



DISPELLING INDUSTRY MYTHS ON NONCOMMUNICABLE DISEASES

The economic and human toll of noncommunicable diseases (NCDs) is unacceptable, inequitable and increasing. NCDs cause 43 million deaths per year¹, with over 82% of premature NCD deaths happening in low- and middle-income countries (LMICs).¹ A large proportion of NCDs are preventable by addressing the major NCD risk factors associated with unhealthy products — tobacco use, alcohol consumption, unhealthy diets, and fossil fuel-related air pollution. However, this is contingent on governments choosing to protect populations against these unhealthy products through comprehensive policy design and implementation.

Multinational companies that dominate most of the production and promotion of products driving the NCD epidemic (health-harming industries^{II}) have the responsibility to make profit for shareholders, placing them at odds with the public interest in safeguarding human and planetary health. They have a consistent track record of influencing, weakening, delaying and preventing the development and implementation of cost-effective policies for NCD prevention in order to protect their profits.² The upcoming fourth High-Level Meeting of the UN General Assembly on the prevention and control of NCDs and the promotion of mental health and well-being (HLM4), taking place on 25 September 2025, is facing the same challenge. Industry actors are already approaching policymakers in New York and capitals, questioning well-established evidence and propagating common myths and misconceptions to persuade governments against committing to bold action on NCDs.



We urge policymakers engaged in the HLM4 to safeguard this process from the undue influence of industry actors, ensuring that public health interests remain paramount and that evidence-based solutions take precedence.

This document provides a comprehensive overview of myths commonly used by industry actors, as well as the facts which refute these claims, to support policymakers in responding to industry arguments with evidence-based messages ahead of the HLM4 Political Declaration negotiations.

I Based on estimates from 2021.

II These include, for example, industries involved in fossil fuels, tobacco, alcohol, sugar-sweetened beverages (SSBs), ultra-processed foods high in fat, salt and/or sugar (HFSS), and also breastmilk substitutes. While breastmilk substitutes are not necessarily unhealthy products, it is well-documented that this industry employs health-harming commercial practices—including aggressive marketing that violates the WHO's International Code of Marketing of Breast-milk Substitutes. These tactics undermine breastfeeding promotion, despite breastmilk being the optimal source of nutrition for infants and a key factor in preventing NCDs later in life. See for instance the WHO/UNICEF report *How the marketing of formula milk influences our decisions on infant feeding*, available [here](#).

MYTH

Industry plays a key role in the NCD response and must take part in shaping the solutions.

TRUTH

Policymaking must be protected from the vested interests of health-harming industries.

There is a clear conflict of interest posed by health-harming industries whose profits depend on continued sales of their products, and therefore they should not play a part in policymaking intended to protect and promote population health. Industry actors consistently attempt to influence, weaken, delay, and prevent efforts to advance NCD prevention measures, with tactics including the use of front groups, corporate social responsibility (CSR) initiatives, attacking and undermining science, legal challenges, and evading regulations.^{2,3,4} The WHO Framework Convention on Tobacco Control under Article 5.3 mandates that Parties do not engage with the tobacco industry and that steps must be taken to prevent industry interference; this should be applied as good practice across NCD risk factors.⁵ [Guidance from WHO](#) is available to support informed decision-making on engaging with the private sector in regards to NCD prevention and control.



MYTH

The NCD movement is an anti-business movement.

TRUTH

NCD policies support businesses by promoting a healthy, productive population.

NCDs reduce productivity when people work at reduced capacity due to ill-health and withdraw early from the labour force due to caring responsibilities, disability, and premature death. It is estimated that more than two out of five NCD-related deaths occur prematurely,¹ significantly impacting the total number of productive years and contributing to a loss in economic potential at national and global levels. By investing in and implementing proven, cost-effective NCD prevention measures, including the [NCD 'best buys'](#), governments can promote a healthy and productive workforce and accelerate economic growth.

MYTH

The NCD movement doesn't want businesses to be profitable.

TRUTH

NCD policies encourage businesses to transition toward health-driven profits.

