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Are there any successful policies and programmes to fight overweight and obesity?



Collection of contributions received

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Topic note

Dear colleagues:

We are delighted to invite you to an online discussion on successful policies and programmes to fight overweight and obesity. Please read the background information and answer the discussion questions included below.

Brief context for the discussion forum

The formulation and implementation of public policies and programmes to prevent, monitor and reduce overweight and obesity pose a challenge, both for Latin America and the Caribbean and for most regions in the world.

Overweight and obesity are considered a severe public health issue in many countries, requiring urgent measures at all levels, including the formulation, implementation, monitoring and evaluation of adequate policies and programmes. According to the World Health Organization (WHO), 1.9 billion adults (over the age of 18) were overweight in 2014, and 600 million were obese. Furthermore, 42 million children under five were overweight or obese in 2013.

To ensure a successful implementation of public policies and programmes, these should be based on scientific evidence and/or proven interventions. However, there is little information on the results and impact of policies and programmes addressing these issues in a comprehensive and holistic manner.

In response to this shortfall, the "Study of international evidence of obesity reduction: lessons learned from case studies" (*“Estudio de evidencia internacional en la reducción de obesidad: Lecciones aprendidas de estudios de caso”*), is being conducted by FAO and the Catholic University of Chile (known in Spanish as PUC), in consultation with the WHO. The study has two major goals:

- Gathering and describing the major and most effective existing policies and programmes addressing obesity and overweight at international level.
- Making the outcomes available to parliamentarians and decision makers (in public policies), with the aim of better inform the design and implementation of initiatives effectively addressing overweight and obesity in the region.

The study is being conducted now and has identified several interventions grouped into the following categories: **access** (providing nutritious food to vulnerable groups, prohibiting junk food in schools and other public institutions), **education** (dietary guidelines, nutrition education in the school context, promoting physical activity, public campaigns promoting healthy diets, nutritional labelling, restrictions on junk food advertising), **supply** (increasing the supply of healthy food in areas like “food swamps” and “food desserts”, facilitating short marketing circuits, improving the nutritional quality of food products) and **economic** (taxes, subsidies and price changes). In order to strengthen the efforts made so far, this forum and your participation will be crucial in gathering more evidence, experiences of good practices and success stories reflecting the work at the global, regional and national area in this field.

This is why we invite you to answer one or more of the following questions, and to share your knowledge about successful policies and programmes to fight overweight and obesity. Please, bear in

mind that we are particularly interested in using this platform to gather and share examples of initiatives implemented by governments, or other institutions in your country or in other countries.

Discussion questions

According to your experience and/or knowledge:

1. Which policies and/or programmes have been implemented in your country or region to prevent overweight and obesity? Please consider:
 - National/local policies and initiatives (i.e. nutritional labelling, food taxes/subsidies, promoting the consumption of fruits and vegetables, dietary guidelines, policies to promote physical activity, nutritional education in other policies)
 - Interventions and/or programs in community and school environments.

Note: Please share links, scientific papers and/or documents to enrich your answers.

2. Which of the policies and/or programmes mentioned before have succeeded in reducing overweight and obesity levels? Please complete your answer answering the following queries:
 - What was the target population?
 - In which way were results assessed and/or effectiveness determined? What were the success factors that contributed to the effectiveness?
 - What were the main challenges, constraints and lessons learned?
3. Finally, which **ELEMENTS ARE CRUCIAL** to effectively support policies, strategies and/or programs targeting overweight and obesity reduction?
 - Please consider elements regarding governance, resources, capacity building, coordination mechanisms, leadership, or information exchange networks, among others.

Please do not hesitate to share your experiences and knowledge on this topic. We look forward to receiving your contributions and working together to strategically overcome this global problem.

Francisca Silva Torrealba, PUC Chile

Rodrigo Vásquez Panizza, FAO Chile

Discussion facilitators

Contributions received

1. Emile Hougbo, Agricultural University of Ketou, Benin

Original contribution in French

L'obésité constitue un phénomène de société encore très mal connu; ce qui constitue un obstacle sérieux au montage de projets et programmes efficaces pour la combattre. On ignore de façon très précise les déterminants de l'obésité. La nutrition seule n'est pas la cause de l'obésité à mon avis. Et l'indice de masse corporelle (IMC) jusque là utilisé ne semble pas pertinent dans tous les cas, dans tous les pays et pour toutes les races. L'IMC ne reflète pas seulement la masse grasse. Le calcul de l'IMC ne convient pas aux enfants, ni aux personnes trop courtes. Un individu dont l'IMC paraît correct, peut très bien souffrir d'un excès de graisse abdominal, potentiellement dangereux pour la santé. L'IMC est une mesure qui correspond à un individu à un instant précis : il ne reflète pas l'histoire du poids. Or, l'évolution du poids est très importante pour détecter un problème de santé. Les athlètes, en particulier les sportifs qui présentent une masse musculaire importante ont souvent un IMC relativement élevé, car la masse musculaire représente un poids non négligeable. La liaison entre l'IMC et la masse grasse semble différente en fonction des races. L'IMC doit être interprété avec prudence à l'échelle d'un individu. Il demeure davantage un bon indicateur pour l'ensemble d'une population.

Cette réalité fait que très peu de programmes sont efficaces contre l'obésité. Je n'en connais pas au Bénin. Même dans les pays développés, l'obésité se développe. Ce qui se passe aujourd'hui est que l'on est tenté de déclarer qu'il y a problème alors même que la personne concernée (en surpoids ou obèse) se sent encore bien dans sa peau. C'est la confusion entre indice et indicateur. Au Bénin par exemple, les femmes en point et les plus appréciées sont généralement celles en surpoids ou obèses si l'on doit considérer leurs IMC. Il s'ensuit que les questions de surpoids et d'obésité doivent être contextualisées. Les programmes à mettre en oeuvre doivent encore être des programmes de recherche pour identifier de façon plus ou moins précise les déterminants de l'obésité. Une typologie des groupes de communautés est nécessaire. Cette typologie doit être faite en fonction des races, de l'activité exercée, des régions et des considérations sociales (systèmes alimentaires, valeurs, ...). Aussi, doit-on distinguer les études d'incidence et de tendance (au niveau d'une population) des études au niveau individuel. Car, une situation qui s'avère alarmante au niveau de la population n'indique pas forcément que toutes les personnes concernées sont malades. Pour ma part, je crois qu'au niveau de l'individu, l'obésité est moins engendrée par l'alimentation que par la richesse nutritionnelle de l'aliment (surtout la richesse en nutriments synthétisés) et les facteurs de l'environnement: l'hérédité et la pression mentale. Une personne heureuse est plus prédisposée au surpoids et à l'obésité qu'une personne soucieuse, qui n'accepte pas encore sa situation. De plus, on remarque qu'il y souvent des personnes qui mangent beaucoup sans présenter aucun signe de surpoids ou d'obésité. De même, l'excès de graisse abdominal, que j'ai beaucoup observé en Italie par exemple, surtout chez les femmes et les filles, est rare au Bénin et en Afrique. La question est donc sérieuse et demande plus d'investigations.

English translation

Obesity is still a very badly understood social phenomenon which creates a serious obstacle for the development of projects and programs that can combat it effectively. We very precisely ignore the causes of obesity. Nutrition alone is not the cause of obesity, in my opinion. And the currently used body mass index (BMI) does not seem pertinent in all cases, in all countries and for all ethnicities. The BMI does not reflect only body fat. The calculation of a BMI is not appropriate for children, or for shorter people. A person whose BMI is normal can very well have potentially dangerous excess abdominal fat. The BMI measures an individual at a specific point in time: it does not reflect weight history. However, weight change is a very important factor to detect health problems. Athletes, particularly those who have elevated muscle mass often present relatively high BMI because muscle mass represents a significant

amount of weight. The connection between BMI and body fat seems different depending on ethnicity. The BMI must be interpreted with caution on the scale of the individual. It does however remain a good measurement for a population as a whole.

This reality means there are few effective programs against obesity. I do not know any in Benin. Even in developed countries, obesity is increasing. What is happening now is that we try to declare that there is a problem even when the person in question (overweight or obese) feels good about themselves. This is where confusion between index and indicator comes from. In Benin, for example, the most appreciated women are generally those overweight or obese if we consider their BMI. This leads to the need to contextualise questions of overweight and obesity. The programs to be put in place should still be focused on research to determine, more or less precisely, the determinants of obesity. A typology by community groups is necessary. This typology should reflect ethnicity, occupation, region and social considerations (diet, values, ...). Also, we should distinguish studies referring to incidence and tendencies (at the population level) from those at the individual level. Because, a situation that seems alarming at the population level does not indicate necessarily that everyone concerned is sick. Personally, I believe that at the individual level, obesity is less a cause of consumption than of nutritionally rich foods (particularly with regards to synthetic ingredients) and environmental factors: heredity and psychologic pressure. A happy person is more predisposed to overweight and obesity than a worried person who does not yet accept their situation. Furthermore, we notice often people who eat a lot without presenting any indication of overweight or obesity. Likewise, an excess of abdominal fat, which I have observed a lot in Italy, particularly in women and girls, is rare in Benin and in Africa. The subject is therefore serious and requires more investigation.

2. Raghavendra Guru Srinivasan, India

1. In India the new government worked to get global approval (W.H.O) of Yoga. International yoga day was organized. Efforts are on to implement Yoga in Indian schools.
2. The international recognition of Yoga reinforced confidence in yoga teachers in India. This has considerably reduced the marketing efforts required from yoga teachers. The schools have become active in recruiting new yoga teachers.
3. We need a comprehensive understanding of overeating before starting the process of taxing food products. I have prepared a comprehensive understanding of overeating. The Governments around the world have proposed to tax various food products to stop obesity, diabetes & other non-communicable diseases (NCDs), and they include soda tax, candy tax, sugar tax, high salt and high sugar tax, junk food tax, pastry tax, etc. Even after taxing food products there is still discussion on food supplied in large quantities, and on promotions to children in the form of gifts and toys. There is a need for comprehensive global framework for health related food taxation and it is addressed by my work. https://www.mygov.in/sites/default/files/user_comments/Efficient-Tax-Framework.pdf

Behavioral insight: This effort has also brought out the business behavior of tickling food consumption in individuals. Markets mechanisms reward the business behavior tickling food consumption as higher sales translates into higher profits. Governments in developed countries have set up a team to nudge people's behavior for improving health especially in the area of obesity and non-communicable diseases. The business behavior of tickling food consumption generates or increases the need for governance efforts like behavior change interventions, and regulating tickling behavior will reduce the burden of governance.

The above framework will be a single basic document for Overeating behavior/Tax based financing for health/ Behavioral insight efforts.

3. Elaine Rush, Auckland University of Technology, New Zealand

Dear all,

I would like to share with you a paper that describes the Project Energize in New Zealand.

Prevention of childhood obesity is a global priority. The school setting offers access to large numbers of children and the ability to provide supportive environments for quality physical activity and nutrition. This article describes Project Energize, a through-school physical activity and nutrition programme that celebrated its 10-year anniversary in 2015 so that it might serve as a model for similar practices, initiatives and policies elsewhere. The programme was envisaged and financed by the Waikato District Health Board of New Zealand in 2004 and delivered by Sport Waikato to 124 primary schools as a randomised controlled trial from 2005 to 2006. The programme has since expanded to include all 242 primary schools in the Waikato region and 70 schools in other regions, including 53,000 children. Ongoing evaluation and development of Project Energize has shown it to be sustainable (ongoing for >10 years), both effective (lower obesity, higher physical fitness) and cost effective (one health related cost quality adjusted life year between \$18,000 and \$30,000) and efficient (\$45/child/year) as a childhood 'health' programme. The programme's unique community-based approach is inclusive of all children, serving a population that is 42 % Māori, the indigenous people of New Zealand. While the original nine healthy eating and seven quality physical activity goals have not changed, the delivery and assessment processes has been refined and the health service adapted over the 10 years of the programme existence, as well as adapted over time to other settings including early childhood education and schools in Cork in Ireland. Evaluation and research associated with the programme delivery and outcomes are ongoing. The dissemination of findings to politicians and collaboration with other service providers are both regarded as priorities.

