

OPPORTUNITIES AND INFORMATION

**** 45th Union World Conference on Lung Health, Barcelona, 28 October– 1 November 2014.** Deadline for abstract submission: 25 April 2014. For inquiries see www.theunion.org

**** Consultations on the Global NCD Mechanism** will take place in Geneva 23-25 April 2014. This mechanism will fulfill the structural commitments made at the 2011 NCD Summit. For more information see: <http://www.who.int/nmh/events/2014/ncd-coordination-mechanism2/en/>

**** NCDs and Tobacco Control in the Post-2015 Development Agenda:** A lunch-time event will be held on 28 April at the UN in New York, co-organized by FCA and several Permanent UN Missions. Results to follow!

**** FCTC WPRO workshop** in Fiji (28-30 April). For more information see: <http://www.who.int/fctc/implementation/workshops/en/>

**** The upcoming World Health Assembly** (19-24 May 2014) will include discussions on NCD achievements and the post-2015 development agenda. For more information see: http://apps.who.int/gb/e/e_wha67.html

**** The NCD Review 2014** will take place 10-11 July 2014 in New York. The preparations are still underway. For the latest information, see http://www.un.org/en/ga/president/68/pdf/letters/422014Informal_Consultations_on_non-communicable_diseases_2April2014.pdf

**** Luanda Declaration** - The first AFRO meeting of Ministers of Health was organized jointly by WHO and AU. NCD risk factors were one of the 6 items on the agenda. For more information, see: <http://www.afro.who.int/en/media-centre/pressreleases/item/6483-african-health-ministers-reaffirm-their-commitment-to-make-the-continent-healthy-luanda-declaration-adopted.html>

**** For updates see the NCD Alliance events page:** <http://www.ncdalliance.org/events>

Reducing NCDs through Traditional Markets

Traditional markets—often consisting of little more than a row of sellers on the street—are key features in many cities. They allow local residents to buy fresh locally grown food on a daily basis at affordable prices. Since few unhealthy foods are available in traditional markets, there is no incentive to spend one's money on highly processed foods that are high in sugar, salt, and fat and low in nutrients, foods that have been transported hundreds or thousands of kilometres. The proximity of markets to people's homes and places of work means that customers can easily access the markets using active transport (walking or cycling). Furthermore, there are more opportunities for social interaction between customers and sellers in traditional markets. Those friendly relationships, built up over years and sustained on a daily basis, are important factors in a community's mental health. Finally, traditional markets require little overhead: the rent is low, there is no air-conditioning, and sellers often sell their own produce; these factors keep prices low and offer many employment opportunities.

When governments enact policies to destroy traditional markets and replace them with supermarkets, people have less access to healthy foods and may consume more unhealthy foods. At the same time, supermarkets require a larger population base to create enough demand to sustain their sales, and thus are spread farther apart. People tend to shop less often because they have to travel farther; they also have to use motorized rather than active transport to reach the shops. And, because they are no longer shopping in their own neighbourhoods, customers are less likely to know or engage with the vendors. Supermarkets also change the nature of the shopping experience itself: supermarkets are run by corporations or individual owners who do not employ local farmers and sellers but rather import their food products and sell them at higher prices.

Healthy diets and active transport are essential to reducing NCDs, while traditional markets also provide many employment opportunities and help to keep healthy food prices low—key factors in reducing poverty. In this issue of the NCD and Poverty Research Network newsletter, a colleague in Vietnam tells the story of HealthBridge Vietnam's successful campaign to save traditional markets in Hanoi—markets that the government had planned to dismantle and replace with supermarkets and commercial centres as part of its 'urban modernization' scheme.



Traditional markets help to reduce NCDs and poverty by offering fresh, locally grown produce at low prices close to people's homes.

