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Building blocks for lifelong health: Why we must prioritize children

Call to action for the private sector





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The purpose of this report is to make the business case for industry to invest and take action on prevention measures linked to the global burden of NCDs, including mental health conditions, early on during childhood and adolescence. It outlines why and how a range of industries (such as healthcare, insurance, sports and fashion, lifestyle, technology and data, telecommunication, transport and urban planning, and food and beverage) can take action to drive forward solutions targeting the key risk factors that directly affect children's environments and negatively influence their health and well-being.

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Glossary

Absenteeism

As defined by the U.S. Chamber of Commerce, absenteeism refers to people in ill health who are sick and absent from work due to personal or family reasons.¹

Adolescence

As defined by WHO, adolescence describes the phase of life between childhood and adulthood, from ages 10 to 18. It is a unique stage of human development, encompassing rapid physical growth and sexual maturation combined with emotional, social and cognitive development. It is also an important time for laying the foundations of good health.²

Adolescents

As defined by UNICEF, individuals in the 10- to 18-year age group are considered adolescents.^{a,3}

Caregiver

As defined by UNICEF, caregivers are those responsible for the care of children and may include mothers, fathers, grandparents, siblings and others within an extended family network, as well as other professional caregivers specialized in childcare and education, such as teachers, early childhood professionals, childcare workers, and other educational staff who engage in the regular care of children.⁴

Child

As defined by UNICEF, child as a term broadly includes all children and adolescents aged 0 to 18 (according to the United Nations Convention on the Rights of the Child).⁵

Community

As defined by UNICEF, community includes all stakeholders in child and family well-being, such as children, parents, caregivers, teachers, health workers, legal representatives, and religious and governmental leaders. Community can be defined as a network of people who share similar interests, values, goals, culture, religion, or history – as well as feelings of social connection and caring among its members.⁶

Disease prevention

As defined by WHO, disease prevention means specific, population-based and individual-based interventions for prevention and early detection, aiming to minimize the burden of diseases and associated risk factors. Prevention refers to actions aimed at avoiding the manifestation of a disease (this may include actions to improve health through changing the impact of social and economic determinants on health; the provision of information on behavioural and medical health risks, alongside consultation and measures to decrease them at the personal and community level; nutritional and food supplementation; oral and dental hygiene education; and clinical preventive services such as immunization and vaccination of children, adults and the elderly, as well as vaccination or post-exposure prophylaxis for people exposed to a communicable disease). Early detection refers to the chances for positive health outcomes (this comprises activities such as evidence-based screening programs for early detection of diseases or for prevention of congenital malformations; and preventive drug therapies of proven effectiveness when administered at an early stage of the disease).⁷

Early retirement

As defined by the U.S. Chamber of Commerce, early retirement refers to employee who retires between ages 50 and 64 due to ill health.⁸

^a Adolescent age range is aligned with age disaggregation in methodologies for reporting on SMQ indicators in the UNICEF Strategic Plan, 2022–2025. If there are any changes in disaggregation details pertaining to age range of children and adolescents in the launched strategic plan, these will be updated in the MHPSS Framework to maintain alignment.

Mental health

As defined by UNICEF, mental health encompasses people's emotional, psychological and social well-being. It affects how they think, feel, and act and determines how they handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Good mental health is defined as a state of well-being in which individuals realize their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and are able to contribute to their communities. Good mental health is related to mental and psychosocial well-being. UNICEF's work to improve the mental health of children, adolescents, families and communities includes the promotion of mental health and psychosocial well-being; the prevention of mental health conditions; the protection of human rights; and the care and treatment of children, adolescents and caregivers affected by mental health conditions.⁹

Mental health and psychosocial well-being

As defined by UNICEF, well-being describes a positive state of being when a person thrives. In children and adolescents, it results from the interplay of physical, psychological, cognitive, emotional, social, and spiritual aspects that influence a child's or adolescent's ability to grow, learn, socialize, and develop to her or his full potential.^{10,b}

Mental health conditions

As defined by UNICEF, mental health conditions include a wide range of disorders that affect an individual's cognition, emotion, or behaviour and interfere with a person's ability to learn and function in the family, at work, and in society. In many circumstances, conditions can be successfully prevented or treated. Mental health conditions include mental, and substance use problems, severe psychological distress, intellectual disabilities, and suicide risk.¹¹

Non-communicable disease

As defined by UNICEF, non-communicable diseases (NCDs), also known as chronic diseases, are non-transmissible diseases of often long duration. Examples of NCDs include mental health conditions, stroke, heart disease, cancer, diabetes and chronic lung disease.¹²

Premature mortality from non-communicable diseases

As defined by WHO, premature mortality from non-communicable diseases is defined as the unconditional probability of death between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases.¹³

Presenteeism

The term 'presenteeism' has two very different meanings depending on the context: (1) As defined by the U.S. Chamber of Commerce, people who are present at work but not working at full capacity due to illness¹⁴ or (2) as defined by the Oxford English Dictionary, the practice of being present at one's place of work for more hours than required, especially as a manifestation of insecurity about one's job.¹⁵ In this report, we are referring to the first (1) definition negatively impacting productivity.¹⁶

Productivity loss

According to the Karolinska Institutet (Institute of Environmental Medicine), productivity loss could be defined as the difference between what employees normally produce and how much they produce when affected by health problems. Other factors besides employee health such as work environment factors may also affect the performance of the employee, and only measuring the contribution of ill-health might underestimate the actual productivity loss which is mostly a cost to the employer.¹⁷

Youth and Young people

UNICEF defines youth as those aged 15–24, and young people as those aged 10–24 years.¹⁸

b Adapted from UNICEF's Mental Health and Psychosocial Technical Note's definition of well-being to align with the theoretical underpinning of the MHPSS Framework and the social ecological model.



What are non-communicable diseases (NCDs), and why do they matter?

The term 'non-communicable disease' encompasses a wide range of chronic diseases that are non-transmissible and of often long duration. In 2011, the first-ever United Nations General Assembly High-level Meeting on the Prevention and Control of NCDs formally directed global action towards four major diseases – cardiovascular diseases, chronic respiratory diseases, diabetes, and cancers – and four key risk factors: tobacco use, unhealthy diets, harmful alcohol use, and physical inactivity. This initiative became known as the '4 × 4 NCD agenda'. In 2018, a subsequent UN High-level Meeting expanded this framework to include mental health conditions, as an additional disease and air pollution as a new risk factor, evolving into the '5 × 5 NCD agenda'.

People with mental health conditions often experience poorer physical health, with shared risk factors linking both mental health and physical health. Common mental disorders (e.g., depression or anxiety) and severe illnesses (e.g., schizophrenia

or bipolar disorder) frequently co-occur with cardiovascular diseases, diabetes, cancer, and respiratory conditions. Additionally, behaviours like tobacco use, unhealthy diet, physical inactivity, and harmful alcohol consumption are prevalent among individuals with mental health disorders, increasing their risk for NCDs.

Non-communicable diseases kill 41 million people each year, equivalent to 74% of all deaths globally, with cardiovascular diseases as the leading cause of death, followed by cancers, mental health conditions, chronic respiratory diseases, and diabetes. They disproportionately affect the poorest and most vulnerable populations with 86% of deaths occurring in low- and middle-income countries.

A significant epidemiological shift is occurring: As advancements in healthcare reduce mortality from communicable diseases, more children are surviving early life risks, but they face increasing vulnerability to NCDs and mental health conditions, threatening their long-term well-being. Health systems in many developing countries, historically focused on infectious diseases, lack the capacity and resources to address this rising burden.

Executive summary:

The urgent need to invest in children's health

NCDs and mental health conditions are threatening the future of millions of children

Most **adult NCDs and mental health conditions are preventable**, as they stem from risk factors established during childhood and adolescence. These conditions are rising, with deaths climbing from 31 million in the early 2000s to 41 million today,¹⁹ fueled by escalating risk factors like childhood obesity and overweight, among others.²⁰ If we fail to address these risk factors in children now, we will face an **ever-growing population burdened** by these conditions, with devastating impacts **spanning generations** – lives lost, overwhelmed communities, and trillions drained from the global economy. **This is a crisis we cannot ignore.**

More than 2.1 billion children and adolescents are at the heart of the crisis

These children are affected by NCDs and mental health conditions, either living with the conditions or facing risk factors that jeopardize their health and well-being. They grow up in environments overwhelmed by unhealthy foods, with limited opportunity for active lifestyles, and high pollution, while also facing distress, chronic stress, and adverse social conditions such as poverty and violence, which heighten the risk of mental health challenges. These factors not only harm their current well-being but also lay the foundation for lifelong struggles with NCDs and mental health conditions.

Prevention works: A call to collective action

Evidence shows that early prevention pays off. Being aware of the impact of healthy environments on the development of NCDs is a cornerstone of prevention. Key prevention strategies include promoting a proper nutrition from early childhood to adolescence, combating alcohol- and tobacco-use, supporting active lifestyles, contributing to clean air and promoting, protecting and caring for children's mental health. Education and health awareness are equally critical to drive early identification, tailored support and referral. Preventing NCDs and mental health conditions effectively requires an 'all of society' approach, with the private sector playing an active and integral role in driving solutions and fostering healthier environments.

The role of the private sector: A game changer in prevention

The private sector plays a pivotal role in driving prevention efforts at scale. As drivers of innovation, employers of millions, and shapers of environments that people live within, industries are uniquely positioned to address the root causes of NCDs and mental health conditions. This is not only true for the healthcare sector but for a wide range of industries impacting the lives of children and adolescents: insurance, sports and fashion, lifestyle, technology and data, telecommunication, transport and urban planning, and food and beverage industries.

Driving these efforts is not just a matter of corporate responsibility – it is about risk mitigation, business sustainability and global economic resilience.

Why the private sector must act

An economic opportunity

In the U.S. alone, the cost of NCDs and mental health conditions – through reduced productivity, shrinking talent pools, and lower consumer spending – is estimated at \$2 trillion annually.²¹ These challenges pose direct threats to business growth, profitability and operational longevity, underscoring the urgency for private sector action.

A competitive advantage

Socially conscious consumers increasingly expect that companies prioritize health and sustainability. Responding to these expectations by leveraging corporate expertise not only enhances brand trust, but also provides a competitive edge in the marketplace. Furthermore, investing in health systems, particularly in tackling NCDs and mental health conditions, creates opportunities for growth by fostering stability in regions previously considered high-risk for expansion.

Risk mitigation and resilience

A healthy, resilient workforce and community are critical for sustaining business operations. The COVID-19 pandemic revealed the vulnerabilities in global supply chains when health systems are overwhelmed. By addressing NCDs and building health system resilience, private sector companies reduce operational risks and enhance value chain stability, even in the face of climate change and other global challenges.

How the private sector can lead

Comply: Respect regulations to safeguard children's well-being



Adhere to regulations and enforce compliance across company value chains and supply chains, reflecting responsible corporate citizenship and promoting children's physical and mental health.

Champion: Advocate for joint action and enhanced guidelines and partner to drive change



Drive stronger protections, shape guidelines, and raise awareness to prevent NCDs and mental health conditions in children, and promote positive physical and mental health, including through inspiring collective action. Use brands' influence and power to highlight systemic issues and drive collective impact. Leverage the possibility to go further than governments and amplify results through sectorial codes of conduct to protect children, such as through voluntary industry self-regulation.

Contribute: Invest in preventive programmes through aligned sustainability strategies



Invest in fostering healthy environments by providing resources, building capacity including through education and training to empower children and those who take care of them. Support comprehensive public-private programs at a local or global scale to drive meaningful and sustainable change.

Care: Go beyond the legal minimum and be a leader with your own corporate policies and in the communities you operate in



Support employee and community well-being by fostering a culture of health through enhanced workplace policies – particularly for caregivers of children (e.g., breastfeeding, parental leave and family-friendly policies) – employee prevention programs that extend to children, and voluntary self-regulation protecting consumers and the environment.

Communicate: Leverage brand to promote prevention



Embed health values into brand campaigns, creating aspirational images that inspire healthier living in youth and address societal stigma and misconceptions.

Change: Reimagine products, service offerings and business models to address NCDs and mental health



Eliminate harmful materials, introduce products with a positive influence on prevention and health, and align business decision-making with child health and consumer needs.

Private sector initiatives must prioritize collaboration with the public sector to strengthen and scale existing frameworks.

A systemic public-private approach, involving close partnerships with governments, institutions, and communities, is essential for developing effective, inclusive, and sustainable health prevention initiatives for children.

The examples of successful public-private collaborations are growing, proving that collaboration towards a healthy future can deliver results. From creating healthier food environments and investing in active spaces for children to supporting mental health promotion initiatives and reducing environmental pollution, there are roles for every industry to play. However, **much more needs to be done** within all these areas to ensure that we are building a healthier future, together, today.

Building a healthier future, together, today

The burden of NCDs is growing fast, but **we still have a chance** to prevent millions of children from entering adulthood with the burden of preventable illness. By putting children and adolescents at the center of our efforts, we can create healthier generations and stronger societies.

The clock is ticking, and every moment counts. Let's come together – governments, civil society, and the private sector – to give children the future they deserve: a life where they are happy, healthy and are supported to live to their fullest potential.

For healthier children today and a stronger world tomorrow, the time to act is now.





Setting the context:

NCDs and mental health conditions in children

This report focuses on the urgent need to prevent NCDs and mental health conditions in children and adolescents, placing a spotlight on prevention and promotion as the most effective strategies to reduce the long-term burden of these challenges. By focusing on prevention, we have the unique opportunity to reshape the trajectory of millions of young lives and alleviate pressures on already overwhelmed health systems. While prevention is at the heart of this report, UNICEF's commitment is broader to ensure that children already affected by NCDs and mental health conditions receive the care and support they

need. No child should be left behind, whether they are living with NCDs (either preventable or non-preventable such as Type 1 diabetes or sickle cell disease) or are facing preventable risks that could lead to NCDs later in life.

This call to action is directed at the private sector, emphasizing its pivotal role in advancing prevention efforts for NCDs and mental health challenges. The private sector has the resources, innovation, and influence to make a transformative impact. But meaningful progress demands more than isolated efforts – it requires bold collaboration and advocacy. Success depends on building partnerships between public and private sector stakeholders, uniting their strengths, and supporting some of the legislation and regulatory environment critical in changing structural issues, to create a healthier, brighter future for children everywhere.