Read more here <https://bmcrenotes.biomedcentral.com/articles/10.1186/s13104-016-1849-1>

Attachment:

http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/10yProject_Energize_BMC.pdf

4. Salvador Camacho, Heidelberg University, Germany

1. Which policies and/or programmes have been implemented in your country or region to prevent overweight and obesity?

- Mexico is probably one of the most active countries in Latinamerica in setting anti-obesity public policies. For example the ANSA (National Agreement for Alimentary Health) since 2010, the consequent "Code for self-regulation in publicity of food and drinks targeted to children" (Codigo PABI in Spanish) and most recently, the famous Mexican sugary drinks tax.

2. Which of the policies and/or programmes mentioned before have succeeded in reducing overweight and obesity levels? Please complete your answer answering the following queries:

- What was the target population?

Most of the strategies have aimed to the general population but there has been a special emphasis on children, for both ethical and economical reasons, i.e. these strategies are more cost-effective by its own nature than those aimed to adults, simply because the duration of the positive effects is expected to last longer. Additionally, children's preferences are thought to be more modifiable than those from the adult populations.

- In which way were results assessed and/or effectiveness determined? What were the success factors that contributed to the effectiveness?

Generally speaking, the epidemiological data -overweight and obesity prevalence- is the one used to determine the success of the strategies. However, in the case of the sugary drink tax, the emphasis has been on economical data reflecting household expenditure and beverages sales. In my opinion, there is no way to account any of this strategies as a success. There is no way yet to link the economical data to the epidemic data.

- What were the main challenges, constraints and lessons learned?

The National Public Health Institute (INSP) has published a [preliminary report](#) stating that the tax has decreased sugary drinks consumption specially among the poorest. A few months later, a [new report](#) was published confirming this data. Logically, the tax supporters used the INSP message as evidence to state that the sugar tax is [a significant success](#).

However, [the study itself](#) mentions a very interesting fact that curiously enough, has been absent in all the related public communications from the INSP: The household expenditure has not decreased accordingly. There is no savings from the families, and this fact cannot be attributed to replacing taxed sugary drinks with bottled water.

In [another study](#) by some of the researchers involved in the INSP study, it is described how the industry has reacted and adapted its strategies to the taxation. Actually both studies conclude that more research is needed in order to find out if the sugary drinks tax is really working or not.

So, if the goal of the tax was somehow to minish the sales of sugary drinks, it may have been succesful. However, if the goal of the tax was to reduce overweight and obesity, there is no evidence to conclude anything. As I state it in the [Iberoamerican Development Bank's blog](#), a reduction in sugary drink consumption does not necessarily mean obesity reduction. Thinking in such a linear way causes to overlook that people may be substituting these products with other equally harming, specially if we consider the possibility of a compensation behavior derived from a ["halo effect"](#). That means that some people giving up a sugary drink, e.g. having a healthy-imposed-behavior, may think they are entitled to having an extra dessert because they are being healthy anyway...In addition, having an extra dessert, could trigger the ["what the hell effect"](#), which is a temporary lost of control. This could end up in people having not an extra dessert but having several extra treats during the day, possibly explaining the lack of savings by giving up a sugary drink.

Of course, it could be also simpler. People could be substituting the now more expensive sugary drinks by cheaper treats or products. Specially under the [reaction of the food and beverages industry](#).

3. Finally, which ELEMENTS ARE CRUCIAL to effectively support policies, strategies and/or programs targeting overweight and obesity reduction?

- First of all, we must revise the cause of obesity. The calorie balance concept cannot be used to explain fat generation (or adipogenesis) without risking inefficiency and redundancy. If we do not know what really causes obesity we cannot create efficient strategies. We will spend thousands of resources treating the symptoms and possibly reinforcing the causes. I am currently working in a discussion paper in this matter, explaining why calorie balance is not useful and what could we do instead of using it. If somebody is interested, we can discuss it further.
- We have to take in consideration people's behavior, biases and particular heuristics in every policy or intervention
- we have to try to forecast the consequences of the public policies from the main stakeholders and reduce the risks of being undermined by their reactions

- Governments have to stop thinking in linear ways They have to notice that the whole food value chain is interconnected, from the incentives that the farmers have to plant one or another seed to what the final consumer decides to cook for dinner.

Thanks for reading this. I look forward to hearing back from you.

Salvador

5. JC Wandemberg, Sustainable Systems International, Ecuador

Human behavior is extremely complex, e.g. one man's trash is somebody else's treasure. Hence, the need to understand all the driving factors behind over-eating before overweight becomes a vicious downward spiral e.g., tired to exercise > more anxious > eating). Addressing the symptoms will only delay the solution and thus aggravate the problem!

In Ecuador the government implemented a food "traffic light" with red for high sugars, fat and salt, yellow for medium and green for low. The consequences were disastrous, to say the least, people lower their consumption of milk, yogurt and other healthy foods while continue eating processed foods with plenty of MSG (Mono Sodium Glutamate) as well as other preservatives and additives which were completely ignored by the infamous food "traffic light".

6. Roberto Verna, Sapienza University of Rome, Italy

Is it possible to make prevention and reduce health spending?

Increasing physical activity would improve the health of the Country, would reduce health spending, it would give new opportunities to work and maybe a small step forward in the field of security. Is it so difficult?

In 2016, the estimated Italian Public Health spending will reach 113.2 billion euro, 1.9% increase if compared to 2015. In 2012 it was 111 billion, equivalent to 7% of GDP (about 1,867 euro per year per inhabitant). Health expenditure is growing but, news of these days, in Italy the average duration of life, even if only slightly, is coming down.

Does it mean that, despite the huge professional and financial commitment, the resources are badly or not adequately employed, or is it just the result of the increase in costs? In any case, although much lower than that of other major European countries, it is necessary to find new ways to reduce health care spending.

The linear cuts made until now were strongly, and rightly, disputed because they do not guarantee an improvement of health; indeed, they are likely to worsen the resulting further increase in costs. It is, in fact, necessary to start a path to appropriateness, but this cannot be just a term; we need a strategy shared with health stakeholders.

The great effort that Public Health is doing, however, is aimed primarily at those who are already ill and thus require appropriate care; it is therefore difficult to reduce the spending commitment. The Italian Parliament is facing with an important institutional dilemma: on the one hand, the right to health, enshrined in the Constitution, and the consequent decision to provide free (or almost) healthcare; on the other, the imperative to contain expenses that tend to rise, even for the progressive aging of the population, which erodes great resources that could be allocated to the Social State and/or other productive investments.

Prevention is certainly the best way to rationalize spending and thus reduce it; but we all know that proper prevention can give long-term results, although it certainly leads to a substantial savings, at present risks only to be a cost; and resources seem exhausted.

It is, therefore, necessary to decide whether to run after the disease trying to patch the most damage created by it, spending as little as possible or, rather, do some investment, perhaps in new technologies, especially diagnostics, to reduce the occurrence of disease.

Or, more simply, to try to get less sick.

It is not a utopia. It is possible to get less sick thus reducing health spending. Let's see how.

Physical inactivity is a health risk, because it produces 2 million deaths / year worldwide. In particular, physical inactivity favors the 10-16% of cases of breast cancer, colon cancer and diabetes and 22% of heart attacks.

Regular physical activity is thus critical for prevention.

The health benefits brought by the change in lifestyle habits are proven by a 25-year study in which it was shown that the change in lifestyle has reduced deaths from cardiovascular disease (-68%), stroke (-73%), cancer (-44%).

A more active lifestyle would lead to the prevention of at least 2 million premature deaths and 20 million DALYs (Disability-Adjusted Life Year) in the world.

For five diseases it has been proven the relationship between physical activity and health benefits: cardiovascular disease, stroke, colon cancer, type II breast cancer and diabetes. An expanded list of diseases caused by sedentary lifestyle includes: overweight, obesity, diabetes type II, cardiovascular disorders (heart attack, myocardial infarction, stroke, heart failure, high blood pressure, venous insufficiency), osteoporosis, arthritis, increased blood cholesterol and triglyceride levels, colon and breast cancer. All diseases that, once arisen, tend to become chronic and must be kept under constant health control and appropriate care.

It was calculated that increasing only by 1% of the number of active people, the save in health care spending would be 80 million euro per year.

The main consequence of physical inactivity is overweight and later obesity. In particular, the central type obesity, with the accumulation of fat in internal organs, is associated with an increased incidence of complications: metabolic (diabetes and / or intolerance to carbohydrates, dyslipidemia, hyperuricemia), cardiovascular (blood pressure, heart disease and ischemic heart failure), systemic (arthritis, colon cancer, respiratory failure, cholelithiasis, etc.).

About 50% of obese children over 6 years become obese at adult age in comparison (10%) of non-obese children at the same age. In obese adolescents, this percentage rises to 70% and above 80% if one parent is obese.

In Italy, 33.1% of the population is overweight (41% of men and 25.7% women), and 9.7% is obese. Although the latest figures are mildly encouraging, the levels of overweight and obesity in childhood remain high.

The phenomenon is more widespread in the South (Abruzzo, Molise, Campania, Puglia and Basilicata regions cover more than 40% of the sample), where some eating habits and poor perception of the phenomenon are a problem. Out of 46,492 children from 2,623 classes of third grade, 22.1% of children aged 8-9 years are overweight compared to 23.2% in 2008/09 (-1.1%) and 10.2% in condition of obesity, compared with 12% in 2008/09 (- 1.8%).

The presence of obesity in adolescence is predictive of a greater development of cardiovascular events in adulthood, although in this age of life a normal body weight has reached. Children between 6 and 11 years with overweight problems are one million one hundred thousand. 12% are obese, while 24% are overweight: more than one in three children, therefore, has a weight higher than it should have for his age.

How did we come to this?

School medicine and military medicine have been virtually dismantled, with serious impairment of prevention. The early detection of many diseases slows the onset of complications and contributes greatly to improving the quality of life; an example among all: diabetes, which affects a large number of people with increasing costs.

Physical activity is important for the prevention of many diseases and to improve the conditions of sick people. "Exercise is medicine" is the new address for prevention and therapy.

The boys also benefit of the sport activity for their psychological maturation.

In addition, there are the damage from poor nutrition, alcohol dependence and the overuse of pharmacologically active substances, misuse of drugs, even those permitted.

It is therefore necessary to increase the quantity / quality of time devoted to physical activity, both at school and outside school, but above all, it is vital the dissemination of knowledge of the problem.

A widespread information / training, along with a sport and proper medical supervision into every type of school, would lead to a sharp reduction in public spending, much higher than the 80 million of which we have just spoken, with an almost negligible investment.

The ideal would be to set up in School a course of education to health, with the principles of nutrition and physical activity, in order to improve the lifestyles and reduce health spending through health education, proper nutrition and sports activities. 1-2 hours a week would be enough to communicate to children, and indirectly their families and the families of the future, what are the criteria for a healthy life.

It is, however, necessary to have suitably qualified teachers for the treatment and dissemination of health prevention principles of proper nutrition and the correct approach to sports activities. A specific training should be therefore held in the University. Health education cannot be done by the science teachers or those of motor sciences, alone; they must have a physician specially trained to coordinate, perhaps in co-presence, the interventions.

We must start a comprehensive training: school teachers, family physicians, those involved in physical training and athletics, sports administrators. One might ask, why sports managers? Because are needed sports managers who are not motivated only obtaining the results, but they do of sport a means to improving public health, as described below.

