Public health policies to tackle obesity

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Target: Halt the rise in diabetes and obesity

Set of 9 voluntary global NCD targets for 2025

- Harmful use of alcohol: 10% reduction
- Physical inactivity: 10% reduction
- Salt/sodium intake: 30% reduction
- Tobacco use: 30% reduction
- Raised blood pressure: 25% reduction
- Premature mortality from NCDs: 25% reduction
- Essential NCD medicines and technologies: 80% coverage
- Drug therapy and counseling: 50% coverage
- Diabetes/obesity: 0% increase
Obesity is one of the main risk factors of NCDs

- Obesity has reached epidemic proportions globally, with at least 2.8 million people dying each year as a result of being overweight or obese. Once associated with high-income countries, obesity is now also prevalent in low- and middle-income countries.

- Globally, in 2010 the number of overweight children under five was estimated to be over 42 million, close to 35 million of these live in developing countries.

- Overweight and obese children are likely to stay obese into adulthood and more likely to develop NCDs.

- Governments, international partners, civil society, non governmental organizations and the private sector all have vital roles to play in contributing to childhood obesity prevention.
Overweight continues to increase

Overweight (Body mass index $\geq 25$)
Obesity (Body mass index $\geq 30$)
Source: WHO NCD Country Profiles (2010)
Globally, in 2010 the number of overweight children under five was estimated to be over 42 million, close to 35 million of these live in developing countries.

De Onis M, Blössner M, Borghi E. Global prevalence and trends of overweight and obesity among preschool children. Am J Clin Nutr 2010;92:1257-64
Overweight continues to increase
Childhood obesity prevention tools

http://www.who.int/dietphysicalactivity/implementation/toolbox/
Consider all sectors, levels and settings

- Upstream
- Midstream
- Downstream
Guiding principles

- Integrated strategy
- Policy support from multiple levels of government
- Equity and inclusivity
- Environmental support
  - Upstream/socio-ecological approach
  - Midstream/behavioural approach (settings)
  - Downstream approach (health services)
- Monitoring and surveillance
# Key components

## Population-based approaches to childhood obesity prevention

<table>
<thead>
<tr>
<th>Structures to support policies &amp; interventions</th>
<th>Population-wide policies and initiatives</th>
<th>Community-based interventions</th>
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<tbody>
<tr>
<td>• Leadership</td>
<td>• Marketing of unhealthy foods and beverages to children</td>
<td>• Multi-component community-based interventions</td>
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<tr>
<td>• ‘Health-in-all’ policies</td>
<td>• Nutrition labelling</td>
<td>• Early childcare settings</td>
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<tr>
<td>• Dedicated funding for health promotion</td>
<td>• Food taxes and subsidies</td>
<td>• Primary and secondary schools</td>
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<td>• NCD monitoring systems</td>
<td>• Fruit and vegetable initiatives</td>
<td>• Other community settings</td>
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<td>• Workforce capacity</td>
<td>• Physical activity policies</td>
<td></td>
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<td>• Networks and partnerships</td>
<td>• Social marketing campaigns</td>
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<td>• Standards and guidelines</td>
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Population-wide policies

- Policies influencing food environments
  - Marketing of food to children
  - Nutrition labelling
  - Food taxes and subsidies
  - Fruit and vegetable initiatives

WHO recommends the intake of a minimum of 400g of fruit and vegetables per day for the prevention of chronic diseases such as heart disease, cancer, diabetes and obesity.
Agriculture
Example: In 1987, the Ministry of Health of Mauritius introduced a regulatory policy to change the composition of general cooking oil, limiting the content of palm oil and replacing it with soya bean oil. Five years after the intervention, total cholesterol concentrations had fallen significantly in men and women. Consumption of saturated fatty acids had decreased by an estimated 3.5% of energy intake.

Denmark was the first country to implement stringent laws restricting trans-fat content of foods. Legislation was enacted limiting trans-fats to 2% of fats and oils content of foods destined for human consumption.
Marketing influences
WHO/FAO Fruit and Vegetable Promotion Initiative

WHO and FAO launched in 2003, a joint initiative to promote fruit and vegetables for health worldwide:
- Promote production and consumption;
- Advance science in fruits and vegetables.

Report gives a definition of "fruit" and "vegetables", provides guidance on the promotion of fruit and vegetables, goals and ways to involve industry.

Workshop in Kobe (2004) resulted in a framework that proposes ways to promote increased production, availability and access, and adequate consumption of fruit and vegetables.

World Health Assembly adopted in May 2013 an indicator to measure low consumption of fruits and vegetables: less than five total servings (400 grams) per day.
Food environment: Fiscal policies

- Prices influence consumption choices. Public policies can influence prices through taxation, subsidies or direct pricing in ways that encourage healthy eating and lifelong physical activity.

- Several countries use fiscal measures, including taxes, to influence availability of, access to, and consumption of various foods (e.g. Denmark, France, Hungary, USA).

- Evaluation of fiscal measures should include the risk of unintentional effects on vulnerable populations.

- Global Action Plan on NCDs 2013-2020: "As appropriate to national context, consider economic tools that are justified by evidence, and may include taxes and subsidies, that create incentives for behaviours associated with improved health outcomes, improve the affordability and consumption of healthier food products and discourage the consumption of less healthy options."