1. A social burden: A massive burden calling for prevention in childhood

Non-communicable diseases (NCDs), ranging from cardiovascular to mental health conditions, are often seen as adult issues, but children require far greater attention. Over 2.1 billion children and adolescents under 20 are affected, either living with these conditions^c or being exposed to risk factors that pave the way for developing them later in life. Preventing NCDs and mental health conditions in childhood is critical to breaking this cycle, protecting young vulnerable lives, and securing the health and well-being of future generations.

Approximately 70% of premature deaths^d in adults stem from health-related behaviours that originate in childhood.^{22,23} Childhood years truly make a difference. Children's health is influenced by countless interconnected determinants, grouped into three categories by the NCD Alliance, all of which contribute to existing inequities:²⁴

Social and structural determinants of health

"The conditions in which people are born, grow, live, work, and age, and access to power, money, and resources." It includes "demographics (e.g., gender, age, ethnicity, poverty, religion), socioeconomic factors (e.g., education, social status or class), political factors (e.g., instability), violence and racism, stigma and discrimination, culture/tradition, literacy, etc."

Commercial determinants of health

"Determinants based on the commercial practices and undue influence in policymaking by health-harming industries – including industries involved in tobacco, alcohol, unhealthy foods and beverages, formula milk, and fossil fuels, among others – and shape our environments, exploit people's vulnerabilities, and weaken public policy." It includes "obesogenic environments, exposure to marketing of health-harming products, industry influence in policies affecting health, exposure to pollution, etc."

Health system determinants of health

"Related to how well a health system is able to answer the needs of the population it serves, including factors such as availability, affordability, accessibility, acceptability, and appropriateness of health systems and NCD services in their context." It includes the "accessibility of NCD information and care, availability of health system resources for NCDs – NCD workforce, medicines, equipment, affordability of NCD services, etc."

^c NCDs including mental health conditions.

^d Premature deaths occur before age 70.

Five key risk factors emerge from health determinants, directly affecting children's environments and negatively influencing their long-term health and well-being



3. Physical inactivity among children



1. Poor nutrition



2. Harmful use of alcohol and tobacco



4. Environmental pollution



5. Multiple causes of mental health conditions

1. Poor nutrition: 1 in 3 children under 5 years of age – or about 200 million children – is either undernourished or overweight, and almost 2 in 3 are not fed food that supports their rapidly growing bodies and brains.²⁵

2. Harmful use of alcohol and tobacco: Today, 150 million adolescents use tobacco-related products which has long-term consequences: About 90% of adult smokers started smoking as teens.²⁶ Furthermore, 12% of 13- to 15-year-olds engage in heavy episodic drinking. Excessive drinking increases the risk of liver cancers by 2 times and the risk of colorectal cancers by 1.2–1.5 times.²⁷ Substance use often also starts during adolescence. In 2022, the prevalence of cannabis use among adolescents was higher than that of adults globally (5.5% compared with 4.4%, respectively). This risk-taking behaviour can severely impact an adolescent's mental and physical well-being.²⁸

3. Physical inactivity among children, and particularly adolescents: 81% of adolescents fail to meet the World Health Organization's recommended activity levels.²⁹ Sedentary lifestyles contribute to a growing crisis of childhood overweight and obesity, affecting over 160 million children aged 5–19.³⁰ Evidence shows that the conditions for obesity are set early in life. Children experiencing obesity are five times more likely to experience obesity in adulthood.³¹ These conditions can lead to a lifetime of disease: Among adolescents

experiencing overweight and obesity, 70% exhibit risk factors for cardiovascular disease,³² and obesity is believed to account for 80–85% of the risk for developing type 2 diabetes.

4. Environmental pollution, including air pollution and other environmental degradation factors: Air pollution arises from various sources, including household emissions, traffic, industrial production, waste burning, wildfires and landscape fires, sand and dust storms, and secondhand smoke. More than 90% of children under 15 are exposed to toxic air every day. This exposure contributes to over 700,000 deaths of children under 5 each year.³³ The risks remain significantly higher of developing respiratory conditions, cardiovascular diseases, cancer, and other chronic illnesses later in life.³⁴ There is also emerging evidence of associations between poor air quality, both indoors and outdoors, and poor mental health more generally as well as specific mental disorders. Children are especially vulnerable, as their brains are still developing. When exposed to poor-quality air, children and adolescents are at elevated risk of bipolar disorders, schizophrenia, personality disorder, major depression, affective disorders, or suicidal ideation in adolescents and children.^{35,36}

5. Multiple causes of mental health conditions: Optimal mental health and wellbeing are contingent upon interacting biological, psychological and environmental

factors, including family, community, sociocultural, economic, political, and legal influences, and the services and structures that surround them. Risk factors include anxiety, distress, chronic stress, low self-esteem, and social norms impacting identity and self-expression³⁷ as well as adverse social experiences like poverty, violence, neglect, discrimination, poor-quality relationships (familiar or peer), or isolation.³⁸ Persistent stress during childhood, linked to academic pressure, family instability, or peer conflicts, can lead to lasting psychological and emotional difficulties. One in seven adolescents globally experiences a mental health condition, remaining very often undetected and untreated, exacerbating long-term consequences.^{39,40,41} Mental health challenges begin early, with half of all mental health conditions emerging by age 14 and three-quarters of all mental conditions developing by the age of 24, emphasizing the importance of early intervention.

Mental health is inherently linked to NCDs. There is a bidirectional relationship between NCDs and mental disorders. A child experiencing cardiovascular or chronic respiratory disease is at a significantly higher risk of developing depression, anxiety, or other mental health disorders. And vice versa, a child experiencing mental health challenges is more likely to develop other physical health issues. This interconnectedness means one cannot be addressed without considering the other.

1.1 Health systems are not equipped to face this growing social burden

The chronic nature of NCDs and mental health conditions requires sustained, resource-intensive care, placing immense strain on already overstretched health systems. Their management is often complex, involving comorbidities and multiple interventions. This challenge is especially severe in low- and middle-income countries, where limited infrastructure, workforce shortages, and inadequate funding exacerbate the problem.

Due to capacity restraints, health systems often remain primarily focused on combating infectious diseases and are not adequately equipped to address NCDs and mental health conditions. Most resources are allocated to infectious disease control, maternal and child health not focused on NCDs, and other essential

services, leaving limited capacity to prioritize and respond to the burden of NCDs and mental health challenges.

This imbalance threatens to undermine overall health outcomes, emphasizing the urgent need for adaptable, integrated approaches to healthcare.

1.2 Children's rights are at risk

NCDs and mental health conditions are not only a health issue – they represent a critical equity concern.

Social, structural and health-system determinants intensify children's exposure to NCD risk factors. In lower-income countries, inadequate healthcare systems and numerous barriers to healthy living further exacerbate the issue, leading to higher NCD mortality rates. These barriers include limited access to nutritious food, excessive alcohol use, a lack of spaces for exercise, and inadequate infrastructure.

Unaddressed, these factors deprive children of their fundamental rights to health, nutrition, education, and play. NCDs and mental health conditions disrupt school attendance, limit future potential, and amplify stigma and discrimination. Children's reliance on adults for advocacy, care, and essential resources makes them especially vulnerable. Addressing these inequities is essential to breaking the cycle and securing children's rights and futures.

The wide range of NCDs and mental health conditions, coupled with underequipped national health and social service systems, makes them costly and difficult to address once they emerge. However, their risk factors and solutions are often similar. To tackle this effectively, NCD and mental health care must be integrated into existing health systems and prioritized for prevention during childhood.



2. A looming economic crisis:

A heavy burden on the global economy and private sector

Productivity, talent, and consumption at risk

NCDs and mental health conditions will cost the global economy at least \$47 trillion over the next two decades,⁴² significantly threatening private sector productivity, talent, and consumption.

2.1 Beyond the impact on communities and societies, NCDs and mental health conditions present a massive burden to the global economy

NCDs and mental health conditions are projected to cost the global economy at least \$47 trillion over the next two decades with mental health conditions and cardiovascular diseases projected to be the leading drivers of this economic toll, accounting for 69% of the total impact and the remaining 31% falling within cancers, chronic respiratory diseases, and diabetes.⁴³

Healthcare and social care costs account for a significant portion of the economic burden.⁴⁴ However, NCDs and mental health conditions not only burden health systems and private households but also hit the private sector hard. The private sector does not exist in isolation – it is interconnected with the global economy. As such, the ripple effects of these conditions influence private sector economic stability and growth.

2.2 Productivity, talent, and consumption at risk

Nearly half of business leaders are concerned about the potential harm NCDs could inflict on their company's bottom line²⁷. Rightly so, the growing burden of NCDs and mental health conditions poses significant challenges to the private sector, undermining profitability through three key levers:



Productivity loss arising from reduced performance and capacity while working (presenteeism^e), increased absenteeism due to personal or family illness, long-term sick leave, and premature mortality of staff members



Talent shortages and loss arising from early retirements and a critical lack of skilled personnel through reduced workforce participation

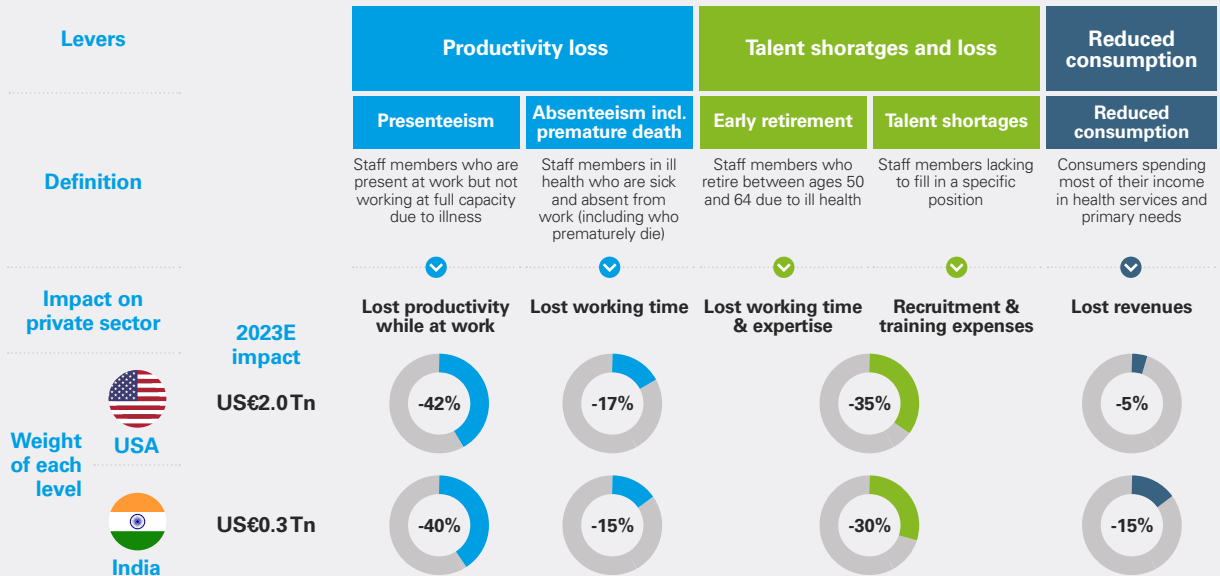


Reduced consumer spending arising from increased health out-of-pocket spending and reduced social engagement

^e The term 'presenteeism' has two very different meanings depending on the context: (1) As defined by the U.S. Chamber of Commerce, people who are present at work but not working at full capacity due to illness or (2) as defined by the Oxford English Dictionary, the practice of being present at one's place of work for more hours than required, especially as a manifestation of insecurity about one's job. In this report, we are referring to the first (1) definition negatively impacting productivity.

Figure 1: The economic impact for the private sector is substantial

Annually, U.S. private sector loses \$2.0 trillion, 60% comes from productivity loss. The Indian private sector loses \$0.3 trillion, with more than 50% in productivity loss.^{45,f}



Caveat: The analysis performed is assumption-based leading to high figures in comparison with WHO Global Economic Impact burden. Further research will further proof-test the analysis.
 Source: Victoria Institute for Strategic Economic Studies, Literature review, BCG analysis

Across the three levers, productivity loss has the highest overall impact, accounting for 55–60% of the total economic cost of NCDs and mental health conditions to the private sector. This is followed by talent shortages and losses, which contribute 30–35%, and finally reduced consumer spending, which accounts for 5–15%. While these figures vary by country and context, productivity loss consistently emerges as the primary driver of the economic burden of NCDs.⁴⁶

To better grasp the impact, different data points have been leveraged to estimate the size of challenges companies might face and to demonstrate what the dimension could be in two very different contexts (U.S. and India). Most notably, differences between high- and low- and middle-income countries lie in reduced consumer spending, as growing healthcare costs due to health conditions account for a larger share of disposable income in lower-income countries. Low- and middle-income households face a greater financial strain than high-income countries.

2.2.1 PRODUCTIVITY LOSS

Productivity loss from NCDs and mental health conditions such as major depressive disorders stem from two key phenomena: **presenteeism** and **absenteeism**.⁴⁷



Presenteeism^g occurs when employees are **working but with reduced performance and capacity** due to health issues, leading to reduced or lower-quality output, workflow disruptions, and reduced efficiency.



Absenteeism refers to employees **missing work** due to personal or family illness, medical appointments, or premature death, which disrupts workflows, reduces output, and burdens other team members, ultimately lowering overall productivity.

