Development of a Regional Framework of Action in obesity Prevention in the Eastern Mediterranean Region

Ayoub Al Jawaldeh; Regional Adviser, WHO-EMRO
2011 UN Political Declaration on NCDs (UNPD) = Member States acknowledgement and commitment to the overarching NCD agenda

- 12 of 17 SDGs are related to Nutrition, in particular SDG 2 and 3

- Decade of Action on Nutrition, 2016-2025, is a commitment to undertake 10 years of sustained and coherent implementation of policies, programmes and increased investments to eliminate malnutrition in all its forms
2.5 million annual NCD deaths

- Communicable, maternal, perinatal and nutritional conditions, 25%
- Injuries, 12%
- Cardiovascular diseases, 32%
- Respiratory diseases, 4%
- Diabetes, 3%
- Cancers, 10%
- Other NCDs, 13%

Source: WHO, Global Health Observatory Data Repository 2015

Ayoub Al Jawaldeh; Regional Adviser, WHO-EMRO
Age Standardized Rates (%) of Overweight and Obesity in the EMR

Ayoub Al Jawaldeh; Regional Adviser, WHO-EMRO
EMR Obesity and Diabetes trends

Prevalence of raised blood glucose/diabetes, age standardized (adults 18+)
Diabetes: 2010
Prevalence of obesity (BMI ≥ 30), age standardized (adults 18+) Obesity: 2010
Prevalence of raised blood glucose/diabetes, age standardized (adults 18+)
Diabetes: 2014
Prevalence of obesity (BMI ≥ 30), age standardized (adults 18+) Obesity: 2014

Member states

WHO Global Status report on NCD, 2014
Saturated Fat Intake in countries of the EMR based on a Bayesian model

Ayoub Al Jawaldeh; Regional Adviser, WHO-EMRO

Palm oil remains the lowest-priced oil

**World prices for individual vegetable oils**

*(nominal)*

![Graph showing world prices for individual vegetable oils from 1998/99 to 2017/18. Soybean Oil is shown in purple, Rapeseed Oil in blue, Sunflower Oil in red, Palm Kernel Oil in green, Groundnut oil in yellow, and Palm oil in pink. The graph indicates that palm oil remains the lowest-priced oil throughout the period.*

*Source: FAPRI*
Trans Fat Intake in countries of the EMR based on a Bayesian Model

Sugar Intake (gm/capita/day) in EMRO

Recommended WHO: <35 gm/day for Men

Recommended WHO: <25 gm/day for Women
URGENT ACTION IS NEEDED. In 2010 the World Health Assembly agreed a set of recommendations which set out how governments can protect children from unhealthy food and drink marketing. It has been shown that legislative or regulatory measures will be more effective than voluntary commitment to restrict marketing to children.

GOVERNMENTS MUST SET THE STANDARDS
- Governments need to define which foods are unhealthy, what constitutes marketing to children, and the age group that needs to be protected.

PRODUCTS THAT ARE HIGH IN SALT, FAT AND SUGAR SHOULD NOT BE MARKETED IN CHILDREN’S ENVIRONMENTS
The WHO has outlined a series of effective policy recommendations to help restrict the marketing of these products to children in the Middle East.

ADVERTISING INDOORS AND OUTDOORS:
ban the practice of special meals, games and gifts being offered to children on posters, billboards and screen adverts.

SPONSORSHIP:
ban the display of unhealthy food and beverage at youth event programmes and during sport events.

INTERNET:
bann targeted digital marketing and advertising of unhealthy food and beverage on sites children regularly view.

SCHOOLS AND SPORT SETTINGS:
bann any form of marketing of unhealthy food and beverage within and around schools and sporting settings. This particularly applies to vending machines, billboards and posters.

TELEVISION ADVERTISING:
bann the practice of advertising unhealthy food and beverage on children’s channels and on programmes aired when children are likely to be watching television.

In the Middle East region, 62% of food and drink marketing is for unhealthy food such as confectionary and fast food, 34% is dedicated to drinks which are often high in sugar.

Only 4% of the marketing is for healthy food.

