

# NCD and Poverty Research Network

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



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## INFORMATION AND OPPORTUNITIES

**\*\* NEW:** HealthBridge's new publication [Public Spaces: A Key Tool to Achieve the Sustainable Development Goals](#) is out!

**\*\* NEW:** SEATCA's expanded **Tobacco Control Atlas** has been released and is now available online, see <http://seatca.org/dmdocuments/The%20Tobacco%20Control%20Atlas%20ASEAN%20Region%203rd%20Edition%202016.pdf>

**\*\* NEW:** Interactive map highlights **global inactivity crisis** among children and youth. For more information, see <https://ncdalliance.org/news-events/news/report-cards-on-physical-activity-for-children-and-youth-confirm-global-inactivity-crisis>

**\*\* NEW: Addressing NCD Co-Morbidities:** Shared Opportunities for Action. For more information, see: [https://ncdalliance.org/sites/default/files/resource\\_files/Brochure Osteoporosis%26NCDs WEB.pdf](https://ncdalliance.org/sites/default/files/resource_files/Brochure%20Osteoporosis%26NCDs%20WEB.pdf)

**\*\* Summary: NCDs at WHO Regional Committee Meetings 2016.** For more information, see [https://ncdalliance.org/sites/default/files/resource\\_files/NCD%20Alliance%202016%20RCMs%20Summary\\_Final.pdf](https://ncdalliance.org/sites/default/files/resource_files/NCD%20Alliance%202016%20RCMs%20Summary_Final.pdf)

**\*\* International Day of Persons with Disabilities 2016:** 3 December 2016. For more information, see <http://www.un.org/en/events/disabilitiesday/>

**\*\* At the WHO 9th Global Conference on Health Promotion** that took place 21-24 November 2016 in Shanghai China, two **landmark commitments** were made to promote public health and eradicate poverty. See the press release [here](#).

**\*\* In October 2016, WHO issued a global call to reduce the consumption of sugar-sweetened beverages.** See the press release [here](#).

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

## Addressing NCDs and Poverty in Different Ways

Annie Leonard writes in her 2010 book *The Story of Stuff*<sup>1</sup> that people in the “modern” world have taken specialization too far.

Unfortunately, becoming an expert in a narrow field can mean failing to recognize the larger context within which a single issue exists. It can also blind one to the need for connectivity across and between issues that may only appear to be very different. This is not to say that specialization serves no role, but rather that generalization is also important and too often neglected.

We see specialization in our own areas of work: we have separate charitable, research, and support associations that individually address cancer, heart disease, stroke, diabetes, and so on. Other associations focus specifically on lung, liver, heart, or other organ health. Still more institutions look at individual risk factors, such as chemicals, tobacco, alcohol, sugar, lack of physical activity, etc. Conferences function much the same way: someone working on tobacco control could attend completely separate conferences on lung health, on tobacco, and on cancer, even though the issues are all intrinsically linked.

Because of this specialization, we sometimes miss the fact that the same types of changes are typically needed to bring about significant reductions in a broad range of NCDs. In this issue, we thus move forward from HealthBridge's book *Broadening the Focus*<sup>2</sup> and highlight some of the linkages that exist across various specialized international policies and treaties and the broader issue of NCDs and poverty. We explore the importance of ensuring that NCD work addresses all kinds of people, specifically including persons with disabilities. We also look at the New Urban Agenda.



<sup>1</sup>Annie Leonard, *The Story of Stuff: The Impact of Overconsumption on the Planet, Our Communities, and Our Health -- And a Vision for Change* (New York: Free Press, 2010).

<sup>2</sup>K. Daniel, D. Efroymson, S. Fitzgerald, and L. Jones, *Broadening the Focus from Tobacco Control to NCD Prevention: Enabling Environments for Better Health* (Ottawa: HealthBridge, 2013). [http://healthbridge.ca/images/uploads/library/TC to NCD Guide A4 format.pdf](http://healthbridge.ca/images/uploads/library/TC%20to%20NCD%20Guide%20A4%20format.pdf)

**Over-specialization can cause us to neglect the important linkages that exist between various NCDs, their causes, and their effects.**

## Using International Treaties and Policies to Address NCDs and Poverty

*One of the ways to address many of the world’s problems — especially those that have wide-ranging importance — is to develop and ratify international treaties and conventions. Such treaties and conventions are meant to create a standard by which all signatory states must act.*

