



New Global health

- Used to think it was alc/tob/junk food/air pollution spreading
- Its not trade any more
- Its import subs industrialisation
- Protectionism is rising
- McDonalds is scaling back
- US, China, and Inda have been pushing self-reliance

- Culture continues to spread
- Structural discrimination spreads
- Middle classes booming
- Diet/tob/alc/air/drugs more for disadv groups
- Immune degredation exposes to covid expression, and for NCDs
- Common environmental antecedents
- "Syndemics are characterised by biological and social interactions between conditions and states, interactions that increase a person's susceptibility to harm or worsen their health outcomes"
- [Horton] The most important consequence of seeing COVID-19 as a syndemic is to underline its social origins.
- The vulnerability of older citizens; Black, Asian, and minority ethnic communities; and key workers who are commonly poorly paid with fewer welfare protections points to a truth so far barely acknowledged—namely, that no matter how effective a treatment or protective a vaccine, the pursuit of a purely biomedical solution to COVID-19 will fail. Unless governments devise policies and programmes to reverse profound disparities, our societies will never be truly COVID-19 secure.
- -https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32000-6/fulltext

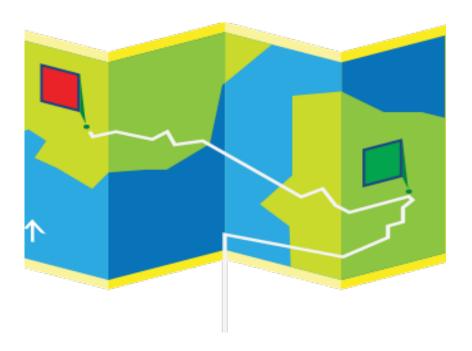


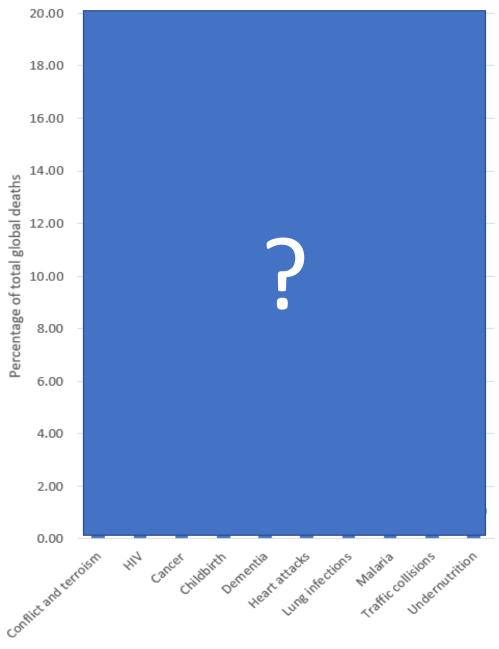
Death by chocolate: the political economy of global tobacco, alcohol, and junk food consumption

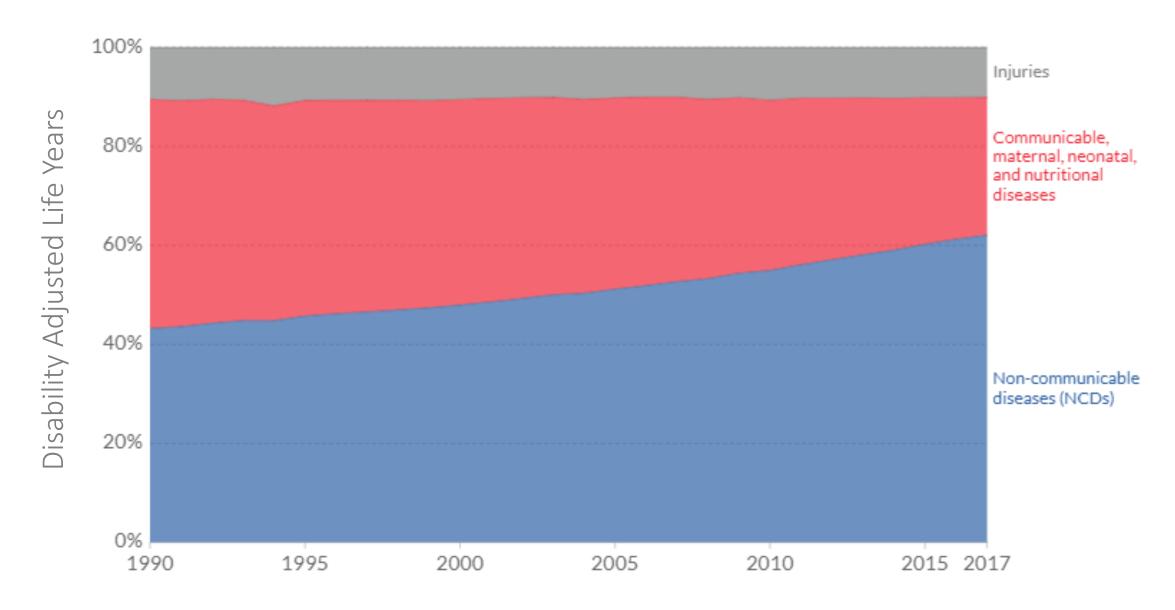
Dr Luke N Allen

Overview

- What's killing us and why?
- What's happening with NCD deaths?
- What's happening with NCD risk factors?
- How can we stop overconsumption?
- Should we stop overconsumption?









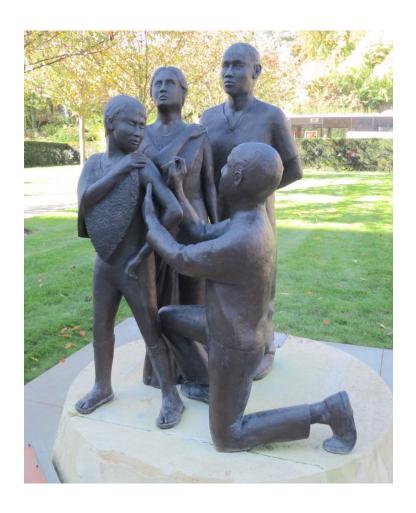
1. Advances in tackling infectious and maternal diseases







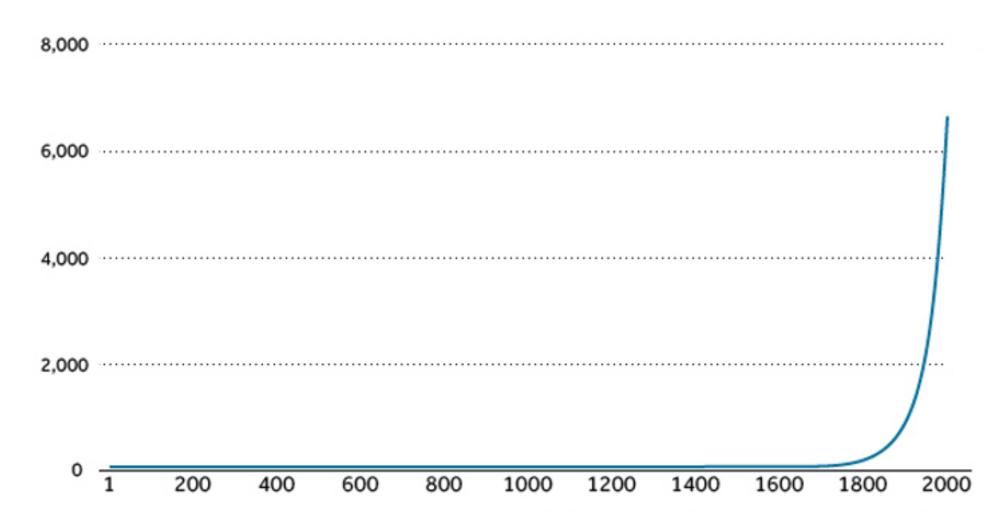




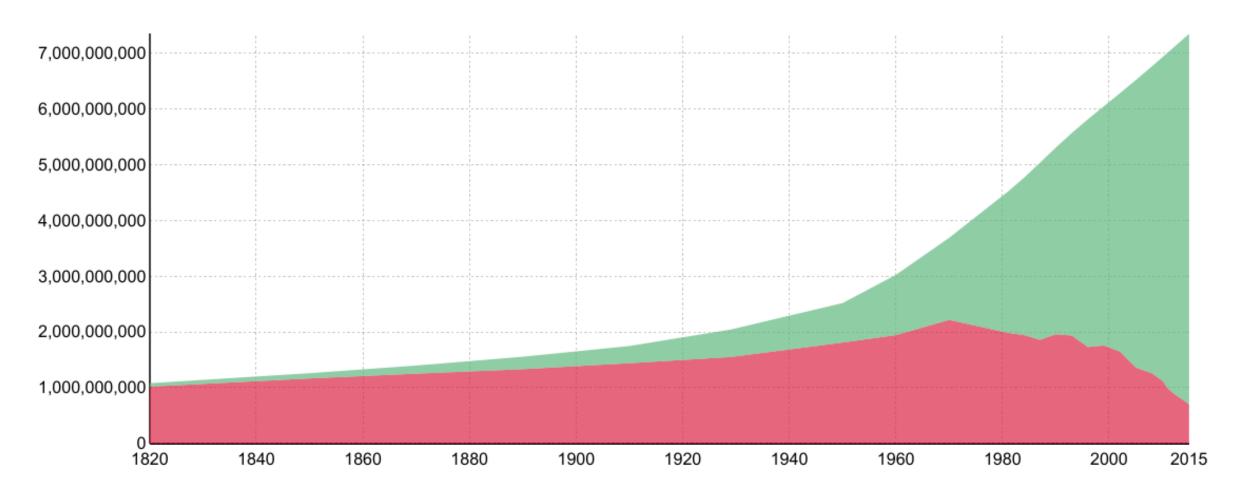
2. Development



Global GDP/capita since the first Christmas



Number of people living in extreme poverty Number of people not in extreme poverty

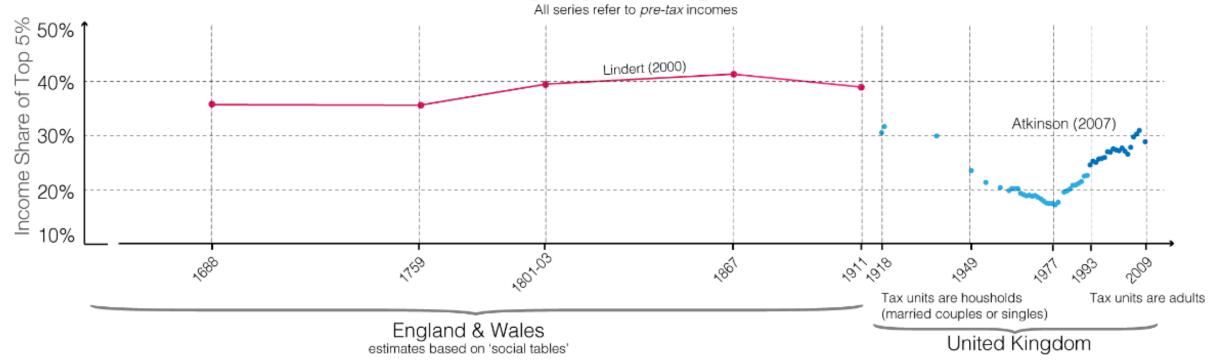


Source: Our World in Data: Poverty



Our World Income inequality in the UK over 700 years (1290-2010)

