



BULGING BELLIES IN SE-ASIA USING SDGS TO DEVELOP AN OBESITY PREVENTION PORTFOLIO

UTA DIETRICH

INTERNATIONAL CONFERENCE: “OBESITY CRISIS IN SOUTHEAST ASIA:
ISSUES, CHALLENGES, AND POLICY PATHWAYS”

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PREFACE

- ACKNOWLEDGING THE DIVERSITY WITHIN ASEAN
- MAINTAINING WEIGHT IS EASIER THAN REDUCING WEIGHT
- OVERWEIGHT AND OBESE CHILDREN ARE MORE LIKELY TO BE OVERWEIGHT AND OBESE ADULTS
- PREVENTION AT POPULATION LEVEL



TRENDS AND CONTEXT



Megatrends

- Planetary Change
- Development
- Urbanisation

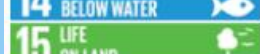
Population

- Life expectancy up
- Ageing
- Migration

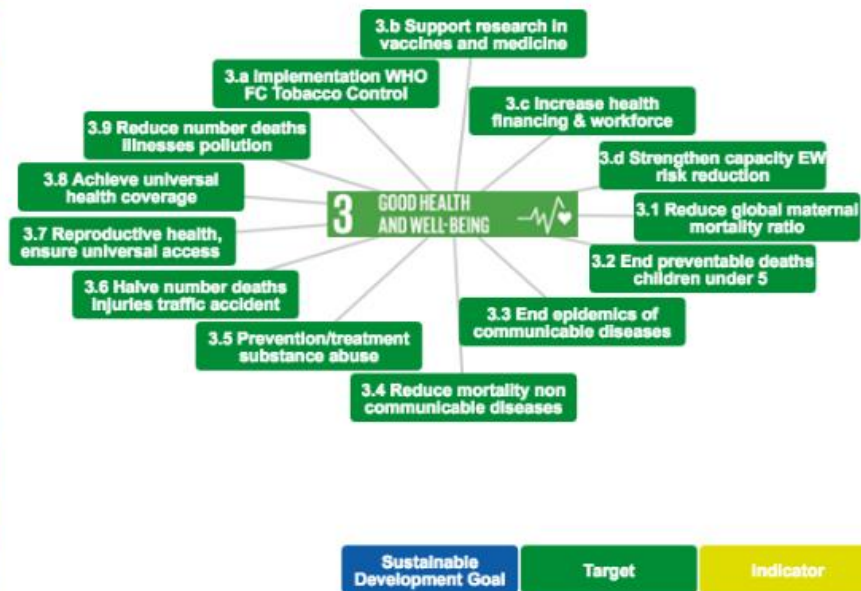
Health

- NCDs
- Obesity – children & adults
- CD & emerging CD

SUSTAINABLE DEVELOPMENT GOALS 2015-30



www.UNEPlive.org/portal



- Sept 2015: UN Gen. Ass established SDGs
- Action required by all countries
- 17 universal goals & 169 targets
- 200+ indicators
- GOAL 3: Ensure healthy lives and promote wellbeing for all at all ages
- GOAL 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture



SUSTAINABLE DEVELOPMENT

“Development that meets the needs of the present without compromising the ability of future generations to meet their own needs.”

