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## WHAT MINISTRIES OF EDUCATION NEED TO KNOW ABOUT NON-COMMUNICABLE DISEASES

### About non-communicable diseases (NCDs)

In Thailand, non-communicable diseases (NCDs) such as heart attack, stroke, diseases, cancer, diabetes and chronic lung disease<sup>1</sup> caused an estimated 400,000 deaths in 2016, representing 74 percent of total deaths. Approximately, half of these deaths were premature, and largely preventable.

### Why should Ministry of Education be concerned about NCDs

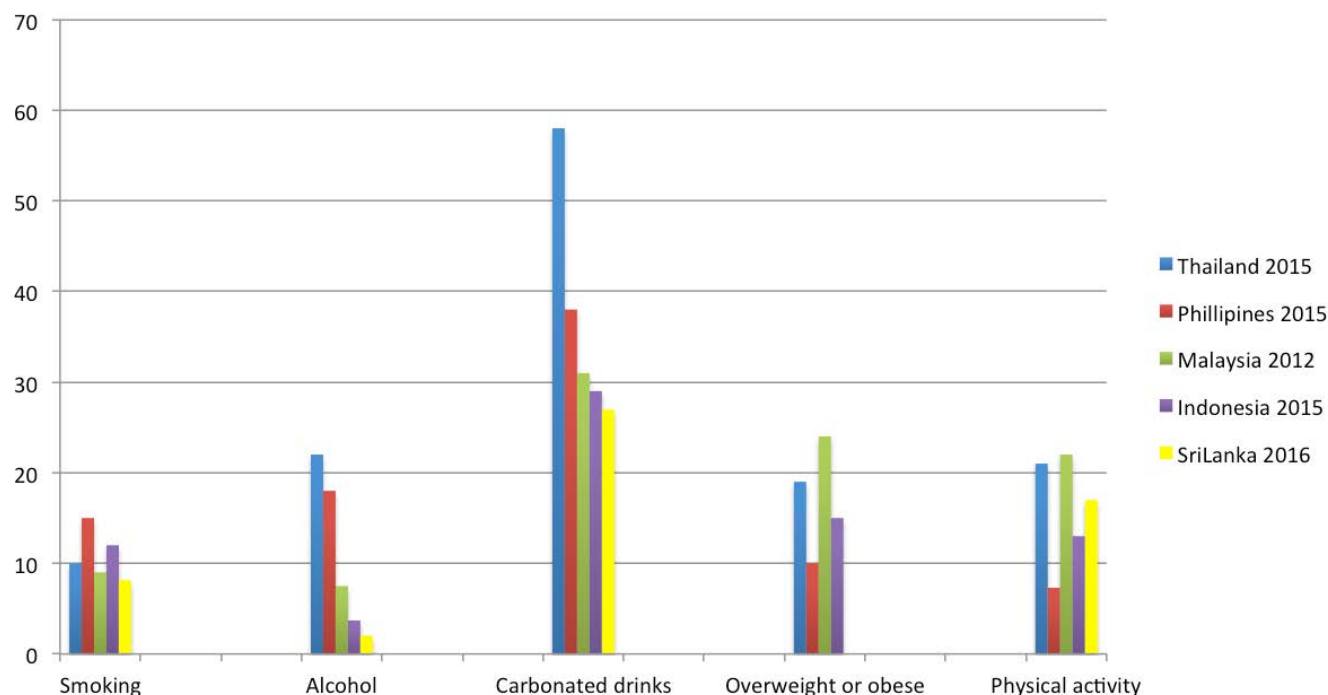
NCDs and their risk factors undermine school education and lifelong learning by:

- **Interfering with school attendance and academic performance** of students who suffer from adverse effects of NCD risk factors such as alcohol or when they have to care for family members who become ill from an NCD.
- **Diverting family resources away from education** of children by driving parents into sickness, poverty, and care-taking roles.
- **Draining educational resources** by taking away lives prematurely, health and productivity of teachers.

### Risk factors for NCDs among students in Thailand<sup>2</sup>

- One out of 10 students smoke cigarettes (15 percent boys and 5 percent girls). Smoking rates continue to be high among boys and increasing steadily among girls.
- One out of five students are overweight. Prevalence of overweight increased dramatically between 2008 and 2015, rising from 5 to 24 percent among boys, and from 4 to 13 percent among girls.
- Over half of students drink carbonated drinks daily, and regularly eat food from fast food restaurants.
- In 2015, about one-fifth of students reported drinking alcohol. Prevalence of alcohol use among girls doubled, from 9 percent in 2008 to 17 percent in 2015, while prevalence among boys remained high at 21 percent.

**Figure 1: Comparison of prevalence (%) of risk factors for NCDs among students (13-15), in Thailand and neighbouring countries.**



Data source: GSHS

### Seven actions that the education sector can implement:

1. Announce and strictly enforce a policy to ensure that all schools/educational institutions are 100 percent smoke- and alcohol-free.
2. Announce and enforce a policy to ban unhealthy food in schools, especially sugar-sweetened beverages, and increase access to healthy food at affordable cost.
3. Prohibit scholarships or sponsorship by tobacco companies.
4. Incorporate quality physical activity into the daily curriculum for children at all ages aiming for at least 60 minutes of daily physical activity.
5. Include in the core curriculum information on the risks associated with tobacco, alcohol, unhealthy diet and physical inactivity.
6. Provide training to sensitize educators on NCDs and risk factors.
7. Offer counseling for quitting tobacco and alcohol for students and teachers.

### Endnotes

- 1 Ministry of Public Health Thailand (2016). Tackling NCDs in Thailand. Presentation by Dr. Suppatra Srivanikcharon
- 2 WHO and Ministry of Public Health. Thailand global school-based student health survey in 2008 and 2015: key findings and country comparisons.

\*This is a brief summary of the Sectoral Brief, What Ministries of Education Need to Know about Noncommunicable Diseases.



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## สาระเกี่ยวกับโรคไม่ติดต่อสำหรับกระทรวงศึกษาธิการ

### เกี่ยวกับโรคไม่ติดต่อ

ในประเทศไทย โรคไม่ติดต่อ อาทิ โรคหัวใจ โรคหลอดเลือดสมอง โรคมะเร็ง โรคเบาหวาน และโรคปอดเรื้อรัง<sup>1</sup> เป็นสาเหตุของการเสียชีวิตของของคนไทยราว 400,000 คนในปี 2559 คิดเป็นร้อยละ 74 ของจำนวนผู้เสียชีวิตทั้งหมด ประมาณครึ่งหนึ่งของจำนวนผู้เสียชีวิตเป็นการเสียชีวิตก่อนวัยอันควรและส่วนใหญ่สามารถป้องกันได้