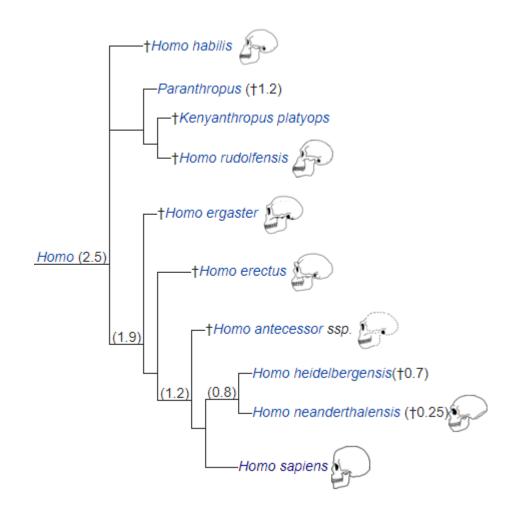
Share of total income going to the top 5% of income earners

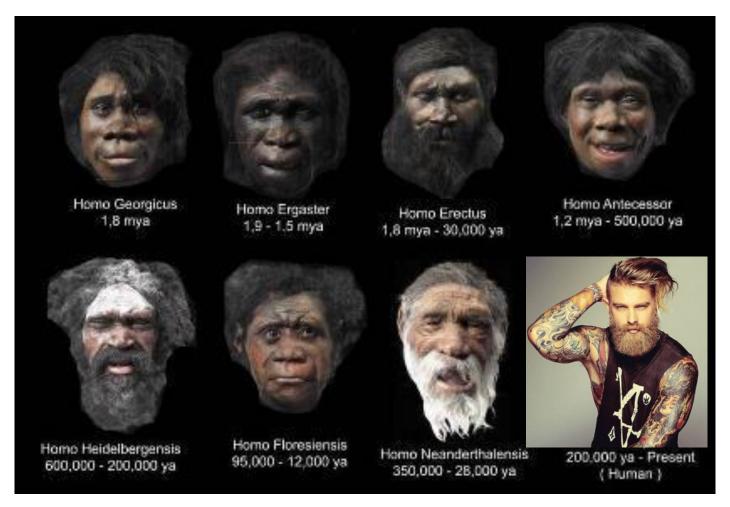


3. A changing environment





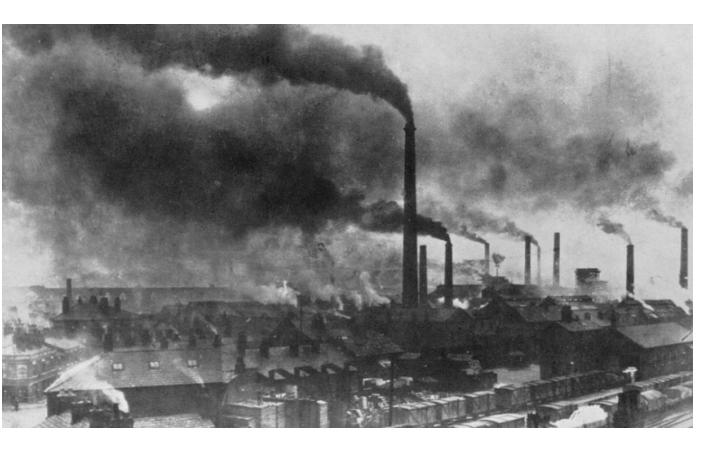












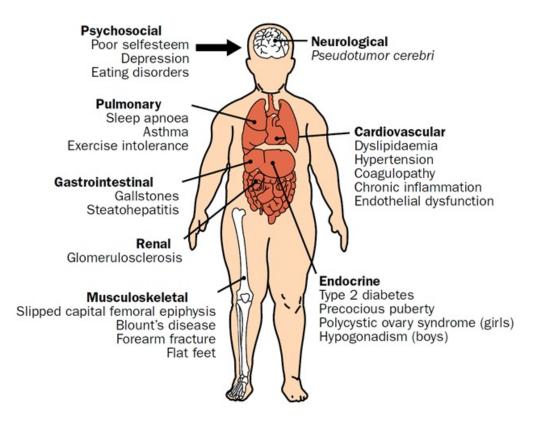


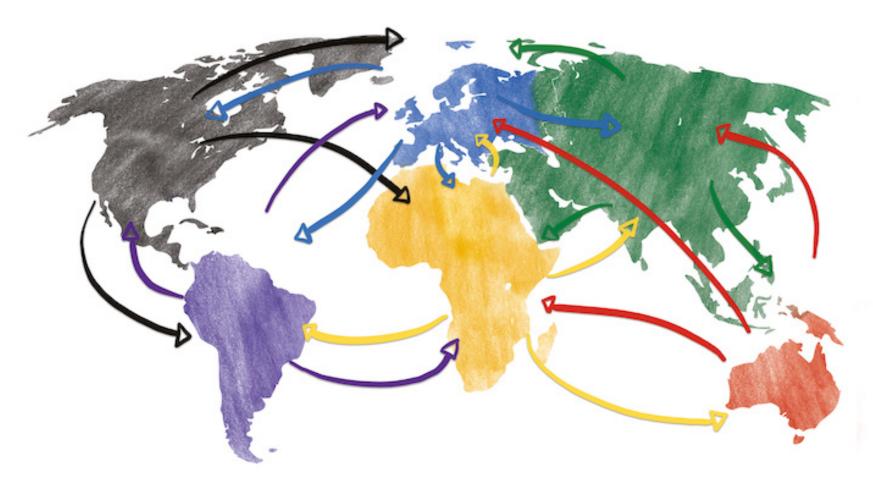






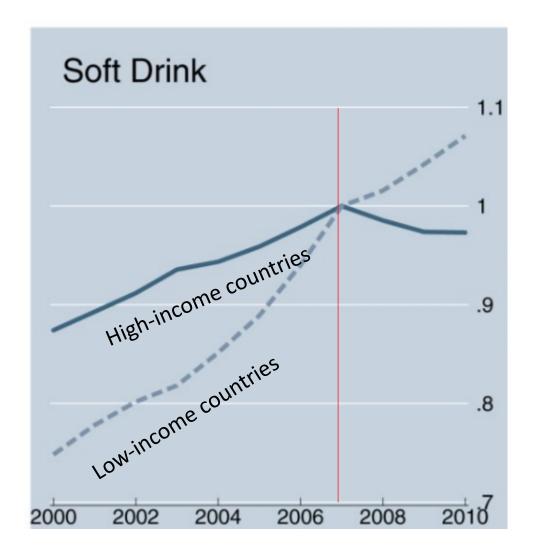
COMPLICATIONS OF CHILDHOOD OBESITY

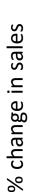


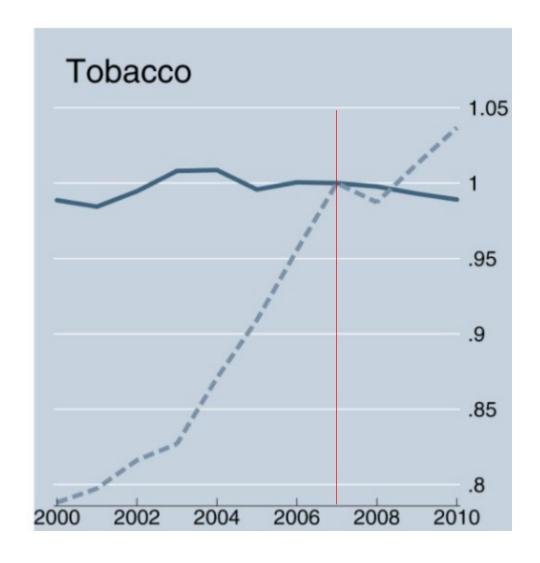


"The movement of goods, people, and ideas across international borders at an increasing rate and with reducing friction"





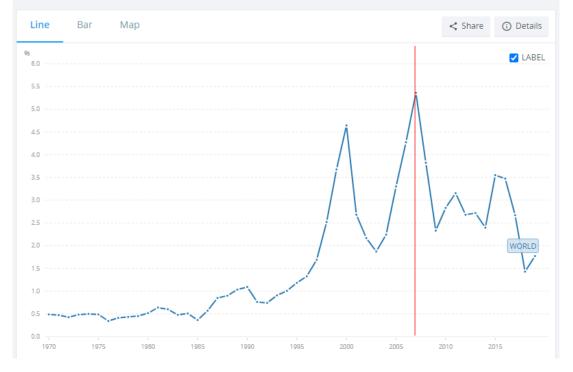




Foreign direct investment, net inflows (% of GDP)

International Monetary Fund, International Financial Statistics and Balance of Payments databases, World Bank, International Debt Statistics, and World Bank and OECD GDP estimates.

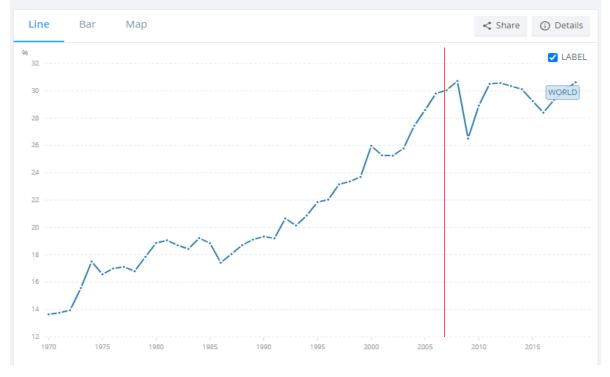
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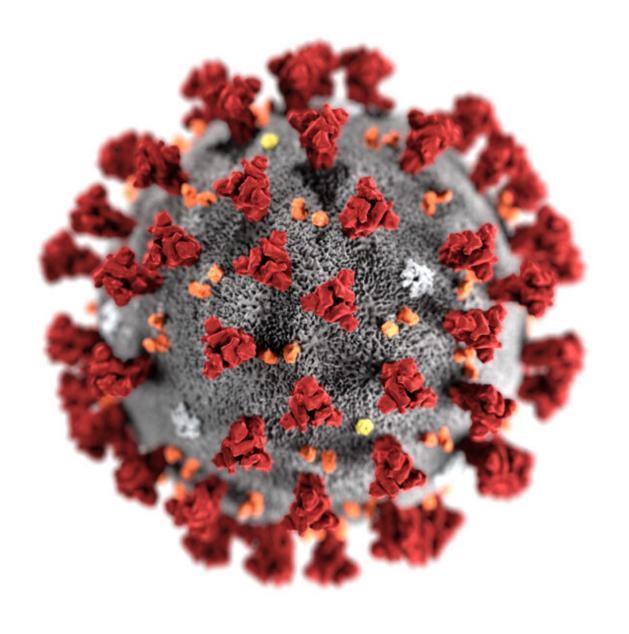
Exports of goods and services (% of GDP)

World Bank national accounts data, and OECD National Accounts data files.

