



Policy Brief: Addressing the Burdens and Socioeconomic Impacts of NCDs Among Children and Youth in Southeast Asia: Progress, Challenges, and Policy Options for AIPA Parliaments

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Executive Summary

Non-communicable diseases (NCDs), including obesity, cardiovascular diseases, diabetes, and chronic respiratory illnesses, are increasingly affecting children and youth in Southeast Asia. These NCDs not only present severe public health challenges but also impose significant socioeconomic burdens, such as overwhelming healthcare systems, increasing poverty rates, and reducing productivity. This brief examines the impacts of NCDs on children and youth in the region, evaluates the progress of policy implementation across various countries, and highlights the roles of AIPA parliaments in accelerating policy action. Countries such as Singapore have made significant strides in controlling NCDs, while others, including Cambodia and Lao PDR, lag behind. AIPA parliaments are crucial in driving legislative reforms, ensuring sufficient resource allocation, and fostering regional cooperation to address this growing crisis.

Introduction

NCDs are the leading cause of death and disability globally, with Southeast Asia seeing an alarming increase, particularly among children and youth. NCDs account for more than 74% of deaths in the region in 2021 [1]. This rise presents a significant public health challenge, with about half of these deaths occurring in the 30-69 age group in 2021[2]. This is the main source of income for families and the national economy, and could prevent the region from becoming the world's fourth largest economy by 2030.

Contributing factors include rapid urbanization, unhealthy diets, and sedentary lifestyles. If left unchecked, NCDs will continue to deteriorate public health and hinder socioeconomic development. Addressing NCDs is, therefore, crucial not only to improve health outcomes but also to reduce poverty and foster sustainable development. AIPA parliaments have a pivotal role in shaping effective policies that address the root causes of NCDs and mitigate their long-term socioeconomic impacts.

Burdens and Impact of NCDs on Children and Youth

The burdens of NCDs on children and youth in Southeast Asia are multifaceted. Direct burdens include increasing healthcare costs and the growing need for specialized care, while indirect burdens affect productivity, educational attainment, and social stigma—especially linked to obesity and chronic diseases. Childhood obesity has emerged as a critical risk factor for NCDs. Countries such as Malaysia, Thailand, and Indonesia have witnessed rising childhood obesity rates. Over 30% of children in Southeast Asia are now affected by overweight or obesity, putting them at greater risk of developing diabetes, cardiovascular diseases, and other NCDs [3].

The socioeconomic impacts are profound. NCDs contribute to reduced educational and employment opportunities, perpetuating cycles of poverty. In countries like Cambodia and Lao

PDR, which have underfunded healthcare systems, and out of pocket spending exceeds 50% of health expenditure for Cambodia and Myanmar further exacerbate existing social inequalities [4].

Country Progress in NCD Policy Implementation

Countries in Southeast Asia exhibit different levels of progress in implementing NCD policies:

1. **Successful Progress:** Singapore has made substantial progress in addressing NCDs, particularly among children and youth. The "Healthy Living Master Plan" and the "War on Diabetes" campaign emphasize health promotion and early intervention through school-based programs and public awareness campaigns. Regulatory measures, such as taxing sugar-sweetened beverages, have been instrumental in stabilizing childhood obesity rates and reducing early-onset diabetes [5].
2. **Moderate Progress:** Thailand has made moderate progress in addressing non-communicable diseases (NCDs) among children and youth through its National NCDs Prevention and Control Plan. The country's universal healthcare system has provided broader access to preventive care and treatment for NCDs. School-based programs aimed at improving nutrition and promoting physical activity have also been implemented to tackle childhood obesity. Despite these initiatives, urbanization and the growing popularity of processed foods have led to an increase in childhood obesity, particularly in urban areas. Efforts by the Thai government, including promoting healthier food choices and enhancing physical education, have been somewhat successful but face limitations, especially in rural regions where healthcare infrastructure remains underdeveloped. Strengthening public health campaigns and improving inter-ministerial coordination could further bolster Thailand's efforts to control NCDs [6].
3. **Slowest Progress:** Cambodia and Lao PDR have made the slowest progress in NCDs among children and youth. Both countries face challenges such as weak healthcare infrastructure, insufficient financial resources, and a lack of cohesive national NCD prevention policies. While some policies aimed at improving healthcare access have been introduced, they remain inadequate. Cambodia's healthcare system is underfunded, and public awareness of NCD risks is low. Similarly, Lao PDR struggles with poor healthcare infrastructure and lacks enforcement of regulations on unhealthy food advertising. Strengthening healthcare systems and increasing public health funding are essential for meaningful progress [3,4,7].

Role of AIPA Parliaments in NCD Prevention and Control

AIPA parliaments have a critical role to play in combating NCDs through legislative action, resource allocation, and regional collaboration.

1. AIPA parliaments can enact legislation to create healthier environments for children and youth. This includes regulating the marketing of unhealthy foods, taxing sugary beverages, and mandating physical education in schools. Singapore's "War on Diabetes" offers a model for how legislation can target risk factors at an early stage.
2. Parliaments must prioritize NCD prevention within national budgets. AIPA members can play a crucial role in advocating for increased investments in public health campaigns, school-based interventions, healthcare services, and NCD monitoring systems. Particular

attention should be given to rural and underserved areas, where higher NCD prevalence is often driven by limited access to essential health services.

3. NCD prevention and control demand coordinated regional efforts. AIPA parliaments can facilitate knowledge sharing, resource pooling, and capacity building across Southeast Asia. Countries like Singapore, which have successfully reduced NCD rates, can support lower-income countries such as Cambodia and Lao PDR in implementing effective policies.

Policy Options for AIPA Parliaments

To address the growing burden of NCDs among children and youth, AIPA parliaments should consider the following policy measures:

1. Introduce regulations to restrict the marketing of unhealthy foods, impose taxes on sugary drinks, and mandate comprehensive health education in schools.
2. Launch public health initiatives aimed at raising awareness about healthy diets, regular physical activity, and early NCD prevention, especially targeting school-age children.
3. Expand preventive healthcare services, particularly in rural and underserved regions, to reduce NCD risk factors among vulnerable populations.
4. Mobilizing resources to achieve universal health coverage and conducting population surveys to track improvements in NCD-related health services, following the implementation of Health Risks Population Surveys.
5. Promote cross-border collaboration and share best practices to enhance NCD prevention strategies across Southeast Asia.

Conclusion

The increasing prevalence of NCDs among children and youth in Southeast Asia presents a significant threat to public health and socioeconomic stability. While countries like Singapore have made notable progress, others, including Cambodia and Lao PDR, face substantial challenges. AIPA parliaments are uniquely positioned to address these challenges through legislative action, increased resource allocation, and enhanced regional cooperation. By implementing the recommended policy measures, AIPA parliaments can create healthier environments for children and youth, ultimately contributing to a brighter and more sustainable future for the region.

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