Implementing the WHO's Recommendations for "Ending Childhood Obesity": Challenges, Barriers and Enabling Factors to Success in the South East Asia Region

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What is the status of child obesity worldwide and in the South East Asia Region?

• There are 41 million of overweight or obese infants and young children (aged 0 to 5 years) in 2014 with 48% living in Asia.
• Rate of increase in overweight is highest in developing countries and in poorer socioeconomic groups in middle income and developed countries.

The 2016 Regional Report on Nutrition Security in ASEAN documented a high prevalence of overweight in young children (<5 years) in the region
A double burden of malnutrition is present in all countries with a growing prevalence of overweight in young children coincides with high and sustained prevalence of stunting in the SEA region.

### Prevalence of the Double Burden of Malnutrition For Children Under 5 Years in ASEAN countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Overweight</th>
<th>Stunted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia</td>
<td>12%</td>
<td>37%</td>
</tr>
<tr>
<td>Thailand</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>Brunei</td>
<td>8%</td>
<td>25%</td>
</tr>
<tr>
<td>Malaysia</td>
<td>7%</td>
<td>18%</td>
</tr>
<tr>
<td>Philippines</td>
<td>5%</td>
<td>30%</td>
</tr>
<tr>
<td>Vietnam</td>
<td>4%</td>
<td>25%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>3%</td>
<td>35%</td>
</tr>
<tr>
<td>Cambodia</td>
<td>2%</td>
<td>32%</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>2%</td>
<td>44%</td>
</tr>
</tbody>
</table>

Legend:
- **Overweight**
- **Stunted**
In SEA, the double burden of malnutrition indicates that measures to improve nutrition status of mothers and children are critical to reducing obesity.

Causes and effects of the double burden of malnutrition across the life course of an individual.
Why Focus on Child Obesity?

- Without intervention, obese infants and young children will likely continue to be obese during childhood, adolescence and adulthood.
- Obesity in childhood is associated with a wide range of serious health complications and an increased risk of noncommunicable diseases such as heart disease and diabetes.
Why Focus on Child Obesity?

• Taste, appetite, food preferences and physical activity behaviors are established in early childhood.
• Young children are the most “plastic” to lifestyle interventions with sustained effects on health, particularly because it can influence responses to later lifestyle factors.
• There is strong political and societal consensus that action to prevent child obesity is desirable.

Overweight Populations in Southeast Asia

Overweight prevalence (%) for adults of both sexes (BMI of > 25 kg/m²)

Cambodia: 12.1%
Indonesia: 21%
Laos: 13.3%
Malaysia: 44.2%
Myanmar: 18.4%
Philippines: 26.5%
Singapore: 30.2%
Thailand: 32.2%
Vietnam: 16.1%

Source: WHO Non-Communicable Diseases Country Profiles, 2011
What are the objectives of the Report from the Commission on Ending Childhood Obesity?

- There is a strong rationale for the prevention and treatment of childhood obesity; however, prior to 2016, there was no clear consensus on what interventions and which combinations are most effective in different contexts globally.
- The report from the Commission on Ending Childhood Obesity provides policy recommendations to governments to prevent infants, children, and adolescents from developing obesity, and to identify and treat pre-existing obesity in children and adolescents.
- The aims are to reduce the risk of morbidity and mortality due to noncommunicable diseases, lessen the negative psychosocial effects of obesity both in childhood and adulthood, and reduce the risk of the next generation developing obesity.
UNICEF EAPRO Toolkits provide guidance on how recommendations have been implemented in countries in SEA region and global best practices

- UNICEF EAPRO Toolkits were developed to provide advice on how to implement WHO recommendations
- Global best practices on implementation of recommendations
- Current status of policies and programmes in South East Asia with assessment of regional best practices and challenges
- Practical examples that can be used to design policies and programmes
Overview of the WHO Commission on Ending Childhood Obesity Recommendations

- 
  - Promote intake of healthy foods
  - Weight management
  - Promote physical activity
  - Preconception and pregnancy care
  - Health, nutrition and physical activity for school-age children
  - Early childhood diet and physical activity
Overview of the WHO Commission on Ending Childhood Obesity Recommendations

