

**Governmental approaches to Obesity:
what do they want?**



Philip James

Issues to be considered

- ◆ The changing global scene,
- ◆ Awareness raised in many countries,
- ◆ What are countries doing?
- ◆ What are they asking for from IOTF?
- ◆ What is IOTF taking to the Global Strategy?

International Obesity TaskForce

Part of the International Association for the Study of Obesity

Actions (1)

- 1996** – Experts form global “virtual think tank” to put obesity on the world health agenda
- 1996/7** – IOTF working groups involving 200 scientists prepare evidence- based dossier
- 1997** – WHO obesity expert consultation
- 1997** – IOTF childhood obesity consensus meeting Dublin
- 1998** – IOTF working groups established
- 1998** – Ministerial initiative launched as WHO interim report published at WHA
- 1998** – Commonwealth health ministers summit in Barbados

Actions (2)

- 1999** – Milan Declaration – European Task Forces
- 1999** – Obesity and metabolic syndrome in Asians – IOTF workshop
- 1999** – IOTF sets up new headquarters – Gower Street, London
- 1999** – Launch of new policy initiatives for Latin America – Latin American Obesity Task Force
- 2000** – IOTF regional bureau for Asia/Pacific based in Sydney
- 2000** – Redefining obesity in Asia-Pacific – tentative assessment
- 2000** – Commission on the Nutrition Challenges of the 21st Century Report

Actions (3)

- 2000** – WHO TRS 897 Obesity: Preventing and Managing the Global Epidemic
- 2000** – IOTF childhood group launches new overweight and obesity definitions
- 2000** – EU initiative on EURODIET
- 2000** – IOTF brokers Rio de Janeiro declaration for Latin America
- 2000** – IOTF/WHO/Commonwealth Pacific health policy workshop - Samoa
- 2000** – IOTF/WHO/Commonwealth Caribbean health policy workshop - Barbados

Actions (4)

- 2001** – WHO commission on the global burden of disease
- 2001** – WHO Europe – Food Nutrition Action Programme support
- 2001** – IOTF Report to Commonwealth Health Ministers Triennial on non-communicable diseases
- 2001** – IOTF Report on physical activity – recommendations to action
- 2002** – WHO diet, nutrition and chronic diseases expert consultation
- 2002** – WHO marketing to young people

Actions (5)

- 2002** – Updated report to Commonwealth Health Ministers
- 2002** – Joint briefing to health ministers on diabetes and childhood obesity
- 2002** – WHO expert consultation on Asian anthropometry – IOTF report
- 2002** – World Health Report Europe
- 2002** – Obesity in Europe – IOTF joint report with European Task Forces for the EU Copenhagen “obesity summit”
- 2002** – IOTF childhood obesity global workshop - Sao Paulo

Actions (6)

- 2002** – IOTF round table with WHO Pacific Region health ministers in Kyoto
- 2002** – IOTF workshop at the 3rd World Congress on Prevention of Diabetes
- 2002** – World Health Report 2002 – Obesity in top 10 global health risks
- 2002** – Arab Task Force for Obesity and Physical Activity
- 2003** – WHO TRS 916 – Diet, Nutrition and Prevention of Chronic Diseases

Actions (7)

- 2003** – Launch of IOTF European medical training programme
- 2003** – Briefings at “affidavit” session of lawyers at US Public Health Advocacy Institute conference on obesity and legal action
- 2003** – Obesity in Europe 2 – IOTF report for the EU “healthy lifestyles” ministerial meeting in Milan



Sequence of IOTF-Governmental Interactions (1)

1. 1997 June: WHO Report
2. 1997 October: UK policy for children
3. 1998 WHO Health Assembly: interim report
4. 1998 Commonwealth 50 Ministers of Health Conference in Barbados
5. 1999 onwards: Australasian Ministries
6. 2001 Commonwealth Ministers of Health: Christchurch.

