

COVID-19



Building resilient populations in the face of COVID-19

Noncommunicable diseases (NCDs) are responsible for 71% of global deaths.¹ Each year NCDs account for 15 million deaths between the ages of 30 and 69, of which 85% occur in low-and middle-income countries (LMICs).¹ The most common NCDs include heart disease, hypertension, diabetes, cancer, mental illness and chronic lung disease.

As of December 2020, more than 67 million people have been infected with COVID-19 and over a 1.5 million have died.² Older adults and people living with NCDs experience higher rates of severe complications and death from COVID-19.³⁻⁶ According to the United States Center for Disease Control and Prevention (US CDC), there is now sufficient evidence that conditions or risk factors including chronic obstructive pulmonary disease, obesity, serious heart conditions, type 2 diabetes mellitus and smoking increase the risk for severe COVID-19.⁷ For hypertension and type 1 diabetes mellitus, evidence is suggestive but not definitive.⁷

COVID-19 has exposed the vulnerability of people living with NCDs, highlighting the need to focus on prevention

Changes in food and alcohol consumption patterns, decreased levels of physical activity and increased stress have exacerbated risk factors associated with NCDs, potentially leaving more people vulnerable to developing NCDs and experiencing severe COVID-19 outcomes. The economic impacts of the pandemic have resulted in higher rates of poverty, unemployment and social unrest.⁸ Furthermore, the pandemic has impeded access to health care due to the increased burden on local health systems and limited access to essential health services.⁹

Proactive, scalable, evidence-based policies can reduce NCD risk factors

To save lives from COVID-19 and be better prepared for future pandemics, countries need to adopt and implement comprehensive population-level prevention policies that reduce NCD risk factors. Key risk factors include:

Unhealthy food and drink	Poor nutrition increases the risk of developing NCDs and is responsible for 11 million deaths from NCDs annually. ¹⁰ Poor diets are high in salt, sugar (in particular, sugar-sweetened beverages), saturated fat and trans fat and low in beneficial nutrients such as essential fatty acids, fiber and vitamins.
Tobacco	Tobacco use kills 6 million people annually. ¹¹ It is estimated to cause 71% of all lung cancer deaths, 42% of chronic respiratory diseases, nearly 10% of cardiovascular disease, and increase the risk of developing diabetes by 30 - 40%. ¹² Tobacco use is increasing in LMICs and by 2030, tobacco will kill more than 8 million people each year globally. ¹³
Alcohol	Harmful use of alcohol kills 3 million people each year. ¹⁴ Alcohol use is responsible for more than 5% of global deaths and disability adjusted life years (DALYs). ¹⁴ Alcohol is also the leading risk factor globally for premature death and disability for people between the ages of 15 and 49. ¹⁵
Air pollution	Indoor and outdoor air pollution kill 5 million people a year globally and significantly increase the risk of stroke, ischemic heart disease, and respiratory diseases including COPD and lung cancer. ^{16,17} Of deaths caused by air pollution, 40% are from heart disease, 11% from COPD and 6% from lung cancer. ¹⁸

For more information on Resolve to Save Lives, an initiative of Vital Strategies, please visit www.ResolveToSaveLives.org.

POLICY RECOMMENDATIONS

The following policy recommendations aim to address the risk factors that lead to the most NCD deaths and which are associated with increased risk for poor outcomes from COVID-19. The policy recommendations are evidence-based, feasible to implement, cost-effective or even cost-saving, and have high potential impact.



Elimination of trans fat

WHO has committed to eliminating artificial trans fat from the global food supply by 2023 and developed the [REPLACE Action Package](#). Trans fat can be eliminated through either: a mandatory national limit of 2g of artificial trans fat per 100g of total oils and fats in all foods, or a national ban on the production and use of partially hydrogenated oils (main source of artificial trans fats). Trans fat elimination is feasible for industry, low cost to government and considered a [cost-effective intervention](#) by WHO.



Taxation of unhealthy foods and beverages

Excise taxes on products that don't meet nutritional standards can discourage the consumption of unhealthy foods while raising revenue to support NCD programs. Evidence from several countries shows that taxes on sugar-sweetened beverages such as sodas, fruit drinks and flavored milks increased public awareness of their harms and encouraged industry to reformulate products and offer healthier beverages.^{22, 23, 24} In Mexico, purchases of taxed beverages dropped by 6% after the first year.²⁵ Countries such as Mexico and Hungary have also implemented junk food taxes that target foods high in sugar, salt and unhealthy fats.^{26, 27}



Mandatory front-of-pack warning labels

Front-of-pack labels are simple, easy-to-understand nutrition labels featured prominently on packaged food that can improve diet by empowering consumers to make healthy choices and motivating manufacturers to reformulate their products. "High-in" warning labels, which alert consumers about products with a high content of unhealthy nutrients such as salt, sugar and saturated fat, are the most effective.^{19, 20} Chile's law mandating front-of-pack warning labels, restriction of child-directed marketing, and ban on the sale of foods and beverages containing high levels of added sugars, sodium, and/or saturated fats in schools led to the volume of "high-in" beverage purchases decreasing by 22.8 mL a day per person, post-regulation.²¹



Government healthy food procurement policies

Healthy public food procurement policies set nutrition standards for food purchased, served or sold by the government. These policies limit the amount of sodium, trans fat and sugar and promote use of whole grains and fresh fruits and vegetables by incorporating minimum requirements for meals and snacks. Public food procurement policies increase the availability and consumption of healthier food and can lead to reductions in blood pressure and body mass index.^{28, 29, 30}



Tobacco control

WHO's [MPOWER](#) technical package recommends effective policies and interventions to reduce demand for tobacco, including [tobacco taxation](#), [enforcement of bans on tobacco advertising, promotion, and sponsorship](#), [warning labels on tobacco products](#) and [smoke-free legislation](#). Evidence from countries of all income levels shows that increasing the price of cigarettes reduces the demand for tobacco.³¹ Tobacco tax increases are the single most effective policy to reduce tobacco use: a price increase of 10 percent across all markets would reduce the number of smokers by 42 million worldwide and save 10 million lives. Several countries have also seen significant reductions in tobacco use after the introduction of advertising bans^{32,33} or by passing national comprehensive tobacco control legislation packages.



Alcohol regulations

The [WHO SAFER](#) initiative identifies evidence-based, cost-effective interventions to reduce harmful alcohol use. Policy recommendations include [alcohol taxation](#), regulation and [restrictions on public availability of alcohol](#), [enforcement of bans on alcohol advertising, sponsorship, and promotion](#) and [enactment and enforcement of strong drunk driving laws](#). Many countries have implemented alcohol taxes and seen a reduction in consumption of alcohol and change in consumer preferences.^{34, 35, 36, 37}



Air pollution

Nations and cities can implement measures to characterize air quality, identify the leading sources of air pollution, and develop and implement policies to rapidly improve air quality that bring large returns-on-investment, including reducing biomass cooking and heating in homes, reducing industrial and vehicular emissions, and building public demand for clean air actions.³⁷ The engagement of the health sector is critical to these efforts, following recent WHO guidance on Health, Environment and Climate Change.³⁸

Given the emerging links between NCDs and COVID-19, preventing NCDs must be an essential part of the pandemic response. Effectively addressing NCDs and their risk factors through evidence-based policy will allow people to live longer, healthier lives and help better prepare countries for future pandemics.

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