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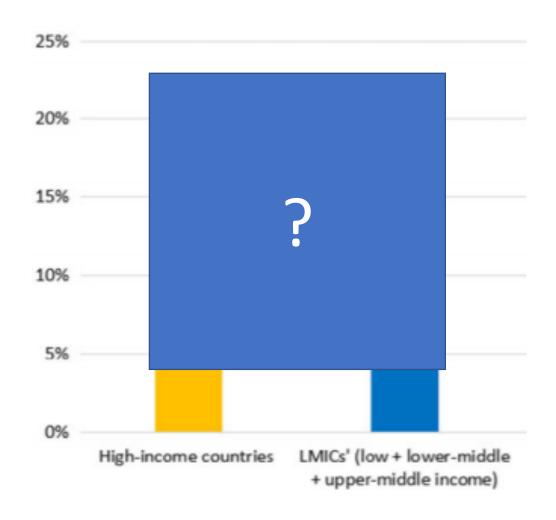


So what's happening with NCD deaths?

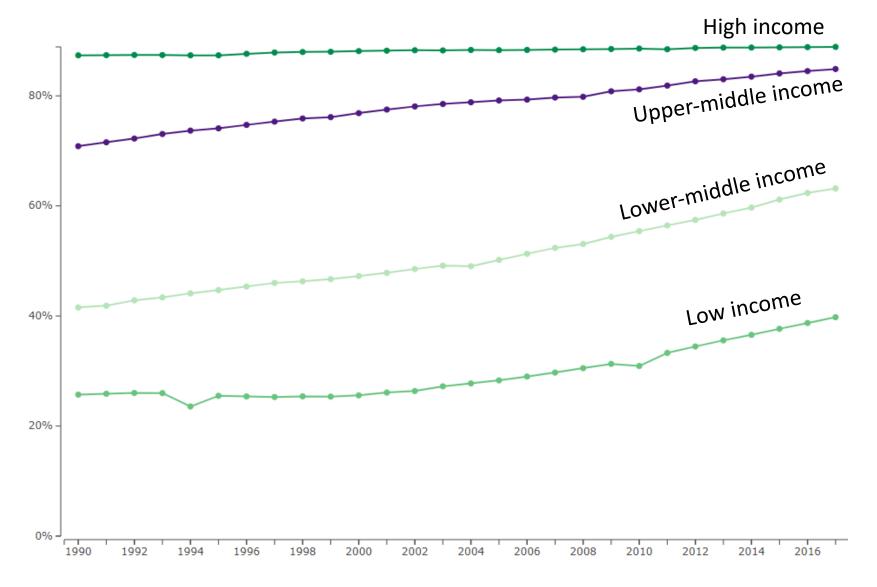


Probability of premature death from an NCD

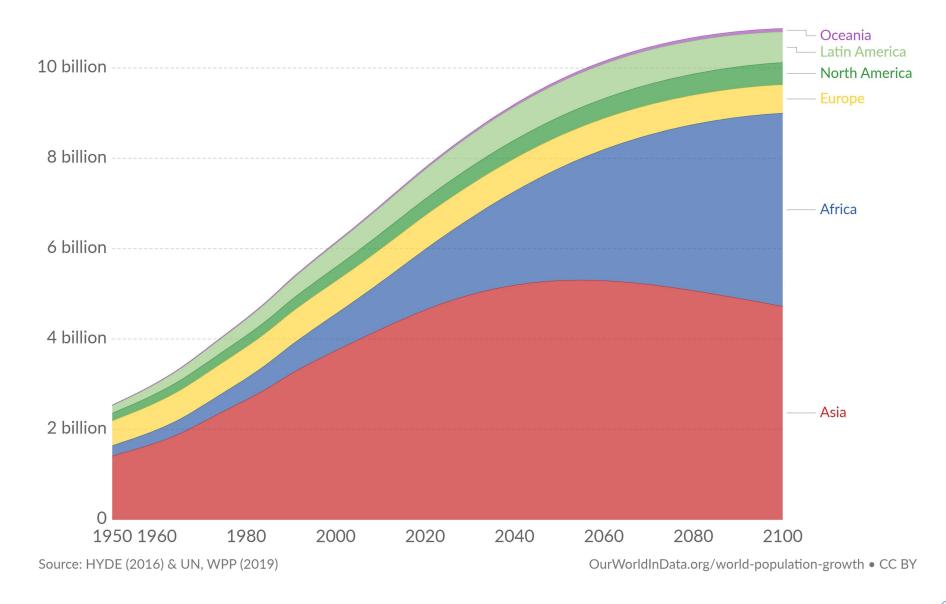




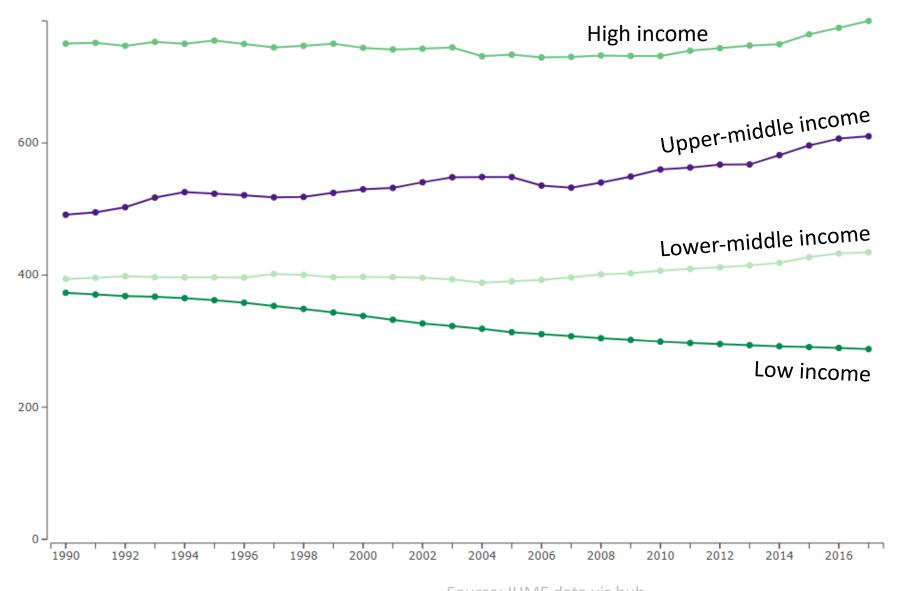
Percentage of global deaths attributable to NCDs



Population by world region

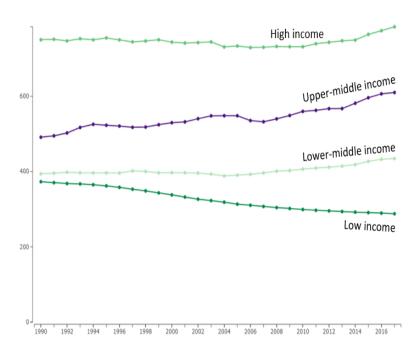


NCD death rate by income group



So...

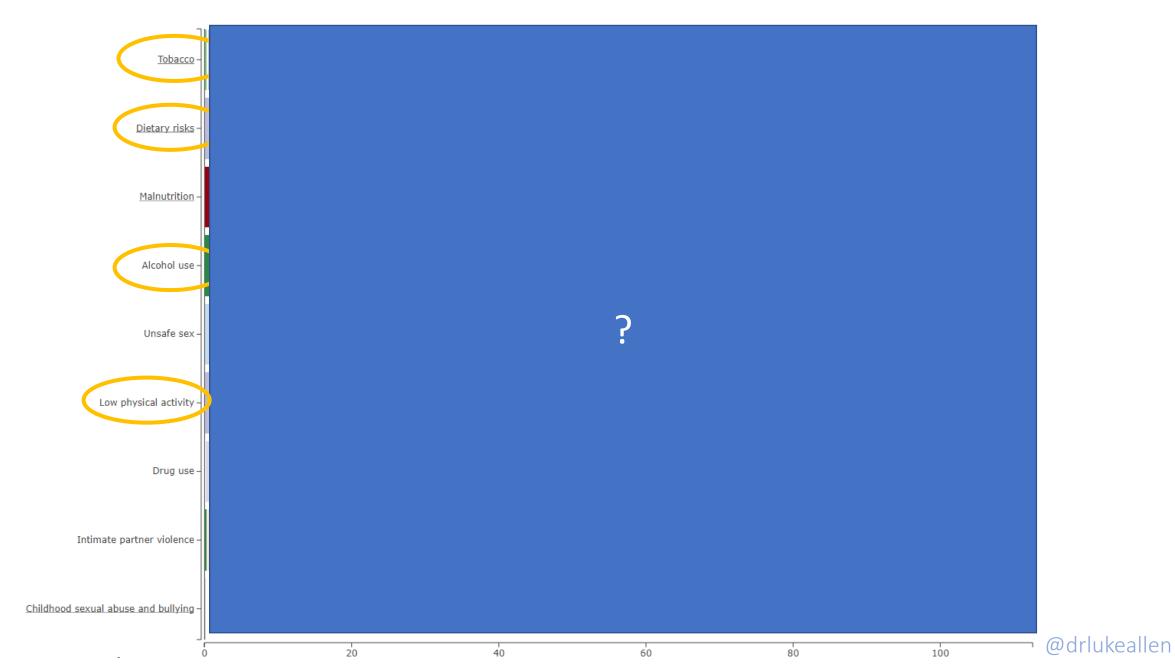
- The proportion of deaths attributable to NCDs is rising
- Especially in Africa and Asia
- This is partly because other causes are falling
- Absolute numbers of NCD deaths are genuinely rising
- But once we adjust for population growth, NCD death rates are pretty static, and falling in Sub-Saharan Africa
- NCD death rates are growing fastest in uppermiddle income countries



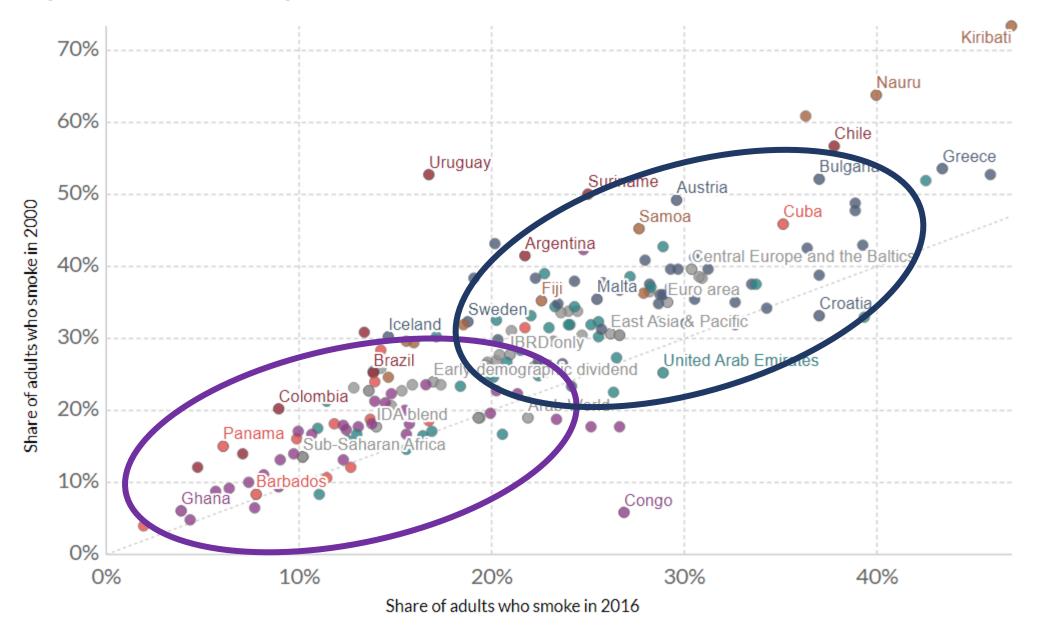
Source: IHME data viz hub

What's happening with NCD risk factors?