Sequence of IOTF-Governmental Interactions (2)

7. 2002 Sept. 15 + EU Ministers: held in Copenhagen
8. 2002 Nov WHO W. Pacific 30+ Ministers of Health 2003 Oct?
9. 2002 Dec. Saudi Arabian Min.Health
10. 2003 May 50 Commonwealth Ministers of Health: Geneva
11. 2003 Nov. EU 25+ Ministers: Milan

The response in the USA

- ◆ Consumer reaction growing
- ◆ Vocal children’s campaign groups mobilised
- ◆ School boards adopting anti-junk regulations recognising "parental" responsibility
- ◆ Federal government sticking to the “activity” solution
- ◆ A prospect emerged of long running law suits with potential to create class action based penalties: immediate Congress response
- ◆ Prospects of Federal or State action negligible because of corrupted political process

Mounting concern in Europe

- ◆ Concern to address marketing to children, stricter labelling, and advertising increasing
- ◆ EU Community Action Programme on Public Health Nutrition and Physical Activity (NPA) network: likely impact nil
- ◆ EU governments facing pressure for stronger action as national governments prepare WHO-linked nutrition strategies; Finland, Denmark, Sweden & UK involved: radical measures unlikely

The response elsewhere

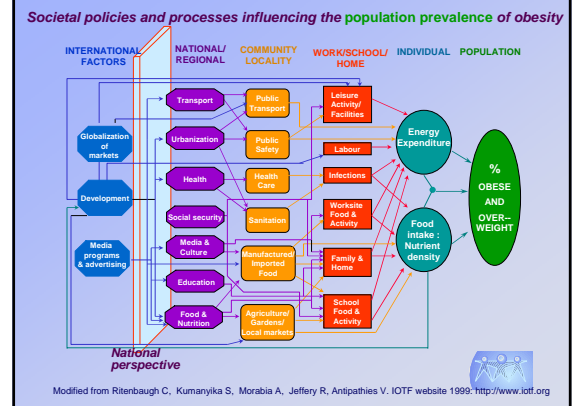
- ◆ Australasia – Pressure to tackle children’s advertising; multiple reports!
- ◆ Singapore – 10 years of high profile exercise campaigns in schools but obesity still a major problem
- ◆ Latin America – Mercosur countries consider stringent labelling proposals
- ◆ Brazil – Consumer lawyers bring action against Coca Cola and Pepsi subsidiary to stop marketing to children after consumption trebled in 10 years

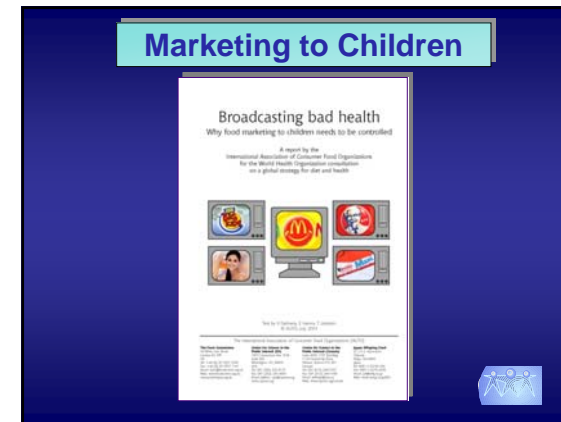
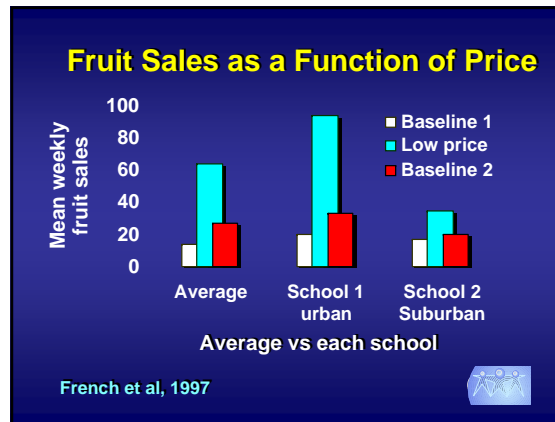
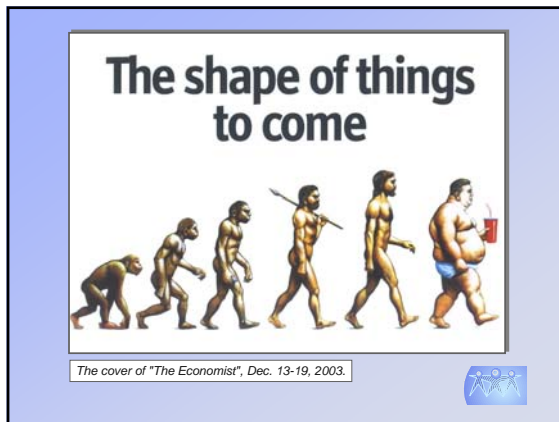
Food Industry consultation

