

INFORMATION AND OPPORTUNITIES

** As the [2nd Global Week for Action on NCDs](#) draws closer (2-8 September 2019), the NCD Alliance invites you to share your plans.

** The [50th Union World Conference on Lung Health](#), which will be held in Hyderabad, India 30 October to 2 November 2019, will soon be here. Hotel booking are available at reduced rates.

** The [20th Walk21 conference](#) will be hosted by the City of Rotterdam from 7 - 10 October 2019. Registration is now open.

** A [new study](#) suggests that Brazil's tobacco control actions may have contributed to reductions in child mortality.

** New SEATCA report: [A Snapshot of the Tobacco Industry in the ASEAN Region](#)

** NCDs were included in the G20 Leaders' Declaration. Find out more [here](#)

** News on NCDs from the 72nd World Health Assembly can be found [here](#)

** Wondering what HealthBridge has been up to? Check out it latest [Annual Report](#) !

** **Reminder:** Have you checked out the [#EnoughNCDs](#) hashtag on [Twitter](#) and [YouTube](#) yet?

** You can also follow [The Defeat-NCD Partnership](#) on Twitter [@DefeatNCD](#)

** Another movement of interest: [#NCDVoices](#)

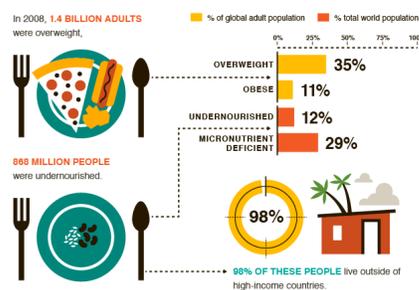
** For other updates and upcoming events, please see the NCD Alliance news and events sites: <http://www.ncdalliance.org/news-events>.

The Global Syndemic: Obesity, Undernutrition, & Climate Change Reflecting on The Lancet Commission on Obesity Report

For many years, HealthBridge and its partners have pointed to the importance of recognizing the multi-dimensional nature of health and health equity problems around the world. Improving the health of vulnerable populations usually means addressing more than one issue simultaneously. Over the years, we have promoted the integration and cross-pollination of programs by addressing the Sustainable Development Goals holistically. For example, we weave a nutrition focus into agriculture interventions and strengthening of health systems. Gender equality is fundamental to health equity and underlies all of our programs. Livable Cities addresses the ways in which the urban built environment affects people's health, mental and social wellbeing, ability to earn a living, and vulnerability to climate change.

A recent report published in [The Lancet](#) on the topic of global syndemics highlights in a particularly stark manner the interconnectedness between three global health threats that have, traditionally, been tackled in isolation: obesity, undernutrition, and climate change. The Commission that authored the report originally intended to look only at obesity as a major global problem. It quickly recognized that to truly understand what underlay the increasing proportion of obese people required looking at a bigger global picture. It was, in other words, important to place obesity in a much wider context that simultaneously addressed multiple, interlinked factors. The Commission took a syndemic approach, meaning one that explores the synergy between epidemics (and their underlying factors) that co-exist in place and time and that interact with each other.

In this issue, we explore the commission's findings and then bring them to bear on the wider relationships between NCDs and poverty. What other syndemics should we now be considering to bridge the health gap between the rich and the poor?



Big Facts
ccafs.cgiar.org/bigfacts

CLIMATE CHANGE, NUTRITION AND FOOD SECURITY
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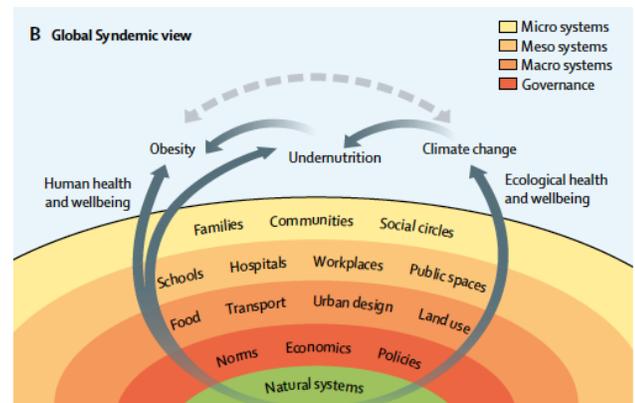
A syndemic approach explores the synergy between epidemics (and their underlying factors) that co-exist and interact in place and time.