By shifting investment from unhealthy products to healthier, more sustainable activities, countries can promote economic growth and public health. For example, in 2022, fossil fuel subsidies totalled US\$7 trillion (equivalent to 7.1% of GDP), largely because of the under-pricing of its impacts on air pollution and climate change.⁶ Shifting this investment towards clean energy sources could help achieve the estimated US\$4 trillion needed each year until 2030 to reach net-zero by 2050⁷ and in turn deliver significant benefits for people and planet. Put another way, removing these subsidies could prevent 1.6 million premature deaths a year caused by air pollution by 2030, and also generate enough revenue for developing countries to achieve the SDGs including universal health coverage (UHC).⁸ Similar cases can be made across other unhealthy products like tobacco, alcohol and unhealthy foods. Profits made from selling these products largely accrue to a small group of transnational companies, while consumers and governments suffer the health and economic burden.⁹ A shift in narrative is needed – health and well-being should be seen not as a by-product of economic growth, but as its ultimate goal.¹⁰



MYTH

NCDs are an issue of personal "lifestyle choice" and parental responsibility.

TRUTH

Individual decisions are significantly driven by environments and industry actors.

Industry actors make huge investments to promote narratives focusing on personal responsibility when it comes to NCD risk factors like tobacco, alcohol and unhealthy food products in order to avoid population-wide policies that are likely to reduce sales and profits.¹¹ Marketing budgets for unhealthy products far out-strip countries' public health education budget.^{12,13} As a result, industries are able to position these products as the default "choice", making them affordable, accessible and heavily promoted. Meanwhile, information about their health risks is not clearly communicated – for instance through front-of-package labelling – which stands in the way of consumers making informed purchases. This is particularly the case in LMICs where health-harming industries act opportunistically and exploit the lack of regulation to open new markets and maintain their profits.¹⁴ For instance, the world's largest food and beverage manufacturers sell the same products with healthier formulations in LMICs, such as the addition of sugar and honey in infant formula and breakfast cereals.¹⁵

MYTH

NCD prevention is too expensive and difficult to implement.

TRUTH

NCD prevention is a good investment and there are proven, cost-effective solutions.

Evidence shows that NCD action is a good investment for governments. The **NCD 'best buys'** recommended by WHO are a set of 28 interventions considered to be the most cost-effective and feasible to implement.¹⁶ Each dollar invested in the NCD 'best buys' is expected to deliver a return of at least US\$7 in increased employment, productivity and longer, healthier lives.¹⁷ The WHO Council on the Economics of Health for All has also recommended that health and well-being be seen as a long-term investment rather than a short-term cost, mindful of the return of investment in prioritising Health for All.¹⁰ According a 2022 study published in The Lancet, achieving SDG target 3.4 to reduce NCD-attributable premature mortality by one-third would require US\$18 billion in new spending annually between 2023-2030; this would generate US\$2.7 trillion of economic benefit, equivalent to a return on investment of 19:1.¹⁸



MYTH

Regulation is unnecessary, industry is willing to commit, and self-regulation is sufficient.

TRUTH

Self-regulation does not work.

Ample research demonstrates that voluntary approaches have been largely ineffective¹¹ and rather, change only occurs due to regulation or the threat of regulation.¹⁹ There is a clear conflict of interest when industries that profit from the sale of unhealthy products are responsible for creating the rules to regulate them, such as marketing regulations.¹¹ Self-regulation schemes can also create an unequal playing field, as voluntary participation will lead to some companies choosing not to participate in the interest of higher profits.²⁰

MYTH

NCD labelling policies are ineffective and unnecessary.

TRUTH

NCD labelling policies are effective in supporting informed decisions and are required on unhealthy products under international law.

Evidence shows that warning labels on unhealthy products are effective in supporting informed, health-conscious decisions about product consumption and change consumer behaviour. For example, in Chile front-of-package warning labels on processed foods led to a 24% reduction in sugar sweetened beverage (SSB) purchases;²¹ while health warnings on tobacco products have proved to increase public knowledge of health risks, deter initiation, and increase the likelihood of cessation.²² As such, labelling policies present an important opportunity to increase public awareness about health risks and encourage health-supportive behaviours – particularly for risks that are less well-known, such as the link between alcohol consumption and multiple cancers.²³ Moreover, under international human rights law, States have an obligation to label products that present health risks.²⁴



MYTH

The marketing of unhealthy products does not target children or vulnerable populations.

TRUTH

Health-harming industries spend billions of dollars each year to market their products to children and vulnerable populations.

Many companies producing unhealthy products are known to use aggressive marketing techniques to target LMICs, people with lower incomes, minorities and children, exacerbating health inequalities and worsening health outcomes. For example, McDonald's has 154% more Instagram posts in LMICs compared to HICs.²⁵ The sponsoring of sports events, including by fossil fuel companies for professional cycling, rugby and cricket events, normalises consumption, and has a stronger impact on young viewers who are still developing their consumption habits.²⁶ Industries also have a history of using CSR initiatives to target children and vulnerable populations; for example, Djarum, an Indonesian tobacco company, provides badminton scholarships as part of its CSR initiatives.²⁷

MYTH

Increasing taxes on unhealthy products negatively impacts the economy, reducing tax revenue and hurting the poor the most.³

TRUTH

Excise taxes on unhealthy products (“health taxes”) benefit the economy by increasing government revenue and helping the poor the most.