Brundtland Report, 1987






HEALTH AND DEVELOPMENT

Health and wellbeing is both

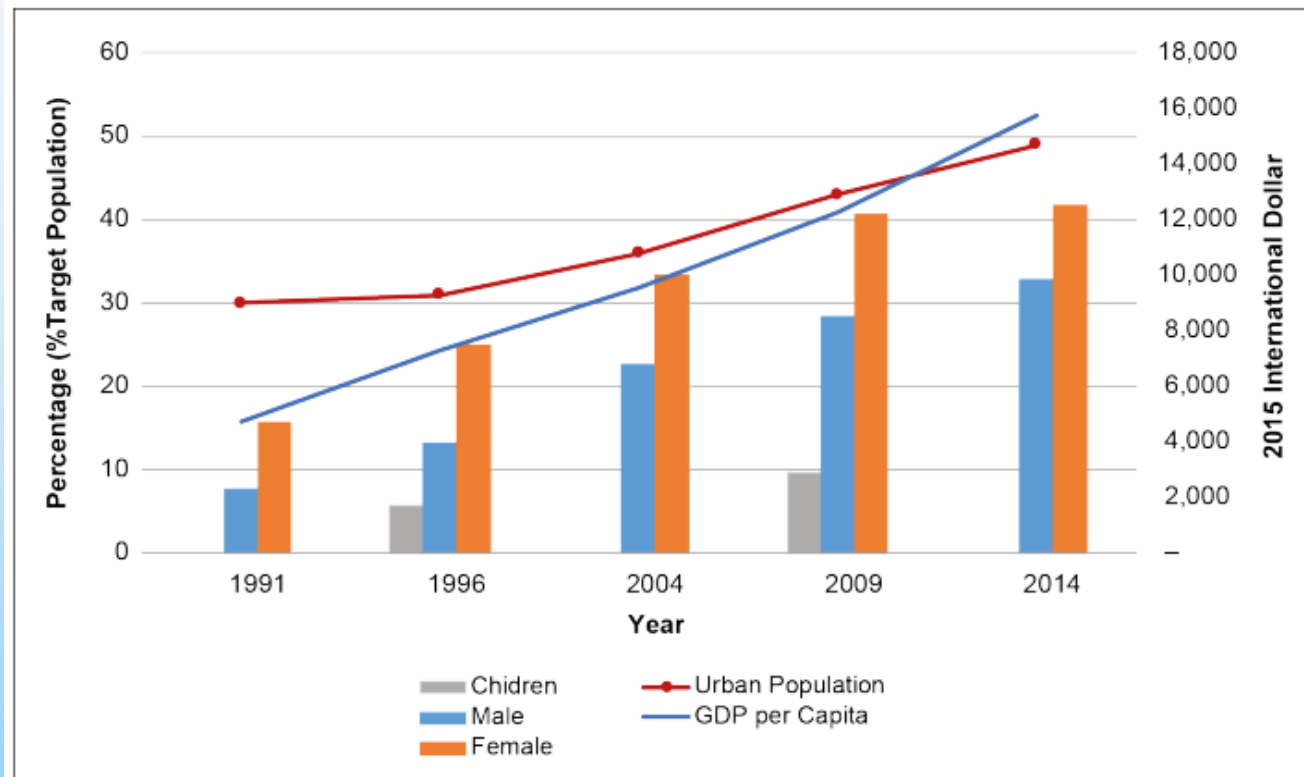
- pre-condition and
- outcome

of sustainable development

- ✓ Healthy & productive population accelerates development
 - ✓ Sustainable development promotes and enhances health
- 