Syndemics: A New Approach to Old Problems¹

A syndemic approach helps us to consider how unique sets of biosocial factors (i.e., biological and societal) can work together, or synergistically, to affect individuals' and communities' capacity to deal with threats to their health and survival. In other words, this approach allows us to explore how larger bio-ecological environments and social structures converge to enable certain poor health conditions and risk factors to thrive.

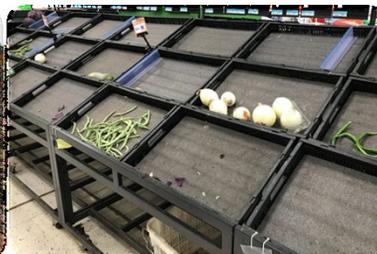
It is, therefore, not just about two or more epidemics co-existing in the same time and place; it is also about how risk factors and other underlying social determinants of health collide and augment each other. We all recognize, for example, that poverty and poor health can go hand-in-hand: poor living conditions, lack of economic opportunity, inaccessible health care, and insufficient healthy foods all contribute to poor health.

The prevalence of obesity is growing in every region of the world, but unless and until the systemic, institutional, commercial, societal, and governance drivers behind it are addressed, no progress will be made in halting its spread. As the Lancet Commission notes, "obesity has historically been considered in isolation from other major global challenges. Linking obesity with undernutrition and climate change into a single Global Syndemic framework focuses attention on the scale and urgency of addressing these combined challenges and emphasises the need for common solutions." What the Commission recognises, then, is that obesity, undernutrition, and climate change (i) cluster in time and place, (ii) interact with each other at biological, psychological, and social levels, and (iii) have common systems drivers: food and agriculture, transportation, urban design, and land use. If enacted appropriately, system-level interventions could change the trajectory of all three pandemics simultaneously.



How do obesity, undernutrition, and climate change work synergistically?

Climate change will disproportionately impact agricultural production, food security, and human health in low- and middle-income countries, as storms, floods, drought, coastal erosion, warming oceans, and rising sea levels take their toll on small-scale farmers in particular. It will lead to lower crop yields and will [increase the prices](#) of basic food commodities. Grain, fruit, and vegetable production could be the hardest hit. Some [studies](#) have also projected that rising temperatures could reduce the protein and micronutrient content of plant foods, further contributing to undernutrition especially among those who are [already food-insecure](#). As healthy, locally-grown foods become harder to grow and more expensive to purchase, [eating patterns could shift](#) towards processed food and beverage products that are high in fats, sugars, and sodium. Periodic food insecurity has already been associated with increased risk of obesity in high-income countries; increased and longer-term food insecurity worldwide could contribute to higher rates of obesity globally. Since undernutrition in early life is a [predictor](#) for later obesity, today's children growing up in increasingly food-insecure regions of the globe face a disproportionate risk of becoming obese as they grow up.



¹ This article summarizes the Commission report published in [The Lancet](#). The image at the top of the page and the links are also from that report.

