

Summary report on the

# Meeting on childhood obesity in the Eastern Mediterranean Region

WHO-EM/NUT/288/E

Virtual meeting  
24–25 May 2021



REGIONAL OFFICE FOR THE

World Health  
Organization

Eastern Mediterranean

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## 1. Introduction

Overweight and obesity among children and young people is a major public health challenge in the WHO Eastern Mediterranean Region. To address this, the World Health Organization (WHO) Regional Office for the Eastern Mediterranean held a virtual meeting on childhood obesity in the Region on 24–25 May 2021. The aim of the meeting was to share country experiences on implementing national plans or strategies to prevent childhood obesity and identify country support needs and opportunities for collaboration to tackle this important issue.

Dr Asmus Hammerich, WHO Regional Office for the Eastern Mediterranean, welcomed participants on behalf of WHO and summarized the regional context for the meeting. Almost half of adults, over a quarter of adolescents and nearly 6% of children under five in the Eastern Mediterranean Region are affected by overweight or obesity. The risk of noncommunicable diseases (NCDs), which are responsible for nearly two thirds of the deaths in the Region, increases with overweight and obesity. In addition, for people with COVID-19, the presence of overweight and obesity is associated with increased severity and duration of the disease. Thus, the high prevalence of overweight and obesity has exacerbated the burden of the COVID-19 pandemic in the Region. At the same time, the pandemic may lead to further increases in overweight and obesity as a result of increased exposure to unhealthy diet and physical inactivity due to containment measures taken to control the spread of the virus. This deadly interplay leaves the Region's populations at risk of further death and disability due to NCDs and potentially vulnerable to future pandemics.

At the half way point of the United Nations Decade of Action on Nutrition 2016–2025, and five years after the WHO Commission on Ending Childhood Obesity published a wide range of [recommendations](#), decisive action to prevent the development of overweight and obesity,

particularly among children, is now more urgent than ever. Many of the Commission's recommendations have since been adopted in the Region, in the [Strategy on nutrition for the Eastern Mediterranean Region 2020–2030](#), endorsed by the Regional Committee in October 2019, and the [Regional framework for action on obesity prevention 2019–2023](#), endorsed by the Regional Committee in 2018. Through implementation of the strategy and regional framework, there has been an increase in the implementation of regulatory and fiscal measures to promote healthy diet across the Region. For example, 10 countries/territories have policies on trans-fatty acids (TFA), eight have introduced taxes on carbonated or sugar-sweetened beverages and 13 are implementing national salt reduction policies, and WHO commends these efforts.

If the agreed global goals of [no increase in childhood overweight by 2025](#) and the global goal of [halting the rise in adult obesity by 2025](#) are to be reached, however, much more progress is needed. Evidence-based policies are available, but implementation is lagging behind. Greater focus is needed to assess the current situation, identify key challenges and gaps, and come up with practical and strategic action plans. There is now an ideal opportunity to accelerate progress in these areas, as a wide variety of global stakeholders will come together for the United Nations Food Systems Summit in September 2021 to commit to creating food systems that deliver safe, sustainable, healthy and affordable diets.

Dr Ayoub Al-Jawaldeh, WHO Regional Office for the Eastern Mediterranean, added his welcome to participants and outlined that the main objectives of the meeting were to:

- encourage countries of the Eastern Mediterranean Region to scale up implementation of policy solutions and good practices to tackle childhood obesity;

- share experience in implementing policies, programmes and action plans to specifically address overweight and obesity in children and young people;
- update Member States on latest WHO guidance and relevant initiatives; and
- identify country support needs and opportunities for country collaboration.

## **2. Summary of discussions**

Professor Ibrahim Elmadfa, Vienna University, Austria, provided an overview of challenges involved in combating the obesity epidemic for a healthier future, both now and post-COVID-19. Factors that influence body weight and promote the development of childhood overweight and obesity include a long-lasting positive energy balance (often as a result of increased consumption of energy dense foods), physical inactivity, sedentary behaviour and food marketing. There are signs of changes in eating habits, dietary patterns and prevalence of overweight during the COVID-19 pandemic. Childhood overweight and obesity has increased the world over in recent decades and, particularly because it is difficult to treat once established, early primary prevention is essential. Development of dietary guidelines, with general advice aimed at prevention of overweight and obesity during childhood, is important.

