

# WHAT LEGISLATORS NEED TO KNOW

## Noncommunicable diseases

### KEY POINTS

- Noncommunicable diseases (NCDs) impede development in every country.
- Prevention is key.
- Evidence-based laws, regulations and policies are effective in reducing NCDs.
- Legislators should be aware of potential biases linked to the vested interests of industry.
- Legislators are well-placed to facilitate a whole-of-government and whole-of-society response to NCDs – and to help ensure that governments and key stakeholders are held accountable for their actions.
- Legislators are already demonstrating strong leadership on NCDs.

## 1. NCDs impede development in every country.

- NCDs sap national budgets and economies. Between 2011 and 2030, inadequate NCD responses will cost LMICs US\$ 21.3 trillion in economic losses due to healthcare costs and forgone productive capacities.<sup>1</sup> Tobacco use costs the world US\$ 1.4 trillion, nearly 2 percent of GDP, each year.<sup>2</sup> Diabetes alone costs the global health system over US\$ 827 billion each year.<sup>3</sup>
- NCDs burden lower-income populations and those in the prime of their lives. Over 80 percent of premature deaths from NCDs occur in low- and middle-income countries (LMICs).<sup>4</sup>
- The poor are most affected. The poor are more exposed to virtually every health-harming product and to environmental health risks (e.g. indoor and outdoor air pollution); they usually have the least access to healthcare. The poor do not choose unhealthy behaviours but are driven toward them by the environments in which they are born, live, work and age. The tobacco industry hooks the vulnerable and poor with manipulative messaging. Processed foods and sugar-sweetened beverages often lack understandable nutritional labels. Fruits and vegetables are often expensive relative to unhealthy foods. Accommodation for the poor is often substandard (e.g. inefficient and polluting cookstoves, lead-based paint, asbestos) and lower-income neighbourhoods are often unsafe, thus discouraging physical activity and creating stress. Legislators have the power to ensure that the places where people live and work are as healthy as possible.
- The impact of NCDs on individuals and their families can be devastating. Heart attacks, strokes, cancer and diabetes are devastating on a personal level. As they often occur when people are at their most productive, NCDs also force breadwinners to leave the labour market. Out-of-pocket expenses for medical care can

Achieving the NCD-related SDG targets will deliver gains across Agenda 2030, given the relationship between NCDs, poverty, inequalities, economic growth, climate action and other goals and targets. WHO and UNDP, as part of a larger UN system-wide response, support whole-of-government NCD responses. WHO, in line with its thirteenth General Programme of Work, provides technical assistance to the health sector to map the epidemic, set national targets, develop multisectoral policies and plans, and enable health systems to respond. UNDP, in line with its Strategic Plan 2018-2021<sup>5</sup> and HIV, Health and Development Strategy 2016-2021<sup>6</sup>, supports NCD action within and beyond the health sector, leveraging its work to keep people out of poverty, strengthen effective and inclusive governance, and build resilient and sustainable systems for health.

### 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.

40 million people die from NCDs each year, including 15 million people who die between the ages of 30 and 69. Over 80 percent of these '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. Environmental risks (e.g. air pollution) also contribute significantly to NCDs.

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

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

drive families into poverty or trap them there. Children, especially girls, may be forced to leave school to find work or care for a sick relative.

1 Bloom D et al. The Global Economic Burden of Noncommunicable Diseases. World Economic Forum (WEF) and Harvard School of Public Health (HSPH); 2011.

2 Goodchild, M, Nargis, N, and d'Espaignet, ET. Global economic cost of smoking-attributable diseases. *Tob Control* / Published Online First: 30 January 2017. doi: 10.1136/tobaccocontrol-2016-053305

3 WHO (2016). Global Report on Diabetes. [http://apps.who.int/iris/bitstream/10665/204871/1/9789241565257\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/204871/1/9789241565257_eng.pdf)

4 WHO (2017). Factsheet on Noncommunicable Diseases.

5 UNDP Strategic Plan, 2018-2021. <http://undocs.org/DP/2017/38>

6 UNDP (2016). HIV, Health and Development Strategy 2016-2021. <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/hiv-health-and-development-strategy-2016-2021.html>

## 2. Prevention is key.

Legislative bodies must scale up prevention, alongside efforts to achieve universal health coverage. Primary and secondary prevention are excellent investments.<sup>7</sup> For example, almost all deaths from cervical cancer would be avoided if adolescent girls were immunized against human papillomavirus (HPV), and if cervical screening and treatment of pre-cancerous lesions were available to all women. These strategies are all cost-effective.<sup>8</sup>

### ECONOMIC FACTS<sup>9</sup>

#### Fact 1. The economic consequences of NCDs are enormous.

- Under a 'business as usual' scenario, cumulative economic losses to LMICs from the four main NCDs are estimated to surpass US\$ 7 trillion between 2011-2025, equivalent to approximately 4 percent of their annual output in 2010.

