

NCD and Poverty Research Network

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



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INFORMATION AND OPPORTUNITIES

** The [3rd UN High-Level Meeting on NCDs](#) will take place in New York on 27 September 2018."

** In advance of those meetings, the WHO has launched [Time to Deliver: Report of the WHO Independent High-Level Commission on NCDs](#). The recommendations in the report are intended for Heads of State and Government and policy-makers across government sectors, as well as other stakeholders.

** The [NCD Civil Society Atlas](#) presents 38 national and international civil society initiatives to address NCDs. Its goal is to share good practice, to demonstrate the critical role being played by civil society in NCD prevention and control, and to identify emerging trends in partnership-based actions.

** **JUST RELEASED:** The WHO's [Saving Lives, Spending Less: A Strategic Response to Noncommunicable Diseases](#) reveals the financing needs and returns on investment of the WHO "Best Buy" policies to protect people from noncommunicable diseases (NCDs).

** The [East Africa NCD Charter](#) is the result of regional cooperation between the NCD Alliances of Burundi, Kenya, Rwanda, Tanzania, Uganda and Zanzibar to provide a coordinated platform for addressing NCDs at sub-national, national and sub-regional levels.

** Have you checked out the [#EnoughNCDs](#) hashtag on [Twitter](#) and [YouTube](#) yet? The NCD Alliance's [NCDs & ENOUGH](#) campaign will get you started on all you need to know.

** **NEW:** [World Cancer Day](#) will be held on 4 February 2019.

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

Rethinking Transport Through a Commercial Determinants of Health Approach

In epidemiology, a disease vector is any agent that carries and transmits an infectious pathogen into another living organism. For malaria, that vector is the mosquito; for leishmaniasis it is the sandfly; for Lyme disease it is the tick. Applying the same logic to non-communicable diseases through the [commercial determinants of health](#) approach, the vector of tobacco-related disease is the tobacco industry. The lesson learned in the battle against both infectious and non-communicable diseases has been that effective vector control must be multi-faceted and multi-sectoral.

In the early days of tobacco control, advocacy focused on educational messages about avoiding tobacco because of its negative health effects. Meanwhile, tobacco companies were free to advertise their products, tobacco taxes remained low, and people could smoke in most public spaces. The slow uptake of national and international policy initiatives to reduce tobacco use reflected the power and influence of the multi-national tobacco industry. By adapting some approaches used in infectious disease vector control, tobacco control advocates changed tactics. Not only did they start to push for the passage and implementation of strong tobacco control laws and policies, but they also began to monitor and counter tobacco industry interference in government and international agencies.

Slowly, the broader NCD control community is learning a similar lesson. In late 2017, Vital Strategies published the report [Fool Me Twice](#) that details how, using the tobacco industry's tactics, "multinational food, beverage and alcohol companies are working to deter, delay, and derail [health promoting] policies that save millions of lives." Just like the tobacco industry, the global food and beverage giants are vectors of NCDs. But the analogies do not end there: any "strategies and approaches used by the private sector to promote products and choices that are detrimental to health" can increase NCD risk.

As the Vital Strategies report points out, we cannot effectively reduce tobacco- or diet-related diseases without reducing the power of the tobacco, food, sugar-sweetened beverages (SSBs), and alcohol industries. We now take this one step further, by examining how some modes of urban planning and transport can also contribute to NCDs and worsen poverty. In this newsletter, we explore how the transport industry plays the role of disease vector, and how we can apply the lessons learned from tobacco control to this threat to our health.



Strategies and approaches used by the private sector to promote products and choices can be detrimental to health and can increase NCD risk.