### ทำไมกระทรวงศึกษาธิการจึงควรวิตกกังวลเกี่ยวกับโรคไม่ติดต่อ

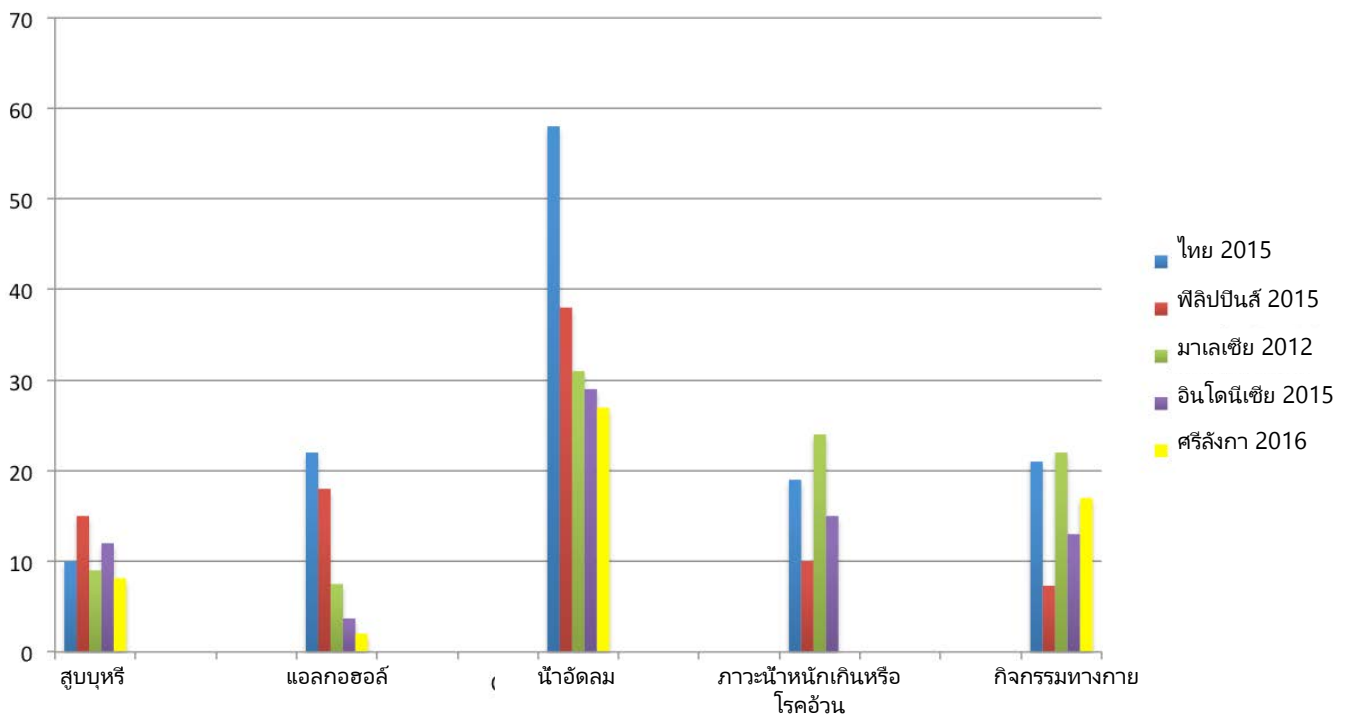
โรคไม่ติดต่อและปัจจัยเสี่ยงมีผลกระทบต่อการศึกษาในโรงเรียนและการเรียนรู้ตลอดชีวิตเนื่องจาก

- ปัญหาการขาดเรียนหรือผลการเรียนตกต่ำของนักเรียนที่ได้รับผลกระทบจากปัจจัยเสี่ยงของโรคไม่ติดต่อ เช่น เครื่องดื่มแอลกอฮอล์ หรือเด็กบางคนต้องดูแลคนในครอบครัวที่ป่วยเป็นโรคไม่ติดต่อ
- ทุ่มเหง่าลังกายและกำลังทรัพย์ของครอบครัวเพื่อการศึกษาเล่าเรียนของบุตรได้ไม่เต็มที่ เพราะพ่อแม่ป่วยฐานะการเงินไม่มั่นคง และเด็กบางคนต้องรับบทบาทเป็นผู้ดูแลพ่อแม่
- สูญเสียทรัพยากรทางการศึกษา เพราะครูเสียชีวิตก่อนวัยอันควร มีสุขภาพไม่แข็งแรง และทำงานได้ไม่เต็มที่

### ปัจจัยเสี่ยงของโรคไม่ติดต่อในเด็กนักเรียนไทย<sup>2</sup>

- นักเรียน 1 ใน 10 คนนั้นสูบบุหรี่ (ชาย ร้อยละ 15 และหญิง ร้อยละ 5) อัตราการสูบบุหรี่ของนักเรียนชายยังคงอยู่ในระดับสูง ส่วนอัตราการสูบบุหรี่ของนักเรียนหญิงเพิ่มขึ้นเรื่อย ๆ
- นักเรียน 1 ใน 5 คนนั้นมีน้ำหนักเกิน ช่วงปี 2551-2558 ความชุกของภาวะน้ำหนักเกินในเด็กนักเรียนนั้นเพิ่มขึ้นอย่างรวดเร็ว นักเรียนชายมีอัตราเพิ่มขึ้นจากร้อยละ 5 เป็นร้อยละ 24 ส่วนนักเรียนหญิงมีอัตราเพิ่มขึ้นจากร้อยละ 4 เป็นร้อยละ 13
- มากกว่าครึ่งหนึ่งของนักเรียนทั้งหมดดื่มน้ำอัดลมทุกวันและกินอาหารที่ร้านฟาสต์ฟู้ดเป็นประจำ
- ในปี 2558 นักเรียน 1 ใน 5 คนยอมรับว่าดื่มเครื่องดื่มแอลกอฮอล์ นักเรียนหญิงมีอัตราความชุกของการดื่มเครื่องดื่มแอลกอฮอล์เพิ่มขึ้น 2 เท่า จากร้อยละ 9 ในปี 2551 เพิ่มขึ้นเป็นร้อยละ 17 ในปี 2558 ส่วน อัตราความชุกของนักเรียนชายยังคงอยู่ในระดับสูงที่ร้อยละ 21

# รูปที่ 1: เปรียบเทียบอัตราการความชุก (%) ของปัจจัยเสี่ยงของโรคไม่ติดต่อในกลุ่มนักเรียน (อายุ 13-15 ปี) ในประเทศไทยและประเทศเพื่อนบ้าน