Implementing or increasing health taxes generates additional government revenue. In addition, by reducing consumption, they subsequently improve health outcomes by reducing NCDs and thus their associated economic burden, including healthcare costs and productivity loss. Based on analyses conducted by WHO, increasing excise taxes on tobacco and alcohol are among the most cost-effective and feasible measures for implementation (**‘best buys’**), and taxing SSBs is also considered highly cost-effective.¹⁶ In addition, health taxes are a progressive measure and benefit low-income populations more when accounting for NCD-attributable health burden and healthcare costs.²⁸ In all countries, NCDs affect poorer and vulnerable communities the most. As these populations are the most sensitive to price changes, they accrue most of the health, social and economic benefits of implementing or increasing taxes on unhealthy products including tobacco, alcohol and SSBs.^{129,30} Moreover, health taxes receive strong public support when their purpose is explained to populations and their revenues are invested in health.³¹

III For more myths on fiscal policies, see NCD Alliance’s report *Getting fiscal policies right*, available [here](#).
 IV SSB taxation has a cost-effectiveness of >100 per HLY gained in LMICs.



If you wish to report any instances of industry interference around the HLM4 that you have faced or heard about, please [use this form](#).



This document will be regularly updated with the latest narratives used by health-harming industries around the HLM4 in a live document [accessible here](#).

References

- 1 World Health Organization. Noncommunicable diseases. Available at: <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>
- 2 Lacy-Nichols J, Marten R, Crosbie E, Moodie R. "The public health playbook: ideas for challenging the corporate playbook." *The Lancet Global Health* 10, no. 7 (2022): e1067-e1072. Available at: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00185-1/](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00185-1/)
- 3 Gilmore AB, Fabbri A, et al. "Defining and conceptualising the commercial determinants of health." *The Lancet* 401, no. 10383 (2023): 1194-1213. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00013-2/](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00013-2/)
- 4 Gannon J, Bach K, et al. "Big tobacco's dirty tricks: Seven key tactics of the tobacco industry." *Tobacco Prevention & Cessation* 9 (2023): 39. Available at: <https://doi.org/10.18332/tpc/176336>
- 5 WHO Framework Convention on Tobacco Control. Available at: <https://fctc.who.int/resources/publications/i/item/9241591013>
- 6 IMF. Fossil Fuel Subsidies. Available at <https://www.imf.org/en/Topics/climate-change/energy-subsidies>
- 7 United Nations. Five ways to jump-start the renewable energy transition now. Available at <https://www.un.org/en/climatechange/raising-ambition/renewable-energy-transition>.
- 8 NCD Alliance. Getting Fiscal Policies Right. Lessons and recommendations across NCD risk factors. Available at https://ncdalliance.org/sites/default/files/resource_files/Getting%20Fiscal%20Policies%20Right.pdf
- 9 Allen LN, Hatefi A, Feigl AB. "Corporate profits versus spending on non-communicable disease prevention: an unhealthy balance." *The Lancet Global Health* 7, no. 11 (2019): e1482-e1483. Available at: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30399-7/](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30399-7/)
- 10 WHO Council on the Economics of Health for All. Health for All – transforming economies to deliver what matters: final report of the WHO Council on the Economics of Health for All. (2023). Available at: <https://www.who.int/publications/i/item/9789240080973>
- 11 WHO Regional Office for Europe. Commercial determinants of noncommunicable diseases in the WHO European Region. (2024). Available at <https://www.who.int/europe/publications/i/item/9789289061162>
- 12 Bach L. State Tobacco Prevention Spending vs. Tobacco Company Marketing. Campaign for Tobacco Free Kids. (2023). Available at: <https://assets.tobaccofreekids.org/factsheets/0406.pdf>
- 13 O'Dowd A. "Spending on junk food advertising is nearly 30 times what government spends on promoting healthy eating." *BMJ* 359 (2017): j4677. Available at: <https://www.bmj.com/content/359/bmj.j4677>
- 14 Delobelle P. "Big Tobacco, Alcohol, and Food and NCDs in LMICs: An Inconvenient Truth and Call to Action; Comment on "Addressing NCDs: Challenges From Industry Market Promotion and Interferences." *International journal of health policy and management* 8, no. 12 (2019): 727. Available at: <https://doi.org/10.15171/ijhpm.2019.74>
- 15 Just Food. Food giants sell less healthy products in low-income countries, report claims. (2024). Available at <https://www.just-food.com/news/food-companies-less-healthy-products-in-low-income-countries-report-finds>
- 16 World Health Organization. Tackling NCDs Best buys and other recommended interventions for the prevention and control of noncommunicable diseases. (2024). Available at: <https://www.who.int/publications/i/item/9789240091078>
- 17 NCD Alliance. Financing NCDs. Available at <https://ncdalliance.org/why-ncds/financing-ncds>
- 18 Watkins D, et al. NCD Countdown 2030: efficient pathways and strategic investments to accelerate progress towards the Sustainable Development Goal target 3.4 in low-income and middle-income countries. *The Lancet* 399, no. 10331 (2022): 1266-1278. Available at: [https://doi.org/10.1016/S0140-6736\(21\)02347-3](https://doi.org/10.1016/S0140-6736(21)02347-3)
- 19 Wise J. "Industry has no role in public health policies, concludes analysis." (2013). <https://www.bmj.com/content/346/bmj.f943.full>
- 20 Blanchard L, Ray S, et al. "The effectiveness, cost-effectiveness and policy processes of regulatory, voluntary and partnership policies to improve food environments: an evidence synthesis." *Public health research* (Southampton, England) 12, no. 8 (2024): 1-173. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK607533/>
- 21 Constantin A, Cabrera OA, et al. "A human rights-based approach to non-communicable diseases: Mandating front-of-package warning labels." *Globalization and Health* 17 (2021): 1-7. Available at: <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-021-00734-z>

