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B. PLAN OF ACTION FOR THE PREVENTION OF OBESITY IN CHILDREN AND ADOLESCENTS: MIDTERM REVIEW

Background

1. The purpose of the present document is to report to the Governing Bodies of the Pan American Health Organization (PAHO) on progress with execution of the Plan of Action for the Prevention of Obesity in Children and Adolescents 2014-2019, approved at the Organization's 53rd Directing Council in October 2014 (Document CD53/9, Rev. 2 and Resolution CD53.R13) (1, 2). The overall goal of the Plan is to halt the growing epidemic of obesity in children and adolescents. Achieving this goal requires a multisectoral, life-course approach that is based on the social-ecological model and focuses on transforming the current obesogenic environment into opportunities for increased intake of nutritious foods and physical activity (1).

Analysis of Progress Achieved

2. At the end of the third year of execution there is progress toward meeting the indicators in the Plan, as summarized below. To evaluate this progress, information relating to the indicators as of 31 December 2017 was compiled from the following sources: the Global Database on the Implementation of Nutrition Action (GINA) of the World Health Organization (WHO), reports from the World Breastfeeding Trends Initiative (WBTi), the WHO Global Nutrition Policy Review (GNPR), the Global School-based Student Health Survey (GSHS), the WHO Country Survey of Capacity and Response to Noncommunicable Diseases (NCD CCS), and the database of the Open Streets Network of the Americas (CRA, for its abbreviation in Spanish). In addition, documentation was compiled from the United Nations Food and Agriculture Organization (FAO), the Pan American Health Organization, the World Health Organization, the United Nations Children's Fund (UNICEF), and PAHO focal points. Finally, government documents related to the objectives of the Plan were consulted on the Internet.¹

¹ Complete information about the evaluation process is available at the website for the Plan of Action:

<i>Strategic Line of Action 1: Primary health care and promotion of breastfeeding and healthy eating</i>		
Objective	Indicator, baseline, and target	Status
1.1 Include in health care services the promotion of healthy eating based on national food-based dietary guidelines as well as other activities related to the prevention of obesity.	1.1.1 Number of countries with primary health care services that have incorporated family-oriented obesity prevention activities, including promotion of healthy eating and physical activity. Baseline: 1 in 2014 Target: 10 in 2019	9 countries have clinical tools that incorporate family-oriented obesity prevention activities such as the promotion of healthy eating and physical activity as part of their primary health care services.
1.2 Reinforce efforts to implement the Global Strategy for Infant and Young Child Feeding.	1.2.1 Number of countries that regularly (at least every three years) publish their results of monitoring implementation of the International Code of Marketing of Breastmilk Substitutes. Baseline: 5 in 2014 Target: 15 in 2019	1 country regularly publishes reports on monitoring of implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions. 4 of the baseline countries failed to monitor implementation of the Code in accordance with the established timeframe.
	1.2.2 Number of countries that have at least 50% of maternity health services BFHI-certified ² . Baseline: 0 in 2014 Target: 5 in 2019	4 countries reported that at least 50% of their maternal health services have been BFHI certified or recertified in the last five years.

<i>Strategic Line of Action 2: Improvement of school nutrition and physical activity environments</i>		
Objective	Indicator, baseline, and target	Status
2.1 Ensure that national school feeding programs as well as the sale of foods and beverages in schools (“competitive foods”) comply with norms and/or	2.1.1 Number of countries that have national or subnational school feeding programs that comply with the nutritional needs of children and adolescents and are in line with the national food-based dietary guidelines	18 countries have school feeding programs that comply with their national nutritional guidelines, meet nutritional macronutrient requirements, or provide lists of healthy foods to use in preparing school menus.

https://www.paho.org/hq/index.php?option=com_content&view=article&id=11373%3Aplan-of-action-prevention-obesity-children-adolescents&catid=8358%3Aobesity&Itemid=4256&lang=en

² Baby-Friendly Hospital Initiative.

Objective	Indicator, baseline, and target	Status
regulations that promote the consumption of healthy foods and water and prevent the availability of energy-dense nutrient-poor products and sugar-sweetened beverages.	Baseline: 3 in 2014 Target: 12 in 2019	
	<p>2.1.2 Number of countries in which at least 70% of the schools have norms and/or regulations for the sale of foods and beverages in schools (“competitive foods”) that promote the consumption of healthy foods and water and prevent the availability and consumption of energy-dense nutrient-poor products and sugar-sweetened beverages.</p> <p>Baseline: 8 in 2014 Target: 16 in 2019</p>	15 countries have norms or regulations for the sale of foods and beverages (“competitive foods”) that promote the consumption of healthy foods and water or that restrict the availability of sugar-sweetened beverages and energy-dense nutrient-poor products.
	<p>2.1.3 Number of countries where at least 70% of the schools have a source of clean drinking water.</p> <p>Baseline: 3 in 2014 Target: 12 in 2019</p>	25 countries reported that at least 70% of their schools have a source of potable water.
2.2 Promote and strengthen school and early learning policies and programs that increase physical activity	<p>2.2.1 Number of countries where at least 70% of schools have launched a program that includes at least 30 minutes a day of moderate to intense (aerobic) physical activity.</p> <p>Baseline: 0 in 2014 Target: 10 in 2019</p>	<p>No information is available for this indicator.</p> <p>However, among the countries that have data from the Global School-based Student Health Survey (13-15-year-olds), none reported that at least 70% of the students in their secondary school were physically active at least 60 minutes a day for five or more days during the past week.</p> <p>The average estimated physical activity (60 minutes a day, five times or more per week) is 25.84%.</p>