Syndemics: A New Approach to Old Problems, continued

The synergy between obesity, undernutrition, and climate change is multi-directional. The predominant globalized food system model —based on intensive, large-scale production, processing, and long-haul transportation — is itself one of the largest contributors to climate change and causes unprecedented environmental damage. It [contributes](#) between 1/4 and 1/3 of anthropogenic greenhouse-gas emissions, while causing deforestation, soil degradation, and biodiversity loss. Meat and dairy production require more resources and generate more methane than plant-based foods. Global population increases, along with rising incomes and changing dietary preferences (inspired, in part, by “aspirational food choices”), have led to a [substantial growth](#) in the production and consumption of red meat over recent decades. The Commission has identified this dietary shift as “a substantial driver of The Global Syndemic.” Not only does red meat production generate significant levels of [greenhouse gases](#), use a lot of agricultural land, cause significant pollution, and drive deforestation, but its excess consumption increases the risk of [obesity](#) and other NCDs, including [cardiovascular disease](#), type 2 [diabetes](#), and some types of [cancer](#).



Substantial energy is also required for and expended during the production, packaging, and long-distance transportation of non-seasonal fruits and vegetables. The high percentage (roughly one third) of food that is wasted is problematic, while the significant amount of non-biodegradable packaging that accompanies most highly- and ultra-processed food and beverage products contributes to environmental degradation.

Today’s interconnected transportation systems, urban planning designs, and land use practices also have enormous impacts on both climate change and obesity, in terms of greenhouse-gas emissions and the limitations they put on both physical activity and healthy diets. As the Commission states in its report, both obesity and climate change “are driven by the high consumption of cheap energy sources (foods and fossil fuels) and car-oriented transportation systems.”

Given this entanglement of factors and effects, how might one envisage change that will contribute positively to addressing The Global Syndemic?

A Different Take on the Obesity Epidemic

Messages about the obesity epidemic often focus on people who are already overweight, rather than on what made them overweight in the first place. Concentrating on obesity in isolation has not made yet made people thinner. In the United States and Britain, a large percentage of the population is on a diet—yet the evidence shows that diets typically do not work in the long term. Diets tend to cause short-term weight loss followed by gaining more weight than was lost—a double net negative since the person can end up heavier and weight-cycling is itself unhealthy. Being treated as a social outcast due to one’s size can also be harmful to people’s mental health.

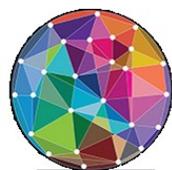
Focusing on ways to make it easier for people to eat healthier foods and to engage in more active lifestyles could make a more positive difference. Supporting the enactment of policies that make healthier foods more affordable and available than unhealthy ones, and that both encourage active travel and make it safe and feasible, would also help to create the right kind of environments within which the obesity epidemic could more sustainably addressed.

Addressing The Global Syndemic

In addition to identifying the Global Syndemic and revealing its main drivers, the Commission laid out a number of strategies to counter its insidious effects. These are just a few that can serve as “double duty” or “triple duty” actions.



The food & beverage industry profitably exploits consumer vulnerabilities by [creating and maintaining food environments](#) that influence both preferences and options. This, in turn, increases the demand for energy-dense and nutrient-poor food and beverage products. Moreover, while its aggressive marketing boosts sales, the industry’s significant political clout prevents many governments from designing and implementing public health-focused regulatory measures. And, to make things worse, the fossil fuel and food industries that are responsible for driving The Global Syndemic receive more than US\$5 trillion in annual subsidies from governments. We therefore need both global consensus and national/local action to keep industry out of policymaking. This includes: preventing industry from funding health-related science research or, at the very least, clearly highlighting the fact when it is a funding source and banning industry from the policymaking table when decisions are being made about industry regulation and/or public health.



In many countries, urban planning and infrastructure funding prioritizes roads and private vehicles over mass transport and active commuting, shifts periurban horticultural lands towards industrial use, and discourages the presence of urban gardens and fresh food markets. These priorities significantly and negatively impact the environment, physical activity, and access to locally-grown fresh foods. We therefore need appropriate planning, design, or retrofitting of built environments and transportation systems to facilitate and promote safe outdoor physical activity, less-polluting active transportation, and local gardening and marketing initiatives. In addition to growing mass transit and safe commuter cycling, neighborhood-scale interventions such as a fine-grained street network, mix of land uses and destinations, public spaces, better pavements and tree planting, bicycle lanes, street lighting, and urban community gardens can all work together to promote physical activity and healthy diets.



