

Summary report on

# Developing an action plan for preventing obesity and diabetes in the Eastern Mediterranean Region

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Geneva, Switzerland  
31 May–1 June 2016



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

Promoting a healthy diet with a marked reduction in total fat and sugar intake is essential to reduce mortality, disability and the toll that noncommunicable diseases have on individuals, families, communities and economies in the Region. The World Health Organization (WHO) has been addressing diet-related risk factors related to obesity and noncommunicable diseases with a greater focus on salt, saturated and trans fat intakes and, more recently, sugar reduction. However, stronger emphasis on the need for evidence-based interventions to prevent obesity and diabetes, and to assess the issues involved in implementing policies in non-ministry of health sectors, is required.

WHO Regional Office for the Eastern Mediterranean organized an informal meeting to develop an action plan for preventing obesity and diabetes in the Region. The meeting was held in Geneva, Switzerland from 31 May to 1 June 2016. The main objective was to discuss feasible evidence-based interventions (with the exception of increased physical activity) to prevent obesity and diabetes. The expected outcomes of the meeting were:

- development of public health strategies to address obesity and type 2 diabetes in the Region;
- development of a road map for implementation of strategies in a phased and coordinated manner;
- identification of methods to assess the value of recommended public health strategies in each sector.

Senior policy officials in sectors impacting on the national food supply chain will assess the issues involved in implementing policies in non-ministry of health sectors i.e. fiscal policies, trade, food manufacturing, retailing and advertising, and will assess the proposed action plan, its justification and issues relating to implementation.

The meeting was inaugurated by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, who highlighted the importance of defining the problem of obesity and diabetes for governments, doctors and the public. He noted that prevention and management of obesity and diabetes was a shared responsibility for governments, health care providers, civil society and individuals. Governments are responsible for raising public awareness about the threat of obesity and diabetes, creating environments that enable people to follow healthy lifestyles, and implementing measures that reduce the exposure of populations to risk factors that can lead to obesity and diabetes. They are also responsible for ensuring access to acceptable standards of health care for all people with obesity and diabetes.

Dr Alwan stated that governments had committed to achieving target 3.4 of the Sustainable Development Goals, which calls for reducing premature mortality from noncommunicable diseases, including diabetes, by 30% by 2030. Governments have also committed to achieving four time-bound national commitments set out in the 2014 United Nations General Assembly outcome document on noncommunicable diseases, and attaining the nine global targets laid out in WHO's Global action plan for the prevention and control of noncommunicable diseases 2013–2020, which include halting the rise in diabetes and obesity. He noted that huge recent changes in the food environment, with a progressive fall in physical activity, have occurred. This development is associated with a remarkable increase in national total fat and sugar intakes in the normal diet throughout the Region. Therefore, lower national intakes of fat and sugar – applicable to everyone – need to be achieved as soon as possible.

## **2. Summary of discussions**

Evidence that over-consumption of foods high in sugar, salt and saturated and trans fats adversely affect health and contribute to the

development of noncommunicable diseases (such as cardiovascular disease, type 2 diabetes, hypertension and certain cancers) is indisputable. With changing food consumption patterns, and a shift from traditional foods to fast and processed foods, more people around the world, and especially in the Eastern Mediterranean Region, are consuming high levels of fat, sugar and salt, contributing to the growing burden of noncommunicable diseases.

Of the 422 million people living with diabetes across the world, 43 million are in the Eastern Mediterranean Region. The Region has the highest prevalence of diabetes globally. From an estimated prevalence of 6% in 1980, prevalence of diabetes rose to 14% in 2014, and the number is still rising. Recent studies show that prevalence in adults has reached more than 20% in some countries.

The prevalence of overweight (body mass index  $>30$ ) is estimated to be 50.1% for adult women in the Region. More than 70% of the population in Gulf Cooperation Council countries is overweight, with very high obesity rates. Qatar has the highest burden of obesity and diabetes in the Region. Average overweight and obesity among children aged under five is 8.42% in the Region, which exceeds the global average for this age group (7%). The highest prevalence of overweight is reported in the Syrian Arab Republic (17.9%), Lebanon (16.7%) and Egypt (14.9%), with prevalence in Qatar at 14%, Saudi Arabia at 11% and Libya at 10.5%.

The rise of obesity and diabetes is associated with a remarkable increase in national total energy, fat and sugar intakes in the normal diet throughout the Region. The average daily energy intake across countries is 2500–3000 kilocalories per day, above WHO recommended levels of 2000 kilocalories per day.

Overall, the total daily fat intake in the Region is 70–100 grams per day, higher than the WHO recommended limit of 50 grams per day. A substantially higher fat intake is observed among high-income countries (104.8 grams per day) compared to low- and middle-income countries (81.7 grams per day and 57.3 grams per day, respectively). Across all three country groups in the Region, a substantial increase in fat intake has been observed in recent years compared with the 1960s. In many countries, saturated fatty acids and trans fats intakes as a percentage of daily energy intake are also higher than WHO recommended limits of 10% and 1%, respectively. Saturated fatty acids intake was at 24.7% of total energy intake in 2011.

Among the six WHO Regions, the Eastern Mediterranean Region ranks third for daily sugar intake, after the Region of the Americas and the European Region. More than 80% of countries in the Eastern Mediterranean Region consume substantially higher levels of sugar than the WHO recommended daily intake of < 25 grams per day for women and 35 grams per day for men; many countries exceed 80 grams per person.