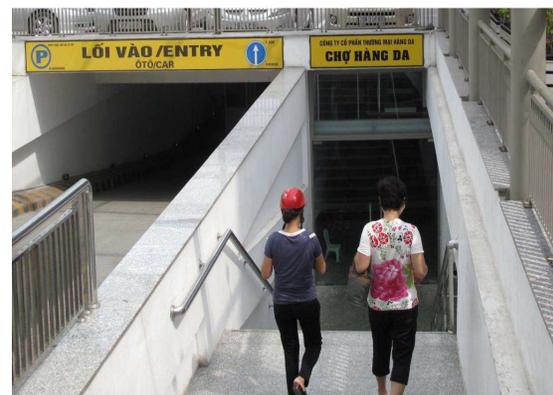
A Successful Campaign to Save Traditional Markets in Hanoi, Vietnam

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As part of its attempt to redesign Hanoi as a “more civilized, modern city,” the Hanoi government decided in 2011 to bulldoze existing traditional markets and replace them with shopping malls complete with supermarkets. The decision was based in part on a belief that traditional markets are unhygienic; it was, however, likely also a result of lobbying by real estate developers who saw traditional markets as “wasting” large pieces of lucrative real estate.

The first local market to be destroyed was Hang Da market. In 2011, this traditional market in the city centre was torn down and turned into an enclosed, luxury retail shopping mall. The basement of the shopping complex consists of a large car park and an underground market where fresh produce is sold. However, access to the underground market is more restricted than that to the car park, and requires going down a set of stairs. The underground market thus gets few customers, as people either do not know that it is there or cannot navigate their way to it. The shops above ground are mostly empty, plagued with a lack of customers. The entire project, then, could be considered to have been an expensive failure. Meanwhile, the former fresh produce vendors now sell their wares in the surrounding streets, in a less hygienic fashion that also blocks traffic.

Hang Da Market: From Traditional Market to Underground Car Park



HealthBridge Vietnam was concerned about this new government policy for two reasons. First, because of the negative effect that it would have on NCDs and poverty; second, because of the negative effect that it would have on urban liveability. HealthBridge launched a three-pronged campaign to convince the government to re-evaluate its policy and to change it to one of protecting, not destroying, traditional markets. The three main strategies that HealthBridge Vietnam used were: (1) gathering evidence of the impact of turning traditional markets into shopping centres and private commercial buildings and producing a position paper that demonstrated the ways in which traditional markets are important to urban quality of life; (2) creating a network consisting of policy makers, government officials, researchers, professionals in the fields of architecture and urban/rural planning, the media, and other like-minded organizations and individuals to collectively advocate to the Hanoi government; and (3) using the power of the media—traditional, online, and social—to raise public awareness about the health and economic importance of traditional markets and to create public pressure to stop their destruction.

HealthBridge’s three-pronged campaign achieved a number of direct results, which taken together led to the successful cancellation of the government’s policy to dismantle Hanoi’s traditional markets. Increased public pressure—voiced largely through social and traditional media—on the Hanoi Government forced it to reconsider its policy, while policy makers gained a much greater awareness of the health, economic, and social value of traditional markets.

Successful Campaign to Save Traditional Markets, continued

In June 2012, the Hanoi Government requested the provincial Department of Trade & Industry and related agencies to review the city's market development plan. The following month, the Hanoi Government decided to terminate a planned investment project that would have converted the Nghia Tan traditional market into a commercial centre like the one in Hang Da. In early 2013, the government also decided to terminate three other projects that would have converted additional markets into commercial centres and to start a review of eight similar projects. Now, instead of seeking to turn traditional markets into commercial centres, rental offices, and private buildings, new policies have been put in place to support the preservation and improvement of traditional markets throughout the city.

The story of Hanoi's traditional markets is not yet over. More efforts are still needed to preserve existing markets and to ensure that new ones are built as part of new housing developments. Although the program has achieved some important results, traditional markets still face many challenges. What is true in Hanoi is true overall in Vietnam and in many other countries, where informal sellers of fresh, healthy fruits and vegetables are constantly threatened by development pressures. When markets are replaced by supermarkets, people's diets are likely to deteriorate, healthy foods become unaffordable, and many low-income people lose their source of income. If we are serious about NCDs and poverty, we need to ensure that traditional markets and other traditional vendors are protected in our countries as well.

