**Background information for Working Group on Child and Adolescent Obesity**

27 September 2013 (revised 31 October 2013)

**BACKGROUND**

1. **The ever rising rates of overweight and obesity in the hemisphere have been tracked by scientists and public health professionals for nearly 25 years now**. Today, most countries show a disturbing statistic: at least 50% of adults are overweight or obese and in three of those countries the rates have reached 70% of the adult population. Children have not been spared and now 20% to 25% of the Americas’ school-age population is overweight and topping 35% in the US, Chile, and Mexico. The saddening truth is that little has been accomplished to reverse this epidemic as public health measures to date have been based on recommendations for individuals to change their personal behavior or medical approaches (e.g. bariatric surgery) rather than on public policies to change the obesogenic environment in which people of the Americas carry out their daily lives. As Dr. Chan said aptly in a recent conference: “*The globalization of unhealthy lifestyles is by no means just a technical issue for public health. It is a political issue. It is a trade issue. And it is an issue for foreign affairs*”[[1]](#footnote-1).
2. **The biological and nutritional aspects of obesity are well understood**. It has been clearly established that the rise in consumption of highly palatable processed foods (snacks) containing high levels of sugar, saturated fat (and trans-fats) and salt is the main driver of obesity and associated NCDs. Undoubtedly, the growing levels of physical inactivity play a role but it is now undisputable that the key problem is the growing consumption of industrially processed foods. For instance, we know that fructose, present in sugar, is highly toxic when consumed at the current chronic levels (between 300 to 500 Kcal of sugar/ day), and that sugary drinks and energy dense snacks combined, play havoc with our homeostatic system, derail hunger and satiety mechanisms, generate addiction[[2]](#footnote-2),[[3]](#footnote-3) induce obesity, hypertension and metabolic syndrome[[4]](#footnote-4),[[5]](#footnote-5),[[6]](#footnote-6) and not least, displace long established culinary traditions based on whole fresh foods[[7]](#footnote-7),[[8]](#footnote-8),[[9]](#footnote-9)
3. **The health consequences of routinely consuming industrially processed foods are driven by multinational trade and marketing industries that increasingly dominate the food markets in the world, including the Americas.** Today, most growth in processed foods sales occurs in developing nations (five times higher for package foods and nearly three times higher for sodas) at a time when developed countries markets are reaching saturation levels[[10]](#footnote-10). It is precisely this global scale of processed food production and marketing that is accelerating the “nutrition transition” and driving obesity rates, in a relatively short period of time, to levels never seen before in the developing world. In the words of Dr. Chan “*Efforts to prevent NCDs go against the business interests of powerful economic operators. In my view this is one of the biggest challenges facing health promotion…it is not just Big Tobacco anymore. Public health must also contend with Big Food, Big Soda and Big Alcohol. All these industries fear regulation, and protect themselves by using the same tactics*.”1
4. **Statutory regulations aimed at controlling the rapid rise of overweight and obesity among children have been enacted, signed into law, or are in the process of being implemented via regulations in eight countries in the Hemisphere: Brazil, Chile, Colombia, Costa Rica, Ecuador, Mexico, Peru, and Uruguay**. Additionally, several states in the US have successfully revamped their schools food environment, over the least six to 10 years, eliminating processed foods from vending machines and daily menus. The statutory regulations in Latin American countries point to similar goals, i.e., to improve school food environments, introduce new front of package labeling, restrict marketing aimed at children, and in the case of Mexico, the possibility of introducing a new tax on sugary drinks. These efforts from countries have been possible thanks to the combined effort of legislators, ministers, lawyers, consumers advocates, Presidents, and certainly a sympathetic public opinion that have come to recognize the devastating consequences of industrial processed foods. Nevertheless, vested interest from the processed food industry has uniformly challenged the regulatory measures and in some instances have succeeded in curbing their implementation.

**PROPOSED LINES OF ACTION FOR PAHO’S TECHNICAL COOPERATION AND POLITICAL SUPPORT**

As you previously emphatically stated it is time for PAHO to establish its role as the public health organization mandated by Member States and to assume the lead in combating the obesity epidemic. This technical and political role is consistent with PAHO’s mission and firmly aligned with WHO goals and plan of action. It is also consistent with your proposed Working Group on Child and Adolescent Working group and request to develop a Plan of Action on Child and Adolescent Obesity by mid-December, 2013. We propose the following as the key lines of action to be debated by the Working Group

1. **Aim for an optimal health-promoting food environment in schools**

* Ensure free access to safe drinking water and availability of minimally or unprocessed local foods (such as fruits and vegetables) and healthy, nutritious and low energy-dense meals, controlled portion sizes and restrictions on salt/ sodium, sugars, saturated and trans fats, consistent with the recommendations of the World Health Organization Global Strategy.
* Restrict availability, sale and advertisement of sugary drinks and industrialized products high in energy density, sugars, salt/sodium, saturated and trans fats.
* Nutrition education to include information and programs on local and national agricultural and culinary traditions.
* Preserve or implement physical education programs as a mandatory part of the school curriculum.