How to increase the number of practicing physical activity? We should promote agreements between schools and sports facilities (whereas schools do not already have) belonging to municipalities, sports clubs, for two / three hours in the afternoon, for all the kids of middle school at least and high school, asking to families a minimum contribution, such as 20 euro per month in order to perform physical activities at a low cost.

If we imagine to gather in a sports facility 100 boys, whose families paying 20 euro, with the 2,000 euro resulting it can be paid a qualified instructor who would follow them for the two / three hours, leading them to a controlled physical activity. As with all sports, kids should undergo a preliminary medical examination, which would identify any eventual disease.

So, in a very simple way, it would reduce obesity and the diseases related to it, it would improve the course of many diseases, it would increase employment and you could have a very large sports lever, at almost null cost.

Someone might object: but if some students do not want to exercise? No problem, they would also go to the fields, where they will attend the activities of others. Sooner or later they will be convinced to do it too.

I mentioned the sports administrators. It is fundamental a preparation of adequate university level also for those who want to pursue a sports manager career. At all levels. The ideal sports manager must have some knowledge in several fields, from the biomedical one to the technical, training,

rehabilitation, but also legal and economic, psychology of sport and sports communication, plant and equipment. Not always it is enough to have been an athlete, even if of high level, to be a good sports manager.

For the younger generation, which should be addressed at a proper sports culture, the presence of instructors and managers who have a clear knowledge of what they do and of the human material they have in their hands.

As an example, some time ago it was proposed that it should not be necessary the license to coach amateur teams, to save money. But we know how important a coach in a team, his role as an educator and controller; according to the proposal, it could be anyone. But with what kind of results?

In the concept of global education it must also be considered the possible positive effects towards public safety, in that many criminal organizations are using sports centers for the sale of illegal products and for money laundering.

The illicit is favored by underdevelopment and ignorance.

The institution, in each sports center from the smallest to the largest organization, of the certified quality of the manager and / or trainers, would constitute not only a guarantee for the public to have quality instructors, but also the possibility of fully "tracking" the system, by limiting the range of action of criminal organizations.

Obviously, in universities or in hospitals, should be developed specific routes for either the sports fitness, or recovery from diseases as well as for the diagnosis and treatment of diseases related to the sport.

The problem of physical activity, however, does not invest only the children but also the elderly. The exercise is a powerful stimulus for the production of GH and, on the other hand, aging and obesity are associated with a reduction in the production of GH. But then, is obesity which is growing old or aging that makes you fat?

The infiltration of fat is a natural part of the aging process. As we become old, our muscles gradually begin to shrink, burning fewer calories. When we lose muscle tissue, we burn less fat and start to add fat to our structure.

Therefore, if it is physiological that the fatty tissue replaces the muscle during the age, it is essential to keep active the muscular system, to delay the process and avoid the excess of fat accumulation.

In short: increasing physical activity would improve the health of the Country, would reduce health spending, would give new opportunities of employment and maybe also a small step forward in the field of security.

Is it so difficult?

Prof. Roberto Verna

Professor of Clinical Pathology

Director of the Center for Medicine and Sport Management

Sapienza University of Rome, Department of Experimental Medicine

Past President of the Italian Society of Clinical Pathology and Laboratory Medicine - SIPMeL

iPresident, World Association of Societies of Pathology and Laboratory Medicine

and the WHO Representative

President, World Pathology Foundation

7. Carmen Rivas Gaitán

Original contribution in Spanish

En nuestros países hay buenas intenciones al respecto, pero hay varios factores que condicionan la efectividad de las políticas y programas, entre ellas están:

- a) en el campo educativo, algunos centros educativos no toman conciencia de estos problemas, le dan prioridad a las necesidades materiales de las escuelas;
- b) el consumismo de alimentos procesados y de fácil adquisición prevalece en las comunidades;
- c) la mayoría de padres y madres de familia carecen de educación en materia de seguridad alimentaria.

Considero que algunos programas de alimentación escolar contribuye en cierta medida a formar hábitos saludables de alimentación. Hay que profundizar más en educar a toda la comunidad y hacer conciencia en la comunidad ampliada.

English translation

Our countries have shown good will with these issues. However, there are several factors conditioning the effectiveness of their policies and programmes. Among others:

- a) In education, some schools are not aware of these issues and prioritise material needs;*
- b) In communities, the consumption of affordable processed food is prevalent;*
- c) Most parents have not been educated in food security.*

I believe several school feeding programs contribute to some extent to the creation of healthy eating habits. We must strengthen education and raise awareness in the entire community.

8. Juliana Kain, Instituto de Nutrición y Tecnología de los Alimentos, Chile

Original contribution in Spanish

¿Cuáles políticas y/o programas para la prevención del sobrepeso y la obesidad se han implementado en su país o región?

Nosotros en el INTA, hemos implementado y evaluado varias estrategias de prevención de obesidad en los últimos 14 años (están publicadas). Comenzamos en Casablanca por 3 años en los temas de entregar a estudiantes de 1° a 7° básico contenidos de alimentación saludable y duplicar el tiempo destinado a clases de EF. Los resultados fueron muy exitosos mientras supervisamos la implementación, sin embargo no hubo sustentabilidad (sin apoyo de las autoridades para continuar) y se revirtieron los resultados. Después en los colegios de Macul y Ñuñoa implementamos un programa desde PK a 4° B. El Macul disminuyó levemente la obesidad, mientras que en Ñuñoa se mantuvo. En los colegios controles, hubo un aumento en ambas comunas. Adjunto un resumen presentado en un Congreso.

2. De las políticas y/o programas mencionados anteriormente, ¿cuáles han sido efectivos en cuanto a la reducción de los niveles de sobrepeso y obesidad? Complementar su respuesta con las siguientes sub-preguntas:

¿Cómo se evaluaron los resultados y/o se determinó la efectividad?

Antropometría y variables de condición física como variables primarias y conocimientos, grado de implementación y otras como variables secundarias

¿Cuáles fueron los factores de éxito que contribuyeron a la efectividad de estas estrategias?

Que la intervención sea aceptada por la comunidad educativa completa y los apoderados y que permitan una supervisión efectiva del proceso

¿Cuáles fueron los principales retos, limitaciones y lecciones aprendidas?

Tener que convencer a la comunidad escolar y los padres que cambien hábitos. Es muy distinto saber que actuar.

3. Finalmente, ¿Qué ELEMENTOS SON CRUCIALES para apoyar efectivamente políticas, estrategias y/o programas dirigidos a la prevención del sobrepeso y la obesidad?

Considerar elementos a nivel de gobernanza, recursos, desarrollo de capacidades, mecanismos de coordinación, liderazgo, redes de intercambio de información, entre otros.

Idealmente, debiera haber una acción coordinada de todos los involucrados (stakeholders), es decir el ambiente, kiosco, colaciones, carritos fuera del colegio, celebraciones etc. Ojalá los supermercados colaboren los más espacio y ofertas para productos saludables. Lo último es que mientras no haya "accountability" por los resultados (medidos por externos) no se van a ver cambios significativos

English translation

Which policies and/or programmes have been implemented in your country or region to prevent overweight and obesity?

At INTA we have implemented and assessed several strategies to prevent obesity in the last 14 years. These strategies have been published. We started in Casablanca, training pupils attending primary grades 1 to 7 in healthy food, and duplicating the time allocated to physical education classes. We had excellent results whilst we monitored the implementation of this program. However, without the necessary support from the authorities, the program was no longer sustainable and the results worsened. Afterwards, we implemented a program in the Macul and Ñuñoa schools, aimed at pupils attending kindergarten to grade 4B. Obesity decreased slightly in Macul and remained unchanged in Nuñoa. However, it increased in both communities where the target schools are located. Kindly find attached a summary presented at a congress.

2. Which of the policies and/or programmes mentioned before have succeeded in reducing overweight and obesity levels? Please complete your answer answering the following queries:

In which way were results assessed and/or effectiveness determined?

Using anthropometry and physical condition factors such as primary variables and knowledge, level of implementation and secondary variables.

What were the success factors that contributed to the effectiveness?

The intervention must be accepted by the entire education community and the proxies, and they must enable an effective monitoring of the process.

What were the main challenges, constraints and lessons learned?

Having to convince the school community and parents to change their habits. Theory is one thing and practice is another.

3. Finally, which ELEMENTS ARE CRUCIAL to effectively support policies, strategies and/or programs targeting overweight and obesity reduction?

Please consider elements regarding governance, resources, capacity building, coordination mechanisms, leadership, or information exchange networks, among others.

Ideally, the coordinated action of all the stakeholders is required (i.e. environment, refreshment stands, collations, snack carts outside school, celebrations etc). I hope supermarkets will collaborate expanding the available space and related offers for healthy products. Finally, as long as there is no accountability for the results (measured by external parties) there will be no significant changes.

9. Ahmad Elalouani, FAO, Morocco

I think in relation to the obesity issues that the people concerned or the target people generally should be included in food program. So what are the causes of the overweight and obesity? And what the possible solution to this problem all over the world?

In the countries where the food is always available to the people, the consumption per person doesn't follow any rule it is in the most cases random choice this is the human rule ie that the human doesn't follow the calories low to define the food habitat.

The main cause of the obesity is the availability of the food and the worse way in using food choices so the estimation of nutritional requirement is biased. The absence of activities like sport and other way to burn the extra of calories led to the overweight with time.

Practicing sport, defining a right food regime adjusted to the personal requirement led to reduce the effect of the obesity.

At the end, in the last years, it was appeared a new discipline that is called nutrigenomics, this new science treat the ways to find the possible metabolic and genetics causes and solution to the obesity.

10. Christian Häberli, World Trade Institute, Switzerland

The Role of Trade

A yet unaddressed facet of this debate concerns the role of international trade and trade policy in promoting or preventing obesity and overweight.

Trade contributes to food security where it increases food availability. Trade liberalisation can stimulate hitherto protected local production, increase its efficiency and resilience along the food value chain, and thereby mitigate local food insecurity. In theory, even poor consumers can then better choose the diet which is best for them.

Safe but unhealthy food, whether locally produced or imported, cannot be prohibited. But eating today is not only a matter of free, informed choice. Obesity and overweight are related to trade rules in goods, services, and intellectual property. In a world of trade liberalisation and growing interdependence this interaction must be continuously reviewed.

Better and more food production is an issue here. Productivity increases along the global food chain, and global branding and partly government-sponsored market promotion also increase trade in expensive but not necessarily healthier foods. Agricultural policy space, little constrained by trade and investment agreements, allows countries to at least partly protect their farmers from foreign competitors and to enjoy bumper harvests without producer prices crashing or health problems increasing. With the help of farm subsidies and risk insurance support powerful operators from rich and from some emerging economies are now able to compete, despite higher production and transport costs, even on remote markets. They can simply offload their low-end products and food surpluses – and their obesity problems – on the world market, at virtually zero cost.

Unfettered free trade can thus increase inequalities of income and of access to healthy diets. Without accompanying measures trade may actually increase obesity and overweight.

Health considerations should therefore play a bigger role in trade policy formulation. Many measures proposed by international health experts on obesity and diets show a more or less strong correlation between the relevant trade rules and the presently available evidence on effectiveness. This is a matter of maximising benefits and minimising risks. For instance, tariff reductions for health-promoting products, or binding market access commitments for health services should thus be reviewed jointly between trade and health agencies, including their timing. On the other side, health authorities should look at the relevant trade rules when they assess the merits of a fat tax or of consumer information with a “traffic light label” showing the weight impact of certain foods. Governments should also aim at a better use of health-supporting goods and health services. This would improve efficiency of scarce resources. Finally, trade and investment rules can also enhance and facilitate a number of non-discriminatory health measures and private operator actions.