Fool Me Thrice? Industry Tactics Repeated in Transport

The Framework Convention on Tobacco Control (FCTC) proved to be an enormously important tool for addressing the pandemic of tobacco-related disease. Multinational food, beverage, and alcohol companies, currently operating without international constraint, are employing the same strategies and tactics that served the tobacco industry well for decades:

- ⊗ *Funding research that creates doubt about the negative health effects of tobacco/alcohol/sugary drinks.*
- ⊗ *Attacking the WHO's credibility, and attempting to block its policy guidelines designed to protect children.*
- ⊗ *Pushing for ineffective, voluntary guidelines such as avoiding marketing to children.*
- ⊗ *Using intellectual property and trade arguments to lobby against national health legislation.*
- ⊗ *Threatening job losses if manufacture and sales of its products are curtailed.*
- ⊗ *Putting responsibility for unhealthy eating and drinking habits directly onto consumers and parents: "Nobody is forcing them to use our products!"*
- ⊗ *Using diversion tactics, such as claiming that higher taxes will cause cigarette smuggling or that obesity results from lack of exercise, not from consuming sugary drinks.*
- ⊗ *Flooding the markets around schools in low-income countries with advertising for unhealthy foods and beverages.*

The vectors of traffic-associated problems and related NCDs—corporations that manufacture and sell motorized vehicles, fuel, and roads—are now adopting the same tactics too. Although more research is needed on this topic, we offer here a few indications:



Junk science: Promoting the idea that traffic management and wider roads will bring an end to congestion or that "accidents" result from faulty driving and occasionally from urban design but are not an inherent danger of fast-moving motorized vehicles.



Job losses: Warning that huge job losses would occur among those manufacturing and servicing motorized vehicles if restrictions are enacted.



Voluntary guidelines: Offering self-regulation and voluntary guidelines that include only slight improvements in fuel efficiency or emission reductions and objecting to mandatory policies on those issues.



Personal rather than corporate responsibility: Blaming parents for allowing their children to play in the street and blaming pedestrians/cyclists for not being careful when vehicles hit them. Children's road safety programs often emphasize the idea that vehicles, not people, have the right to be on roads.



Legislation: Intense lobbying against any attempts to reduce the ownership or use of motorized vehicles, including through bicycle lanes: "no more war on the car."



Road building: Countries that export motorized vehicles promote extensive road building as the solution to traffic congestion in LMICs, and then export more cars to drive on those roads.

Just as tobacco, food, and beverage companies use sponsorships and grants to stifle protest, so too do transport-related companies. This includes the FIA Foundation for the Automobile and Society, established by the Fédération Internationale de l'Automobile (the non-profit federation of motoring organisations and the governing body of world motor sport) to promote car-based traffic solutions. By funding road safety advocates, they switch the focus from car control to measures that are less likely to succeed. Implementing transport systems that are efficient, safe, affordable, and low polluters without reducing the power of the motorized vehicle, fuel, and road companies is difficult. But we cannot do it if we do not try, and it is not impossible. What has worked to counter these challenges in tobacco control, and is now beginning to be implemented against sugary beverages, would also work for transport.

The vectors of traffic-associated problems and related NCDs are now adopting the tobacco industry's tactics.

Fool Me Thrice? Industry Tactics Repeated in Transport, continued

Actions to meet the challenge of commercial detractors of health include the following:

Policy	Tobacco	Food/Sugar-sweetened beverages/alcohol	Transport
Pricing policies	Tobacco taxes	Taxes/surcharges on foods high in sugar, fat, salt, and calories	Higher fees for vehicle registration and parking; institute congestion fees; reduce costs for public transport
Marketing restrictions	Ban point of sale advertising and other advertising, promotion & sponsorship of tobacco products	Ban unhealthy food ads on children's TV programming; restrict/ban other advertising	Reduce or end ubiquitous direct and indirect advertisement of cars and motorbikes (including their glamourization in movies and racing)
Access	Make work places (including homes) smoke free	Reduce the number of outlets where and hours when alcohol can be sold; ban sale of unhealthy food and beverages in schools, hospitals, and other institutions	Create more motor vehicle-free zones; reduce the supply of car parking
Industry monitoring	Monitor attempts by industry to control governments and push agreements by government to resist such attempts at control	Monitor attempts by industry to control governments and push agreements by government to resist such attempts at control	Monitor attempts by industry to control governments and push agreements by government to resist such attempts at control
Offer alternatives		Increase availability and accessibility of affordable, healthy food options	Improve urban design to encourage walking and cycling; expand public transportation

Drawing on the lessons learned from tobacco control, it is possible to curb the negative influence of multinational companies on health policy.