It is clear that tackling childhood obesity requires a multisectoral approach, and Dr Fadila Mohammed Sharif, Health Education and Promotion Department, United Arab Emirates, described implementation of a multisectoral national framework for childhood obesity. Around 17% of children aged between 5 and 17 years in United Arab Emirates were affected by obesity in 2019. A comprehensive multi-faceted obesity prevention framework was launched in 2017, aiming to serve as a call to action and to create a conducive environment and policies for tackling the issue. Establishment of a multisectoral

executive committee, under the umbrella of the Prime Minister and led by the Minister of Health and Prevention, has been an important element in the success of the initiative, along with adoption of a participatory approach to develop the framework. Achievements to date include implementation of a sugar-sweetened beverage tax, introduction of front-of-pack labelling, development of school canteen guidelines and strengthened implementation of the International Code of Marketing of Breast-milk Substitutes (Code). Another important element was the establishment of a surveillance system to monitor the weight status of children and adolescents between 5 and 17 years old and track progress. Finally, a programme of community-based interventions, known as Ma'Kom, is being implemented.

No single intervention alone will ever be enough to reduce prevalence of childhood overweight and obesity, and a comprehensive multi-component approach is needed. Dr Faisal Fahad Bin Sunaid, Saudi Food and Drug Authority, Saudi Arabia, provided an overview of a multi-component approach in Saudi Arabia. Prevalence of obesity in pre-school children in the country is 6%, while 23% of school-age children are affected by overweight or obesity (9.3% obesity). Data from 2021 suggest that among 15-year-olds, the prevalence of overweight is 38% and obesity is 20%. A variety of government policies and interventions have been introduced to limit consumption of sugars, salts and fats under the Saudi healthy food strategy. These include, for example, reformulation of processed packaged foods and fast food, development of nutrient criteria for foods for infants and young children, an updated standard on marketing of breastmilk substitutes and an updated regulation to require calorie declarations on food in food service establishments and declaration of allergens on all menus. In addition, guidelines for school canteens and food-based dietary guidelines have been updated. Finally, following recent research which identified the poor nutritional profile of foods marketed to children,



draft guidelines on marketing to children under 12 years have been issued for consultation.

Reliable surveillance data are essential to be able to monitor prevalence of childhood overweight and obesity and to track progress. Dr Nawal Al-Aquod, Ministry of Health, Kuwait, described the system for nutrition surveillance and screening for obesity among children in Kuwait. The Kuwaiti nutrition surveillance system, which has been in place for more than 20 years, collects data on all age groups. Latest findings from this sentinel system suggest that prevalence of overweight in children under 5 years is 10.9% (with obesity at 3.7%). Recent research on mothers' perceptions of their child's weight status suggests that women frequently do not recognize that their child is affected by overweight or obesity. Other recent research (unpublished) has identified factors — such as number of hours watching television and sugar-sweetened beverage consumption — that are associated with a higher risk of overweight and obesity.

Promotion of breastfeeding is a key element in the prevention of childhood obesity. Dr Salima Ammari, Ministry of Health, Oman, outlined efforts to promote breastfeeding in Oman. Prevalence of exclusive breastfeeding in Oman is only 23%, while prevalence of overweight and obesity among children is 4.2% overall and as high as 10% in some governorates. An array of measures has been implemented following an analysis of the barriers that prevent exclusive breastfeeding. A new communication campaign was launched in February 2021 to promote breastfeeding. Accreditation of baby-friendly hospitals has been accelerated and a new version of Oman's Code-implementing law is ready to be released. The latter will include a computer-based system for reporting of Code violations. Training on Code monitoring and enforcement is planned, along with training staff nurses as lactation consultants. A short online course is also in preparation. Expansion of

breastfeeding support in primary health care is also being expanded, and efforts are underway to create more supportive environments, such as breastfeeding spaces in health service waiting rooms, shopping malls, and so on. The COVID-19 pandemic has highlighted that even greater support for breastfeeding is needed during emergency situations, and recent measures include free distribution of equipment for expressing breast milk for mothers with COVID-19 who were too unwell to breastfeed.