*While no one has yet put forward an international convention or treaty that specifically addresses NCDs, governments have nevertheless signed on to many global commitments that overlap with, and contribute to, reducing various NCD risk factors. Using treaty/convention commitments to promote state-level action can help advocates to demonstrate to their governments how taking international commitments seriously provides benefits even beyond those envisaged by the treaties or conventions themselves. Living up to existing international commitments could go a long way to reducing NCDs and their risk factors, and promoting better health.*

*The following table outlines the ways in which just a few major international treaties or conventions could be used to contribute to NCD reduction efforts related to physical activity. On the next page, we explore the Sustainable Development Goals in more detail, showing how they in particular have much to offer to other NCD risk reduction strategies. Also included here, and discussed in more detail on the following pages, are the New Urban Agenda and the Convention on the Rights of People with Disabilities (CRPD). The New Urban Agenda focuses specifically on improving urban environments and, as such, offers much to address NCDs. The CRPD demonstrates why addressing issues such as improved design to increase physical activity needs to be done in a way that is inclusive for all.*

<b>NCD Risk Reduction Strategy: Physical Activity</b>	<b>Sustainable Development Goals</b>	<b>New Urban Agenda</b>	<b>Climate Change</b>	<b>Convention on the Rights of People with Disabilities</b>
Improve walking conditions (repair/build footpaths; make signaled, street-level crossings; plant trees, add more pedestrian lighting...)	See next table; lighting improves safety for women	Specifically mentions walking and making cities more walkable	Fewer cars = less vehicle exhaust + more walking More trees = less CO2 + improved environments to support outdoor activity	Inclusive pedestrian-friendly designs benefit people with different disabilities
Improve conditions for cycling (segregated lanes, safe intersections)	See next table; safer cycling particularly benefits women and children	Better urban design includes providing more cycling infrastructure	Fewer cars = less vehicle exhaust + more cycling trips	Some wheelchair users can use bicycles; bicycle lanes provide improved mobility
Improved public transit, including low-floor trams/ buses	Sustainable transport	Public transit is a major focus of the New Urban Agenda	High quality public transit reduces car trips and provides more mobility	Improved mobility for all people with disabilities if properly designed
Public spaces (parks, playgrounds) to encourage outdoor activity	Related to SDGs in many ways (see next table)	Repeatedly mentions the importance of quality public spaces	More public space = more trees = less CO2 + more outdoor activity	Should use principles of inclusive design to meet needs of different users

**Although none directly address NCDs and poverty, a number of global commitments overlap with, and thus contribute to, reducing NCD risk factors.**



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## Using International Treaties and Policies to Address NCDs and Poverty (cont'd)

The Sustainable Development Goals, developed with specific targets in the United Nations' [Agenda 2030 for Sustainable Development](#), are meant to “end all forms of poverty, fight inequalities and tackle climate change, while ensuring that no one is left behind.” Their design also recognizes that “ending poverty must go hand-in-hand with strategies that build economic growth and [that address] a range of social needs including education, health, social protection, and job opportunities, while tackling climate change and environmental protection.” As the table below shows, reducing NCD risk factors, including tobacco/alcohol use, lack of physical activity, and unhealthy foods, can have a positive impact on selected SDGs. The table draws, in part, from HealthBridge's [Public Spaces: A Key Tool to Achieve the Sustainable Development Goals](#).

Sustainable Development Goal	Tobacco/Alcohol Control	Physical Activity: Walk/Cycle/ Public Spaces	Healthy Eating: Accessing Locally Produced Healthy Foods
Goal #1: End poverty	Promotes avoiding unnecessary expense	Encourages affordable transport	Improved nutrition = improved health status and ability to work, which reduces poverty
Goal #2: End hunger	Promotes buying food not tobacco/alcohol	Facilitates getting food to market in accessible spaces	Access to healthy food reduces hunger and malnutrition
Goal #3: Healthy lives	Reducing tobacco and alcohol use improves health	Physical activity improves health	Eating healthy food improves health
Goal #5: Gender equality	Reduces women's exposure to secondhand smoke & alcohol-related violence	Promotes creation of safe public spaces, which increase women's mobility	Local markets make healthy foods more accessible to women
Goal #7: Energy	Reduces curing of tobacco, which wastes scarce fuel sources	Fuel-free transport reduces fossil fuel use	Healthy foods are more energy-efficient to produce than heavily processed foods
Goal #8: Decent work	Reduces tobacco-related employment, which is dangerous and unhealthy	Active transport creates jobs (repair, moving people & freight) & makes transport affordable	Local, small-scale food production can generate well-paid, dignified work
Goal #9: Infrastructure	-	Resilient infrastructure is more likely if it is not based on car use	Informal vendors selling fresh produce can reach those who can't travel to markets/shops
Goal #11: Safe, sustainable cities	Reduced alcohol use creates greater public safety	Eyes on the street helps to reduce street crime and promotes social security	Urban agriculture contributes to sustainable cities and healthy populations
Goal #12: Sustainable consumption	Reducing consumption and production of tobacco has environmental benefits	Promotes increased fuel-free transport	Locally-grown, chemical-free food produces less packaging waste
Goal #13: Climate change	Reducing tobacco production & consumption curtails curing-related deforestation	Fuel-free transport reduces CO2 emissions	Local production reduces use of fuel to grow & ship food to market
Goal #17: Global partnership	Strong networks exist for tobacco control & are building for alcohol control	Many groups already working on transport could come together	Groups already promoting healthy diet, farmers' organizations, etc. Strong global movements exist for sodium, sugar reduction