URBANISATION, DEVELOPMENT & OBESITY

EXAMPLE THAILAND

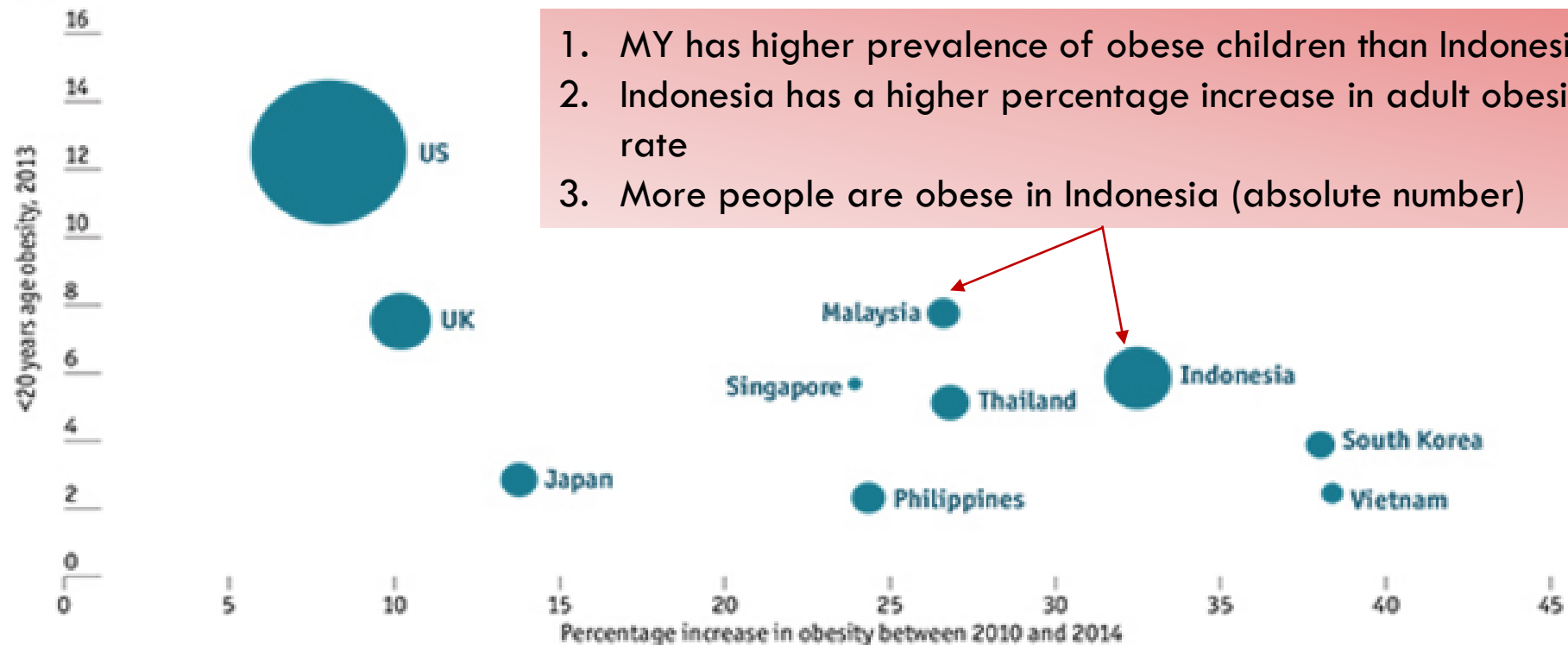


GDP = Gross Domestic Product.

Sources: The 1st, 2nd, 3rd, 4th and 5th National Health Examination Survey (NHES) in Thailand on obesity prevalence and the World Bank (on % urban population and GDP).

LEVEL AND RISE OF OBESITY

Figure 1: Childhood obesity increases risk of future adult obesity
(%)



