



opportunities for all

A regular series of notes highlighting recent lessons emerging from the operational and analytical program of the World Bank's Latin America and Caribbean Region (LAC).

## Governance of Multi-sectoral Interventions to Promote Healthy Living in Latin America and the Caribbean<sup>1</sup>

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Ciclovía Bogotá, photo taken by Diana Fernández.

### *Health and Economic Burden of Non-Communicable Diseases in LAC*

1. The Latin America and Caribbean region has been experiencing a rapid demographic and epidemiological transition which has important health and economic consequences. Not only is the population aging rapidly, but it is also experiencing major changes in lifestyle. This has altered the disease and mortality profile, reflected in the increasing weight of non-communicable diseases (NCDs), such as heart disease, stroke, cancer and diabetes. These conditions also represent an increasing economic and development threat to households, health systems, and economies.

2. Much of this health and economic burden can be avoided, since an important share of NCDs is due to exposure to preventable risk factors such as unhealthy diets, physical inactivity, tobacco use, and alcohol abuse.<sup>2</sup> Diets in most LAC countries are high in calories, sugars, fats and sodium, and low in fruits and vegetables. These diets, combined with sedentary lifestyles, are responsible for the large percentage of overweight and obese adults. Due to the disability-adjusted life years lost, attributed to overweight and obesity, the 2010 Burden of Disease Study ranked high body mass index as the first risk factor for health in southern LAC (Argentina, Chile and Uruguay), the second in the Caribbean and in Central LAC (Mesoamerica, Colombia and Venezuela), and the third in the rest of the region.<sup>3</sup> The study also ranked tobacco use among the first five risk factors in LAC and alcohol abuse as the main risk factor in all sub-regions, with the exception of the Caribbean and southern LAC, where alcohol was ranked among the first five.

### *Multisectoral Interventions to Prevent Health Risk Factors and Pending Agenda for LAC*

3. Many interventions to prevent some of the NCD economic and health impacts go beyond the health sector and the activities it traditionally delivers. In this context, strengthening multi-sectoral efforts to improve diets, promote physical activity, and particularly, to reduce tobacco use and alcohol abuse, are priorities. There are several cost-effective interventions that have been proven to lower

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2. World Health Organization. 2005. WHO Report. Preventing Chronic Diseases. A Vital Investment. Genève: WHO.

3. Lim, Stephen. S., A. D. Lopez, C. J. L. Murray, M. Ezzati, T. Vos, A.D. Flaxman, G. Danaei, K. Shibuya, H. Adair-Rohani, M. Amann, H Ross Anderson, K.G. Andrews, M. Aryee, C. Atkinson, L. J Bacchus, A. Bahalim, et al. 2012. A comparative risk assessment of the disease and injury burden attributed to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: A systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; 380: 2224–60.



Mexico City, photo by M. Bonilla-Chacín.

exposure to tobacco use and alcohol abuse (Table 1). There are fewer well known cost-effective interventions to improve diets and promote physical activity, except for those to decrease the intake of sodium and trans fats. Thus, controlling tobacco use and alcohol abuse should be the main priorities, followed by reducing the intake of sodium and trans fats. But, given the importance of overweight and obesity as risk factors, countries should adopt policies to improve diets in general and physical activity.

4. There are several examples of successful or promising interventions to promote healthy living in the region. These include the following: (a) In Argentina, agreements between the government and industry to reduce sodium in processed foods and the reform of the Food Code to reduce trans fats in processed foods, (b) in Bogota, a built environment that promotes physical activity; (c) in Mexico, the National Agreements for Food Health (the National Anti-Obesity Strategy), and (d) in Uruguay, tobacco control policies (Table 1). Also, almost all countries signed the Framework Convention for Tobacco Control (FCTC) and have passed laws and regulations accordingly. Similarly, most LAC countries have in place some of the cost-effective interventions needed to control alcohol abuse. Moreover, at the local and national levels groups of deeply committed policymakers and health advocates have created effective and long-lasting policies to prevent NCDs.

5. Despite these examples, there is relatively little evidence of ongoing activities to fight NCDs at population level in LAC, particularly with respect to policies to improve diets. It has been difficult worldwide to reverse the obesity trend; however, some policies have helped improve diets and promote physical activity. Regarding physical activity, some LAC cities are launching policies to build environments that facilitate it; but such efforts often occur only in large urban centers and upper-middle-income countries.

6. In addition, policies to control tobacco use and alcohol abuse are often not fully enforced, and there is room for improving fiscal policies<sup>4,5</sup>. In the case of alcohol abuse, the laws have many gaps, particularly those that restrict alcohol sales. Although alcohol abuse is the main health risk factor in most of the region, there is little information about comprehensive strategies to control it. However, two promising strategies were implemented in Brazil, in the cities of Diadema and Paulina.<sup>6,7</sup>

### International and Regional Experiences with Multi-sectoral Interventions to Prevent Health Risk Factors – Lessons for LAC

7. Improving diets, increasing physical activity, and reducing tobacco use and alcohol abuse require the concerted efforts of different stakeholders in various sectors; for this reason, the decision-making process associated with these interventions presents challenges to policymakers and other health advocates. International experience shows that to overcome them, some of the following strategies will be required.