ที่มา: GSHS

## 7 มาตรการที่ภาคการศึกษาควรพิจารณาดำเนินการ

1. ประกาศนโยบายและดำเนินการเพื่อให้โรงเรียน/ สถานศึกษาทุกแห่งเป็นเขตปลอดบุหรี่และเครื่องดื่มแอลกอฮอล์
2. ประกาศนโยบายและดำเนินการเพื่อห้ามจำหน่ายอาหารที่มีผลเสียต่อสุขภาพในโรงเรียน โดยเฉพาะเครื่องดื่มรสหวาน และเฝ้าระวังให้นักเรียนสามารถหาซื้ออาหารเพื่อสุขภาพที่ไม่แพงเกินไปได้สะดวกขึ้น
3. ห้ามบริษัทบุหรี่ให้ทุนการศึกษาหรือให้เงินอุดหนุนทุกรูปแบบ
4. จัดให้มีการบูรณาการกิจกรรมทางกายที่มีคุณภาพสำหรับเด็กทุกวัยในหลักสูตรการเรียนในแต่ละวัน และควรกำหนดให้มีกิจกรรมทางกายอย่างน้อยวันละ 60 นาที
5. ในหลักสูตรแกนกลาง ควรแทรกข้อมูลความเสี่ยงที่เกี่ยวข้องกับบุหรี่ เครื่องดื่มแอลกอฮอล์ อาหารที่มีผลเสียต่อสุขภาพ และพฤติกรรมเนือยนิ่ง
6. จัดการอบรมครูเพื่อให้ตระหนักถึงโรคไม่ติดต่อและปัจจัยเสี่ยงต่าง ๆ
7. บริการให้คำปรึกษาเพื่อช่วยให้นักเรียนและครูเลิกบุหรี่และเครื่องดื่มแอลกอฮอล์

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\*ข้อมูลสรุปสำหรับภาคการศึกษา "สาระเกี่ยวกับโรคไม่ติดต่อสำหรับกระทรวงศึกษาธิการ"



# WHAT MINISTRIES OF EDUCATION NEED TO KNOW ABOUT NON- COMMUNICABLE DISEASES

## A Sectoral Brief for Thailand

### Key points

- Addressing non-communicable diseases (NCDs) and their risk factors supports the educational development of children.
- Children and adolescents are being increasingly exposed to tobacco, alcohol, unhealthy diet and physical inactivity. Life-long health behaviours are shaped during childhood and adolescence.
- The education sector has a fundamental responsibility to protect children's health and well-being.
- Support of educators and peers is essential.
- Empowered children and youth can encourage healthy families and healthy communities.

### How NCDs impact education

NCDs and their risk factors undermine school education and lifelong learning by:

- **Interfering with school attendance and academic performance** of students when they face illness from an NCD, have to care for family members who are ill, or are exposed to risk factors such as alcohol
- **Diverting family resources away from education** of children by driving parents into sickness, poverty, and care-taking roles
- **Draining educational resources** by taking away lives, health and productivity of teachers

Sustainable Development Goal (SDG) 3 on health and wellbeing includes targets on the prevention and control of NCDs. Addressing NCDs will help the education sector provide children and youth with a nurturing environment for the full realization of their rights and capabilities, and high quality education for all in line with SDG 4.

## What are NCDs and why must government ministries work together

There are four main NCDs: cardiovascular diseases (which include heart disease and strokes), cancers, diabetes, and chronic respiratory disease. In Thailand, NCDs caused 399,100, or 74 per cent of total deaths in 2016. The major causes of death were from cardiovascular diseases, cancer, and diabetes.<sup>1</sup>

Most premature NCD deaths (i.e. deaths before the age of 70), are from four main behavioural risk factors – tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet.<sup>2</sup>

Thailand has the highest level of alcohol use among ASEAN countries,<sup>3</sup> and twenty seven percent of the population use some form of tobacco,<sup>4</sup> including more than 256,000 children who use tobacco every day.<sup>5</sup> More men and women die of tobacco related illnesses in Thailand, compared to other middle income countries.<sup>6</sup>

Only 23.2 percent of youth and children in Thailand meet the recommended minimum physical activity guidelines, with girls being less active than boys.<sup>7</sup> The prevalence of obesity in children rose from 7 per cent in 1996, to 10 per cent in 2009. Childhood obesity is highest for children at ages 12-14 years old (7.2 per cent) followed by 1-5 years old (4.6 per cent) and 6-11 years old (3.5 percent).<sup>8</sup>

Population exposure to behavioural risk factors for NCDs is determined largely by policies in trade, education, labour, tax, urban planning and other ‘non-health’ sectors. This means that early 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.

## 1. Addressing NCDs and their risk factors supports the educational development of children

- Children often have to take care of family members who have heart disease, chronic respiratory disease, cancer or complications associated with diabetes. As a result, they miss school.
- In addition, the high costs of medical care for NCDs often push families into poverty, and may prevent children from attending school.
- Tobacco and alcohol use, unhealthy diets and physical inactivity all keep children and adolescents from making the most of their education.
- Tobacco (nicotine) and alcohol are addictive, which impairs learning.
- In Thailand, 21 percent of boys and 7 per cent of girls age 13-15 years smoke tobacco, with an upward trend among girls.<sup>9</sup>
- Harmful consumption of alcohol is also a concern among young people and university students. The most frequent alcohol-related problem among male

adolescents and young adults (12 to 19 years, and 20 to 24 years) in Thailand, to was getting into a fight after drinking (26.1 per cent and 23.4 per cent respectively).<sup>10</sup>

- Alcohol use can also result in violence, road traffic injuries and unwanted pregnancies, all of which interrupt education.
- NCDs are increasing in children. Type 2 diabetes used to occur nearly entirely in adults, but is now seen in children too.<sup>11</sup> Onset of NCDs in children impacts educational attainment.<sup>12</sup>
- Overweight and obese children are more likely to suffer from depression, low self-esteem and other behavioural and emotional difficulties as well as stigmatization and social isolation.<sup>13</sup>
- Diabetes also has potential impacts on school performance, negatively affecting school grades for children with poor metabolic control.<sup>14</sup>

## 2. Children and adolescents are being increasingly exposed to tobacco, alcohol, unhealthy diet and physical inactivity. Life-long health behaviours are shaped during childhood and adolescence

- Better health means better education and better education means better health.<sup>15</sup> Over half of NCD-related deaths are associated with behaviours that begin or are reinforced during adolescence.<sup>16</sup>
- Education is also an enabler of full employment. An equalizer of both opportunity and outcome, education lifts individuals and societies out of poverty and drives economic growth.
- Education is also a means of preparing children for a lifetime of contributing to society, and therefore must inform and empower children on how to avoid preventable NCD related illness and deaths.