Dr Ayoub Al-Jawaldeh provided an overview of the situation in the Eastern Mediterranean Region and highlighted WHO policies and guidance available to support Member States. Although prevalence of overweight among children under five has remained stable in the Region, the absolute numbers of children affected have increased (with population growth) and the dramatic increase in overweight and obesity aged between 5 and 19 years requires urgent attention. There has been considerable progress in implementation of some nutrition policies in the Region — such as action on TFA, taxation of sugar-sweetened beverages and front-of-pack labelling — but there is a need to scale up action in these and other areas.

Optimal infant and young child feeding, including appropriate and timely complementary feeding, is important for the prevention of overweight and obesity as well as the development of healthy preferences and lifelong eating habits. Dr Maha Hoteit, Lebanese University, Beirut, presented a study on complementary feeding in Lebanon. Aggressive marketing of breastmilk substitutes (including toddler milks) and complementary foods has been identified as a barrier to optimal infant and young child feeding, and sales of commercial complementary foods are increasingly rapidly in low- and middle-income countries. The knowledge attitudes and practices (KAP) study was able to identify determinants of breastfeeding, exclusive breastfeeding, breastmilk substitute use and complementary feeding

practices (including early introduction of complementary foods). It is clear that mothers are not receiving enough support for breastfeeding and urgent action is needed to protect maternal, infant and young child nutrition. This could include action at the regional and/or national levels on the composition of breastmilk substitutes and commercial complementary foods. The findings will be shared with the Ministry of Public Health to feed into the development of a comprehensive policy.

Unhealthy food environments, including exposure to advertising and other forms of marketing for foods high in fats, sugars and/or salt, are contributing to unhealthy diets and the development of overweight and obesity in childhood and adolescence. Dr Kremlin Wickramasinghe, WHO Regional Office for Europe, presented an overview of challenges relating to food marketing, particularly digital food marketing, and country experiences in tackling this issue from the WHO European Region. Globally, spending on digital marketing of food is increasing, including highly-targeted marketing via social media. It is important to ensure that regulatory frameworks are fit for purpose, in order to protect children from harmful food marketing. The WHO Regional Office for Europe has worked with experts to develop new tools to help countries respond to these challenges. It is important to develop an understanding of the very complex and rapidly evolving digital marketing system. Monitoring of digital marketing is very challenging, but tools have been developed to monitor the marketing to which children are exposed and the nutrient profile of the foods marketed. Collection of objective data is important to make the case for regulation. It is possible for countries to regulate and require industry to provide data on advertising practices. WHO has developed templates which can be adapted to different country contexts, and can share country experience from the European Region. It is clear that industry self-regulation does not provide enough protection for children, and stronger regulation is needed.

There may be lessons to draw from the experience of some countries in halting the rise in childhood obesity, and Dr Maria João Gregório, Ministry of Health, Portugal, described the Portuguese experience. Portugal has participated in the WHO European Childhood Obesity Surveillance Initiative (COSI) since it was established in 2006, and the first round of data collection revealed that prevalence of childhood overweight in the country was one of the highest in Europe. These data increased awareness of the problem, which then became a national health priority area. Many interventions were introduced, with a focus on improving food environments. School-based interventions included mandatory food standards for school lunches and food served or sold in school cafeterias and vending machines, free fruit and vegetables during school breaks and guidelines on nutrition education in schools. Other interventions include introduction of a tax on sugar-sweetened beverages, a reformulation programme to improve the nutritional quality of foods and a very comprehensive law to regulate food marketing to children (including digital marketing). In addition, brief counselling on healthy eating was introduced for pregnant women as part of antenatal care. The approach appears to have been successful, with 2019 COSI data revealing a decreasing trend of childhood overweight and obesity. The measures have also been very well received by the population and, in particular, parents. The programme was rolled out over the last 10 years, and it had been challenging to get some of the measures approved by parliament. It is also an ongoing challenge to enforce the laws and monitor their impact.