<i>Strategic Line of Action 3: Fiscal policies and regulation of food marketing and food labeling</i>		
Objective	Indicator, baseline, and target	Status
3.1 Implement policies to reduce children and adolescents' consumption of sugar-sweetened beverages and energy-dense nutrient-poor products	3.1.1 Number of countries that have passed legislation to tax sugar-sweetened beverages and energy-dense nutrient-poor products Baseline: 1 in 2014 Target: 10 in 2019	5 countries have approved legislation that imposes taxes on sugar-sweetened beverages.
3.2 Enact regulations to protect children and adolescents from the impact of marketing of sugar-sweetened beverages, energy-dense nutrient-poor products, and fast foods	3.2.1 Number of countries that have implemented regulations to protect children and adolescents from the impact of marketing of sugar-sweetened beverages, energy-dense nutrient-poor products, and fast foods in line with the Recommendations from a Pan American Health Organization Expert Consultation on the Marketing of Food and Non-alcoholic Beverages to Children in the Americas Baseline: 1 in 2014 Target: 15 in 2019	3 countries have implemented regulations to protect the child and adolescent population from the impact of promotion and marketing of sugar-sweetened beverages, fast food, and energy-dense nutrient-poor products.
3.3 Develop and implement norms for front-of-package labeling that promotes healthy choices by allowing for quick and easy identification of energy-dense nutrient-poor products	3.3.1 Number of countries that have norms in place for front-of-package labeling that allow for quick and easy identification of energy-dense nutrient-poor products and sugar-sweetened beverages that take into consideration Codex norms Baseline: 1 in 2014 Target: 15 in 2019	2 countries have implemented labeling systems to discourage the consumption of processed or ultra-processed products that are high in sugar, fat, and salt.

<i>Strategic Line of Action 4: Other multisectoral actions</i>		
Objective	Indicator, baseline, and target	Status
4.1 Engage other government institutions and, as appropriate, other sectors.	4.1.1 Number of countries in which implementation of this Plan of Action is supported by a multisectoral approach. Baseline: 0 in 2014 Target: 10 in 2019	8 countries have a multisectoral strategy or plan of action for the prevention of overweight or obesity.
4.2 Improve access to urban recreational spaces such as the “open streets” programs.	4.2.1 Number of countries in which the population in at least five cities has access to “open streets” programs. Baseline: 6 in 2014 Target: 15 in 2019	9 countries have at least five cities with “open streets” programs.
4.3 Take measures at the national or subnational level to increase the availability and affordability of nutritious foods	4.3.1 Number of countries that have created incentives at national level to support family farming programs. Baseline: 5 in 2014 Target: 21 in 2019	19 countries have created incentives at the national level to support family farming programs.
	4.3.2 Number of countries that have introduced measures to improve relative prices and/or the affordability of healthy [healthful] foods Baseline: 3 in 2014 Target: 10 in 2019	18 countries have fairs or farmers markets that promote access to healthy foods.

<i>Strategic Line of Action 5: Surveillance, research, and evaluation</i>		
Objective	Indicator, baseline, and target	Status
5.1 Strengthen country information systems so that trends and determinants of obesity, disaggregated by at least two equity stratifiers, are routinely available for policy decision-making.	5.1.1 Number of countries that have an information system to report on dietary patterns and overweight and obesity in a nationally representative sample of pregnant women and school-aged children and adolescents, every two years. Baseline: 3 in 2014 Target: 8 in 2019	4 countries have systems for reporting on dietary patterns and overweight and obesity in women of childbearing age, children, and adolescents.

Action Necessary to Improve the Situation

3. In light of the progress described above, the actions needed to improve the situation include:
 - a) Adopt clinical guidelines for the prevention, early detection, and control of overweight and obesity, to be applied at the first level of care.
 - b) Adopt legislation that covers all the provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions and monitor compliance on a regular basis. Continue to encourage the protection of maternal health and increase the number of centers that provide maternal health services through the Baby-Friendly Hospital Initiative (BFHI).
 - c) Establish standards for school feeding programs and the sale of foods and beverages in schools to ensure the intake of fruits, vegetables, and water in order to reduce the consumption of processed or ultra-processed products that are high in sugar, fat, and salt. In addition, promote physical activity in schools.
 - d) Increase taxes on sugar-sweetened beverages. In addition, ensure that processed and ultra-processed products with high levels of sugar, fat, and salt are not promoted to children or adolescents under 16 years old and that these products have front-of-package warning labels that can be quickly and easily identified.
 - e) Increase the number of cities with access to open streets.
 - f) Promote policies for improving the availability and access to healthy food.
 - g) Establish or update surveillance systems for regular monitoring of eating patterns, overweight, and obesity in children and adolescents and also, most importantly, pregnant women.

Action by the Executive Committee

4. The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

References

1. Pan American Health Organization. Plan of Action for the Prevention of Obesity in Children and Adolescents [Internet]. 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas; 2014 Sep 29-Oct 3; Washington, DC. Washington, DC: PAHO; 2014 (Document CD53/9, Rev. 2) [cited 2017 Oct 23]. Available from:
https://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=26980&Itemid=270&lang=en

2. Pan American Health Organization. Plan of Action for the Prevention of Obesity in Children and Adolescents [Internet]. 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas; 2014 Sep 29-Oct 3; Washington, DC. Washington, DC: PAHO; 2014 (Resolution CD53.R13) [cited 2017 Oct 23]. Available from:
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