- ◆ The food industry has had unprecedented access in the WHO dialogue to develop the global strategy for diet, activity and preventing chronic diseases but WHO keeps on track; governments much more corruptible; scientists & medics naive.
- ◆ Industry response combines tobacco strategy of confrontation, intense and pervasive lobbying & backdoor dealing with rapid voluntary measures of modest potential; desperate to avoid regulation; "new solutions being look for"; "we are part of the solution"; getting key obesity figures on board.
- ◆ Distinguish between supply, commodity groups, broad & narrow product portfolios & retail sector

Are things changing?

- ◆ GMA Calls for Moderate Consumption Based on Activity Levels
- ◆ Kraft announces global initiatives to help address rise in obesity through its new Worldwide Health and Wellness Advisory Council
- ◆ McDonald’s names Global Advisory Council on Healthy Lifestyles
- ◆ PepsiCo teams up with Ken Cooper
- ◆ Heinz re-brands 70 canned products in health campaign
- ◆ Coca Cola announces new no targeting policy for children under 12



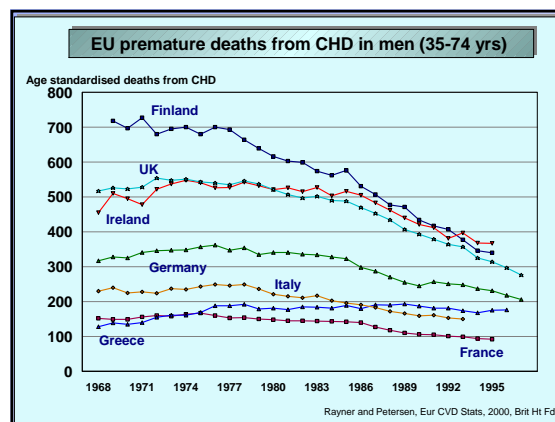


Manipulating children's behaviour

Food promotion

- ▶ Can confuse nutritional knowledge, e.g. whether fruit is in product.
- ▶ Changes food preferences
- ▶ Changes purchasing behaviour
- ▶ Influences choice and consumption by Brand
- ▶ Alters balance of categories of food eaten.

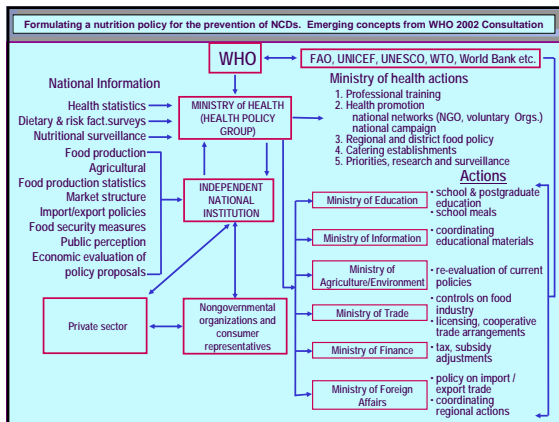
UK Food Standards Agency, 25th September, 2003.



