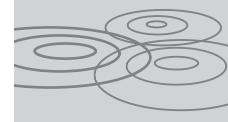
Tough choices: investing in health for development

Experiences from national follow-up to the Commission on Macroeconomics and Health

Annex 2

Chronic disease: the call to action



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Confronting the Epidemic of Chronic Disease

Chronic disease: the call to action[29]

Health is a basic human right – and a healthy population is a prerequisite for economic development

A global pandemic: the extent of the problem

Chronic (or noncommunicable) diseases such as cardiovascular disease and diabetes account for 60% of deaths worldwide. With the exception of Africa, chronic diseases kill and disable more people than HIV/AIDS, tuberculosis and malaria, singled out for special attention by the Millennium Development Goals.

Putting pay to the misconception that chronic diseases affect primarily the affluent, cardiovascular disease (CVD) has become the leading cause of death in some developing countries – 80% of the deaths from CVD and 87% of CVD-related disability occur in low- or middle-income countries (1). By 2020, 70% of the 10 million deaths due to tobacco each year will occur in developing countries. Today's bad habits are helping to ignite a global pandemic of chronic disease.

Between 1990 and 2020, the percentage of deaths attributable to chronic diseases globally will rise from 55.5% to 72.6%, with a corresponding increase in disability.

Costs of chronic disease

Chronic diseases are sometimes – and erroneously – dismissed as affecting only those of retirement age and, therefore, as having only a limited impact on the economy. However, a substantial share of the mortality due to chronic disease will in future fall on those of prime working age.[30] Increased morbidity will also reduce productivity and limits individuals' capacity to participate in the labour force. Coping mechanisms – such as removing young girls from education to care for a sick family member – should also be factored into the cost.

McKinsey predicts that, by 2008, Fortune 500 companies' health-care costs will be greater than total net profits.

The costs are already staggeringly high. In the United States, the American Diabetes Association estimated the direct cost of diabetes in 2002 to be US$ 92 billion (up from US$ 44 billion in 1997). In Mexico, the total cost of diabetes (including indirect costs) is estimated at US$ 320 million for 2005 (a 25% increase in three years). Failure to address the risk factors will see this escalation in costs continue.

Chronic disease can have a devastating effect both on the financial health of families and on states' macroeconomic health, as adult mortality is a reliable predictor of subsequent economic growth. The health agenda must be rebalanced to take the long-term economic effects of chronic disease into account.

29 Contribution by the Oxford Health Alliance, July 2005: www.oxha.org.
30 M. Suhrcke et al. *The economic rationale for combating chronic disease.* London, Oxford Health Alliance, forthcoming).

The risk factors

The problem is becoming more acute, as behavioural change drills down into developing societies. Locally produced, fresh foods are replaced by processed, cheap, tasty products – that are high in calories, sugar, salt and fat. Urbanization leads to more sedentary lifestyles. Tobacco is readily available – smoking in many developing countries is increasingly the norm. The poorest groups in society are particularly susceptible to these risks, as they cannot afford to make the more expensive purchases necessary for long-term health – today, the easier choices for the less wealthy are the unhealthy options.

Prevention: a growing trend

The growth in chronic disease can be reversed – but only through concerted action. Clinical care and lifestyle help for those who are already presenting symptoms of the diseases are needed, as are programmes aimed at preventing or delaying the onset of disease. Prevention must be targeted at those most at risk, and can also take a broader, population-based approach. The aim is to create a culture within which healthy choices are available to all and are freely chosen.

The need for prevention is increasingly recognized both by governments and by companies in developed countries, which face spiralling costs of healthcare. Interventions addressing the risk factors should involve the whole gamut of stakeholders – including government, society and the individual, business and the international community. The Oxford Health Alliance encourages information-sharing and undertakes advocacy to encourage all stakeholders to take preventive action against the risk factors for chronic disease.

Interventions

There is no one-size-fits-all model to prevent chronic disease. Replication of successful interventions should be encouraged, whether 'top-down' government policy or 'bottom-up' approaches based in encouraging communities to adopt healthy lifestyles.

