OBESITY A Ticking Time Bomb?

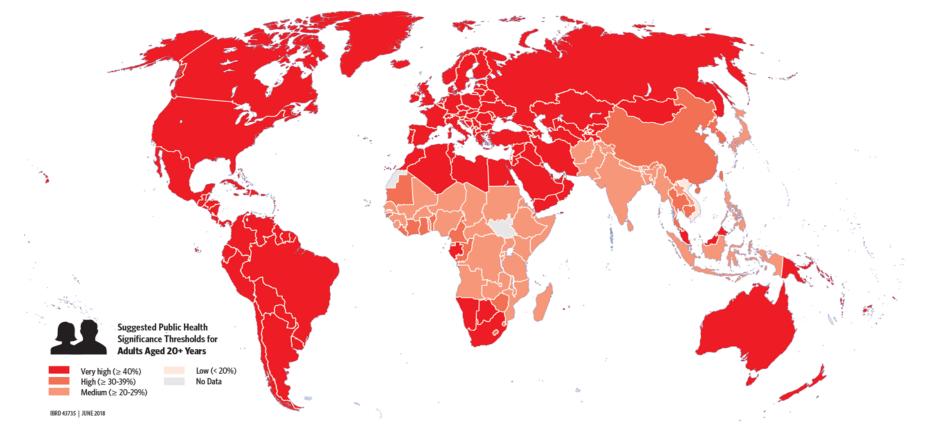


MEERA SHEKAR, PHD GLOBAL LEAD, NUTRITION



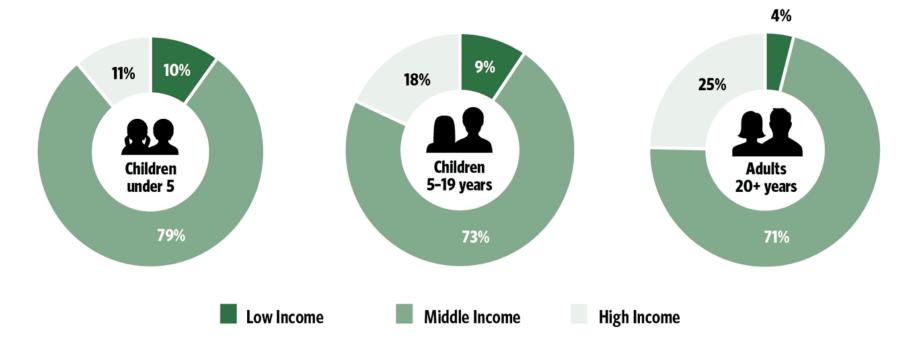
National Academy of Sciences Workshop, Oct 9, 2018; Washington DC

As of 2016, most countries have very high or high rates of adults living with overweight/obesity It is just a matter of time before it overwhelms the health sector and the economy





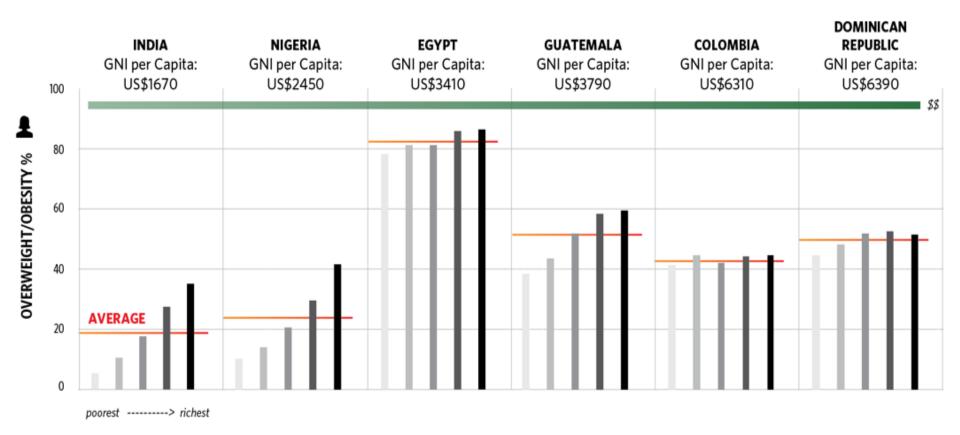
In all age groups, the majority of individuals living with overweight/obesity live in middle-income countries



...dispelling the myth that overweight/obesity is a problem only in high-income countries



