Childhood Obesity Action Plan 2018

The prevalence of infant and young child obesity is increasing in all countries, with the most rapid rises occurring in low- and middle-income countries. The number of overweight or obese young children globally increased from 31 million in 1990 to 42 million in 2015. In the African Region alone over the same period, the number of overweight or obese children under 5 years of age increased from 4 million to 10 million. Childhood obesity is associated with several health complications, premature onset of illnesses such as diabetes and heart disease, continued obesity into adulthood and an increased risk of non-communicable diseases.

The Sustainable Development Goals, adopted by the United Nations General Assembly in 2015, identify prevention and control of non-communicable diseases as one of the health challenges in the 2030 Agenda for Sustainable Development.

Among the risk factors for non-communicable disease, overweight and obesity are particularly concerning and have the potential to negate many of the health benefits that have contributed to increased life expectancy. The global action plan for the prevention and control of non-communicable diseases 2013–20202 calls for a halt in the rise in obesity among adolescents, and the comprehensive implementation plan on maternal, infant and young child nutrition, sets a target of no

increase in childhood overweight by 2025. Yet **the prevalence of obesity in infants, children and adolescents is** rising around the world and many children who are not yet obese are overweight and on the pathway to obesity. Renewed action is therefore urgently needed if these targets are to be met.

Obesity can affect a child's immediate health, educational attainment and quality of life. Children with obesity are very likely to remain so as adults and are at risk of developing serious non-communicable diseases. Despite the rising global prevalence of overweight and obesity, awareness of the magnitude and consequences of childhood obesity is still lacking in many settings, particularly in countries where undernutrition is common and prevention of childhood obesity may not be seen as a public health priority. As countries undergo rapid socioeconomic and/or nutrition transition, they face a double burden, in which inadequate nutrition and excessive weight gain may coexist, in the same household and even in the same individuals. Children who have been undernourished, either in utero or in early childhood, are at particular risk of becoming overweight and obese if then faced with an obesogenic environment, that is, one that promotes high energy intake and sedentary behavior. An individual's biological and behavioral responses to such an environment can be strongly influenced by developmental or life course factors from before conception and across generations, as well as by peer-pressure and social norms.

Recognizing that progress in tackling obesity in infants, children and adolescents has been slow and inconsistent, we need to build upon and address gaps in existing mandates and strategies in order to prevent infants, children and adolescents from developing obesity. The aim is to reduce the risk of morbidity and mortality due to non-communicable diseases, lessen the negative psychosocial effects of obesity in both childhood and adulthood, and reduce the risk of the next generation developing obesity.

Activities

- Situational analysis
- Food cost
- Alternatives to unhealthy foods/snacks(unavailability of)

Regulations/policies/guidelines on:

Diet: Publishing of salt survey done in selected schools (KAP survey)

Decrease sodium

Decrease sugar

Increase water consumption

Increase physical activity

School meals program/ school meals and snacks:

Stake holders: Minister of Education, PS, Director, HFLE, Home economics,

School cafeteria operators

Vendors

Home economic teachers

HFLE

Counsellors

PE Teachers

Ban SSBs on school compound: need cabinet/ministerial decision

Types of foods sold: Brochure indicating foods that are to be sold most often, foods to be sold less often food that are not to be sold (and drinks)

Water fountains: to be installed in schools provide adequate supply of safe drinking water (with filtration system

Increase physical activity in schools: PE in school curriculum, increase PE to 45-60 mins a day: increase supplies of equipment: jump ropes, hoola hoops etc.)

HEALTH EDUCATION PLAN

Promotion & Awareness: MOH, SPHN, (school health program- eyes, ears, oral etc.

MOE, MOH, HID, Dental SERVICES, MBS, (jump rope & healthy recipe competition) AUA, UHSA, Diabetes Association, Rotary, Lyons

Wall art (art students: ASC, ASSS, CHS, AGHS, AGS)

National Food-base Dietary guidelines: To be incorporated in the school curriculum

Reading o food labels /understanding portion sizes (demonstrations will be televised for airplay, and distributed to stakeholders & media group)

Identification of health champions for each school

Steps to be taken

- Develop guidelines, recommendations or policy measures that appropriately engage relevant sectors – including the private sector, where applicable – to implement actions, aimed at reducing childhood obesity.
- Ensure data collection on body mass index-for-age of children – including for ages not currently monitored – and set national targets for childhood obesity.
- Set national or local, time-bound targets for reductions in childhood obesity and monitoring mechanisms that includes body mass index-forage in addition to other

appropriate measures, disaggregated by age, sex and socioeconomic status.