8. To consolidate the various stakeholders' interests towards the same public health goal, policymakers must engage in dialogue and negotiations with all interested parties. To succeed, in this course authorities need to understand the incentives for each stakeholder. There are promising examples of agreements between governments and industry to improve public health; one of those examples can be found in LAC, the agreements reached between the food industry and the Government of Argentina to reduce sodium in processed foods.

9. Often, when a government initiates the dialogue, companies develop their own guidelines and standards that improve their products' impact on public health. In the UK, food companies developed their own standards for nutrition labels (Traffic Lights System) which have been effective.<sup>8</sup>

10. However, voluntary actions are often ineffective and policymakers have replaced them with regulations. For example, in Europe, Canada, and the US, early voluntary nutrition labeling actions failed to meet government standards and expectations which led governments to use mandatory guidelines. In New York City, authorities encouraged restaurants to voluntarily provide easily-seen nutrition information to customers, but, as this did not occur, the City passed a regulation.<sup>9,10</sup>

**Table 1:**  
Examples of successful or promising multi-sectoral interventions to prevent risk factors in OECD and LAC countries –targeted risk factors, evidence of cost-effectiveness (C/E) according to WHO, and sectors involved

Risk Factor	WHO – C/E	Intervention	International Examples	Sectors Involved
Unhealthy diets	Best Buys	Salt reduction strategies	North Karelia, Finland community program to reduce CVD. Argentina agreements with the industry to reduce sodium in processed foods.	Agriculture, health, food production, food retail, food advertising, restaurants, city governments, legislature.
		Replacing trans fat	New York City ban on trans fats in restaurants. Denmark legislation. Argentina reform of the Food Code to regulate amount of trans fats in processed foods.	
		Nutrition labeling	UK traffic light system. US 1994 Nutrition and Education Bill. NYC regulates calorie content in restaurants.	
		Social media campaigns	Wheeling, US, 1% or less campaign. EPODE Project.	
	Other C/E and low cost interventions	Regulating Advertising on marketing of foods and beverage high in salt, fats and sugar, especially to children	UK statutory regulation on advertising.	
		Taxes and subsidies to promote healthy diets	US Taxes on sodas. Poland Elimination of butter and lard subsidies.	
Physical Inactivity	Best Buy	Social media campaigns	US VERB campaign. Brazil Agita Sao Paulo.	City governments, urban planning, transport, health, civil society organizations (CSO), media.
	Effective but not enough evidence on C/E	Modifying the built environment to increase physical activity	Bogotá, Colombia.	
Community-based programs to improve nutrition and physical activity	Effective but not enough evidence on cost effectiveness	Work-based programs	US Treatwell 5-a-day.	Agriculture, health, food industry, food retail industry, schools, work places, food retailers, others.
		School-based programs	US Child and Adolescent Trial Cardiovascular Health (CATCH). US Pathways.	
		Other community based program	North Karelia – Finland. Mexico National Accords for Food Health - Technical Guidelines for the sale and distribution of food and beverage in basic education establishments	
Tobacco use	Best Buys	Fiscal Measures Banning smoking in public places. Raising awareness and increasing knowledge about dangers of tobacco use.	There are several successful world examples. In LAC, Uruguay tobacco control policy is among the most successful ones.	Finance, health, legislature, international organizations, tobacco industry, CSO.
Alcohol abuse	Best Buys	Fiscal Policies	USSR, Gorbachev anti-alcohol legislation.	Federal and state governments, City government, health sector, police, CSO.
		Restrictions on availability and access to alcohol	Sweden Systembolaget. US licensing system	
		Limiting the hours of alcohol sales	Australia, Halls Creek. Brazil, Diadema.	
		Age restrictions on alcohol purchase and sales.	US Minimum Legal Drinking Age.	
		BAC	US Checkpoint Tennessee.	

**Source:** Bonilla-Chacin, M.E. (in process) Promoting Healthy Living in Latin America and the Caribbean: Governance of Multi-sectoral Activities to Prevent Health Risk Factors. Washington DC: The World Bank.

**Note:** The second column of the table (WHO-C/E) indicates whether WHO considers the intervention a "best buy"; those interventions "known to be effective, feasible, and affordable in any resource setting" (World Health Organization. 2011. Global Status Report on Non-communicable Diseases 2010. Geneva: WHO). It also includes other cost-effective interventions and those that are effective but do not have enough evidence on their cost-effectiveness (C/E).

