

WHAT MINISTRIES OF INFORMATION AND COMMUNICATIONS NEED TO KNOW

Noncommunicable diseases

KEY POINTS

- Noncommunicable diseases (NCDs) are a leading cause of illness, premature death and suffering.
- The increasing burden of NCDs is linked strongly to global marketing of tobacco, alcohol, and processed foods and beverages high in fat, sugar and/or salt.
- Ministries of information and communications¹ have exceptional reach to promote good health and help people reduce their risk of dying early from a preventable NCD.
- Several strategies are important to get the message across clearly.

¹ In this brief, ministries of information and communications include those ministries and government agencies responsible for telecommunication, broadcasting, streaming, publishing, motion pictures, computer games, public relations and media outreach.

1. NCDs are a leading cause of illness, premature death and suffering

- NCDs are the single greatest cause of preventable illness, disability and mortality worldwide. They are responsible for more deaths than all other causes combined.²
- NCDs are a global challenge. Often misconstrued as a problem of high-income countries, NCDs place an equal – if not greater – burden on low- and middle-income countries (LMICs). Already, over 80 percent of premature NCD deaths (before the age of 70) occur in LMICs,³ bringing suffering to individuals, families and communities.
- Urgent action is required to reverse current trends. Between 1980 and 2013, the combined levels of overweight and obesity rose by 28 percent for adults and 47 percent for children and adolescents. Today over 2 billion people – nearly one-third of the entire population – are overweight or obese.⁴
- NCDs have serious social and economic consequences. NCDs reduce global and national economic output, strain health systems, burden vulnerable households, and can hamper progress across the 2030 Agenda for Sustainable Development.⁵ They are one of the world's largest drains on economic productivity.

Sustainable Development Goal 3 on health and wellbeing includes targets on the prevention and control of NCDs. Key for achieving these targets will be providing access to information and technology including the internet, in line with SDG 9.

What are NCDs and why must government work together?

There are four main NCDs: cardiovascular diseases (which include heart disease and strokes), cancers, diabetes and chronic respiratory disease.

38 million people die from NCDs each year, including 16 million people who die prematurely (before age 70). Over 80 percent of premature deaths from NCDs occur in low- and middle-income countries. Most premature NCD deaths are from four main behavioural risk factors – tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet.

Population exposure to these behavioural risk factors for NCDs is determined largely by policies in trade, labour, tax, urban planning, education and other 'non-health' sectors. This means that early death and disability from NCDs are largely avoidable through better policy coherence across sectors.

Given the social, economic and environmental benefits of tackling NCDs, it is possible to identify strategies and approaches that deliver shared gains for all sectors involved.



2 Global Burden of Disease 2013 Mortality and Causes of Death Collaborators (2015). "Global, regional, and national age–sex specific all-cause and cause-specific mortality for 240 causes of death, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013." *Lancet*, 385: 117–71.

3 WHO (2015). Noncommunicable diseases fact sheet <http://www.who.int/mediacentre/factsheets/fs355/en/>

4 The GBD 2013 Obesity Collaboration (2014). "Global, regional, and national prevalence of overweight and obesity in children and adults 1980–2013: A systematic analysis." *Lancet*, 384(9945): 766–781.

5 NCD Alliance (2016). "NCDs across the SDGs: A call for an integrated approach." https://ncdalliance.org/sites/default/files/resource_files/NCDs_Across_SDGs_EN_WEB_FV.pdf

2. The increasing burden of NCDs is linked strongly to global marketing of tobacco, alcohol, and processed foods and beverages high in fat, sugar and/or salt

Foreign direct investment, trade liberalization and intensive global marketing are resulting in greater consumption of products that harm human health.⁶ Tobacco (nicotine) and alcohol are both addictive, and food preferences, such as taste for sugars, actually start in utero and continue to develop through life.⁷ Their links with illness and early death from NCDs are now indisputable. The amount of money spent to induce people, including children and adolescents, to consume health-harming products is significant. The health risks presented by these products begin in childhood and build throughout life. Obese children are more likely to become obese adults⁸ and are at increased risk of early morbidity and mortality in adulthood.⁹ Early intervention is critical.



The tactics of tobacco, alcohol and food companies

Tobacco, alcohol and food companies aim to increase their profits by: (i) expanding their reach into developing countries; (ii) marketing unhealthy products to children; and (iii) funding scientific studies that obscure the links between unhealthy products and health.¹⁰ Their aims subvert, and are in direct conflict with, national health and development objectives.