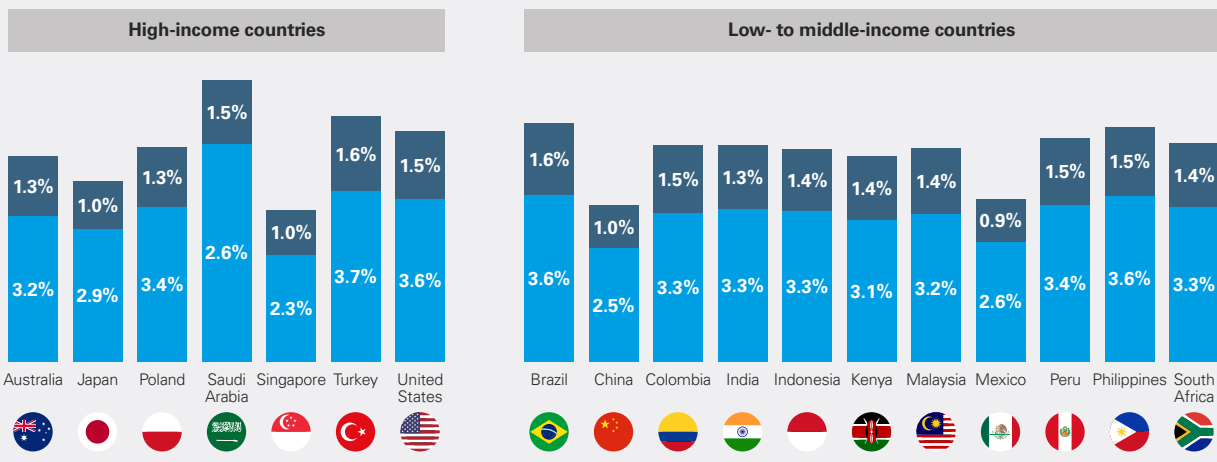
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Out of the three levers, productivity losses represent the largest burden of NCDs and mental health conditions on the private sector accounting for 55–60% of the total impact. Of these losses, 70% is due to presenteeism – more than double the 30% attributed to absenteeism.^{h,48} The impact

of presenteeism is felt consistently across both high-income and low- and middle-income countries. Across 18 countries analyzed, the economic cost of presenteeism amounts to **2–5%** of total GDP. Absenteeism adds another **1–2%** of GDP losses^{i,49}

Figure 2: Estimated 2023 economic impact of presenteeism and absenteeism (including premature deaths) as a percentage of GDP per country



Note: 2023 estimates based on 2020 impact
Source: Victoria Institute for Strategic Economic Studies

These global numbers are further supported by country-specific evidence that strengthens the case for NCDs and mental health conditions significantly reducing productivity. Studies indicate that chronic diseases significantly reduce working hours, impacting private companies daily. In the United States, men with chronic diseases work on average 6.1% fewer hours and women 3.9% fewer hours than their healthy counterparts.⁵⁰ Specific diseases like diabetes result in the loss of an average of 3.6 to 7.3 workdays per patient per year, with presenteeism contributing to 44% of this loss, premature death to 49% and absenteeism to 4%.⁵¹ Similarly, patients with chronic **obstructive pulmonary disease (COPD)** work fewer hours, generating an average loss of 8.5 workdays per year. In total, COPD costs the U.S. economy approximately 483,000 lost workdays⁵² per year. In the U.S. from 2017 to 2023, **mental health** leaves of absence increased by 300%. In 2023, more than one in ten (11%) of all U.S. leaves of absence were due to mental health.⁵³

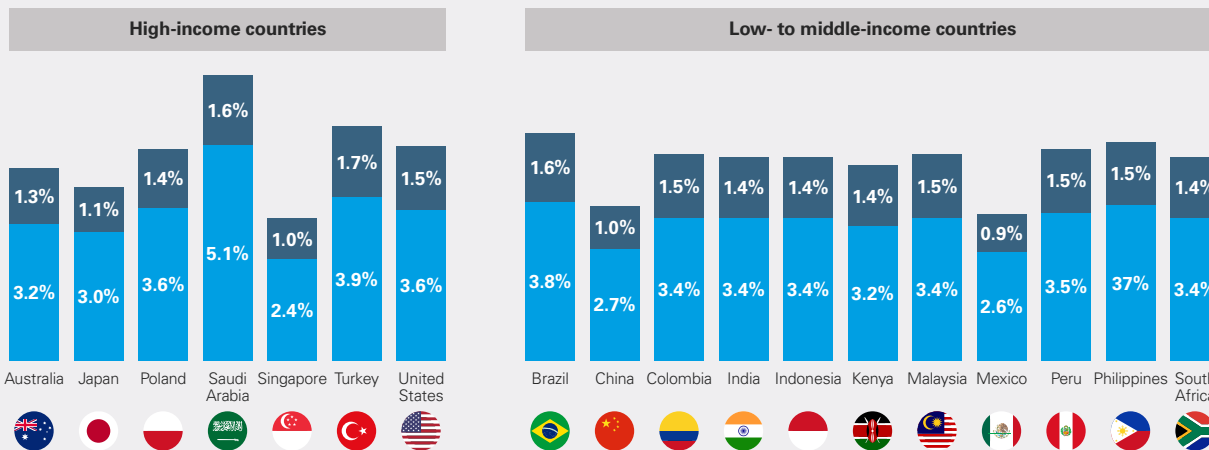
This phenomenon is not limited to high-income countries: For example, in Nigeria, only 55% of stroke patients return to work, with an average delay of 19.5 months post-stroke.⁵⁴ It highlights how NCDs and mental health conditions can strain businesses, particularly small and medium-sized enterprises (SMEs), in geographies like Nigeria where SMEs dominate the economy and operate with limited staff.

Companies are already facing significant financial losses from reduced productivity. **Failing to act now will only make the problem worse.** By 2030, productivity losses caused by presenteeism and absenteeism due to NCDs and mental health conditions could increase to **3–7% of GDP** across the 18 countries analyzed. As GDP grows, the absolute costs will rise as well. For example, in the **United States**, these losses could increase by 35%, reaching approximately \$1.6 trillion. In **India**, the impact could more than double, amounting to \$0.2 trillion.^{55,j}

^h Caveat: The analysis performed is assumption-based leading to high figures in comparison with the WHO Global Economic Impact burden. Further research will further proof-test the analysis.

^{i,j} Ranges based on 18 countries: Australia, Brazil, China, Colombia, India, Indonesia, Japan, Kenya, Malaysia, Mexico, Peru, Philippines, Poland, Saudi Arabia, Singapore, South Africa, Turkey, and the United States of America and 13 NCDs: ischemic heart disease, ischemic stroke, hemorrhagic and other non-ischemic stroke, diabetes mellitus, chronic obstructive pulmonary disease, asthma, migraine, tension-type headache, major depressive disorder, dysthymia, osteoarthritis, rheumatoid arthritis, and neoplasms.

Figure 3: Estimated 2030 economic impact of presenteeism and absenteeism (including premature deaths) in percentage of GDP per country



Source: Victoria Institute for Strategic Economic Studies

2.2.2 TALENT SHORTAGES AND LOSS

Talent shortages and loss represent the second-largest burden of NCDs and mental health conditions on the private sector (30–35% of the economic impact). Indeed, these diseases prompt early retirements among employees aged 50 to 64 due to declining health and drive a critical shortage of skilled personnel. This dual impact disrupts workforce continuity, strains resources, and undermines the organization's ability to retain expertise.

Across the 18 countries analyzed, **the economic toll of early retirement due to NCDs and mental health conditions represents 1–3% of total GDP across both high-income and low- and middle-income countries.**^{56,k} Diseases like **type 2 diabetes** have an especially strong impact on early retirement, with nearly 10% of individuals more likely to intend on retiring early. Similar figures are recorded for patients with **cancer, lung diseases and heart diseases**^{57,58} The effect is even greater for those with two or more NCDs, who are nearly 20% more likely to retire early.⁵⁹

Beyond the direct economic impact of early retirement, NCDs and mental health conditions also reduce workforce supply and participation, leading to higher investment in recruitment and training to replace lost talent. This is not only the case in high-income

countries but also in low- and middle-income countries where the population is much younger. In Egypt, for instance, NCDs have lowered the labor supply by 20% according to a World Bank study, due to the loss in employment and individual labor supply.⁶⁰ In Australia, 45% of cervical cancer patients report reduced participation in the workforce one year after diagnosis.⁶¹

Looking ahead, the economic toll from talent shortages and early retirement due to NCDs and mental health conditions is projected to grow both relatively and in absolute terms. Across the 18 countries analyzed, early retirement could generate 1–4% of GDP loss by 2030. In the United States, the costs are projected to rise by 30%, reaching \$1.0 trillion, while they are expected to more than double in **India**, amounting to \$0.2 trillion.^{1,62}

2.2.3 REDUCED CONSUMER SPENDING

Financial overwhelm and being driven into poverty as a family is a significant concern for people facing NCDs and mental health conditions. With this growing burden, families are less likely to access products and services they would otherwise have wanted and needed. It ultimately reduces consumer spending, resulting in **5–15% of private sector total economic impact.**

^k Ibid.

¹ Ranges based on 18 countries: Australia, Brazil, China, Colombia, India, Indonesia, Japan, Kenya, Malaysia, Mexico, Peru, Philippines, Poland, Saudi Arabia, Singapore, South Africa, Turkey, and the United States of America and 13 NCDs: ischemic heart disease, ischemic stroke, hemorrhagic and other non-ischemic stroke, diabetes mellitus, chronic obstructive pulmonary disease, asthma, migraine, tension-type headache, major depressive disorder, dysthymia, osteoarthritis, rheumatoid arthritis, and neoplasm.

Primarily, out-of-pocket spending for individuals with NCDs and mental health conditions is rising with the growing cost of treatments, medications, diagnostics, and travel for care. These expenses reduce purchasing power for essential needs like food, housing, clothing, and education. Across the 18 countries analyzed, **households affected by NCDs allocate an additional 2–8% of their income to healthcare compared to non-NCD households**, limiting their ability to cover other essential expenses. The amount required differs by country context, with lower- and middle-income country households experiencing a significantly larger impact.^m For example, in **China**, NCD households allocate 8% more to healthcare versus 1% in **Sweden**.⁶³ In **India**, NCD households face 70% higher out-of-pocket medical costs than non-NCD households.⁶⁴ These costs disproportionately affect lower-income individuals and those in rural areas.⁶⁵

In cases such as cancer, NCDs can lead to complete income loss. In Argentina for instance, 39% of households affected by cervical cancer report lost income, 37% reduced food consumption, and 43% delay payments for basic services such as electricity.⁶⁶

While financial strain is a primary factor in reduced consumption among people living with NCDs and mental health conditions, **physical limitations, emotional instability, and experiences of stigma further reduce social engagement and spending on activities** like leisure, shopping, and recreational travel, leading to increased social isolation.⁶⁷

This combination of increased healthcare costs and reduced social engagement directly affects the individuals and families as well as private sector companies by destabilizing sales and decreasing demand for a wide range of goods and services.



m Ranges based on 18 countries: high-income countries (Canada and Sweden), upper middle income countries (UMICs: Brazil, Chile, Malaysia, Poland, South Africa and Turkey), lower middle income countries (LMICs: the Philippines, Colombia, India, Iran and the Occupied Palestinian Territory) and low-income countries (LICs: Bangladesh, Pakistan, Zimbabwe and Tanzania) and China.



3. Outlook:

The time to act is now: **Systemic and pervasive barriers must be overcome**

Failing to act now to prevent NCDs and mental health conditions jeopardizes the future of children and adolescents. Addressing key barriers – such as insufficient funding, limited cross-sector collaboration, and a lack of systemic change and scalability – is essential to fostering healthier children today and building a stronger, more resilient world for tomorrow.

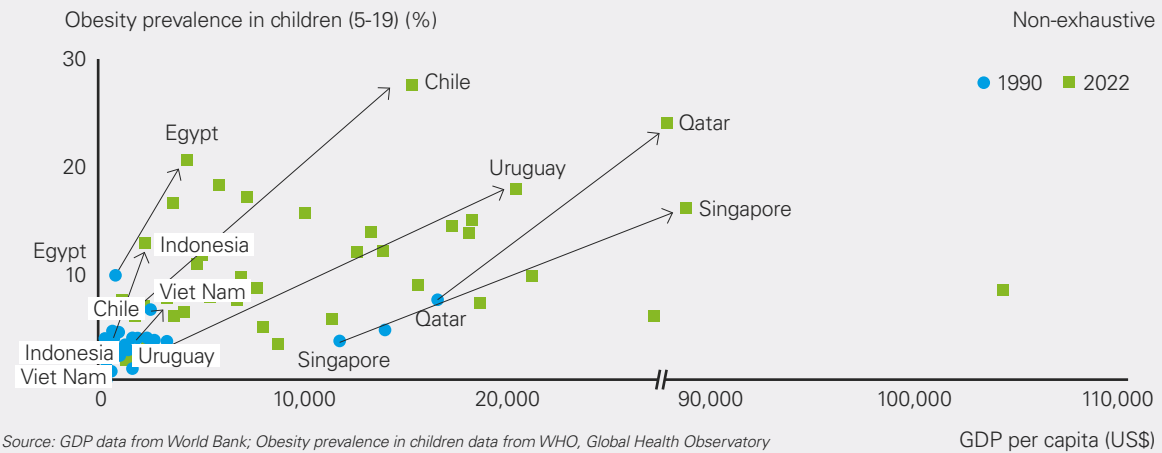
3.1 Children's future is at risk

In absolute terms, deaths from NCDs and mental health conditions are expected to increase by over 25% as economies grow and lifestyles change. In low- and middle-income countries, globalization and urbanization will accelerate obesogenic food environments, unhealthy environments, and a lack of physical activity. Overweight and obesity, as key malnutrition issues, now affect both high-income and low- and middle-income countries, disproportionately impacting the most vulnerable. This burden continues to rise rapidly in developing countries as per capita income increases. As a result, NCDs and mental health conditions are increasingly dominating global mortality as mortality from infectious

diseases like HIV/AIDS, tuberculosis, and malaria stabilizes or declines. This epidemiological shift is already visible: Between 2000 and 2019, deaths from communicable diseases dropped significantly, from 2.6% to 1.4% (a 45% decrease). In contrast, NCD death rates fell more modestly, from 6.8% to 5.4% (a 20% decrease), highlighting the growing burden of NCDs compared to communicable diseases.⁶⁸

Younger populations will not escape these rising risk factors for NCDs and mental health conditions. As an illustration, historical trends show that countries experiencing rapid GDP growth often face a surge in overweight and obesity in children (ages 5–19). Childhood obesity prevalence is already surging in developing countries and is expected to rise further as they continue to grow economically.⁶⁹

Figure 4: Illustration – Rise in children experiencing obesity as GDP per capita increase



Source: GDP data from World Bank; Obesity prevalence in children data from WHO, Global Health Observatory

3.2 Systemic and pervasive barriers slow down preventive actions in children

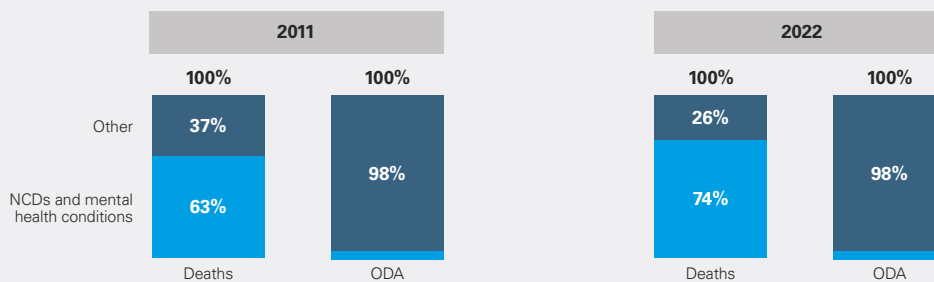
Most countries are not on track to achieving Sustainable Development Goal (SDG) 3.4,⁷⁰ which targets the reduction of premature mortality from NCDs by one-third by 2030 through prevention, treatment, and promotion of mental health and well-being.^{71,72} Addressing funding gaps, fostering cross-sector collaboration, scaling systemic solutions, enforcing regulations, and educating children and their caregivers are key enablers to meeting this target and effectively tackling NCDs and mental health challenges.