It has contributed to the region suffering from very high levels of overweight and obesity amongst children. In 2012 8.1% of children under 5 were obese or overweight – above the global average of 6.7%.
Sales of Coca-Cola products

Source: Coca-Cola annual reports
## Sugar subsidies policy in EMR countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Sugar Subsidies Law</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>NO</td>
<td></td>
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<tr>
<td>Bahrain</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Djibouti</td>
<td>Yes-2008</td>
<td>Sdarlevich et al., 2014</td>
</tr>
<tr>
<td>Egypt</td>
<td>Yes</td>
<td>Sdarlevich et al., 2014</td>
</tr>
<tr>
<td>Iraq</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Jordan</td>
<td>Yes-1990</td>
<td>Sdarlevich et al., 2014</td>
</tr>
<tr>
<td>Kuwait</td>
<td>Yes</td>
<td><a href="http://www.albawaba.com/business/food-subsidies-kuwait-423320">http://www.albawaba.com/business/food-subsidies-kuwait-423320</a></td>
</tr>
<tr>
<td>Lebanon</td>
<td>Yes</td>
<td>Ministry of Finance Thematic Reports, 2012</td>
</tr>
<tr>
<td>Libya</td>
<td>Yes</td>
<td>Subsidies in Libya, 2013</td>
</tr>
<tr>
<td>Morocco</td>
<td>Yes-1999</td>
<td>Sdarlevich et al., 2014</td>
</tr>
<tr>
<td>Oman</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Pakistan</td>
<td>Yes</td>
<td>EPD Circular Letter No. 05 of 2015,</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.sbp.org.pk/epd/2015/FECL5.htm">http://www.sbp.org.pk/epd/2015/FECL5.htm</a></td>
</tr>
<tr>
<td>Palestine</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Qatar</td>
<td>Yes</td>
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<tr>
<td>Saudi Arabia</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Somalia</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Sudan</td>
<td>Yes-2012</td>
<td>Sdarlevich et al., 2014</td>
</tr>
<tr>
<td>Syria</td>
<td>Yes</td>
<td>Food Subsidies Research</td>
</tr>
<tr>
<td>Tunisia</td>
<td>Yes</td>
<td>Iqbal, 2006</td>
</tr>
<tr>
<td>Yemen</td>
<td>Yes</td>
<td>Republic of Yemen: Selected Issues, 2001</td>
</tr>
</tbody>
</table>

**Almost all countries**

Ayoub Al Jawaldeh; Regional Adviser, WHO-EMRO
Proposed policy priorities for preventing obesity and diabetes in the Eastern Mediterranean Region

Ayoub Al Jawaldeh; Regional Adviser, WHO-EMRO
## Regional framework to scale up action on obesity in the Eastern Mediterranean Region

### Commitments

<table>
<thead>
<tr>
<th>Governance</th>
<th>Each country is expected to:</th>
<th>Progress indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal measures</td>
<td>• Carefully use taxes and subsidies to promote healthier diets</td>
<td>• Country has introduced taxes and/or subsidies to promote healthier diets</td>
</tr>
<tr>
<td>Public procurement</td>
<td>• Ensure procurement and provision of healthy food in public institutions (e.g. schools, hospitals, military, prison and other government institutions)</td>
<td>• Public procurement of healthy food based on evidence-based dietary guidelines</td>
</tr>
<tr>
<td>Food supply and trade</td>
<td>• Use food standards, legal instruments and other approaches to improve the national and/or local food supply</td>
<td>• Food standards for healthy diet regulated on national level</td>
</tr>
<tr>
<td>Labelling</td>
<td>• Implement or revise standards for nutrition labelling to include front-of-pack labelling for all pre-packaged foods</td>
<td>• Front-of-pack labelling scheme implemented</td>
</tr>
<tr>
<td>Marketing</td>
<td>• Implement appropriate restrictions on marketing (including price promotions) of foods high in fat, sugar and salt</td>
<td>• Restrictions on marketing of unhealthy food implemented</td>
</tr>
</tbody>
</table>