#### Fact 2. The costs of scaling-up NCD prevention and control are very low compared to their burden.

- Population-based measures for reducing tobacco and harmful alcohol use, as well as unhealthy diet and physical inactivity, are estimated to cost US\$ 2 billion per year for all LMICs – less than US\$ 0.40 per person;
- The most cost-effective NCD interventions for individuals cost US\$ 11.4 billion per year for all LMICs (from under US\$ 1 per person in low-income countries to US\$ 3 per person in upper middle-income countries each year).

#### Fact 3. The returns on scaling up prevention and treatment are massive.

- In economic terms, these amount to many billions of dollars of additional output (for example, reducing death rates from ischaemic heart disease and stroke by 10 percent would reduce economic losses in LMICs by an estimated US\$ 25 billion per year, which is three times greater than the investment needed for the measures to achieve these benefits);
- In health terms, many millions of avoided premature deaths and avoided disability.

## 3. Evidence-based laws, regulations and policies are effective in reducing NCDs.

Tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, and pollution are all key risk factors for NCDs. The following are evidence-based, effective and feasible legislative and/or regulatory measures that legislators should promote and enforce.<sup>10</sup>

### Tobacco control<sup>11</sup>

- Increase excise taxes and prices on tobacco products.
- Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages.
- Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship.
- Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, and public transport.
- Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke.
- Minimize illicit trade in tobacco products.

### Harmful use of alcohol

- Increase excise taxes on alcoholic beverages.
- Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media).
- Enact and enforce restrictions on the physical availability of retailed alcohol (e.g. via reduced hours of sale).
- Enact drink-driving laws and blood alcohol concentration limits, and enforce these through checkpoints.

### Unhealthy diet

- Reduce population-level salt intake through the reformulation of food products to contain less salt, and the setting of target levels for the amount of salt in foods and meals.

7 See Maher, D, Ford, N, and Unwin, N. Priorities for developing countries in the global response to non-communicable diseases. *Globalization and Health* 2012, 8:14.

8 UN Joint Global Programme on Cervical Cancer and Control. <http://www.who.int/ncds/un-task-force/un-joint-action-cervical-cancer-leaflet.pdf>

9 WHO and WEF (2011). From Burden to 'Best Buys': Reducing the Economic Impact of Non-communicable Diseases in Low- and Middle-Income Countries. [http://www.who.int/nmh/publications/best\\_buys\\_summary.pdf?ua=1](http://www.who.int/nmh/publications/best_buys_summary.pdf?ua=1)

10 WHO (2013). Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. [http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1); WHO (2017). 'Best Buys' and other Recommended Interventions for the Prevention and Control of Noncommunicable Diseases. [http://www.who.int/ncds/management/WHO\\_Appendix\\_BestBuys.pdf](http://www.who.int/ncds/management/WHO_Appendix_BestBuys.pdf)

11 The WHO Framework Convention on Tobacco Control (WHO FCTC) and its Guidelines as well as the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products are key for effective action.

- Reduce salt intake through the implementation of front-of-pack labelling.
- Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain.
- Reduce sugar consumption through effective taxation on sugar-sweetened beverages.
- Regulate the advertising, promotion, and sponsorship of ultra-processed foods and beverages, particularly where young people gather and across all types of media.
- Implement clear nutrition labelling on processed foods and beverages such as front-of-package traffic light labelling.

### Physical inactivity

- Ensure that urban design incorporates the core elements of residential density, connected street networks that include sidewalks, easy access to a diversity of destinations and access to public transport.
- Ensure that quality physical activity is mandated for all children in the core curriculum in schools.

### Unhealthy environment

- Ban asbestos use in new construction and remove it where it is currently used.
- Implement comprehensive legislation on the production, import and use of all other cancer-related chemicals, for example in agricultural practices.
- Increase tax on vehicles and fuel, especially diesel.
- Increase availability and access for walking, cycling and public transport and enforce bans on automobiles in bicycle lanes and designated areas of city centres.