Misconceptions about Transport and Urban Planning

It took decades for tobacco control to make the shift away from simply warning people that tobacco is bad for them and focusing instead on restricting its use. Unfortunately, many people believe that removing disease-causing food and beverages from schools violates children's right to choose what to eat and impairs their decision-making ability. Even more widespread are misconceptions about transport and urban planning. A few of these misconceptions, which the industry helps to spread, are noted here, along with their factual counterpoints.

Misconception: Traffic congestion results from insufficient roads.

Fact: *At first glance, this seems to make sense: if there isn't enough road space to accommodate existing traffic, then build more roads. What is forgotten is that traffic is not constant. More roads actually invite more traffic. When there are more roads, people tend to travel to farther destinations or more often. What has worked, in city after city around the world, is to reduce road space for the car while improving public transit and environmental conditions for walking and cycling.*

Misconception: There is not enough available parking.

Fact: *Free or low-cost parking provides a large incentive to drive. Parking policies that charge by the time and space used create a disincentive to drive and open up spaces.*

Misconception: Zoning laws help to protect people from noise pollution and other nuisances by separating residential and commercial or industrial areas.

Fact: *Heavy industry should of course be kept away from homes, but otherwise, separating neighbourhoods by type of use causes people to travel more (most often by car) in order to get to work; it thus generates more congestion, pollution, and travel expense.*

Misconception: Nobody likes to walk/cycle; my city is too hot/too cold/too hilly for active transport.

Fact: *Hilly San Francisco has one of the highest proportion of trips taken by bicycle in the United States. People cycle in Scandinavia and Western Europe in the middle of winter. Chinese and Indian cities used to have a high proportion of trips taken by bicycle, despite the heat. If people do not wish to walk/cycle, it is usually because the streets have been designed for cars and it is miserable/unpleasant/unsafe to get around actively.*

Misconception: Smoking bans and carfree streets destroy customer-reliant businesses

Fact: *One of the great challenges in passing laws to make restaurants and bars smoke-free has been objections by the hospitality industry. Business owners believe that such bans will destroy their business. And no wonder! They have been flooded with the tobacco industry's propaganda that purports to show that such policies are disastrous, using "evidence" of widespread restaurant closures and loss of business. In fact, this "evidence" has been manipulated to downplay seasonal business fluctuations and the fact that in any given year businesses will close for reasons unrelated to smoking bans. Business owners actually face few negative effects from smoking bans; some may even do better since non-smokers—the majority of the population in most countries—can now choose to eat out without being surrounded by tobacco smoke.*

When a "walking street" or bicycle lanes are proposed, businesses on that street often loudly complain that they will lose business. "All" of their customers arrive by car and need somewhere to park. "No one" will come if they cannot drive. The fact is, that in city after city, walking streets have led to higher revenues. Might the transportation industry be feeding the business owners misinformation?

How Better Transport & Urban Planning Could Reduce NCD Risks and Poverty

The societal and individual problems that are caused or worsened by the current transport and urban planning systems of many countries and cities are almost too numerous to list. From contributing to climate change through vehicle emissions, to threats to life from crashes, to reduced mobility (and increased obesity) because of the lack of safe areas to walk/cycle/play, to the inordinate expense of maintaining motorized vehicles and roads, to the increasing transformation of farmland into highways and suburbs, the human cost of car-based urban planning is tremendous. How might things look like if urban and transport planning was people-focused instead? A few ways that better transport and urban planning could reduce NCD risks and poverty are noted below.