Dr Lara Nasreddine, American University of Beirut, Lebanon, explained how food systems affect diet and underlined the importance and relevance of a holistic food systems approach for prevention of childhood obesity. Recent global commitments to improve nutrition, such as those of the Second International Conference on Nutrition, the Decade of Action on Nutrition and the Zero Hunger Challenge have focused on the

food system, and the need for interventions in the food supply chain and food environments, as well as those to change consumer behaviour. In one example within the Eastern Mediterranean Region, Oman has implemented a food systems approach to improving nutrition.

Within the framework of child and adolescent health policy there are opportunities to take action for obesity prevention. Dr Jamela Al-Raiby, WHO Regional Office for the Eastern Mediterranean, outlined the many cost-effective interventions available to apply a life-course approach and establish lifelong healthy behaviours. Investment in child and adolescent health has a triple dividend — for childhood, later life and the next generation. The [Regional implementation framework on ending preventable newborn, child and adolescent deaths and improving health and development](#), adopted in 2019, proposes key actions in three areas: promoting equitable access to quality newborn, child and adolescent health services in the context of universal health coverage; protecting newborns, children and adolescents from the impact of health emergencies; and strengthening the integration of health programmes and multisectoral coordination and partnerships for the promotion of healthier newborns, children and adolescents. Important areas include scaling up early childhood development interventions, adolescent health and health-promoting schools. The framework covers the entire period from birth to 19 years. In addition, a training package for caregivers (which includes several nutrition-related interventions) has been developed, as well as an operational guide for humanitarian settings. At the global level, the Global Accelerated Action for Health of Adolescents (AA-HA!), linked to the [Global strategy for women's, children's and adolescent's health \(2016–2030\)](#), provides [guidance to support country implementation](#). To guide countries in their efforts to promote child and adolescent health through the school setting, [draft global standards and indicators for health promoting schools and their implementation guidance](#) were issued in 2020.

Taking up the theme of school health, Dr Zahra Abdullahi, Ministry of Health and Medical Education, Islamic Republic of Iran, presented an overview of interventions relating to healthy school feeding and food marketing in the country. A policy statement on nutrition and food security for the period 2015–2025 set the objective of halting the increase in child and adolescent overweight and obesity as one of its major goals. In 2021, preliminary results suggest that among school students aged 7–18 years, prevalence of overweight is 19.8% and obesity is 8.6%. A healthy school canteen policy has been introduced, which prohibits provision of foods high in fats, sugars and/or salt in schools. The Iranian programme on ending childhood obesity combines individual-level interventions (such as virtual nutrition counselling and growth monitoring) and population-level interventions (such as reformulation to reduce salt, sugar and fat levels, encouraging the food industry to supply healthier products, regulation of food marketing, and mandatory traffic light labelling). Nutrition education for children is being effectively provided through an online platform due to COVID-19 precautions. Achievements to date include the establishment of very good collaboration and a signed agreement with the Ministry of Education and increased access to healthy food products in school canteens. Challenges include: persistent sale and advertising of prohibited foods in schools; poor infrastructure and equipment in school canteens in disadvantaged areas; limited human resources for monitoring and surveillance; difficulty in restricting food marketing delivered via satellite television chains; and building political will for food-related taxes.

Coordinating measures for childhood obesity prevention — across multiple sectors and with multiple interventions — is a common challenge. Dr Leila Ammari, Ministry of Health, Morocco, outlined the Ministry's experience in establishing a coordinating body for the development and implementation of programmes and strategies. This national multisectoral committee is led by the Ministry of Health and involves a range of