The lack of coordination both at the international and the national levels appear as a serious although surmountable problem. Several examples of trade frictions show that the lack of legally binding health and dietary standards impairs national implementation measures and makes them vulnerable to legal challenges in WTO litigation, not to mention parochial interests of junk food exporters and of inefficient local producers of unhealthy foodstuffs. This means that intergovernmental health, trade and financial agencies must improve their own governance and mutual support with the help of their member governments and of private operators – and by listening to advice from concerned citizens and from the scholarship.

From an obesity and overweight mitigation perspective most important and urgent, therefore, are better cooperation, standard-setting, and synchronisation between all concerned stakeholders, both at the national and international levels, especially in a process accompanying a rapidly progressing globalisation and trade liberalisation.

11. Lal Manavado, University of Oslo, Norway

Hello!

Here are some of my thoughts on the subject for what they are worth. Even though my main argument may not win many supporters, I hope it would be of some help.

Many thanks.

Lal.

Elements Crucial to Effectively Support Policies, Strategies and/or Programs Intended to Reduce Overweight and Obesity

In this submission, I would like to examine some of the elements that ought to be taken into account on policy formulation and the design of strategy directed at the reduction of overweight and obesity. As for the success of programmes that embody the implementation of such a strategy, I shall not comment, for it is a question of political will, technical competence and requisite resources.

As this is based on already well-established procedures of logical analysis and synthesis, I shall not burden my potential readers with outside references. My argument is based on two basic assumptions, on which there is a general agreement, viz., unless one suffers from a certain type of metabolic disorder, being overweight or obese is due to the inappropriateness of one’s eating or drinking habits.

The second assumption emphasises that other things being equal, being overweight or obese is a consequence of an individual’s own action. How important this is in combating our problem has until now not received the attention it deserves. Legal action such as high taxation on certain industrial food and beverages is merely palliative if successful, for it does not encourage a person to acquire

appropriate eating and drinking habits for one's own benefit, rather it compels one to do so in the prescriptive manner of a religion barring the sinners from sinning to enter a putative heaven.

So, the policy and strategy we are talking about, is concerned with increasing the number of people whose eating and drinking habits are appropriate. Their relevance to this end, depends on the policy maker and the strategist knowing what may justifiably be said to cause inappropriate eating/drinking habits, and what legitimate means are at the disposal of the authorities to counter them. I shall try to address these two questions in turn.

Causes of Inappropriate Eating and Drinking Habits:

It is crucial to understand that these causes fall into two logically distinct categories, but some from both categories may co-occur. The first involves the situation in traditionally affluent countries, viz., affordable wholesome food and drink is available while some individuals do not take advantage of it due to several reasons. This represents inappropriate nutrition due to erroneous choice.

In the second, for a variety of reasons, an adequate supply of affordable wholesome food and drink does not obtain. Under the circumstances, one has no choice but to make use of what one could afford, which generally turns out to be the kind of item associated with being overweight or obese, i.e., starchy and/or fatty food. This represents inappropriate nutrition due to lack of choice.

It would be fair to say that intake of a balanced diet indicates that one's eating and drinking habits are appropriate. However, what constitutes a balanced diet for a given individual depends on among other things, age, sex, current state of health, climate of one's residence, nature of one's work, etc. Moreover, there is some reason to believe that dietary balance may also have a racial determinant. Hence, it would not be possible to lay down a scientifically justifiable balanced diet having a universal validity.

However, human beings have managed to survive long without the benefit of formal scientific knowledge. This in part, is due to the evolution of food culture among social groups, which empirically took into account what their habitat could best yield, and to achieve at least 'a working balance' among the available food items from animal and vegetable sources.

Therefore, it would be reasonable to suggest that a balanced diet for a given person would have to be established with reference to one's individual nutritional needs at a given period of time while keeping it as close as possible to the relevant food culture.

Having said that, it is possible to distinguish between two logically inseparable aspects of a balanced diet, viz., a qualitative and a quantitative one. Please note the term qualitative as used here simply refers to the diversity among the victuals consumed. It is necessary, because one cannot always obtain all the nutrients one needs from a single source.

When one's diet is sufficiently diverse to ensure an adequate quantitative access to the nutrients one needs, it approaches being a balanced diet. Other things being equal, a quantitative change in any item in a balanced diet or its replacement with another having a different available quantity of the same nutrient would result in dietary imbalance.

Being overweight or obese then, is a result of dietary imbalance where the intake of certain nutrients is excessive with respect to one's actual needs. This excess is mainly in the intake of carbohydrates, fat or oils. If, we can agree on the discussion thus far, we may then proceed to the possible causes of inappropriate eating and drinking habits included in the two categories described above.

Now, an obvious, yet an important point. Even if one has an easy access to all the food and drink one needs, it does not entail that one would select and partake a balanced diet. If one does so, it implies that one is willing and able to undertake those two tasks. This willingness is motivated by the belief that partaking of such a diet is desirable, hence it is of some value to oneself.

Having this belief implies the possession of prior knowledge of the value of a balanced diet, while having the ability to select a balanced diet implies the possession of a prior knowledge of what is constitutive of it. These two logically linked pieces of knowledge are not givens, and they have to be acquired through learning provided by relevant dietary education received at home or school.

1. Thus, inadequate dietary education can be an important cause of overweight or obesity. This seems to be particularly the case in affluent countries as well as among the relatively affluent in poor countries.
2. One often tends to deprecate the power of inherited dietary habits to remain more or less unchanged even when dietary knowledge takes into account changes in one's energy needs, especially in affluent countries in the temperate zone. Central heating, motor transport, domestic labour-saving devices, automated blue-collar work, etc., have greatly reduced body's daily energy usage while food intake does not seem to reflect it. The extent to which this may bring about overweight or obesity is difficult to quantify.
3. Greed had been openly acknowledged as a cause of being overweight or obese until it became fashionable to describe undesirable human behaviour in psychologistic terms. Prior to this unfortunate change, bringing up children included training them to eat and drink appropriately. At present, a considerable number of children do not receive such guidance.

Let us now consider the reasons for inadequate dietary education, the persistence of older dietary habits and lack of child guidance away from greed.

1. Failure to incorporate dietary knowledge and local food culture into general education, while it is not imparted to people at home when they are young.
2. Failure of people to make their food intake match their real energy needs due to indifference, desire for convenience or a greater belief in questionable dietary information put forth by persuasive advertising.
3. Lack of time to prepare balanced meals, or failure to budget for an adequate supply of wholesome food, which compels one to resort to cheap unwholesome items.
4. Adults' fear to curb greed among children owing to their belief in psychologistic accounts of the phenomenon, which cannot be confirmed or disconfirmed, hence, unscientific.

Until this point, the causes I have outlined presume an availability of an adequate supply of affordable wholesome food. It is under used owing to lack of appropriate dietary knowledge, lack of skill in domestic management, failure to prepare suitable food due to fatigue or desire for convenience, belief that curbing childhood greed is somehow injurious, and the conditioned or acquired belief in food advertising.

Distribution of these causes of turning people overweight or obese in less affluent countries, seems to increase as their economies grow. One can easily observe there a significant reduction in the intake of traditional dishes while that of industrial food increases. It mirrors the social development in the 'North' with respect to the decline in food culture, dietary knowledge, and an increase in the desire for culinary convenience.

Now, we can take a closer look at the second category into which the causes of inappropriate nutrition belong. It is not only a category, but also constitutes a cause, which in turn arises owing to the following:

Low income and comparatively high prices of wholesome food.

Limited availability of wholesome food owing to:

1. Neglect of agriculture.

2. Excessive use of arable land for cash crops, raw materials for industrial food production, or other purposes.
3. Loss of arable land due to desertification, soil erosion, drying up of rivers and streams, etc.
4. Migration of small farmers and farm workers to urban centres.
5. Reduction of the number of young people willing to engage in agricultural pursuits.
6. Inadequacies in infra-structure that hinder the transport of fresh produce to end-users.
7. Price-wars initiated by large chains that has driven out small independent retailers of fresh produce who provide a greater choice.
8. Food loss in storage, transport, and through its passage through 'sophisticated' food systems (see <http://www.fao.org/fsnforum/cfs-hlpe/node/992>).

It should be noted that D, E, G and H above have become growing problems even in the affluent countries. In many of them, individual retail chains have united themselves into 'trade groups' where what food items are sold and at what prices, are decided among themselves. This compels the farmers to produce what traders will buy, and moreover at the prices dictated to them. This legal monopoly victimises the actual food producer and the end-user so that middlemen may benefit.

Critical Elements of Policy and Strategy:

These then are some of the causes of inappropriate nutrition that may be mitigated by effective implementation of suitable policies and strategies. Let us pair the elements crucial for their success in the order those causes have appeared in this discussion.

1. Policy: Rendering national education holistic by incorporating dietary education into the school system; public education through suitable channels.

Strategies:

Revision of school curricula

Information campaigns, projects (eg. 'My Healthy Family Project of the EU')

2. Policy: Promote the sale of fresh produce and real competition among the vendors of food.

Strategies:

1. Tax incentives and establishment loans to independent vendors of fresh produce.
2. Higher taxes on factory made food.
3. Practical help to the establishment of food cooperatives.
4. Suppression of hidden food monopolies.
5. Banning scientifically untenable claims from food advertising.

3. Policy: Take steps to render public attitude to food and its intake as rational as possible. (unfortunately, this important issue is much deprecated)

Strategies:

1. Supplement public education with 'cooking breaks' by introducing shorter working hours for those who cook their own meals. This would be similar to the training breaks at the work place, but would come at the end of the day.
2. Employer sponsored cookery classes.

3. Educational measures to accept greed as a consequence of inadequate personal training rather than a mental issue.

So far, we have talked about the elements whose incorporation into policy and strategy is crucial to their success when combating being overweight or obese in an environment where availability and affordability of wholesome food is not the most important issue. We will next take a look at the policy and strategy elements necessary to achieve our objective in areas where affordable wholesome food is scarce.

However, we must bear in mind that the problems the policies and strategies outlined above are intended to address, are becoming increasingly common in developing countries. Thus, their applicability is more or less world-wide when adapted to specific local needs. Likewise, the issues arising from our second category above, are increasing their relevance for the developed countries.

4. Policy: An employment policy embodying an economy of cooperation rather than competition seems to be the only way to make wholesome food available to most at affordable prices. However, the crucial need for this economic revision is either ignored or not understood in spite of its obviousness.

Strategies:

Public debate on the incommensurability between environmental sustainability and justice on one hand, and the current economic system on the other.

5. Policy: Active promotion of small farms, market and allotment gardens, rural agriculture, etc.

Strategies:

1. Financial and technical support to practising small farmers.

2. Schemes to attract youth to agriculture as discussed previously in this forum (means of achieving this were also included in that discussion).

6. Policy: Undertake the general measures needed to create an environment necessary and favourable to produce and procure wholesome food.

Strategies:

Putting in place and regular maintenance of the requisite infra-structure.

Exclusion of food items from speculation in commodity futures.

- Improved agriculture extension services, training and research facilities.
- Honest and open public debate on the consequences of abolishing government subsidised food production, especially with respect to those on nutrition if one has to depend on industrial farming for food. Such a discussion might compel more and more people to understand the danger of regarding food production as a mere commercial venture.
- Steps to simplify the unnecessary complexity of many a so-called food supply chain in order to minimize food loss and unfairness to the farmers and end-users.
- Active steps to attain harmony and congruence among all policies, particularly among those of agriculture, health, education, justice and trade.