3.2.1 FUNDING GAPS

While NCDs and mental health conditions account for 74% of all global deaths and are

projected to cost the global economy at least \$47 trillion over the next two decades,⁷³ they receive only about 1–2% of global financing investment for health.⁷⁴ This disparity highlights the lack of prioritization of NCD prevention and control relative to their impact. This share has remained both disproportionately small and stagnant since the first UN High-level Meeting on NCDs in 2011, even as deaths related to these conditions have significantly risen.^{75,76} Specifically, mental health remains grossly underfunded globally, despite increasing awareness. On average, only 2% of government health budgets worldwide, and only 1% of government health budgets in low-income countries, is spent on mental health.⁷⁷ A very small proportion of these funds is directed towards children’s mental health services, underscoring a critical gap in addressing mental health needs from a young age.

Figure 5: Comparison of annual deaths from NCDs and mental health conditions versus other causes (communicable diseases, injuries) and the allocation of official development assistance for health (% of total death, % of ODA for health, 2011–2022)



Source: NCD Alliance Financing NCDs, Harvard & WEF - The Global Economic Burden of Non-communicable diseases, 2011

3.2.2 LACK OF CROSS-SECTORAL COLLABORATION

Collaboration between public and private stakeholders is crucial to improving health outcomes, as each actor has a critical role to take in addressing key determinants of children's health, from ensuring access to healthy, nutritious food to shaping inclusive and safe spaces, improving housing quality, and providing support for parents and caregivers. Yet current efforts fall short of their potential. Integrated actions of public and private sectors are obstructed by several barriers. Efforts are frequently siloed, with stakeholders often operating with conflicting objectives and using different languages or frameworks, making alignment difficult. This disconnect prevents them from fully leveraging the diverse skills, resources, and expertise each sector brings to the table. The result is a patchwork of services and missed opportunities for impactful solutions. Overcoming these barriers and fostering true cross-sectoral collaboration is essential to aligning goals, building synergies, and providing comprehensive, effective healthcare for all.

3.2.3 CHALLENGE IN SCALING AND SYSTEMIC CHANGE

While promising interventions exist, they often remain fragmented and isolated, limiting their potential to achieve systemic integration and sustained impact. Many innovations are one-off efforts that lack scalability, preventing them from transitioning from pilot projects or localized successes into broader, coordinated strategies that address systemic gaps. This challenge is further compounded by insufficient collaboration across sectors, as initiatives frequently fail to align with complementary efforts and leverage shared resources. Addressing these issues requires fostering stronger partnerships, leveraging existing platforms for shared innovation, and designing scalable models that address primary healthcare needs holistically and sustainably.

3.2.4 INSUFFICIENT REGULATION AND POLICY ENFORCEMENT

Effective regulation and policy enforcement are essential for creating environments that support children's health and well-being, yet significant gaps persist. Inadequate regulations around unhealthy food marketing, tobacco and alcohol sales, air pollution, and urban planning leave children vulnerable to risk factors of NCDs and mental health conditions. Industries

promoting unhealthy products often face limited restrictions, allowing harmful marketing to reach children and influence their choices. Furthermore, weak enforcement of existing policies undermines progress, as compliance is often inconsistent. Addressing this requires robust, evidence-based regulatory frameworks and stronger mechanisms for monitoring and accountability to protect children and promote healthier environments.

3.2.5 LIMITED EDUCATION AND HEALTH AWARENESS

A widespread lack of education and awareness about NCDs and mental health conditions limits efforts to prevent these issues in children. Parents, caregivers, educators, and even healthcare providers often lack the knowledge and resources to recognize early warning signs or understand the importance of preventive measures. Additionally, public health campaigns addressing NCDs and mental health conditions are often insufficient, underfunded, or fail to resonate with their target audiences. This lack of awareness perpetuates unhealthy behaviours and delays intervention. Empowering communities through comprehensive education, targeted health campaigns, and accessible resources is critical to fostering a culture of prevention and equipping children and their caregivers to make healthier choices.

Preventable NCDs and mental health conditions share a common driver: unhealthy environments. Addressing this requires targeted preventive measures supported by increased funding, cross-sectoral collaboration, systemic change, scalable solutions, robust regulation, and education.

By prioritizing prevention, future risks can be mitigated and healthier foundations for children can be built, making prevention not only the most effective but also the most sustainable strategy to combat NCDs and mental health challenges.



4. Early prevention pays off:

Five levers for building healthy futures

Preventing cardiovascular diseases, chronic respiratory conditions, diabetes, cancers, and mental disorders begins with addressing key risk factors early in life. Taking timely action for prevention in children and adolescents – especially in younger age groups – can yield powerful and lasting outcomes.

4.1 Five prevention levers to foster healthy lives

Figure 6: Five key levers with lifelong benefits



Source: UNICEF x BCG analysis

Five key levers should be prioritized to contribute to preventing NCDs and mental health conditions, fostering healthier future generations:

1. Promote proper nutrition from early childhood to adolescence, and address alcohol and tobacco use. UNICEF and the World Health Organization recommend that infants start breastfeeding within one hour of birth, be exclusively breastfed for the first six months, and continue breastfeeding until 2 years of age or beyond. When children reach 6 months of age, introducing a diverse range of complementary foods alongside breastfeeding

protects children against illness and death, ensures healthy growth and development, prevents stunting, wasting, and micronutrient deficiencies in early childhood, and protects against overweight and obesity later in life. In middle childhood, it is necessary to provide breakfast and encourage the consumption of balanced, nutritious foods rich in fruits and vegetables, limiting sugar, salt, and saturated fat such as from cookies, sweets, and sugar-sweetened beverages in the school food environment, which is often obesogenic. During adolescence, it is critical to provide boys with higher-nutrient foods and girls with iron-rich

foods to support their respective physical and psychological development.⁷⁸ Promoting comprehensive laws that reduce children's and adolescent's direct and indirect exposure to tobacco, alcohol, illicit drugs and unhealthy foods and beverages is a prevention lever.⁷⁹

2. Support active lifestyles by promoting regular physical activity, such as exercise, sports, or daily movement, to improve physical fitness, cardiometabolic health, bone health, cognitive outcomes, mental health and reduce body fat.⁸⁰

3. Contribute to clean air by minimizing exposure to pollutants such as smog, tobacco smoke, and industrial emissions, which can contribute to respiratory diseases, cardiovascular problems, and mental health conditions.

4. Promote good mental health^{n,81,82} for every child, protecting vulnerable children and caring for children facing the greatest mental health challenges by investing in quality culturally- and age-appropriate, holistic mental health and psychosocial support and services in the community.

5. Educate and spread health awareness by focusing on two key actions. First, guide parents and caregivers to actively monitor children's

health through counselling and routine medical checkups, including assessment of activity levels, height-weight ratios, blood pressure and blood sugar level. Second, implement screening programmes embedded in health systems to identify risk factors for NCDs or mental health conditions early, enabling timely interventions to prevent the onset or progression of these diseases.

4.2 Prevention works: WHO 'best buys' show the effectiveness of prevention strategies

The World Health Organization has provided rich data on the return on investment (ROI) of NCD prevention from its ample work on the 'best buys'. In 2011, the World Health Assembly endorsed a set of 9 NCD interventions known as the 'best buys' targeting major NCD risk factors (tobacco, alcohol, unhealthy diet and physical inactivity) and priority disease areas (cardiovascular diseases, chronic respiratory diseases and cancers). The list of best buys has been updated in subsequent years and now contains 28.⁸³ These interventions are backed by strong evidence demonstrating affordability and cost effectiveness.

Figure 7: WHO 'best buys' ROI for specific intervention areas

	Tobacco	US\$ 1	>	US\$ 7.11
	Alcohol	US\$ 1	>	US\$ 8.32
	Healthy diets	US\$ 1	>	US\$ 11.93
	Physical activity	US\$ 1	>	US\$ 3.20
	Manage cardiovascular disease and diabetes	US\$ 1	>	US\$ 3.12
	HPV vaccination & cervical cancer screening	US\$ 1	>	US\$ 2.34

Source: WHO, 'Saving Lives, Spending Less' (2021)

The highest returns of NCD prevention interventions are on legislative and policy initiatives – such as excise taxes and bans on

marketing for tobacco and alcohol, reformulation policies for healthier food and drinks, and smoke-free policies in public spaces.

n For children and young people, mental health and well-being is also linked to parents and caregivers who are intimately involved in shaping their lives.

Understanding the effectiveness of efforts targeted at children and adolescents and in the purview of the private sector requires further analysis of an emerging body of impact studies. The WHO ‘best buys’ primarily

focus on adults, not directly targeting younger

populations in interventions. While the private sector does not shape policy, it can advocate for and support initiatives that address this gap, leveraging its influence to ensure children and adolescents are prioritized in global health strategies.

4.3 Early prevention matters: Evidence shows early-life interventions improve long-term health and well-being

Research has shown that interventions during early childhood and adolescence can have significant and long-lasting benefits for health, economic stability, and social well-being.^{84,85,86,87,88,89,90,91,92,93} Evidence indicates that well-designed and carefully implemented programs for young children can greatly improve health outcomes in both high- and lower-income countries.⁹⁴ For example, studies estimate that every \$100 invested in these programs can result in a long-term return of \$13.70,⁹⁵ benefiting communities with limited resources⁹⁶ and areas with strong social support systems.

Early childhood intervention works. A compelling study has shown a clear causal link between childhood interventions and a significant reduction in risk factors for cardiovascular and metabolic diseases by an individual’s mid-30s.⁹⁷ These findings highlight the importance of prioritizing early interventions to promote lifelong health and well-being.

A comprehensive review of global research (further detail in Table 1 below) over the past decade confirms the effectiveness of early interventions targeting the prevention of NCDs and mental health conditions among children and adolescents with a few findings that stand out:

Interventions especially for younger children (ages 0–9) are highly effective.

This emphasizes the urgency of focusing on children in the fight against NCDs and mental health challenges. Early support for establishing environments that support healthy eating and play is especially critical.

Proper nutrition during pregnancy, in early childhood and later in life have shown measurable benefits.

Scaling up micronutrient supplementation to pregnant women can prevent hypertension and diabetes in children.⁹⁸ Breastfeeding in infancy is associated with a reduced risk of type 2 diabetes⁹⁹ as well as improved cognitive abilities, facilitated brain development, and a reduced risk of antisocial behaviours and atypical social development including autism spectrum disorders (ASD).¹⁰⁰ Implementing education in schools, promoting water consumption, and setting stricter nutritional standard for school meals and other food and beverages sold in schools significantly reduce rates of overweight and obesity while enhancing children’s quality of life. Additionally, these initiatives are generally cost-effective.

There is significant research on the importance of prevention and promotion of child, adolescent, and caregiver mental health for positive impacts throughout life.

Targeted efforts across diverse settings have demonstrated a marked reduction in symptoms of depression and anxiety in children, with interventions proving to be highly cost-effective.^{101,102,103} Specifically, UNICEF has shown that mental health and psychosocial support (MHPSS) interventions in schools for children and adolescents affected by humanitarian emergencies, as well as community-based group programs, offer a high benefit-to-cost ratio – ranging from \$39 to \$225 in benefits for every \$1 invested.¹⁰⁴ The economic benefits of investing in mental health and psychosocial support (MHPSS) across the mental health continuum strongly outweigh the cost of implementation. Additional evidence demonstrates that parenting programmes and interventions are a scalable and cost-effective way to support parents and caregivers and prevent abuse, neglect and adversity in childhood, contributing to good mental health and well-being for children and reducing risk-taking behaviours throughout their lives.¹⁰⁵

Health awareness programs.

Including counselling, professional training, and distribution of informational materials addressing risks associated with sedentary behaviour and obesogenic food environments (in this case focused on fast food, and sugar-sweetened beverages) have been effective in preventing childhood overweight and obesity and at a reasonable cost.¹⁰⁶

The review further highlights that combining intervention strategies amplifies their effectiveness in preventing NCDs among children and adolescents. For instance, integrating proper nutrition initiatives with active programmes has been shown to reduce body mass index, limit waist circumference growth, and extend years of chronic disease prevention – all while maintaining manageable implementation costs.







Finally, there is a need for more data and evidence to better understand the specific impact of private sector initiatives on reducing environmental pollution as it relates to children and adolescents. While many private sector efforts focus on reducing greenhouse gas emissions and air pollution

as part of broader sustainability and waste management strategies, they also significantly benefit children's health by limiting exposure to harmful toxins and pollutants. However, targeted initiatives addressing the unique needs of children, particularly in low- and middle-income countries, remain scarce. High-polluting entities in these regions have a critical opportunity to build on these broader positive impacts by designing interventions that specifically mitigate the adverse effects of pollution on young populations.¹⁰⁷

These findings collectively emphasize the critical importance of early and multifaceted interventions to combat NCDs and improve the health and well-being of children and adolescents.