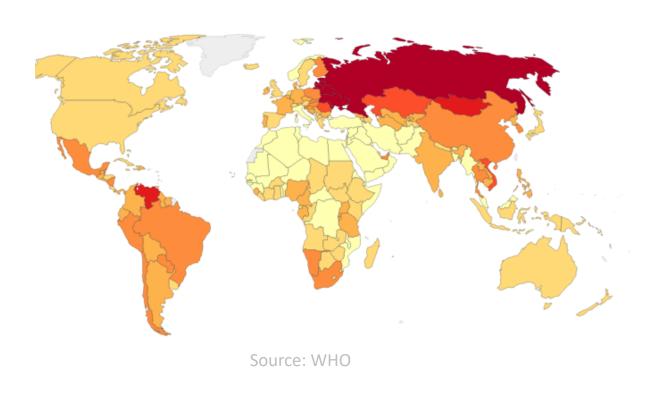
Global deaths from different risk factors

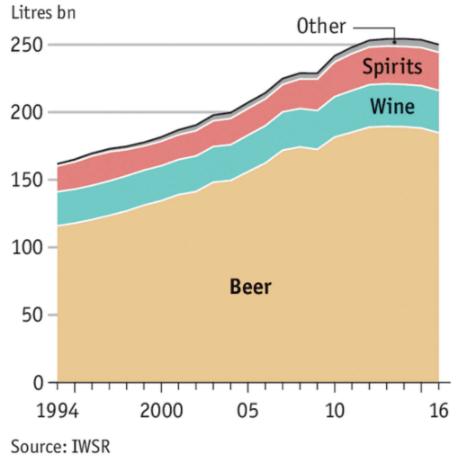


Smoking rates are falling

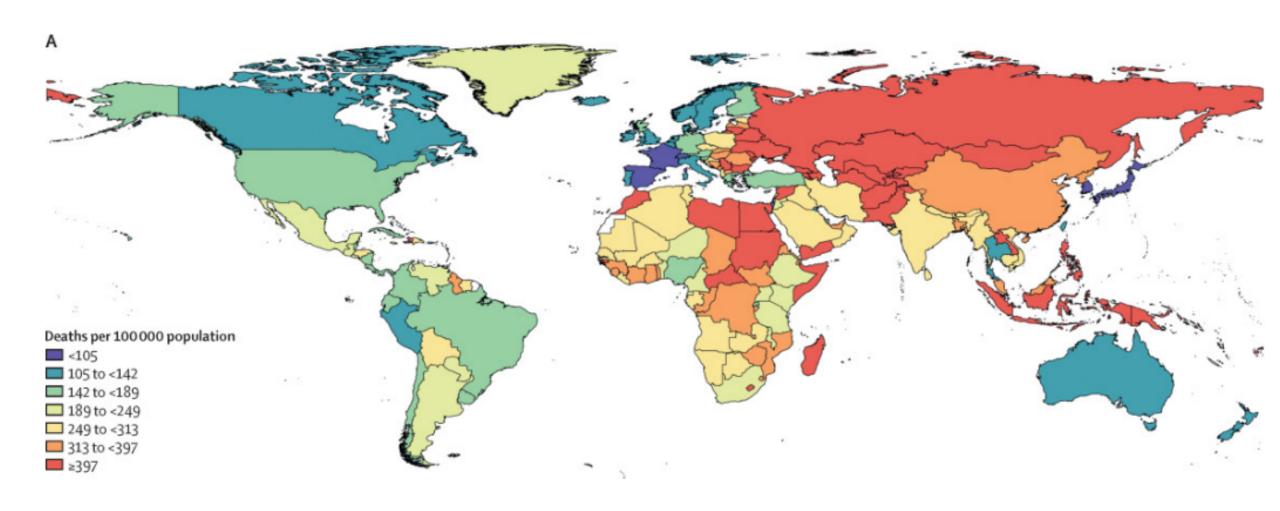


We have reached peak booze

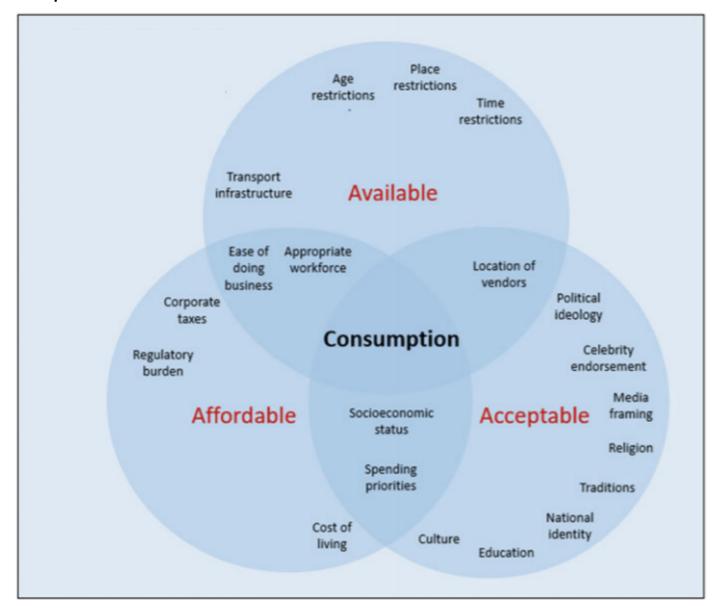




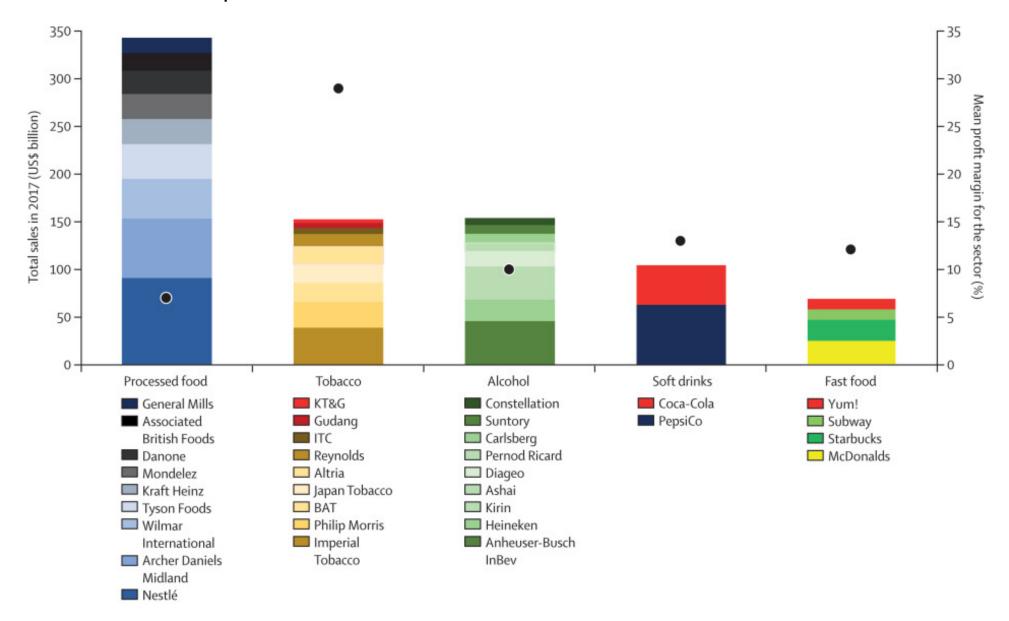
Poor diet is a major problem



What drives consumption of NCD vectors?



What drives consumption of NCD vectors?



How can we stop overconsumption?

WHO 'Best Buys'



- Increase excise taxes and prices on tobacco products
- Implement **plain packaging** and/or large graphic health warnings on tobacco packages
- Ban tobacco advertising, promotion and sponsorship
- Ban smoking in all indoor workplaces, public places, and on public transport
- Warn about the harms of smoking/tobacco use and second hand smoke through mass media campaigns
- Provide tobacco cessation programs

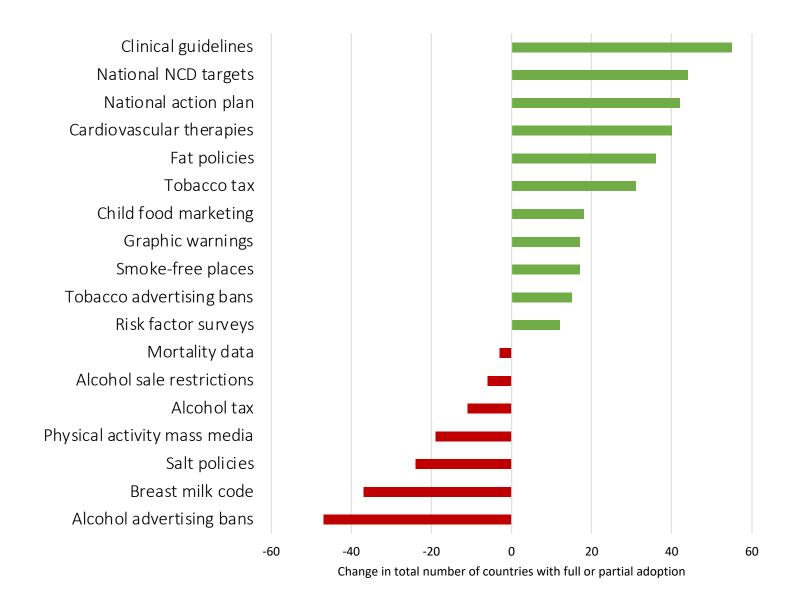


- Increase excise **taxes** on alcoholic beverages
- Ban or restrict alcohol advertising.
- Restrict the physical availability of retailed alcohol
- Enact and enforce **drink-driving laws** and blood alcohol concentration limits
- Provide **psychosocial intervention** for persons with hazardous and harmful alcohol use