Employment :

¶ *More people could be employed in a transport system that prioritizes people rather than cars. Jobs to make and fix cars, to provide driving lessons, and to pump fuel could be replaced by jobs to make and repair bicycles, to pump tires, and to train people to cycle. More importantly, the space saved could allow a number of street vendors to set up in spaces that are otherwise being used by cars. One [study in Bogota](#) found that more people are employed on carfree days than on regular days.*

Transport Expense:

¶ *If people could take public transit, walk, and cycle to work, to visit, and to run errands, they would spend much less money on transport than they would maintaining a private vehicle.*

Physical Activity:

¶ *People would need less motivation to exercise if they could walk and cycle to their daily destinations. There would be more public spaces available for sports and other active recreation if cities devoted less space to car parking. People would also have more time for active recreation if they spent less time sitting in traffic.*

Air Pollution :

¶ *Motorized vehicles emit pollutants, including carbon monoxide, oxides of nitrogen, un-burnt hydrocarbons, and particulate matter. All of these contribute to poor air quality. Reducing the number of motorized vehicles on the roads would vastly reduce the amount of pollutants put into the air each year, and would improve the air that people breath.*

Well-being:

¶ *Often neglected as an NCD, poor mental health is quickly gaining recognition as a significant factor that negatively affects health status. [Research shows](#) that social isolation is as damaging to people's health as smoking. More sociable cities and more opportunities for outdoor recreation and mixing with others can be created when cities are (re)-designed to emphasize local, liveable, walkable communities rather than being separated and stratified by income level, purpose, and downtown-suburb.*



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The Birth of the Three-Headed Monster: A Personal Note

Debra Efroymsen

The first time I attended a conference on walking, the speaker just before me remarked “of course we will not attack the car.” I got up and promptly said of course I will attack the car, because the car is the main reason that we cannot walk safely or easily on our streets and in our communities. Years later at another conference on walking, I addressed “the elephant in the room: the car industry.” I did not hear any other person mention the car industry and its intense lobbying. At the next walking conference, I was asked to give a talk on this very subject. I heard later that my three-headed monster (the corporations that sell cars and fuel and that build extensive road infrastructure) had become the conference meme. More recently, I attended the World Urban Forum at which about 22,000 delegates discussed the New Urban Agenda’s implementation. At virtually every session that I attended, I mentioned the three-headed monster.

In all of these situations, people applauded when I talked about the monster and the need to reduce its power over our governments and our lives. I got the distinct sensation that people were relieved to hear someone finally speak so directly about the monster, and that they were eager for guidance about how to control it. I believe we waste time censoring ourselves unnecessarily.

Here’s how I look at it. There was, and is, nothing inevitable about the transport mess that we have created. There is no reason why we should spend billions of dollars generating traffic congestion, pollution, injuries, and deaths. There is no reason why our traffic system should mean that we cannot enjoy clean air or peace and quiet. There is no reason why traffic should make it difficult or impossible to walk and cycle safely. There is no reason why we should provide endless parking lots for cars but have no space for parks and other people-oriented amenities. The reason we have this mess is the three-headed monster, and if we want better cities to live in, we need to start cutting that monster down to size.

When I started working in tobacco control, people thought that the tobacco companies were too powerful for us to reign in. The tobacco industry fought (and still fights) tooth and nail against the restrictions being enacted against it. They continue to lobby heavily to prevent tax increases and they spread misinformation. The evidence shows that public education cannot work without strong policies. We are slowly coming to terms with the fact that junk food, sugary beverages, and alcohol companies behave in just the same way as the tobacco companies. We have a long way to go, though, to understand that the three-headed monster does the same thing.

Just as we learned to counter the tobacco industry’s strength, so we must address the way other corporations spread disease and misinformation, and work actively to prevent healthy change. Rather than say “we cannot talk about the car” we must agree to talk about the car, fuel, and road-building industries...and not just talk. Only then will we succeed.

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. 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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