Government: policy and persuasion

The role of government

Government's sphere of influence stretches throughout society to all groups whose buy-in is needed for prevention programmes to be a success. Governments are particularly well placed to assist the most vulnerable – the poorest families and children. The Framework Convention on Tobacco Control (FCTC) and the Global Strategy on Diet, Physical Activity and Health place governments at the forefront of chronic disease prevention.

As individuals cannot accurately foresee the future consequences of lifestyle choices, and therefore make choices that are not perfectly rational, government action on chronic disease is required to correct this 'market failure':

- provide health care to those suffering from chronic disease;
- provide information to allow individuals to make better-informed choices;
- change the culture and purchasing environment to ensure that easy choices are the healthy choices.

Research on interventions will encourage governments to act – the requirement in the Global Strategy for research into obesity and lack of exercise could be incorporated as part of the remit of commissions on macroeconomics and health.

Tools

a) *Legislation*
- marketing – restricting advertising of unhealthy products, especially to children;
- education – ensuring that children take part in a variety of sporting activities and attend lessons on nutrition to enthuse them about healthy eating;
- build environments that encourage physical activity – laying cycle paths and providing green spaces in urban areas;
- action against smuggling of cigarettes and importation of inappropriate goods.

b) *Taxation*
- raise taxes on alcohol and tobacco to dissuade unhealthy behaviour;
- provide tax breaks for health schemes (for example, encouraging the 'localization' of food production).

Constraints

The many constraints facing government will only be overcome by strong advocacy backed up with solid research into risk factors and an appreciation of the economic logic behind positive action.

- Economic constraints – namely, competition for funding between public health, defence, education, etc.
- Political constraints – actions that are seen to restrict freedoms (restricting smoking in public places, etc.) may dissuade individuals from voting for the current administration. The immediate right of individuals to make free choices must be balanced against the future economic needs of individuals and society – but by the time the current prevention schemes begin to bear fruit, the administrations of today will be long gone.
- Institutional constraints – for example, preventing global brands from displacing local products may not be possible under free trade agreements.

Community: culture and education

Population-based projects

The most successful prevention programmes are tailored to the communities in which they are based. Such 'population-based' approaches require the involvement of many levels of society to foster changes in attitude to the unhealthy lifestyles that are implicated in chronic disease – although it is not sufficient to educate individuals to recognize that their choice of lifestyle is unhealthy if alternative, healthier options are unavailable.

Levels of obesity among urban children aged 2–6 in China rose from 1.5% in 1989 to 12.6% in 1997.

Prevention programmes should address the many risk factors of chronic disease. Increased coordination and monitoring of projects allow for successful projects to be replicated at lower cost and reduced risk.

Examples

The Oxford Health Alliance's Community Actions to Prevent Chronic Diseases (CAPCoD) project supports community-based programmes by providing assistance with proposal development and links to key donors. CAPCoD outcomes will be made available to facilitate replication of successful programmes.

- **South Africa:** a tool-kit of school-based interventions will be developed and tested. It will be created for elementary schools, use trained teachers to teach health education, and focus on changing the children's diet and increasing their levels of physical activity. Parents will also be included in awareness-raising programmes.

- **Sao Paulo, Brazil:** a truck will bring fresh fruit and vegetables to underserved communities, where supply is insufficient or unstable. Health fairs will provide health information and give hands-on and enjoyable advice through culinary workshops.

Other groups that could be particularly involved in community-based projects are women's groups (women are often in charge of providing nutrition) and health/education nongovernmental organizations working in deprived areas.

Constraints

Funding for community programmes is limited. Given immediate needs for drinking water and immunization, and as the benefits of chronic disease prevention will not be seen for decades, the programmes under discussion may not be prioritized. However, donors – foundations, governments and charities – are increasingly aware that the long-term benefits, even of small-scale programmes, will vastly outweigh the costs. This is not, of course, to detract from the importance of countering infectious diseases – it is simply to expand the range of diseases that need addressing in developing countries.