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- In Thailand, 16.9 percent of surveyed students started smoking before the age of 10 years, and 68.6 percent of female youth (15 to 24 years old) of those who smoke, started smoking at the age of 14.<sup>17</sup>
- Alcohol use was found in 23 per cent of students aged 13-17 years, and 55 per cent of students with experience of alcohol use had their first drinking episode before the age of 14.<sup>18</sup>

### 3. The education sector has a fundamental responsibility to protect children's health and well-being

The Thailand Healthy Lifestyle Strategic Plan Phase II 5-Year Non-Communicable Diseases Prevention and Control Plan (2017-2021) has the goal of relieving the avoidable burden of morbidity, mortality, and disability due to NCDs by means of collaboration between various entities and sectors, with youth

as a target population. The plan identifies key strategies for the education sector and educational institutions to contribute to NCD prevention and control across several strategic goals, with an emphasis on risk mitigation, surveillance of risk factors, and knowledge and awareness.<sup>19</sup>

The education sector and educational institutions should strongly consider:

- Thailand has a 100 per cent smoke free school and educational institution policy.<sup>20</sup> However, nearly 50 per cent of students witness someone smoking inside or outside school compounds in Thailand.<sup>21</sup>
- Promoting healthy eating and physical activity at all levels of education, including through the health promoting schools initiative.<sup>22</sup>
- Establishing standards for meals provided in schools, or foods and beverages sold in schools that meet healthy nutrition guidelines.<sup>23</sup>



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- Ensuring that regulations concerning the marketing, advertising and sale of tobacco, alcohol are enforced and unhealthy foods and beverages in the vicinity of schools are adopted.
- Raising awareness among students about Thailand's new tobacco control law, including the minimum legal age of 20 years for purchasing tobacco and alcohol products, and 18 years for selling or giving tobacco products.
- Banning educational and sports scholarships by alcohol companies and those that sell processed foods and beverages high in fat, sugar and/or salt.
- Incorporating quality physical activity, into the daily curriculum for children, including during lunch and other breaks, in line with WHO recommendations of 60 minutes of moderate to vigorous activity for 5-17 year olds;<sup>24</sup> promoting extracurricular physical activity, such as through the "Moderate Class More Knowledge" project in Thailand, which encourages activities outside the classroom.<sup>25</sup>
- Ensuring the core curriculum includes in-depth learning about the risks associated with tobacco, alcohol, unhealthy diet and physical inactivity. Education institutes have the power of spreading health literacy en masse.
- Building the knowledge and skills of parents, caregivers and communities regarding NCDs and their risk factors.
- Providing health and psychosocial support services to children and youth who are affected by NCDs directly or indirectly.

#### 4. Support of educators and peers is essential

Teachers are role models, who have a profound effect on students' propensity for health-harming behaviours such as alcohol and tobacco consumption as well as unhealthy diet. The same is true of peers. Young people from around the world complain about teachers who smoke in or near school and coercion from older peers to start smoking.<sup>26</sup> Supporting staff to adopt healthier behaviours and addressing peer pressure when it comes to unhealthy behaviours is important. This includes:

- Ensuring that non-smoking and non-alcohol policies apply also to staff and parents, both on the premises during school hours and during organized school travel and events.
- Ensuring that teachers possess high health literacy and promote healthy lifestyles, so that they can then fully utilize their potential as educators, but also be instrumental in providing health education. Teachers who champion healthy lifestyles can be important role models for children, and vice versa.
- Offering tobacco cessation support to staff, students and their families and offering counseling to staff with alcohol use disorders or hazardous drinking patterns.
- Ensuring food available to staff is low in salt, sugar and saturated/trans fats. For example, policies should be in place to ensure that food and drink supplied by vending machines are healthy.
- Providing opportunities for staff to engage in physical activity.

- Providing anti-bullying sensitization to students with guidance on differences between positive and negative peer support.

An impediment to offering knowledge and skills on NCDs in schools can be pushback from administrators or teachers who worry that doing so will divert time and attention away from the school's primary mission.<sup>27</sup> It is important to convey that improving health and well-being needs to be central to the mission of schools and colleges. Teachers should play a key role in developing knowledge and skills-based approaches for incorporating health and wellbeing into the curriculum.

Support for teachers to be advocates for health literacy and healthy lifestyles is critical. Preventing NCDs and risk factors among teachers can also contribute to educational progress in Thailand through reduced absenteeism, improved productivity, and continuity of careers of experienced teachers.

## 5. Empowered children and youth can encourage healthy families and communities

- The education sector has the power to reach the local community in addition to students. Families, businesses and community leaders can all benefit from its leadership. Children can successfully encourage their parents and communities to adopt and maintain healthier lifestyles.<sup>28,29,30</sup>
- There are over 13 million students in Thailand.<sup>31</sup> There is a tremendous opportunity for the education sector to support programmes that inject youth leadership into local NCD responses, and to promote enabling environments for children and adolescents who are outside of formal education.

- Use of social media can create opportunities for curbing risk behaviours in youth. In 2012, Thai Health Promotion Foundation launched a powerful social media campaign on YouTube called "Smoking Kid", which filmed the reactions of smokers being approached by children to ask for a cigarette, and highlighted their arguments on the harms of smoking. This video is credited with increasing the number of calls to the national tobacco cessation support Quitline.<sup>32</sup> In Thailand, over 50 per cent of YouTube users are children and youth aged 13 to 24 years.<sup>33</sup>

## 6. Advancing action on NCDs in the education sector

In the first instance, the education sector needs to:

- Promote the policies in this brief that ensure a healthy school and community environment;
- Integrate health and well-being, including NCDs and their risk factors, into school curricula
- Ensure their leadership is reflected in relevant cross-government health and development policies, plans and programmes.

## Endnotes

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# WHAT MINISTRIES OF FINANCE NEED TO KNOW ABOUT NON- COMMUNICABLE DISEASES

## A Sectoral Brief for Thailand

### Key points

- Non-communicable diseases (NCDs) are a drag on the economy. The Ministry of Finance can play a critical role in reducing both economic and health risks associated with NCDs.
- Fiscal policies can generate substantial additional revenue for the government, while improving public health.
- Preventing NCDs makes economic sense.
- Price and tax measures are very effective at getting people to quit tobacco use and reduce consumption of alcohol as well as unhealthy foods and beverages.
- Price and tax measures can be used to actively encourage healthier behaviours and consumption of healthier products.
- Industry interference is a major challenge: ministries of finance, tax and revenue must be alert to the myths spread by industry.
- Ministries of finance, tax and revenue need to collect robust data to monitor the impacts of tax and price policies.
- Thailand is making good progress in using fiscal policies to address NCDs.

## What are NCDs and why must government ministries work together

There are four main NCDs: cardiovascular diseases (which include heart disease and strokes), cancers, diabetes, and chronic respiratory disease. In Thailand, NCDs caused nearly 400,000 deaths, or 74 percent of total deaths in 2016. The major causes of death were cardiovascular diseases, cancer, and diabetes.<sup>1</sup>

Most premature NCD deaths (i.e. deaths before the age of 70) are from four main behavioural risk factors – tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet.<sup>2</sup>

Thailand has the highest level of alcohol use among ASEAN countries,<sup>3</sup> and 27 percent of the population use some form of tobacco,<sup>4</sup> including more than 256,000 children who use tobacco every day.<sup>5</sup> More men and women die of tobacco related illnesses in Thailand, compared to other middle-income countries.<sup>6</sup>

Only 23.2 percent of youth and children in Thailand meet the recommended minimum physical activity levels, with girls being less physically active than boys.<sup>7</sup> The prevalence of

obesity in children rose from 7 percent in 1996 to 10 percent in 2009. Childhood obesity is highest for children at ages 12–14 years (7.2 percent) followed by 1–5 years (4.6 percent) and 6–11 years (3.5 percent).<sup>8</sup>

Population exposure to behavioural risk factors for NCDs is determined largely by policies in trade, education, labour, tax, urban planning and other 'non-health' sectors. This means that early death and disability from NCDs could be 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.

