporting and accountability. We urge Member States to decisively build on the UN's landmark commitment to NCD control with emphasis on childhood cancer to enhance survival, quality of life, safety, and equity for all children.

## ENDS

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