

## **NCD Alliance comments to the WHO Commission on Ending Childhood Obesity interim report**

*June 2015*

In 2013, 42 million children under 12 years old were overweight or obese. The number is estimated to continue growing, especially in low- and middle-income countries (LMICs), reaching 70 million by 2025. In order to curb the rapidly escalating non-communicable disease (NCD) epidemic, it is imperative to address childhood obesity without delay. Therefore, the NCD Alliance welcomes the work of the WHO Commission on Ending Childhood Obesity and the possibility to comment on the Commission's interim report.

### **1. Are there issues or strategies that have been overlooked in the Commission's interim report?**

- The report remarks that childhood obesity is directly linked with adult obesity, and therefore indirectly increases the risk of developing NCDs such as diabetes and cardiovascular diseases later in life. However, paragraphs 9 and 17 fail to mention cancer in later life as another NCD indirectly associated with childhood obesity, as there is strong evidence that being overweight or obese in adulthood increases the risk of at least ten cancers<sup>1</sup>.
- Although the need for statutory regulation to monitor the activities of the private sector is mentioned, the industry's direct role in promoting obesogenic environments is not reflected. It also does not mention the importance of effective policy to manage conflicts of interest, which is part of the current WHO process to develop a framework for engagement with non-state actors. The report should emphasize that there needs to be clear firewalls between the food industry and policy development, for example.
- Though the report recommends a multi-disciplinary approach, there should be an explicit mention of the health sector taking a lead role in coordinating this multi-sector approach.
- The report lacks policy recommendations to address the role urbanization plays in the development of obesity, including the challenge of obtaining fresh fruits and vegetables and the increasing availability of junk food.
- More emphasis should be placed on the most vulnerable children, e.g. those living in LMICs or living with disabilities. The report should mention specific policy options to tackle childhood obesity in those highly exposed subpopulations (e.g. fiscal policies to increase the accessibility, affordability, acceptability and availability of healthy food options and discourage the consumption of junk food).
- The report does not mention or address any of the various conditions that can impede physical activity and therefore have an effect on childhood obesity, including asthma, sickle-cell disease or rheumatic heart disease.
- The links between obesity and early puberty, which can have significant implications for an individual's health throughout their lifecourse, should be strengthened in the report. Overweight in puberty can also cause other complications such as amenorrhea.
- People who are obese are more likely to have other people who are obese in their social networks<sup>2</sup>. However, the impact of obesity on an individual within a peer group is not currently highlighted in the report.
- Finally, the report makes no reference to the parallels between tackling childhood obesity by addressing the consumption of unhealthy food and preventing NCDs by improving tobacco control. WHO's Framework Convention on Tobacco Control has proven to be a success, managing the engagement of an impressive number of Member States. A process could be developed to assess what can be learned from tobacco control and other public health movements, in order to determine what governance tools are best suited to achieve the objective of promoting healthy diets and habits throughout the lifecourse (for instance, the need for statutory regulation to limit marketing of unhealthy foods to children).

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<sup>1</sup> World Cancer Research Fund International, Cancer linked with greater body fatness. Accessed 13 April 2015:

<http://www.wcrf.org/int/cancer-facts-figures/link-between-lifestyle-cancer-risk/cancers-linked-greater-body-fatness>

<sup>2</sup> Li, J.S., Barnett, T.A., Goodman, E., Wasserman, R.C., Kemper, A.R. (2013). Approaches to the Prevention and Management of Childhood Obesity: The Role of Social Networks and the Use of Social Media and Related Electronic Technologies. *Circulation*, 127: 260-267. Retrieved from <http://circ.ahajournals.org/content/127/2/260.full>

## 2. How can your sector/entity contribute to the proposed policy options to end childhood obesity?

The NCD Alliance is a network of over 2,000 international civil society organisations from more than 170 countries. Many of our NGO partners represent NCDs for which childhood obesity is a direct and/or an indirect risk factor and therefore undertake projects and activities that could contribute to the report's policy options. Some examples, that can inspire and influence further work by other civil society organisations, are:

- International Diabetes Federation: the 2014-2016 *World Diabetes Day* campaign is focused on promoting healthy eating through the life-course and the *Kids and Diabetes in School* (KiDS) project is designed to encourage healthy behaviours in schools while raising awareness on diabetes;
- World Heart Federation: the *Children in the City* program aims at reducing childhood obesity through physical activity, while the *Eat for Goals* app is focused on promoting a healthy diet;
- World Cancer Research Fund International: the *NOURISHING framework* identifies ten policy areas where action is needed to promote healthy diets and prevent obesity and NCDs, including cancer. *NOURISHING* includes a database of policy actions that have been implemented around the world.