4. World Health Organization 2011. Global Status Report on Alcohol and Health. Geneva: WHO.

5. World Health Organization 2011. WHO Report on the Global Tobacco Epidemic 2011. Geneva: WHO.

6. Pacific Institute for Research and Evaluation 2004. Prevention of Murders in Diadema, Brazil. The Influence of New alcohol Policies. [http://resources.prev.org/resource\\_pub\\_brazil.pdf](http://resources.prev.org/resource_pub_brazil.pdf)

7. Monteiro, Maristela. Alcohol and Public Health in the Americas. PAHO. A case for Action. Washington DC, 2007.

8. Van Camp D.J., N.H. Hooker, D.M. Souza-Monteiro 2010. Adoption of voluntary front of package nutrition schemes in UK food innovations. British Food Journal, Vol. 112, 6, 580-591.

11. In some cases, the dynamic between the governments and the sector they want to regulate can be highly confrontational; thus, governments must be prepared for this. Regulations in the tobacco industry provide a clear example. Even where countries successfully reduce tobacco use through strong control policies, they still face hurdles, as occurred in Uruguay: In 2010, Phillip Morris International appealed to the International Centre for Settlement of Investment Disputes (ICSID) for an arbitration procedure against the Government of Uruguay for some of its tobacco control policies.<sup>11</sup>

12. Most successful efforts require strong coordination among the many stakeholders involved; often, it occurs through the leadership of ministries of health and institutional arrangements that favor it. The role of the health sector has been key in many successful experiences. Often, it launched the dialogue among various actors and ensured their coordination. This occurred in Argentina, with the agreements to reduce sodium and the revision of the Food Code to reduce trans fats in processed foods: Under a MoH initiative, a National Commission to Eliminate Trans Fats and Reduce Salt was created that involves several public and business organizations, scientific associations, and civil society groups. Also, in Uruguay, through a MoH request, the National Alliance for Tobacco Control, a coordination agency was created that consists of government agencies, parastatals, international organizations, academic institutions, and NGOs.

13. In general, policymakers and health advocates often gauge and mobilize public opinion to support these health promotion policies and ensure their design and implementation. For example, while the regulation to reduce trans fats was being discussed in New York City, authorities routinely publicized their concerns about the links between trans fats and coronary heart disease, which contributed to public consensus in favor of the regulation.<sup>12</sup> In Uruguay, the policy to promote smoke-free environments was accompanied by strong communication campaigns to ensure

public support. Similarly, in the city of Diadema, Brazil, through education campaigns and discussions with alcohol retailers, public opinion quickly supported policies to restrict alcohol sales.

14. In many instances, research has played a critical role in having widespread preventive interventions adopted. Thus, the importance of solid, independent, and convincing research cannot be overstated, as it is critical in shaping public opinion and raising support for policies. For example, in the UK, the decision to create a statutory regulation on food advertisements aimed at children was influenced by research that found an association between advertising and children's food preferences, and a study showing that a large percent of the expenditures on food ads directed at children was for products that were high in fat, sugar and salt.<sup>13</sup> Because research findings must be communicated to policymakers and the public, civil society groups have played a crucial role in publicizing the data and raising public awareness.

15. Many of the successes have been due to the leadership and political commitment of some key political figures. For example, (a) in Uruguay, a group of committed politicians and policymakers, including President Tabaré Vázquez, supported by strong advocacy groups, fought tobacco lobbying efforts and passed comprehensive, effective tobacco control policies; and (b) in Bogotá, the continuous efforts of two mayors, Antanas Mockus and Enrique Peñalosa, helped consolidate the city's built environment in ways that would promote physical activity.

16. Also, taking advantage of favorable conditions or times has been key to enacting some of the policies. With respect to tobacco, the Framework Convention for Tobacco Control has generated an international awareness that helped tobacco control policies to be adopted globally. Similarly, the decentralization process in Colombia made it possible for elected mayors to independently pursue policies that changed the cities' built environment in ways that promoted physical activity.

9. New York City Board of Health 2007. [http://www.cspinet.org/new/pdf/nyc\\_frieden.pdf](http://www.cspinet.org/new/pdf/nyc_frieden.pdf)

10. Mello MM 2009. New York City's War on Fat. *The New England Journal of Medicine*. 360; 91. Boston: The Massachusetts Medical Society.

11. Weiler T. Phillip Morris vs. Uruguay. An Analysis of Tobacco Control Measures in the Context of International Investment Law. Report #1 for Physicians for a Smoke Free Canada. 28 July 2010.

12. Mello MM. 2009.

13. Hastings G and Carins G. 2010 Food and beverage marketing to children. In *Preventing Childhood Obesity*. Waters, E., B. Swinburn, J. Seidell, R. Uauy. Editors. Preventing Childhood Obesity: Evidence Policy and Practice. Wiley-Blackwell. BMJ Books.

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