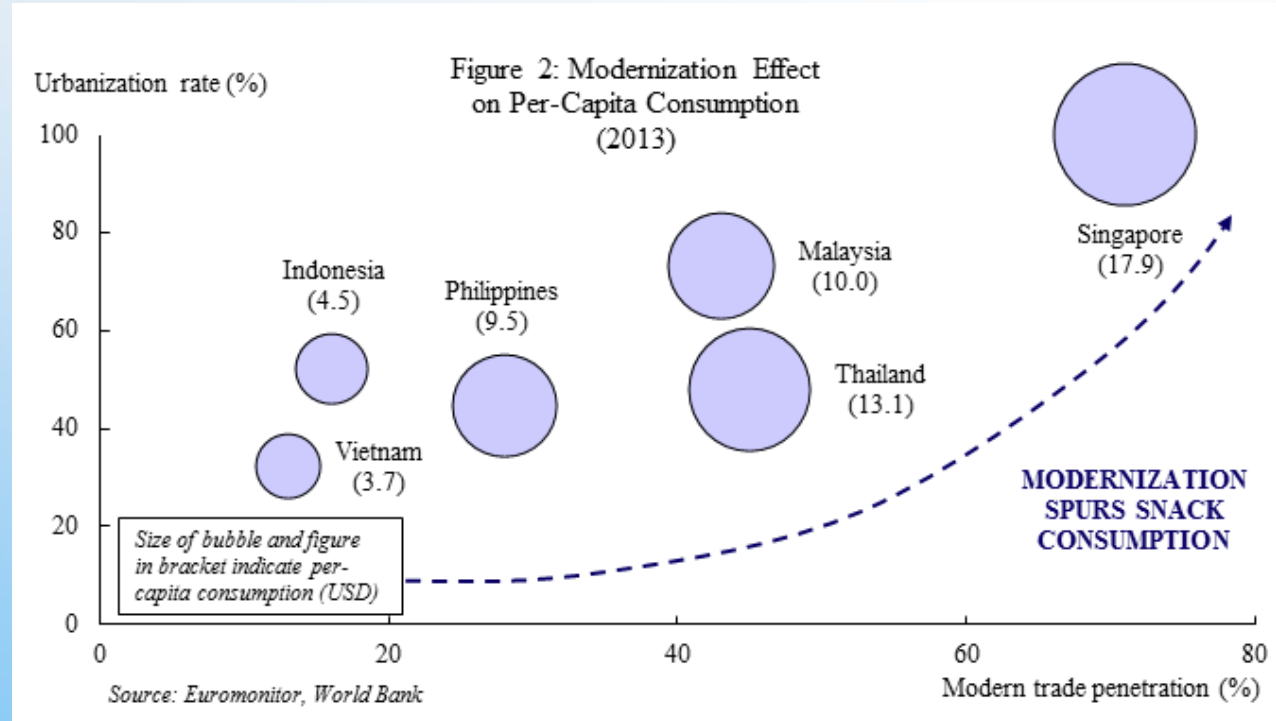
Obesity = BMI >30. Percentage of <20 years age obesity rates calculated from Ng M, et al. Lancet 2014 and EIU demographic data. Obesity growth rate: % increase in obesity % between 2010 and 2014 in people aged >18 years. Size of bubble = total number of obese people (millions).

Source: WHO, 2014.

<https://foodindustry.asia/south-east-asia-is-getting-fatter-faster>

WHAT ARE WE UP AGAINST?

SNACK CONSUMPTION IN ASEAN



- Correlation: urbanisation & modern trade penetration
- With urbanisation and development more demand for convenience
- Snacks: often energy dense and nutrient poor
- Soft drink consumption up 45 % Philippines, 35% Indonesia (2010-2015)



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every child deserves the right start.**

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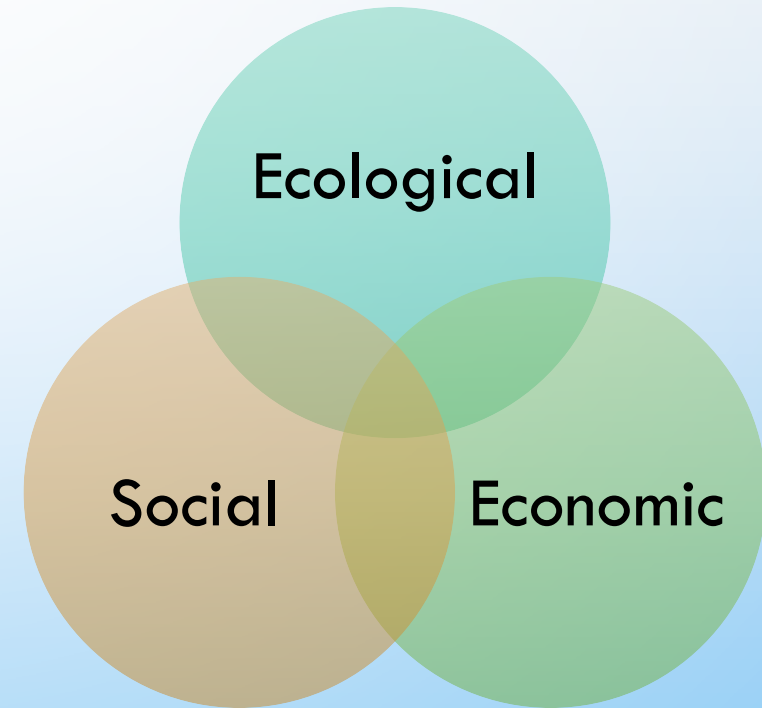
INTERVENTIONS AS EASY AS...

