

World Obesity Federation statement on the WHO Draft Implementation Plan for the Recommendations to End Childhood Obesity

World Obesity Day, 11th October 2016

On the occasion of World Obesity Day¹, the World Obesity Federation makes the following comments on the WHO draft implementation plan for the recommendations made by the Commission on Ending Childhood Obesity (ECHO Commission). These comments are a summary of a larger and more detailed joint response which has been prepared in conjunction with the NCD Alliance and WCRF International.

We believe that the full implementation of the recommendations, including the establishment of a robust accountability framework, represents a real opportunity to end childhood obesity, not just in children under 5, but all school-aged children under 18 years of age. Recently published data for World Obesity Day estimates that by 2025 268 million school-aged children worldwide will be overweight or obese, with almost 80% of those children residing in low- and middle-income countries². These figures are shocking, but more importantly they are unsustainable.

We are pleased to see that the proposed WHO ECHO implementation plan is directly aligned with the recommendations that were made in the final report of the ECHO Commission. We strongly commend WHO for maintaining the integrity of the initial set of recommendations which highlights the need for a comprehensive package of policies to be adopted, across the life course and by different sectors of government and of society. It is clear that no one action is sufficient to address this growing epidemic, nor will one sector alone curb the issue. A piecemeal approach will achieve little and the implementation plan should make a strong case for governments to take a systems approach to ending childhood obesity.

We have three key concerns and recommendations for the improvement of the Implementation plan:

i) Lack of specificity

The tables covering the steps to be taken and the tools available are insufficiently detailed to be genuinely helpful to Member States, and should include suggestions for targets and indicators of progress. This will make the Implementation Plan very useful, but we acknowledge that it will take more time to prepare. If it cannot be done within the time available for the present Plan then we suggest that WHO proposes a second phase for the development of the Plan, namely the production of a Framework for Evaluating Progress of the Implementation Plan, as a tool for Member States. In our full consultation response we have given some examples of the types of indicators and accountability measures that could

¹ www.obesityday.worldobesity.org

² Lobstein, T & Jackson-Leach R (2016). Planning for the worst: estimates of obesity and comorbidities in school-aged children in 2025. *Pediatric Obesity*. 11(5), 321-325. <http://onlinelibrary.wiley.com/doi/10.1111/obr.2013.14.issue-s1/issuetoc>

be used, but in the time available we have not been able to give this the comprehensive attention it deserves, nor have we been able to consult the many public health specialists in our networks with relevant expertise that could help create such a Framework for Evaluation. We will be happy to assist in the development of such a document in due course.

ii) Monitoring and accountability

The lack of a robust monitoring and accountability mechanism and the lack of SMART objectives are of concern. Without a clear monitoring framework at global and national levels it will be difficult to track progress, make course corrections, and to hold Member States and other relevant stakeholders accountable. Indeed, there is a risk that without accountability, implementation will not follow. We encourage the Secretariat to develop a more robust monitoring and accountability process for this Plan or to acknowledge the need for a second phase which would produce a Framework for Evaluation. This could be based on the INFORMAS Food-EPI for the nutrition actions, as this framework has been developed based on international best practices³. At a minimum the addition of targets relating to a time line for the immediate, medium and long term to the present plan would better guide the proposed development of the framework which defines baseline, indicators and responsible sectors

iii) The role of the food and beverage industry

There is an urgent need for a greater emphasis of the need to protect policy making and policy makers from corporate influence⁴. The role of the private sector in this context should be primarily framed around implementation of government-determined and government-led policies. Of particular concern is the recommendation for private sector to “facilitate access to, and participation in, physical activity”. As the text is referring to the food and beverage industry, this is not an appropriate recommendation as it is not part of the core business of these organisations. Promotion of physical activity in fact is often used to distract from the impact of unhealthy diets. The Plan needs to expressly acknowledge how industry actions can prevent, delay or reverse the implementation of public policies, regulation and legislation to address childhood obesity.

We welcome the attention given to the role of civil society, particularly the reference made to the need for Member States to support and engage civil society. Civil society organisations around the world are supporting their governments in the development and implementation of ambitious public policies to protect and promote local, healthy and sustainable diets. Collectively, the signatories of this response stand ready to work with WHO and Member States to end childhood obesity.

³ INFORMAS (2013) <http://onlinelibrary.wiley.com/doi/10.1111/obr.2013.14.issue-s1/issuetoc>

⁴ WHO (2016) Addressing and managing conflicts of interest in the planning and delivery of nutrition programmes at country level – Report of a technical consultation. Geneva.
http://www.who.int/nutrition/events/2015_conflictsofinterest_nut_programmes/en/