Highly processed and industrially-farmed food puts profits in the hands of the large-scale processors, packagers, and marketers rather than farmers. They also contain too much fat, salt, and sugar, which contributes to poor nutrition and obesity. To date, only a few countries (Sweden, Germany, Qatar, and Brazil) have developed dietary guidelines that promote environmentally sustainable, food-security-focused and socially-equitable eating patterns. We therefore need a shift from transnational, profit-oriented, industrial food to local food systems that promote seasonal, locally grown, chemical-free, and environmentally-positive agricultural methods. This includes supporting community gardens (in public spaces, in schools, in neighborhoods); encouraging government institutions (schools, prisons, offices) to contract local farmers directly for fresh, healthy foods; and encouraging the preservation of local markets.



Prince Mahidol Award Conference ([PMAC](#)): a focus on the political economy of NCDs

A conference in Bangkok (1-3 February 2019) focused on the political economy of NCDs, which included commercial determinants of disease, discussion of multisectoral actions, the launch of the Lancet Commission on Obesity, and discussion of the need for a new business model that focuses on community health rather than corporate profits. The conference's final statement calls on development partners and banks, national governments, Civil Society Organizations, and communities, to :

- ❧ Minimize policy incoherence across government agencies which weakens NCD prevention and control policies and programmatic actions;
- ❧ Ensure that trade and investment agreements consider and prevent any adverse consequences for NCD prevention and control, and do not restrict governments from introducing policies and laws, including in relation to the regulation of health-harming products and polluting processes and ensuring access to healthy diets and life-saving medicines.
- ❧ Encourage the development of an evidence-based, comprehensive, normative, and technical support framework that expands the coverage and depth of taxes on sugar-sweetened beverages, tobacco, and alcohol products; applies fiscal reforms on polluting fuels and technologies (e.g. fossil fuel subsidies); and establishes/enforces bans on the marketing of health-harming products.
- ❧ Focus on the environmental determinants and risks for NCDs, especially air pollution and climate change.

Worth following: [Corporations and Health Watch](#)

Nicholas Freudenberg is Distinguished Professor of Public Health at the CUNY School of Public Health and Director of the [CUNY Urban Food Policy Institute](#). His research examines the impact of food and social policies on urban food environments and health inequalities. His recent book [Lethal but Legal Corporations: Consumption and Protecting Public Health](#) examines how the business and political practices of the food, alcohol, tobacco, pharmaceutical, automobile and firearms industries contribute to the global rise of non-communicable diseases and injuries.

Freudenberg is unusual in the field of public health because he addresses many issues under corporate malfeasance: pharmaceuticals, alcohol, Big Food, tobacco, AND cars. He talks about how corporate practices harm our health and environment, and how their behavior is modifiable — not through voluntary actions but by preventing industry from lobbying and otherwise interfering in science and policymaking.

Freudenberg recently suggested that too many people believe “markets know best.” He argues instead that a better alternative prioritizes health and wellbeing over corporate profits. He also points to several key industry messages:

- ❧ Industry gives people what they want
- ❧ Industry offers people choices
- ❧ The main responsibility for health lies with the individual

We now need to learn to counter those messages. We need to create health-promoting environments where the healthy choice is the easy choice. As the Lancet Commission report highlights, NCDs, inequality, poor governance, and climate change are all connected through corporate and industrial influence and power. There are inequities in the distribution of the harm caused by corporations, with the poorest usually suffering the most.