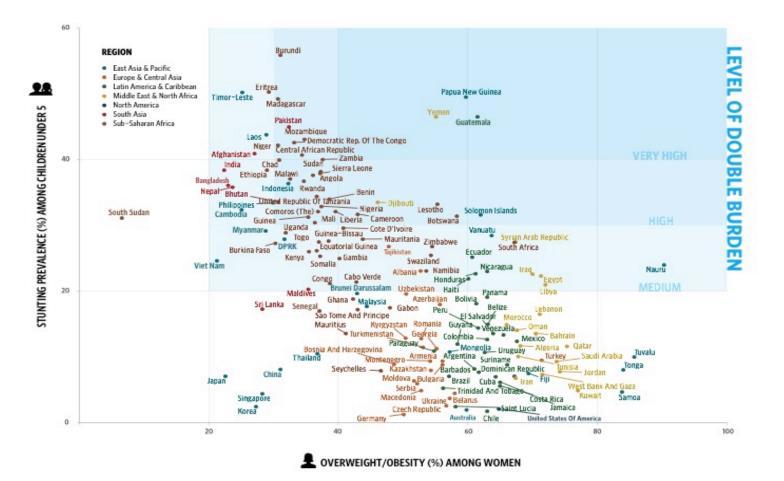
As per-capita income increases, the burden of overweight/obesity shifts to the poor



In richer countries, there are more poor persons living with overweight/obesity than in poorer countries



Over 40% of countries face a <u>Double Burden of</u> <u>Malnutrition</u>: high rates of both undernutrition (child stunting) and overweight/obesity among women



WORLD BANK GROUP

Promising Policies and Interventions to Address Obesity

| | Measured offerst | Current Factors |
|--|--|---|
| Intervention | Measured effect | Success Factors |
| Fiscal: tax unhealthy foods & subsidize healthy foods | Taxes reduce purchases, with some evidence of substituting healthy alternative (e.g. water for SSB); Lowering price of fruits and vegetables promotes purchase; emerging evidence of voluntary product reformulation (UK) | Promise of revenue generation increases support for policy; earmarking of revenue most beneficial Broad-based tax (eg on <u>all</u> beverages with added sweeteners) At least 10% of value but closer to 20% for max health benefits (Backholer et al 2016) |
| <u>Regulatory</u>: Limit access to unhealthy foods and advertising to children | Regulation of access to unhealthy foods in schools limits sales; Regulation on marketing of breastmilk substitutes leads to decrease sales of formula | Most evidence is from school settings Self-regulation less effective than mandatory regulation |
| Education and Media: Promote healthy diet and physical activity | Information and education on the benefits and practices of healthy diets and physical activity increases adoption of both; effective in schools, community and multiple settings; use of new technologies is promising | Most impact when intervention targeted to overweight or obese populations Relatively less evidence of success of mass media campaigns |
| <u>Transport/Urban</u> : Urban redesign and revitalization to promote physical activity | Increases walking and cycling | Provide a variety of transportation options Encourage transit-friendly developments Promote compact building with minimize density |
| Nutrition Interventions: Prenatal and early childhood nutrition interventions | Promote pre- and post-natal optimal weight gain and nutrition; contribute to healthy birth weights | Programs targeting overweight women show promise in optimal weight gain and birth weights Establishing national policy to promote breastfeeding |

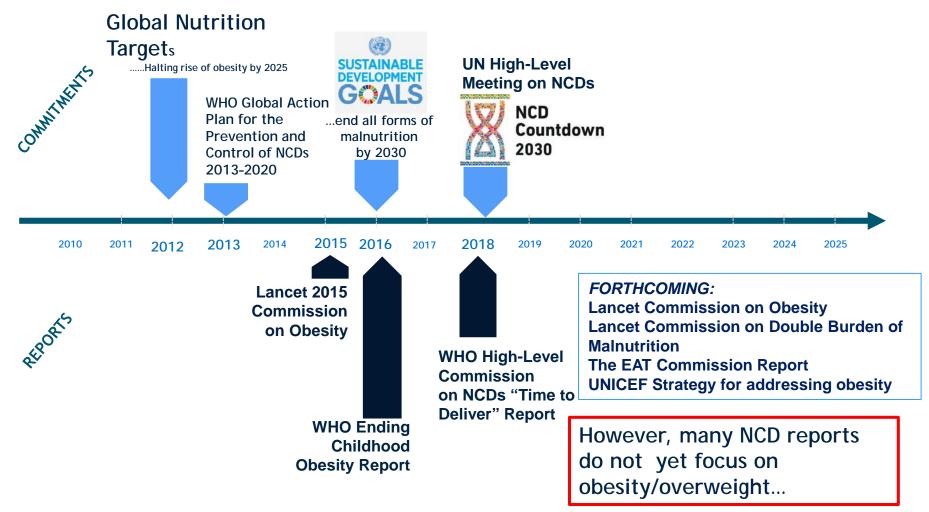
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What Works in Policy Implementation? Nine country case studies reviewed these policies:

- Food Labelling (Brazil, Chile, South Africa, Sri Lanka)
- Regulation of foods sold in schools (Chile, Poland, Thailand, Turkey, Sri Lanka)
- Taxes on sugar-sweetened beverages (Mexico, Thailand) and taxes on fat (Kerala, India)
- Regulation on advertising foods to children (Chile, Mexico, South Africa)
- Incentives for increased physical activity in schools (Turkey) and communities (Poland)
- Regulation on sodium content (South Africa)
- National intersectoral food collaboration (Brazil)
- Public awareness campaign (Thailand)
- School-based intervention to prevent and treat obesity (Poland)



Key Milestones in Global Action on Obesity, 2010-2025





Awareness is increasing, but, concrete action at scale is still elusive....



THE HUMAN CAPITAL PROJECT: WILL ACCELERATE MORE AND BETTER INVESTMENTS IN PEOPLE GLOBALLY



1.Human Capital Index: Make the case for investment in the human capital of the next generation.

2.Measurement: Improve measurement and provide analysis to support investments in human capital formation.

3.Country engagement: Support Early Adopters, and ultimately all countries, to prepare national strategies that accelerate progress on human capital.

What can the World Bank do in this space...?

- 1. Maximize the potential of Bank's multisectoral engagement:
 - Health, Agriculture, Transport/Urban, Macro/fiscal
- 2. Scale-up promising policies & interventions
- 3. Leverage the range of World Bank instruments at all levels: Global/regional levels:
 - Global advocacy/convening within <u>Human Capital Project</u>, Universal Health Care, (UHC), NCDs, Poverty reduction programs: positioning obesity from an individual responsibility to market failure and Global Public Good

Country level:

- Policy instruments such as Development Policy Operations where resources are released based on policy triggers met; Reimbursable Advisory Services (RAS),...
- Investment lending instruments including results-based financing mechanisms to scale-up promising interventions



Example of World Bank Group potential actions to encourage physical activity

- Objectives:
 - Expand transport choices
 - Encourage playgrounds, bike paths, walking paths
 - Workplace/school-based interventions to promote walking/biking
- World Bank teams involved:
 - Transport
 - Health, nutrition, population (HNP)
 - Social, Urban, Rural, Resilience (SURR)
- Counterpart ministries involved:
 - Ministry of Transit/transportation
 - Ministry of infrastructure
 - Department of Land use
 - Ministry of health
 - Civil society, community organisations...
- World Bank instruments:
 - TA/RAS to support policy changes
 - Transport investment lending finance bike lanes/sidewalks
 - Health/nutrition investment lending on obesity prevention interventions
- Examples: CicloRutas Master Plan in Columbia:; RAS for Bogota non-motorized transport





Learnings from Tobacco for Obesity?

What worked?

- 1. Partnerships
- 2. Resources
- 3. Advocacy at all levels
- 4. Expertise, Analytics, and learning



Lessons from Tobacco Taxes

Go big, go fast. Implementing big tobacco excise tax rates immediately yields the biggest health gains; the rewards go to those who act boldly.

Attack affordability. Tobacco taxes only reduce tobacco consumption if they reduce cigarette affordability. Effective strategies involve combining big initial tax increases with recurrent hikes over time.

Change expectations. Make sure consumers know that cigarette prices will keep going up; this is a motivator for current smokers to quit and young people not to start.

Tax by quantity. Tobacco tax rates should be simplified and based on the quantity of cigarettes, not their price, to avoid switching to cheaper brand.

"**Soft earmarks**" such as linking increased taxes to increased health spending and paying for UHC — has helped generate grassroots support for the tax hikes (e.g. Australia, Philippines, United States.)

Regional collaboration can boost results. Help countries reduce tobacco consumption, increase government revenues, while speed-up pace of implementation

Build broad alliances. Including civil society, opinion leaders and strong international partners.



Thank You!



EXTRA SLIDES



Would you give them 12 spoonfuls of sugar?

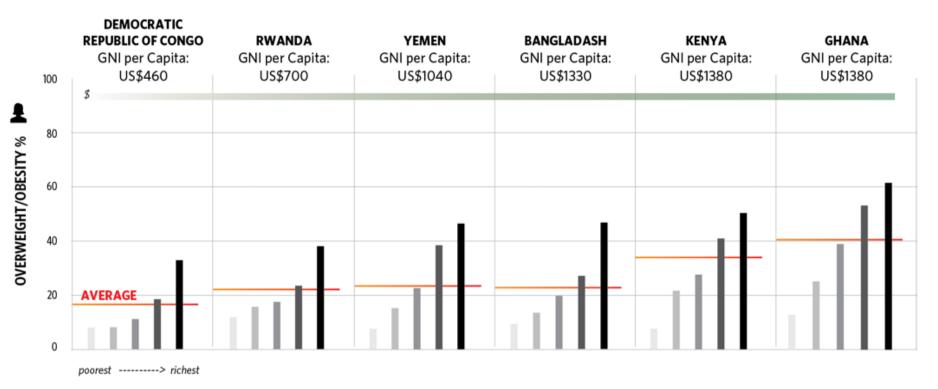


cafeteras o más de azúcar. 1 cucharada cafetera contiene 5 gramos de azúcar.