Table 1: In-depth look at children and adolescents: Impact evidence along the prevention levers, especially in younger age groups

Levers	Type of initiatives	0-9	10-12	Impact on Target Group	Fair probability of cost-effectiveness	Source
 Proper nutrition	Micronutrient supplementation to pregnant women to prevent hypertension and diabetes	●		+	No evidence	Blackstad et al 2022
	Breastfeeding in infancy to reduce type 2 diabetes	●		+	No evidence	Owen et al 2006
	Breastfeeding in infancy to reduce risk of mental health conditions	●		+	No evidence	Krol & Grossmann 2018
	Obesity prevention nutrition education curriculum (Food, Health, & Choices) in elementary schools	●		+	✓	Graziose et al 2017
	Water promotion in schools to prevent childhood obesity & increase water intake	●		+	✗	Kenney et al 2019
	Healthy eating interventions delivered in early childhood education and care settings	●		+	✓	Rains and Giombi 2024
	Nutrition standards for school meals	●		+	✗	Gortmaker et al 2015
 Mix of Proper nutrition & active lifestyles	Nutrition standards for all other food and beverages sold in schools	●		+	✓	Gortmaker et al 2015
	Overweight school-based prevention program including health education (sweetened beverages consumption, media use), physical activity & parent involvement	●		+	✓	Blackstad et al 2022
	Chronic diseases school-based health promotion prevention programmes (Comprehensive School Health program (CSH), Multicomponent Education (ME), Physical Education (PE))	●		+	✓	Guarino et al 2023 / Kesztyu's 2011
 Active lifestyles	Diet and physical activity interventions for preventing obesity in children	●	●	+	No evidence	Ekwaru et al 2021
	GoActive intervention to increase physical activity of adolescents		●	=	✗	Brown et al 2019
 Clean Air	Healthy Lifestyles Programme (HeLP) to prevent obesity in school		●	=	✗	Corder et al 2020
	<i>Lack of data and evidence on the specific impact of private sector initiatives on reducing environmental pollution as it relates to children and youth</i>					
 Mental health	Various mental health prevention and promotion interventions (incl. psychological interventions at school and parenting interventions)	●	●	+	✓	Khanh-Dao Le et al 2021
	Initiatives to address anxiety, depression, bipolar disorder & suicide		●	+	✓	Stelmach et al 2022
	Preventive interventions for depression		●	+	✓	Sregonja et al 2020
	Digital mental health interventions		●	+	No evidence	Lehtimaki et al 2021
	School-based mindfulness training		●	=	✗	Kuyken et al 2022
	School-based group Cognitive Behavioral Therapy - Prevention in humanitarian emergency context	●	●	+	✓	UNICEF 2023
	School-based Social Emotional learning skills education - Promotion in humanitarian emergency	●		+	✓	UNICEF 2023
	Community-based group therapy for out-of-school adolescents in humanitarian emergency context		●	+	✓	UNICEF 2023
 Education & health awareness	Universal parenting support to prevent abuse and neglect in children and adolescents	●	●	+	✓	UNICEF
	Counseling obesity intervention versus usual primary care	●		+	✓	Woolford et al 2022
	Counseling intervention in primary care informing on TV, fast food and sugar sweetened beverages risks	●		+	No evidence	Taveras et al 2014
	Community-wide obesity prevention intervention via professional training and messaging materials for daily active play, daily water and fewer sweet drinks, daily fruits and vegetable and less screen time	●		+	✓	Tran et al 2022

Legend  Positive impact on target group  No significant impact on target group  Fair probability of cost-effectiveness  No fair probability of cost-effectiveness

Note: More studies demonstrate impact evidence of prevention initiatives especially policy and legislative interventions (Gortmaker et al, Barret et al 2015, Long et al 2019)

Source: Literature review



5. Private sector:

A game changer for children's health

5.1 Recognizing and embracing complementary roles of industries in healthcare value chains

The private sector plays a dual role: it can both contribute to the emergence of NCDs and mental health conditions and take proactive measures to prevent them.

Some entities directly drive the commercial determinants of health through harmful products – such as tobacco, alcohol, and processed foods and beverages high in unhealthy fats, added sugars, or salt – **or through detrimental business practices** like environmental degradation and tax avoidance. To address these conflicts of interest, such companies must be engaged strategically with robust safeguards to mitigate their negative impacts.¹⁰⁸

At the same time, other private sector entities offer valuable opportunities for collaboration to improve public health systems.

While the focus in conversations on health and well-being has traditionally been on for-profit companies directly involved in health products and services,¹⁰⁹ the private sector's role extends far beyond that. It includes all industries that influence children's health and well-being. Non-traditional health players, such as insurance companies, sports and fashion brands, lifestyle companies, tech firms, telecommunications providers, and urban planners are increasingly shaping healthcare value chains. With their influence, extensive reach, employee base, products, services, expertise, infrastructure, and innovative capacity, these sectors have the power to drive meaningful change.

“Every company is a health company”¹¹⁰

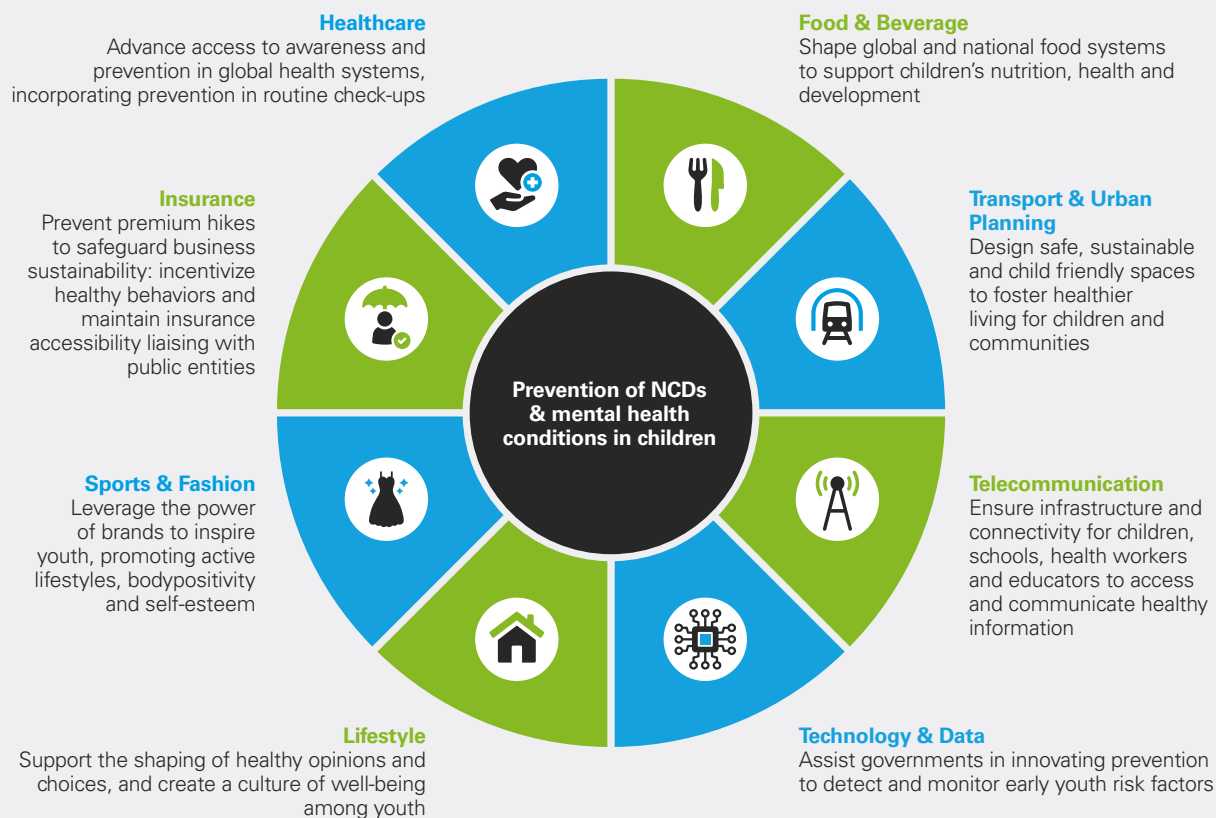
Products, services, and policies of all companies leave a public health footprint that impacts the health and well-being of consumers, employees, communities, and the environment.

While the private sector is already championing action, much more remains to be done.

Each industry can contribute uniquely to improving children's well-being, creating a stronger impact together than any one industry could achieve alone. Industries are no longer operating in silos, recognizing that collaboration is key to driving innovation

and achieving greater impact. Companies increasingly rely on each other's expertise, such as leveraging technology and data for connectivity or delivering integrated cross-sector services. Emerging collaborations and alliances highlight a growing acknowledgment of this interdependence, embedding interconnectedness as a core principle in business strategies.

Figure 8: Each industry can contribute to preventing NCDs and mental health conditions in children



Source: UNICEF x BCG analysis



Healthcare industry – biopharma companies, medtech firms and healthcare providers.^o

This sector is uniquely positioned to lead efforts in advancing access to awareness and prevention while addressing inequities in global health systems. **Biopharma companies** can contribute by building the capacity of health workers, ensuring that frontline professionals are equipped to deliver effective prevention and early intervention for children. **Medtech firms** can enhance access to diagnostic tools that enable early detection and prevention, providing the technology needed to identify and address risks before they escalate. **Healthcare providers** can transform long-term outcomes by prioritizing prevention in children, reducing the burden of chronic diseases that require costly care. They can also play a key role in expanding health infrastructure and ensuring effective health monitoring to foster healthier communities.



Insurance industry

Preventing the long-term costs of the NCD burden is essential for insurers' financial sustainability. Managing these risks is both a societal responsibility and a business necessity. The rising prevalence of NCDs and mental health conditions poses a significant threat by driving up insurance costs, potentially leading to premium increases that could reduce accessibility and threaten financial sustainability. To address this, insurers can actively promote healthier lifestyles, leveraging health monitoring tools and offering financial incentives like discounted premiums or rewards to encourage healthier behaviours among policyholders and their children. They can also directly liaise with public entities to develop innovative financing and insurance mechanisms that will reduce insured out-of-pocket expenditures (subsidized health insurance for low-income population, microinsurance programs, subsidized premiums, etc.).

^o Healthcare providers are individuals or organizations that deliver medical care, preventive services, and health-related support to individuals and communities.



Sports and fashion industries

The sports and fashion industries, with their broad consumer base that includes children and young people, are uniquely positioned to drive positive change. They can leverage their influence to support campaigns and implement impactful marketing strategies that promote physical activity, body positivity, improved nutrition, and overall well-being, empowering youth and fostering healthier lifestyles. Tackling the declining levels of physical activity is a priority for the sports industry, not only because it is a corporate social responsibility but because it is a business imperative: With adolescent inactivity levels rising up to 80%, the future market of sporting goods consumers is under threat.

Additionally, the sports and fashion industries can enhance health outcomes by providing sustainable products and services that minimize air pollution and other environmental impacts associated with their manufacturing processes. They can build on the substantial investments both industries are already making in sustainability to enhance the well-being of children and communities.



Lifestyle industry

Lifestyle brands are aspirational, set trends, and have the power to deeply resonate with consumers. The industry can leverage its broad reach and cultural influence to support public health and mental health objectives and shape healthy opinions and choices following established guidelines. By connecting meaningfully with children, youth, and their families, these brands can advocate for healthy lifestyles, including balanced nutrition, physical activity, and mental well-being, driving impactful change at scale in collaboration with public health initiatives.



Technology and data industry

Tech and data companies, with their global scale, financial resources, and ability to innovate quickly, are uniquely positioned to support governments in integrating or innovating for prevention throughout life, including screening tools and leveraging data and technology to detect early patterns and risk factors that affect children. They also have a role to play in investing in solutions that protect children's mental health and emotional well-being, such as tools that promote safe and positive online experiences.



Food and beverage industries

The food and beverage industry occupies a pivotal role in shaping global and local food systems by producing, marketing, and selling products consumed by millions of children and adolescents. While the industry has the power to promote healthier practices and push for further regulations on marketing and formulation, its actions remain highly sensitive as a key contributor to commercial determinants detrimental to children.¹¹¹



Transport and urban planning industries

These sectors have a crucial role to play in helping city councils design safe, sustainable, and green environments that are child friendly. By creating spaces that encourage walking, cycling, and outdoor play, these companies can help reduce children's sedentary lifestyles while decreasing air pollution, thus promoting healthier living for children and communities.



Telecommunication industry

Telecommunication companies provide the necessary infrastructure and connectivity to enable access to information and digital resources for everyone. This includes enabling children and schools to access reliable and healthy information, while also empowering health workers and educators to effectively communicate and share knowledge about children's health. Given the strong link between digital usage and mental health conditions, the industry has also a unique opportunity to help prevent these issues among children and youth advocating for regulatory measures in collaborative actions with public systems and technology and data companies.

5.2 Inspiring healthy environments for healthier lives: Six unique contributions that companies can make

Figure 9: How the private sector can lead



Source: UNICEF x BCG analysis



COMPLY

Respect regulations to safeguard children's well-being

The private sector has a fundamental responsibility to safeguard children's health and well-being, starting with strict adherence to global regulation standards. This includes critical measures such as banning marketing practices targeting children with unhealthy products, ensuring transparent labelling through front-of-pack systems like the 'traffic light' to support informed parental choices, and upholding frameworks like the WHO/UNICEF code on breast-milk substitutes, which advocates for breastfeeding to enhance infant health. Compliance must extend universally across subsidiaries, franchises, and suppliers to eliminate regulatory gaps that could undermine health initiatives.

Additionally, private companies play a vital role in meeting environmental standards to reduce pollutants that disproportionately harm children's physical and mental health. Production processes should prioritize sustainable materials, low-emission technologies, and practices that limit air, water, and soil contamination. Children's heightened vulnerability to environmental hazards – such as air pollution linked to respiratory diseases, cardiovascular conditions, and cognitive impairments – underscores the need for robust action. Beyond internal compliance, companies must enforce environmental standards throughout their supply chains, holding suppliers and partners accountable for adopting sustainable practices to foster widespread environmental stewardship.



CARE

Go beyond the legal minimum and be a leader with your own corporate policies and in the communities you operate in

Organizations can exceed basic legal obligations, actively supporting the well-being of their employees and communities while fostering long-term societal and economic sustainability. Companies can directly influence prevention by fostering a culture of health through enhanced workplace policies – particularly for caregivers of children – employee prevention programs that extend to children, and voluntary self-regulation protecting consumers and the environment.

Private companies have a crucial role in creating family-friendly policies that align with both workforce well-being and public health goals. “Family-friendly policies are defined as those policies that help to balance and benefit both work and family life that typically provide three types of essential resources needed by parents and caregivers of young children: time, finances and services.”¹¹² UNICEF recommendations cover four sets of effective policies that span pregnancy to when children start formal schooling:

- Providing sufficient **paid leave** to all parents and guardians, in both the formal and informal economies, to meet the needs of their young children. This includes paid maternity, paternity, and parental leave, and leave to care for sick young children.
- Supporting the ability of mothers to **breastfeed** exclusively for six months, as recommended by globally endorsed standards, and to continue breastfeeding for as long as they choose.
- Ensuring that all children have access to affordable, quality childcare and early **education**.
- Providing **child benefits** and **adequate wages** to help families provide for young children.

Flexible work arrangements, such as remote working options, staggered schedules, or extended parental leave, enable employees to dedicate quality time to their families. This is particularly important as shared family experiences, like preparing and sharing meals, are directly linked to better nutrition and improved mental health for children.

Additionally, private companies can implement comprehensive employee wellbeing programs that not only benefit staff but also contribute directly to preventing NCDs and mental health conditions in children and adolescents. These programmes empower employees to adopt healthier habits, which cascade into their households, shaping a family environment that prioritizes physical and mental well-being.