I mentioned harmony and congruence among policies at the end, to stress the fact that its lack has often made many an otherwise sound policy unimplementable. For instance, a trade policy that encourages import/domestic production of unhealthy industry food is not congruent with a health policy intended to reduce the incidence of being overweight or obese, while an agriculture policy that promotes the production of wholesome food is in harmony and congruent with that health policy. I

think that generations of reductive thought has made most of us fail to see the obvious, viz. the purpose of a policy is to direct some authority towards enabling a group of people to attain some end that is necessary for their total well-being.

Good health is obviously an essential component of individual well-being. So, if one policy promotes it while another exerts the opposite effect, irrationality emerges. What policy makers always ought to bear in mind is what impact a new policy will have on others known to contribute to individual well-being. Achieving this objective manifests itself as a set of policies displaying harmony and congruence.

This does not happen on its own volition, and it requires a political will sufficient to undertake not only the required change in perspective, but also bringing in personnel skilled in inter-disciplinary policy correlation so that every unit of authority will pull in the same direction, i.e. well-being of the people, be it at the local, national or the global level.

Best wishes!

Lal Manavado.

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12. Annie Luteijn, Netherlands

Let us use our common sense and review what has changed?

Living material, that needs to grow and develop in their own time whilst being fed through a rich, nutritious and healthy soil, producing nutritious healthy plants, in their turn feeding healthy animals, is being manipulated to grow faster and cheaper by 'modern' agricultural mass production and processed by the food industry:

1. The mass meat production industry uses (chemical) hormones, preventive chemical medication and the animals are fed a very poor diet with concentrates and GMO's.
2. Meat has become cheaper, resulting in a higher meat consumption. The DRI (Dietary Reference Intake) is 0.8 grams of protein per kilogram of body weight. That is not even 70 grams per day for a human being of 85 kg.
3. The mass vegetable production industry uses endocrine disrupting pesticides, fertilizers and preventive chemical medicines on the worn out soil, resulting in less nutritious and 'weak' vegetables.
4. The food industry manipulates taste buds with engineered 'salt sugar fat-ratio's, making people addicted to their produce. Who can eat just one cookie?
5. Grains, especially wheat, are being cultivated to increase the gluten content
6. Bread is not just baked with grains, extra gluten are being added to make it tastier
7. Gluten are being used in almost every processed food. More and more people are having allergic reactions to gluten.
8. Cows are manipulated into producing more A1 casein instead of the natural A2 casein. This is already also occurring in goats milk. A1 casein can create a bioactive opioid peptide and morphine-related compound called beta casomorphin-7 (BCM7).
9. All these processed and addictive products are being prepacked in Endocrine Disrupting Plastic packaging and coated cans and boxes (Bisphenol A). BPA leaks into oils and oily

substances very easily. It also leaks into drinking water, when a plastic water bottle warms up. Most PET bottles are filled of while they are still warm.

The continuous intake of low amounts of antibiotics, which kill vital gut bacteria, the intake of too much addictive fast carbohydrates and sugars, which feed the harmful yeast and moulds in the gut, result in a poor metabolism and a putrid intestinal flora.

Yeasts and moulds, as well as allergic reactions to processed proteins (such as gluten and A1 casein), produce opioid-like substances, which leak through the mucosa, into the blood and flood into the brain. The opioid substances are also addictive.

Today's western consumer is being overeating all this fast grown, less nutritious, addictive and gut bacteria destroying processed comfort/fast food, which is not being produced or marketed to feed the world, but to make humongous profits which only benefits the almighty 'one percent'. Follow the money!

This addictive circle with hormonal dis-balances, emotional dis-balances, a foggy brain, a lazy couch and television -loving body (on which the processed foods are constantly promoted), is in my opinion the main cause for overweight and obesity (whilst obese people also becoming more and more underfed!), and it even leads to a more dumb, bored and very dissatisfied society.

The solution was already published in

2013: <http://unctad.org/en/pages/PublicationWebflyer.aspx?publicationid=666>: Wake up before it is too late: Make agriculture truly sustainable now for food security in a changing climate.

Google around, I did..

<https://www.sciencedaily.com/releases/2016/05/160519130105.htm> : Antibiotics that kill gut bacteria also stop growth of new brain cells

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2235907/> : Evidence for sugar addiction: Behavioral and neurochemical effects of intermittent, excessive sugar intake

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2714381/> : Sugar and Fat Bingeing Have Notable Differences in Addictive-like Behavior

<http://www.npr.org/sections/thesalt/2013/02/26/172969363/how-the-food-industry-manipulates-taste-buds-with-salt-sugar-fat> : How The Food Industry Manipulates Taste Buds With 'Salt Sugar Fat'

<http://www.bbcgoodfood.com/howto/guide/how-much-meat-safe-eat> : How much meat is safe to eat?

http://www.unep.org/pdf/WHO_HSE_PHE_IHE_2013.1_eng.pdf : World Health Organization: State of the Science of Endocrine Disrupting Chemicals 2012

13. Claudio Schuftan, PHM, Viet Nam

A lot is said about the role of nutrition activists in advocating in this field. Strictly speaking, our role goes well beyond advocating; we are supposed to stand by those affected as claim holders for them to understand, organize, mobilize and act upon their nutrition and resulting NCDs problem so as to proactively demand changes be made by the respective duty bearers at each level.

This is not a semantic difference only. It must be seen as pertaining to the right to food and adequate nutrition. The existence of the human rights covenants duly ratified by most nations gives claim holders the power to demand and no longer beg for the State and industry to make changes. (Note that this also encompasses extraterritorial obligations or ETOs where the duty bearers are entities other than the State --could be donors or corporations among other).

This distinction is indeed important. Why? Because the organization and mobilization of claim holders ought to become a central activity of our work in public health nutrition.

The distinction between advocating and demanding also has a connotation for understanding that human rights go beyond individual rights to also cover collective rights.

Does this really apply to our work in public nutrition? Of course it does!

How? Take the problems of overweight, obesity and NCDs. Industry (and the influence they exert /buy) wants us to believe that it is individual behavior that is the target we should address. But we know better, don't we? Clearly vested interests are behind this myth being sold to us. Big Food/Big Soda profit from influencing our eating behavior from childhood-on particularly selling us ultra-processed foods galore. But they now want to show social responsibility. So they propose reformulating their products with less sugar, less salt and no trans-fats... But still want us to continue to be hooked to consuming these fast foods! On the other hand, have you given it a thought that Big Pharma profits from selling us medicines to prevent/treat NCDs (or miracle pills to treat obesity)? So, why should they be active advocates of the right to good nutrition?

Beware that the NCDs recent New York summit and the recent WHO report on obesity are rather weak in making the point of the responsibility of industry. Does this surprise you? We know about the links and the lobbying of both transnational corporations and the rich states that house them (also now affecting UN agencies!).

[As a byline, on the undernutrition side, we have witnessed 50 years plus of foreign aid not addressing the basic causes of preventable malnutrition so clearly spelled out in the late Urban Jonsson's conceptual framework of the causes of malnutrition].

This quick review of the current situation is brief to the point of a caricature, but is sufficient to ask two questions:

1. Is it 'advocacy' that we need when facing the-powers-that-bend-policy decisions? Would this be a bit like 'putting the other cheek'? and
2. What do I/you then mean by claim holders 'demanding' the human right to food and nutrition as pertains to overweight, obesity and NCDs?

Use this space to comment.

14. Eric B. Trachtenberg, McLarty Associates, United States of America

Although we don't have a "successful policy" per se, we are working on an initiative that could significantly improve the quality of future policy and programs.

The proposed Alliance for Food & Health (AFH) is a new global multi-stakeholder initiative designed to find new and synergistic ways to address our global food/nutrition NCD challenges through thought leadership. AFH is distinctive in its diversity, commitment to balance between interests, and focus on creating actionable ideas. The goal is to create a better way forward on critical public health issues that will lead to more effective commitments and a positive impact on public health.

Interest in the group includes highly diverse actors in international organizations, industry, academia, governments, and the scientific community.

Attachment:

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/AFH%20Concept%20-%202020.docx>

15. Isaac Kamoko, KAMOKO FARMS, Zambia

Understanding how people become obese or overweight in the first place is an important step toward breaking the cycle. Most cases of people's obesity are caused by eating too much and exercising too little. People need enough food to support healthy and development. But when they take in more calories than they burn throughout the day, the result is weight gain.

Many factors contribute to this growing imbalance between calories in and calories out:

- Busy families are cooking less and eating out more.
- Easy access to cheap, high-calorie fast food and junk food.
- Food portions are bigger than they used to be, both in restaurants and at home.

16. Vethaiya Balasubramanian, Freelance consultant, India

The most important is the consumer education. It is the consumers who decide what to buy and eat. If they are ignorant of food and nutrition issues, nothing will succeed. (1) Adult education and awareness creation on food choices and their impact on their health is the first step to healthy eating habits. (2) It is equally important that kids in schools receive proper education on food, nutrition, exercise/physical activity, and health. We need a healthy body to house a healthy mind. They should learn about cooking and how to prepare healthy foods for themselves and for their families. (3) Food processing industries must be given all the incentives to produce healthy foods and consumers must be prepared to pay higher prices for healthy foods. With both spouses going to work to maintain the family, it is important to provide easy-to-prepare food choices that are nutritious and healthy to the entire family. With these three initiatives, we can improve our diets and popularize healthy eating habits among the population.

17. Kuruppacharil V. Peter, World Noni Research Foundation, India

New Life Style diseases include obesity, diabetes, cardiovascular diseases and a plethora of mental disorders like depression. Overweight due to over consumption of fats and carbohydrates is resultant of sedative life style. The Chennai (India) based World Noni Research Foundation has formulated and is propagating TEN COMMANDMENTS to manage new life style diseases. 1) Meditate and exercise 2) Eat moderate 3) Go vegetarian 4) Manage water intake 5) Eat 3 hours before sleep 6) Check your words 7) Vibrate Love 8) Live Gratitude 9) Care Mother Earth and 10) Manage your stress are a few tips. At the instance of India United Nations has declared 21 June as International Day for Yoga. Yoga takes care both body and mind. At food front crops like Amaranth and Quinoa are recommended for healthy body. Amaranth is a grain cum leaf vegetables with balanced nutrient content. A review on Amaranth is available in the series FUTURE CROPS published by Astra International Pvt Ltd New Delhi (www.astralint.com). Another series EVOLUTION OF HORTICULTURAL CROPS Vol.I also carries a nutritional review on Amaranth. Consumption of leaf vegetables like spinach, lettuce, celery, cabbages, beat leaf and drum stick leaf is recommended for obese people. Sedentary life style can be broken by occasional exercises and brisk morning walks.

18. Andrea Borlizzi, FAO, Italy

First of all, in urban areas of high-income countries sustainable mobility should be promoted through the building of dedicated bike lanes in all major cities, to encourage people moving by bike rather than by car. Indeed, many people (especially in countries where bicycle is not yet part of the culture) do not ride bicycles due to the risks associated to its use in the city traffic.

The cities should be entirely re-designed, building not only bike lanes, but also dedicated parking for bikes; even the public transportation should be redesigned in order to be integrated with the use of bicycles (in Tucson Arizona, US, for instance, public buses have on the front a special apparatus to carry bicycles); underground stations should allow for easy pass to bikes, etc. Campaigns on media like TV should encourage the use of bikes to achieve both targets of weight loss and reduction of emissions, besides being a much cheaper way to move around.

Secondly, given the strong effects of obesity on health, mainly through cardiovascular diseases, campaigns for healthy diets should be promoted, as well as nutritional education at all level of schooling.

Thirdly, the introduction of stricter controls on the substances and additives introduced in the processed food we eat is of the utmost importance.

Finally, agricultural policies favouring the production and sales of “km 0”, unprocessed food products should be strengthened, in order to avoid small farmers exiting the market, leaving the entire food market in the hands of big industries. Policies should aim to create more market opportunities for local farmers selling their products in the nearest urban areas.

