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WHAT MINISTRIES OF YOUTH AND SPORTS NEED TO KNOW

Noncommunicable
diseases

KEY POINTS

- Noncommunicable diseases (NCDs) threaten youth's capacities, opportunities and aspirations.
- Early intervention makes all the difference.
- Marketing and sponsorship of health-harming products has no place in sport.
- Ministries of youth and sports¹ must recognize that the right to health is a fundamental responsibility of government and take NCD action accordingly.
- Youth involvement and ownership enhances NCD responses.

¹ Though ministries of youth and sports are principally concerned with young people aged 10-24 or youth aged 15-24, this brief recognizes there is no universal definition of youth. It is also relevant to children (i.e. future youth) and young people (i.e. those below 30 or even 35).

1. NCDs threaten youth's capacities, opportunities and aspirations.

- The rising burden of diabetes, obesity and the risk of developing NCDs in early life poses one of the greatest threats to billions of young people worldwide. Diet-related diabetes used to occur nearly entirely in adults but is often now seen in children.² Of the 41 million overweight or obese children globally, most live in low- and middle-income countries (LMICs).³
- Overweight and obese children and those with NCDs are more likely to suffer depression, low self-esteem and other behavioural and emotional difficulties as well as stigmatization and social isolation.^{4,5} As a result, children miss school,⁶ attain less educationally and the costs for psychosocial support escalate.
- Tobacco and alcohol use, unhealthy diet and physical inactivity keep children and adolescents from making the most of their education. Well-nourished, physically active children learn best. Tobacco (nicotine) and alcohol are addictive, and addiction impairs learning. Alcohol use can negatively impact brain structure and function in children.⁷
- Alcohol use also leads to road traffic injuries, all forms of violence, and negative sexual and reproductive health outcomes, including HIV. Road traffic injuries and violence are amongst the top killers of adolescents, especially boys and young men.
- Premature death from NCDs within the family is devastating for children and young adults on a personal level. In addition, the costs of care for someone with a chronic disease can be immense and often 'catastrophic', pushing households into poverty or trapping them there. Funds are sapped from schooling, nutrition and other factors that are crucial as youth mature.

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 2018-2021⁸ and HIV, Health and Development Strategy 2016-2021⁹, 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.

Population exposure to these behavioural risk factors for NCDs is determined largely by policies in environment, urban planning, trade, youth and sports, 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.

- Youth often end up caring for relatives living with heart disease, stroke or cancer and/or are forced to find work to make up for lost family earnings – again leading to school dropout. Child caregivers, who are most often girls,

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

3 WHO (2016). Report of the Commission on Ending Childhood Obesity. http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf

4 Pizzi, M, and Vroman, K. Childhood obesity: effects on children's participation, mental health, and psychosocial development. *Occup Ther Health Care* 2013, 27: 99-112.

5 Miller, A, Lee, H, and Lumeng, J. Obesity-associated biomarkers and executive function in children. *Pediatr Res* 2015, 77: 143-7.

6 Muller-Riemenschneider, F, et al. Health-economic burden of obesity in Europe. *Eur J Epidemiol* 2008, 23: 499-509.

7 Tapert, SF, Caldwell, L, and Burke, C. Alcohol and the Adolescent Brain – Human Studies. <http://pubs.niaaa.nih.gov/publications/arrh284/205-212.htm>

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

9 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>

can experience excessive stress which further increases their vulnerability.^{10,11}

- The tobacco industry exploits child labour, with children losing out on their education and suffering nicotine poisoning from handling tobacco leaves.¹²

2. Early intervention makes all the difference.

- Tackling NCDs will not succeed unless healthy behaviours are established at a young age. This means ensuring a health-enabling environment. Two-thirds of premature deaths in adults are associated with conditions and behaviours established in childhood.¹³ Tobacco, alcohol and food industries know this and take advantage of it. Manipulative marketing targets the young when they are most impressionable and establishing life-long habits. Their efforts work. Globally, over 150 million young people smoke, with smokeless tobacco (e.g. chewing) consumption also rising in many countries, particularly amongst girls. Nearly 12 percent of adolescents report heavy episodic drinking. Over 4 out of 5 adolescents do not undertake sufficient physical activity.¹⁴ Youth consumption of sugar-sweetened beverages is high.
- Early, smart, evidence-based and cost-effective interventions can turn the tide, protecting, engaging and empowering youth. Alternatively, 'business as usual' will increasingly lead to less healthy and less productive societies. In some countries today's children are at risk of being the first to have a shorter life expectancy than their parents.
- Urgent action amongst youth is an economic priority; already tobacco use and obesity cost the global economy US\$ 1.4 trillion and US\$ 2 trillion respectively each year, due to medical expenses and productivity losses.¹⁵

