Summary report on the

WHO-EM/HLP/092/E

Regional consultation on the prevention and control of childhood overweight and obesity in the Eastern Mediterranean Region

Cairo, Egypt
2–3 July 2015

World Health Organization
Regional Office for the Eastern Mediterranean

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1. Introduction

Childhood overweight and obesity in the Eastern Mediterranean Region has reached epidemic proportions and shows no sign of declining. The rapid rise – within the last 30 years – adds to the pre-existing burden of under-nutrition experienced by many countries. Overweight and obesity among children under the age of five years increased from 5.8% to 8.1% between 1990 and 2012, which is above the global average of 6.7%. While the levels of childhood overweight and obesity are highest in high income countries, with more than 50% of children being overweight, middle-income countries are rapidly catching up. Overweight and obesity in adolescents (13–15 years) is also prevalent in the Region, above the global median value of 21.7%, particularly in Egypt, Kuwait, Iraq, Lebanon, Libya and United Arab Emirates. Based on global trends data, obesity in the Region is expected to increase rapidly in middle-income countries and spread to lower socioeconomic classes. Overweight and obese children are likely to remain obese into adulthood and more likely to develop noncommunicable diseases such as diabetes and cardiovascular diseases at a younger age.

The direct causes of overweight and obesity are insufficient physical activity and unhealthy diet. In addition, stunting among children, which is prevalent in low-resourced countries of the Region, is also a key reason for childhood obesity. In infants, low rates of exclusive breastfeeding and inappropriate complementary feeding practices are main contributors to the development of childhood obesity. Only 35% of infants are exclusively breastfed until six months of age, in part due to an increase in the use of breast milk substitutes and baby food products. Risk factors for school children include missing breakfast, eating outside the home, soft drink consumption, low consumption of fruits and vegetables, physical inactivity (particularly in girls) and increasing exposure to the marketing of foods and non-alcoholic beverages. Overweight and obesity, as well as their related diseases, are largely preventable. The prevention of childhood obesity should therefore be a high priority in the Region.

The WHO Director-General established the Commission on Ending Childhood Obesity (ECHO) in June 2014 to raise awareness and trigger action to address childhood obesity. ECHO is tasked to review, build upon and address gaps in existing WHO mandates/strategies in the areas of noncommunicable diseases, healthy diets and physical activity, and maternal, infant and young child nutrition.

In this context, the WHO Regional Office for the Eastern Mediterranean, in collaboration with WHO headquarters, held a regional consultation on 2–3 July in Cairo, Egypt. The objectives of the consultation were to:

- present the current situation of childhood overweight and obesity in the Eastern Mediterranean Region;
- review recommendations from the Commission; and
- provide regional feedback and perspective to the recommendations of the Commission.

The consultation was attended by participants from nine countries, as well as from academia and civil society organizations. Participants came from the fields of nutrition, noncommunicable diseases, health promotion and education, adolescent health, and maternal and child health.

Day 1 focused on reviewing the regional situation and recommendations from ECHO and day 2 dealt with engaging non-State actors in the Region.

Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, opened the consultation, highlighting that the meeting was part of the work of ECHO and of the regional initiative to implement the United Nations Political Declaration on the Prevention and Control of Non-communicable Diseases, which has four key components: governance, surveillance, risk factors and noncommunicable diseases management.

2. Summary of discussions

Feedback on recommendations of ECHO

Participants felt there was a need to increase the awareness of policy-makers on the health and economic implications of childhood obesity on development. Interventions related to prevention of childhood obesity need to be considered from preconception care to adolescence, and noncommunicable diseases prevention integrated in policies and plans on child health. Policy-makers involved in food supply systems, agriculture, trade and industry also need to be sensitized on policy options for childhood obesity. National food standards and food labelling regulations should be reviewed to reduce trans-fatty acid/saturated fatty acid, salt and sugar intake, and the food industry engaged for voluntary or mandatory product reformulation through implementation of the regional nutrient profiling model. Full implementation of the International Code of Marketing of Breast-milk Substitutes is also required. Restaurants and food supply chains should be encouraged or mandated to review their food recipes/supplies to make them healthier. In addition, national campaigns are needed to promote healthy diet and physical activity, and supportive environments need to be created through engaging civil society and communities to support public demand.

Issues and strategies overlooked by the Commission include how to: generate more political will and “buy in” by decision-makers; secure resources (financial and human resources); deal with the private sector; translate policy into action; combat the influence of industry and the private sector (including conflicts of interest); control media promotion and advertising for unhealthy diets; strengthen government capacity to respond; and generate public demand for the prevention and control of childhood obesity.

