Reversing the obesity trend

Professor Boyd Swinburn and Dr Gary Sacks of the World Health Organization Collaborating Centre for Obesity Prevention show how obesity impedes economic development, and outline a framework for government preventive action.

Obesity rates are steadily increasing in almost all countries, including many countries in which more than one in four children are overweight or obese. The obesity epidemic increases the heavy burden of non-communicable diseases (NCDs), such as diabetes, cardiovascular diseases, and cancers.

In high-income countries, obesity became more common in the 1970s and 1980s when an already sedentary population started eating more owing to the increased supply of cheap, tasty, high-calorie food, improved food distribution, and increasingly pervasive and persuasive food marketing. Changes in transport and urbanisation have also contributed to the rise in obesity rates. Obesity is now sweeping through low-income and middle-income countries. This is impeding their development and leaving many countries with a double burden of overnutrition in some people and undernutrition in others.

The large-scale population changes in obesity across the globe are a sign of an environment that increasingly nudges everyone towards high-calorie foods and beverages, larger serving sizes, less physical activity and more sedentary behaviours. While support for individuals is important, the priority for governments is to implement policies to reverse the nature of these situations so that the healthy choices become the easy choices.

What can governments do?

Unlike other major causes of preventable death and disability, such as tobacco use, injuries and infectious diseases, there are no examples of populations in which the obesity epidemic has been reversed by public health measures. Nevertheless, there is a growing body of promising government policies and actions that can be used to tackle obesity. Furthermore, the successful reversal of the other above-mentioned epidemics provides a tried and true framework of public health principles to apply to the more complex problem of obesity.

The large-scale population increases in obesity levels across the globe are overweight or obese, which places a large current burden on the healthcare system.
However, the focus in this article is on the prevention of unhealthy weight gain. This necessitates a population-based, lifestyle approach with an emphasis on children and adolescents. Actions to prevent obesity need to be taken in multiple settings and sectors, at all levels of government, incorporating a variety of approaches, and involving a wide range of stakeholders.

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Moreover, obesity prevention efforts need to be tightly integrated with other efforts to control the major NCD risk factors, such as tobacco use and alcohol consumption. Actions for a comprehensive population-based approach to obesity prevention can be divided into three broad components: infrastructure actions, direct policy actions, and community-based actions.

Infrastructure actions

The basic infrastructure, or ‘building blocks’, for prevention is essential for sustained preventative action. These building blocks are often neglected because they are less visible and immediate than health promotion programmes, events and social marketing campaigns. Prevention infrastructure includes:

- **Leadership** – ministerial-level commitment to obesity and NCD prevention;
- **Intelligence** – obesity monitoring systems (e.g., population-wide dietary surveys and weight measurements) and policy evaluations;
- **Finances** – sufficient recurrent funding for health promotion (including the potential establishment of health promotion foundations, such as VicHealth in Australia);
- **Tools** – the application of technologies, such as nutrient profiling and cost-effectiveness assessments, to policies;
- **Networks** – including partnerships (e.g., across various sectors of government and with non-government organisations) for co-ordinated preventive action;
- **Overarching ‘health in all’ policies** – that actively consider potential health impacts of all new policy proposals across government, including health impact assessments;
- **Workforce development** – including the development of obesity and NCD prevention skills within, and outside, government.

These building blocks must underpin the more direct policy actions, which help create an environment of healthier choices, and community actions that encourage people to make those healthier choices.

**Direct policy actions**

The second component is direct government policy actions which help to create supportive environments for healthy eating and physical activity. These actions define the parameters within which markets operate, so that the food and built environments are more conducive to health.

Proposed obesity prevention regulations cannot actually dictate to people about specific eating and physical activity behaviours. Rather, they only seek to influence some of the environments within which these behaviours occur. Most of the determinants of obesity lie outside the health system and, therefore, most obesity prevention policy solutions focus on non-health sectors. Health can be a primary driver for policy change (e.g. the removal of taxes on fruit and vegetables), or it can be a secondary driver (e.g. investments to improve public transport systems and reduce traffic congestion).

There is strong evidence of cost-effectiveness and growing consensus supporting the implementation of a handful of key NCD prevention policies relating to food systems and urban design. The food policies contribute to healthier, more sustainable and more equitable food systems, and the transport and urban development policies contribute to healthier, more liveable, less congested cities. Priority policy actions include:

- **Marketing to children** – restrictions on the marketing of unhealthy foods and beverages to children and adolescents;
- **Labelling** – including nutrition information panels, front-of-pack ‘traffic light’ labels, controls on food claims, and energy content labelling on fast food menus;
- **Public sector healthy food service policies** – government departments and publicly-funded settings, such as schools and hospitals, leading by example by serving and providing healthy food choices;
- **Food fiscal measures** – aligning taxes and subsidies to make healthy food choices more affordable, and unhealthy choices less affordable;
* Active transport – fiscal, regulatory, and infrastructure investment policies which promote walking, cycling and public transport over car transport;
* Urban development – fiscal, regulatory and other policies which increase safe access to destinations and recreation amenities.

Community-based actions

The third component of a comprehensive obesity prevention strategy is action at the community level (for example, childcare, schools, primary healthcare, religious settings, and sporting centres). The specific actions are determined in conjunction with local stakeholder groups, tailored to the local environment, and implemented locally. The types of actions typically include local food service policies, education and curriculum strategies, and health promotion programmes and messages. There is good evidence from long-term demonstration projects that these approaches can significantly reduce unhealthy weight gain among pre-schoolers, primary school children and adolescents, although ethnic groups at high risk of obesity will need culturally-tailored approaches to achieve success.

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Community-level action is greatly facilitated by having the above-mentioned infrastructure and direct policy actions in place, along with nationally co-ordinated social marketing programmes. While governments often see mass media campaigns as a way of achieving visibility, awareness and ‘quick wins’ for obesity prevention, more often than not these are expensive and ineffective, unless they are tied in with policies and local actions, and create behavioural changes in decision-makers as well as the population.

Next steps for governments

Most governments already have strategic plans drawn up for improving nutrition and physical activity, preventing obesity, and reducing NCDs. While many plans fall short by failing to include infrastructure and direct policy actions (as outlined above), the biggest problem to date is not the lack of plans but the lack of their implementation. Part of this is budgetary, with very few governments willing to invest more than 1 per cent of their health budget on the primary prevention of NCDs. However, another enormous contributor to government inaction, especially with respect to food policy interventions, is the heavy private sector investment in blocking the implementation of effective policies such as restrictions on unhealthy food marketing to children, nutrition labelling, and taxes on sugar-sweetened beverages. This has many parallels in the difficulties of creating action on climate change, resource depletion and global inequalities.

The big challenge for governments is to re-capture public policy for public and planetary benefits by defining prosperity much more broadly than the current, narrow focus on GDP growth. Instead, governments need to define prosperity to include health, social, environmental and economic outcomes, for current and future generations.

Contact Details

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The World Health Organization (WHO) Collaborating Centre for Obesity Prevention is based at Deakin University, Australia. The Centre is building a large base of high-quality research to inform the decisions which will lead to reversing the obesity epidemic. Since inception in 2003, the research team has conducted extensive studies on obesity prevention in children and adolescents. A large portfolio of activities has been established in research, training, knowledge translation, advocacy and expert advisory services for WHO and government agencies.

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