Expanding into developing country markets.

The number of smokers in Africa is projected to grow from 77 million in 2013 to roughly 600 million or more by 2100.¹¹ Of particular concern is tobacco companies marketing directly to low income groups and women; for the latter using campaigns that associate smoking with independence, glamour, weight control and stress relief.¹² Alcohol companies follow a similar line, and alcohol consumption is rising in developing countries. Unhealthy foods and sugar-sweetened beverages are often marketed as an aspirational lifestyle choice.

Marketing unhealthy products to children.

Children are vulnerable and highly susceptible. The tobacco industry targets children and girls. The aim is to 'hook them young' so that they are addicted for life. Children are often exposed to multiple advertisements for junk food during prime television hours as well as through magazines, sponsorship of sporting and educational events and increasingly social media, including websites, internet games, email and text messaging.

Obscuring the links between unhealthy products and health.

While studies highlight the association between the consumption of sugar-sweetened beverages and obesity, diabetes, and heart disease, the results from industry-funded research are often biased against finding these associations.¹³

6 See e.g. Hawkes, C, Chopra, M, Friel S (2009). "Globalization, Trade and the Nutrition Transition." In: *Globalization and Health: Pathways, Evidence and Policy*. Edited by Labonte R, Schrecker T, Packer C, Runnels V. New York: Routledge; 2009

7 See WHO. 2016. "Final report of the WHO Commission on Ending Childhood Obesity." http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf?ua=1

8 Litwin, SE (2014). "Childhood Obesity and Adulthood Cardiovascular Disease: Quantifying the Lifetime Cumulative Burden of Cardiovascular Risk Factors." *J Am Coll Cardiol*, 64: 1588-90.

9 Kelsey, MM, et al. (2014). "Age-related consequences of childhood obesity." *Gerontology*, 60(3): 222-8.

10 See e.g. O'Connor, A. (2016). "How the Sugar Industry Shifted Blame to Fat." *NY Times* http://www.nytimes.com/2016/09/13/well/eat/how-the-sugar-industry-shifted-blame-to-fat.html?_r=0

11 Blecher, E, and Ross, H (2013). "Tobacco Use in Africa: Tobacco Control through Prevention." Atlanta, USA: American Cancer Society. <http://www.cancer.org/acs/groups/content/@internationalaffairs/documents/document/acspc-041294.pdf>

12 Amos, A, et al. (2012). "Women and tobacco: a call for including gender in tobacco research, policy and practice." *Tab Control*, 21: 236-243.

13 Bes-Rastrollo, M, et al. (2013). "Financial conflicts of interest and reporting bias regarding the association between sugar-sweetened beverages and weight gain: a systematic review of systematic reviews." *PLoS Med*, 10(12): e1001578.

3. Ministries of information and communications have exceptional reach to promote good health and help people reduce their risk of dying early from a preventable NCD



Governments and public bodies have an obligation to protect population health and maximize their country's social and economic development. For NCDs, ministries of information and communications can meet this obligation by:

- Raising awareness of the NCD epidemic;
- Providing clear information to encourage people to make decisions that will reduce their likelihood of getting NCDs;
- Highlighting industry practices that pursue profit in disregard of consumer health;
- Making full use of (and expanding, where appropriate) its regulatory power and statutory authority to limit the advertising, promotion and sponsorship of health-harming products.¹⁴

Specific actions that ministries of information and communications should consider:

- Support comprehensive bans on advertising of tobacco products and sponsorship from the tobacco industry, in line with the WHO Framework Convention on Tobacco Control;¹⁵
- Work with policymakers to restrict or ban alcohol advertising, sponsorship and promotions;¹⁶
- Promote full implementation of the WHO recommendations on the marketing of foods and non-alcoholic beverages to children;¹⁷
- Help enforce regulatory measures such as The International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions;¹⁸

- Advocate for restrictions on advertising of foods and beverages high in fat, sugar and/or salt, including sugary beverages.¹⁹
- Undertake sustained mass media campaigns that promote the benefits of stopping tobacco use, avoiding harmful use of alcohol, adopting and maintaining a healthy diet and engaging in adequate physical activity;
- Undertake campaigns that promote the early diagnosis and treatment of cardiovascular disease, diabetes, cancer and chronic respiratory disease in order to reduce long-term ill-health and premature death from NCDs.