### 1. NCDs are a drag on the economy.

- NCDs reduce productivity and economic growth, whether through losses to the workforce due to illness and premature death or through reduced performance of unwell workers who remain on the job. In 2013, the economic cost of NCDs in Thailand was an estimated THB 280 billion, or 2 percent of GDP, due to premature deaths and loss of productivity among the workforce.<sup>9</sup>
- Premature deaths from NCDs result in a loss of income for families, communities and countries. In Thailand, NCDs caused nearly 400,000 deaths in 2016. Half of these were premature deaths occurring among people aged between 30 and 70.
- Health costs from NCDs are a major burden on the national budget. In 2008, total public expenditure for the treatment of four major NCDs- hypertension, heart disease, stroke and diabetes- was approximately THB 25 billion.<sup>10</sup>



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- In 2017, the budget for NCDs comprised of 48.7 percent of Universal Coverage Scheme (UCS) with the largest percentage allocated to inpatient services (20.3 percent) and 1.78 percent for health promotion.<sup>11</sup> In the coming years, NCDs will account for more spending, unless the fiscal space is increased, potentially with higher excise taxes on health-harming products.<sup>12</sup>
- The estimated cost of productivity loss due to absenteeism as a result of obesity-related conditions is THB 694 million annually.<sup>13</sup>
- The total economic cost of alcohol use was estimated to be 2 percent of Thailand's GDP in 2006 (THB 156 billion).<sup>14</sup>

59.91 billion (approximately US\$2 billion) over the same period.<sup>16</sup>

- In 2017, Thailand introduced a tax on sugar-sweetened beverages to reduce consumption of unhealthy drinks.
- In 2016, Thailand generated a total excise tax revenue of THB 522.5 billion (about 19 percent of the gross government revenue), which is expected to reach THB 600 billion in fiscal year 2018.<sup>17</sup> Almost all the major excise taxes in Thailand can be considered as pro-health, including those on petroleum products (36.1 percent of the total excise tax revenue), tobacco (12.7 percent), alcohol (11.6 percent), beer (16.2 percent), motor vehicles (18.6 percent), soft drinks (3.4 percent), and motorcycles (0.6 percent).
- Excise taxes are used to fund government programs with social benefits. Annually, 2 percent of the alcohol and cigarette taxes, without a monetary limit, is sent to the state-operated public television; 2 percent, up to 2 billion baht (about US\$60.3 million), is given to the Thai Health Promotion Foundation; and 2 percent, also up to 2 billion baht, benefits the National Sports Development Fund. In addition, in 2017, the Cabinet announced it will establish an Elderly Fund, which will receive 2 percent of the sales, up to 4 billion baht a year (about US\$ 127 million).<sup>18</sup>
- In 2012, 12.6 million deaths were attributed to environmental causes globally, with 8.2 million of those from NCDs caused by air pollution.<sup>19</sup> Removing fossil fuel subsidies, instituting road-user charging schemes/urban road pricing, and taxing fuel and motor vehicles can help reduce pollution and improve health.

## 2. Fiscal policies can generate substantial additional revenue for the government, while improving public health

- Taxes on health-harming products such as tobacco and alcohol can help reduce consumption by increasing prices and generate resources for investing in health and sustainable development.
- In Thailand, a surcharge on tobacco and alcohol taxes contributes to financing health promotion.<sup>15</sup>
- As of 2016, Thailand taxes cigarettes at a rate of 90 percent of the ex-factory price, meeting the WHO-recommended standard that tobacco excise taxes account for at least 70 percent of the retail price for tobacco products. Thailand raised its cigarette excise tax rate 11 times between 1991 and 2012 (from 55 percent to 87 percent of factory price), which resulted in an almost fourfold gain in revenues from THB 15.89 billion (US\$ 530 million) to THB

## Return on investment facts<sup>20</sup>

### Fact 1. The economic consequences of NCDs are enormous.

- Under a 'business as usual' scenario, cumulative economic losses to low and middle income countries from the four main NCDs are estimated to surpass US\$ 7 trillion between 2011-2025, equivalent to approximately 4 percent of their annual output in 2010.

### Fact 2. The costs of scaling-up NCD prevention and control are very low compared to their burden.

- Population-based measures for reducing tobacco and harmful alcohol use, as well as unhealthy diet and physical inactivity, are estimated to cost US\$ 2 billion per year for these countries – less than US\$ 0.4 per person;
- The most cost-effective NCD interventions for individuals cost US\$ 11.4 billion per year (annual investment ranging from under US\$ 1 per person in low-income countries to US\$ 3 per person in upper middle-income countries).

### Fact 3. The returns on scaling up prevention and treatment are massive.

- In economic terms, the return will be many billions of dollars of additional output; for example reducing death rates from ischaemic heart disease and stroke by 10 percent would reduce economic losses in LMICs by an estimated US\$ 25 billion per year, which is three times greater than the investment needed for the measures to achieve these benefits;
- In health terms, the return on investment would be many millions of avoided premature deaths.

## 3. Preventing NCDs makes economic sense. The costs of inaction on NCDs far outweigh the investments required to avoid these costs and ensure healthy and productive societies.

- Although there were significant increases in the budget for the Universal Coverage Scheme (UCS), the largest program under Universal Health Coverage in Thailand, from 2003 to 2013 (from THB 30 billion to THB 108 billion), it was mostly used for curative services, with a less than 15 percent allocation for prevention and health promotion.<sup>21</sup>
- Childhood obesity may cost Thailand as much as THB 5.5 billion a year.<sup>22</sup> Programs to prevent childhood obesity are

essential to prevent NCDs in childhood, and throughout the life-course.

- It is recommended that innovative financing mechanisms be sustained from tobacco, alcohol, and Sugar-Sweetened Beverage (SSB) taxation, and availability of regular budgets increased for health promotion from all line ministries as well as from local governments for the prevention and control of NCDs.<sup>23</sup>

## 4. Price and tax measures are effective at getting people to quit tobacco use and reduce consumption of alcohol as well as unhealthy foods and beverage

- Between 1991 and 2013, smoking prevalence among Thai adults declined from 59 percent to 37.4 percent among



men, and from 5 percent to 2.2 percent among women.<sup>24,25</sup> (During the same period (1991-2012), Thailand raised cigarette excise tax rates 11 times.)

