PAHO’s Response to Childhood Obesity

Accelerating Nutrition Policies in the Caribbean: Creating Supportive Environments for Healthy Children

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Presentation Outline

Situation analysis

Global and regional mandates, recommendations and commitments

Response

Conclusions
Prevalence of overweight in children and adolescents aged 5-19 years

Source: WHO Global Health Observatory. 2017
How does obesity affect children?

- **Psychosocial**
  - Poor self-esteem
  - Depression
  - Eating disorders

- **Neurological**
  - Pseudotumor cerebri

- **Pulmonary**
  - Sleep apnoea
  - Asthma
  - Exercise intolerance

- **Cardiovascular**
  - Dyslipidaemia
  - Hypertension
  - Coagulopathy
  - Chronic inflammation
  - Endothelial dysfunction

- **Gastrointestinal**
  - Gallstones
  - Steatohepatitis

- **Renal**
  - Glomerulosclerosis

- **Musculoskeletal**
  - Slipped capital femoral epiphysis
  - Blount’s disease
  - Forearm fracture
  - Flat feet

- **Endocrine**
  - Type 2 diabetes
  - Precocious puberty
  - Polycystic ovary syndrome (girls)
  - Hypogonadism (boys)

Annual retail sales per capita of ultra-processed food and drink products as a function of market deregulation in 74 countries, 2013

\[ y = 4.27x - 158.51 \]
\[ R^2 = 0.48 \]

Ultra-processed products here include carbonated soft drinks, sweet and savory snacks, breakfast cereals, confectionery (candy), ice cream, biscuits (cookies), fruit and vegetable juices, sports and energy drinks, ready-to-drink tea or coffee, spreads, sauces, and ready-meals. Quantity in liters is converted into kilograms. Sales data are from the Euromonitor Passport Database (2014) (38). The 74 countries included all those listed in Annex B except United Arab Emirates (because of the extremely large proportion of expatriates); Singapore and Hong Kong (because they are city-states); and Argentina, the Philippines, and Taiwan (because of incomplete data on social and economic factors). Market deregulation is represented by the Index of Economic Freedom published by the Heritage Foundation and the Wall Street Journal (41).
HIGH LEVEL MEETINGS of the UNITED NATIONS GENERAL ASSEMBLY on PREVENTION AND CONTROL OF NCDs

2007

2011

2014

2018

2013

2030 SUSTAINABLE DEVELOPMENT AGENDA (2015)

ADDIS ABABA ACTION AGENDA (2015)
PAHO/WHO

MANDATES AND RECOMMENDATIONS
Strategic Line of Action 1: Primary health care and promotion of breastfeeding and healthy eating.

Strategic Line of Action 2: Improvement of school nutrition and physical activity environments

Strategic Line of Action 3: Fiscal policies and regulation of food marketing and labelling

Strategic Line of Action 4: Other multisectoral actions.

Strategic Line of Action 5: Surveillance, research, and evaluation.
Effective and cost-effective measures to improve diets

Figure 2: Health outcomes at the population level (average effect per year)

Lancet 2010; 376: 1775–84
REGULATION FOR A HEALTHIER FOOD ENVIRONMENT

TAXATION

MARKETING

LABELING

SETTINGS
Strategic Line of Action 3: Fiscal policies and regulation of food marketing and labelling
At higher prices, products become less affordable... as products become less affordable, consumption decreases

- Taxes are the available policy instrument to increase prices
- Excise taxes raise relative price compared to other products and services

Note: As *incomes* increase products become more affordable. To reduce affordability, tax increases must result in real price increases that are greater than increases in real income & changes in inflation (if applicable, ex: specific tax)
TAXATION Rationale: win-win-win-win

“ Appropriately” structured excise taxes on NCD risk factors have the potential to:

- Reduce consumption of health-harming products → Improve health outcomes  
  - win
- Reduce associated health care → increase financial viability of health systems  
  - win
- Reduce associated social costs → increase productivity or workforce and wellbeing  
  - win
- Increase excise tax revenues → to finance development  
  - win
Support to the Barbados tax on sugary drinks:
The Caribbean is leading the world in sugary drink consumption, with almost two drinks per person per day. This is resulting in a rise in obesity, which is increasingly affecting children and young people.

According to Dr. Xuereb, “the CDRC, civil society organisations and PAHO/WHO itself need to be vocal in support of the 10% excise tax implemented in 2015 by the Ministry of Finance in Barbados”. ...also necessary to challenge attempts by the SSBs industry to lobby the government to undermine the tax; a move that has been resisted.................
Plan of Action for the Prevention of Obesity in Children and Adolescents

Strategic Line of Action 3: Fiscal policies and regulation of food marketing and labelling
We are consulting on these four nutrition symbols.
Strategic Line of Action 3: Fiscal policies and regulation of food marketing and labelling
Examples of techniques used to market food and non-alcoholic beverages to children

Unilever (2014) ‘We spend about €7 billion annually on marketing, making us one of the world’s biggest advertisers.’