Marketing: money talks

Money spent on alcohol marketing globally approaches US\$ 1 trillion each year.²⁰

The food industry is projected to spend more than US\$ 30 billion on advertising in 2016, with the advertising of candy, sugary drinks, fast food and sugary cereals likely to be significant.²¹

In 2013, cigarette and smokeless tobacco companies spent over US\$ 9 billion on advertising and promotional expenses in the United States of America (USA) alone.²² To put this in perspective, development assistance for tobacco control globally has never surpassed US\$ 100 million in a given year.²³

14 Magnussun, RS, and Patterson, D (2014). "The role of law and governance reform in the global response to non-communicable diseases." *Globalization and Health*, 10:44.

15 Consistent with Article 13 of the World Health Organization Framework Convention on Tobacco Control.

16 Consistent with WHO Global NCD Action Plan 2013-2020.

17 As recommended in the final report of the WHO Commission on Ending Childhood Obesity.

18 *Ibid.*

19 WHO/EUROPE (2013). "Marketing of foods high in fat, salt and sugar to children: update 2012-2013." http://www.euro.who.int/_data/assets/pdf_file/0019/191125/e96859.pdf

20 Institute of Alcohol Studies. "Marketing" <http://www.ias.org.uk/Alcohol-knowledge-centre/Marketing.aspx>

21 Maddox, K (2015). "Global Ad spending will be up an average 4.2% next year." Ad age online <http://adage.com/article/btob/global-ad-spending-average-4-2-year/298980/>

22 Federal Trade Commission Cigarette Report for 2013 <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2013/2013cigaretterpt.pdf>

23 Nugent, R (2015). "Bilateral and multilateral financing for NCDs." WHO global coordinating mechanism policy brief. http://www.who.int/nmh/ncd-coordination-mechanism/Policybrief5_2docx.pdf

4. Several strategies are important to get the message across clearly

- *Ensure messages are geographically and culturally appropriate.*
- *Focus on the specific diseases.* Nearly everyone everywhere has been touched directly or through a loved one by cancer, heart disease, diabetes, hypertension and associated conditions. Only using the collective term 'NCDs' can obscure personal and disease-specific experiences.
- *Aim to reach lower income populations and populations with lower levels of health literacy.* Pictorial warnings are helpful. Front-of-pack labelling systems on food packaging can be easily understood (e.g. 'traffic light' labelling).
- *Use powerful messengers.* Local celebrities and trusted community leaders can be used to inform people of the risks of NCDs.
- *Use social media.* People are increasingly getting their information from mobile phones and apps.
- *Harness the voices of youth.* Focus on healthy living and challenging corporate misinformation through youth's idealism, enthusiasm and social media savvy.
- *Never stigmatize.* Stigma holds back health and development. Messages should never shame or blame people who consume or are addicted to health-harming products. Notions of personal irresponsibility should be avoided.
- *Widen the constituency.* NCDs matter not just for health but for wider socioeconomic development. People living with HIV are increasingly dying not from AIDS, but from cancer and heart disease. Engage religious and community leaders. Use workplaces and schools to promote messages.

Communications must counter NCD myths

These are all untrue:

NCDs affect only the wealthy or affluent.

NCDs are only a problem for higher income countries.

NCDs are only the result of genetic bad luck.

NCDs matter for men more than women.

NCDs only affect older persons.

NCDs are inevitable.

NCDs are an issue of personal responsibility.

5. Getting started

In the first instance, ministries of information and communications should:

- Work with health and other sectors, in particular the education sector, to ensure people have the information needed to protect themselves from the tobacco, alcohol and unhealthy food environment;
- Engage civil society and consumer groups and be supportive of their efforts to advocate for regulatory policies, taking careful attention to avoid industry-backed front groups;
- Promote whole-of-government NCD responses, recognizing that the power of NCD-related communications is severely limited in the absence of enabling environments that make the healthy choice the easy choice.





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Development of this brief was coordinated by a joint WHO and UNDP team. This brief is for advocacy purposes and provides a set of options for action. It does not represent an official position of WHO or UNDP and has not been shared with their respective governing bodies. References to Member States and partners do not constitute or imply any endorsement whatsoever of this brief.

WHO/NMH/NMA/16.91