- Reduce salt intake by:
- product reformulation and setting targets for the amount of salt in foods and meals
- providing lower sodium options in public institutions
- promoting behavior change through mass media campaigns
- implementing front-of-pack labeling
- Ban trans-fats in the food chain
- Raise taxes on sugar-sweetened beverages to reduce sugar consumption

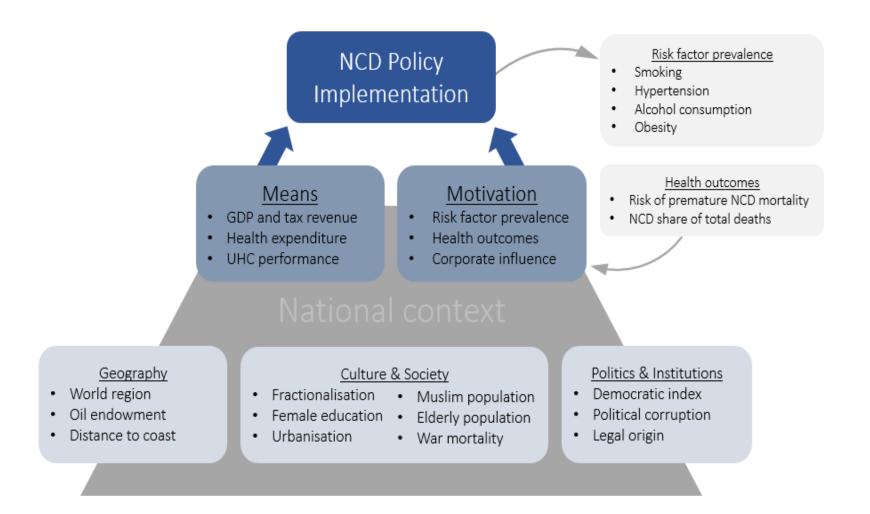
Change in policy implementation from 2015-2020

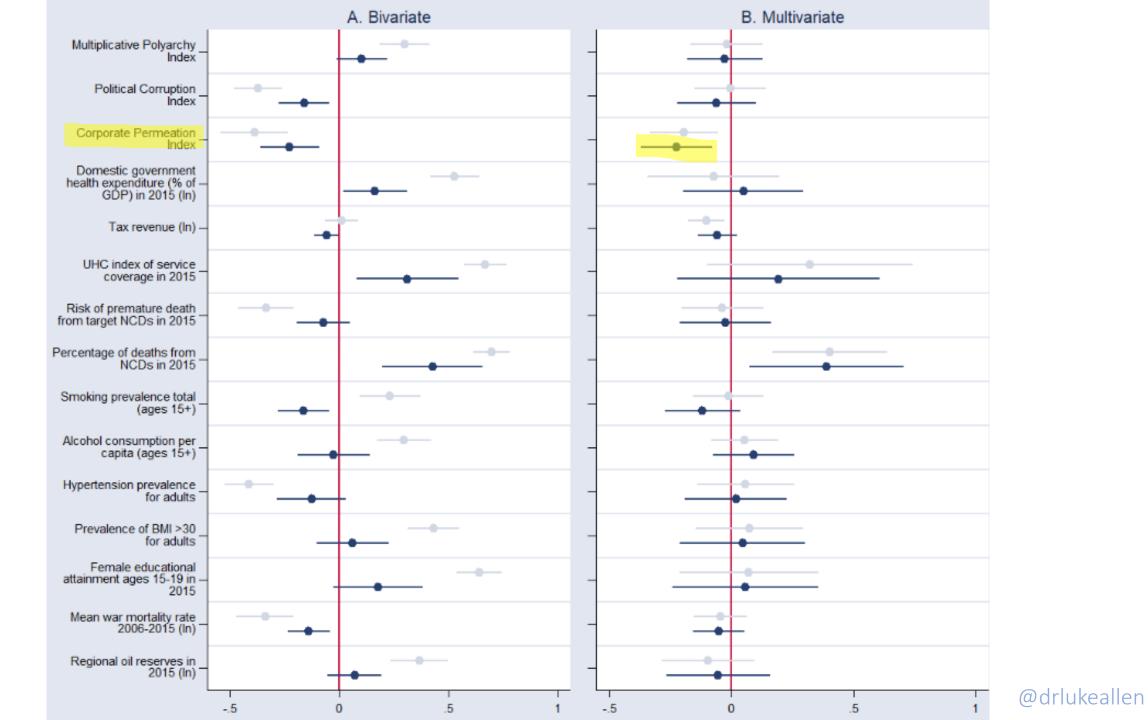


NCD policy implementation heat map

							World Bank Income Category			WHO Region						
	Former- Soviet	OECD	EU	G20	Gulf states	SIDS	High	Upper middle	Lower middle	Low	AFRO	WPRO	РАНО	EMRO	SEARO	EURO
n	15	36	27	43	6	38	57	60	46	31	46	27	35	22	11	53
National NCD targets	93%	49%	44%	59%	100%	63%	55%	68%	70%	55%	58%	67%	70%	64%	100%	52%
Mortality data	90%	100%	98%	93%	50%	50%	89%	61%	23%	2%	8%	41%	80%	27%	14%	91%
Risk factor surveys	83%	68%	61%	67%	58%	45%	59%	61%	57%	42%	39%	69%	51%	55%	68%	66%
National action plan	93%	58%	57%	63%	100%	59%	63%	64%	64%	52%	47%	65%	60%	59%	100%	68%
Tobacco tax	37%	76%	81%	74%	25%	18%	59%	39%	18%	8%	12%	33%	26%	27%	32%	66%
Smoke-free places	50%	49%	48%	52%	25%	46%	51%	62%	46%	45%	38%	59%	66%	48%	59%	52%
Graphic warnings	90%	92%	100%	92%	58%	50%	79%	63%	61%	37%	40%	70%	66%	45%	68%	83%
Tobacco ad bans	57%	46%	54%	51%	92%	42%	50%	49%	52%	55%	54%	54%	33%	68%	50%	52%
Tobacco mass media	40%	53%	41%	48%	33%	21%	44%	27%	32%	13%	18%	39%	24%	34%	41%	38%
Alc sale restrictions	53%	44%	44%	47%	58%	49%	47%	54%	54%	52%	50%	43%	54%	70%	64%	46%
Alcohol ad bans	83%	49%	44%	41%	42%	12%	35%	33%	35%	26%	21%	13%	11%	57%	55%	54%
Alcohol tax	63%	43%	35%	37%	33%	45%	40%	47%	47%	48%	45%	41%	46%	59%	41%	42%
Salt policies	50%	68%	67%	64%	92%	13%	59%	33%	17%	0%	1%	28%	27%	43%	32%	58%
Fat policies	77%	92%	100%	88%	100%	11%	75%	29%	16%	0%	2%	11%	27%	43%	23%	79%
Child food marketing	67%	86%	78%	70%	33%	11%	60%	32%	13%	3%	0%	33%	23%	18%	36%	66%
Breast milk code	53%	42%	50%	49%	58%	24%	42%	43%	47%	47%	46%	26%	37%	52%	59%	50%
PA campaigns	87%	94%	100%	95%	75%	63%	88%	70%	33%	18%	21%	54%	77%	36%	50%	91%
Clinical guidelines	93%	82%	78%	81%	92%	51%	72%	66%	62%	45%	47%	61%	69%	52%	86%	75%
CVD therapies	60%	76%	76%	69%	83%	37%	69%	43%	13%	2%	5%	44%	26%	36%	36%	69%
Total	69%	67%	66%	65%	64%	37%	60%	50%	40%	29%	29%	45%	46%	47%	53%	63%

Conceptual framework for NCD policy implementation

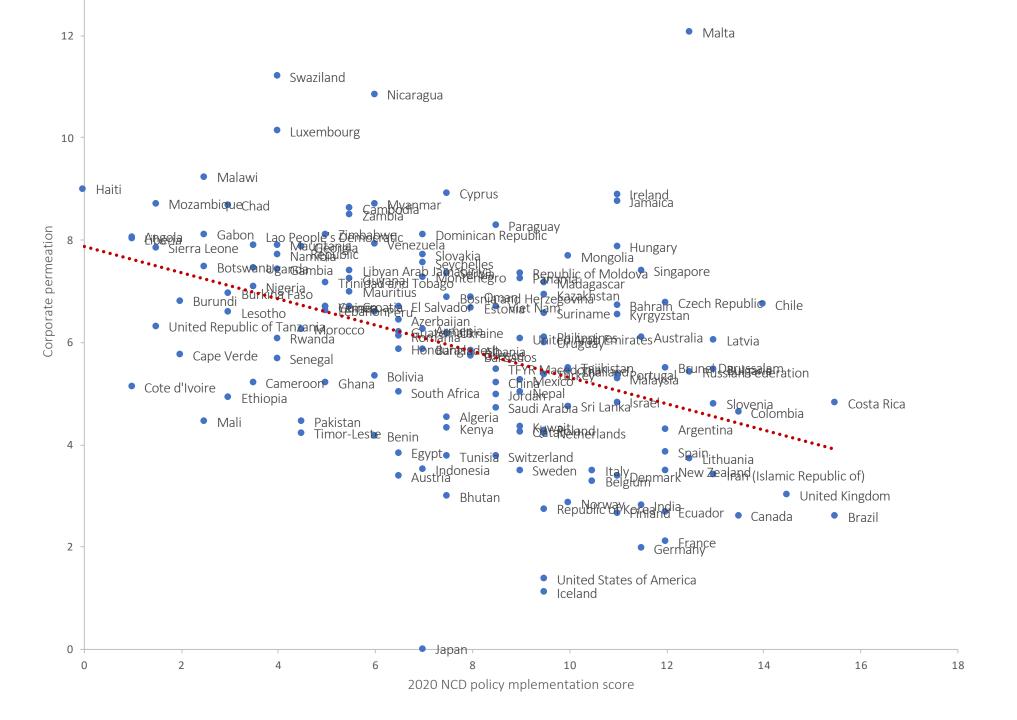




"The extent to which corporations are embedded in the political, legal, social, economic and cultural fabric of a country"

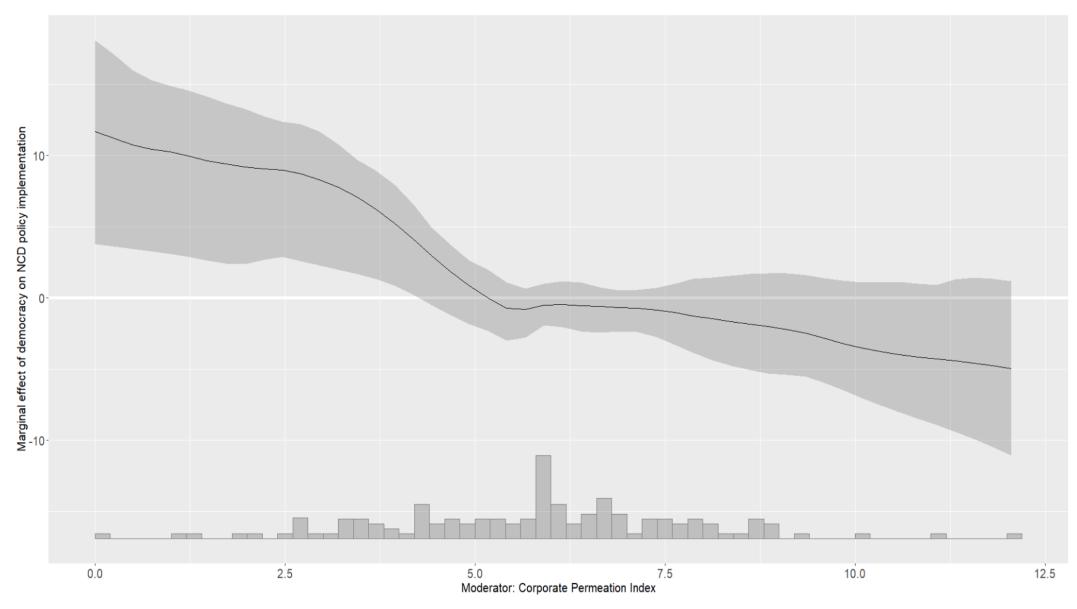
Madureira Lima J, Galea S. The Corporate Permeation Index:
A tool to study the macrosocial determinants of Non-Communicable Disease.