19. Patrick Dlamini, Ministry of Agriculture, Swaziland

In Swaziland there is a programme that are aimed at physical fitness. The country currently has no policy or any legislative framework to prevent obesity. The programme that is currently running is referred to as Shukuma Swaziland in the local language which means be active and exercise Sweaziland. This programme is running throughout the whole country and is supported by the government of the country. In this programme people are encouraged and given practical exercises that are aimed at keeping the populace fit. Followin this programme people have established gym clubs at local level.

The programme encouraging the nation to exercise is targeted at people of all ages. The success factors include the numbers that attend the awareness raising day and the number of clubs being formed after this day.

Challenges include lack of facilities to continue the exercises after the facilitators are gone. The government gives the areas some start up kits but these are not adequate. Since the programme is new, there still is a challenge that has not yet been seen that of what happens when these kits get old or need repair and maintenance.

Schools have a programme for pupils to participate in schools athletic competitions in the first months of the year and ball games are played during the second stanza of the academic year.

There has not been any research to check the impact of these programmes especially the one that has just been introduced. Evaluation of the impacts thereof are still to be undertaken.

Awareness raising needs to be intensified with programmes over the national radio and television. Capacity for trainers within the locality should be built to ensure sustainability of the programmes and close monitoring and evaluation to measure success.

20. Rodrigo Vasquez, facilitator of the discussion, FAO, Chile

First of all I want to thanks you for all the comments, suggestions and ideas; those are very valuable and useful for our study.

Most of the comments are more related with health, nutrition, education and economic policy; which are fundamental in the fight against obesity. Also some contributors have made some comments

relative to the role of the farmers in the context of having a supply of healthy food. I think that in order to address this epidemic we need to have a policy that covers an inclusive and efficient food system, from supply to demand. So, as a moderator I would like to know if someone knows successful programs or policies where the farmers were included as part of short marketing circuits. Additionally another related intervention with supply of healthy food is the case of urban community or school farms or gardens; anyone knows successful experiences in this area?

Thanks again for all the contributions.

Keep posting please!

The fight against obesity is a long run goal, but we need to start now!

Best

Rodrigo

21. Vethaiya Balasubramanian, Freelance consultant, India (second contribution)

One question that is not addressed in this forum is the nexus between soil health, production practices, crops/animal health, and human health (that includes overweight/obesity). Unless soil health is maintained, producing healthy and nutritious food from crops and animals is impossible. Promotion of conservation agricultural practices (minimum tillage, soil mulch/cover crops, and diversification of farming) is the first step in regenerating degraded landscapes and soils and in maintaining soil health in other areas for producing healthy and nutritious foods for the local, national and international markets. Another aspect is the integrated pest management (IPM) to minimize or avoid pesticide residues in foods that we consume. Production of pesticide-free foods must be our goal if we were to protect human health. A third aspect is the proper management of postharvest processing, storage and distribution/retailing. These activities must be managed to reduce wastages, prevent contamination from food-borne pathogens and insect pests, and use of air-tight packaging that minimizes deterioration food quality over time.

One chapter must be allocated to discuss this linkage among soil health, production practices, crops/animal health, and human health.

22. Vethaiya Balasubramanian, Freelance consultant, India (third contribution)

Urban farming is expanding in many cities and towns to produce part of the foods, particularly fresh vegetables and fruits, that we consume. My friend Dr. S.P. Periaswamy and I, along a few other friends, are promoting home gardening including roof-top gardening and micro-greens (Word.docx attached) in Coimbatore, India. On third Sunday each month at 15:30-17:00 hours, We provide training on planting media, soil-manure-fertilizer-filler mix, seed and seedling management, nutrient use, watering and moisture management, ecological pest management, and harvest procedures and use of the fresh produce. We provide this training free of cost to participants with a view to promote home gardening and provision of pesticide-free fresh vegetables and fruits to family members, particularly children. About 25 to 30 people, of whom 60-70% are women, participate in this training. Among the participants there are organic production enthusiasts, rational producers with organic and fertilizer nutrient sources, and others who use fertilizers and other input to produce for local markets. This forum also promotes exchange of ideas and experiences from among the participants. We have conducted 7 sessions until 19th June 2016. We are happy that the response is good even after 7 sessions.

23. Jane Sherman, FAO, Italy

It's heartening to hear of so many good strategies for reducing obesity. What we also need is evidence. Today I received a communication circulated on the SNEEZE network which cites evidence of falling child obesity rates in some parts of the US. I am copying the communication below.

The question is then - how did this occur? Does it depend more on public debate, well-developed institutions and community nutrition education (very strongly established in the US) or on industry regulation? Does it require the resources of a wealthy country? Jane Sherman

E-mail on SNEEZE network:

This morning RWJF released new stories and data from a growing number of states, cities, and counties that have measured declines in their childhood obesity rates. Many of these places have made broad, far-reaching changes to help support healthy eating and regular physical activity. For example:

- Kaiser Permanente, the Safe Routes to School Partnership and the National PTA are running a "Fire Up Your Feet" campaign in Southern California to encourage kids to walk or bike to school.
- [All YMCA's in South Carolina have adopted Healthy Eating and Physical Activity \(HEPA\)](#) standards in their afterschool programs to help kids have healthy snacks and drinks and at least 30 minutes of physical activity.
- CentraCare Health, a nonprofit healthcare system in St. Cloud, Minn., is working with the local government and community organizations to help school districts update their wellness policies and implement nutrition labeling in grocery stores and schools.....

List of new or updated locations and their stories:

Just added to the RWJF Signs of Progress collection!

- [Cherokee County, South Carolina](#): The obesity and overweight rate fell from 43 percent in 2012 to 34.3 percent in 2015 among first grade students, a 20.2 percent relative decline. Among third graders, the obesity and overweight rate fell from 51.5 percent in 2012 to 40.7 percent in 2015, a 21 percent relative decline.
- [Colorado](#): The obesity and overweight rate fell from 22.9 percent in 2012 to 21.2 percent in 2015 among 2- to 4-year olds enrolled in the state's Special Supplemental Nutrition Program for Women, Infants and Children (WIC), a 7.4 percent relative decline.
- [Southern California](#): The obesity rate fell from 19.1 percent in 2008 to 17.5 percent in 2013 among Kaiser Permanente members ages 2 to 19, an 8.4 percent relative decline.
- [St. Cloud, Minnesota](#): The obesity and overweight rate fell from 17 percent in 2008 to 13 percent in 2015 among 12-year-olds, a 24 percent relative decline.

Updated with an additional year of data!

- [New Mexico](#): The obesity and overweight rate fell from 30.3 percent in 2010 to 25.6 percent in 2015 among Kindergarten students in public schools, a 15.5 percent relative decline. Among the public school students in third grade, the obesity and overweight rate fell from 38.7 percent in 2010 to 34.4 percent in 2015, an 11.1 percent relative decline.
- [Philadelphia](#): The obesity rate fell from 21.7 percent in 2006-07 to 20.3 percent in 2012-13 among Philadelphia public school students in grades K-12, a 6.5 percent relative decline.
- [Seminole County, Florida](#): The obesity and overweight rate fell from 34.3 percent in 2006-07 to 29.6 percent in 2013-14 among students in grades 1, 3, and 6, a 13.7 percent relative decline.

24. Kuruppacharil V. Peter, World Noni Research Foundation, India (second contribution)

The popular Indian News Paper INDIAN EXPRESS carries in its 26 June edition startling data on obesity and underweight among rural Indian women. "Obesity is no more a problem restricted to urban metros. Rural India saw a whopping eight fold increase in obesity in last 14 years" to quote Indian Express. In 2014 there were 20 million obese women in India in 2014, 9.8 million obese men in 2014 where as there were only 0.8 million obese women in India in 1975 and 0.4 million obese men in 1975. World wide obese people in 2014 was 641 million and Indias obese people in 1975 was ranked 19th and ranked third. In Tamil Nadu (one southern state of India) 25.4% of urban women is obese and 36.2 rural women are overweight. As for underweight 18.5 % of urban women are underweight and 10.0 of rural women underweight. Consequences of obesity like diabetes, cardiovascular diseases and diseases of eye are on rise.

25. Simone Bösch, World Cancer Research Fund International, United Kingdom

Dear FSN Forum members

I am writing to alert you to [World Cancer Research Fund International's NOURISHING food policy database](#).

The [NOURISHING policy database](#) currently contains **more than 260 policies across over 100 countries**. The policy database is updated 3-4 times a year. Starting with the next update this summer, we will include evaluations in the policy database, as well as a country search function.

The policy database is based on our innovative NOURISHING which formalises a comprehensive package of policies to promote healthy diets and reduce overweight/obesity and non-communicable diseases. Each letter in the word NOURISHING represents one of ten areas where governments need to take action. The ten areas take place across three domains which are each important in influencing what we eat: the food environment, the food system and behaviour change.

N = Nutrition label standards and regulations on the use of claims and implied claims on foods

O = Offer healthy foods and set standards in public institutions and other specific settings

U = Use economic tools to address food affordability & purchase incentives

R = Restrict food advertising and other forms of commercial promotion

I = Improve nutritional quality of the whole food supply

S = Set incentives and rules to create a healthy retail and food service environment

H = Harness food supply chain & actions across sectors to ensure coherence with health

I = Inform people about food & nutrition through public awareness

N = Nutrition advice and counselling in health care settings

G = Give nutrition education and skills

For more information, you can consult our [Q&A](#) online, or reach out to me if you have any queries about NOURISHING or World Cancer Research Fund International.

Best wishes

Simone Bösch

Policy & Public Affairs Manager

World Cancer Research Fund International

In official relations with the World Health Organization (WHO) since 2016

Second Floor, 22 Bedford Square, London WC1B 3HH

www.wcrf.org

Cancer Prevention *Together We Can*

World Cancer Research Fund International is holding a conference jointly with World Obesity Federation on 1-2 September 2016, London, UK. The theme is Life Course Influences and Mechanisms: Obesity, Physical Activity and Cancer. Find out more details including the conference programme [here](#).

26. Adetunji Olajide Falana, Federal Ministry of Health, Nigeria

Dear Moderator

Find below my contribution

There is no directional policy that is currently being implemented to fight against overweight and obesity, however there are several strategic direction documents imbedded in both Health and Nutrition policies on how to tackle the problems of overweight and obesity. These documents encourages and promote Nutritional counselling, adherent to dietary guidelines, Physical activities and mandatory Nutritional labeling to provide individual with appropriate and adequate information as it relates to Nutrients being consumed or eaten – in this regards, people have not being actually sensitized on the importance of reading the instructions on the food label before consumption for their Health and Nutrition benefit. Sometime in 2011, WHO supported a regional workshop in Arusha Tanzania to promotes consumption of fruits and vegetables among the member states, I am not sure if a single country in attendance at that workshop have done anything to further the implementations of several recommendations that the workshop came up with. Good percentages of these recommendations speaks specifically to overweight and obesity. Looking back to Mid-90s (in Nigeria) there are a lots of sporting activities imbedded in the school curriculum to promote healthy lifestyle, suddenly all these sporting activities disappeared from schools curriculum and the resulting situation is overweight and obese school children on the rise couple with dangerously changed dietary lifestyle that provide much energy from food consumed without corresponding energy utilization. One sure way to fight against overweight and obesity is to introduce Nutrition education in primary school and Secondary school and reintroduction of all forms of sporting activities in the schools

As mentioned above, there is no standalone policy or policies on Overweight and Obesity, but strategic direction documents imbedded in both health and Nutrition targeted School children, adolescent and adulthood. However in term of effectiveness and success factors, I am not aware of a single study conducted to evaluate these strategic direction documents either at State or National levels simply because no dedicated implementation have been initiated to fight overweight and obesity in the country. The major problem is that government does not see overweight and obesity as an issue for mandatory programme implementation, rather much effort is being concentrated on the other forms of malnutrition-undernutrition

The crucial elements are:

There must be a convincing data/statistics of overweight and obesity as a problem either at Local, state or National in case of Nigeria

Government Commitment to addresses the issue If validated to be a problem i.e Overweight and Obesity

Stakeholders coming together to develop a multi-sectoral strategic implementable (most action plans are not implementable) action plans to tackle the problem holistically (All key sectors must be involved)

Development of appropriate Key messages to be disseminated using a continuous mass media platforms in conjunctions with other forms of information dissemination strategy.