**2. Protect children from advertising of sugary drinks and packaged food products, using effective regulatory measures**

* These should be based on the recommendations from the World Health Assembly (2010) and the Pan-American Health Organization/WHO Expert consultation (2011).

1. **Establish effective front of package labeling (including images and signs)**

* Front labeling packaging should clearly identify packaged food and drink products not recommended because of their high content of salt/sodium, sugar, saturated and trans fats and calories.
* Front labeling packaging should be easily understood by most individuals including school-age children.

1. **Adopt effective fiscal policies**

* Subsidies to encourage increased consumption of fruits and vegetables.
* Taxes that discourage consumption of sugary drinks and food products high in calories, sugars, saturated and trans fats, as well as salt/sodium. When possible, allocate tax revenues to purposes related to public health issues.

1. **Promote breastfeeding:**

• Ensure full and effective implementation of the International Code of Marketing of Breast-milk Substitutes.

• Revitalize the Baby Friendly Hospital Initiative.

* Support the establishment of workplace breastfeeding policies to facilitate breastfeeding and work.

1. **Develop effective information and communication strategies to encourage behavior change for improved diet and physical activity**

* Design, plan and implement permanent communication strategies with the support of experts, and in partnership with the media and education and civil society organizations, that help the public to become familiar with healthy ways of life, including healthy diets, and that warn against dangers of regular consumption of processed products that increase the risk of obesity and chronic diseases.

1. **Encourage authorities that actions to protect children should do so employing government decrees or laws, so that the implementation of standards becomes mandatory and effective**

* Given that at least eight countries have undertaken legal action to protect their children it is PAHO responsibility to provide continue support in the legal, public policy and technical areas.

1. **Encourage the formation of high-level inter-Ministerial Committees**

* These IMC should include agriculture, food security, education, health, trade and finance to coordinate actions to combat child and adolescent obesity
* In addition the IMC should also encourage the participation of organizations from civil society, professional institutions, academia, and all industry sectors whose commercial interests and practices are in the interests of public health and the public good.

**9. Ensure effective independent monitoring and evaluation of public policies** **by PAHO in collaboration with Collaborating Centers, academia and public interest NGOs.**

1. WHO Director General addresses the Health Promotion Conference, Helsinki, Finland. June 10, 2013 <http://www.who.int/dg/speeches/2013/health_promotion_20130610/en/index.html> [↑](#footnote-ref-1)
2. Garber AK and Lustig RH Curr Drug Abuse Rev. 4, 146-162 (2011) [↑](#footnote-ref-2)
3. Brownell KD and Gold MS Food and Addiction: A Comprehensive Handbook, Oxford U Press 2012 [↑](#footnote-ref-3)
4. Joint WHO/FAO Expert Consultation, Diet, Nutrition and the Prevention of Chronic Diseases, WHO TRS 916, Geneva 2003 [↑](#footnote-ref-4)
5. Vartanian L, Schwartz M. Effects of soft drink consumption on nutrition and health: A systematic review an meta-analysis. Am J Public Health 2007; 97(4):667-675 [↑](#footnote-ref-5)
6. Malik V, Schulze M, Hu F. IntakE of sugar-sweetened beverages and weight gain: a systematic review. Am J Clin Nutr 2006;84:274-88. [↑](#footnote-ref-6)
7. Petrini C Terra Madre: Forging a New Global Network of sustainable Food Communities, Chelsea Green Pub 2009 [↑](#footnote-ref-7)
8. Monteiro CA, Levy B Claro RM et.al. Increasing consumption of ultra-processed foods and likely impacto n human health: evidence from Brazil, Pub Health Nutr 14 (1), 5-13, 2010 [↑](#footnote-ref-8)
9. Jacoby E. The best food on earth. *Peru: As good as it gets*. World Nutrition, July 2012, 3, 7, 294-306 [↑](#footnote-ref-9)
10. Stuckler D and Nestle M, Big Food, Food Systems, and Global Health. Plos Medicine OPEN ACCESS, June 2012, Vol 9, Iss 6 / e1001242 [↑](#footnote-ref-10)