From the Journals

For years we have discussed four major risk factors for NCDs: tobacco use; unhealthy diet; insufficient physical activity; and harmful use of alcohol. While all of these have an individual facet, they also have commercial determinants: prices, marketing, and availability (for foods, tobacco, and alcohol); and the built environment in terms of being able to engage in purposive and recreational physical activity. As a recent article in the [Bulletin of the World Health Organization](#) notes, the growing crisis of air pollution and climate change adds another level of risk over which individuals have essentially no control. “Many of the same development patterns that lead to high reliance on fossil fuels, as well as policies and technological choices that are driving climate change (such as polluting transport and energy choices), are also worsening air pollution and other environmental exposures. These exposures have a direct and strong influence on the prevalence of noncommunicable diseases.” The latest United Nations General Assembly political declaration also identified air pollution as the fifth major risk factor for NCDs. In reality, air pollution is estimated to cause seven million deaths each year and now ranks second to tobacco as a risk factor for NCDs.

While much effort has focused on developing cleaner fuels, the authors say, “Much greater health gains [...] would result from replacing short urban car journeys with walking and cycling, due to increases in physical activity.” The combined gains from reduced air pollution and increased physical activity are staggering: around one thousand prevented premature deaths in London per million population each year, and four to seven thousand per million population in Delhi.

The International Monetary Fund has shown “that the global production and consumption of highly polluting fuels is indirectly subsidized with over 5 trillion United States dollars (US\$) a year, which is more than all governments around the world spend on health care.” It is thus time to involve the health sector in policy debates, especially on issues of transport, urban planning, and the ending of these harmful subsidies.



Policy planners have tended to focus on sports when attempting to increase population-level physical activity. For many people purposive physical activity is better, since:

- ☺ It does not require additional time or motivation
- ☺ More trips made by foot and cycle would reduce air pollution, traffic congestion, noise pollution, and contribution to climate change
- ☺ More people walking and cycling and fewer people driving would also contribute to more sociable communities.

In discussing how to take a systems mapping approach to physical activity planning, another recent article in the [Bulletin of the World Health Organization](#) focuses on these same concerns. System mapping provides a visual depiction of how the different parts of a system relate to one another. The core of the physical activity promotion map is “total physical activity”; surrounding it are cycling for transport, walking for transport, active recreation/play, and sport. This model thus emphasizes walking infrastructure, cost/convenience of driving, presence of cyclists, public transport, urban design and density, proximity to destinations, the importance of public open space, cycle infrastructure, and access to bicycles more than it emphasizes organized sport for increasing access to and ease of physical activity. Physical activity is critical for reducing the global burden of noncommunicable diseases; taking a holistic approach to increasing people’s ability to engage in it (while simultaneously reducing their contribution to climate change) is a welcome step forward.

NCD and Poverty Research Network

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



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Additional Sources & Links

✿ A [blog](#) by Paula Johns on the cross-cutting issues of obesity, undernutrition and climate change reflects her recent remarks made at the UN High-Level Political Forum.

✿ [World Obesity: Policy Dossiers](#) provide a summary of evidence and resources to help policymakers, NGOs and others who seek to implement a policy in their country related to obesity.

✿ [How a Public Health Goal Became a National Law](#) provides insights into policy strategy and advocacy best practices that resulted in passage of the Healthy, Hunger-Free Kids Act of 2010 in the United States. This public health law resulted in improvements to school foods and beverages across the country.

✿ This [Policy Brief on the Global Syndemic](#) highlights double- and triple-duty actions for specific actors (e.g., policymakers, civil society, funders).

✿ This [Podcast](#) offers a discussion with Lancet Obesity Commission co-authors Bill Dietz (George Washington University, USA) and Boyd Swinburn (University of Auckland, New Zealand), plus three personal testimonies about the impact of obesity relating to stigma, indigenous culture, and health.

✿ This [Video](#) interview with co-chairs Dr. Dietz, Dr. Swinburn & The Lancet editor, Sabine Kleinert offers further information.

✿ Additional Lancet resources on the Commission can be found [here](#), including further Lancet Comments and previous Lancet Series on obesity.

✿ WHO fact sheets and other resources are found [here](#)

✿ A list of past and upcoming meetings run by the National Academies of Science, Engineering, and Medicine on the topic of Global Obesity is found [here](#)

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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