Adetunji, O. Falana,

Nutrition Officer,

UNICEF Sokoto Field Office

Sama Road

Tel: 234-80-38150508 (official)

234-80-33966505; 234-8075652481

27. Dr. Amanullah, The University of Agriculture Peshawar, Pakistan

Dear FSN Forum,

- Eating more animal products than cereals crops (especially wheat and rice) products in your daily food program is a very good strategy to reduce overweight.
- Using more green tea with no sugar in it also help to reduce weight.
- Using more water before eating is very helpful to reduce food eating and so reduce weight. Do not use water after eating food which is not only bad for stomach & but also harmful to health.
- Walking/running according to a time table (better in morning) reduce weight loss.
- Do not sleep after eating at night. Walking after dinner is very good for reducing weight.
- Eating too much junk food increase wight so reduce or stop eating junk food.

Thanks and best regards

28. Francisca Silva, facilitator of the discussion, Pontificia Universidad Católica de Chile, Chile

Dear contributors,

Thank you to everyone who has shared ideas and provided case studies so far!

Very insightful cases of policies and programs addressing obesity and overweight have been presented. Some of them might serve as a model for similar practices, while the analysis of the failed ones will be very useful to avoid making the same mistakes.

In addition, many of you have pointed out the need of a comprehensive understanding of the driving factors behind overeating, and the need to contextualize them taking into account ethnicity, occupation, region and social considerations. It is also important to consider the industry reactions and the ways people change their consumption patterns.

Another very interesting contribution was the one that linked trade and obesity, stating that the lack of legally binding health and dietary standards impairs the implementation of national measures.

Please keep these cases coming! I am interested to hear about unhealthy food taxes, labelling and restrictions to unhealthy food advertising. Also I would be very interested to know if there are any particular examples of how the industry can be encouraged to provide healthy foods.

Thank you for these and your other rich contributions!

Best regards,

Francisca

29. Lynn Silver, Public Health Institute, United States of America

A number of the policies we worked on in New York City have been associated with decreased obesity. These involve primarily efforts to change the environment, although they were accompanied by education. These included 2007 regulation of food, physical activity and screentime in childcare settings which lead to decreased obesity and disparities. Prior to the regulations many centers served unhealthy food or snacks or allowed parents to send them. [Neighborhood disparities in prevalence of childhood obesity among low-income children before and after implementation of New York City child care regulations](#), Sekhobo JP, Edmunds LS, Dalenius K, Jernigan J, Davis CF, Giddings M, Lesesne C, Kettel Khan L. *Prev Chronic Dis*. 2014 Oct 16;11:E181. Changes in the school food environment which went to low fat dairy, more fruits and vegetables, more water, no sugary drinks were associated with slight decreases especially in younger children [Obesity in K-8 students - New York City, 2006-07 to 2010-11 school years](#)..MMWR Morb Mortal Wkly Rep. 2011 Dec 16;60(49):1673-8. Placing water dispensers on school lunch lines was associated with reduced obesity: [Effect of a School-Based Water Intervention on Child Body Mass Index and Obesity](#), Schwartz AE, Leardo M, Aneja S, Elbel B. *JAMA Pediatr*. 2016 Mar 1;170(3):220-6, consistent with other studies on water access. Passage of taxes on sugar sweetened beverages has been associated with reduced consumption of these products in Mexico *BMJ*. 2016 Jan 6;352:h6704.. [Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages: observational study](#). Colchero MA, Popkin BM, Rivera JA, Ng SW, and we are seeing very similar preliminary results now in Berkeley, CA, the first such tax in the US, soon to be published. This policy is spreading rapidly globally and can raise revenue for prevention, healthier food, or for other social needs such as Philadelphia's recent;y passed measure which will fund early childhood education. Modelling studies suggest very significant impacts of soda taxes on obesity, diabetes and health care costs. Excise taxes and school nutrition standards have been estimated by Gortmaker to be cost-saving. In NYC and in an increasing number of locations public procurement policies, using the economic clout of government purchasing for schools, hospitals, jails or the military are playing a role in changing both social norms and production. Policies which prohibit advertising to children, especially of unhealthy food and beverage products are urgently needed. But the most essential issues lie in creating the food supply and community environments we need. Traditional food supplies are being replaced by highly processed foods and beverages in mega supermarkets worldwide, a trend the US pioneered and is suffering from today. Many of these policies above are responding after the fact. This is also a major contributor to climate change. Promoting and protecting traditional diets and minimally processed plant based foods will require a suite of fiscal, agricultural, commercial and environmental policies to successfully revert the obesity epidemic, assure long term food security, and promote and protect health for the long-term. Replacing sugary drinks with generous access to clean water is an important starting point. Assuring food security must bring together access to food and access to healthy food as its two essential precepts to both prevent hunger and the growing burden of global noncommunicable disease. Accompanying these changes by the environmental and transportation changes to encourage safe physical activity will also be essential.

30. Kuruppacharil V. Peter, World Noni Research Foundation, India (third contribution)

In India formal education in agriculture starts at 10+2 level. This consists of theory and practicals. Cereals, industrial crops and horticultural crops are dealt with in detail. Food and nutrition education starts at home for girls and at 10+2 level to boys. There are graduate and diploma programmes in Food science and nutrition under the overall programme of home science. There are 63 full fledged state agricultural universities/deemed universities/central universities offering home science education. At diploma level there are a large number of Food craft and catering institutions. There are premier institutions like Central Food Technological Research Institute Mysore and Defence Research Development Organization, Bangalore and BARC Mumbai doing front line research on food and food safety. FSSAI is mandated with certification for safe food. There is separate Ministry for Food at Central and State Level taking care the safety of food consumed. Awareness on nutritious food at affordable price is being created. In India 60% of population (1200 million) are producer-consumers and as such food is considered as medicine. India lives in families where mothers food is sanctum sanctorum.

31. Isaac Kamoko, KAMOKO FARMS, Zambia (second contribution)

In our country Zambia there is a deliberate policy which encourages companies to come up with intercompany relay. Kindly find attached speech by the Zambia first lady.

Attachment:

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/First%20Lady%20Esther%20Lungu.docx>

32. Elizabeth Mpofu, Zimbabwe Smallholder Organic Farmers Forum (ZIMSOFF), Zimbabwe

Dear FSN Forum Moderator,

To deeply look at the policies and programs to overcome overweight and obesity is very important. What we are noticing at the present moment is that there are some foods which people are going for the tests only. These are food such as hamburgers, chicken and chips and many more and these are mostly found in shops such as MacDonalDs and others. In most cases many people are rushing for already pre-cooked foods which they buy and put into the so called microwaves to heat and eat. Many high working class communities prefer eating in restaurants also with their children as for them it is the easiest way. With my knowledge white bread is taken to be so special and people look at you if found eating brown bread. We have abandoned the knowledge by which we used to sit together as families and enjoy our food at home. More time is given to jobs at the work place and children are not interested in preparing their food at home. From these few comments I think there is more work needed to be done in sensitising consumers. We need to build the collaboration between the food producers who are practising agroecological farming systems and consumers. There is also the need to lobby our Governments for policies that protects the Human Rights.

These are just a few to mention.

Wishes

Elizabeth

33. Muqem Shah Miakheel, Ministry of Public Health, Afghanistan

Obesity has become a major global health challenge due to established health risks and substantial increase in prevalence. Being a complex condition it contributes to burden of chronic diseases by affecting all ages and socioeconomic groups. This study aims to identify the prevalence of obesity and blood lipid profile and their associated factors in Afghanistan.

A cross-sectional study was conducted in Jalalabad within May-June 2013. Multistage random sampling technique was used to enroll 1200 adults of 25-65 Years. Physical measurement including height, weight and blood pressure was collected and blood samples were drawn in fast condition for biochemical measurement including blood lipids. Obesity was defined and categorized using body mass index. Descriptive and inferential analyses were performed using SPSS v.20.

Approximately one third of adult population in Jalalabad city is suffering from obesity which is a cause of concern. Blood lipid profile is either borderline or more than average among study participants which could contribute to non-communicable disease. Measures such as raising awareness and lifestyle modification may help to reduce the burden of obesity the adults.

34. Maria Alejandra Vidal Jaramillo, JUNAEB – Dirección Nacional, Gobierno de Chile, Chile

Original contribution in Spanish

Preguntas de discusión

De acuerdo a su experiencia y/o conocimiento:

1. ¿Cuáles políticas y/o programas para la prevención del sobrepeso y la obesidad se han implementado en su país o región? Considerar acciones a nivel de:

- Políticas e iniciativas nacionales/locales (i.e. etiquetado nutricional, impuestos/subsidios a alimentos, promoción del consumo de frutas y vegetales, guías alimentarias, políticas para la promoción de la actividad física, educación nutricional en las otras políticas)
- Intervenciones y/o programas en entornos comunitarios y escolares.

Nota: Por favor compartir enlaces/links, artículos científicos y/o documentos que complementen sus respuestas.

- Programa Vida Sana MINSAL
- Programas de Promoción de Salud MINSAL
- Programa Elijo Vivir Sano de Ministerio de Desarrollo Social
- Escuelas Deportivas del Instituto Nacional del Deporte
- Escuelas Saludables de JUNAEB
- Experiencia Casablanca INTA

2. De las políticas y/o programas mencionados anteriormente, ¿cuáles han sido efectivos en cuanto a la reducción de los niveles de sobrepeso y obesidad? Complementar su respuesta con las siguientes sub-preguntas:

- ¿Cómo se evaluaron los resultados y/o se determinó la efectividad?
- ¿Cuáles fueron los factores de éxito que contribuyeron a la efectividad de estas estrategias?

- ¿Cuáles fueron los principales retos, limitaciones y lecciones aprendidas?
- Escasa sostenibilidad de las intervenciones asociada a recursos inestables para estas políticas .

3. Finalmente, ¿Qué ELEMENTOS SON CRUCIALES para apoyar efectivamente políticas, estrategias y/o programas dirigidos a la prevención del sobrepeso y la obesidad?

- Considerar elementos a nivel de gobernanza, recursos, desarrollo de capacidades, mecanismos de coordinación, liderazgo, redes de intercambio de información, entre otros.

En comunidades educativas se describen como fortalezas .

- Intervenciones que sean sostenibles en el tiempo que aborden integralmente alimentación sana y actividad física.
- Involucramiento de todos los actores de la comunidad educativa
- Diagnósticos participativos
- Línea base
- Metodologías innovadoras
- Transferencia de habilidades y conocimientos a profesores de NT1-Nt2 y profesores de educación física
- Actividades diferenciadas para padres, profesores, alumnos
- Actividades permanentes en espacios aula/ Currículo , recreo, huertos, actividades extra programáticas al menos 3 veces por semana con actividad física , actividades comunitarias masivas .
- Utilización del comedor como espacio educativo y tecnología adhoc
- Contar con bebederos de agua
- Contar con infraestructura básica para la implementación de actividad física
- Manejo de política de quioscos saludables
- Manejo y conocimiento de ley de etiquetados
- Retroalimentación permanente de resultados y conformación de masa crítica sobre el problema de obesidad y sobre peso.

