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Designing effective health policies

LETTERS

Thursday, 27 Sep 2018



THERE has been a mixed reaction to the recent suggestion for a soda tax to encourage Malaysians to adopt a healthy lifestyle besides generating additional revenue for the government. Some have called for the tax to be extended to raw sugar and all high-sugar content food while others are concerned over its impact on the people's cost of living. There are some who question the effectiveness of the tax in changing people's lifestyle for health benefits and even pointed out its negative economic consequences.

Under Goal 3 of the United Nations Sustainable Development Goals (SDGs) – Good Health and Wellbeing – one of the targets by 2030 is to reduce premature mortality due to non-communicable diseases by one-third through prevention and treatment, and to promote mental health and wellbeing.

One of the SDG indicators is the probability of dying at the age of between 30 and 70 from any cardiovascular diseases, cancer, diabetes and chronic renal disease. The World Health Organization's (WHO) data for 2015 showed a global average of 18.1%, with Malaysia scoring 17.1%. Data for other Asia-Pacific countries showed Japan recording 8.8%, Singapore 10.1%, Thailand 16.2%, and Indonesia 26.6%. It seems that Malaysia is doing quite well compared to other countries worldwide, but compared to some of our Asian neighbours, we still have a lot to do.

For the non-communicable diseases mentioned in the SDG goals, adopting a healthy lifestyle through good eating habits, having adequate exercise and smoking abstinence plays a very important role in preventing disease development or progression.

How can we encourage this through our public health policy? Imposing a tax or subsidy is a public health strategy but if implemented alone, it might not achieve the desired outcome.

Some countries which introduced a soda tax have seen their economy suffer as it was easy for their citizens to buy the goods in neighbouring countries. Other countries have not seen the desired health outcomes from the imposition of soda tax as the people could still buy many other high-sugar content food and beverages that are not under the soda tax.

Are we subsidising vegetables and fruits to encourage their consumption instead of sweet processed food?

All public health interventions are intended to modify behaviour for positive outcomes but change needs to start with understanding before voluntary action can take place.

So, have we done enough to increase the public's understanding of healthy behaviours and lifestyles? What have we done to enable our people to choose to live healthily? Does our education system incorporate a health syllabus? Are we building more public spaces to encourage exercise or fitness activities? Are we improving access to facilities and services that encourage sports and exercise?

Any public health strategy must be multi-pronged to be effective and create a sustainable impact.

As the Malay saying goes "*Sedikit-sedikit lama-lama jadi bukit*", cumulative interventions through different policies will be needed to make us achieve the third goal of the SDG. Thus, a soda or sugar tax policy should be the beginning and not the end of our national effort to reduce non-communicable diseases.

DR TAN HUI LING

Butterworth

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