Educating people?



ECO-SOCIAL APPROACH TO HEALTH

by ecosocial approach we mean understandings of human health that acknowledges its ecological, economic and social foundations. (Nancy Krieger)



LINKAGE OBESITY AND DEVELOPMENT

EXAMPLES

ECOLOGICAL

- FOOD PRODUCTION
- URBANISATION – AGRI LAND
- FOOD TRANSPORT - EMISSIONS
- OBESINOGENIC ENVIRONMENT
- FOOD WASTE
- CLIMATE: FOOD INSECURITY
- **ACIDIFICATION OF THE OCEANS**

ECONOMIC

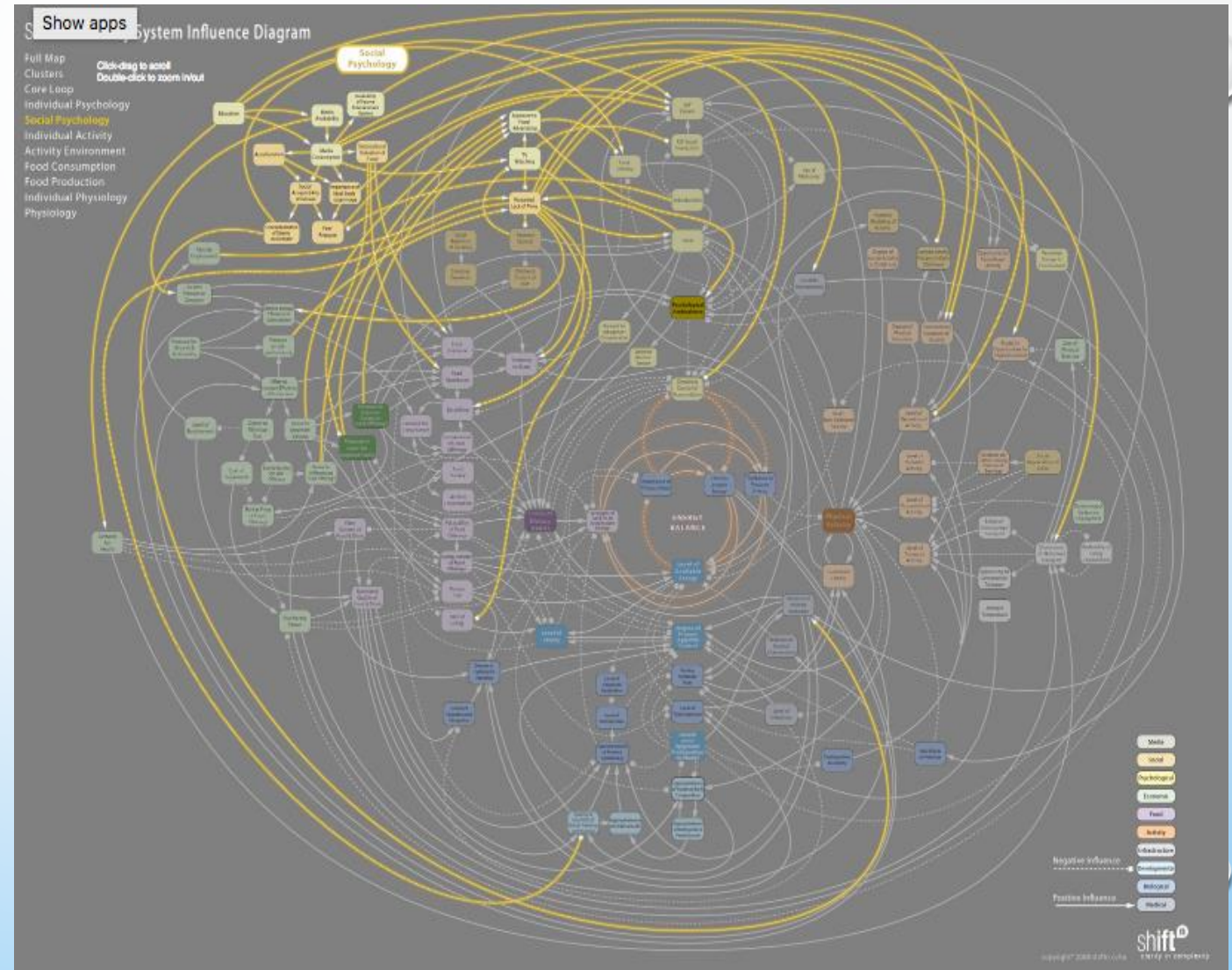
- FOOD TRADE AND GLOBAL SOURCING
- GLOBAL FOOD ADVERTISING AND PROMOTIONS
- RETAIL RESTRUCTURING (EG DEVEL. OF SUPERMARKETS)
- TRANSNATIONAL FOOD COMPANIES
- ABSENTEEISM
- HEALTH CARE COSTS