## 4. Legislators should be aware of potential biases linked to the vested interests of industry.

Legislators are entrusted to recognize that the right to health is a fundamental responsibility of government and the State. The tobacco

industry will do anything to block progress.<sup>12</sup> Big alcohol, soda and food companies also seek to maintain lax NCD-policy environments, and often employ interference tactics, for example funding research studies with biased findings and creating industry-backed 'front groups' of consumers or farmers to decry progressive legislation on NCDs. It is up to legislators to listen to *legitimate* concerns, make evidence-based decisions and, above all, protect and improve the lives of constituents. Experiences prove that, contrary to industry-biased forecasts, NCD action can *raise* government revenue, *help* businesses, *improve* livelihoods and *increase* employment overall.

- In 2015, China increased its wholesale tax rate on cigarettes from 5 to 11 percent. After one year, cigarette sales dropped by 3.3 percent. The tax delivered an *additional* 70 billion yuan (US\$ 11 billion) to the central government in one year.<sup>13</sup>
- In 2008, Mexico City implemented a smoke-free law covering restaurants, bars and nightclubs. The ban did not harm city business; in fact, economic evidence suggests a positive impact on restaurants' income, employees' wages and levels of employment.<sup>14</sup>
- In Indonesia, the average monthly income of tobacco farmers has dropped threefold in recent years. Today less than one in five tobacco farmers in Indonesia say that tobacco farming is profitable.<sup>15</sup> When tobacco farmers in Kenya switched to growing bamboo, the comparative net value of the two crops showed rates of return to be more than 300 percent higher for bamboo farmers.<sup>16</sup>
- A number of countries are starting to tax sugar-sweetened beverages to improve health while generating significant revenue for government. A recent study found that a 20 percent tax increase on sugary drinks in Illinois and California would have no significant impact on employment in those states (and

12 Boseley, S (2017). "Threats, bullying, lawsuits: tobacco industry's dirty war for the African market." *The Guardian* 12 Jul 2017. [https://www.theguardian.com/world/2017/jul/12/big-tobacco-dirty-war-africa-market?CMP=Share\\_AndroidApp\\_Tweet](https://www.theguardian.com/world/2017/jul/12/big-tobacco-dirty-war-africa-market?CMP=Share_AndroidApp_Tweet)

13 WHO (2016). Tobacco tax increase results in decreased tobacco consumption. <http://www.wpro.who.int/china/mediacentre/releases/2016/20160510/en/>

14 Guerrero López, CM, et al. The economic impact of Mexico City's smoke-free law. *Tob Control* 2011; 20:273-278.

15 Anindita, E (2015). "Tobacco farming no longer profitable, survey finds." *The Jakarta Post*, 30 Oct 2015. <http://www.thejakartapost.com/news/2015/10/30/tobacco-farming-no-longer-profitable-survey-finds.html>

16 Omari, MP (2009). "A cost-benefit analysis of substituting bamboo for tobacco: a case study of South Nyanza, Kenya." <http://www.tobaccotobamboo.org/Publications/Publications%20in%20Journals%20and%20Book%20Chapters/My%20Thesis-examinable%20draft.pdf>

would in fact yield a small net gain in jobs after factoring in changes in demand, income effects and new employment in non-beverage industry and government sectors).<sup>17</sup>

## 5. Legislators are well-placed to facilitate a whole-of-government and whole-of-society response to NCDs – and to help ensure that governments and key stakeholders are held accountable for their actions.

Legislators should:

- Raise awareness on the need for action, amongst fellow legislators, other branches of government and the general public.<sup>18</sup>
- Especially through the oversight function, promote multisectoral action for NCD prevention and control, including through strong multisectoral coordination mechanisms.
- Ensure horizontal and vertical policy coherence, i.e. across and between government sectors at local, national, regional and global levels.
- Press to incorporate NCDs into national development strategies, policies and programmes.<sup>19</sup>
- Engage civil society, the media, academia, community and religious leaders as well as teachers, youth, and people living with NCDs in national NCD responses.
- Consider the economic costs of NCDs in budget allocations and expenditure reviews.
- Encourage evidence for action.<sup>20</sup>
- Support government to monitor public health, defend public health policies in litigation<sup>21</sup>

17 Powell, LM, et al. Employment Impact of Sugar-Sweetened Beverage Taxes. *American Journal of Public Health* 2014, 104(4): 672-677.

18 Experiences in addressing other national health challenges, namely HIV, could be built upon. See e.g. UNDP/IPU Handbook: Effective laws to end HIV and AIDS: Next steps for parliaments.

19 For example, social development and poverty alleviation strategies, economic growth plans, labour laws, climate action agendas, financing plans, non-discrimination laws, food and drug regulations, urban design and municipal regulations, positions for international negotiations and consumer marketing regulations.