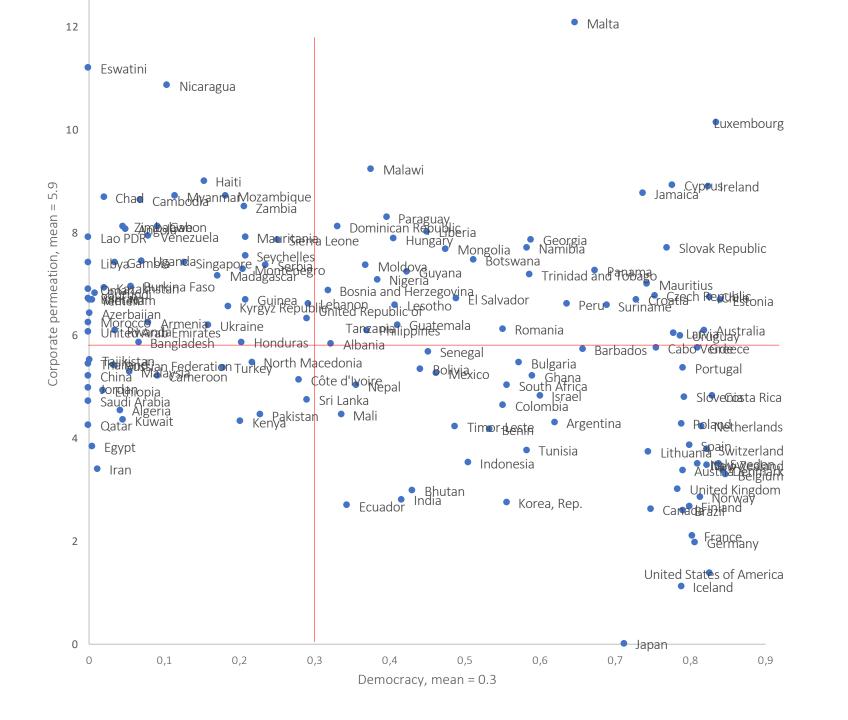
Soc Sci Med-Popul Heal. 2019.



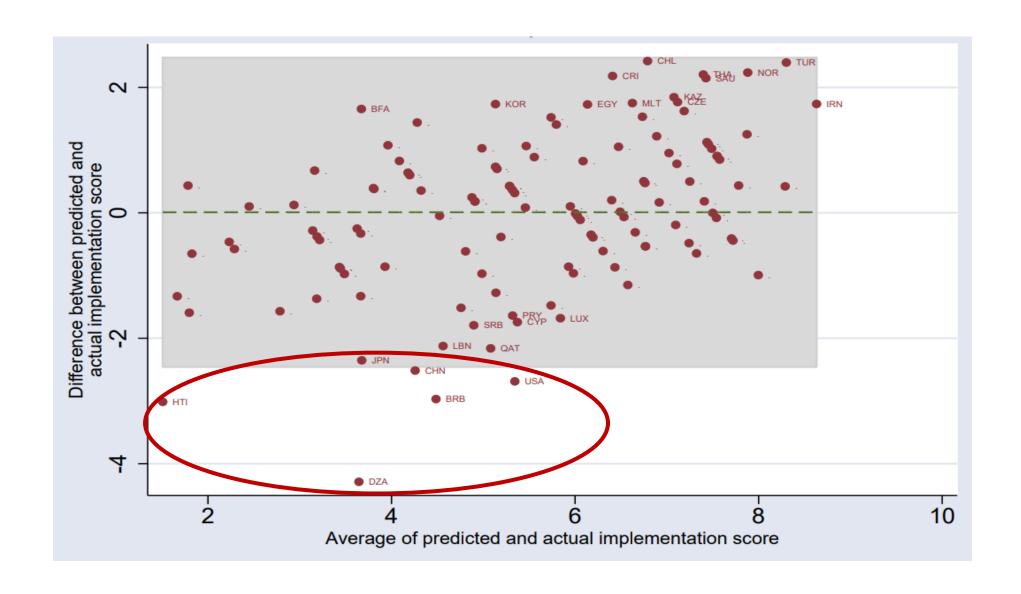


Democracy and corporate permeation





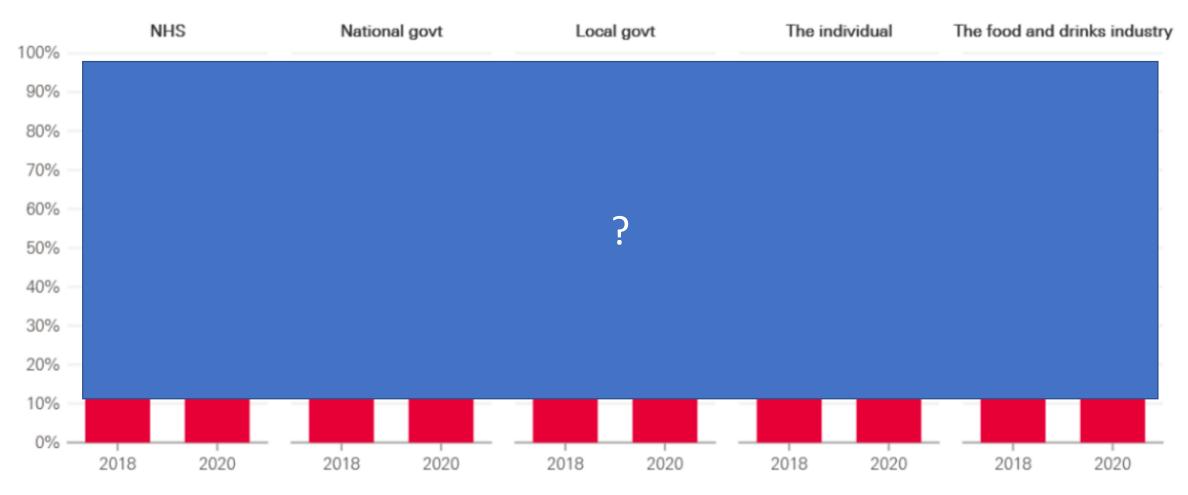
Policy action against tobacco, alcohol, and poor diet

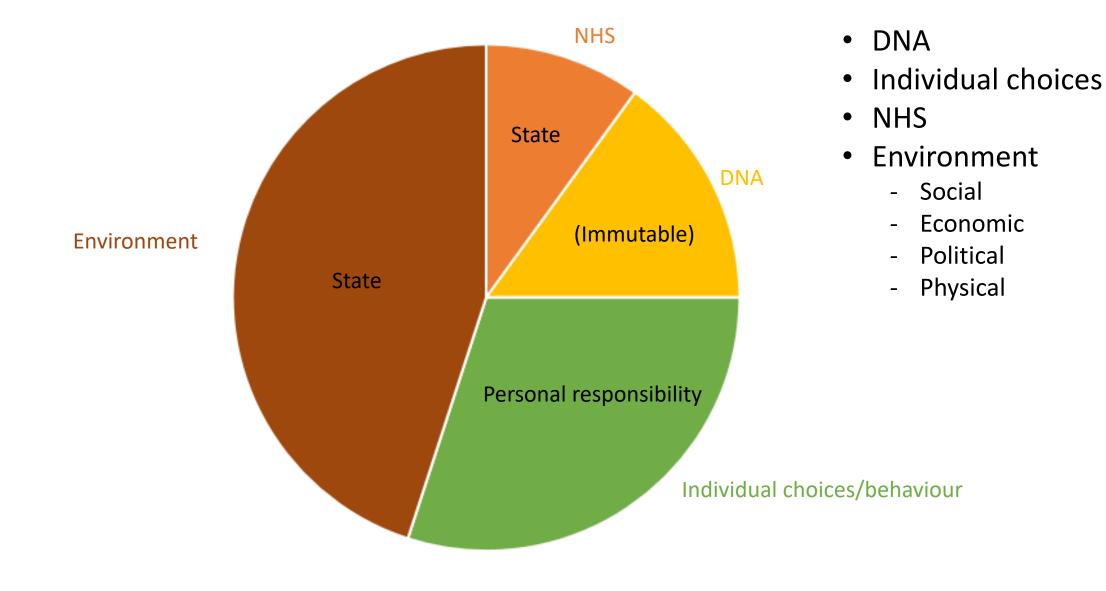


Should we stop overconsumption?