SOCIAL

- SOCIAL INEQUALITY
- HOUSING
- EDUCATION
- **CULTURE**
- POVERTY

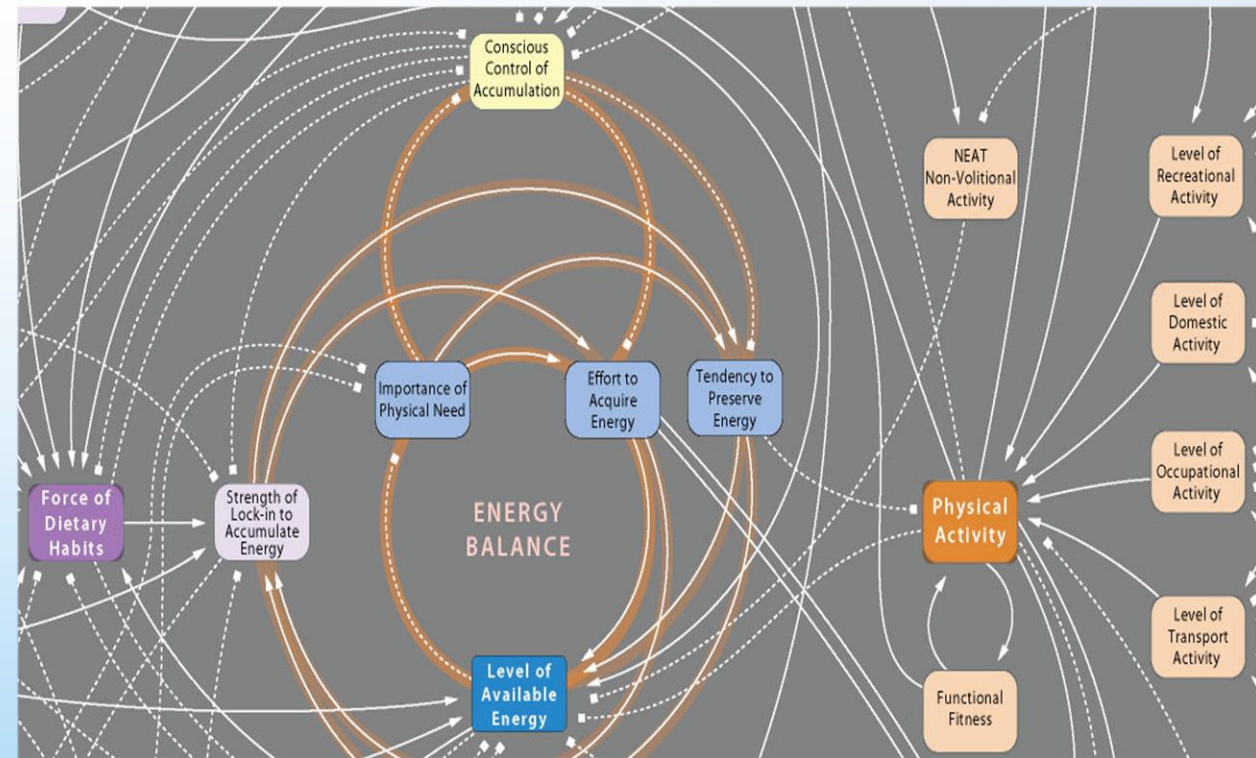
INFLUENCE DIAGRAM OBESITY

- INDIVIDUAL PSYCHOLOGY
- SOCIAL PSYCHOLOGY
- INDIVIDUAL ACTIVITY
- ACTIVITY ENVIRONMENT
- FOOD CONSUMPTION
- FOOD PRODUCTION
- INDIVIDUAL PHYSIOLOGY
- PHYSIOLOGY



Ref: SHIFT obesity influence diagram

- Intended and unintended consequences of policy interventions
- Positive and negative feedback loops
- Individual, community, society level
- Plural knowledge systems beyond western science