Participants noted that policies to reduce saturated and trans fat consumption in the Region could be difficult to implement in practice. The predicted impacts of substantial restrictions in intake would have a significant effect on world markets, with appreciable reductions in the international prices of widely traded vegetable oils. At the same time, individuals need to take responsibility for their own health through simple lifestyle measures that can have a huge impact on preventing or delaying the onset of diabetes. These measures include engaging in regular physical activity, maintaining a healthy weight, and eating a healthy diet with fat intakes below 25%, very limited sugar intake and with plenty of vegetables and a substantial amount of fibre-rich foods, accompanied by weight loss.



In the Region, total energy intake needs to be lower than standard requirements for older children and adults, because of almost universal physical inactivity in countries. Therefore, the major dietary contributors to excess dietary energy (i.e. total fat and total free sugars) need to be markedly reduced. In order to maximize health benefits, governments would need to adopt complementary measures and incentives to facilitate healthy dietary substitutions when there is an unusual need to maintain current energy intakes.

There is a need to reduce the amount of fat and sugar in normal foods and drinks consumed in countries by reformulating the foods generally available, focusing on high fat and sugary foods first. This requires food standards, business regulations and import agency measures. The cost of fats and sugars should be increased, by first eliminating any subsidies and then progressively increasing commodity prices so that food companies and caterers reduce their use and the public chooses alternative foods and drinks.

Many of these government measures require different ministries to act in a coordinated manner. This often requires a new central government mechanism to initiate, monitor and check the full implementation of changes. It is also important to engage the business sector and public with such initiatives to improve health behaviour. Countries need to have a food system that benefits children's and adults' health and, at the same time, allows for a vibrant economy with successful agriculture, food and retailing industrial interests. Individual health education approaches can help some adults and children in the long term, but often have little societal impact if other policies are not in place. Populations also need to know elementary facts about the obesity-inducing properties of all routine fats and sugars on heart disease/strokes.

*Discussion on policy options*

Expert participants proposed a series of measures aimed at targeting socioeconomic factors that underlie the development of obesity and diabetes. They recognized the importance of first demonstrating the effectiveness of different measures on a mass community basis, and then demonstrating that such measures are cost-effective.

The consultation discussed practical, evidence-based and cost-effective strategies for reducing total fat and sugar intakes in the Region including progressive reformulation of fat- and sugar-rich foods and drinks. Measurable, progressively lower levels for fat/sugar content should be set for all foods/drinks served by public institutions (such as nurseries, schools, local/central government canteens, hospitals, colleges, universities, the police and military). Price promotions on fat- and sugar-enriched products, especially sugary drinks, should be restricted and then abolished. There should also be restrictions on marketing, advertising and sponsorship of fat/sugar rich foods and drinks across all media (including digital) platforms, using nutritional profiling to set clear definitions. Any fat/sugar subsidies by national governments should be progressively eliminated, with subsequent introduction of progressive taxes. It was also noted that promotion of breastfeeding and control of breast-milk substitutes and complementary foods was required. All such initiatives should be backed by media campaigns and information on health benefits, aiming to change the political acceptance of need for radical policies.

The consultation reviewed evidence from Chile, Denmark, France, Finland, Netherlands and Sweden to explore cost-effective actions for policy-makers to create a healthy food environment. Opportunities include controlling food and drinks available in schools, hospitals and all government-supported institutions as a major driver in the free

market food chain. Developing local farming consortia to provide school meals is potentially financially rewarding; and vegetables/salads could be included in main meals at no extra cost (absorbed into the cost of the meal). Progressively lower fat/sugar/salt contents should be defined, involving all local caterers, and falling use of oil, sugar and salt could be monitored through their purchasing policies. Other measures include: banning all marketing of food and drinks to children and adolescents at local and regional level, and taking measures to restrict national marketing; banning trans-fat production; taxing price-sensitive items, such as sugar, on a commodity not retail basis; and lowering costs for half-fat/skimmed milk and half-fat butter/margarine.. Fast-food outlet density (as well as alcohol and tobacco sales) could be controlled in city centres. Participants reaffirmed that governments have a central role in creating a healthy food environment that enables people to adopt and maintain healthy dietary practices.

Participants grouped key interventions for addressing obesity and type 2 diabetes according to their priority for the Eastern Mediterranean Region. High-priority interventions included: high-calorie foods/beverages availability; and subsidies, taxes and prices. Medium-priority interventions included: media restrictions; reformulation; price promotions; surgery; and workplace wellness. Lower-priority interventions included: active transport; healthy meals; labelling; parental education; public health campaigns; school curriculum; urban environment; and weight management programmes.

### **3. The way forward**

- Countries should enforce policies/legal strategies to regulate the marketing of breast-milk substitutes and complementary foods to eliminate any conflict of interest and misconduct related to national food procurement and supplies.

- Countries should develop/reinforce coherent policies between trade, industry and health sectors to ensure healthy food supply partnership and support implementation of WHO's agenda on obesity and diabetes without conflict of interest.
- Countries should strengthen regional and national multistakeholder and multisectoral committees to harmonize monitoring and implementation of WHO strategies.
- Countries should implement restrictions on marketing, advertising and sponsorship across all media (including digital) platforms of all fat/sugar-rich food/drinks to children and adolescents.
- Countries should progressively eliminate subsidies by national government for fats/oils and sugars.
- Countries should encourage companies to progressively reformulate sugar-rich drinks to reduce the sugar content.
- Countries should conduct media and information campaigns to increase public/political acceptance of the need for radical policies.



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