Business: opportunity and responsibility

Globalization

Globalization encourages the expansion of business both between and across borders, providing a wealth of new opportunities – including to the food, pharmaceutical and tobacco industries. Business should be encouraged to recognize that the new opportunities need to be balanced with a responsibility not to exacerbate chronic disease, recognizing the risks of obesity and smoking. Further, business leaders are already recognizing their potential role in changing behavioural norms in a way that will encourage sustainable growth in the long term. Voluntary frameworks – such as the United Nations Global Compact – should incorporate chronic disease prevention, to move the issues further up the business agenda.

China (2000): 67% of men smoked compared with just 4% of women – retaining the norm against women smokers will prevent tobacco companies from exploiting this obvious marketing opportunity.

Stakeholders

a) Employees

- In the developed world, companies are becoming aware of the benefits of encouraging a healthy lifestyle among employees – providing access to exercise equipment, encouraging cycling and healthy eating.
- Falling worker productivity due to chronic disease will affect future returns on investment. Business would be advised to encourage culturally sensitive healthy lifestyle schemes in subsidiaries – or even in the supply chain – in developing countries.

United States companies – such as PepsiCo and Johnson & Johnson – have seen returns of over US$ 3 for each US$ 1 spent on wellness programmes.

b) Consumers

- The introduction of a vast range of **new foods** may replace more traditional – and often more healthy – goods. Companies should take the lead in incorporating clear nutrition information on packaging and in marketing of new foodstuffs.
- The **tobacco** corporations should take responsibility for their own marketing strategies, rather than being led by regulation, particularly in countries where governments may

not yet have legislated. Advertising aimed at children must be avoided, and consumers warned of the dangers of passive smoking.

- Developing countries' access to drugs to counteract infectious diseases such as HIV/AIDS has been on the agenda for years – **pharmaceutical** corporations should also prioritize aspirin, antihypertensives, and smoking-cessation drugs.

Constraints

Legislative frameworks and pressure from shareholders to maximize profits currently constrain businesses – although social agendas are increasingly important. Governments may not be in a position to legislate to prevent irresponsible behaviour, particularly of major investors, and consumers may choose to purchase unhealthy goods. However, acting responsibly within the company's sphere of influence is increasingly important for reputation. Businesses that act early and decisively on prevention are likely to reap benefits in terms of brand reputation and awareness, employee health, and access to new markets in the developing world.

International community: awareness and assistance

The international community will inevitably be drawn into a discussion on how best to stem the spread of chronic disease within low- and middle-income countries. However, the trade and investment framework makes it difficult to slow the nutrition transition, as there is an unchecked flow of cheap, unhealthy goods into developing societies. The potentially devastating impact of chronic disease should be a factor in revising and negotiating trade and investment agreements. International law **can** have an impact – the FCTC has already led to increases in tobacco tax and marketing restrictions.

Any alteration to the trade and investment framework is unlikely to be an orderly transition, given the entrenched interests involved. In 1999, of the 100 largest economies in the world, 51 were not nation states but companies. Considering their enormous economic impact, the active collaboration of the major corporations – the giants of the food and tobacco industries among them – is a prerequisite for successful, positive action.

Conclusion

It is now within the power of the global economic system to transform developing countries into developed economies. However, once states are pulled out of the most abject poverty, a health backlash can occur. As wealth trickles down to low- and middle-income countries, the systems and norms must be in place to ensure that individuals have the capability as well as the desire to maintain healthy lifestyles. Interventions by all stakeholders and at all levels are necessary, and coordination between projects and programmes, learning from the successes and failures to date, should be a priority.

We are at a unique point on the health timeline – taking action now against the risk factors of chronic disease will go some way towards stemming a future pandemic. Failure to act would be unconscionable.

Reference

1. Steve Leeder et al. *A race against time: the challenge of cardiovascular disease in developing economies*. New York, Columbia University, 2004.