The traditional markets campaign led to the following official statements:

"Hanoi cannot eliminate traditional markets and it must not eliminate the markets in the next five or seven years at least. Traditional markets will still exist, because this is an essential and legitimate demand of Hanoians. Therefore, Hanoi needs to plan traditional markets as a part of its infrastructure development program." --

Ngo Thi Doan Thanh, Chair of the Hanoi People's Council, July 2013

"Hanoi has decided to stop the program of converting traditional markets into commercial centres. The development of markets should be appropriate to people's demands and expectations, as well as their habits, living conditions and income." --Vu Hong Khanh, Vice Chairman of the Hanoi People's Committee,

December 2013.



The transition from traditional markets to supermarkets impacts NCDs and poverty in several ways:

- ⇒ *It shifts people's dietary patterns from fresh fruits and vegetables to processed foods*
- ⇒ *It shifts people's travel patterns from active to passive*
- ⇒ *It reduces people's daily social interactions*
- ⇒ *It reduces employment opportunities and increases food prices*

Lessons Learned from the Traditional Markets Campaign:

- ⊕ *It was critical to have strong arguments ready—including multiple reasons why it is vital to save traditional markets—given the controversy about hygiene and food safety issues in local markets.*
- ⊕ *The campaign would not have been possible without a strong alliance and vocal champions. The ability to attract well-known, respected, credible, articulate professionals from various fields cause was essential to its success.*
- ⊕ *The effective use of the media was vital for creating the public pressure that ultimately caused policymakers to change their decision.*

NCD and Poverty Research Network

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



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Diet, NCDs, and Poverty

Unhealthy diet is one of the four major risk factors for NCDs. But the issue of poverty and diet is complicated. In some cases, poverty may be protective, in the sense of maintaining traditional, healthy diets. For example, whereas fast food is considered affordable in much of the Western world (versus healthy foods), such processed food may be seen as a luxury item for the higher middle and upper classes in poorer countries. As highly processed food becomes more widely available at a global level, though, diets are changing for those of all classes.

As people transition from subsistence to urban livelihoods, those who in the past produced their own food are now almost completely reliant on purchased food: in urban areas in particular, healthier, fresh foods have become increasingly more difficult to access and too expensive to purchase. Unhealthy eating patterns are thus on the rise, particularly in low-resource settings and among marginalized women and children. As is the case for many other health issues, the poor face a higher risk of becoming ill from the lack of healthy food options.

At the same time, there are not enough laws requiring nutrition information to be printed on the labels of processed foods, leaving many people with insufficient understanding of the foods they are eating. Overworked people may rely on processed and prepared foods when they lack the time to prepare traditional foods. The ubiquitous marketing of junk food and its easy access make it difficult to refuse buying chips and other treats high in salt, sugar and fats that children have come to crave and demand. In too many cases, the advertising of unhealthy food is bolstered by the higher prices and limited availability of healthier options.

In most societies, it is the poor who are most likely to use tobacco. Social justice issues are also at the forefront of the obesity epidemic, since obesity rates are also often highest in the poorest groups. Obesity is surpassing hunger as the main global nutritional problem, in both rich countries and developing countries.¹ And, according to the World Health Organization, low fruit and vegetable intake causes 14% of stomach cancer deaths, 11% of ischemic heart disease deaths, and about 9% of stroke deaths world wide.²

Future issues of this newsletter will address other aspects of the NCD, diet, and poverty relationship, including the subject of junk food marketing in low-income countries.

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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¹ 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

² World Health Organization. *Global Health Risks: Mortality and Burden of Disease Attributable to Selected Major Risks.* Geneva, 2009.