REVIEW

The epidemic of childhood obesity in the Americas must be stopped: Governmental and PAHO leadership are crucial

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The Pan American Health Organization's approach to preventing child obesity is built on (1) documenting and monitoring the problem and its social and economic impacts; (2) advocating for prevention and control policies through the life-course, within and outside of the health sector; (3) leading initiatives on healthy diet and active living and educating policy makers and the public about obesogenic environments, including policies to reduce the marketing of food and beverages to children; (4) enabling healthy environments for daily life activities, especially for children in schools and community settings; (5) strengthening capacity for integrated management of obesity and noncommunicable diseases with emphasis on primary health care; and (6) mobilizing partners and resources to combat the problem.

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INTRODUCTION

The region of the Americas shows the highest rates of overweight and obesity among the six World Health Organization's (WHO) regions. In addition, noncommunicable diseases (NCDs) and obesity are pandemic and the leading cause of death and avoidable health costs.^{1,2} While rising incomes, urbanization, access to education, food diversity and health services have been credited as the main factors behind the decline of several nutritional deficiencies (for example, chronic malnutrition, vitamin A, iodine and iron deficiency anemia) and infant and <5-year-old children mortality; other distinctive aspects of economic growth as the globalization of markets of snacks and sugary drinks, electronic entertainment, the preeminence of the car in urban planning and the fear of street crime, have led to rapid and profound changes in dietary patterns, physical activity and the epidemiological profile of the Americas (Kac and Pérez-Escamilla).³ For the last quarter of a century, overweight and obesity upward trends, starting in North America and later progressing southwards into the Caribbean and Latin America, have been shown graphically as intractable. The numbers are quickly converging across the hemisphere, so now at least one in two adults and nearly one-third of school age children are overweight and many of them obese. This constitutes a public health crisis that requires immediate action on prevention and control, especially among children.

The scientific knowledge accumulated on obesity as a clinical and epidemiological risk factor is robust and well understood. In 2004, WHO convened countries to develop a Global Strategy on Diet, Physical Activity and Health (DPAH), which was approved by Resolution WHA55.23 of the World Health Assembly (WHA) in 2004 (DPAS, 2004).⁴ DPAH represented a major departure from viewing overweight and obesity as that of individual responsibility to recognizing the overriding importance of the food environment that critically influences preferences, purchasing decisions and behaviors. It also recognized that these, in turn, are fostered by

economic, agriculture, trade, culture and marketing environments. DPAH also highlighted the fact that in modern cities, built mainly around cars, contribute to a sedentary lifestyle. Further, because of concerns about lack of safe places to play, violence and pollution, children are also becoming more sedentary.

DPAH identified foods high in sugar, salt, and saturated and trans-saturated fat as agents of disease and identified healthy foods as those made of whole fresh foods. Multinational corporations of processed foods were asked to improve the quality of their foods and marketing tactics. Following the 2004 WHA, several snacks and beverage multinationals pledged individually to introduce voluntary changes, including reformulation of products and to exercise some restraint in the way their products were marketed to children. In 2008, they joined together and pledged to act collectively to address these issues in a letter to the Director General of WHO (<https://www.ifballiance.org/sites/default/files/IFBA%20-%20DG%20Chan%28May%202008%29.pdf>). However, independent evaluations show that these pledges were not honored and suggest the inability of big corporations to keep in check their commercial profit priorities, particularly in a market as highly lucrative as that of snacks and sugar-sweetened beverages.^{5–7}

In this article, we recognize child obesity as a complex public health problem with its own determinants, risk factors and interventions, and as risk factor for NCDs. We review briefly the Pan American Health Organization (PAHO) strategy for addressing child obesity, discuss some country experiences and conclude with recommendations to include further comprehensive actions to approach this problem.