- Thailand's smoking rates in 2006 were 25 percent lower among men and 24 percent lower among women than they would have been if not for the new laws and regulations including higher tobacco taxation. Policies saved roughly 32,000 lives between 1991 and 2006—and if current trends continue, a total of nearly 320,000 lives will be saved by 2026.<sup>26</sup>
- Extensive econometric research shows that a 10 percent rise in alcohol prices would bring about a 4.4 percent decrease in overall consumption of alcohol and a 2.8 percent decrease in heavy drinking, and would have larger effects on youth and young adults.<sup>27</sup>

## 5. Price and tax measures can be used to actively encourage healthier behaviours and healthier products

Countries should assess and consider:

- Implementing fiscal measures to encourage the consumption of healthy foods and healthy beverages (e.g. subsidizing fruit and vegetable sales and vendors, decreasing import duties on fresh fish);

### Why taxes matter

- Higher tobacco and alcohol taxes, and new sugary beverage taxes will significantly reduce consumption of these health-harming products
- Reduced consumption will lead to fewer cases of cancer, cardiovascular disease, diabetes, and other non-communicable diseases, with significant positive economic impacts
- Counterarguments about negative economic impact are largely false or greatly overstated
- Taxes are generally considered one of the most effective measures or “best buys” in NCD prevention<sup>28</sup>



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## Tobacco industry myths debunked

### **Myth 1. Tobacco tax increases will reduce tax revenue (because consumption goes down).**

No: Tax revenue actually increases (because reduction in sales is less than proportionate to the price increase). As demonstrated many countries around the world, an increase in tobacco taxes raises government revenues.

### **Myth 2. Tobacco taxes will reduce economic activity.**

No: Spending on tobacco will be replaced by spending on other consumer products and services.

### **Myth 3. Taxes create a financial burden on poor smokers since they spend a larger share of their income on tobacco products.**

Not exactly: Because people on lower incomes are more sensitive to price increases, they will alter their consumption behaviour by either quitting or reducing the level of tobacco consumption more than higher-income consumers. Consequently, higher taxes will help reduce their own personal spending on tobacco as well as improve their health.

### **Myth 4. Tobacco tax and price differences between countries create an incentive for illicit trade in tobacco products.**

Not exactly: There are other more important factors that encourage illicit trade, such as weak governance/lack of high-level commitment, weak customs and excise administration, corruption and complicity of cigarette manufacturers. Consequently: Tax increases should be introduced together with actions to strengthen tax administration (such as simplifying taxation, monitoring the tobacco products market and strengthening customs and police) to reduce incentives for tax evasion by manufacturers and smuggling as a source of revenue for criminal organizations.

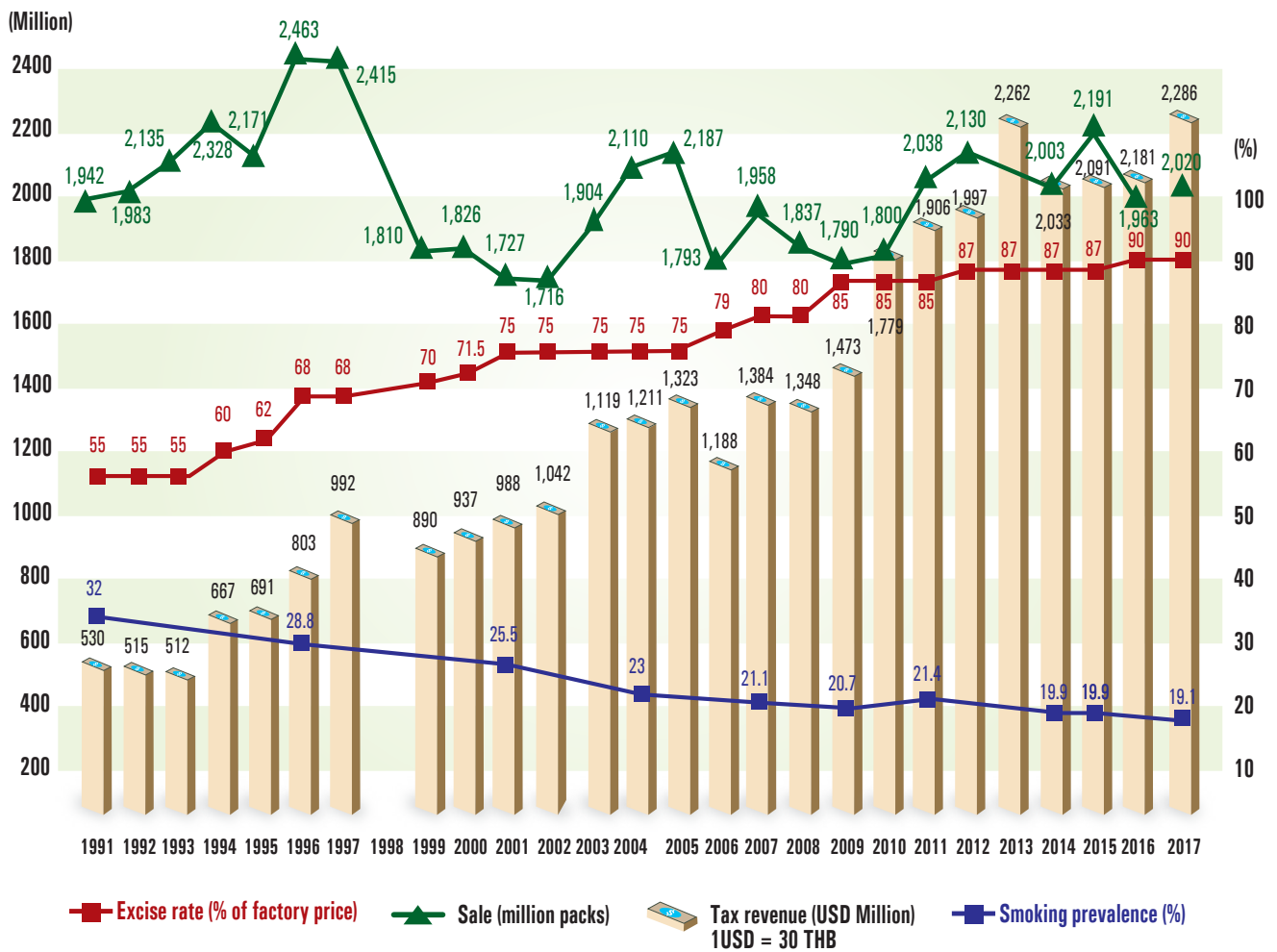
## Taxes on health-harming products are not regressive

Exactly the opposite. Across the world, NCDs burden the poor most. Tobacco, alcohol and food companies target poorer countries and lower income populations. The poor are also more likely to live in environments that make the healthy choice the difficult choice.

Taxes even the playing field. Their multiple benefits – in health, poverty reduction, education and opportunity – accrue mostly to the poor. Meanwhile, wealthier users, whose use typically declines less relative to price increases, wind up paying the majority portion of the tax increases. Revenue from these taxes can then be reinvested into programmes that benefit the poor, increasing their progressive nature.

- A manufacturers' excise tax on processed food producers, to encourage the production of foods and beverages with less salt, sugar and fat. Such reformulation has the potential to have a large public health impact;<sup>29</sup>
- Gradually shifting price controls to healthier products as a revenue-neutral way to improve health. Currently, many countries subsidize or institute price controls for products such as sugar, salt, palm oil and refined flour, making healthier alternatives less affordable.<sup>30</sup>

## Thailand: Higher tax rates, higher revenues, and reduced smoking prevalence



Source: SEATCA (2018) The Tobacco Atlas ASEAN Region, with additions.