## The New Urban Agenda and NCD Risk Reduction

Every twenty years, government delegates gather at the United Nations Conference on Housing and Sustainable Urban Development to discuss their vision for the world's cities. With more than half of the world's population now living in urban areas, these meetings — and the resolutions that come out of them — are more important than ever. For many people, urbanization brings greater employment opportunities; it often also brings greater health risks. Premature deaths from air pollution are now increasing substantially in African cities, for example.

What did the governments include in the latest [New Urban Agenda](#) (NUA) that was adopted on 20 October 2016, and how does it relate to NCDs and poverty? The NUA discusses the importance of infrastructure for walking, cycling, safe school routes, sustainable transport, and public spaces. It addresses the need to facilitate access for people with disabilities (§ 36) and the needs of informal workers, including those who sell fresh fruits and vegetables on urban streets and in local markets (§ 59, 100). The importance of civil society participation and collaboration in meeting the NUA's targets is highlighted (§ 48). The NUA also specifically mentions the burden of non-communicable disease in urban areas and the issue of poverty is interwoven throughout the document. Some of the paragraphs most relevant to combating

### Walking and Cycling:

- ¶ 100. "We will support the provision of well-designed networks...[that promote] walkability and cycling with the goal of improving health and well-being."
- ¶ 113. "We will take measures to improve road safety...to adopt, implement and enforce policies and measures to actively protect and promote pedestrian safety and cycling mobility, with a view to broader health outcomes, particularly the prevention of injuries and non-communicable diseases...[and we prioritize] the safe and healthy journey to school..."
- ¶ 114. "We will promote...A significant increase in accessible, safe, efficient, affordable and sustainable infrastructure for public transport, as well as non-motorized options such as walking and cycling, prioritizing them over private motorized transportation."
- ¶ 118. "We will encourage...mass rapid-transit systems...and safe, sufficient, and adequate pedestrian and cycling infrastructure...to reduce congestion and pollution while improving efficiency, connectivity, accessibility, health and quality of life."

### Public Spaces:

- ¶ 37 "We commit ourselves to promoting safe, inclusive, accessible, green and quality public spaces, including streets, sidewalks and cycling lanes, squares, waterfront areas, gardens and parks, that are multifunctional areas for social interaction and inclusion, human health and well-being..."
- ¶ 53 "We commit ourselves to promoting safe, inclusive, accessible, green and quality public spaces..."
- ¶ 67 ("We commit ourselves to promoting the creation and maintenance of well-connected and well-distributed networks of open, multi-purpose, safe, inclusive, accessible, green, and quality public spaces...to reducing noise and promoting attractive and liveable cities..."
- ¶ 100 "We will support the provision of well-designed networks of safe, accessible, green and quality streets and other public spaces that are accessible to all..."

### Pollution Reduction:

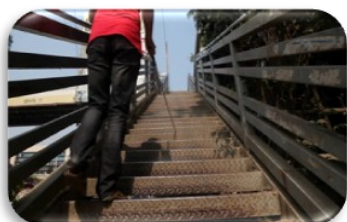
- ¶ 54 "We commit ourselves to ... efficient transport infrastructure and services...achieving the benefits of connectivity and reducing the financial, environmental and public health costs of inefficient mobility, congestion, air pollution, urban heat island effects, and noise."

