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WHO events addressing public health priorities

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[1]This summary is extracted from the report on the “Meeting on childhood obesity in the Eastern Mediterranean Region”, 24-25 May 2021.

Introduction

Overweight and obesity among children and young people is a major public health challenge in the WHO Eastern Mediterranean Region. To address this, a virtual meeting was held during 24–25 May 2021, with the objectives of: encouraging countries of the Region to scale up implementation of policy solutions and good practices to tackle childhood obesity; sharing experience in implementing policies, and action plans; updating Member States on latest WHO guidance and relevant initiatives; and identify country support needs and opportunities for country collaboration.

Almost half adults, over a quarter of adolescents and nearly 6% of children under five in the Region are affected by overweight or obesity. In addition, for people with COVID-19, the presence of overweight and obesity is associated with increased severity and duration of the disease. At the same time, the pandemic may lead to further increases in overweight and obesity as a result of increased exposure to unhealthy diet and physical inactivity. This deadly interplay leaves the Region’s populations at risk of further death and disability due to NCDs and

potentially vulnerable to future pandemics. Five years after the WHO Commission on Ending Childhood Obesity published a wide range of recommendations (1), decisive action to prevent the development of overweight and obesity, particularly among children, is now more urgent than ever. Many of the Commission's recommendations have since been adopted in the Region, in the Strategy on nutrition for the Eastern Mediterranean Region 2020–2030 (2), endorsed by the Regional Committee in October 2019, and the Regional framework for action on obesity prevention 2019–2023 (3).

Summary of discussions

Factors that influence body weight and promote the development of childhood overweight and obesity include a long-lasting positive energy balance (often as a result of increased consumption of energy dense foods), physical inactivity, sedentary behaviour and food marketing. It is clear that tackling childhood obesity requires a multisectoral approach. No single intervention alone will ever be enough to reduce prevalence of childhood overweight and obesity, and a comprehensive multicomponent approach is needed. Reliable surveillance data are essential to be able to monitor prevalence of childhood overweight and obesity and to track progress. Promotion of breastfeeding is a key element in the prevention of childhood obesity. Unhealthy food environments, including exposure to advertising and other forms of marketing for foods high in fats, sugars and/or salt, are contributing to unhealthy diets and the development of overweight and obesity in childhood and adolescence.

Investment in child and adolescent health has a triple dividend — for childhood, later life and the next generation. The Regional implementation framework on ending preventable newborn, child and adolescent deaths and improving health and development (4), adopted in 2019, proposes key actions in three areas: promoting equitable access to quality newborn, child and adolescent health services in the context of universal health coverage; protecting newborns, children and adolescents from the impact of health emergencies; and strengthening the integration of health programmes and multisectoral coordination and partnerships for the promotion of healthier newborns, children and adolescents. Important areas include scaling up early childhood development interventions, adolescent health and health promoting schools. The framework covers the entire period from birth to 19 years. In addition, a training package for caregivers (which includes several nutrition-related interventions) has been developed, as well as an operational guide for humanitarian settings. At the global level, the Global Accelerated Action for Health of Adolescents (AA-HA!), linked to the Global strategy for women's, children's and adolescent's health (2016–2030) (5), provides guidance to support country implementation.

In discussion, the importance of supporting the development of personal skills in children and adolescents was highlighted. This will enable young people to take better decisions, combat peer pressure, critically appraise marketing messages and make healthy choices. Research mapping of the daily trajectories of children in Tunisia has enabled identification of the food

environments to which children are exposed. This approach can be useful in designing programmes and providing evidence to advocate for policy action. It was suggested that it would be useful to share this experience and the methodology applied. The WHO Regional Office for the Eastern Mediterranean has recently published a number of papers outlining progress on nutrition action in the Region and is keen to disseminate case studies of policy implementation, and participants were asked to share their experiences and success stories. In addition, country profiles are being developed and participants were urged to share all relevant information, including survey data, national guidelines and regulations. It was noted that Kuwait is developing new regulations which can serve as a model for other countries to adapt and adopt. Attention was drawn to the existing monitoring protocols developed by the International Network for Food and Obesity/NCDs Research, Monitoring and Action Support (INFORMAS), in relation to food marketing and school environments. It was suggested that these could be reviewed and adopted for the Region. During the discussion, the country teams agreed on the importance of addressing the identified gaps and ensuring an updated SRH essential medicines list in line with WHO recommendations.

Recommendations

A number of areas where Member States require technical support were identified, including: restricting food marketing to children; surveillance of childhood overweight and obesity; school feeding programmes and school nutrition; nutrition education in schools; and nutrition in primary health care.

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