Recent tax of soft drinks in Mexico can contribute to the evidence base for fiscal policies and best practices to be shared with other countries.
Recommendations on marketing of foods to children

- Recommendations endorsed by the 63rd World Health Assembly in May 2010

- Official records from the Health Assembly available at: http://apps.who.int/gb/or/

- Reader-friendly report of recommendations and the resolution in 6 languages
### Evidence of the impact of advertising regulations

<table>
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<tr>
<th>Ban on advertising to children in Quebec (1980)</th>
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<tr>
<td>Between 7.1% and 9.3% drop in the probability of purchasing fast food</td>
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<tr>
<td>Annual drop of between 11 million and 22 million fast-food meals</td>
</tr>
<tr>
<td><em>Impact on purchases behaviour. Baylis &amp; Dhar (2007)</em></td>
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<th>Following the food advertising regulations in France (2004)</th>
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<tbody>
<tr>
<td>21% of individuals above age 15 changed their eating habits</td>
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<tr>
<td>17% of individuals above age 15 changed their food-purchasing habits</td>
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<tr>
<td><em>Impact on self-reported behaviours - Ministère de la santé de la jeunesse et des sports (2008)</em></td>
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<th>Ban on advertising to children in the UK (2008)</th>
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<td>Children aged 4–9 saw 52% less advertisement on unhealthy food</td>
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<td>Children aged 10–15 saw 22% less advertisement on unhealthy food</td>
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<tr>
<td><em>Change in exposure to the messages - UK Ofcom evaluation (2010)</em></td>
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Policy Specifications – Settings where children gather

- Include, but are not limited to:
  - nurseries,
  - schools,
  - school grounds and pre-school centres,
  - playgrounds,
  - family and child clinics and paediatric services (including immunization programmes),
  - during any sporting and cultural activities that are held on these premises.
Countries that have introduced regulations to protect children

- **Ecuador**
  - Schools
  - Labelling

- **Peru**
  - School food environment
  - Law: Food Std., Publicity, Labelling

- **Mexico**
  - School food environment
  - Soda/snacks tax

- **Costa Rica**
  - School food environment

- **Chile**
  - School food environment
  - Law: Food Std., Publicity, Labelling

- **Brasil**
  - School feeding prg
  - Advertising

- **Uruguay**
  - Law: School food environment
Physical environment: Global Recommendations on Physical Activity

- Main aim: providing guidance on frequency, duration, type and total amount of PA needed for prevention of NCD’s

- Three age-groups:
  - 5-17 year olds;
  - 18-64;
  - 65+

- 60 minutes per day of moderate intensity physical activity for under 18s, 150min per week for over 18s.

- Main target audience: national and local policy makers.
Community-based interventions

- Most successful interventions have multiple components and are adapted to the local context
- Culturally and environmentally appropriate
- Use existing social structure of a community
  - Early childcare settings
  - Primary and secondary schools
  - Other settings (PHC, older adults meetings, religious settings)
- Participation from all key stakeholders
School setting
Workplace setting

Workplace health promotion programmes, targeting physical inactivity and unhealthy dietary habits are effective in improving health, enhancing employee productivity, improving corporate image and moderating medical care costs.

- Key elements of successful programmes include:
  - clear goals and objectives;
  - links with programmes to business objectives;
  - strong management support;
  - effective communication, and;
  - supportive environments.
This document aims to provide Member States with an overview of childhood obesity interventions that can be undertaken at national, sub-national and local levels.
Need for priority setting tools

- Policy implementation often occurs in a non-systematic, "ad hoc" way
- Policy actions are more likely to be cohesive and comprehensive if decision processes are systematic, evidence based and stakeholder informed
## Approach to childhood obesity prevention

| Problem identification and needs analysis | • Check available data (STEPS, nutrition and health surveys)  
• Prevalence and trends of obesity (adults and children)  
• Prevalence of diabetes |
| --- | --- |
| Identification of potential solutions | • DPAS  
• WHO Publications: What works?; School policy framework; Marketing of food to children; Population based prevention. |
| Prioritization of solutions | • Use prioritization tools  
• Involve multiple stakeholders  
• Develop prioritized list of actions |
| Strategy development | • Develop and action plan and obtain political endorsement  
• Establish multisectoral coordination mechanism |
| Implementation | • Phased implementation with close monitoring |
| Evaluation | • Re-assess and repeat the cycle with changes as needed |
Modified problem and solution tree approach:
List of potential problems to target

Choose at least
1 physical activity &
2 diet PROBLEMS
from this list

Or

You can ADD to
or CHANGE the
problems on this list

<table>
<thead>
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<th>List of potential PROBLEMS to target</th>
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<tbody>
<tr>
<td>Not enough fruit eaten</td>
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<tr>
<td>Not enough vegetables eaten</td>
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<tr>
<td>Low fibre diet</td>
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<tr>
<td>High intake of sugar-sweetened drinks</td>
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<tr>
<td>Low consumption of breakfast</td>
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<tr>
<td>Unhealthy lunchboxes</td>
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<tr>
<td>High intake of junk foods by children in lunchboxes and after schools</td>
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<tr>
<td>High-fat meals</td>
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<tr>
<td>High intake of fast foods</td>
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<tr>
<td>Low participation in non-sport physical activities (eg dance, martial arts)</td>
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<td>Inactive transport</td>
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<tr>
<td>Low physical activity in school days</td>
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<tr>
<td>Sedentary workplaces/work</td>
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<tr>
<td>Sedentary behaviours linked to TV viewing</td>
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<tr>
<td>Sedentary behaviours linked to video game use</td>
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<tr>
<td>Other…</td>
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Success factors

- Incorporate aspects of the three key components
  - Embedded structures,
  - Population-wide initiatives,
  - Community-based interventions

- Use different policy instruments, including legislative and financial tools, to ensure availability and affordability of healthy foods and physical activity opportunities

- Integration into existing structures

- Interventions across a range of settings

- Cross-sectoral platforms and a multisectoral approach
Action needs to be Multisectoral, improving the food environment and physical environment
Thank you