## 3. What are the important enablers to consider when planning the implementation of these proposed policy options?

- Policy coherence across the whole set of options proposed.
- Multisectoral cooperation to allow implementation moving forward, with health ministries taking the lead coordinating role.
- Increasing evaluation of the impact of implemented policy actions and adding to the existing evidence of their effectiveness.
- Existence of a surveillance framework to monitor the implementation process.
- Powerful communication strategies to overcome reluctance caused by cultural perceptions and encourage behaviour change.
- Good practice public health and mass communications campaigns to promote healthy lifestyles addressed both to children and parents; the promotion of healthy food options to children should be made through these public health campaigns and not through brand marketing.
- Robust evaluation of public health and education campaigns to strengthen evidence-based strategies.
- Safe environments which promote physical activity.
- Access to comprehensive health services and necessary medicines for children already living with obesity.

## 4. What are the potential barriers to implementation to be considered for these proposed policy options?

- Resistance from the private sector to regulations versus voluntary commitments.
- Influence of the industry in agricultural production and subsidies.
- Government unwillingness to take more comprehensive and stronger policy actions.
- Lack of robust evidence backing some of the policy options.
- Unwillingness or lack of capacity (especially in LMICs) to act on the best available evidence.
- Social and cultural norms, as childhood and adult obesity is not perceived negatively in some societies.
- Removal of physical activity, health and nutrition education from school curriculums.

## 5. How would your sector/entity measure success in the implementation of these proposed policy options?

Tackling childhood obesity can be framed as one of the priorities of WHO's Global Monitoring Framework for NCDs (GMF), given obesity is a risk factor for several NCDs and today's children will be adults in 2025. Therefore, the success of these proposed policy actions can be measured through the GMF overarching goal, which is reducing NCD-related premature mortality by 25% for 2025.

The following GMF targets can also measure the success of the policies to tackle childhood obesity:

- 10% reduction in physical inactivity;

- 0% increase in diabetes/obesity, including the WHA global target for no increase in overweight for infants and young children under 5 by 2025.

The Sustainable Development Goals (SDGs), which will replace the current Millennium Development Goals (MDGs) in January 2016, will also include several targets that can only be met by 2030 if the increasing rates of childhood obesity are addressed:

- Tackle malnutrition in all its forms (including overnutrition), which is a growing development issue.
- Reduce NCD-related premature mortality by one-third.

## 6. How would your sector/entity contribute to a monitoring and accountability framework for these proposed policy options?

The NCD Alliance, through its extensive network of more than 2,000 organisations, will continue to monitor and support global and national policy efforts to tackle childhood obesity, including the follow-up to the Second International Conference on Nutrition (ICN2) and the annual Global Nutrition Report. Moreover, the NCD Alliance will continue promoting good practices of policy monitoring and tracking, such as World Cancer Research Fund International's *NOURISHING framework*.

## 7. Any other comments about the interim report?

Overall, the NCD Alliance believes this is a good report which has the following strengths:

- Life-course approach.
- Strong focus on a family-approach.
- Identification of childhood obesity as a risk factor for onset of NCDs later in life.
- Recognition of environmental factors in the development of obesity.
- Acknowledgement that obesity has social and economic costs beyond the health sector.
- Identification of vulnerable subgroups.
- Focus on the central role of governments as the principal agents needing to address childhood obesity.

However, the report fails in some other aspects:

- Needs to further reference existing WHO plans and frameworks, such as the WHO Global Action Plan 2013-2020 and the WHA nutrition targets, to highlight the causal relation between childhood obesity and NCDs, and to ensure coherence and coordination.
- Should also contextualise its proposed policy recommendations with the Rome Declaration of ICN2 and the policy options outlined in its accompanying Framework for Action (FFA), to ensure coherence and coordination with WHO and FAO initiatives to implement the FFA.
- Lacks strong language to encourage the implementation of policy options.
- Does not address private sector's role in fuelling the problem of childhood obesity (through their marketing to children) and in opposing statutory regulation to counter this problem.
- Needs to focus more on the added challenges of the children from LMICs, where childhood obesity is increasing the most.
- Does not address illnesses that can impede physical activity (asthma, congenital heart defect, rheumatic heart disease).
- Should include more specific policy recommendations to treat children already affected by obesity. Currently, the report only indicates that existing data and studies are inadequate and scarce, without providing references.