

## **COMBINED APPROACH INCLUDING TAXING UNHEALTHY FOODS, RESTRICTING FOOD ADVERTISING, AND BETTER LABELLING ARE AMONG MOST COST-EFFECTIVE WAYS TO REDUCE OBESITY IN NATIONS OF ALL INCOMES, INCLUDING ENGLAND, CHINA, MEXICO AND RUSSIA**

The third paper in *The Lancet Series on Chronic Diseases and Development* examines a range of measures to combat obesity in nations of all incomes, and concludes that a combined approach of taxing unhealthy foods (and/or reducing tax on healthy foods), restricting food advertising, and improving labeling is among the most cost-effective ways to impact on obesity in all nations. These measures would add nearly 7 million life years in good health over the next two decades in seven countries covering almost half of the world population, at an average annual cost of less than \$1 per head. The paper is by a team of researchers from the Organisation for Economic Co-operation and Development, Paris, France, and from the World Health Organization.

The authors looked at strategies to tackle risk factors for obesity in seven countries: Brazil, China, India, Mexico, Russia, South Africa, and, for comparison, England. In all of these countries obesity and its related chronic diseases are a big problem. Seven in 10 Mexican adults are overweight or obese. China now has the same rates of diabetes (92 million cases) as the USA. Obesity rates have tripled in Brazilian men and doubled in Brazilian women between 1975 and 2003. The United Kingdom (including England) is the fattest country in Europe, and overweight rates will rise a further 10% over the next 10 years. In this analysis, the authors compared these strategies with the alternative strategy of no prevention plus treatment of cardiovascular disease or cancer only once it had developed.

As well as those interventions highlighted above, other interventions such as primary care physician counseling were also found to be effective. Targeting schoolchildren through school-based interventions was unlikely to be effective until 50 years post-implementation.

The authors say: “A multiple-intervention strategy would achieve substantially larger health gains than would individual interventions, often with an even more favourable cost-effectiveness profile.” Such a strategy would include a health promotion campaign through the mass media, taxes and subsidies to incentivise the consumption of healthier foods, regulation of food advertising to children, and a compulsory food labelling scheme. This strategy would pay for itself in about half the countries examined, and in other countries it would become cost-effective after a maximum of 15 years (in South Africa).

If a comprehensive prevention strategy combining health education and government regulation were implemented today, 1 million years of life in good health would be added to India’s health expectancy, and 4 million would be added to China’s health expectancy within 20 years. In this time frame, the cost of gaining each year of life in good health would be \$270 in India and \$380 in China. In England, 270,000 years of life in good health would be added to the population’s health expectancy, at a cost of \$14,000 per year, well below the threshold currently used by UK National Institute for Health and Clinical Excellence (NICE) to recommend NHS funding. (currently at around US\$45,000/£30,000 GBP per year of life in good health gained).

An affordable prevention package covering unhealthy diet and physical inactivity, tobacco and alcohol use, and treatment for high blood pressure and cholesterol, would cost from \$1.5 per head

per year (India) to \$4.5 (Mexico). The estimated cost for England is not available but likely to be considerably higher. For the part specifically centred on unhealthy diet and physical activity, costs would range from \$0.4 per head per year (India) to \$1.2 (Russia), with the comparative cost in England of \$3.8. The authors say: “This analysis clearly shows that the strategic approaches that deliver best value for money to address unhealthy diets, physical inactivity, and obesity— improved awareness and information, appropriate fiscal measures, and enhanced regulatory mechanisms— closely match those for other key chronic disease risk factors (eg, tobacco and harmful alcohol use; high blood pressure and cholesterol).”

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