FRAMING OBESITY IN TERMS OF SDG

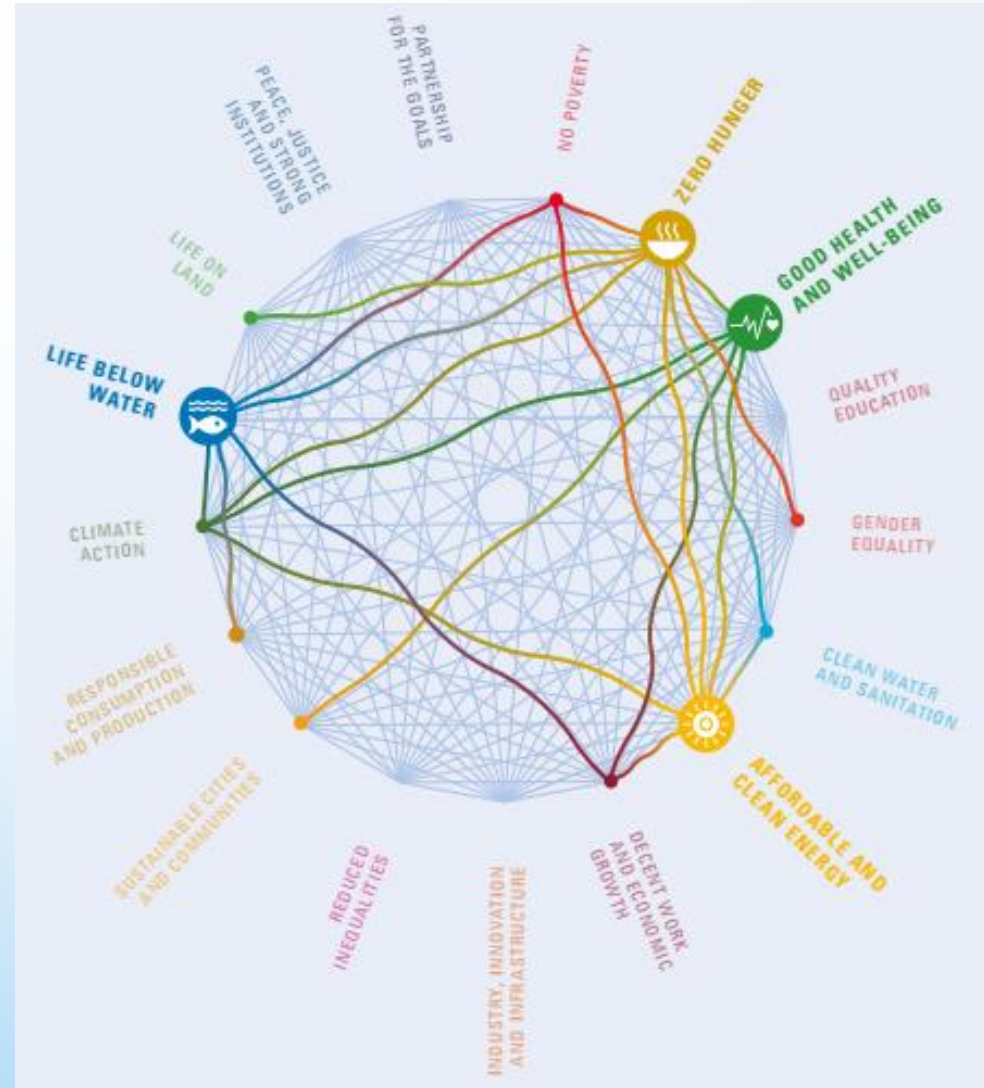


- Obesity as threat to economic development
- Food production & consumption patterns threatening sustainable development
- Leverage points for both
- Policy lead not just with health
 - 11.2 by 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons
 - **Frame** as increase in incidental physical activity or as transport

FINDING LEVERAGE POINTS

INTERNATIONAL COUNCIL FOR SCIENCE:

[HTTP://WWW.ICSU.ORG/PUBLICATIONS/A-GUIDE-TO-SDG-INTERACTIONS-FROM-SCIENCE-TO-IMPLEMENTATION](http://www.icsu.org/publications/a-guide-to-sdg-interactions-from-science-to-implementation)



WHAT CAN WE DO

1. Address underlying causes

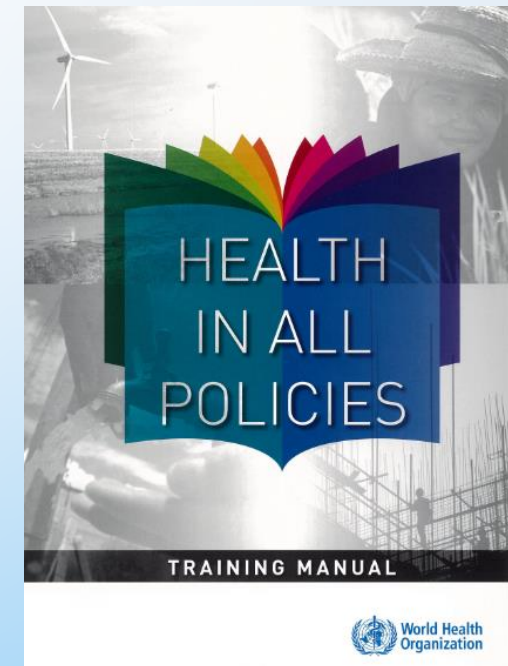
- determinants of obesity : social, environmental, economic & commercial
- Looking through an SDG lens helps identify broader actions

2. Action on Obesity can be everyone's responsibility

- Complex and resource intensive: all of government and across sector
- Health in all Policies approach

3. Healthy lifestyle for families and communities

- Communication on healthy lifestyle address NCDs, not just Obesity



HOW

1. Political commitment and resources
2. Knowledge production & sharing
 - Think tanks, round tables
 - Speed of knowledge diffusion
 - Data, surveillance & monitoring
3. Capacity building
 - Implementation capacity
 - technical capacity
4. Innovation
 - Use technology
 - In all sectors



GREAT VISUALS TO INCREASE DATA ACCESSIBILITY



COMPLEX ISSUE NEEDS COMPLEX SOLUTIONS

- **No single intervention** *is likely to have a significant overall impact. A systemic, sustained portfolio of initiatives, delivered at scale, is needed to reverse the health burden.*
(McKinsey paper by Dobbs et al, 2014)
- **No individual sector** in society can address obesity acting on its own — neither governments, retailers, consumer-goods companies, restaurants, employers, media organisations, educators, healthcare providers, or individuals (PANORG, 2016)
- **Transboundary cooperation** may have stronger impact
- **Framing** of Obesity Strategy in terms of SDGs and targets for wide commitment and resources

THANK YOU