PAHO'S APPROACH TO CHILD OBESITY

PAHO's strategic framework 2008–2012⁽⁸⁾ is based on the principles of renewed primary health care, health promotion and social protection. Effective health promotion integrates

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interventions through the following five lines of action widely accepted since the Ottawa Charter: (1) building healthy public policy; (2) creating supportive environments; (3) strengthening community action; (4) developing personal skills; and (5) reorienting health services.⁹ Using these principles and lines of action, PAHO and its member states have launched three regional strategies to address malnutrition and NCDs throughout the life-course using a social determinants' approach. The Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006–2015 (Document CD47/18) by Resolution CD47.R8⁽¹⁰⁾ includes five specific interdependent strategies: (1) development and dissemination of macropolicies targeting the most critical nutrition-related issues; (2) strengthening resource capacity through the health and non-health sectors based on standards; information, knowledge management and evaluation systems; (3) development and dissemination of guidelines, tools and effective models; and mobilizing partnerships, networks and a Regional Forum in Food and Nutrition. It also includes one line of action and two sublines: (1) food and nutrition in health and development; and (2) suboptimal nutrition and nutritional deficiencies. Other key strategies include the Regional Strategy for the Prevention and Control of Non-communicable Diseases (CSP28/9) approved by 28th Pan American Sanitary Conference on September 2012 (CSP28.R2), which includes four strategic lines of actions: (1) multi-sectoral policies for NCD prevention and control; (2) NCD risk factor reduction; (3) health system response to NCDs and risk factors; and (4) NCD surveillance and research.¹¹ An additional strategy is the population-based and individual approaches to the prevention and management of diabetes and obesity, 2008 (CD48/5).¹²

Additionally, PAHO reinforces the need to strengthen health surveillance systems and support the implementation of program monitoring and evaluation systems to monitor nutrition trends, and assess the impact of policies and programs to guide nutrition policies. For example, since 2004 a standardized set of data are available to monitor ten obesity risk and protective factors including weight, consumption of sugar-sweetened beverages, fast food, fruits and vegetables and physical activity for students 13–15 years of age in the Americas. The Global School-based Student Health Survey (GSHS) is part of a global surveillance system implemented by WHO and the US Centers for Disease Prevention and Control (CDC) in over 90 countries around the world (<http://www.cdc.gov/gshs/>), including 28 countries and territories in the Americas (<http://www.paho.org/healthyschools>). Robust information systems such as this are needed to influence national policies and programs and promote international cooperation. PAHO is working to systematize the lessons learned so far in addressing child obesity, so that it can provide member states with an update of effective policies and programs in child obesity, and delineate the critical steps and policies needed to improve and strengthen the Organization plans and mandates. This is likely to result in increased awareness of child obesity and NCDs and its effects on national social and economic development.

COUNTRY EXPERIENCES

Several countries have recognized the serious threat of child obesity and many, such as Canada, Brazil and Mexico have established national plans and targets. Others such as Brazil, Chile, and Mexico have also introduced policies and regulations to restrict advertising of foods poor in nutritional quality to children. Civil society in many countries is also becoming increasingly engaged in issues of food marketing to children. In the Bahamas, concern about high levels of obesity, especially among the poor and less educated, has led to the development of an innovative conditional cash transfer program being financed by the Inter-American Development Bank seeking to reduce obesity in

poor families. Trinidad and Tobago is revamping their school meals systems to address the child obesity epidemic.

The negative public reaction to the limited results of industry self-regulation has been widespread throughout the region and after the first efforts made by National Health Surveillance Agency (ANVISA) in Brazil to introduce regulations on food marketing to children, other countries including Mexico, Costa Rica, Ecuador, Uruguay and Chile followed with the implementation of several interventions in the school environment. In Chile, the national Congress passed a new law in July 2012 that for the first time in the hemisphere will establish regulatory measures related to the front of package labeling and limitations on advertising food to children in schools.¹³

In the United States, several years of effort by state authorities are coming to fruition showing declining rates of obesity among school children. The Robert Wood Johnson Foundation has recently reported that in the States of New York, Mississippi and Philadelphia, after several years of a serious reform of the school cafeterias and removing snacks-vending machines, obesity rates have started to go down in 2–3 percentage points (http://www.wphna.org/2013_jan_hp4_obesity.htm).

Overall, national and statewide movements in the region represent not only a response to ineffectual self-regulatory actions but also a wide societal response clamoring for action to protect children. Indeed, the rising rates of childhood obesity seem to now represent a high level of concern not only among parents, doctors and researchers but also among politicians, officials, lawyers, journalists and civil society activists.

