

Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

Tackling the drivers of obesity, particularly for children and young people

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Tonga

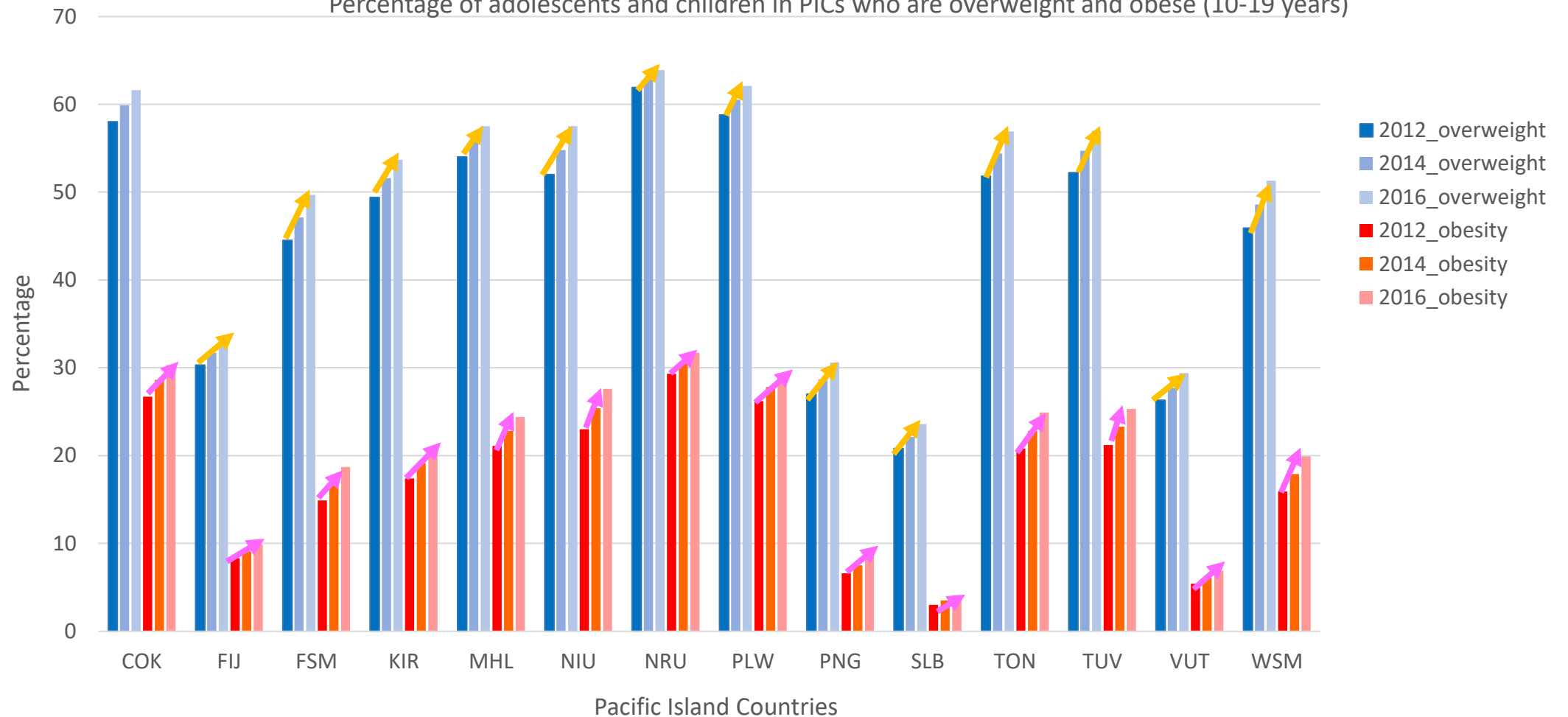
On behalf of Pacific island countries and areas



Current situation

Overweight and obesity rates continue to trend up in Pacific island countries and areas

Percentage of adolescents and children in PICs who are overweight and obese (10-19 years)



WHO/GHO/indicators (2016 latest updated (crude estimate %))

Drivers on obesity affecting the Pacific population

Environmental/Commercial

- Marketing, promotion, industry interference
- Food system and supply
- Availability, affordability and accessibility etc.

Behavioral

- Choices on food and physical activity
- Cultural and social norms
- Knowledge, attitudes, beliefs etc.



Demographics

- Socioeconomic disadvantages
- Poverty
- Food insecurity

Biological

- Maternal health conditions
- Undernutrition, low birth weight, breastfeeding
- Inherited risk etc.

Multiple factors (inside and beyond the health sector) are driving the rise in overweight and obesity. While the health sector can take the lead in addressing some of the drivers of obesity, there are many interventions that require collaborative action with non-health sectors.

The future we want to see

“PICs are able to meet the global NCD targets on halting the rise of obesity. Future generations across the Pacific will live and grow in a health-enabling environment”

Contributing to the achievement of:

SDGs: reduce by one-third premature mortality from NCDs

Healthy Island Vision: Children are nurtured in body and mind; People work and age with dignity

Pacific Leaders 2050 Vision: Pacific peoples can lead free, healthy, resilient, and productive lives



Regional progress example:

- Utilising **Pacific Legislative Framework (PLF)** to develop effective legislation to address the drivers of obesity and Pacific **ECHO** priorities:
 - ✓ 3 PICs have strengthened **food fiscal policies** in 2022, and 8 PICs convened and developed plans to implement health taxes including SSBs.
 - ✓ 7 PICs convened and developed plans for national legislation to **regulate marketing of unhealthy foods** and beverages to children.
- **Health Promoting Schools** are scaling up to create healthy environment and instil early good habits.
- **Youth groups** from several PICs are engaging in NCD awareness innovative campaigns to promote behaviour change.