“The bottom line is this: when we look at all the facts, tobacco taxes are not regressive, but highly progressive, as the full health and economic benefits of this measure far outweigh its relative cost.”

The World Bank

## 6. Industry interference is a major challenge: ministries of finance, tax and revenue must be alert to the myths spread by industry

Tobacco, alcohol and food companies often seek to influence governments with a number of false arguments as to why they should not tax health-harming products.<sup>31</sup> They argue, for example, that such taxes are regressive and unfair to the poor, for whom taxes represent a larger share of income. In reality, unregulated policy environments are unfair to the poor because such environments allow stark inequities in how NCDs and their risk factors are distributed to persist. Rates of disease are significantly higher amongst the poorest and most excluded groups. Health conditions amongst the poor are also more likely to go undetected and untreated, further increasing inequities.

- Interference from the tobacco industry remains a serious threat in Thailand although the government is adopting policies to address it.<sup>32</sup>
- While most governments do not have a procedure for disclosing interactions with the tobacco industry, Thailand has instituted concrete measures to prevent and reduce unnecessary interactions. In May 2015, the country approved legislation to ban corporate social responsibility activities funded by the tobacco industry and is drawing up implementing measures.
- Thailand reports that top-level government officials do not meet or foster relations with tobacco companies, such as attending social functions and events sponsored or organized by the tobacco companies.<sup>32</sup> It is critical that all the ministries observe these policies.

## 7. Ministries of finance, tax and revenue need to, in collaboration with other ministries, collect robust data to see the impacts of tax and price policies.

Monitoring and evaluation of tax policies is essential in order to assess their impact on prices, which can guide their revisions and improvements. It can also help assess in an independent manner the impact of those policies and refute the common industry arguments used to counter their implementation or expansion.

## 8. Advancing actions on NCDs in the finance sector

Ministries of finance, tax and revenue should:

- Work with the ministry of health to develop an investment case assessing the returns on investment in scaled up action to prevent and control NCDs.
- Be key partners in the government's response to NCDs, engaging fully in policy and plan development and implementation;
- Build political capital for price and tax measures to address NCDs;
- Ensure mechanisms are in place to protect against industry interference in government policymaking.
- Implement uniform tier tax on all cigarettes (single tier) and increase tax on roll-your-own (RYO) to reduce gaps between cigarettes and RYO.
- Increase taxes on sugar beverages, consider increasing taxes on unhealthy energy dense foods and salty foods.
- Subsidize healthy food and physical activity.

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# WHAT MINISTRIES OF INFORMATION AND COMMUNICATIONS NEED TO KNOW ABOUT NON- COMMUNICABLE DISEASES

## A Sectoral Brief for Thailand

### Key points

- Non-communicable diseases (NCDs) are a leading cause of illness, premature death and suffering in Thailand.
- The increasing burden of NCDs is linked strongly to global marketing of tobacco, alcohol, and processed foods and beverages high in fat, sugar and/or salt.
- Ministries of information and communications have exceptional reach to promote good health and help people reduce their risk of dying early from a preventable NCD.
- Several strategies are important to get the message across clearly.

### What are NCDs and why must government ministries work together?

There are four main NCDs: cardiovascular diseases (which include heart disease and strokes), cancers, diabetes, and chronic respiratory disease. In Thailand, NCDs caused nearly 400,000 deaths, or 74 percent of total deaths in 2016. The major causes of death were cardiovascular diseases, cancer, and diabetes.<sup>1</sup>

Most premature NCD deaths (i.e. deaths before the age of 70) are from four main behavioural risk factors – tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet.<sup>2</sup>

Thailand has the highest level of alcohol use among ASEAN countries,<sup>3</sup> and 27 percent of the population use some form of tobacco,<sup>4</sup> including more than 256,000 children who use tobacco every day.<sup>5</sup> More men and women die of tobacco related illnesses in Thailand, compared to other middle-income countries.<sup>6</sup>

Only 23.2 percent of youth and children in Thailand meet the recommended minimum physical activity levels, with girls being less physically active than boys.<sup>7</sup> The prevalence of obesity in children rose from 7 percent in 1996 to 10 percent in 2009. Childhood obesity is highest for children at ages 12–14 years (7.2

percent) followed by 1–5 years (4.6 percent) and 6–11 years (3.5 percent).<sup>8</sup>

Population exposure to behavioural risk factors for NCDs is determined largely by policies in trade, education, labour, tax, urban planning and other 'non-health' sectors. This means that early death and disability from NCDs could be 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.

### The tactics of tobacco, alcohol and food companies

Multinational tobacco, alcohol and food companies often seek to increase profits by: (i) expanding their reach into developing countries; (ii) marketing unhealthy products to children; and (iii) funding scientific studies that obscure the links between consuming their products and health.<sup>9</sup> These aims subvert, and are in direct conflict with, national health and development objectives.

**Expanding into developing country markets.** Asia has more than 30 percent of the world's smokers, with more than 80 percent of these smokers coming from lower income groups. In Thailand, the male smoking rate is 46.6 percent.<sup>10</sup> Of particular concern is tobacco companies marketing directly to low income groups and women; for the latter using campaigns that associate smoking with independence, glamour, weight control and stress relief.<sup>11</sup> Alcohol companies follow a similar line, and alcohol consumption is rising in developing countries. Unhealthy foods and sugar-sweetened beverages are often marketed as an aspirational lifestyle choice.

**Marketing unhealthy products to children.** Children are vulnerable and highly susceptible. The tobacco industry targets children and girls. The aim is to 'hook them young' so that they are addicted for life. Children are often exposed to multiple advertisements for junk food during prime television hours as well as through magazines, sponsorship of sporting and educational events and increasingly social media, including websites, internet games, email and text messaging.

**Obscuring the links between unhealthy products and health.** While studies highlight the association between the consumption of sugar-sweetened beverages and obesity, diabetes, and heart disease, the results from industry-funded research are often biased against finding these associations.<sup>12</sup>



### Marketing: money talks

Money spent on alcohol marketing globally approaches US\$ 1 trillion each year.<sup>13</sup> The food industry was estimated to spend more than US\$ 30 billion on advertising in 2016, with the advertising of candy, sugary drinks, fast food and sugary cereals likely to be significant.<sup>14</sup> In 2013, cigarette and smokeless tobacco companies spent over US\$ 9 billion on advertising and promotional expenses in the United States of America alone.<sup>15</sup> To put this in perspective, development assistance for tobacco control globally has never surpassed US\$ 100 million in a given year.<sup>16</sup>

## 1. NCDs are a leading cause of illness, premature death and suffering

- NCDs are the single greatest cause of preventable illness, disability and mortality worldwide. They are responsible for more deaths than all other causes combined.<sup>17</sup>
- In Thailand, NCDs account for 74 percent of total deaths.<sup>18</sup>
- NCDs have serious social and economic consequences. They reduce global and national economic output, strain health systems, burden vulnerable households, and hamper progress on the 2030 Agenda for Sustainable Development.<sup>19</sup> They are one of the world's largest drains on economic productivity.
- In Thailand, the economic cost of NCDs was estimated at THB 280 billion in 2013, or 2 percent of GDP, due to premature deaths and loss of productivity among the workforce.<sup>20</sup>

### Communications must counter NCD myths

These are all untrue:

- ✗ NCDs affect only the wealthy or affluent.
- ✗ NCDs are only a problem for higher income countries.
- ✗ NCDs are only the result of genetic bad luck.
- ✗ NCDs matter for men more than women.
- ✗ NCDs only affect older persons.
- ✗ NCDs are inevitable.
- ✗ NCDs are an issue of personal responsibility.

