NCD and Poverty Research Network

Exploring the multi-dimensional relationships between non-communicable diseases and poverty

HealthBridge

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INFORMATION AND OPPORTUNITIES

** ***UN high-level meeting on NCDs held on 10-11 July 2014.*** *A new declaration on NCDs was adopted; for more information please see:* http://www.un.org/News/Press/docs/2014/ga11530.doc.htm *and* http://www.un.org/ga/search/view_doc.asp?symbol=A/68/L.53

** ***Updated (2014) country fact sheets on NCDs*** *can be found at:* http://www.who.int/nmh/countries/en/

** ***WHO has established a Commission on Ending Childhood Obesity;*** *for more information please see:* http://www.who.int/dietphysicalactivity/end-childhood-obesity/action-plan/en/

** ***PAHO urges countries to adopt salt reduction strategies****; for more information, please see:* http://www.paho.org/hq/index.php?option=com_content&view=article&id=9770%3Apahowho-urges-countries-to-reduce-salt-intake-to-prevent-hypertension-and-heart-disease&Itemid=1926&lang=en

** *The* ***Bangladesh Summit on Sustainable Development 2014*** *will be held 17-19 August in Dhaka, Bangladesh; for more information, see:* http://bangladeshsummit.org/

** ***COP6*** *will be held from 13 to 18 October 2014 in Moscow; for more information see:* http://www.who.int/fctc/cop/sessions/cop6/en/

** *The* ***FAO/WHO Second International Conference on Nutrition (ICN2)*** *will be held 19–21 November 2014 in Rome; for more information, see:* http://www.who.int/mediacentre/events/meetings/2014/international-conference-nutrition/en/

** *For other updates and upcoming events, please see the NCD Alliance news and events sites:* http://www.ncdalliance.org/news *and* http://www.ncdalliance.org/events

NCDs and Poverty: Perception versus Realty

Contradictions abound at the individual, national, and international levels in how people talk about health and economic issues versus how they actually address them. 'Health is wealth' is a common saying, but making money is often prioritized over improving health. Current statistics demonstrate that the burden of NCDs is growing in low-income countries, but in many places health programming still focuses primarily on reducing the burden of transmissible diseases. Although tobacco, alcohol, fast food, sugar-sweetened beverages, and sedentary lifestyles are known to contribute to ill health and to cost the health care system billions of dollars, there is resistance to raising taxes or banning the advertising of unhealthy products. Instead, these risk factors continue to be a regular part of people's daily lives.

The major health and economic burden of NCDs now falls on low-income countries and on the poor; however, these diseases still tend to be seen as the problem of high-income countries and of the wealthy. Despite the fact that the chronic nature of NCDs can mean years or even decades of ill health and additional medical expenses, and that they are not easy or possible to cure, much energy and money is still focused on treatment rather than on prevention. The linkages that exist across NCDs and other major global problems – such as climate change, traffic fatalities, and air pollution – are also often ignored. All of these issues take a major toll on people's health. On the other hand, the negative impacts of each could be greatly lessened through better planning and policy-making that emphasize health for all, rather than the production of wealth.

This issue explores these contradictions at the individual and national levels, and provides suggestions on how to get past the doublespeak and take action. Future issues will continue this theme, by exploring the contradictions apparent in how people address specific risks, such as junk food, alcohol, and transport.

There is a disconnect at all levels between how people talk about the importance of their health and what they do to preserve it.

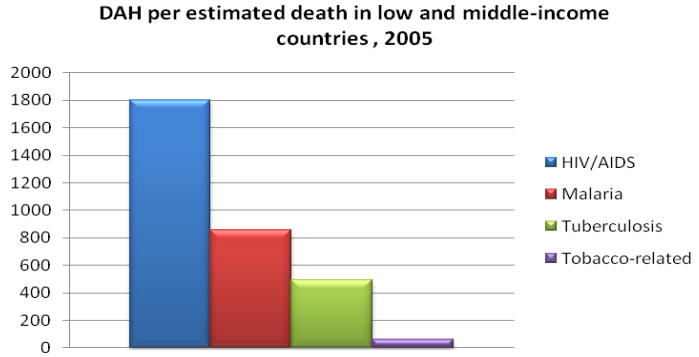
The Big Picture: Contradictions at the Global and National Levels

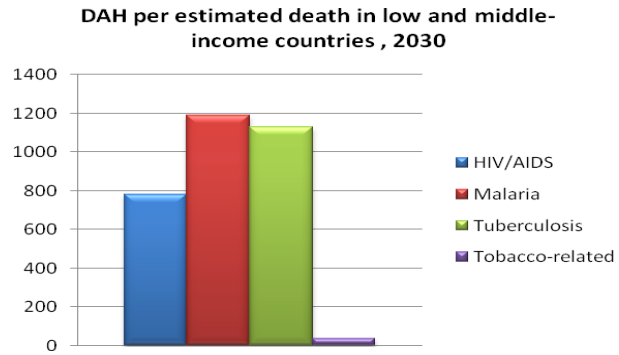
Although the global community recognized several decades ago that an international epidemiological transition—from a primarily communicable disease burden to one dominated by non-communicable diseases – was underway, many governments and organizations have been slow to adjust. A general perception still exists that the main causes of disease, death, and disability in low- and middle-income countries are communicable diseases such as tuberculosis and malaria, while NCDs such as heart disease, cancer, diabetes, and stroke are mainly a problem of rich countries.

