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PLAN OF ACTION FOR THE PREVENTION OF OBESITY IN CHILDREN AND ADOLESCENTS: FINAL REPORT

Background

1. The Plan of Action for the Prevention of Obesity in Children and Adolescents (Document CD53/9, Rev. 2 and Resolution CD53.R13) (1, 2) was approved by the 53rd Directing Council of the Pan American Health Organization (PAHO) in October 2014. The overall goal of the Plan of Action was to halt the growing epidemic of obesity in children and adolescents. In 2014, 7.1% of children under five and 32.6% of children 5-19 were overweight or obese. Achieving this goal required a multisectoral, life-course approach that is based on the social-ecological model and focuses on transforming the current obesogenic environment into opportunities for increased intake of nutritious foods and increased physical activity (1-4).
2. The purpose of the present document is to report to the Governing Bodies of PAHO on the execution of the Plan of Action, based on achievement of the indicators for the period 2014-2019.

Analysis of Progress Achieved

3. At the end of the fifth and final year of execution of the Plan of Action there has been progress toward meeting the indicators, even though not all of them have been achieved, as summarized below. To evaluate progress, information was compiled from the following sources: the Global Database on the Implementation of Nutrition Action (GINA) of the World Health Organization (WHO); reports from the World Breastfeeding Trends Initiative (WBTi); the WHO Global Nutrition Policy Review (GNPR); the Global School-based Student Health Survey (GSHS); the WHO Country Capacity Survey on Noncommunicable Diseases (NCD CCS); and the database of the Open Streets Network of the Americas. In addition, documentation was compiled from PAHO, WHO, the Food and Agriculture Organization of the United Nations (FAO), and the United Nations Children's Fund (UNICEF). Finally, government documents related to the objectives of the Plan of Action were consulted on the internet.
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Strategic Line of Action 1: Primary health care and promotion of breastfeeding and healthy eating

4. There has been progress on the inclusion in primary health care services of counseling on healthy eating and obesity prevention activities, according to WHO's Global Nutrition Policy Review 2016-2017. With respect to infant and young child feeding, the introduction of the WHO/UNICEF NetCode toolkit has led an increased number of countries to conduct surveys monitoring implementation of the International Code of Marketing of Breast-milk Substitutes. However, only one Member State reports results from this monitoring at least once every three years. Detected violations of the Code remain unsanctioned and without consequences for violators. The number of countries in which at least 50% of maternity health services have certification from the Baby-Friendly Hospital Initiative (BFHI) is low, partly attributable to the lack of integration of the program within health care systems. Through BFHI Networks for the Caribbean and Latin America, PAHO is supporting countries to adopt the revised WHO/UNICEF guidance on baby-friendly hospitals. This guidance incorporates the 10 steps of the BFHI as criteria for quality care, to which all maternity health services should adhere.

Objective 1.1: Include in health care services the promotion of healthy eating based on national food-based dietary guidelines as well as other activities related to the prevention of obesity	
Indicator, baseline, and target	Status
<p>1.1.1 Number of countries with primary health care services that have incorporated family-oriented obesity prevention activities, including promotion of healthy eating and physical activity</p> <p>Baseline (2014): 1 Target (2019): 10</p>	<p>19 countries have clinical tools that incorporate family-oriented obesity prevention activities, such as the promotion of healthy eating and physical activity, as part of their primary health care services. This is almost double the initial target.</p>
Objective 1.2: Reinforce efforts to implement the Global Strategy for Infant and Young Child Feeding	
Indicator, baseline, and target	Status
<p>1.2.1 Number of countries that regularly (at least every three years) publish their results of monitoring implementation of the International Code of Marketing of Breast-milk Substitutes</p> <p>Baseline (2014): 5 Target (2019): 15</p>	<p>One country regularly publishes reports on monitoring of implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions.</p> <p>Four of the baseline countries did not continue to monitor implementation of the Code in accordance with the established timeframe.</p> <p>Seven countries published recent results, but only once within the past three years. Even if these countries continue with the expected periodicity, the target will still not be reached.</p>

Objective 1.2: Reinforce efforts to implement the Global Strategy for Infant and Young Child Feeding	
Indicator, baseline, and target	Status
1.2.2 Number of countries that have at least 50% of maternity health services BFHI-certified Baseline (2014): 0 Target (2019): 5	Four countries reported that at least 50% of their maternal health services (public and private) have been BFHI certified or recertified in the last five years. This is 80% of the initial target.