- 22 Hammond D. "Health warning messages on tobacco products: a review." Tobacco control 20, no. 5 (2011): 327-337. Available at: <https://pubmed.ncbi.nlm.nih.gov/21606180/>
- 23 Kirby T. "US Surgeon General calls for cancer warning labels on alcohol." The Lancet Oncology 26, no. 2 (2025): 158. Available at: [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(25\)00002-6/](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(25)00002-6/)
- 24 NCD Alliance. Warning Against Harm. Lessons and recommendations to advance labelling policy across risk factors for noncommunicable diseases. (2023). Available at https://ncdalliance.org/sites/default/files/resource_files/Warning_Against_Harm-policy_brief-ENG.pdf
- 25 NCD Alliance. Selling a Sick Future. How to counter harmful commercial marketing towards children and young people across risk factors for noncommunicable diseases. (2023). Available at: <https://ncdalliance.org/news-events/news/policy-solutions-to-predatory-marketing-protecting-today's-children-and-youth-from-a-lifetime-of-chronic-disease>
- 26 Curry L, Abdulkareem T. Stop selling a sick future: Harmful marketing at major sporting events. Act on NCDs. 7 January 2025. Available at <https://actonncds.org/stories/blogs/20250107-stop-selling-sick-future-harmful-marketing-major-sporting-events>
- 27 Siahaya IA, Smits T. Sport CSR as a hidden marketing strategy? A study of Djarum, an Indonesian tobacco company. Sport in Society, 24(9), (2020): 1609–1632. Available at: <https://doi.org/10.1080/17430437.2020.1764537>
- 28 World Health Organization. Health Taxes: A Primer. (2019). Available at: <https://www.who.int/publications/i/item/WHO-UHC-HGF-PolicyBrief-19.7>
- 29 Fuchs A, Marquez PV, Dutta S, Gonzalez Icaza F. "Is tobacco taxation regressive?: evidence on public health, domestic resource mobilization, and equity improvements." (2019): ix+-57. Available at: <http://dx.doi.org/10.1596/31575>
- 30 Paraje GR, Jha P, Savedoff W, Fuchs A. "Taxation of tobacco, alcohol, and sugar-sweetened beverages: reviewing the evidence and dispelling the myths." BMJ Global Health 8, no. Suppl 8 (2023): e011866. Available at: <https://doi.org/10.1136/bmjgh-2023-011866>
- 31 Michelle, et al. "Political and public acceptability of a sugar-sweetened beverages tax: a mixed-method systematic review and meta-analysis." International Journal of Behavioral Nutrition and Physical Activity, vol. 16, no. 1 (2019): 78. Available at: <https://pubmed.ncbi.nlm.nih.gov/31484538/>

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