Stress management workshops, subsidized counselling, learning opportunities about youth mental wellbeing and other measures help employees manage stress effectively, creating calmer, more supportive households that reduce the risk of children developing anxiety, depression, or other mental health conditions. Similarly, initiatives like fitness challenges, telemedicine access, lifestyle tracking, and nutritional education promote active lifestyles and healthier eating habits. When parents model these behaviours, children are more likely to adopt habits that limit the risks of childhood obesity, physical inactivity, and diet-related illnesses.

Illustration

Another pathway for parents to positively impact their adolescents’ mental wellbeing is to empathize further with emotional needs of children and adolescents. Through the Z Zurich Foundation’s collaboration with UNICEF, Connecting Generations was developed. This pioneering initiative was successfully piloted within Zurich Insurance through six-hour in-person trainings. It is currently being scaled up within and outside the company. To increase impact at global level, Connecting Generations was digitalized and made accessible in the LiveWell by Zurich app.

Finally, private companies can demonstrate leadership by adopting internal regulations that exceed legal compliance, voluntarily committing to self-regulation frameworks that promote healthier environments for children and adolescents. These self-imposed standards may include transparent labelling practices, or clear warnings about products linked to health risks, even in jurisdictions where it is not mandatory, to empower informed parental decisions.



CONTRIBUTE

Invest in preventive programmes through aligned sustainability strategies

Private companies can make deliberate investments in initiatives that encourage healthy environments prioritizing long-term societal impact, leveraging their vast reach, trusted brand

influence, financial strengths, and knowledge. These initiatives can focus on

- providing essential resources and infrastructure to support children's health,
- building capacity through education and training of both children and those who directly influence their lives,
- supporting comprehensive programmes at a local or global scale to drive meaningful and sustainable change.

Private sector funders have major opportunities to invest in essential resources and infrastructures to enhance children's physical and mental health. They can provide contributions such as equipment and materials to create child-friendly spaces that encourage physical activity and promote mental well-being. Additionally, corporations and foundations can support the development and access to infrastructure such as sports clubs or recreational facilities to play, exercise, or even have a safe space to talk about health. On the digital front, they can offer tools like health-focused apps, online learning platforms, and educational content that improve health literacy and foster safe online practices for children, parents, and educators.

Illustration

The 'Play and Heal' initiative, a partnership between the LEGO Foundation, UNICEF and the Danish Ministry of Foreign Affairs that supports children affected by humanitarian crises in Lebanon, Türkiye, and Syria by providing play materials and activities designed to promote healing and psychosocial well-being. By distributing thousands of LEGO® PLAY Boxes to child-friendly spaces, children engage in therapeutic play that supports mental health, resilience, and emotional recovery. In partnership with local governments, more than 1,360 facilitators have been trained in play-based methods to develop critical life skills in children, fostering a sense of normalcy and hope amid conflict.

Illustration

Eli Lilly and Company's support of the US Fund for UNICEF is helping to support UNICEF's efforts to address non-communicable diseases. This includes investing in prevention and addressing risk factors, strengthen health systems, and enhance the ability of health care workers to care for patients in Bangladesh, India, Malawi, Nepal, the Philippines, and Zimbabwe, with the goal of improving health outcomes for over 16 million young people living with chronic NCDs in low-to middle-income countries in support of the Sustainable Development Goals. These efforts focus on building awareness in each country on the importance of preventing and treating childhood NCDs within national, regional and global health and multi-sectoral frameworks, and on the need to address key environmental and behavioral NCD factors that manifest in childhood to avert the potential development of NCDs later in life. Interventions in the six countries include strengthening data and health information systems for NCDs, establishing and strengthening prevention, care and treatment of NCDs within primary health care and referral facilities (e.g., capacity building of local health care providers including training, mentorship, remote patient monitoring, etc.) and capacity building of service providers for the screening and improved management and treatment of NCDs.

"UNICEF's relentless work to reach children in resource limited settings, combined with Lilly's experience and deep commitment to bettering people's lives and society, serve as the foundation of this lifesaving effort," **David A. Ricks, chair and CEO of Lilly.**

Private companies have a significant opportunity to enhance the prevention of NCDs and mental health conditions in children by building capacity among those who directly influence their lives.

This includes training healthcare providers, teachers, community workers, and other frontline staff who monitor and support children's health from an early age – including a child's first 1,000 days, as they profoundly shape long-term outcomes. Companies can invest in initiatives such as training programmes, workshops, and targeted professional development in maternity wards, hospitals, schools, and

nurseries to equip these professionals with the skills to promote healthy habits and address key risk factors.

Illustration

BNP Paribas Cardif has decided to focus on a meaningful cause to its business. Aware of the multiple facets and complexity of overweight and obesity, as well as the human, economic and social costs involved, BNP Paribas Cardif is committed to fighting childhood obesity.

BNP Paribas Cardif is working with researchers and NGOs to change eating habits by training teachers and schools to deliver impactful health education for children aged 8–12. Over 4 years, the programs have achieved remarkable results in 13 countries across Latin America and Europe. In the end, supporting NGO's works and researches has led to a considerable increase in fruit and vegetable consumption and a reduction in overweight rates. The results are significant: In Germany, after 8 years of intervention within kindergartens, the NGO supported by BNP Paribas Cardif for 3 years now was able to measure a 30% decrease of overweight and obesity in the children who participated in the programme, while a pilot project in Portugal achieved a 20% reduction in overweight rates in a year.

In addition, BNP Paribas Cardif supports UNICEF programmes in school-aged children and adolescent in Latin America and the Caribbean. Education is at the heart of this programme: educators and teachers are trained to teach healthy habits that prevent NCDs at an early stage, and empower children to influence their families. Since 2022, the partnership has significantly contributed to numerous initiatives tailored to Brazil, Chile, Colombia, Mexico, and Peru, reaching more than 66, 000 children, parents and community members.

BNP Paribas Cardif is also supporting the development of a Research on Social Behaviour Change and Nutrition in the region about how school environments affect social norms around the practice of healthy eating and physical activity.

Buoyed by this success, BNP Paribas Cardif intends to extend its commitment to other regions, where obesity prevention is a public health issue.

“Insurance is about mutualization. Together, we are stronger to face the risk of the obesity, which affects half the population worldwide and has concrete long-term consequences. We partnered with organizations like UNICEF to address overweight and obesity through the alliance of science and education. This approach, in collaboration with the public sector, brings a strategic and sustainable change for children and communities.” – Laurence Hontarrede, Head of Prospective & Social Engagement Initiatives at BNP Paribas Cardif

Additionally, private companies can play a pivotal role in enhancing health literacy directly among families and communities by creating educational resources and campaigns focused on children’s health, particularly in vulnerable populations. True health literacy, however, depends on equitable access to essential information, which remains a challenge in many low-resource areas. Bridging the digital divide is a key step in addressing this gap, as connectivity barriers often prevent women, girls, and children from accessing critical health services. To overcome this, the private sector can provide affordable or free mobile devices and collaborate with organizations to develop health-focused apps. These apps can deliver personalized health guidance, connect users with public health professionals, and empower communities with the tools and knowledge necessary to improve their overall health outcomes.

Private companies can support comprehensive programmes that promote physical activity and healthy diets while preventing childhood overweight and obesity as well as mental health directly in children. The private sector can align sustainability strategies and identify pockets of unmet needs, such as vulnerable communities, that may lie within their global value chains. These efforts can include investing in areas to address critical health disparities and ensuring the operational resilience of health supply chains.

Illustration

AstraZeneca's Young Health Programme (YHP) is a global prevention initiative aimed at addressing the rising risk of NCDs among young people, particularly those living in vulnerable environments and under-resourced settings. With a focus on prevention via education, and empowerment, YHP seeks to equip young individuals aged 10–24 with the knowledge and tools to make healthier choices, thereby mitigating long-term health risks. AstraZeneca's YHP aims to dismantle cultural sensitivities and insufficient health infrastructure barriers hindering effective interventions to fostering long-term behavioural change.

The program employs a holistic strategy comprising four core interventions:

1. Build inclusive community programmes

YHP works with over 60 local non-profit organizations across more than 40 countries to deliver peer-led education and training tailored to community needs. Examples include health education initiatives for street children in Germany and large-scale community programmes in Brazil, Kenya, and India. More than 20,000 AstraZeneca employees contribute through volunteerism, adding a layer of corporate commitment to the effort.

2. Develop the next generation of young leaders

Through mentorships, scholarships, and grants, YHP nurtures the next generation of youth leaders – social entrepreneurs, researchers, and advocates – who drive sustainable health outcomes. Notable initiatives include scholarships for the One Young World Summit and awards for youth-led organizations addressing NCD risks.

3. Champion advocacy initiatives

Advocacy initiatives elevate adolescent health and NCD prevention to policy agendas at local, national, and global levels. Successes include policy influence in Belize and Brazil with UNICEF. Another achievement in Colombia is the integration of the YHP curriculum into Bogota's school systems, with the government adopting it as part of official teaching materials.

4. Invest in research to inform policy action in adolescent health

Collaborating with renowned institutions like Johns Hopkins Bloomberg School of Public Health, the YHP invests in research to address knowledge gaps and inform decision-making in adolescent health.

Since its launch in 2010, the YHP has achieved remarkable milestones: Over 19.5 million young people have been directly educated about NCD risk factors, significant behavioural changes have been observed, including a reduction in young smokers and increased physical activity, and there has been an increase in youth visits to community health clinics, improving health monitoring.

"At AstraZeneca, we know that taking action to drive sustainability is fundamental, not only to the health of the planet, but to the health of our society and people. Our Young Health Programme is one great example of our commitment with its aim to empower young people to make healthier choices. Every change made is a step towards the delivery of sustainable healthcare, and to reducing the burden of disease. It's inspiring to see the impact this programme is having on reducing NCD risk factors in communities around the world." – Courtney Sunna, Director, Global Community Investment and Young Health Programme, AstraZeneca

All of these initiatives, in which the private sector can invest, are particularly successful when they integrate with and strengthen existing public frameworks. Effective NCD and mental health condition prevention initiatives must be collaborative and cross-sectoral. Building systematic partnerships with public systems – including governments, policymakers, health, and educational institutions – alongside local communities and private sector funders is essential for creating comprehensive and sustainable prevention programmes.

Illustration

The LEGO Foundation's Ukraine programme promotes mental well-being and reduces NCD risks among youth through a long-standing partnership with the Ukrainian Ministry of Education and Science. This collaboration has led to the co-design of national curricula, teacher training modules, and the provision of essential educational resources, ensuring a sustainable impact. Since the start of the war in 2022, the LEGO Foundation has intensified its efforts to equip youth, educators, and parents with tools to enhance mental health and resilience.

Key initiatives include a nationwide rollout of a mental health and psychosocial support training module for preschool and primary school teachers, along with play-based sessions that foster social-emotional learning for children. The LEGO Foundation has also distributed laptops to Ukrainian schools, ensuring continued access to online learning, and provided parents with training in mental health and positive parenting techniques to create a holistic support system for families.

The programme's impact is far-reaching, covering all public primary schools, 300 preschools, 35 pedagogical universities and colleges, and 53 in-service teacher training institutions across Ukraine. It has directly benefited over 1.5 million students and 80,000 teachers and extended support to more than 200,000 refugee and host community children in Romania and Moldova through play and learning hubs.



CHAMPION

Advocate for joint action, enhanced guidelines, and partner to drive change

By advocating for stronger regulations, aligning efforts with global coalitions, and contributing to evidence-based policymaking, companies can lead the way in preventing NCDs and mental health conditions.

Advocating for stronger regulations is most effective when coupled with cross-industry collaboration, enabling the pooling of expertise, resources, and networks. Private sector players have the influence to bring industries together, creating shared commitments to advance guidelines to improve the contributors of NCD and mental health condition prevention (proper nutrition or active lifestyles, for example). These partnerships can ensure that private companies collectively elevate the standards for protecting children, transcending individual organizational efforts

Illustration

DSM-Firmenich exemplifies this through the **ImpAct4Nutrition (I4N)** platform in India, co-created with 590 pledged corporate partners present in more than 22 states of India, across a variety of sectors including chemicals, IT, finance, and the Food Safety and Standards Authority of India (FSSAI). This initiative disseminates nutrition information to the public while encouraging companies to share this knowledge with their employees. Integrating with public health systems and collaborating with government stakeholders, the platform has achieved notable milestones, including educating more than 11 million employees and families and more than 260 million citizens about nutrition, improving access to micronutrient powders for children, and influencing national nutrition policies.

Illustration

Another illustration is **adidas** who teamed up and signed a historic joint industry statement calling for urgent and coordinated action to address the growing physical inactivity crisis. Forty-eight companies and federations put aside any business competition and agreed to work together to support healthier people and a more active planet.

"We all need to use our platforms to call for great collaboration between the public and private sectors."

Dr. Bettina Benzing, Senior Manager Government & Community Affairs at adidas

Participation in global coalitions, global coordination mechanisms and public-private collaborations are critical for scaling up and sustaining impactful initiatives, particularly those targeting youth mental health. Coalitions like UNICEF's Global Coalition for Youth Mental Health enable private organizations to align their efforts with international health priorities and access a platform for coordinated advocacy and action. Working within such coalitions amplifies individual efforts by leveraging collective influence to secure policy commitments from governments, put resources in common, implement impactful community programmes, and share knowledge across geographies.

Illustration

The Global Coalition for Youth Mental Health (the Coalition) unites diverse industries to tackle the mental health challenges faced by children and young people. Partnering with UNICEF, leading organizations such as Jo Malone London, Pinterest, lululemon, Sony, Spotify, Zurich Insurance Company and, the Z Zurich Foundation are working together to make a difference.

Their mission is to prevent mental health conditions by challenging stigma, raising awareness, and advocating for increased investment from both governments and the private sector. The Coalition also promotes workplace practices that prioritize the mental health of children, youth, and caregivers.

Through collective calls to action, and advocacy at key global moments, the Coalition has elevated awareness, tackled stigma, and influenced the global conversation on youth mental health. The Coalition has already strengthened the mental health skills and environments for 30 million children and youth across 130 countries. This unified effort highlights the transformative power of collective action, demonstrating how cross-sector collaboration can drive meaningful change in youth mental health.

Effective advocacy hinges on strong evidence, which private sector stakeholders are strategically positioned to support. Private companies and foundations can invest in evidence generation that highlight the burden of NCDs and mental health conditions in children and adolescents, quantify the economic cost of inaction, and evaluate the effectiveness of preventive interventions. This data can serve as the foundation for advocating stricter regulations and generate actionable insights.