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

5. Improving the school nutrition environment is an area of increasing interest to countries and is receiving support from PAHO and other agencies. Most countries have school feeding programs that comply with national nutritional guidelines; most also have norms or regulations that promote consumption of healthy foods and water or that restrict the availability of sugar-sweetened beverages and energy-dense nutrient-poor products. Physical activity promotion in schools is an area that has not been prioritized, and there are no specific national policies that meet indicator 2.2.1. More involvement and commitment from ministers of education is required. PAHO is working under the framework of the Inter-American Task Force on NCDs¹ to incorporate the topics of noncommunicable diseases and prevention of obesity in children and adolescents within the Inter-American Education Agenda through implementation of the Plan of Action of Antigua and Barbuda 2019 (5).

Objective 2.1: Ensure that national school feeding programs as well as the sale of foods and beverages in schools (“competitive foods”) comply with norms and/or regulations that promote the consumption of healthy foods and water and prevent the availability of energy-dense nutrient-poor products and sugar-sweetened beverages	
Indicator, baseline, and target	Status
2.1.1 Number of countries that have national or subnational school feeding programs that comply with the nutritional needs of children and adolescents and are in line with the national food-based dietary guidelines Baseline (2014): 3 Target (2019): 12	23 countries have school feeding programs that comply with their national nutritional guidelines, meet nutritional macronutrient requirements, or provide lists of healthy foods to be used in preparing school menus. This is double the initial target.

¹ The Inter-American Task Force on NCDs is a strategic alliance of inter-American organizations and associated international institutions and agencies led by PAHO.

Objective 2.1: Ensure that national school feeding programs as well as the sale of foods and beverages in schools (“competitive foods”) comply with norms and/or regulations that promote the consumption of healthy foods and water and prevent the availability of energy-dense nutrient-poor products and sugar-sweetened beverages	
Indicator, baseline, and target	Status
<p>2.1.2 Number of countries where at least 70% of the schools have norms and/or regulations for the sale of foods and beverages in schools (“competitive foods”) that promote the consumption of healthy foods and water and prevent the availability and consumption of energy-dense nutrient-poor products and sugar-sweetened beverages</p> <p>Baseline (2014): 8 Target (2019): 16</p>	<p>19 countries have norms or regulations for the sale of foods and beverages in schools (“competitive foods”) that promote the consumption of healthy foods and water or that restrict the availability of sugar-sweetened beverages and energy-dense nutrient-poor products. This is above the initial target.</p>
<p>2.1.3 Number of countries where at least 70% of the schools have a source of clean drinking water</p> <p>Baseline (2014): 3 Target (2019): 12</p>	<p>25 countries have potable water in at least 70% of their schools. This is more than double the initial target.</p>
Objective 2.2: Promote and strengthen school and early learning policies and programs that increase physical activity	
Indicator, baseline, and target	Status
<p>2.2.1 Number of countries where at least 70% of schools have implemented a program that includes at least 30 minutes a day of moderate to intense (aerobic) physical activity</p> <p>Baseline (2014): 0 Target (2019): 10</p>	<p>No country has launched a program that includes at least 30 minutes a day of moderate to intense (aerobic) physical activity.</p>

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

6. Fiscal and regulatory policies, in particular taxes on sugar-sweetened beverages and to a lesser extent, restriction of food and beverage marketing, in addition to food labeling regulations have evolved in the Region, and more countries have enacted such laws and regulations. PAHO has supported countries in developing, implementing, monitoring, and assessing such policy tools to improve the food environment in favor of healthier diets. Enacting laws and regulations is a lengthy process that involves many stakeholders, and while some progress has been made, the initial targets have not yet been reached.