Example: Fiji and Tonga Health Promoting Schools (HPS)

- Collaboration between the ministries of health and education;
- Focus on three areas
 - Diet and physical activity
 - Water, sanitation and hygiene
 - Mental health and environment
- Create health-enabling environments, set children on path to lifelong healthy habits and health literacy, engage students, parent and community, and continually improve.
- Fiji has over 280 schools and continue to strengthen and scale through developing national commitments, teacher upskilling, and data and system strengthening.
- Tonga has adapted Fiji's model and currently has more than 50 HPS schools and early childhood education centres.
- Increase in pass rates in HPS schools and demonstrated better COVID-19 resilience.
- Next steps are to strengthen data integration for the monitoring of HPS school implementation and impact on student health and education targets.



Example: Empowering youth in combating obesity & NCDs in Fiji and Vanuatu

- Youth ambassadors designed and implemented **innovative health promotion campaigns**.
- Used **artwork** including drawing, painting, mural, sports, and home gardening
- Hundreds of school children, youth and community members actively engaged, and demonstrated **positive outcomes**:
 - Improved knowledge and increased awareness
 - Demonstrated community outreach and increased stakeholders' participation
 - New employment opportunities for youth using the acquired arts skills.
- Offered **new perspectives** to actively engage communities through **creative approaches**.



Students participating, Vanuatu



Training by and for young people, Fiji



Community participation, Fiji

Example: Regulating marketing of unhealthy foods/drinks in RMI

- Children's food choices are becoming increasingly **influenced by marketing strategies**
- RMI has taken a **systematic approach to ensure regulation is enacted**,
 - ✓ Reviewed policies and existing laws
 - ✓ Cabinet approval gained to draft legislation
 - ✓ Completed work on the proposed legislation
 - ✓ Undertook stakeholder-wide consultations
 - ✓ Will be finalized for adoption in 2023, enacted and enforced
- 6 other PICs have developed plans to **implement/strengthen** regulations



Why urgent action is needed now

Increasing burden and disproportionate action

- The rates of overweight and obesity **continue to increase**.
- Increased health care costs, lost productivity, **hindering the achievement of SDGs**.
- Two-thirds of premature deaths in adults are associated with childhood behaviours, but **inadequate investment and targeted actions** for children and youth.

Escalating challenges

- Children are growing up in **obesogenic environments**.
- **Marketing** for food and beverages is increasingly dominated by promotion of unhealthy products.
- **Globalisation, climate change, pandemics** etc. continue to influence food systems, food security thereby affecting behaviour change.

Increasing complexity

- **Addressing food industries is complex** as they are also part of a necessary food system/supply (i.e. not as simple as tobacco).
- Food choices are influenced by **beliefs, values, cultural and social norms, availability, affordability** etc.

Proposed recommendations for heads of health

Pacific Heads of Health are invited to:

- Strengthen coordination and leverage **partnerships with non-health sectors** to take strong **policy and legislative action** built on evidence-based strategies that create health-enabling environments. For example:
 - Implement and enforce food regulations, particularly on marketing of unhealthy foods and sugar sweetened beverages to children, and food fiscal policy.
 - Incorporate health protections in trade agreements to set standards, mandate labelling, regulate marketing, prohibit trans-fats, and increase access to healthier foods.
 - Ensure that facilities are available on school premises and in public spaces to promote physical activity for all including those with disabilities.

Proposed recommendations for heads of health

- Scale up evidence-based interventions that **promote behaviour change particularly targeting children and young people**, including through collaboration with non-health sectors. For example:
 - Engage children, youth and communities in any innovative behaviour change interventions that promote physical activity and healthy eating, empowering them to be at the forefront in tackling obesity.
 - Ensure obesity prevention and health promotion resources are innovative, user-friendly, and available for the target populations for utilization.
- Fully **implement evidence-based interventions within the health sector** including:
 - Ensuring that Baby Friendly Hospitals follow their policies, promote breastfeeding, and follow the Code on the Marketing of Breast Milk Substitutes.
 - Integrate child growth monitoring and obesity management into primary health care.
 - Monitor child growth and children's BMI to increase data and trends on overweight and obesity for planning, policy development and decision making.
 - Provide appropriate management services for children and their families who are overweight or obese including pregnant women with gestational diabetes.

Proposed recommendations for health ministers

- **Lead national multi-sectoral NCD committees** to drive ‘whole-of-government’ and ‘whole-of-society’ implementation of evidence-based interventions that address the root causes of obesity in a holistic manner across the life-course.
- **Strengthen coordination through the Pacific Ending Childhood Obesity (ECHO) network** to drive the implementation of subregional priorities including promotion of physical activity, introduction of fiscal policies on sugar sweetened beverages and unhealthy food products, and the restriction of marketing of unhealthy foods and beverages to children.
- **Invest and allocate appropriate budgetary resources** to scale up national priority actions and implement innovative interventions that promote behaviour change particularly targeting children and young people.
- **Hold government departments and other stakeholders accountable** for progress in addressing the drivers of obesity through active monitoring and evaluation.
- **Ensure regional and national collaboration** with civil society organizations, development partners and stakeholders to better support implementation of evidence-based strategies that create health-enabling environments.

Proposed recommendations for development partners

Development partners are invited to:

- **Invest and support PICs** in addressing commercial determinants, creating health-enabling environments, and scaling up interventions in every aspect e.g., policy, planning, capacity building etc.
- Support the **strengthening of accountability** and the monitoring of implementation using the MANA dashboard. Conduct and share population-based surveys and operational research to monitor and evaluate health outcomes among Pacific children and young people.
- **Advocate for multi-agency and multisectoral action** across Council of Regional Organisations of the Pacific (CROP) and United Nations partners to support PICs' efforts to tackle the drivers of obesity

Thank you!