In fact, however, 86% of premature deaths from NCDs occur in low- and middle-income countries. The chronic nature of NCDs means that not only does disease-related suffering endure for years or decades, but so do the medical expenses incurred to treat it. This places a significant financial burden on national health systems, on families, and on individuals. It also results in global cumulative economic losses—an estimated US$7 trillion over the next 15 years– as health systems buckle under the strain and millions of people fall into and become trapped in poverty.[1]

It has been known for many years that, in most countries, the poor smoke more than do the wealthy. A similar trend exists for obesity rates, which are highest among the poorest population groups. The WHO calls obesity a global epidemic: no longer is hunger the world's chief nutrition problem, it is now obesity.[2] The same lifestyle factors that contribute to obesity in wealthy countries now exist in low-income countries, with the same results. These negative effects are particularly notable among the poor, who can least afford the medical expense, lost wages, and other consequences of lingering ill health and early death.

Although the disease burden is clearly shifting to NCDs in low- and middle-income countries, the allocations of global development assistance for health (DAH) between 1990 and 2007 were still far greater for those living with HIV/AIDS (US$111 per year per affected person) or with tuberculosis (US$50) than they were for those affected by tobacco-related diseases (US$ 0.25). The same trend is evident for investments in communicable disease prevention, particularly when measured against actual deaths in 2005 and against predicted deaths in 2030: global funding for malaria, tuberculosis, and HIV/AIDS—which kill fewer people globally than do tobacco— far outweighs funding allocated to prevent tobacco-related diseases .[3]





Until there is a real, sustained commitment—financial, regulatory, and policy—at the national and global levels to address NCD risk factors, the NCD burden will continue to grow and disproportionately affect those who can least afford it.

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[1] *World Health Organization, Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020, WHO 2013.*

[2] *Kelly D. Brownell and Kenneth E. Warner, "The Perils of Ignoring History: Big Tobacco Played Dirty and Millions Died. How Similar Is Big Food?" Milbank Q. Mar 2009; 87(1): 259–294. doi: 10.1111/j.1468-0009.2009.00555.x*

[3] *Details of these calculations can be found in Cynthia Callard, "Follow the money: How the billions of dollars that flow from smokers in poor nations to companies in rich nations greatly exceed funding for global tobacco control and what might be done about it." Tobacco Control 2010;19.4:285-290. doi:10.1136/tc.2009.035071.*

Looking in the Mirror: Contradictions at the Local and Individual Levels

Until faced with an illness, the statement "health is more valuable than money" may have little meaning for many people. In working to get ahead financially, people often ignore their health. However, once they or someone in their family falls sick, the tables are turned. Life savings may have to be used to pay for medical care; where such funds are not available, families may fall deeply into debt. For those who are already struggling, the illness of a family member can mean economic catastrophe.

How can the contradiction in people's verbal commitment to health versus their actions be addressed? One way is to highlight the vital importance of people's health, both for individual wellbeing and for the benefit of the broader economy. It makes little sense to grow local and national economies in ways that negatively affect people's health. Because people's work schedules often mean that they sit in long commuter traffic jams and don't have the time to exercise or to cook healthy meals, they rely instead on processed foods or prepared meals and collapse in front of the TV or the computer at the end of a long day. It doesn't have to be this way: engaging in healthy activities can be made a critical component of everyday life.

In crowded cities with a lot of traffic, for example, the car may actually be the slowest and most polluting way to get around. Under typical street conditions in many cities, cycling or walking can be the fastest and cleanest ways to commute. At the same time, public transportation moves many people at the same time, more efficiently, than do individual vehicles, and walking to a local public transportation stop provides some beneficial exercise. Addressing NCDs and addressing urban transportation systems are thus linked and both can provide economic benefits: improving transport conditions for all also means improving physical activity, keeping people healthier, and reducing the financial costs of traffic jams.