Weighing up potential gains and risks: a portfolio planning approach

		Increasing returns / health gains		
Increasing uncertainty or risk	Very high gain - low uncertainty <i>Not found</i>	High gain - moderate uncertainty <i>1. Very promising</i>	High gain - high uncertainty <i>3. Promising</i>	
	Moderate gains - low uncertainty <i>Not found</i>	Moderate gain - moderate uncertainty <i>2. Promising</i>	moderate gains - high uncertainty <i>4. Some promise</i>	
	Low gain - low uncertainty <i>Treatment options</i>	Low gain - moderate uncertainty <i>Inappropriate</i>	Low gain - high uncertainty <i>Inappropriate</i>	

Adapted from: Hawe and Sheil 1995 by Tim Gill 2004.NSW Report



Governmental responsibilities for food

1. Advertising
2. Food labelling
3. Fiscal policies
4. Research policies
5. Food standards for pre-school nurseries/schools
6. Public sector catering
7. Health policy development
8. New role for Public Health Sector
9. Health education

The Basis for Action: the Wanless Report

1. Sound Principles
2. Good practices
3. Framework for assessing priorities is vital: helps identify most appropriate economic instrument
4. Annual communication of the nation's health at a national and local level is essential

The Wanless Report: Setting the scene on Public Health needs in the UK

1. "Smoking and obesity are the biggest risks to health"
2. "Initiatives in smoking have not included assessment of needed staff and systems or the evaluation of the adequacy of the actions used - no relationship between investment in public health initiatives and the burden of disease"

The Second Wanless Report. February 2004



Problems with developing a Public Health Strategy in the UK

1. "Very poor information - a major disappointment"
2. "Lack of conclusive evidence for action should not preclude action proportionate to the risk"
3. "Evidence based principles for action still needed"
4. "Little evidence on cost-effectiveness of specific interventions or their practical implementation"
5. "Lack of depth and expertise in the core disciplines"

The Second Wanless Report. Feb. 2004



Framework For Solutions: the Wanless Report

Recognise failures: not just individuals - need action by:

1. Health and care services: wide ranging action needed
2. Government - national and local
3. Media
4. Businesses
5. Society at large
6. Families
7. Voluntary sector
8. Community

Framework For Solutions: the Wanless Report

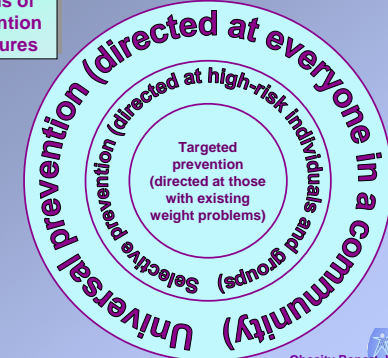
- "Individuals ultimately responsible"
- "People need more active support.... because there are widespread systematic failures that influence the decisions that individuals make"
- Lack of full information.
- Difficulty of considering the wider social implications of particular behaviours
- Engrained social attitudes opposing appropriate changes.
- Addictions e.g. smoking
- Inequalities - related to socio-economic + ethnic issues

The Second Wanless Treasury Report on Public Health, February 2004

Summary:

- Public Health issues in the UK have been repeatedly evaluated with common determinants identified
- "Rigorous implementation of identified solutions has often been sadly lacking"
- Limited assessment of the long-term impact on population health and inequalities of key policies e.g.:
 - Agriculture
 - The built environment } now amplify the difficulties
- Previous success: major impact on infectious diseases, e.g. immunisation, but also initial HIV campaign, safety belts in cars.
- Growing public concern about obesity, children's diets, smoking in public places.
- Vital that Public Health issues are properly addressed

Levels of prevention measures



Issues to be considered

- ◆ The changing global scene,
- ◆ Awareness raised in many countries,
- ◆ What are countries doing?
- ◆ What are they asking for from IOTF?
- ◆ What is IOTF taking to the Global Strategy?

The Future for IOTF

- ◆ This process fundamental to producing a global based portfolio of options by December 2004.
- ◆ WHO Health Assembly collaboration and declarations
- ◆ National/regional plans with options and explicit arguments to be developed in 2005
- ◆ New alliances based on novel medical NGO groups with regional/ national emphasis: specific countries targeted