

Submission to the Hearings of the Commission on Ending Child Obesity

The World Obesity Federation is an NGO in official relations with the World Health Organization. We have over 10,000 professional research and clinical members in over 50 national and regional member organisations in 55 countries worldwide. We have worked with WHO for two decades providing data, technical reports and consultations on issues related to obesity, physical activity, nutrition and food supply.

The five questions asked:

1. Why is ending childhood obesity an issue for the sector/entity you represent?

This is integral to our mission statement "to lead and drive global efforts to reduce, prevent and treat obesity". Our 'Policy & Prevention' section works on policy development and advocacy for obesity prevention, and includes a global network of experts and civil society organisations assisting our work.

2. How can your sector/entity contribute to the goal of ending childhood obesity?

We undertake expert reviews, provide professional guidelines, collate data, publish scientific journals, hold scientific conferences, provide on-line professional training and undertake advocacy and policy analysis. Guidance and policy reviews have been published on a range of issues including interventions for improving diet and reducing sedentary behavior among under-fives in kindergartens, and guidelines on obesity treatment for adolescents and guidance for professionals on weight gain during pregnancy. We undertake policy analysis and advise WHO regional offices on child obesity prevention strategies.

3. What are the barriers for your sector/entity to contribute to ending childhood obesity?

The main restriction for any NGO is lack of financial resources. This is most acute in the case of policy advocacy, where funding from sources that could create a potential conflict of interest can damage the integrity of the message and the reputation of the organisation.

4. How would your sector/entity measure 'success'?

Our own success is measured in terms of successful advocacy leading to policy change and policy implementation. We believe that, while it may be difficult to measure success in terms of final outcomes – a reduction in child obesity prevalence – it is reasonable to measure success in terms of the adoption and implementation of population-wide policies. We also take into account the impact of policies on health inequalities.

5. What is an appropriate accountability mechanism for ensuring success?

We believe that it is important for accountability mechanisms to identify the causes of obesity (diets, sedentary behaviour), the causes of the causes (the environments that promote obesogenic behaviour) as well as the main economic operators and policy-makers who shape these environments. Holding economic operators and policy-makers to account requires comprehensive monitoring (see below), leadership and effective advocacy.

Additional comments

Beyond evidence: We add the general point that the policy-making process involves evaluation of the evidence and, in addition, advocacy and lobbying by interested parties, supplemented by media pressure and political party ideology. Evidence is itself a contentious area and can be selective and selectively interpreted. Lobbying by interested parties is dominated by commercial operators.

Understanding costs: Obesity and NCDs can be an economic burden on society, but these costs are not born by the industries whose products cause an increase in risk. Furthermore, several industries have an interest in maintaining and increasing obesity levels, including pharmaceutical and weight-loss industries, and food and beverage (and advertising industries). For example, the value of the *extra* food sales incurred by the rising levels of overweight among children in the USA alone is estimated at \$20bn annually.¹

Monitoring upstream: As we believe that policy implementation is a key to progress, we consider that the WHO's NCD Monitoring Framework would benefit from the monitoring of additional 'upstream' indicators. We support a network of researchers and NGOs to advance the monitoring of food environments – the INFORMAS network (International Network for Food and Obesity/NCD Research, Monitoring and Action Support).²

World Obesity support: Finally, we would like to emphasise types of support our organisation can offer to the World Health Organisation, its member states and this Commission:

- Evidence on inequalities in obesity across social groups, and methods for assessing whether interventions may reduce or increase health inequalities.
- Analyses of cost-effectiveness of obesity interventions in children.
- Reviews of the role of Public Health Acts in strengthening ministry competence for action to regulate on NCD prevention.
- Protocols for monitoring food environments.
- Protocols for monitoring food and obesity policies at governmental level.
- Protocols for monitoring industry policy statements and policy implementation

Further comments made during the Hearings in open session and in side meetings

Food industry part of the solution? We expressed the view that it was naïve to suggest that the food corporations 'were part of the solution' and we stated that we felt a distinction was needed between the companies whose primary outputs were foods and beverages which were undermining of good diets and those whose primary outputs were foods and beverages which contributed to a healthy balanced diet.

Food industry consultations: We expressed the view that the WHO tended to hold 'stakeholder' consultations with those sections of the food and beverage industry whose products were most likely to undermine good dietary health, and did not sufficiently hear the views of food producers, including primary producers, of products which contributed to good dietary health.

Food industry governance: We have joined with other civil society organisations to promote the drafting of a Convention³ to protect and promote healthy diets, which will strengthen the oversight of food and beverage companies and can help member states, especially smaller nations, to maintain a robust defence of public health for their citizens.

Food industry Pledges: We expressed the view that voluntary, non-binding measures offered by the food and beverage industry are insufficient to tackle the problem. Non-binding pledges to restrict their marketing to children have been shown to have little impact on children's levels of exposure to this marketing.⁴ The criteria for the pledges are insufficiently restrictive to have a tangible effect and in some cases the pledges are not implemented.

Approaches to obesity prevention: We support the 'life course' approach to interventions, and we recognise the importance of the developmental origins of NCDs. In our view this indicates the need to ensure that women of reproductive age are optimally nourished, which also applies to fathers-to-be, and that good pre-reproductive nutritional status is needed at an early stage, i.e. to all youth from infancy through to teen years.

Tim Lobstein

Director of Policy, World Obesity Federation

Disclaimer: The opinions expressed here are those of the named officer and are not necessarily held by the members or trustees of the World Obesity Federation.

Notes

1. Lobstein T, Jackson-Leach R, Moodie MJ, et al. Child and adolescent obesity: part of a bigger picture. *Lancet Obesity Series II. Lancet* 2015 (in press).
2. For more details on the INFORMAS project, see <https://www.fmhs.auckland.ac.nz/en/soph/global-health/projects/informas.html>
3. *Recommendations towards a Global Convention to Protect and Promote Health Diets*. See http://www.worldobesity.org/site_media/uploads/Convention_on_Healthy_Diets_FINAL.pdf
4. Galbraith-Emami S, Lobstein T. The impact of initiatives to limit the advertising of food and beverage products to children: a systematic review. *Obes Rev.* 2013;**14**:960-974.