The main barriers to policy implementation include a lack of awareness and knowledge among the public, policy-makers and

stakeholders, as well as limited human and financial resources. The shift from traditional diets to fast food and western-style food presents a challenge, and there are cultural barriers such as perceptions of ideal body weight, especially for young women before marriage. The internal conflicts and political instability in the Region (and types of food aid available) present further obstacles, including a shift in government priorities to local and regional security problems. The lack of control of media promotion and advertising for unhealthy food, in particular on cross-border satellite television channels, the influence of the private sector and industry on policy-making, and some existing laws and regulations are other challenges.

Regarding enabling factors, there is a need to enhance good governance in policy development in the Region, with clear roles and responsibilities for each concerned sector, ensuring that national strategies/actions are endorsed and supported by political leaders, and resources are secured to implement national plans. Engaging all stakeholders throughout the development process of national plans from planning to implementation and monitoring is important, as is mobilizing and sensitizing policy- and decision-makers to the size of the problem and potential for cost-effective prevention solutions. Public health laws need to be enacted and implemented, including those on child health, noncommunicable diseases and nutrition, while food systems and safety net programmes should be reviewed to eliminate sugar and fat consumption by children. Engaging the media to promote healthy lifestyles, including physical activity and healthy diets, and creating supportive environments in school settings, workplaces and other public places, is also needed.

To measure success in implementation, governments should establish practical and cost-effective action plans that are realistic and easy to implement and monitor. Efficient monitoring systems need to be established with performance indicators. Effective and practical policies and strategies need to be developed to implement legislation

on the marketing of food, and coherent and efficient multisectoral coordination between key partners put in place.

In terms of a monitoring and accountability framework, governments should adopt the international monitoring framework and establish a national surveillance and monitoring system. National benchmarks and a database on childhood obesity and related factors, such as food consumption patterns, physical activity and food marketing, need to be set up and reported on, using the key indicators used in the monitoring framework. The required resources should be secured to ensure the efficiency and sustainability of the system. The screening of overweight and obese children needs to be linked with growth monitoring as part of an integrated health system, and regular assessments made of the efficacy and validity of national programmes. Research and studies should be undertaken on childhood obesity and its causes and the impact of national programmes.

Engaging non-State actors in the Region

Day 2 focused on collecting feedback on ways to enhance the engagement of non-state actors in noncommunicable diseases prevention and control, particularly in areas related to childhood overweight and obesity.

In the area of sugar and fat reduction, civil society could be involved in regional interventions including those on reducing salt content in commonly-consumed food and monitoring by 24-hour urine checks, as well as in the upcoming consultation on sugar reduction.

Regarding physical activity promotion, the regional call to action contains sector- and setting-specific interventions that will require building community-led demand.

In terms of food marketing, there is a need to mobilize civil society groups, such as Consumers International, to raise public awareness

and challenge false health claims, and for involvement in components of the regional initiative on addressing unopposed marketing of unhealthy products noted.

Case-studies

Potential case-studies in the Region were highlighted including: the role of subsidies, bulk procurement and safety net programmes in undermining health objectives; Lebanon's media law stipulating that private television networks should provide free airtime to health issues; the "Green Apple" accreditation tool in Islamic Republic of Iran; Tunisia's sugar subsidies; and the United Arab Emirates, where obesity has been made a national priority, with the adoption of specific national targets and the establishment of a high council to monitor the situation.

3. Conclusions

Participants noted that the Region has become sensitized to the issue of noncommunicable diseases, which can provide a good "launch pad" for obesity-related activities. There are several existing WHO initiatives relevant to ECHO's mission, including the noncommunicable diseases legislation dashboard, guidance on sugars intake, physical activity promotion, preconception care and regional nutrition profiling.

Obesity is a multidimensional complex problem. The Region has made progress in adopting multistakeholder approaches, such as whole-of-government and other institutional arrangements, including the use of "high councils".

There is a need to enforce food labelling that provides accurate product description in a user-friendly way. The Region should promote voluntary regulation.

One challenge is that different standards exist in different parts of the world. For example, while palm oil is banned in the United States, it is used for bio-fuel in the United Kingdom and is freely used in the Region in the fast food industry.

The media has a vested interest in the issue and can be an obstacle to health promotion activities. For instance, pan-Arab media channels present a challenge in combatting the marketing of unhealthy products, such as foods high in fat, salt and sugar, due to cross-border marketing and a lack of regulation within and between borders.

Community leaders, including religious leaders, have a significant influence in shaping public perception. However, civil society has not yet played a major role in the Region. There is a difference in cultural and social perceptions of overweight and obesity. In many rural areas in the Region, obesity is considered a sign of beauty. Therefore, in addition to awareness rising, certain cultural beliefs need to be tackled.

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