1. TACKLING THE OBESOGENIC ENVIRONMENT AND NORMS

2. REDUCE THE RISK OF OBESITY BY ADDRESSING CRITICAL ELEMENTS IN THE LIFE-COURSE

3. TREAT CHILDREN WHO ARE OBESE TO IMPROVE THEIR CURRENT AND FUTURE HEALTH
Programme Model of Interventions to Prevent Obesity in School-Age Children and Adolescents

I. TREAT CHILDREN WHO ARE OBESE TO IMPROVE THEIR CURRENT AND FUTURE HEALTH

II. REDUCE THE RISK OF OBESITY BY ADDRESSING CRITICAL SCHOOL BASED ELEMENTS

III. TACKLING THE OBESOGENIC ENVIRONMENT AND NORMS
Preventing obesity by modifying the obesogenic environment and norms

- Develop Nutrition Information, Labeling and Guidelines
- Implement Taxation on Sugar Sweetened Beverages
- Regulate the Marketing of Foods and Non Alcoholic Beverages to Children
- Create a supportive environment for physical activity in the community and at school

**IMPLEMENT COMPREHENSIVE PROGRAMMES**

1. **That promote the intake of healthy foods and reduce the intake of unhealthy foods and sugar-sweetened beverages by children and adolescents.**

2. **That promote physical activity and reduce sedentary behaviours in children and adolescents.**
Develop guidelines for healthy eating with practical, usable advice for parents and children

1.1 Ensure that appropriate and context-specific nutrition information and guidelines for both adults and children are developed and disseminated in a simple, understandable and accessible manner to all groups in society.

- Dietary guidelines form the basis for nutrition education
  - Should be clear and easy to understand with practical examples of meal plans, portion sizes, and recipes.
  - Information should be shared through media, public health outlets and schools with complementary curriculum and activities.
  - Integration of IYCF messages and inclusion of specific dietary needs for children from 0-18 years of age.

- Malaysia and Thailand have dietary guidelines for children
  - Complemented by resource guides to train preschool workers on nutrition requirements, preparation of healthy foods and food safety.
Mandatory labeling with easy to understand food labels helps parents and children make good choices and apply knowledge from nutrition education.

1.6 Implement a standardized global nutrient labelling system.

1.7 Implement interpretive front-of-pack labelling, supported by public education of both adults and children for nutrition literacy.

- While all ASEAN countries have nutrient labelling systems there are currently no uniform requirements for nutrition labeling and health claims in Southeast Asia.
- The regulatory systems in place in countries in the region differ and are at various stages of development with only Malaysia making nutrition labeling mandatory.
- Discussions are ongoing to harmonize several basic aspects of the nutrition labeling and claims regulations, based on the Codex Alimentarius established standards.
Taxes can make unhealthy foods less appealing or affordable to children and parents and support existing education and behavior change efforts

1.2 Implement an effective tax on sugar-sweetened beverages.

- Using taxation to influence purchasing behaviors has been well documented for tobacco and alcohol.
- Taxes on sugar sweetened beverages are implemented in Barbados, Mexico, Chile, Finland, France, French Polynesia, Hungary, Mauritius, Samoa and Tonga.
  - Focus is on sugar sweetened beverages that have high calorie and sugar content with low nutrition content.
- Thailand, Philippines and Indonesia have proposed sugar or sugar sweetened beverage taxes.
  - In Thailand consumption is highest in ASEAN with an average 26 tsp of sugar per day with 25% from SSB’s.
  - Proposed 20% tax on beverages with 6-10g sugar per 100ml and a 25% tax on beverages with more than 10g sugar per 100ml with an estimated revenue of US$285 million annually.
Advertisements and marketing through all forms of media influence children’s food preferences and consumption patterns

1.3 Implement the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children to reduce the exposure of children and adolescents to, and the power of, the marketing of unhealthy foods.