### Including People with Disabilities in NCD Risk Reduction Planning

*The particular needs of people with disabilities sometimes get sidelined in discussions about NCD risk reduction, even though some NCDs—such as stroke, chronic lung disease, and diabetes—actually cause disability. However, people with disabilities are an important group for many reasons. Due to the difficulties that many face in finding work, they are more likely to live in poverty. Not just material poverty, but also social poverty; in too many countries they live their lives in enforced isolation. When we work on issues related to NCDs and poverty, we need to ensure that we are also addressing the needs of our friends, family members, colleagues, and neighbours with disabilities.*

*The main source of information about the rights of people with disabilities is the [Convention on the Rights of People with Disabilities](#) (CRPD). The purpose of the CRPD “is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.”*

*The term people (or persons) with disabilities (PWD) includes anyone with any type of short-term or long-term disability. In addition to the deaf and blind, it includes people using crutches, canes, and wheelchairs, as well as persons with an intellectual disability. What these groups have in common is the need for smooth, well-marked (both visually and otherwise) routes where potential conflict with motorized vehicles is minimized. Cities in which traffic is slower and tamer will have an enormously positive impact on PWD—as well as on the safe mobility of the elderly and children. Indeed, making the streets safer and more accessible to PWD will benefit a broader range of people, such as anyone wheeling a baby in a stroller, walking with luggage, or simply needing more time. When it comes to making footpaths (sidewalks) smoother and street crossings easier and safer, everyone benefits. It is also less expensive to design mobility infrastructure that meets a broad range of needs upfront than to retrofit it later.*



*All countries that have ratified the Convention have a legal obligation to enforce its provisions, including Article 9 (Accessibility), Article 19 (Living independently and being included in the community), and Article 20 (Personal mobility).*

*This is all very well, but where does one begin? If nothing is in place at the moment, then one can begin anywhere, as any step will be an improvement. Perhaps start with a park, ensuring that access to the park is easy (no steps; the gate is passable) and that people can move around once inside (a wide, smooth path). Features can easily be added, at low cost, to make the park more accessible to different users: simple buckets on swings for children with autism; walls with mounted objects to feel and bells to ring. Connect the path with better footpaths and street crossings (a signaled intersection with an audible tone). Perhaps print stickers indicating which businesses are wheelchair-friendly and publicize them, or see if [wheelmap.org](#) is in your city.*

*If one of the large development banks (or any similar institution) is building infrastructure in your city, check to see if it follows the principle of universal design. The Asian Development Bank already has a policy stating that its projects must be universally accessible, and World Bank is on the verge of passing a similar policy. Such policies do not mean anything if they are not actually put into practice, though, so use those policies to resist any plans that do not utilize the principles of universal design. Not only will you be supporting infrastructure that will make physical activity easier for almost everyone (and thus help to reduce both NCDs and poverty), but you will also be helping a significant and too-often neglected portion of the population to gain its rights.*



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## Work for a Better Bangladesh (WBB) Trust's Experience with Inclusive Design Transport Policy

*WBB Trust has worked on transport policy since 2004, and has always advocated for inclusive design. In 2015, WBB hired four people with disabilities in order to strengthen its focus and gain greater understanding of the mobility issues faced by PWD. While it is a challenge for a "mainstream" NGO (one not focused on issues of PWD) to assimilate PWDs into its office setting, the experience has been an extremely fruitful and educational one.*

*For years WBB has resisted the construction of pedestrian bridges for street crossings. These bridges are labelled as pedestrian-friendly infrastructure and are designed to assist the free flow of cars. In Dhaka, however, cars do not in fact flow freely; usually they are stuck in traffic, so allowing people to cross at street level would not necessarily slow the cars any further than they already are. Car trips will not be replaced by more health- and environmentally-friendly modes of travel by rewarding travel by cars. Pedestrian bridges, which typically include stairs, actually create a further obstacle for pedestrians, especially those with disabilities; they are completely inaccessible to those in wheelchairs. They also pose impediments to cyclists.*

*WBB conducted a months-long online campaign questioning the World Bank's decision to build several pedestrian bridges under its Clean Air and Sustainable Environment Project. It focused particularly on the barriers that these bridges posed to wheelchair mobility. One individual also filed a grievance, indicating that the construction of these bridges made the situation worse, not better, for pedestrians in Dhaka. As a result of the grievance, WBB was invited to the World Bank premises to discuss the situation. And then, months later, we were invited back and told that the World Bank and local government will focus the phase of the project on inclusive design!*



*It is too early to celebrate, as nothing has yet been finalized, but it does appear that using the World Bank's planned policy on universal accessibility to argue against its actions helped us to effect a change in its urban infrastructure design. And it is well worth the effort to try something similar in your city as well!*

## 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](mailto: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](mailto:ljones@healthbridge.ca)*



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