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As per-capita income increases, the burden of overweight/obesity shifts to the poor



In poorer countries, persons living with overweight/obesity are among the wealthiest



Policies Covered in Country Case Studies

| Country | Policy | | | |
|-----------------|--|--|--|--|
| Brazil | National System on Food and Nutrition Security (SISAN): Intersectoral collaboration to guarantee access to adequate food and orient the national food system to tackle obesity | | | |
| Chile | Front of Package Labeling: Warning logos in the shape of a stop sign on items high in sugar, salt, and sodium | | | |
| | Advertising Restrictions to Children: foods high in sugar, fat, or sodium cannot be advertised to children under 14 under any form of media | | | |
| | Regulation on Food Sold in Schools: Foods high in sugar, fat, or sodium cannot be sold or distributed in nursery, elementary, and high schools | | | |
| Kerala India | Fat Tax: Fiscal policy to disincentive purchasing unhealthy foods served in multinational restaurants | | | |
| Mexico | Advertising Restrictions of food and beverage advertising on TV programming and in movie theaters for programs directed to children | | | |
| | Sugar-Sweetened Beverage Taxation Fiscal policy to disincentive consumption of sugar-sweetened beverages | | | |
| Poland | My Playground (Orlik): Nationwide initiative to expand physical activity infrastructure in local communities | | | |
| | School Food Regulations on the foods that can be served in school cafeterias and shops | | | |
| | 6-10-14 for Health: Program in Gdańsk to screen elementary and middle school children for overweight/obesity and provide case management | | | |
| South | Food Labeling Act (R. 146): Guidelines on permissible health claims on food labeling and food packaging | | | |
| Africa | Salt Regulations on amount of sodium in processed food products | | | |
| | Advertising Restrictions: Restrictions on child-directed advertising for unhealthy food products | | | |
| Sri Lanka | Color Coding for Sugar Levels Regulations: Warning logos in the shape of a traffic light on sugar-sweetened beverages, with color determined by low, medium, and high sugar content | | | |
| | Healthy Canteens in Schools Program: Efforts to improve nutritious quality of food sold in school canteens | | | |
| Thailand | Fatless Belly Thai Network: Public awareness campaign that started locally and was scaled nationally to improve awareness of | | | |
| | diet and physical activity | | | |
| | Sugar-Sweetened Beverage Taxation: Fiscal policy to disincentive consumption of sugar-sweetened beverages | | | |
| | Soda Ban in Schools: Restrict sale of sugar-sweetened beverages in schools to promote healthy eating among schoolchildren | | | |
| Turkey | School Canteen Circular for Food and Drink Sales: Guidelines on the kinds of food that can be solution school research and grant group discourage sale of high-calorie foods and sugar-sweetened beverages | | | |
| | Physical Fitness Scorecard for Health in Schools: Program to encourage physical activity among children and adolescents in | | | |

Factors for Successful Policy Implementation Findings from country case studies

| Factors that support policy enactment | | С | ounter efforts that inhibit |
|---------------------------------------|--|---|---|
| • | Use of surveillance data and mass media to effectively convey magnitude of problem (Mexico) | • | Raises doubts about strength of empirical evidence |
| • | Strong civil-society/non-governmental organizations that advocate for policy (Thailand) | • | Highlighting implementation challenges, unfair competition (Turkey), violation of international trade (Chile front of package labels) |
| • | Effective coalition of stakeholders representing many sectors of society (NGOs, academia, politicians) (Poland, Chile) Policy Champion (Prime Minister, Politician, Prominent Journalist) | • | Lobbying policy makers to shift debate towards voluntary self-regulation and education and away from considering taxes or regulation (Sri Lanka: initially voluntary FOP labeling but didn't work so move to mandatory; Mexico: advertising to children first voluntary but then mandatory) |
| • | Fast implementation, which limits time for opposition to organize. Note: Some policies naturally faster – eg executive order (Poland=immediate) vs regulatory changes (Brazil=3 yrs of debate on food advertising regulation) | | |

Shekar et al, World Bank, forthcoming: Please do not quote or duplicate slides



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