### Prevention

<table>
<thead>
<tr>
<th>Physical activity interventions</th>
<th>Strategic intervention</th>
<th>Progress indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass media campaign</td>
<td>• Conduct mass media campaigns on healthy diet and physical activity</td>
<td>• At least one recent national public awareness campaign on diet and physical activity has been conducted</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>• Implement a package of policies and interventions to promote, protect and support breastfeeding</td>
<td>• Marketing of breastmilk substitutes restrictions</td>
</tr>
<tr>
<td>Reformulation</td>
<td>• Progressive reformulation of sugar sweetened beverages and HFSS foods</td>
<td>• Sugar policies, salt/sodium policies and fats policies implemented</td>
</tr>
</tbody>
</table>

### Obesity management and treatment

<table>
<thead>
<tr>
<th>Health sector interventions</th>
<th>Strategic intervention</th>
<th>Progress indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health sector interventions</td>
<td>• Harness the health sector to enable change and to provide leadership on governance and accountability</td>
<td>• Country has a multisectoral plan and approach to obesity governance, prevention and management</td>
</tr>
<tr>
<td></td>
<td>• Implement evidence-based, community-based interventions, addressing both healthy eating and physical activity, targeting high-risk groups, to promote and facilitate behaviour change and prevent obesity and diabetes</td>
<td>• Evidence-based dietary counselling and interventions to facilitate behaviour change and prevent obesity are present in Primary health care setting</td>
</tr>
<tr>
<td></td>
<td>• Ensure provision of dietary counselling on nutrition, physical activity and healthy weight gain before and during pregnancy for prospective mothers and fathers</td>
<td>• Country has national guidelines/protocols/standards on obesity screening and management</td>
</tr>
<tr>
<td></td>
<td>• Integrate screening for overweight and other diabetes risk factors in primary health care</td>
<td></td>
</tr>
</tbody>
</table>
Proposed policy priorities for preventing obesity and diabetes in the Eastern Mediterranean Region

• Fiscal measures—Use judicious taxes and subsidies to promote healthier diets

• Public procurement—Implement policies for the procurement and provision of healthy food in public institutions

• Physical activity interventions—Implement policies, legislation and interventions to promote and facilitate health-enhancing physical activity

• Food supply and trade—Use food standards, legal instruments and other approaches to improve the national and/or local food supply in this Region of net food-importing countries

• Reformulation—Implement a government-led programme of progressive reformulation, adapted to the national context, to eliminate trans fats and reduce progressively total and saturated fat, salt, sugars, energy and portion size
• Marketing—Implement appropriate restrictions on marketing (including price promotions) of foods high in fat, sugar and salt

• Labelling—Implement or revise standards for nutrition labelling to include front-of-pack labelling for all pre-packaged foods

• Breastfeeding—Implement a package of policies and interventions to promote, protect and support breastfeeding

• Mass media campaigns—Conduct mass media campaigns on healthy diet and physical activity

• Health sector interventions—Harness the health sector to enable change and to provide leadership on governance and accountability
Policy coherence

Food System Elements

Food Production
Distribution & Aggregation
Food Processing
Marketing
Markets & Purchasing
Preparation & Consumption
Resource & Waste Recovery

Adapted by Christy Shi, Center for Environmental Farming Systems.
From: Wilkins, J. and Eames-Shealy, M. Discovering the Food System: An experiential learning program for young and inquiring minds. Cornell University, Departments of Nutritional Science and Horticulture. http://www.discoverfooodsys.cornell.edu/

Ayoub Al Jawaldeh; Regional Adviser, WHO-EMRO
Front-of-the-pack Labelling

- provide convenient, relevant, and readily understood nutrition information and/or guidance on food packages to assist all consumers to make informed food purchases and healthier eating choices.

- stimulate favourable compositional changes to food products available in retail outlets.