The four main NCDs are estimated to cost LMICs US\$ 21.3 trillion from 2011-2030 if governments do not urgently change course.¹⁶



3. Marketing and sponsorship of health-harming products has no place in sport.

- Sport is a gateway to physical activity and healthy lifestyles.¹⁷ Sport has been linked with reduced drug abuse¹⁸ and reduced sexual activity amongst youth, which helps to reduce HIV, STIs and unwanted pregnancies. Sport is also a powerful and cost-effective means to advance other aspects of development, from gender equality to peace and social cohesion.¹⁹
- However, marketing of tobacco, alcohol and unhealthy food and beverages in sport encourages youth to mistakenly associate these products with health and well-being. Certain industries do this knowingly to normalize, even glamourize, their health-harming products. Under a façade of community benefit, some industries' real motive is to

10 UNDP (2013). Addressing the Social Determinants of Noncommunicable Diseases. <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/discussion-paper-addressing-the-social-determinants-of-noncommu.html>

11 NCD Alliance (2011). A Focus on Children and Non-Communicable Diseases. https://ncdalliance.org/sites/default/files/resource_files/20110627_A_Focus_on_Children_8_NCDs_FINAL_2.pdf

12 Arcury, Tand Quandt, S. Health and social impacts of tobacco production. *Journal of Agromedicine* 2006, 11:71–81.

13 WPRO (2015). Factsheet on adolescent health. http://www.wpro.who.int/mediacentre/factsheets/docs/fs_201202_adolescent_health/en/

14 WHO Global Coordination Mechanism on the Prevention and Control of NCDs. NCDs and Youth: Big numbers – youth should never be neglected. <http://www.who.int/global-coordination-mechanism/ncd-themes/ncd-and-youth/en/>

15 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; McKinsey Global Institute (2014). How the world could better fight obesity. <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/how-the-world-could-better-fight-obesity>

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

17 High-level meeting of the UN General Assembly on the Prevention and Control of Non-communicable Diseases. Statement by Dr Jacques Rogge, President of the International Olympic Committee. https://stillmed.olympic.org/Documents/Olympism_in_action/Development_through_Sport/IOC_President_speech-UN_GA-2011.pdf

18 Kwan, M, et al. Sport participation and alcohol and illicit drug use in adolescents and young adults: A systematic review of longitudinal studies. *Addictive Behaviour* 2014, 39(3): 497-506.

19 Nadaph, I. Why Sport for Development is an Effective Tool in Tackling Youth Development Issues. <https://medium.com/amplify/why-sport-for-development-is-an-effective-tool-in-tackling-youth-development-issues-c6c2e749b1d0>

create brand-loyal, life-long customers.^{20,21,22} Food and beverage industries often act like the tobacco industry, using misleading arguments such as: “Obesity is a broad challenge – we should not single out a specific product”, “people need to lead a ‘balanced lifestyle’ of ‘moderation’”, and “low levels of physical activity are the real issue – not food.” None of these arguments hold against reality.²³ Ministries of youth and sports should therefore eliminate such sponsorships and instead pursue health-promoting or health-neutral ones. Regional solidarity is key as health-harming sponsors aim to sponsor regional and international events to circumvent national laws.²⁴

4. Ministries of youth and sports must recognize that the right to health is a fundamental responsibility of government and take NCD action accordingly.

- Ministries of youth and sports can support a number of cost-effective policy options to address NCDs while advancing core accountabilities.²⁵

Ministries of youth and sports should promote:

- Bans on sponsorships, sports scholarships and related marketing from tobacco and alcohol companies, as well as those that promote processed foods and beverages high in fat, sugar and/or salt.
- Stronger regulation (including bans) on the marketing of health-harming products (tobacco, alcohol and sugar-sweetened beverages), especially where youth gather (e.g. in or near schools, youth sporting events,

concerts/entertainment events, etc.) and on television, radio and social media, while ensuring affordable access to healthy food and beverage options (including safe and free drinking water).

- Schools that: (i) ban tobacco and alcohol on and near premises; (ii) use established standards for meals; (iii) ensure foods and beverages sold are healthy; and (iv) provide quality physical activity and healthy cooking/home economics lessons as part of the daily curriculum for boys and girls.²⁶⁻²⁷
- Youth to speak up against manipulative industry practices and use social media and other platforms to share examples where public well-being is being disregarded for profit.
- NCD prevention amongst youth through national youth sports days and community programmes, ensuring inclusion of girls/young women and marginalized youth.^{28, 29}
- Identifying celebrities who promote healthy lifestyles and discouraging role models from endorsing unhealthy products.
- Greater engagement with academia and civil society on NCDs and youth.