20 Meeting Report – Thematic session on law and the prevention and control of NCDs. New York, 9 February 2016. [https://www.idlo.int/sites/default/files/pdfs/highlights/161020%20Web%20version%20UNJATF%20NCDs%20and%20Law%20meeting%20Feb%202016%20report\\_2.pdf](https://www.idlo.int/sites/default/files/pdfs/highlights/161020%20Web%20version%20UNJATF%20NCDs%20and%20Law%20meeting%20Feb%202016%20report_2.pdf)

21 How the law may be used to challenge and defend public health measures varies between jurisdictions. Many courts and tribunals attach significant weight to public health interests, including States' sovereign right to protect health through regulation and the rights of the individual to the highest attainable standard of health, and less weight to commercial rights. [http://www.euro.who.int/\\_data/assets/pdf\\_file/0009/333954/Moscow-report.pdf](http://www.euro.who.int/_data/assets/pdf_file/0009/333954/Moscow-report.pdf)

and strengthen enforcement, for example by ensuring action against those in violation of the law.

- Ensure transparency and accountability in law-making and oversight processes, for example by supporting the development and dissemination of clear codes of conduct and disclosure mechanisms to safeguard against industry influence in policymaking, and by holding industry accountable for voluntary commitments.<sup>22,23</sup>

### The Big Myth: taxes on health-harming products are regressive and hurt the poorest the most

They are not and do not. Across the world NCDs burden the poor most. Tobacco, alcohol and food companies target poorer countries and lower-income populations. The poor are also more likely to live in environments which make the healthy choice the difficult choice. Taxes can reduce inequities. Their multiple benefits – in health, poverty reduction, education and opportunity – accrue mostly to the poor. Meanwhile, wealthier users, who typically still consume despite price increases, end up paying the majority portion of the tax increases. Revenue from these taxes can then be reinvested into social service programmes that benefit the poor, increasing their progressive nature.

## 6. Legislators are already demonstrating strong leadership on NCDs.

Legislators across the world are taking decisive action to protect constituents' right to health while enhancing social and economic well-being.<sup>24</sup>

- The Samoan Parliamentary Advocacy Group on Healthy Lifestyles oversees health promotion (including reducing smoking and promoting physical activity/healthy nutrition) by bringing together members of Parliament (including

22 WHO FCTC Article 5.3 stipulates that the tobacco industry should be firewalled from the policymaking process. When engaged appropriately, the food sector can be part of the NCD solution, for example through product reformulation, expanding product lines to include healthier options, limiting portion sizes and eliminating fast-food marketing to youth.

23 See UNDP Toolkit: Anti-Corruption Self-Assessment Tool for Parliamentarians. <http://www.undp.org/content/undp/en/home/librarypage/democratic-governance/anti-corruption/anti-corruption-self-assessment-tool-for-parliamentarians.html>

24 Litigation support for countries to tackle tobacco/NCDs is available, including through litigation funds from Bloomberg Philanthropies as well as the Bill and Melinda Gates Foundation.

cabinet ministers) and government chief executive officers.<sup>25</sup>

- The Philippines' 2012 Sin Tax Reform Law success is well-known.<sup>26</sup> Three years earlier, the country's Department of Health and Civil Service Commission laid the foundation for success by creating a multisectoral committee to raise awareness on tobacco control and prevent tobacco industry interference in policymaking.
- Due to potential NCD-related conflicts of interest between industry motives and parliamentary responsibilities, some countries – for example, Australia, Brazil, Bulgaria, the Netherlands, Serbia and the UK – have incorporated NCD issues into parliamentary codes of conduct. The UK has created an All Party Parliamentary Group on Smoking and Health.<sup>27</sup>
- At the 2016 Commonwealth Parliamentary Conference, parliamentarians from around the world adopted the following resolution by acclamation: "As a contribution to sustainable development, parliamentarians must be informed, engaged and assisted to draft – and provide thorough oversight on the enforcement of – legislation for tobacco control as guided by the WHO FCTC."<sup>28</sup>