Ayoub Al Jawaldeh; Regional Adviser, WHO-EMRO
Success stories

- GCC: Sin Tax on soft drinks (50%) and energy drinks (100%)- KSA, UAE and Oman
- Iran: removed subsidy on sugar and Palm oil, plus Sin Tax on soft drinks and sweetened beverages (20%).
- Jordan: ban using plant fat and oil in dairy processing.
- Iraq: remove palm oil from the food subsidy basket.
- Morocco: Sin Tax on soft drinks (50%)
DIET AND NUTRITION: LEGAL INTERVENTIONS TO ELIMINATE ARTIFICIAL TRANS FAT FROM THE FOOD SUPPLY

From policy to legislative action

Key components of the legislation

<table>
<thead>
<tr>
<th>Empower regulatory authority</th>
<th>Empower an existing or create a new government agency or mechanism to implement, monitor, and report on the law's implementation and results.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set elimination requirements</td>
<td>Set the maximum level of TFA at 2% of total fat content of oils and fats destined for human consumption. Maximum levels should apply to imported and domestic products.</td>
</tr>
<tr>
<td>Set timeframe for compliance</td>
<td>Set timeframe for compliance. Appropriate timeframes will depend on the local context. Longer timeframes (e.g., 2 years) may be appropriate for small-medium sized manufacturers and specific food categories. For example, bakeries may need longer to comply than fast food manufacturers because product reformulation for bakery products is more difficult and bakeries are typically smaller than national or multinational fast food chains.</td>
</tr>
<tr>
<td>Enact monitoring and enforcement mechanisms</td>
<td>Require product testing to ensure compliance among manufacturers. Include enforcement mechanisms and penalties sufficient to deter breaches.</td>
</tr>
</tbody>
</table>

1. Public health priority:
WHO/EMRO recommends legislative action to eliminate artificial trans-fatty acids (TFA) from the food supply in EMR Member States. NCDs account for over 2.2 million deaths, or over 57% of mortality, in the EMR annually. Consumption of TFA is associated with an increased risk of cardiovascular disease (CVD), which causes almost half of NCD related deaths in the region. There is evidence of high intake of artificial TFA in many EMR Member States, particularly in Egypt, Pakistan and Bahrain. Between 1990 and 2010, intake of artificial TFA in the Middle East and North Africa increased by 7%, the largest increase of all regions. In Pakistan, for example, artificial TFA rose from 0.9 to 2.2% of energy intake.1,2 Key sources of artificial TFA in the region include inexpensive partially hydrogenated cooking fats. 4

2. Recommended legislative action(s)
Based on analysis of good practice legal interventions to reduce population intake of artificial TFA, WHO/EMRO recommends legislatively mandated elimination of artificial TFA in the food supply. There are many good practice examples from countries with varying income levels, including:

Country: Denmark
Legal Intervention: In 2003 Denmark enacted a virtual ban on TFA. The law sets a maximum level of 2% for TFA in oils and fats destined for human consumption (i.e. 2g per 100g oil/fat). It applies only to industrially processed TFA, not naturally occurring trans-fatty acids such as those found in milk.
Results: A 2002-2005 survey on the TFA content in foods sold in Denmark found that 26% of products analyzed contained more than 2 g/100g of oil/fat. By 2012, only 6% of products contained TFA in excess of the limits. According to the Ministry of Food, Agriculture and Fisheries of Denmark, average intake of TFA has dropped to about a tenth of the level prior to the regulation in most age groups of the Danish population.6 Evidence also indicates the virtual elimination of TFA from Denmark's food supply has led to a reduction in CVD mortality of 22 deaths per 100,000 people per year.4 Producers have developed new methods of product formulation without increasing prices or reducing product variability.7

Country: Mexico
Legal Intervention: In December 2010, Argentina modified its Food Code to include a virtual ban on TFA. The law sets a maximum level of 2% for TFA in margarine and vegetable oils for diet control and 5% in other foods. The limits do not apply to naturally occurring TFA.
Results: A survey conducted in 2014 by the Food Control Authorities across Argentina showed broad compliance with the new law. Food composition analysis showed that all major brands of margarine and oils were in compliance, as well as 92% of empanadas and cakes, and 78% of cookies.8
Implementing the WHO recommendations on marketing of unhealthy food and non-alcoholic beverages to children in the EMR

- Presents the extent to which unhealthy food is marketed to children in the region
- Actions taken in to region to implement WHO recommendations on marketing of unhealthy food to children
- Achievements and gaps
- Importance of multisectoral approach and cross-border collaboration
- Designing effective regulation on food marketing to children and involving relevant non-health sectors
THANK YOU!