- Ensure that appropriate and context-specific nutrition information and guidelines for both adults and children are developed and disseminated in a simple, understandable and accessible manner to all groups in society.
- Inform the population about childhood overweight and obesity and consequences for health and well-being. Update, as necessary, guidance on the prevention of childhood obesity through the consumption of a healthy diet throughout the life course. Ensure that food-based dietary guidance is disseminated in an accessible manner for children, carers, school staff and health professionals.
- Develop and implement evidence-based, public education campaigns about what constitutes a healthy diet and the need for it and for physical activity, which are appropriately funded and sustained over time to Implement an effective tax on sugar-sweetened beverages.
- Analyze the administration and impact of a tax on sugar-sweetened beverages. Levy an effective tax on sugar-sweetened beverages according to WHO's guidance.
- Implement the set of recommendations on the marketing of foods and nonalcoholic beverages to children to reduce the exposure of children and adolescents to, and the power of, the marketing of unhealthy foods.

- Assess the impact of legislation, regulation and guidelines to tackle the marketing of unhealthy foods and non-alcoholic beverages to children, where required.
- Adopt, and implement effective measures, such as legislation or regulation, to restrict the marketing of foods and non-alcoholic beverages to children and thereby reduce the exposure of children and adolescents to such marketing.
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- Develop nutrient profiles to identify unhealthy foods and beverages.
- Establish a national nutrient-profiling model to regulate marketing, taxation, labelling and provision in public institutions, based on WHO's regional or global nutrient-profile models.

- Establish cooperation between Member States to reduce the impact of cross-border marketing of unhealthy foods and beverages.

Engage in intercountry discussions on policies and proposals for regulating cross-border marketing of unhealthy foods and non-alcoholic beverages to children through WHO regional committees and other relevant regional mechanisms.

- Implement a standardized global nutrient-labelling system.

At the international level, work through the Codex Alimentarius Commission to develop a standardized system of food labelling, to support health literacy education efforts through mandatory labelling for all pre-packaged foods and beverages. At the domestic level, adopt mandatory laws and regulations for nutrition labelling.

- Implement interpretive front-of-pack labelling, supported by public education of both adults and children for nutrition literacy.

Consider undertaking pre-market/consumer testing of interpretive front of-pack labelling, based on a nutrient-profile model. Adopt, or develop as necessary, a mandatory interpretive front-of-pack labelling system based on the best available evidence to identify the healthfulness of foods and beverages.

- Require settings such as schools, child-care settings, children's sports facilities and events to create healthy food environments.
- Set standards for the foods that can be provided or sold in child-care settings, schools, children's sports facilities and at events (see also recommendations 4.9 and 5.1) based on a national nutrient-profile model. Apply such food laws, regulations and standards in catering services for existing school, child-care and other relevant settings.
- Increase access to healthy foods in disadvantaged communities.
- Involve actors and resources outside the health system to improve access, availability and affordability of nutritious foods at a sustained scale in disadvantaged communities (for instance, through incentives to retailers and zoning policies). Establish regulations and standards for social support programmes based on national and international dietary guidelines. Incentivize local production of fruit and vegetables, such as urban agriculture.

M&E

- Biometric measurements of school children (at the beginning and end of the school year)

Consultation on SSBs outcome

- Prepare proposal to be presented to the Minister of Education
- Sensitize stakeholders
- Publish list of SSBs
- Check for existing school health policy (review T&T school health policy/ other existing policies)
- Request technical support from PAHO

Childhood obesity undermines the physical, social and psychological well-being of children and is a known risk factor for adult obesity and non-communicable diseases. There is an urgent need to act now to improve the health of this and the next generation of children. Overweight and obesity cannot be solved through individual action alone. Comprehensive responses are needed to create healthy environments that can support individuals in making healthy choices grounded on knowledge and skills related to health and nutrition. These

responses require government commitment and leadership, long-term investment and engagement of the whole of society to protect the rights of children to good health and well-being. Progress can be made if all actors remain committed to working together towards a collective goal of ending childhood obesity.