## 2. The increasing burden of NCDs is linked strongly to global marketing of tobacco, alcohol, and processed foods and beverages that are high in fat, sugar and/or salt

- Foreign direct investment, trade liberalization and intensive global marketing are resulting in greater consumption of products that harm human health.<sup>21</sup> Tobacco (nicotine) and alcohol are both addictive, and taste preferences such as those for sugars actually start in utero and continue to develop through life.<sup>22</sup> Their links with illness and early death from NCDs are now confirmed.
- The Thai economic transformation has been accompanied by a change in dietary habits and a marked increase in sugar consumption, which has nearly tripled in Thailand since the early 1980s. There have

also been large increases in the amount of oils and animal protein consumed, and decreases in the consumption of fruit and vegetables.<sup>23</sup>

- A significant amount of money has been spent on influencing people, including children and adolescents, to consume health harming products.
- The rise of supermarkets and hypermarkets makes processed foods more affordable and convenient than raw/fresh foods, contributing to the risk of NCDs.<sup>24</sup>
- The most frequently advertised items on Thai free and digital television were sugar-sweetened drinks and baby milk formulae, respectively.<sup>25</sup>
- Thailand introduced the new Code of Marketing for Breast-milk Substitutes draft bill in 2016, amidst public debate for its blanket ban on advertisement of these products.<sup>26</sup>
- Thailand has also enacted the Control of Marketing of Infant and Young Child Food Act of 2017, which prohibits producers, importers or sellers of infant formula milk from advertising food products for children in a way that may cause people to believe they are good for infants.



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### **3. Government agencies responsible for public information and communications have exceptional reach to promote good health and help people reduce their risk of dying early from a preventable NCD**

Governments and public bodies have an obligation to protect population health and maximize social and economic development. In Thailand, in addition to health agencies, several government bodies can play a key role in disseminating information and communications to prevent NCDs and promote good health, including the following: the Office of the National Broadcasting and Telecommunications Commission (NBTC), the Public Relations Department, and the Ministry of Digital Economy and Society.

Government bodies responsible for information and communications can protect health by:

- Raising awareness of the NCD epidemic;
- Providing clear information to encourage people to make decisions that will reduce their likelihood of getting NCDs;
- Highlighting industry practices that pursue profit in disregard of consumer health;
- Making full use of (and expanding, where appropriate) regulatory power and statutory authority to limit the advertising, promotion and sponsorship of health-harming products.<sup>27</sup>

Thailand's 5-Year National NCD Prevention and Control Plan (2017-2021) incorporates a strategy on communicating about NCD risks, including:

- managing communication to the public regarding health promotion and reduction of NCD risks on a continuous basis
- developing networks to transfer knowledge on promoting health and reducing NCD risks
- developing content and increasing communications channels to minimize NCD risks for targeted groups
- monitoring and responding to information which causes NCD-related harm.

The Ministry of Digital Economy and Society, and the Office of The National Broadcasting and Telecommunications are cited as action owners for the development and implementation of these outputs.

Section 32 of the Alcoholic Beverage Control Act in Thailand provides regulation on advertising alcoholic drinks and by showing the names and logos of alcoholic drinks to promote them, in a way to induce others to drink. In 2015, attention was drawn to celebrities posting pictures of themselves with beer on social media.<sup>28</sup> The communication ministries may ensure that these regulations are not breached.

### Specific actions that government bodies responsible for information and communications should consider:

- Support comprehensive bans on advertising of tobacco products and sponsorship from the tobacco industry, in line with the WHO Framework Convention on Tobacco Control.<sup>29</sup>

- Work with policymakers to restrict or ban alcohol advertising, sponsorship and promotions.<sup>30</sup>
- Promote full implementation of the WHO recommendations on the marketing of foods and non-alcoholic beverages to children.<sup>31</sup>
- Help enforce regulatory measures such as the International Code of Marketing of Breast-milk Substitutes and the Control of Marketing of Infant and Young Child Food Act of 2017.<sup>32</sup>
- Undertake and support sustained mass media campaigns that promote the benefits of stopping tobacco use, avoiding harmful use of alcohol, adopting and maintaining a healthy diet and engaging in adequate physical activity.

## 4. Several strategies are important to get the message across clearly

- Ensure messages are geographically and culturally appropriate.
- Focus on the specific diseases. Nearly everyone everywhere has been touched directly or through a loved one by cancer, heart disease, diabetes, hypertension



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and associated conditions. Only using the collective term 'NCDs' can obscure personal and disease specific experiences.

- Aim to reach lower income populations and those with lower levels of health literacy. Pictorial warnings are helpful. Front-of-pack labelling systems on food packaging can be easily understood (e.g. 'traffic light' labelling).

In 2009, a survey concluded that Thai nutritional labels on processed food packages were difficult to understand, and since then, the Guideline Daily Amount (GDA), a more evolved front of pack labeling system was introduced. Some food industry organizations are looking to adapt traffic light coded systems for nutrition.<sup>33</sup>

- Use powerful messengers. Local celebrities and trusted community leaders can be mobilised to inform people of the risks of NCDs.
- Use social media. People are increasingly getting their information from mobile phones and apps. In particular, use of social media can create opportunities for curbing risk behaviours in youth.

In 2012, Thailand launched a social media campaign "Smoking Kid" on YouTube, highlighting how people respond to children asking for cigarettes. This video is credited with increasing the number of calls to the national tobacco cessation support Quitline.

- Harness the voices of youth. Focus on healthy living and challenging corporate misinformation through youth's idealism, enthusiasm and social media savvy.

- Never stigmatize. Stigma holds back health and development. Messages should never shame or blame people who consume or are addicted to health-harming products. Notions of personal irresponsibility should be avoided.
- Widen the constituency. NCDs matter not just for health but for wider socioeconomic development including poverty. Engage religious and community leaders. Use workplaces and schools to promote messages.

### **Advancing action on NCDs through information and communication**

- Government bodies responsible for information and communications should:
- Work with health and other sectors, in particular the education sector, to ensure people have the information needed to protect themselves from tobacco, alcohol and unhealthy foods;
- Engage civil society and consumer groups and be supportive of their efforts to advocate for regulatory policies, taking careful attention to avoid industry-backed front groups; and
- Promote whole-of-government NCD responses, recognizing that the power of NCD-related communications is severely limited in the absence of enabling environments that make the healthy choice the easy choice.

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