Illustration

AstraZeneca's Young Health Programme (YHP) exemplifies this by collaborating with institutions like Johns Hopkins Bloomberg School of Public Health to close knowledge gaps and inform policy decisions in adolescent health. By advancing data collection and analysis at national and regional levels, the YHP equips experts to drive meaningful policy changes, particularly in regions where evidence-based advocacy is crucial for shaping local, regional, and national health policies.

Illustration

The Gasol Foundation is dedicated to ending childhood obesity through impactful programmes, research, awareness, and advocacy, with a holistic focus on physical activity, nutrition, emotional well-being, and sleep. Having reached over 250,000 children and families worldwide, the foundation is a leader in advancing research to transform children's health. Notable studies include the PASOS study, which assesses the lifestyles of Spanish children aged 8 to 16, and the SantBoiSà study, conducted with the City Council of Sant Boi de Llobregat (Barcelona), analyzing children's lifestyles and weight status in local schools. The Gasol Foundation emphasizes the critical role of the environment in shaping the population's lifestyles. Recently, the foundation also highlighted the critical role of supermarkets in fostering healthy environments. To drive change, the foundation amplifies its findings through campaigns advocating for public policy.

"We use scientific evidence to advocate and activate public policies." Dr. Santi F. Gómez, Global Director of Research and Programs at Gasol Foundation



COMMUNICATE

Leverage brand to promote prevention

Private sector companies have a unique opportunity to leverage their reach and influence to promote healthy living and mental well-being among children and adolescents. They can raise awareness and inspire lasting positive change from an early age.

Specifically, business to consumer (B2C) firms such as fashion and sports companies as well as lifestyle companies have, as part of their core business assets, considerable potential to normalize conversations around physical and mental well-being. By integrating healthy messages into product campaigns and brand platforms, they can connect deeply with young people and become catalysts for behavioural change. Leveraging marketing campaigns and influential brand ambassadors, these industries can reach millions globally, encouraging active lifestyles while promoting positive body image and self-esteem among children and youth. They can also lend their brand and marketing capabilities to align with global health actors and support wider public health goals.

Illustration

Adidas runs numerous global initiatives to ensure safe and equal access to sports and physical activity across communities and genders. Collaborating primarily with NGOs, adidas also engages with local and national governments to raise awareness of the necessity of investing in an active and healthy society. A prominent example of its communication efforts is the You Got This campaign, which highlights the issue of children dropping out of sports due to pressure to succeed. The campaign focuses on reigniting the simple joy of play, reminding that the essence of backyard games is about fun and excitement, not performance or goals. Complemented by events like pop-up pitches during UEFA Euro 2024, the initiative aims to remove the pressure of competition and inspire a love for movement, fostering a culture where sports are accessible and enjoyable for everyone.

"At adidas we strongly believe that through sport we have the power to change lives. This can be seen and felt through our products, our partnerships across sport and culture, and through our communications and activations with our consumers. It is through these channels that we can reach people, motivate them to become more active and provide the best equipment and conditions to stay in play." – Dr. Bettina Benzing, Senior Manager Government & Community Affairs at adidas



CHANGE

Reimagine products, service offerings and business models to address NCDs and mental health

Companies across all industries can drive meaningful change in children's health. **They can address product-related risks, introduce innovative solutions, and adopt business models and decision-making processes ensuring child health.** Embracing change may entail short-term costs and a temporary dip in profitability. However, in the long run, adopting greener and healthier solutions will provide companies with a unique 'extra' value, unlocking opportunities previously untapped in the market.

A fundamental step is for companies to address risk factors directly associated with their products. This can be achieved by supporting R&D efforts to reformulate products and eliminate harmful ingredients, such as reducing sugar, fat, and additives in food, or remove hazardous materials like lead from furniture, toys, and paints. These measures prioritize children's well-being by ensuring safer and healthier products.

Building on this foundation, companies can innovate by developing products and services aligned with their core business activities to actively improve children's health. For example, smartphone apps can gamify physical activity to encourage movement in a fun and engaging way, mental health-focused apps can support children by delivering stress management techniques and emotional health resources. Companies can further enhance digital experiences for children by creating parental controls and digital literacy tools that promote safe and positive online engagement, fostering a healthier digital environment.

Illustration

Spotify and UNICEF - the Our Minds Matter initiative, launched in 2023 amid the escalation in war in Ukraine, exemplifies this approach by providing free, culturally relevant audio content on Spotify to boost mental health literacy, reduce stigma, and support the mental health and well-being of young people aged 16-25. The initiative includes the On My Mind podcast - co-created by UNICEF mental health experts and young people - which addresses mental health topics with practical tools for managing stress, anxiety, and loss, encouraging resilience and help-seeking behaviors. Curated music playlists further support relaxation, focus, and self-care, making mental health resources accessible and impactful. Since its launch, the initiative has successfully expanded from Europe to Latin America, with plans to reach even more regions. Together, Spotify and UNICEF are committed to further expanding their reach and impact through innovative offerings, reaching more young people globally.

"Today, one in seven adolescents globally experience a mental health condition. But there is currently a large gap between young people and the mental health support they need. Together with Spotify, we are expanding our reach, especially to the hardest-to-reach and most vulnerable young people who may face barriers in accessing traditional mental health services. This partnership is breaking new ground in leveraging digital platforms to complement existing on-the-ground programming, offering transformative opportunities to engage with young people where they are, in ways that resonate deeply with their lives." – Dr Zeinab Hijazi - Global Lead on Mental Health, UNICEF

Finally, companies can shift their business models to actively promote the prevention of NCDs and mental health conditions. Companies can provide financial incentives to encourage healthy behaviours as part of their wellness package. Specifically, insurance companies can offer premium discounts or rewards for non-smokers, regular health screenings, or maintaining healthy cholesterol levels. They can also support family wellness by reimbursing children's sports classes tied to medical check-ups, fostering a proactive and preventive approach to health care. For insurers, keeping risk manageable is not only a societal responsibility but a business imperative. Additionally, **companies can prioritize factors related to the well-being of children and communities in their decision-making process** notably for mergers and acquisitions.

While some initiatives are already underway, there is still much more for the private sector to do. Every action counts. Among the six unique contributions companies can make, prioritizing collaboration with the public sector is essential to strengthening and scaling efforts. Public-private partnerships amplify impact by pooling resources, expertise, and networks. Public actors provide extensive reach, while private actors bring innovative tools, frameworks, and a sense of urgency to drive action. Embedding efforts within existing systems, rather than creating standalone initiatives, boosts both the resilience and effectiveness of programmes, elevating health priorities on local and national agendas, and delivering meaningful and sustainable results. For example, in urban planning, the private sector can play a role in supporting city planners, councils, and policymakers with strategies to prioritize children’s health and well-being. This includes integrating safe, walkable and cyclable school routes, play areas, and green spaces into urban designs to promote community health and quality of life. These efforts not only benefit children directly but also create resilient urban areas that help communities adapt to climate challenges.

Illustration

Novo Nordisk’s “Cities for Better Health” program addresses rising NCD rates among children and vulnerable populations by addressing barriers to healthy living in urban areas and bridging gaps in knowledge and skills for healthier behaviors. The program focuses on fostering public-private partnerships to improve urban health systems, with a particular emphasis on obesity prevention. Key actions include neighborhood-level interventions to make physical activity accessible and enjoyable, create healthier food environments, and develop sustainable financing models for prevention. Embedded within public systems, the program collaborates with city authorities, health officials, academic institutions, local organizations, patients’ associations, urban planners and community centers to implement strategies that integrate into communities and public education systems. Over 10 years, the program has expanded from 5 to 51 cities across 28 countries, driving improved policies for prevention, generating actionable research, and implementing over 100 public health actions. Recognized by the World Economic Forum as a global model for public-private partnerships, the program has elevated health priorities on public agendas and delivered long-term, scalable impact.

In 2024, Cities for Better Health also launched the Childhood Obesity Prevention Initiative to deepen its work in child health. The initiative is being implemented in six cities across Brazil, Canada, France, Japan, South Africa, and Spain, where local partners will co-design, implement, and evaluate packages of interventions to promote physical activity and healthy eating among children ages 6-13, focusing on disadvantaged communities.

Figure 10: The most successful initiatives are integrated within existing public systems



Source: UNICEF x BCG analysis



6. Call to action:

Protect children's health today to **build a stronger tomorrow**

A call to action for the private sector to prevent NCDs and mental health conditions early, starting with children

We cannot ignore this growing global health burden any longer

The time has come for a **collective wake-up call**, one that demands a fundamental mindset shift: from viewing health expenditures as costs towards recognizing them as critical long-term investments.

Cardiovascular diseases, cancers, chronic respiratory diseases, diabetes and mental health conditions – we all know these afflictions by name, but we dramatically underestimate the magnitude of their impact. NCDs and mental health conditions are, first and foremost, **human tragedies**, remaining the leading causes of mortality worldwide. They particularly concern **children and adolescents**: 2.1 billion of them either live with these conditions or are exposed to risk factors that pave the way for developing them later in life. In addition, these conditions **hit the global workforce, drive families into poverty, and finally threaten the future of businesses, economies, and societies**. As a result, what we call the **'invisible pandemic'** is taking a toll on societies more than ever before.

The burdens caused by NCDs and mental health conditions are projected to **worsen**. Failure to address this crisis will plunge societies and

economies into large challenges. NCDs and mental health conditions are projected to cost the economy **\$47 trillion** over the next two decades.

A significant part of these burdens can be avoided through **early prevention efforts targeted at children**. This will require an **'all of society' approach**, fostering collaboration across sectors to build resilient, inclusive, and sustainable health systems.

The private sector can pave the way to a healthy future

Companies – whether in healthcare or beyond – **are legitimate to act**, as they profoundly influence children and community environments: "Every company is a health company." With their expertise, innovation, and resources, they hold the **power to drive change**. Acting is also in their **interest**, as rising health challenges threaten productivity, talent, and future consumer spending.

The private sector can – and must be – the **game changer** for child health and the future of our societies. While many companies are already advancing sustainability goals, they must recognize health as an inseparable part

of this mission. Addressing health alongside sustainability is not just an opportunity but a necessity. The stakes are high, and **much more needs to be done.**

Six concrete ways to act – and make a difference

COMPLY: Respect regulations that safeguard children's well-being.

Ensure compliance with regulations protecting children's health and well-being and extend responsibility beyond corporate confines, actively enforcing and monitoring compliance across supply chain and franchises. These foundational actions reflect responsible corporate citizenship and set the stage for broader health promotion for children.

CARE: Go beyond the legal minimum and be a leader with your own corporate policies and in the communities you operate in.

Actively support employee and community well-being to cultivate a culture of health that extends to children. Demonstrate leadership by promoting prevention among children and caregivers through enhanced workplace policies, employee prevention programs, and voluntary self-regulation protecting consumers and the environment.

CHAMPION: Advocate for joint action, enhanced guidelines and partner to drive change.

Drive stronger protections and actively contribute to shaping guidelines and policies, especially in emerging technologies and new areas. Raise awareness to ensure prevention of NCDs and mental health conditions in children gains visibility and stays at the forefront of the global, regional and national agendas. Take the lead and inspire others to join the effort, to foster collective action and meaningful change, including on an industry scale.

CONTRIBUTE: Invest in preventive programmes, through aligned sustainability strategies.

Invest in initiatives that foster healthy environments. Provide essential resources and infrastructure to support children's health. Build capacity by educating and training both children and those who directly influence their lives. Support comprehensive programmes at a local or global scale to drive meaningful and sustainable change.

COMMUNICATE: Leverage brand to promote prevention.

Harness brand influence and place health-related values at the core of companies' positioning. Infuse health consistently through communication campaigns. Partner with ambassadors. Build positive and consistent imagery around a healthy lifestyle to connect deeply with young people and become catalysts for behavioural change.

CHANGE: Reimagine products, service offerings, and business models to address NCDs and mental health.

Revamp product line to eliminate harmful ingredients or hazardous materials. Introduce innovative, healthy and responsible services to empower children and parents to build healthier environments and enhance health monitoring. Adopt proactive business models that integrate healthier lifestyle considerations into decision-making processes, including for mergers and acquisitions. Deliver an extra value proposition in line with evolving consumer preferences while actively supporting public health.

Across all initiatives, embrace a systematic public-private approach working closely with governments, policymakers, health, and educational institutions, alongside local communities and private sector companies. Pool expertise, resources, and networks rather than creating standalone initiatives.

For healthier children and a thriving future, the time to act is now

Coordinated action is essential to combat the growing crisis of NCDs and mental health conditions. By focusing on prevention and leveraging the strengths of the private sector, we have a collective opportunity to ensure a healthier, more resilient future for children and society.












Appendix

Table 2: NCD and mental health conditions: Not one, not two, but a multitude of diseases affecting both adults and children.

Following the World Health Organization's definitions, this report focuses on the 5 main diseases of the '5 × 5 NCD agenda', looking at both adults and children impacts.

Diseases	Definition
Cardiovascular diseases	Cardiovascular diseases encompass a group of disorders of the heart and blood vessels including coronary heart disease, cerebrovascular disease, rheumatic heart disease and other conditions. More than four out of five cardiovascular diseases deaths are due to heart attacks and strokes, and one third of these deaths occur prematurely in people under 70 years of age. In adults, cardiovascular diseases are often linked to the build-up of fatty deposits inside the arteries. In children, cardiovascular diseases can arise as a complication of rheumatic heart diseases. Strokes are also a major cause of children morbidity.
Cancers	Cancers represent a large group of diseases that can start in almost any organ or tissue of the body when abnormal cells grow uncontrollably, go beyond their usual boundaries to invade adjoining parts of the body and/or spread to other organs. In adults, lung, prostate, colorectal, stomach and liver cancer are the most common types of men cancer, while breast, colorectal, lung, cervical and thyroid cancer are the most common among women. Children can also suffer from cancers which represent 0.5-4.6% of the total number of cancer cases in the world. The most common categories are leukemias, brain cancers, lymphoblastic and solid tumors. ¹¹³
Chronic respiratory diseases	Chronic respiratory diseases affect the airways and other structures of the lungs including chronic obstructive pulmonary disease (COPD), asthma, occupational lung diseases and pulmonary hypertension. In children, chronic respiratory disorders contribute to disability and hospitalization with delayed presentation of acute episodes, particularly in those under 5 years, which can result in death.
Diabetes	Diabetes is a chronic, metabolic disease characterized by elevated levels of blood glucose (or blood sugar), which leads over time to serious damage to the heart, blood vessels, eyes, kidneys and nerves. The most common are type 1 diabetes and type 2 diabetes. Children affected by type 2 diabetes progress more quickly to cardiovascular diseases and complications than adults. ¹¹⁴
Mental health conditions	Mental health conditions include a wide range of disorders that affect an individual's cognition, emotion or behaviour and interfere with a person's ability to learn and function in the family, at work and in society. In many circumstances, conditions can be successfully prevented or treated. Mental health conditions include mental, and substance use problems, severe psychological distress, intellectual disabilities and suicide risk. ¹¹⁵ Mental disorders are the most prevalent NCDs in children under 20 years and have higher prevalence among adolescents 15 to 19 years.