Healthy cooking is a beneficial activity that need not take long. Traditional food preparation can be time-consuming, but relying on heavily processed or prepared foods is not the best alternative. A piece of fresh fruit or vegetable is a quick, healthy snack. Some shortcuts in the kitchen can allow people to prepare a healthy meal with whole grains, legumes, and plenty of fresh vegetables, even those with a busy work schedule. Since one of the most time-consuming aspects of cooking is shopping, placing local markets and mobile fresh food vendors near people's homes can make cooking at home easier. Where the healthiest foods are not readily available or the least expensive choices, advocating for subsidies and taxes to make food prices better reflect actual costs to the environment, to health, and to the livelihoods of farmers could be considered.

Cooking might be seen as a healthy family activity. Since sedentary TV watching is linked to obesity,[1] spending less time in front of the TV and more time preparing healthy foods has multiple benefits. Community activities could support family cooking by offering classes and organizing events in which people prepare food together in a festive setting, focusing on the use of fresh, locally-available, healthy ingredients and preparations that require minimal time. Replacing the time spent in front of the TV or in the car with healthy cooking could help to change people's conception of how much time they have available to be healthy.

There are many personal benefits to be gained from a healthy lifestyle: the enjoyment of preparing and consuming healthy foods, the satisfaction of active commutes, the potential for greater fun and community involvement in active outdoor play, including walking and cycling. Overcoming the contradictions between health and wealth at the local and individual levels will, ultimately, contribute to resolving contradictions at the national and international levels.

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[1] *Robinson, TN, Television viewing and childhood obesity. Pediatr Clin North Am. 2001 Aug;48(4):1017-25; Cleland, VJ, Schmidt, MD, Dwyer, T, and Venn, AJ, "Television viewing and abdominal obesity in young adults: is the association mediated by food and beverage consumption during viewing time or reduced leisure-time physical activity?" Am J Clin Nutr May 2008k, vol. 87 no. 5:1148-1155.*

What to Do About the Discrepancies!

There are a number of actions that can be taken to begin addressing the contractions. These could include the following:

- *Imagining what healthy local communities look like could be a positive first step in determining what issues need to be addressed. For example, affordable and available fresh local fruits and vegetables instead of energy-intensive processed foods, and safe walking, cycling, and outdoor play facilities all make cities more pleasant and liveable and their residents healthier.*
- *Learning more about the ways in which transport, urban planning, agriculture, and trade policies and programmes affect health will help individuals and groups to better understand and tackle the multi-sectoral nature of NCD risk factors. The World Health Organization is promoting the concept of Health Impact Assessments (HIA) to look at how different sectors impact health.[1] Other tools are also available and provide examples of how to identify issues and address them.[2] For example, urban planning that does not include local parks or public transportation facilities may lessen people's ability to engage in healthy outdoor activities, while the lack of local markets could impede people's ability to purchase affordable, fresh, local foods . Appropriately targeted advocacy efforts – whether for regulations, fiscal policies, the placement of urban amenities, or other items – could then help to ensure that such issues are addressed.*
- *Public forums such as workshops, conferences, and meetings, and social media could be used to highlight the statistics demonstrating the rising burden of NCDs and the heavy toll that they place on the poor. Getting the information out into the public sphere will help to raise public awareness and recognition of the problem and public support for tackling it.*
- *Identifying and making use of existing expertise will help to build local capacity on these issues. Community groups and national NGOs promote active transport in many countries. Young urban planning and transport professionals may have more international experience in cities designed to suit the needs of people, not cars. There are also many organizations beginning to address the problems of sugar-sweetened beverages and processed foods. Individuals and groups do not need to become experts on all of these issues; they will benefit, though, by learning the basics, by knowing where to find the people who understand the issues and can work in depth to promote them, and by adapting the expertise to their local contexts.*

[1] http://www.who.int/hia/en/

[2] See, for example, Daniel, K. et al. Broadening the Focus from Tobacco Control to NCD Prevention: Enabling Environments for Better Health. HealthBridge. July 2013. http://www.healthbridge.ca/healthbridge_publications.html

NCD AND POVERTY RESEARCH NETWORK

The NCD and Poverty Research Network is a virtual network of researchers, advocates, and other individuals interested in exploring the links between non-communicable diseases and poverty.

Initiated in 2009 as the Tobacco and Poverty Network, the network includes members from countries throughout Asia, Africa, and the Americas. In 2013, its focus expanded to include non-communicable diseases.

The purpose of the network is to provide a collegial forum through which researchers, advocates, and others working in NCD prevention and control can share research results, ideas, experiences, challenges, and solutions for exploring and addressing issues related to NCDs and poverty.

The network is moderated by HealthBridge, and network emails are disseminated regularly. Network members may distribute information to the network by sending an email to Lori Jones, ljones@healthbridge.ca

We look forward to your contributions and feedback!

ANNOUNCEMENTS

Do you have any announcements that you would like to share with the network? Let us know by sending an email to Lori Jones ljones@healthbridge.ca

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