Objective 3.1: Implement policies to reduce children's and adolescents' consumption of sugar-sweetened beverages and energy-dense nutrient-poor products	
Indicator, baseline, and target	Status
<p>3.1.1 Number of countries that have passed legislation to tax sugar-sweetened beverages and energy-dense nutrient-poor products</p> <p>Baseline (2014): 1 Target (2019): 10</p>	<p>Eight countries have approved legislation that imposes taxes on sugar-sweetened beverages. This is 80% of the initial target. Additionally, several countries are preparing proposals.</p>
Objective 3.2: Enact regulations to protect children and adolescents from the impact of marketing of sugar-sweetened beverages, energy-dense nutrient-poor products, and fast foods	
Indicator, baseline, and target	Status
<p>3.2.1 Number of countries that have implemented regulations to protect children and adolescents from the impact of marketing of sugar-sweetened beverages, energy-dense nutrient-poor products, and fast foods in line with the Recommendations from a Pan American Health Organization Expert Consultation on the Marketing of Food and Non-alcoholic Beverages to Children in the Americas</p> <p>Baseline (2014): 1 Target (2019): 15</p>	<p>Six countries have implemented regulations to protect the child and adolescent population from the impact of promotion and marketing of sugar-sweetened beverages, fast foods, and energy-dense nutrient-poor products, not including marketing regulations in schools. This is 40% of the initial target. Additionally, several countries are preparing proposals.</p>
Objective 3.3: Develop and implement norms for front-of-package labeling that promotes healthy choices by allowing for quick and easy identification of energy-dense nutrient-poor products	
Indicator, baseline, and target	Status
<p>3.3.1 Number of countries that have norms in place for front-of-package labeling that allows for quick and easy identification of energy-dense nutrient-poor products and sugar-sweetened beverages, taking into consideration Codex norms</p> <p>Baseline (2014): 1 Target (2019): 15</p>	<p>Four countries have implemented front-of-package labeling systems to inform consumers about processed or ultra-processed products that are high in sugars, fats, and sodium. This is only 27% of the initial target.</p> <p>One country recently approved a law to introduce front-of-package labeling, and four other countries are developing proposals.</p> <p>CARICOM (Caribbean Community) and SICA (Central American Integration System) have developed subregional proposals.</p>

Strategic Line of Action 4: Other multisectoral actions

7. Obesity in children and adolescents has multiple causes, and 12 countries have adopted multisectoral strategies and action plans to address this health concern, with technical support from PAHO. There is also an increase in countries implementing “open streets” programs to promote physical activity among all sectors of the population. Most countries have family farming programs and fairs or farmers markets that promote access to healthy foods.

Objective 4.1: Engage other government institutions and, as appropriate, other sectors	
Indicator, baseline, and target	Status
4.1.1 Number of countries in which implementation of this Plan of Action is supported by a multisectoral approach Baseline (2014): 0 Target (2019): 10	12 countries have multisectoral strategies or plans of action for the prevention of overweight or obesity. This is above the initial target.
Objective 4.2: Improve access to urban recreational spaces through initiatives such as the “open streets” programs	
Indicator, baseline, and target	Status
4.2.1 Number of countries in which the population in at least five cities has access to “open streets” programs Baseline (2014): 6 Target (2019): 15	Eight countries have at least five cities with “open streets” programs. This is 53% of the initial target. Five more countries have “open streets” programs in fewer than five cities.
Objective 4.3: Take measures at the national or subnational level to increase the availability of and access to nutritious foods	
Indicator, baseline, and target	Status
4.3.1 Number of countries that have created incentives at national level to support family farming programs Baseline (2014): 5 Target (2019): 21	22 countries have created incentives at national level to support family farming programs. This is slightly above the initial target.
4.3.2 Number of countries that have introduced measures to improve relative prices and/or access to healthy (healthful) foods Baseline (2014): 3 Target (2019): 10	25 countries have fairs or farmers markets that promote access to healthy foods. This is more than double the initial target.

Strategic Line of Action 5: Surveillance, research, and evaluation

8. Five countries have systems for reporting on dietary patterns and overweight and obesity in women of childbearing age, children, and adolescents through the PAHO-supported STEPS² instrument and the Global School-based Student Health surveys. More effort is required to strengthen disaggregated country information systems and use of data for policy decision-making and action.

Objective 5.1: Strengthen country information systems so that trends and determinants of obesity, disaggregated by at least two equity stratifiers, are routinely available for policy decision-making	
Indicator, baseline, and target	Status
<p>5.1.1 Number of countries that have an information system to report on dietary patterns and overweight and obesity in a nationally representative sample of pregnant women and school-aged children and adolescents, every two years</p> <p>Baseline (2014): 3 Target (2019): 8</p>	<p>Five countries have systems for reporting on dietary patterns and overweight and obesity in women of childbearing age, children, and adolescents. This is 63% of the initial target.</p>

9. The final evaluation of this Plan of Action shows an increased commitment on the part of Member States to take action to prevent overweight and obesity in children and adolescents. The Region has developed many successful policies for the promotion of healthy school food environments, but regulatory measures to prevent overweight and obesity and to increase physical activity are clearly lagging. Additionally, the implementation and enforcement of the International Code of Marketing of Breast-milk Substitutes, adopted in 1981, and related WHO resolutions, remains very low.