Table 3: Impact evidence of NCD and mental health conditions prevention initiatives in child

Levers	Type of initiatives	Impact on Target Group	Fair probability of cost-effectiveness	Source
Proper nutrition	Micronutrient supplementation to pregnant women to prevent hypertension and diabetes	 NCD deaths prevented: >51k • Cases of hypertension prevented 6M • Cases of diabetes prevented 3M	No evidence	Blackstad et al 2022
	Breastfeeding in infancy to reduce type 2 diabetes	 Lower risk of type 2 diabetes in later life when breastfed vs. infants who were formula fed	No evidence	Owen et al 2006
	Breastfeeding in infancy to reduce risk of mental health conditions	 Improved cognitive abilities facilitated brain development, and reduced risk for antisocial behaviors and atypical social development including ASD	No evidence	Krol & Grossmann 2018
	Obesity prevention nutrition education curriculum (Food, Health, & Choices) in elementary schools	 Cases of obesity prevented: 289 fewer males and 350 fewer females • QALYs gained: 1,599	 Cost-effective at a willingness to pay superior to \$275/ QALY • Direct medical costs saved: \$8M	Grazioplene et al 2017
	Water promotion in schools to prevent childhood obesity & increase water intake	 Cases of childhood obesity prevented in 2025: 180k	 Non-cost-effective: Negative ROI with only \$0.31 saved in health care costs/\$1 spent	Kenney et al 2019

Levers	Type of initiatives	Impact on Target Group	Fair probability of cost-effectiveness	Source
Proper nutrition	Healthy eating interventions delivered in early childhood education and care settings	<p>Small increase in fruit and vegetable consumption</p> <p>+</p> <ul style="list-style-type: none"> Little to no difference in sugar-sweetened beverages consumed Little to no difference in Body Mass Index (BMI) 	<p>+</p> <p>Potential cost effectiveness - to be further confirmed</p>	Rains and Giombi 2024
	Nutrition standards for school meals	<p>+</p> <p>Cases of childhood obesity prevented as of 2025: 1.8M</p>	<p>✗</p> <p>Non-cost effective: Negative ROI with \$0.42 saved in health care costs/\$1 spent</p>	Gortmaker et al 2015
	Nutrition standards for all other food and beverages sold in schools	<p>+</p> <p>Cases of childhood obesity prevented as of 2025: 334k</p>	<p>✓</p> <p>Cost-effective: Positive ROI with \$4.56 saved in health care costs/\$1 spent</p>	Gortmaker et al 2015
Mix of Proper nutrition & active lifestyles	Overweight school-based prevention program including health education (sweetened beverages consumption, media use), physical activity & parent involvement	<p>+</p> <p>Waist Circumference growth inhibited</p> <ul style="list-style-type: none"> Waist-to-Height growth avoided 	<p>✓</p> <p>Cost-effective: €11.11 cost/ cm of waist circumference growth inhibited and €18.55 cost/ unit of waist-to-height increase avoided, below willingness to pay threshold (€35)</p>	Blackstad et al 2022
	Chronic diseases school-based health promotion prevention programmes (Comprehensive School Health program (CSH), Multicomponent Education (ME), Physical Education (PE))	<p>+</p> <p>QALYs gained</p> <ul style="list-style-type: none"> Years with chronic disease prevented 	<p>✓</p> <p>Cost-effective: Significant ROI through the avoidance of direct healthcare costs: for CA\$100 intervention cost per student, 465% to 824% of ROI according to the programme (CSH, ME or PE). Including indirect costs, ROI multiplied by 2.7</p>	Guarino et al 2023 / Keszytu's 2011
	Diet and physical activity interventions for preventing obesity in children	<p>+</p> <p>Incremental Body Mass Index decrease (BMI) vs. control group among 05, 6-12 and 13-18 children - with higher evidence for younger age groups</p>	<p>No evidence</p>	Ekwaru et al 2021
Active lifestyles	GoActive intervention to increase physical activity of adolescents	<p>=</p> <p>No more effective than standard school practice at preventing declines in physical activity</p>	<p>✗</p> <p>Non-cost-effective as costing £13 per student with no additional impact on adolescents vs. the control group</p>	Brown et al 2019
	Healthy Lifestyles Programme (HeLP) to prevent obesity in school	<p>=</p> <p>No difference in Body Mass Index (BMI) and Waist Circumference (WC) with adolescents in intervention schools vs. ir control schools</p>	<p>✗</p> <p>Non-cost-effective as costing £210 per child with no evidence of additional impact vs. the control group & no evidence of cost savings to the health and social care system</p>	Corder et al 2020
Clean Air	Lack of data and evidence on the specific impact of private sector initiatives on reducing environmental pollution as it relates to children and youth			
Mental health	Various mental health prevention and promotion interventions (incl. psychological interventions at school and parenting interventions)	<p>+</p> <p>QALYs gained</p> <ul style="list-style-type: none"> Decrease in symptoms of depression 	<p>✓</p> <p>Cost-effective: Targeted prevention more cost-effective than universal prevention</p> <ul style="list-style-type: none"> e.g., ROI ratio of 3.28 for suicide awareness training delivered to secondary school students aged 15 to 16 through the avoidance of direct and indirect costs to society 	Khanh-Dao Le et al 2021
	Initiatives to address anxiety, depression, bipolar disorder & suicide	<p>+</p> <p>DALY gained</p>	<p>✓</p> <p>Cost-effective: High ROI of 23.6 with a low cost per DALY</p>	Stelmach et al 2022
	Preventive interventions for depression	<p>+</p> <p>QALYs gained</p> <ul style="list-style-type: none"> Cases of depression prevented 	<p>✓</p> <p>Cost-effective: US\$1,884 of cost saving per adolescent during the 5 years following prevention compared to no intervention through avoidance of direct and indirect costs to society</p>	Sregonja et al 2020
	Digital mental health interventions	<p>+</p> <p>Decrease in anxiety and depression thanks to computerized cognitive behavioral therapy supported by an in person</p>	<p>No evidence</p>	Lehtimaki et al 2021
	School-based mindfulness training	<p>=</p> <p>No incremental impact of school-based mindfulness trainings vs. control group</p>	<p>✗</p> <p>Non-cost-effective as no additional impact vs. the control group</p>	Kuyken et al 2022
	School-based group Cognitive Behavioral Therapy - Prevention in humanitarian emergency context	<p>+</p> <p>Reduced risk of school dropout</p>	<p>✓</p> <p>Cost-effective: \$57 in benefits per \$1 invested</p>	UNICEF 2023
	School-based Social Emotional learning skills education - Promotion in humanitarian emergency	<p>+</p> <p>Increase in self-esteem, self-efficacy, and other aspects known to contribute to psychosocial wellbeing</p>	<p>✓</p> <p>Cost-effective: \$225 in benefits per \$1 invested</p>	UNICEF 2023
	Community-based group therapy for out-of-school adolescents in humanitarian emergency context	<p>+</p> <p>Improved mental wellbeing and increased school enrolment and attendance</p>	<p>✓</p> <p>Cost-effective: \$39 in benefits per \$1 invested</p>	UNICEF 2023
	Universal parenting support to prevent abuse and neglect in children and adolescents	<p>+</p> <p>Reduce incidence of neglect and abuse and the life course costs in terms of associated social, health and mental health outcomes</p>	<p>✓</p> <p>Cost-effective: Low-cost interventions UNICEF and easily scalable; 13% ROI</p>	UNICEF
Education & health awareness	Counseling obesity intervention versus usual primary care	<p>+</p> <p>Decrease in Body Mass Index (BMI): 3.1 incremental points vs. control group</p>	<p>✓</p> <p>Cost-effective: US\$363 cost/child/BMI percentile point decrease, considered below pot. willingness to pay threshold</p>	Woolford et al 2022
	Counseling intervention in primary care informing on TV, fast food and sugar sweetened beverages risks	<p>+</p> <p>Smaller, non-significant increase in Body Mass Index (BMI) vs. control group. In post-hoc analyses, significant effects on BMI among females</p> <ul style="list-style-type: none"> Greater decrease in TV viewings vs. control group Slightly greater decreases in fast food and sugar sweetened beverages vs. control group 	<p>No evidence</p>	Taveras et al 2014

Legend + Positive impact on target group = No significant impact on target group ✓ Fair probability of cost-effectiveness ✗ No fair probability of cost-effectiveness

Note: More studies demonstrate impact evidence of prevention initiatives especially policy and legislative interventions (Gortmaker et al, Barret et al 2015, Long et al 2019)

Source: Literature review

<p>Community-wide obesity prevention intervention via professional training and messaging materials for daily active play, daily water and fewer sweet drinks, daily fruits and vegetable and less screen time</p>	<p>Decrease in Body Mass Index (BMI): 0.07 units vs. no intervention</p> <ul style="list-style-type: none"> • QALYs gained: 0.003 QALYs at age 15 years per child vs. no intervention 	<p>Cost-effective at 64% probability on children aged from 0 to 5 years</p> <ul style="list-style-type: none"> • Not cost-effective when intervention costs are borne only by children aged 4 to 5 years 	<p>Tran et al 2022</p>
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Table 4: Example of contributions that each industry can make as part of a collaborative effort

Industry	Key Levers
 <p>Healthcare (biopharma, medtech, health providers)</p>	<ul style="list-style-type: none"> • Invest in the development, expansion and improved access to safe, effective and quality medicines and health technologies and infrastructure: <ul style="list-style-type: none"> ◦ Advanced Screening and Diagnostics: Support the provision of cutting-edge tools that are also easily accessible to the population, such as consumer diagnostics equipment, leverage AI, and non-invasive tests to detect risks early and empower preventive care. ◦ Health Infrastructure: Strengthen clinics, mobile units, and community centers to scale preventive services and integrate comprehensive care. ◦ Health Monitoring Tools: Invest in devices and predictive analytics for real-time tracking and early intervention in at-risk children. ◦ Digital Transformation: Support the expansion of telemedicine, e-health records, and health literacy campaigns to enhance access and engagement in preventive care.
 <p>Insurance</p>	<ul style="list-style-type: none"> • Actively contribute to healthier environments, leveraging health monitoring tools and offering financial incentives to insured people like premium discounts or rewards. • Laise with public entities to develop innovative financing and insurance mechanisms that will reduce insured out-of-pocket expenditures (subsidized health insurance for low-income population, microinsurance programs, subsidized premiums, etc.).
 <p>Sports & fashion</p>	<ul style="list-style-type: none"> • Support inclusive sports programmes for youth, promoting active lifestyles, and enhancing physical well-being. • Invest in resources such as sports equipment, facility access, and coaching support, to eliminate barriers to participation and encourage regular physical activity among children and adolescents. • Engage with young adults through campaigns that promote physical activity, mental health, and body positivity. • Invest in sustainable products and services that minimize air pollution and other environmental impacts in their manufacturing process to contribute to environmental health
 <p>Lifestyle</p>	<ul style="list-style-type: none"> • Advocate and increase awareness in the promotion of healthy lifestyles – physical activity, proper nutrition and mental health. • Drive innovation with products and services that help children and families monitor and enhance their physical and mental well-being. • Ensure eco-friendly manufacturing practices and recycling initiatives to align NCD prevention efforts with sustainability goals.
 <p>Technology & data</p>	<ul style="list-style-type: none"> • Support governments in integrating or innovating for prevention across the life cycle, including screening tools and leveraging data and technology to detect early patterns and risk factors that affect children. • Invest in solutions to protect children’s mental health and emotional well-being, such as tools that promote safe and positive online experiences.
 <p>Telecommunication</p>	<ul style="list-style-type: none"> • Collaborate to ensure children and schools have the connectivity needed to access healthy information. • Collaborate to empower health workers and educators to effectively communicate and share knowledge about children’s health. • Advocate with governments, public systems, and private sector partners such as Technology and Data companies, for regulatory measures to promote safer digital use for children (e.g., support the enforcement of age restrictions on devices and content like age verification during device setup or purchase.) • Collaborate to empower parents with tools to monitor and control their children’s digital usage, ensuring a safer, more appropriate, and secure online environment for young users.
 <p>Transport and urban planning</p>	<ul style="list-style-type: none"> • Support the design of child-friendly cities that integrate physical activity into daily life, to support the physical and emotional development of young generations, providing local city planners, councils, and policymakers with tools and frameworks (enhance access to safe, walkable neighborhoods and promoting active transport options; create nature-based play spaces to foster healthier and more engaging environments for children.) • Support the construction of resilient and sustainable urban areas to help communities adapt to climate challenges, safeguard long-term health, well-being, and stability.
 <p>Food & beverage</p>	<ul style="list-style-type: none"> • Adhere to UNICEF ‘Nutrition, For Every Child’ guidance as below: <ul style="list-style-type: none"> ◦ Start breastfeeding infants within one hour of birth, exclusively breastfeed for the first six months, and continue breastfeeding until 2 years of age or beyond. ◦ When children reach 6 months of age, introduce a diverse range of complementary foods alongside breastfeeding to protect children against illness and death, ensure healthy growth and development, prevent stunting, wasting, and micronutrient deficiencies in early childhood, and protect against overweight and obesity later in life. ◦ In middle childhood, provide breakfast and encourage the consumption of balanced, nutritious foods rich in fruits and vegetables, limiting sugar, salt, and saturated fat such as from cookies, sweets, and sugar-sweetened beverages in the school food environment, which is often obesogenic. ◦ During adolescence, provide boys with higher-nutrient foods and girls with iron-rich foods to support their respective physical and psychological development

Abbreviations and acronyms

ASD	Autism spectrum disorders
B2C	Business to customer
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus Disease 2019 (SARS-CoV-2)
DALY	Disability-adjusted life year
HIC	High-income country
LMIC	Low- and middle-income country
MHPSS	Mental Health and Psychosocial Support
NCD	Noncommunicable disease
NGO	Nongovernmental organization
ODA	Official Development Assistance
R&D	Research and development
ROI	Return on investment
SDG	Sustainable Development Goal
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization
YHP	AstraZeneca's Young Health Programme

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