- Regulation of the marketing to children is a key component to any obesity reduction programme.
- The World Health Assembly endorsed the WHO recommendations on the marketing of foods and non-alcoholic beverages to school-age children in May 2010 and urged member states to take the necessary measures to develop policy and actions for regulation.
- The recommendations from industry watchdogs include:
  - A ban on radio and TV advertising promoting unhealthy foods between 6am and 9pm
  - No marketing of unhealthy food to school-age children using social media
  - No promotion of unhealthy food in schools
  - No inclusion of free gifts, toys or collectables with unhealthy foods
  - No use of celebrities, cartoon characters, competitions or free gifts to market unhealthy food
Regulation the marketing of unhealthy foods and non-alcoholic beverages to children in South East Asian Countries

- No country in ASEAN has mandatory regulations on the advertising and promoting of unhealthy foods and beverages to school age children.
- Instead of mandatory regulations, there are a series of voluntary pledges made by leading multinational companies to support efforts to reduce advertising to children.
  - In Thailand the pledge includes not advertising products to children under 12 years of age that do not meet specific nutritional criteria (not defined).
  - TV, radio, print media, internet, and in school advertising included where 50% or more of the audience is school-age children under 12 years of age.
- Regular monitoring is necessary for both mandatory regulations and voluntary pledges on advertising in order to keep companies accountable.
Create a supportive environment for physical activity in the community and at school

- Children do not receive the recommended 60 minutes of physical activity per day for 5 days a week.
- Reduced activity attributed to the rise in screen time activities, increase pressure of school age children and adolescents to increase the number of hours studying and increased urbanization with lack of safe spaces for activity.
- Communities should provide a safe and supportive environments for organized and unorganized physical activity
- Increase awareness of the importance of physical activity to overall health and well being with families encouraged to be active together
Overview of the WHO Commission on Ending Childhood Obesity Recommendations

1. TACKLING THE OBESOGENIC ENVIRONMENT AND NORMS

2. REDUCE THE RISK OF OBESITY BY ADDRESSING CRITICAL ELEMENTS IN SCHOOLS
Schools and ECD’s are a protected space where children can learn and practice healthy eating and physical activity habits and parents can be supported with healthy food and exercise habits.

5.1 Establish standards for meals provided in schools, or foods and beverages sold in schools, that meet healthy nutrition guidelines.

5.2 Eliminate the provision or sale of unhealthy foods, such as sugar-sweetened beverages and energy-dense, nutrient-poor foods, in the school environment.

5.3 Ensure access to potable water in schools and sports facilities.

5.4 Require inclusion of nutrition and health education within the core curriculum of schools.

5.5 Improve the nutrition literacy and skills of parents and caregivers.

5.6 Make food preparation classes available to children, their parents and caregivers.

5.7 Include Quality Physical Education in the school curriculum and provide adequate and appropriate staffing and facilities to support this.

Figure 3. Interventions targeted to the school environment to prevent obesity
Children can practice good dietary habits through exposure to healthy balanced meals and snacks in schools.

5.1 Establish standards for meals provided in schools, or foods and beverages sold in schools, that meet healthy nutrition guidelines.

- Provision of a school meal is a common intervention to address short term hunger, improve learning ability, attendance and enrollment.
- Food and nutrition standards can ensure adequate provision of micronutrients, essential proteins and fatty acids which keeping in line with healthy eating habits presented in dietary guidelines and taught in school curriculum.
- Mandatory dietary standards for school meals are implemented in Philippines while Malaysia, Singapore, and Thailand provide voluntary guidelines to schools for implementation.
- Food based standards with portion size guidelines and sample menus are necessary to provide guidance to schools in preparing and serving healthy meals.
Stronger restrictions on the sale and provision of unhealthy foods may be implemented in schools where there should be a protected environment for children

5.2 Eliminate the provision or sale of unhealthy foods, such as sugar-sweetened beverages and energy-dense, nutrient-poor foods, in the school environment.