10. At the end of the evaluation period, overweight and obesity in children under five has remained largely unchanged, at 7.1% in 2014 and at 7.3% in 2019 (3), and in children and adolescents aged 5-19 years there was a small increase in overweight and obesity from 32.6% in 2014 to 33.6% (male 34.6%, female 32.6%) in 2016 (4). These percentages mean that the Region of the Americas is on target to reach the goal of halting the growing epidemic of obesity in children and adolescents, which contributes to WHO's Global Nutrition Target of no increase in overweight in childhood. The package of cost-effective policies and interventions implemented through this Plan of Action are in line with the recommendations of WHO's Commission on Ending Childhood Obesity and the Best Buys for the Prevention and Control of NCDs, helping Member States to contribute to halting the rise of obesity in children and adolescents in the Region. To reduce the prevalence of this complex and multifactorial health issue, a sustained and long-term effort is needed. This requires interventions in all stages of the life course and bold public policies by all sectors of society to change the current obesogenic environment.

² The WHO STEPwise approach to Surveillance (STEPS) is a simple, standardized method for collecting, analyzing, and disseminating data on risk factors of noncommunicable diseases in PAHO/WHO member states.

Action Necessary to Improve the Situation

11. In light of the progress described above, the actions needed to improve the situation include the following:

- a) Adopt clinical guidelines for the prevention, early detection, and control of overweight and obesity, to be applied at the first level of care.
- b) Adopt legislation that covers all provisions of the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions, monitor compliance on a regular basis, and make sure that sanctions for non-compliance are in place.
- c) Continue to encourage the protection of maternal health and incorporate the revised Baby-Friendly Hospital Initiative into quality standards and practices of all maternal health services.
- d) Establish, monitor, and enforce standards for school feeding programs and the sale of foods and beverages in schools, in line with PAHO's nutrient profiling system, to ensure intake of fruits, vegetables,³ legumes, tubers, whole-grain cereals, and water, and to reduce the consumption of processed or ultra-processed products high in sugars, fats, and sodium. In addition, implement the new WHO toolkit to promote physical activity in schools. These initiatives will all require active partnerships between the health and education sectors, as well as with civil society and development agencies.
- e) Promote measures to reduce demand for and sale of sugar-sweetened beverages and products high in sugars, fats, and sodium, by effective regulation through taxation, marketing restrictions, and food labeling regulations that allow for correct, quick, and easy identification of such products.
- f) Ensure that the design of cities facilitates physical activity and increase the number of cities with access to bike paths and parks.
- g) Promote policies for improving the availability of and access to healthy diets.
- h) Establish or update surveillance systems for regular monitoring of eating patterns, overweight, and obesity in children, adolescents, and pregnant women.
- i) Promote civil society participation in policy-making and monitoring of policy implementation, and safeguard the policy cycle from the interference of actors whose products, practices, or policies directly or indirectly promote overweight and obesity in children and adolescents.
- j) Strengthen technical assistance and support for nutrition networks toward full achievement of the targets, in line with relevant indicators of the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 (Document CD57/10) and the Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030 (Document CD56/8, Rev. 1).

³ The World Health Organization recommends at least 400 g (i.e. five portions) of fruit and vegetables per day. <https://www.who.int/en/news-room/fact-sheets/detail/healthy-diet>.

- k) Increase the implementation of fiscal policies and regulation of food marketing and food labeling; to scale up efforts to increase uptake of breastfeeding as well as adherence to the International Code of Marketing of Breast-milk Substitutes; and to increase promotion of physical activity in schools and communities with initiatives such as the “open streets” programs. Improved surveillance based on nationally representative, disaggregated data is also a priority area.

Action by the Directing Council

12. Considering the extraordinary and unprecedented circumstances presented by the COVID-19 pandemic, and in accordance with Resolution CE166.R7, this report will be published for information purposes only, and will not be discussed by the Directing Council.

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