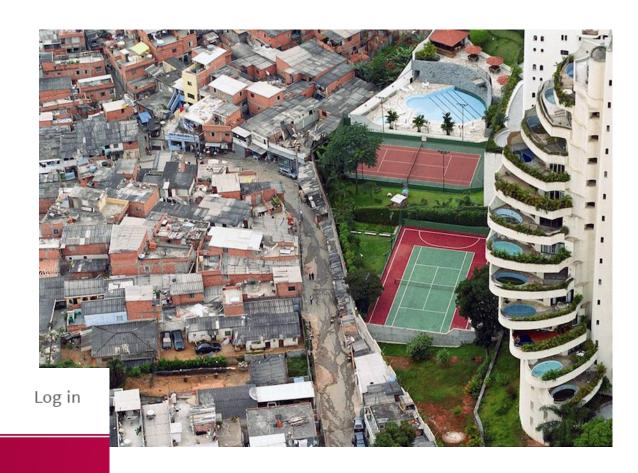








THE LANCET Global Health



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Socioeconomic status and non-communicable disease behavioural risk factors in low-income and lower-middle-income countries: a systematic review

Luke Allen, MPH • Julianne Williams, MSC • Dr Nick Townsend, PhD 💍 🖂 • Bente Mikkelsen, MD • Nia Roberts, PhD

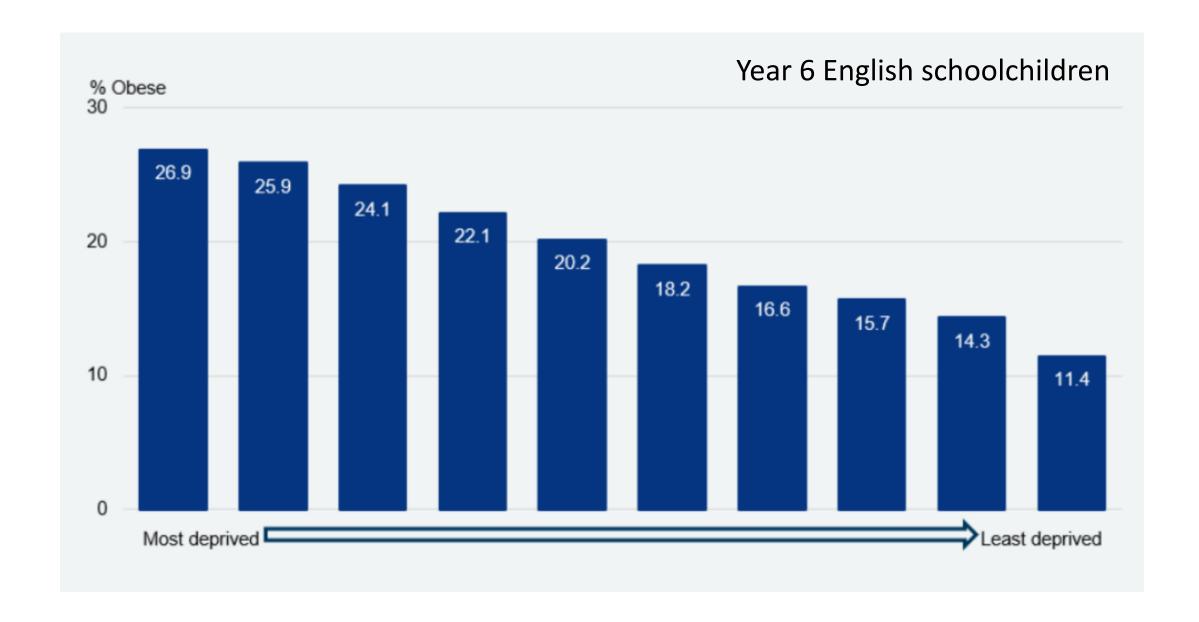
Charlie Foster, PhD • Kremlin Wickramasinghe, PhD • Show less

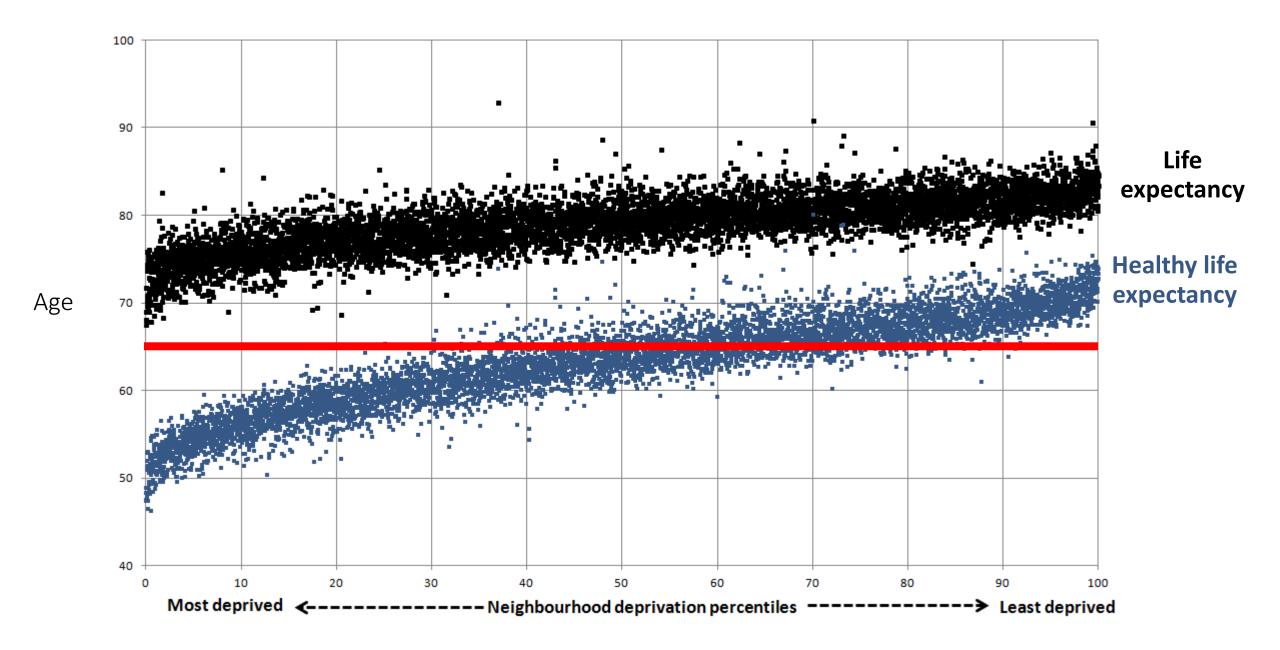


The Chief Medical Officer's Ten Tips for Better Health

- 1 Don't smoke. If you can, stop. If you can't, cut down.
- 2 Follow a balanced diet with plenty of fruit and vegetables.
- 3 Keep physically active
- 4 Manage stress by, for example, talking things through and making time to relax.
- 5 If you drink alcohol, do so in moderation.
- 6 Cover up in the sun, and protect children from sunburn.
- 7 Practise safer sex.
- 8 Take up cancer screening opportunities.
- 9 Be safe on the roads: follow the Highway Code.
- 10 Learn the First Aid ABC: airways, breathing and circulation.

Source: DoH (1999) Saving Lives: Our Healthier Nation. London: The Stationery Office



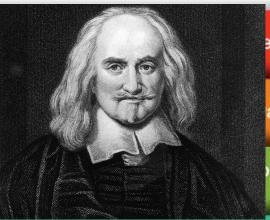


Greater levels of intervention

Eliminate choice

Restrict choice: n

Guide choice throughto influence people to



to prevent citizens

alla from harm, including

roharm to themselves"

Thomas Hobbes. Leviathan. 1651.

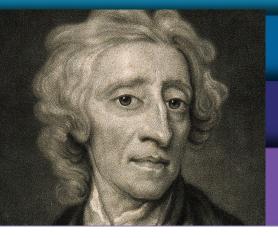
Guide choice through incentives: use financial and other incentives to guide people to pursue certain activities.

Guide choice through changing the default: make 'healthier' choices the default option people,

Enable choice: enable peop

Provide information: inform ar

Do nothing or simply monitor th

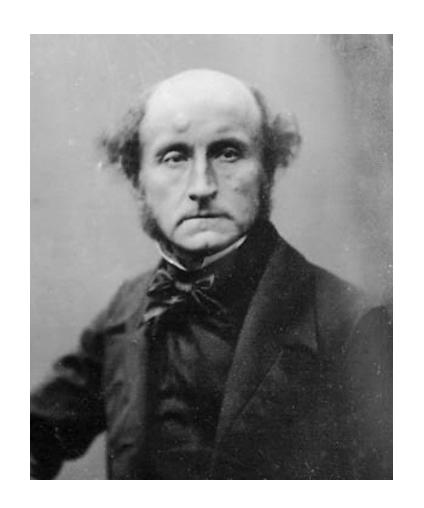


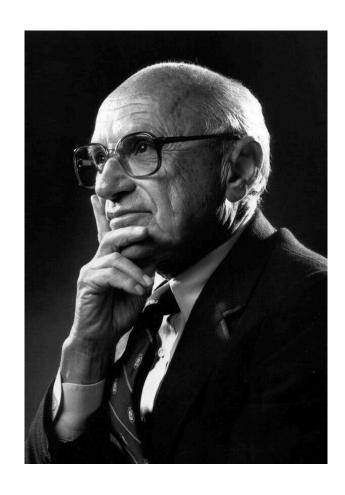
"The sole purpose of the government is to protect and enlarge personal freedoms"

John Locke. Two treatises of government. 1689.

"The only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant"

John Stewart Mill. On liberty. 1859.





"The government solution to a problem is usually as bad as the problem"

"If you put the federal government in charge of the Sahara Desert, in 5 years there'd be a shortage of sand"

Milton Friedman



"Everything in moderation"

Hesiod, Aristotle, Plautus

"Everything in moderation, including moderation"

Oscar Wilde



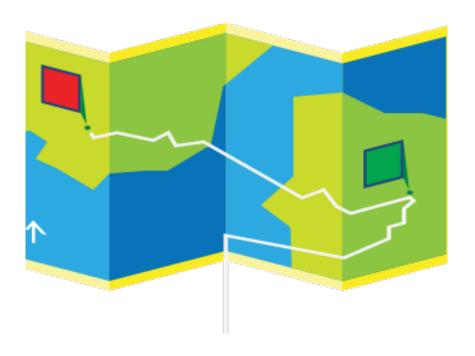


"I have the right to do anything – but I will not be mastered by anything"

St Paul, 1 Corinthians 6v12



Summary



- NCDs are killing us, because:
 - Were richer
 - Better at treating other conditions
 - Biologically hardwired to consume naughty treats
- What's happening with NCD deaths?
 - Rising in middle income countries
 - Static or falling elsewhere
- What's happening with NCD risk factors?
 - Poor diet is endemic
 - Tobacco and Alcohol are retreating
- How/should we stop overconsumption?
 - We have a toolkit of effective policies
 - Is their use legitimate?

Primary Care

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"the tradition that the state should interfere as little as possible is a long and honourable" what is the acceptable level of intervention to protect health of citizens? public opinion shifts over time

The public broadly supports state intervention to curb individual freedom to protect health during covid

Popn often expects that state will act to ensure that food is safe

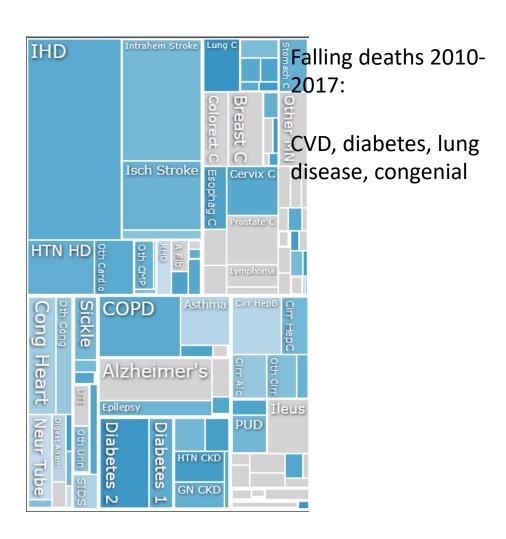
There is public support to constrain wealthy industries that operate based on addiction

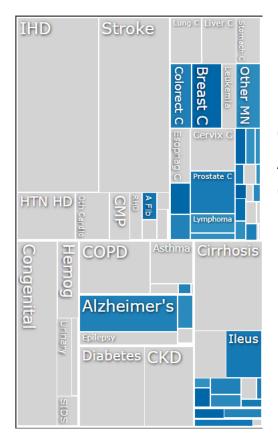
Less clear when it is a capacitous adult making individual decisions that do not affect anyone else

- Lucy Westerman @lewest
- Anna Gilmore
- Ilona Kickbusch @IlonaKickbusch
- Marion Nestle
- Carina Alm
- Katie Dain
- Bente Mikkelsen
- Jordan Jarvis @Jordan DJarvis

- Martin McKee
- David Stuckler
- Nason Maani
- Aaron Reeves
- Harry Rutter
- Simon Wigley
- Hampus Holmer

Why are NCD deaths falling in SSA?