Ministries of youth and sports should work across government to:

- Work with sectors, including transport, urban planning, housing, local government, finance, police, and health, to create safe environments which encourage physical activity and make it appealing (e.g. recreational space, active transport such as walking and cycling, and buildings that encourage use of stairs).³⁰
- Promote increased taxes on health-harming products as well as smoke-free public places/transport, households and private vehicles.

20 Watson, W. et al. Sponsorship of junior sport development programs in Australia. *Australian and New Zealand Journal of Public Health* 2016, 40: 326-28.

21 Kelly, B. et al. Tobacco and alcohol sponsorship of sporting events provide insights about how food and beverage sponsorship may affect children's health. *Health Promot J Austr* 2011, 22:91-6.

22 Leatherdale, ST, Sparks, R, and Kirsh, VA. Beliefs about Tobacco Industry (mal) Practices and Youth Smoking Behaviour: Insight for Future Tobacco Control Campaigns (Canada). *Cancer Causes & Control* 2006, 17(5): 705-711.

23 Certain products, for example SSBs, have been independently linked to NCD epidemics; they should be singled out. A generic emphasis on moderation obscures the importance of relative consumption (e.g. should vegetables be eaten in the same ‘moderation’ as desserts?). Physical activity will not by itself support population-wide weight management in the context of today's food environment.

24 MacKenzie, R, Collin, J, and Sriwongcharoen, K. Thailand – lighting up a dark market: British American Tobacco, sports sponsorship and the circumvention of legislation. *J. Epidemiol. Community Health* 2007, 61: 28-33.

25 These are detailed in a number of WHO publications including: the NCD Global Action Plan 2013-2020 including the latest recommended interventions (http://who.int/ncds/management/WHO_Appendix_BestBuys.pdf), the Commission on Ending Childhood Obesity's report recommendations on diet and physical activity, and WHO's recommendations on the marketing of foods and non-alcoholic beverages to children.

26 Those aged 5–17 years should accumulate daily at least 60 minutes of moderate- to vigorous-intensity physical activity (play, games, sports, transportation, chores, recreation, physical education, or planned exercise, in the context of family, school, and community activities).

27 In line with the Report of the Commission on Ending Childhood Obesity.

28 Bull, F, and Baumann, A. Physical Inactivity: The “Cinderella” Risk Factor for Noncommunicable Disease Prevention”. *Journal of Health Communication* 2011, 16:13-26.

29 WHO (2016). Report of the Commission on Ending Childhood Obesity. http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf

30 Co-benefits include reductions in traffic accidents and congestion as well as improved air quality.

Ministries of youth and sports should work with ministries of health to:

- Ensure human papillomavirus (HPV) vaccination is provided to all 9-14 year-old girls as part of a national cervical cancer programme.
- Promote synergies with other youth health programmes, including on HIV/AIDS and sexual and reproductive health.³¹
- Mobilize resources for regular NCD risk factor surveillance amongst youth.³²

UNDP's Youth Global Programme for Sustainable Development and Peace – Youth-GPS 2016-2020 – highlights the need to ensure access to basic health services for youth, as well as to harness the power of girls and young women to advance SDG 3 and beyond.³³

5. Youth involvement and ownership enhances NCD responses.

- Young people are powerful 'changemakers'; they can encourage peers, parents, communities and even policymakers to lead healthier lifestyles and provide healthier environments.^{34,35,36} Young people provide novel perspectives and challenge the status quo. With nearly 2 billion people between the ages of 10 and 24 globally, the largest percentage of young people ever,³⁷ governments and civil society must inspire this age group into the NCD response. Visual arts, storytelling, blogging/vlogging (i.e. video

youth to illustrate how NCDs and their risk factors are impacting them).³⁸

- The NGO, Uganda Youth Development Link, partnered with school clubs to promote peer-led education on drugs and alcohol with a positive impact amongst the youth and their teachers.³⁹
- The WHO *NCDs & Me* platform empowers people, including young people, from all over the world to share their personal NCD stories, uncovering how NCDs affect the lives of virtually everyone, everywhere.⁴⁰
- In Nigeria, where advertising and promotion of tobacco persists, Tobacco Control Nigeria is using social media, songs and dance to engage youth on the need to advocate for a comprehensive tobacco control law.⁴¹

6. Getting started...

In the first instance, ministries of youth and sports should:

- Discuss NCDs with ministries of health and partake in any national NCD coordination mechanism.
- Ensure their role is clearly identified in any national multisectoral NCD action plan.
- Support the national plan with their own prioritized and costed strategy, based on the options above.
- Agree a set of measurable indicators to track progress.
- Lead by example by providing a healthy

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