- An increasing proportion of food options through schools are from school snack bars, kiosks, vending machines and hawkers directly outside of schools
- Mandatory restrictions are in place for schools in Singapore and the Philippines and voluntary recommendations against the sale of junk foods are implemented in Thailand and Malaysia
- Restrictions on the sale of unhealthy foods requires strong monitoring.
  - The Philippines applies the same dietary restrictions placed on school meals to all beverages and snacks sold in schools with only milk, water, and juices from fresh fruits and vegetables allowed.
  - A 2014 review found that 79% of schools continued to sell sugar-sweetened beverages and that clean drinking water was not always available or not available for free.
Nutrition information developed nationally should be integrated into curriculum with opportunities to practice skills and behaviors

| 5.4 | Require inclusion of nutrition and health education within the core curriculum of schools. |
| 5.5 | Improve the nutrition literacy and skills of parents and caregivers. |
| 5.6 | Make food preparation classes available to children, their parents and caregivers. |

- All countries in SEA region have some level of nutrition education included in national school curriculum or lesson plans
- Nutrition education is mandated in Singapore, Vietnam and the Philippines at primary and secondary levels.
  - Primary focuses on basic nutrition and healthy eating knowledge
  - Secondary focuses on consumer health, concerns for nutrition labeling and advertising, making informed decisions on nutrition and making healthy selections when eating out.
  - Objective is to build critical thinking skills in students to evaluate health and nutrition information and make informed decisions
Applying restrictions to marketing food and beverages to children within the school

1.3 Implement the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children to reduce the exposure of children and adolescents to, and the power of, the marketing of unhealthy foods.

- There are no national restrictions on advertising to children in schools in South East Asia.
- Sponsorship from companies who sell unhealthy foods and beverages provide necessary funding for physical activity programmes and activities
- Programmes have a clear conflict of interest
  - Nestlé, for example, focuses on exercise instead of diet for weight control
  - In advocating consumption of a healthy breakfast, Nestlé features its processed beverage products like Milo and its sugar-sweetened breakfast cereals.
- Globally, Chile and Uruguay both ban the promotion, marketing or advertising of food considered high in sugar, fat, calories and salt in primary and secondary schools. Belgium, Quebec, Portugal, and Germany prohibit all in-school marketing
Applying restrictions to marketing food and beverages to children within the school

- Advertisements disguised as education are found in the East Asia and Pacific Region with advertising in schools embedded in educational programmes and materials.
  - In the Philippines, Nestlé and the Department of Education launched a nation-wide school-based programme to encourage active and healthy lifestyles called Milo Champ Moves.
  - In Thailand, Nestlé supports the Healthy Thai Kids programme through the Ministry of Public Health and the Ministry of Education.
  - Singapore Nestle supports the Health Promotion Board to develop nutrition and physical activity curriculum.
  - The Coca-Cola Foundation provides funding in Malaysia to support the “Move Malaysia” programme to increase exercise amongst students, teachers and community leaders through schools.
Incorporate physical education throughout the school environment with specific PE based curriculum, short in-class activity breaks

5.7 Include Quality Physical Education in the school curriculum and provide adequate and appropriate staffing and facilities to support this.

- WHO recommends 150 minutes of PE every week for primary students and 225 minutes for secondary students.
- Specific PE curricula is in place in 90% of countries in SEA region, however quality of implementation is often poor.
- PE is seen as less important than subject included in examinations and therefore not prioritized.
- Lack of trained PE teachers

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<tr>
<th>Country</th>
<th>Minutes of Physical Education Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary Students</td>
</tr>
<tr>
<td>Singapore</td>
<td>120</td>
</tr>
<tr>
<td>Malaysia</td>
<td>80</td>
</tr>
<tr>
<td>Indonesia</td>
<td>75</td>
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<tr>
<td>Myanmar</td>
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<td>Laos</td>
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<td>Cambodia</td>
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<td>China</td>
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<td>Japan</td>
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<td>Papua New Guinea</td>
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<tr>
<td>Cook Islands</td>
<td>135</td>
</tr>
<tr>
<td>Samoa</td>
<td>60</td>
</tr>
</tbody>
</table>
Ending Childhood Obesity and Enabling Healthier Lives

- Promote intake of healthy foods
  - Weight management
    - Health, nutrition and physical activity for school-age children
  - Promote physical activity
    - Early childhood diet and physical activity
- Preconception and pregnancy care
Thank You