Critical issues central to the fight against the obesity epidemic were identified at a recent gathering of authorities, public health workers, scientists, educators, legislators, economists and consumers' defense groups in Mexico City in November 2012. This meeting was convened by the National Institute of Public Health of Mexico (INSP), the University of São Paulo, the University of Chile's Institute of Nutrition and Food Technology (INTA), in collaboration with PAHO. The main conclusions reached at the meeting were the following. First and foremost, it is crucial that public authorities stand for the rights to health, healthy food, information and the use of public policy mechanisms and the law to achieve these rights. Second, it was also agreed that there are key priority interventions and policies at the school level that should be implemented. Among them are access to safe and free drinking water; availability of fruits and vegetables, preferably produced locally, and healthy, nutritious and low energy-dense meals; restriction on the availability and advertising of sugar-sweetened beverages and industrialized products high in energy, sugar, sodium, saturated and trans fats; inclusion of nutrition education in the school curriculum, including local and national agricultural and culinary traditions; and, implementation of physical education programs as a mandatory part of the school curriculum.

As for the protection of children from advertising of sugar-sweetened beverages and packaged food products, it was considered important to pay attention to the set of recommendations from the WHA,¹⁴ the framework for the implementation of such recommendations (2012),¹⁵ as well as the PAHO¹⁶ expert consultation.

The third aspect is the protection, promotion and support of breastfeeding and ensuring the full and effective implementation of the International Code of Marketing of Breast-milk Substitutes.¹⁷

Fourth, implementing effective fiscal policies, such as subsidies to encourage increased consumption of fruits and vegetables, and taxes that discourage consumption of sugar-sweetened beverages and food products high in calories, sugars, saturated and trans fats and salt. When possible, allocate these tax revenues to address public health issues.

The conclusions also emphasized that progress in the prevention of obesity in children is only part of a larger effort to assure the population has the right and access to healthy diets. Such effort requires, on the one hand, contributions of various national public sectors, such as, agriculture, food security, education, health, trade and finance, and on the other, the participation of civil society organizations, professional institutions, academia and interested private industries converging to the premises listed here. And finally, it was proposed that the United Nations' institutions and governments should avoid conflict of interest in public policy development. The participation of multinational food companies should not happen in the same area where public policies and regulatory measures are created, but in the implementation phase of these policies and measures. This does not preclude that such companies are invited to comment on the legislative or government regulations before they are enacted.

CONCLUDING REMARKS

Public health policies and interventions to addressing child obesity go beyond encouraging healthy choices. Preventing child obesity involves changing the structural determinants of the obesogenic environment and the daily circumstances causing differences in exposure to risk and protective factors in settings where children are born, live, play, learn and transition through the life-course to healthy or unhealthy adults. It requires a life-course approach beginning *in-utero*, through early childhood nutrition, the school, workplace and community and action at many levels. To achieve these goals, this paper concludes with the following recommendations from PAHO.

1. Because of the inter-sectoral nature of the efforts to prevent the current childhood obesity epidemic, it is imperative to strengthen an all-of-government and all-of-society approach, with a strong leadership and stewardship role played by governments and Ministries of Health in particular.
2. Ministries of Health and PAHO should include the issue of childhood obesity in the development and economic agenda of countries and also in the Inter American system.
3. Increase investment in prevention, stressing the need for upstream measures in trade, agriculture, food policy and education.
4. Promote the adoption of policy mechanism for the promotion of healthy settings, particularly in schools.
5. Implement policies and regulations to restrict marketing of food and nonalcoholic beverages to children, utilizing the PAHO/WHO Recommendations and Guidelines.
6. Strengthen surveillance and monitoring of child obesity and risk factors, as currently there is a gap in information, particularly in primary and pre-school age groups.
7. Develop, promote and implement guidelines for the screening and management of overweight and obesity in children, integrated into primary health care and maternal and child health programs.

It is PAHO's hope that these recommendations will assist the region in addressing the child obesity epidemic following an evidence-informed life-course approach.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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