

Summary report on the

# Regional meeting on tackling obesity in the Eastern Mediterranean Region with more focus on healthy diet

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Sharjah, United Arab Emirates  
26 November 2018



REGIONAL OFFICE FOR THE

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Organization

Eastern Mediterranean

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## Contents

1.	Introduction.....	1
2.	Summary of discussions .....	2
3.	Recommendations.....	5

## **1. Introduction**

The World Health Organization (WHO) Eastern Mediterranean Region has experienced epidemiological and nutritional transitions that have contributed to high rates of overweight and obesity within the Region. Half the Region's adult women (50.1%) and more than two in five men (43.8%) were overweight or obese in 2014. The rates of overweight or obesity in the Region's children are higher than the global average of 7%, and in some countries more than 15% of children are affected. In many countries in the Region more than half of adolescents are overweight or obese. The consequences for the health and well-being of the population are serious, and the social and economic case for investing in prevention of overweight and obesity is clear.

The WHO Regional Office for the Eastern Mediterranean supports the implementation of national strategies and action plans to address overweight and obesity. Countries have struggled, however, to implement multisectoral policies or interventions to tackle this major challenge. In 2016, therefore, a process was initiated to assess the situation, identify key challenges and gaps, and come up with a series of proposals on priority areas for action to prevent obesity, and a new regional framework for action on obesity prevention (2019–2023) was endorsed by the 65th session of the Regional Committee for the Eastern Mediterranean in October 2018.

A regional meeting to present the new regional framework and discuss the promotion of its implementation was held at the University of Sharjah, Sharjah, United Arab Emirates on 26 November 2018. The meeting was held alongside the Seventh Regional Sehaty Conference and was co-hosted by the Ministry of Health of the United Arab Emirates, the University of Sharjah and the City of Sharjah, under the patronage of Her Highness Sheikha Jawaher Bint Mohammed Al

Qasimi, Wife of His Highness the Ruler of Sharjah and Chairperson of the Supreme Council for Family Affairs. The regional meeting was attended by 45 participants, including nutrition focal points of 12 countries, external experts and members of the WHO Secretariat.

The objectives of the meeting were to:

- encourage Member States to engage in active coordination for the implementation of the UN Decade on Nutrition, aiming to identify solutions and good practices to tackle obesity;
- share policies, programmes and plans to address overweight and obesity; and
- launch the regional framework for action on obesity prevention and a new regional report on implementation of policies on restricting marketing of unhealthy foods to children.

## **2. Summary of discussions**

The 10 recommended areas for action in four domains (regulatory action, prevention, obesity management and treatment, and surveillance) of the new regional framework were presented to participants. There is substantial and growing evidence to support these recommendations and lessons to be drawn from the experience of implementing countries, both within the Region and elsewhere. Presentations were made describing experiences in implementing national obesity strategies, taxing soft drinks, restricting marketing of unhealthy food to children, front-of-pack nutrition labelling, and food product reformulation in European countries.

Many countries in the Eastern Mediterranean Region have already implemented, or are in the process of implementing, many of the

recommended actions in the new regional framework. Specifically, the meeting heard of experience in implementing:

- A new 50% tax on carbonated soft drinks (and a 100% tax on energy drinks) and a complementary mass media campaign in the United Arab Emirates.
- Traffic light labelling in the Islamic Republic of Iran, which was introduced on a voluntary basis in 2014 and has been mandatory since 2016.
- Implementation of an obesity control programme and a diet and physical activity strategy in Saudi Arabia, including, for example, food reformulation, mandatory calorie labelling on menus, traffic light labelling (mandatory from 2020), regulatory limits on trans fats and a soft drink tax (the same as in United Arab Emirates).
- A programme to eliminate industrially-produced trans fats and introduction of a front-of-pack health logo in Tunisia.
- Guidelines on food in schools and forthcoming guidelines on marketing of foods to children (0–18 years), following a rapid assessment to map current marketing in Oman.
- Mandatory reformulation of some foods in Jordan, along with improvements to food served to the armed services and new standards to ban vegetable oils in dairy products.
- New legislation on nutrition labelling, and development work on front-of-pack labelling, in Morocco, along with a new sugary drink tax, nutrition education, and dietary guidelines for schools and university canteens.
- Multisectoral efforts to promote exclusive breastfeeding, community-based growth monitoring and mass media health promotion campaigns in Afghanistan.
- Implementation of the Baby-Friendly Baby Hospital initiative and actions to promote, protect and support exclusive breastfeeding in occupied Palestinian territory.