stakeholders. Achievements to date include strengthening screening and, since 2019, implementation of a tax on sugar-sweetened beverages (specifically designed to encourage reformulation). Introduction of the tax required intensive advocacy efforts, with parliamentarians for example, to make the case for taxation. In 2016, a decree was introduced on nutrition labelling and a study on front-of-pack nutrition labelling was conducted in 2018. Legislation is now in development for implementation of the Nutri-Score front-of-pack label. There has been voluntary reformulation to eliminate TFA and reduce levels of salt/sodium and saturated fat, and a roadmap for sugar reduction has been developed. To help food companies eliminate TFA, a technical manual for elimination of TFA has been issued, following on from a mapping study to identify key sources of trans fats. A draft legislative text has been developed to limit TFA in oils and fats. In addition, partnership with the Federation of Bakers has led to gradual reduction of salt levels in bread, and legislation to limit levels of salt and sugars in bread has been drafted. Furthermore, guidelines for food preparation have been issued for schools and universities. In relation to education and communication, the Ministry of Health has created an electronic portal for healthy lifestyle materials relating to nutrition, physical activity and breastfeeding, while nutrition education is being provided in health facilities and a special campaign to emphasize the importance of the first 1000 days from conception to a child's second birthday is planned.

In discussion, the importance of supporting the development of personal skills in children and adolescents was highlighted. This will enable young people to take better decisions, combat peer pressure, critically appraise marketing messages and make healthy choices.

Research mapping of the daily trajectories of children in Tunisia has enabled identification of the food environments to which children are exposed. This approach can be useful in designing programmes and

providing evidence to advocate for policy action. It was suggested that it would be useful to share this experience and the methodology applied.

The WHO Regional Office for the Eastern Mediterranean has recently published a number of papers outlining progress on nutrition action in the Region and is keen to disseminate case studies of policy implementation, and participants were asked to share their experiences and success stories. In addition, country profiles are being developed and participants were urged to share all relevant information, including survey data, national guidelines and regulations.

It was noted that Kuwait is developing new regulations which can serve as a model for other countries to adapt and adopt. Attention was drawn to the existing monitoring protocols developed by the International Network for Food and Obesity/NCDs Research, Monitoring and Action Support (INFORMAS), in relation to food marketing and school environments. It was suggested that these could be reviewed and adopted for the Region.

During the discussion, the country teams agreed on the importance of addressing the identified gaps and ensuring an updated SRH essential medicines list in line with WHO recommendations.

### **3. Next steps: Member State support needs and opportunities for collaboration**

A number of areas where Member States require technical support were identified.

#### *Restricting food marketing to children*

Support is needed on monitoring and evaluation, as well as for the development of regulatory measures. Digital marketing was identified



as a particularly challenging area. It was noted that the WHO Regional Office is ready to help Member States on this issue, and that the Region will be able to draw valuable lessons from the experience in the WHO European Region. It was stressed that the complexity of taking action on digital marketing should not hinder countries from taking more straightforward action on marketing (for example, to prohibit television/radio marketing and food marketing in schools) sooner. A number of specific proposals were made, including for:

- a Region-wide mapping study on digital marketing (a number of participants/countries expressed willingness to participate, including the American University of Beirut, Islamic Republic of Iran, Kuwait, Morocco and Tunisia);
- a regional technical meeting to develop the study methodology and a monitoring protocol; and
- establishment of a regional network or small subgroups on marketing.

#### *Surveillance of childhood overweight and obesity*

Many countries need support to establish or strengthen surveillance arrangements to monitor prevalence and trends in child weight status. It was suggested to use the approach of COSI, based on measuring children in a sample of schools. Specific suggestions were made for:

- a regional meeting on the topic;
- development and provision of training on anthropometric measurements (for those taking measurements); and
- exploration of the possibilities for peer-to-peer exchange with COSI-participating countries in Europe.

*School feeding programmes and school nutrition*

An achievable goal for the Region could be for all countries to implement nutrition standards for all food sold or provided in schools, including school feeding programmes. This is an area where the Regional Office could usefully provide guidelines, a framework and tools to support implementation.

*Nutrition education in schools*

Support for nutrition education in schools was also suggested, by, for example, development of nutrition education modules to be integrated into school curricula.

*Nutrition in primary health care*

The importance of integrating nutrition actions into primary health care was underlined, and this is another area where Member States would welcome technical support.

Dr Al-Jawaldeh thanked all participants for their contributions and suggestions and drew the meeting to a close.



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