### Putting it together in Uganda

Uganda's Tobacco Control Act 2015 is now fully operational. Behind this success is a strong parliament which responds to concerned citizens. Specifically, in 2011, following patient advocacy group demand, Uganda formed the Parliamentary Forum on NCDs, which has been active in implementing the WHO FCTC including through awareness raising amongst key sectors (e.g. trade, agriculture, tourism) and the general public.<sup>29,30</sup> In 2013, following community concerns over air pollution near a Tobacco Leaf Limited tobacco manufacturing plant, Parliament drafted a law to more strictly regulate the production and sale of tobacco.<sup>31</sup> The British American Tobacco (BAT) response to these developments was to simply close the plant, but Ugandans again made themselves heard – a group of farmers who had switched to alternative crops petitioned Parliament in support of the tobacco control bill. They argued that tobacco growing traps farmers in poverty and debt-bonded labour, while worsening their health, the environment, and food insecurity.<sup>32</sup> The Tobacco Control Act 2015 is the subject of a legal challenge by BAT in the Constitutional Court of Uganda. In May 2017, the Government was successful in defeating an application for injunction which BAT was using to prevent the law from being implemented while the case is ongoing. As such, the law was able to come into effect.<sup>33</sup>



25 WHO (2011). Regional Meeting on Social Determinants of Health and Health Equity. [http://www.wpro.who.int/topics/social\\_determinants\\_health/ehgMRsdhmeeting2011.pdf](http://www.wpro.who.int/topics/social_determinants_health/ehgMRsdhmeeting2011.pdf)

26 The tax generated US\$ 3.9 billion for the Philippines in incremental revenues in the first three years, the bulk derived from tobacco taxes. The Philippines uses the additional tobacco tax revenue to finance universal health coverage and to support alternative livelihoods for tobacco growers.

27 Action on Smoking and Health (ASH). All Party Parliamentary Group on Smoking and Health. <http://ash.org.uk/category/about-ash/all-party-parliamentary-group-on-smoking-health/>

28 Chauvel, C. Commonwealth parliamentarians discuss tobacco control and effective parliamentary oversight. *Journal of the Parliamentarians of the Commonwealth* 2017; 98(1).

29 Schwartz, J, Guwatudde, D, Nugent, R, Kiiza, C. Looking at non-communicable diseases in Uganda through a local lens: an analysis using locally derived data. *Globalization and Health* 2014; 10: 77.

30 Parliament of the Republic of Uganda. Parliamentary Forum on NCDs. <http://www.parliament.go.ug/index.php/members-of-parliament/parliamentary-fora/18-parliament-of-uganda/members-of-parliament/631-parliamentary-forum-on-non-communicable-diseases>

31 WHO (2017). Tobacco and its environmental impact: an overview. <http://apps.who.int/iris/bitstream/handle/10665/255574/1/9789241512497-eng.pdf?ua=1>

32 Kiuuwa, P (2014). "Farmers back Tobacco Control Bill." *New Vision* 18 Jul 2014. [http://www.newvision.co.ug/new\\_vision/news/1302931/farmers-tobacco-control](http://www.newvision.co.ug/new_vision/news/1302931/farmers-tobacco-control)

33 See <http://ctc-africa.org/index.php/news/374-bat-uganda-loses-court-case-as-the-tc-act-2015-becomes-fully-operational>. After dismissing the application for an injunction, the Constitutional Court of Uganda heard the substantive challenges to the Tobacco Control Act 2015. At the time of publication the Court has not yet published a judgment in the case.

## 7. Getting started...

In the first instance, legislators should:

- Ensure parliamentary forums and standing committees exist that:
  - allow for scrutiny of key reports on NCDs from government and others;
  - act as a repository to compile incidents of conflicts of interest and provide a platform to discuss such issues;
  - restrict or prohibit lobbying in parliamentary premises from representatives of tobacco, alcohol and other companies profiting from health-harming products or processes;
  - review experiences from local action on NCDs; and
  - hold government to account.<sup>34</sup>
- Ensure that the impact on NCDs is considered in all new legislation and budgets.
- Especially through the oversight function, work with ministries of health, finance, trade, labour, social welfare, foreign affairs and other relevant ministries as well as non-State actors to ensure an effective multisectoral NCD response.
- Firewall the tobacco industry from public policymaking and establish clear, transparent and accountable codes of conduct for other private sector actors.

Premature deaths and avoidable suffering from NCDs are the scourge of the 21<sup>st</sup> century. But with the right policies, the right investments, and the right support from all partners, the tide can be turned on NCDs.



<sup>34</sup> Inter-Parliamentary Union and UNDP (2017). Parliamentary oversight: Parliament's power to hold government to account. [http://www.undp.org/content/undp/en/home/librarypage/democratic-governance/parliamentary\\_development/global-parliamentary-report-2017.html](http://www.undp.org/content/undp/en/home/librarypage/democratic-governance/parliamentary_development/global-parliamentary-report-2017.html)



© World Health Organization and United Nations Development Programme 2018. All rights reserved.

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/18.96