Despite these varied initiatives, many gaps remain, and countries in the Region often face multiple challenges and barriers that hinder action to tackle obesity. There continues to be a gap between the adoption of policies or laws and their implementation and/or enforcement on the ground. All too often initiatives do not progress beyond the planning stage. The new report on implementation of the WHO set of recommendations on marketing of foods and non-alcoholic beverages to children in the Region, for example, found that, eight years after the recommendations were issued, there is a lack of concrete progress in the Region to reduce the marketing of unhealthy foods to children.

Although, there are many multisectoral coordination mechanisms in place and a small number have the very highest level of political leadership, very few have the high-level leadership that is needed to follow through on implementation, especially in the face of opposition from vested interests.

Furthermore, few countries have access to all the national data – on nutritional status and food composition, for example – that is needed to inform the development of policies and interventions, and to be able to report on progress. There are serious gaps in surveillance, monitoring and evaluation.

Many countries in the Region rely heavily on imported food and much of the media to which people are exposed is pan-regional, and there is, therefore, a need to find solutions to tackle cross-border issues.

It is also important to remember that the context differs greatly between countries of the Region, and that some countries face protracted conflicts with severe hunger and other types of malnutrition.



Countries are now clear on what needs to be done to tackle obesity, but they would like more guidance and support on how to implement and scale-up these actions. There was a call to draw on the lessons from experience with tobacco control and the approaches applied through the WHO Framework Convention on Tobacco Control.

WHO has a number of initiatives underway, or in the pipeline, to support countries in these efforts. For example: new global guiding principles and a regional technical roadmap for implementation of front-of-pack nutrition labelling; step-by-step guidance on implementation of the WHO set of recommendations on marketing of foods and non-alcoholic beverages to children in the Region; establishment of a regional nutrition network to facilitate exchange and sharing of technical support and best practice; and development of a new 10-year regional nutrition strategy to guide efforts to tackle all forms of malnutrition, including overweight and obesity, within the framework of the UN Decade of Action on Nutrition.

The meeting concluded with signature of the Sharjah Declaration on Obesity Prevention, in which signatories renewed their commitment to tackling obesity, including through the new regional framework on obesity prevention, and to accelerate progress towards achieving the targets of the Sustainable Development Goals to reduce premature mortality from noncommunicable diseases by one third by 2030 and end all forms of malnutrition by 2030.

### **3. Recommendations**

*To WHO*

1. Facilitate the sharing of knowledge, experience and good practice.  
This could include establishing platforms/websites/social media

groups and e-learning tools for dissemination and exchange, organization of country field visits, and other actions to foster intercountry collaboration.

2. Provide technical guidance on a range of issues, including: how to tackle cross-border marketing; standardizing portion sizes; design of taxes for high fat or sugar foods and meals; training materials for health professionals; infant and young child feeding resources; and how to prioritize nutrition-related research needs.
3. Support advocacy and building political will by, for example, generating economic data to make the investment case for action, producing “score cards” to assess and compare country progress, organizing high-level meetings and producing advocacy materials to help decision-makers respond to opposition from vested interests.
4. Support data collection for surveillance and monitoring progress, including for national nutrition surveys, and provide an implementation framework for monitoring and evaluating interventions and guidance on data collection at the subnational level.



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