<table>
<thead>
<tr>
<th>Advertising</th>
<th>Direct marketing</th>
<th>Product placement and branding</th>
<th>Product design and packaging</th>
<th>Sponsorship</th>
<th>Point-of-sale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broadcast: including TV and radio.</td>
<td>Promotional emails.</td>
<td>Product placement, e.g. in TV, radio, films, computer games.</td>
<td>Product design: colours and shapes, e.g. dinosaur-shaped products.</td>
<td>TV and radio programmes.</td>
<td>On-shelf displays.</td>
</tr>
<tr>
<td>Online: including on-search engines, social networking sites, news sites and blogs, as well as television programmes, films and media clips watched online.</td>
<td>Text messaging to mobile phones.</td>
<td>Branded books, e.g. counting books for pre-schoolers.</td>
<td>Product portions: e.g. king size, duo packs.</td>
<td>Educational materials and equipment.</td>
<td>Special offers and pricing incentives.</td>
</tr>
<tr>
<td>Outdoors: including billboards, posters and moving vehicles. Cinemas.</td>
<td>Home catalogues, leafleting and canvassing (also known as “doorstep selling”).</td>
<td>Branded toys e.g. fast food store as a playhouse.</td>
<td>In-pack and on-pack promotions: e.g. gifts, puzzles, vouchers.</td>
<td>Programmes: including public health campaigns and school breakfast or lunch programmes.</td>
<td>Vending machines in schools and youth clubs.</td>
</tr>
<tr>
<td>Interactive web sites, e.g. with puzzles and games.</td>
<td>Contests or sweepstakes.</td>
<td>Branded computer games.</td>
<td>Loyalty schemes.</td>
<td>Venues.</td>
<td>Loyalty schemes.</td>
</tr>
<tr>
<td></td>
<td>“Money off” vouchers.</td>
<td>Interactive web sites, e.g. with puzzles and games.</td>
<td>Product design and packaging</td>
<td>Sport teams.</td>
<td>Free samples and tastings.</td>
</tr>
</tbody>
</table>
Marketing increases the **Purchase** and **Consumption** of food and drink products

- Food ads comprised 11-29% of advertisements.
- Foods high in undesirable nutrients/energy featured in 53-87% of food ads.
- Ads shown more frequently during children’s peak viewing times

- **In-Store Advertisement** Point-of sale çpromote on more than doubled the effect of price-reduction

- **School surroundings**
  - students with fast-food restaurants within half mile of their schools
    - consumed fewer servings of fruits and vegetables,
    - consumed more servings of soda, and
    - were more likely to be overweight

Journal of Marketing Research; Vol XXI (February 1984), 65-74
Sensation transfer

Influence of Licensed Spokescharacters and Health Cues on Children’s Ratings of Cereal Taste

Matthew A. Lapierre, MA, Sarah E. Vauku, MA; Deborah L. Linzburger, PhD

A FRAMEWORK FOR IMPLEMENTING THE SET OF RECOMMENDATIONS on the marketing of foods and non-alcoholic beverages to children
Strategic Line of Action 2: Improvement of school nutrition and physical activity environments
IMPLEMENT COMPREHENSIVE PROGRAMMES THAT PROMOTE HEALTHY SCHOOL ENVIRONMENTS, HEALTH AND NUTRITION LITERACY AND PHYSICAL ACTIVITY AMONG SCHOOL-AGE CHILDREN AND ADOLESCENTS.

5.1 Establish standards for meals provided in schools, or foods and beverages sold in schools, that meet healthy nutrition guidelines.

5.2 Eliminate the provision or sale of unhealthy foods, such as sugar-sweetened beverages and energy-dense, nutrient-poor foods, in the school environment.

5.3 Ensure access to potable water in schools and sports facilities.

5.4 Require inclusion of nutrition and health education within the core curriculum of schools.

5.5 Improve the nutrition literacy and skills of parents and caregivers.

5.6 Make food preparation classes available to children, their parents and caregivers.

5.7 Include Quality Physical Education in the school curriculum and provide adequate and appropriate staffing and facilities to support this.
The Brazil experience on school environments:

Children in public (80%) vs. private

78% more likely to eat **beans** 5+d/week

21% more likely to eat **fruits**

35% more likely to eat **vegetables**

2% less likely to regularly consume **sugary drinks**


http://dx.doi.org/10.1590/S1413-81232010000800013
The InterAmerican Task Force on NCDs and Opportunities for Collaboration in the Inter-American Education Agenda:

The School environment as an opportunity
Opportunities for Collaboration in the Inter-American Education Agenda

1. Comprehensive approach: coordination between health and education.

2. Promotion of:
   a. Guidelines and recommendations
   b. Healthy eating during childhood and adolescence

3. Regulatory framework to make school environments consistent with healthy eating and physical activity, and health promotion.
Opportunities for Collaboration in the Inter-American Education Agenda

4. Promote:
   • Public procurement policies for food
   • Cooking and growing food in school and community gardens

5. Mainstreaming nutrition, physical activity and health issues in the school curriculum and teacher training

6. Support countries to develop and implement comprehensive plans to support Early Childhood Development in schools.
PAHO’s role in the prevention of childhood overweight and obesity in school settings

• Raise awareness
• Support development of policies and regulatory frameworks (nutrition and physical activity)
• Facilitate the updating of feeding, nutrition and health programs
• Promote inter-programmatic and multi-sectoral coordination
The time to act is now!
Thank you!