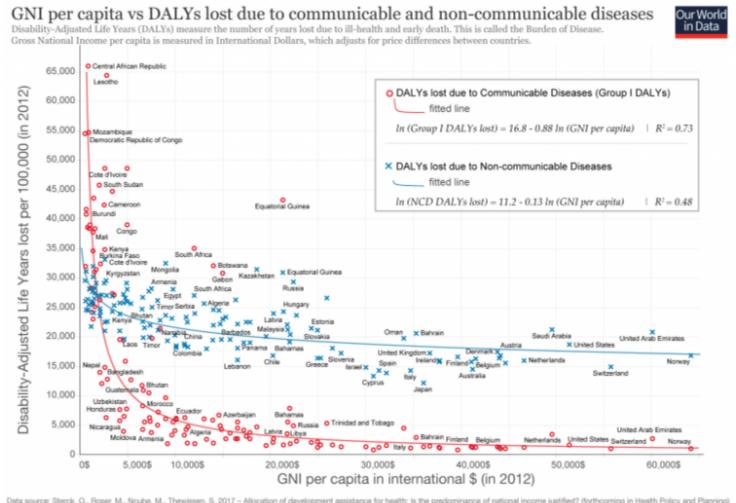




Rising deaths 2010-2017:

Cancers
Alzheimers
Odd gastro things
Drug abuse

Getting rich really brings down ID DALYS, but smaller gains for NCDs



Data source: Sterck, O., Roser, M., Noube, M., Thewissen, S. 2017 – Allocation of development assistance for health: Is the predominance of national income justified? (forthcoming in Health Policy and Planning)
This data visualization is available at OurWorldinData.org where you find more research and visualizations on this topic.

Licensed under CC-BY-SA by the author Max Roser.

Tobacco

Disruptions to production:

Philip Morris USA suspended production at its Richmond manufacturing centre

But sales remain strong

Hefler M, Gartner CE. The tobacco industry in the time of COVID-19: time to shut it down?.



Cigarette sales remain strong during coronavirus lockdown as Marlboro maker says stimulus checks and vaping restrictions are encouraging customers to stock up on smokes

- Marlboro manufacturer predicts cigarette sales may only drop by 2 percent this
 year
- Company CEO says coronavirus lockdowns have allowed smokers more time to light up
- Meanwhile, negative coverage of e-cigarettes has likely forced some vapers to switch back to tobacco
- The stress of the pandemic also means many may be less inclined to try and give up smoking this year; stimulus checks have helped keep many stocked up
- In 2019, the CDC reported 14 percent of American adults were smokers, down from more than 40 percent during the 1960s



Alcohol

Western Australia restricts alcohol sales

Alcohol-related issues take up an enormous amount of resources in our health system. These are resources we simply cannot afford to spare during the COVID-19 situation.

"This only will result in problems throughout our society that we cannot afford right now," he said.

"These are problems that will stretch our police force and only put more pressure on our hospital system."

More details about the restrictions were set to be revealed by Mr McGowan and Police Commissioner Chris Dawson on Wednesday.

Flagging the restrictions earlier this week, Commissioner Dawson said he would "exercise any emergency power to keep the community safe". "We will consider all options depending on whether the community behave and do that in a civil way," he said at the time.

"They haven't done it with toilet paper."

Kim JU, Majid A, Judge R, Crook P, Nathwani R, Selvapatt N, Lovendoski J, Manousou P, Thursz M, Dhar A, Lewis H. Effect of COVID-19 lockdown on alcohol consumption in patients with pre-existing alcohol use disorder. The Lancet Gastroenterology & Hepatology. 2020 Oct 1;5(10):886-7.

Alcohol Change UK. Drinking during lockdown: Headline finding.

https://alcoholchange.org.uk/blog/2020/covid19-drinking-during-lockdown-headline-findings#:~:text=This%20suggests%20that%20around%208.6,more%20per%20session%20since%20lockdown.



Coronavirus outbreak prompts new restrictions on alcohol sales in WA bottle shops

By Jacob Kad

Posted Wed 25 Mar 2020 at 1:36am, updated Wed 25 Mar 2020 at 2:34pm



Customers will be limited to purchasing three bottles of wine per day, although they can add other items. (ABC News: Mitchell Woolnough)

Share f S

Alcohol sales have been restricted across Western Australia to prevent panic buying and stop excess drinking during the coronavirus outbreak, with limitations on how much bottle shops can sell to patrons introduced.

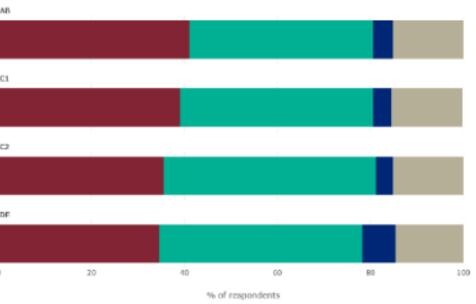
8.6 million adults in the UK are drinking more frequently since lockdown, while 14 million are drinking less often or have stopped drinking entirely. – Alcohol change UK survey of >2k adults



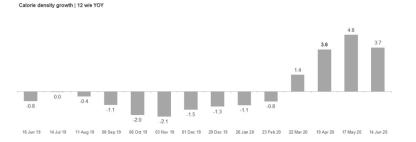
Diet

PHE: Wider Impacts of COVID-19 on health monitoring tool.

Proportion of respondents snacking more or less often in the past month by social class in England, Wales and NI



Kantar (2020) How will lockdown and economic downturn affect our behaviour when it comes to nutrition?



Portugal's voluntary food reformulation agreement and the WHO reformulation targets

Francisco Goiana-da-Silva^{1,2}, David Cruz-e-Silva³, Luke N Allen⁴, Alexandre Morais Nunes⁵,Conceição Calhau^{6,7}, Ana Rito⁸, Alexandra Bento⁹, Marisa Miraldo¹⁰, Ara Darzi¹¹

Table 1. Sugar, salt and trans fatty acids reduction targets before and after negotiations

	TARGETS FOR MACRONUTRIENT REFORMULATION								
FOOD CATEGORY	Targets suggested by the MoH (before negotiations)	Targets agreed between the MoH and the food sector (after negotiations)							
Sugar:									
Breakfast cereals	20%	10%							
Cookies and biscuits	20%	No agreement reached							
Chocolate milk	20%	10%							
Yogurts	20%	10%							
Soft drinks	20%	10%							
Fruit juices	20%	7%							
Salt:									
Crisps and other snacks	16%	12%							
Cookies and biscuits	16%	No agreement reached							
Breakfast cereals	16%	10%							
Processed meats (ham)	16%	No agreement reached							
Cheese	16%	No agreement reached							
Ready-to-eat soups	16%	10%							
Bread Toast	16%	No agreement reached							
Bread	30%	30%							
Trans fatty acids:									
Fat spreads	<2g of fat	<2g of fat							
Cookies and biscuits	<2g of fat	<2g of fat							
Pastries	<lg fat<="" of="" td=""><td><lg fat<="" of="" td=""></lg></td></lg>	<lg fat<="" of="" td=""></lg>							

^{*}All reductions percentages are based on baseline levels from March 2018.

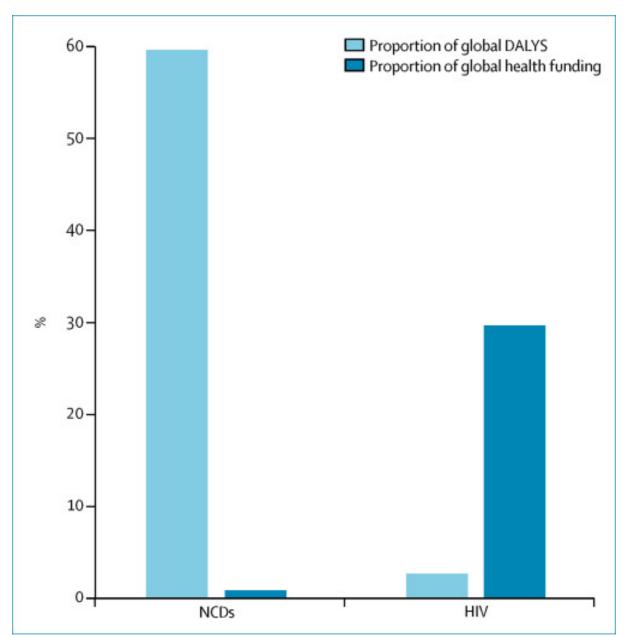
CORRESPONDENCE | VOLUME 5, ISSUE 2, P92, FEBRUARY 01, 2017



Non-communicable disease funding

Luke Allen ⊠

Published: December 16, 2016 • DOI: https://doi.org/10.1016/S2213-8587(16)30420-X



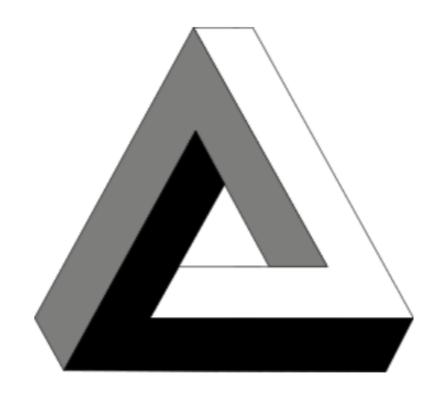
The central role of evidence for a State public health intervention.

Three things should be kept in balance:

 Difficulty of the intervention. Includes popular support/opposition, cost, time.

Size of the health effect.

Strength of the evidence.



Penrose triangle. Sir Roger Penrose, sometime Gresham Professor of Geometry. Wiki.

For those sceptical of the State's right to intervene for wider public health:

Pro intervention:

- The vulnerable (children).
- Strong evidence.
- Big effect.
- Cost-effective.
- Healthy working age population.

Con:

- Removing existing rights.
- Removing pleasures.
- Exposes the citizen to the law.
- Barrier to trade.
- Expands government.
- Unintended consequences.