English translation

According to your experience and/or knowledge:

- 1. Which policies and/or programmes have been implemented in your country or region to prevent overweight and obesity? Please consider: National/local policies and initiatives (i.e. nutritional labelling, food taxes/subsidies, promoting the consumption of fruits and vegetables, dietary guidelines, policies to promote physical activity, nutritional education in other policies); Interventions and/or programs in community and school environments.**

Note: Please share links, scientific papers and/or documents to enrich your answers.

- *Healthy Life programme (Programa Vida Sana) (Chilean Health Ministry, MINSAL)*
- *Health Promotion programs (Programas de Promoción de Salud) (Chilean Health Ministry, MINSAL)*
- *Choosing a Healthy Living programme (Programa Elijo Vivir Sano) (Chilean Social Development Ministry)*
- *Sport Schools (Chilean National Sports Institute)*

- *Healthy Schools (Escuelas Saludables) (Chilean National Board of Student Aid and Scholarships, JUNAEB)*
- *Casablanca Experience (Experiencia Casablanca) (Chilean Institute of Nutrition and Food Technology, INTA)*

2. Which of the policies and/or programmes mentioned before have succeeded in reducing overweight and obesity levels? Please complete your answer answering the following queries: What was the target population? In which way were results assessed and/or effectiveness determined? What were the success factors that contributed to the effectiveness? What were the main challenges, constraints and lessons learned?

Limited sustainability of the interventions due to the instability of the resources allocated to these policies.

3. Finally, which ELEMENTS ARE CRUCIAL to effectively support policies, strategies and/or programs targeting overweight and obesity reduction? Please consider elements regarding governance, resources, capacity building, coordination mechanisms, leadership, or information exchange networks, among others.

They are considered as strengths in education communities.

- *Sustainable interventions comprehensively addressing healthy eating and physical activity*
- *Involvement of all the education community stakeholders*
- *Participatory analyses*
- *Base line*
- *Innovative methodologies*
- *Transfer of skills and knowledge to NT1-Nt2 and physical education teachers*
- *Differentiated activities for parents, teachers, pupils*
- *Permanent activities in classrooms/curriculum areas, playground, gardens. Extra-curricular activities featuring physical exercise at least 3 times a week. Collective community activities.*
- *Utilization of the school canteen as an educational area and tailored technology*
- *Installation of water fountains*
- *Basic infrastructure for physical exercise*
- *Healthy kiosks policy management*
- *Labelling law management and expertise*
- *Continuous feedback on results and creation of a critical mass on the obesity and overweight problem.*

35. Manuel Castrillo, Proyecto Camino Verde, Costa Rica

Original contribution in Spanish

La obesidad está acompañada por múltiples factores, aparte del nutricional. Los hábitos de sedentarismo y falta de ejercicio son componentes importantes (algunas causas son cada vez más aceptadas, tal el caso de estar sentado frente a unordenador). Muchas acciones se ven minimizadas por el gran flujo de publicidad de productos que no ayudan, en contraposición de la información que llega sobre alimentación sana. Pero se están generando muchas iniciativas insistiendo en estos malos hábitos. Ahora, cómo competir contra los intereses y prácticas de los productos - y las empresas - que promueven los alimentos nocivos? Recién se acaba de aprobar un impuesto en Inglaterra contra el " azúcar " en los refrescos (Ver comentarios en el adjunto), como una medida contra la obesidad, será

que hay disposición para hacerlo en otros productos alimenticios ? Además, las agencias o ministerios de agricultura carecen en su mayoría de controles y programas de apoyo, para producir lo que es realmente necesario para evitar la obesidad. Cuántos agricultores piensan en cultivar - y si sus condiciones y recursos lo permiten - productos saludables por iniciativa propia pensando en la salud y en este caso en la obesidad ? En Costa Rica, se realizan campañas y la prensa a tocado el tema con insistencia, las autoridades de salud carecen de un enlace directo con el sector

<http://www.incap.int/index.php/es/publicaciones/publicaciones-conjuntas-...>

<http://latino.foxnews.com/latino/espanol/2014/10/30/costa-rica-lanza-est...>

Saludos cordiales !

English translation

Obesity is caused by many factors, other than nutrition. The sedentary habits and the lack of physical exercise are key drivers. Some causes, like the amount of time spent in front of a computer, are becoming increasingly accepted. The impact of many initiatives is outweighed by the abundance of advertising promoting unhealthy products, in contrast to messages fostering a healthy diet. However, numerous initiatives highlighting these poor eating habits are being developed. Now, how to compete against the interests and practices of companies selling products containing unsafe food? In England a new sugar tax on soft drinks has been introduced in an attempt to tackle obesity (please refer to the attached for more information). Is there a willingness to follow the same approach with other food products? Furthermore, most agriculture agencies/ministries do not have the necessary control mechanisms and support programs in place to ensure that the food produced is truly suitable to fight obesity. Assuming they have the necessary conditions and resources, how many farmers are planning to grow healthy products on their own initiative taking into account human health, and obesity in this case? In Costa Rica, despite campaigns are being undertaken and the issue has been repeatedly addressed by the press, health authorities lack of a direct link to the sector.

Attachments:

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/EI%20Gobierno%20brit%C3%A1nico%20anuncia%20el%20impuesto%20del%20az%C3%BAcar%20a%20las%20bebidas%20refrescantes%20%20Salud%20%20EL%20MUNDO.pdf>

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/%C2%A1Alto%20al%20sobrepeso%20y%20la%20obesidad%20en%20ni%C3%B1os%20y%20adolescentes%21.pdf>

36. Anarina Murillo, University of Alabama at Birmingham, United States of America

Dear Colleagues,

On behalf of Dr. David Allison and myself, please find below our contribution.

The belief that any particular public policy or public policies in general may be effective in helping to reduce obesity rates is intuitively a sound idea and might be true in some cases. However, intuitive plausibility does not imply that they will always be successful, especially if these programs do not mesh well with the social norms, values, and culture of the targeted communities. Policies need to be evaluated. As stated by Dr. Griffin Rodgers (Director of NIH's NIDDK) and Dr. Francis Collins (Director of NIH), "....research is important to determine which of these well-intentioned policies and programs are working and for whom.... what seems reasonable to try is not always effective and may even have unanticipated effects," (*The Next Generation of Obesity Research: No Time To Waste*, 2012). Hence, we strongly believe that policies and programs addressing obesity should be evaluated with the most

rigorous evidence possible. To date, despite many efforts at the local, national, and international levels, there is little evidence that existing programs are both effective and sustainable.

Unfortunately, many claims about the demonstrated efficacy of various programs are exaggerated as, for example, discussed in a talk found at this link (https://www.youtube.com/watch?v=RSLWt_g6JOs). Such exaggerations and distortions can lead to misperceptions of causal relations and misunderstood beliefs about the effectiveness of programs that target those identified causal relationships. In consequence, 'myths' seem to abound about obesity and its treatment and prevention (see "[Myths, Presumptions and Factors about Obesity](#)").

NIH-funded Short Courses organized by the University of Alabama at Birmingham's Nutrition Obesity Research Center can be found at this link (<http://www.norc.uab.edu/courses/shortcourse>) and brings together multidisciplinary researchers in clinical and public health settings to discuss recent evidence addressing prevention and intervention strategies in obesity research, as well as fostering a community of scientists in which resources, techniques, and methods to evaluate scientific evidence are shared among the participants. Individuals interested in evaluating the effects of policies may find these courses useful.

Best Regards,

David B. Allison

Anarina L. Murillo

37. Eric B. Trachtenberg, McLarty Associates, United States of America (second contribution)

Dear FSN Forum,

Attached is a presentation introducing the Alliance for Food & Health (AFH), a new platform to address food and health issues. The purpose of AFH is to suggest actionable, innovative and effective policies and initiatives by facilitating collaboration between diverse stakeholders, including NGOs, governments, academia, the public health and medical communities and the food and agriculture industry. The creation of thought leadership drawn from highly diverse participants is a unique value-add of AFH since its breadth may allow it to create new ideas that could influence policy and other commitments in unique ways. If implemented, this joined-up thinking could significantly improve global health outcomes.

Eric B. Trachtenberg

Attachment:

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/AFH%20Intro%20-%202016-%20FAO.pdf>

38. Helen Medina, US Council for International Business, United States of America

FAO Global Forum on Food Security and Nutrition

Are there any successful policies and programmes to fight overweight and obesity?

June 30, 2016

Dear Discussion Moderators,

The U.S. Council for International Business (USCIB) appreciates the opportunity to respond to this complicated question of which policies and programmes that address overweight and obesity have been successful.

USCIB is the American affiliate of the International Chamber of Commerce (ICC), the Business and Industry Advisory Committee (BIAC) to the OECD, and the International Organisation of Employers (IOE). As such, we work closely with intergovernmental entities, including various United Nations bodies, the Organization for Economic Cooperation and Development (OECD) and the International Labor Organization (ILO), to provide input from the business community on a variety of policy issues, including those related to health and nutrition.

All facets of society, including the private sector, have an important role to play in helping to reduce the incidence and burden of non-communicable diseases (NCDs). This view is supported by World Health Organization (WHO) and OECD strategies recognizing that NCD solutions require a whole-of-society approach, multi-sectoral actions, and collaboration among governments, civil society and the private sector. Given the complex and multi-factorial nature of NCDs, it is essential that all stakeholders work together to develop holistic, sustainable solutions.

The food and beverage industry's many contributions to global efforts to prevent NCDs are guided by science-based principles that include:

- Providing a range of nutritious product choices and marketing them in ways that promote healthy lifestyles;
- Improving awareness and understanding of nutrition and energy balance;
- Communicating clearly through labeling, packaging, websites, brochures, and in-store communications to enable consumers to make informed choices;
- Undertaking responsible advertising practices, taking into account the special needs of children;
- Emphasizing the importance of achieving a balance throughout life of physical activity and nutrition; and
- Partnering with other stakeholders in these endeavors.

The food and beverage sector has undertaken significant initiatives across all of these areas, in particular on new and reformulated products, packaging innovations, enhanced nutrition information, communications to promote healthy lifestyles, and partnerships aimed at promoting physical activity and nutrition education. There has been real progress, but the work is not done, and industry is committed to continuing its efforts and to work in collaboration with governments, civil society, and other stakeholders to achieve success. Below are several examples of the voluntary industry efforts that have proven results.

Industry Initiatives

Healthy Weight Commitment Foundation (HWCF)

Founded in 2009, the HWCF is a partnership between industry, NGOs and educators whose aim is to reduce obesity, especially childhood obesity. HWCF members voluntarily pledged to collectively remove trillion calories from their products (against a 2007 baseline) by the end of 2015. It focuses its efforts on families and schools and promotes ways to help people achieve a healthy weight through energy balance – calories in and calories out.

A study published in 2014 by the American Journal of Preventive Medicine and funded by the Robert Wood Johnson Foundation found that the companies had, by the end of 2012, collectively cut 6.4 trillion calories, exceeding their 2015 goal by more than 400%. Companies achieved this calorie-reduction goal by developing, introducing and selling lower-calorie options, changing recipes where possible, and lowering the content of current products or reducing portion sizes of existing single-

serve products. Researchers at the Hudson Institute evaluated the impact of HWCF's commitment to sell fewer calories by testing whether lower-calorie products sold by HWCF companies (whose members account for nearly 25% of calories consumed in the United States) grew over the five-year evaluation period and the impact of these sales on total company sales.

The study concluded that these lower-calorie products are driving sales growth and recommended these choices should continue to be pursued aggressively:

- 82% of sales growth driven by lower-calories (over four times the rate of higher-calorie products);
- Sales increase of \$1.25 billion for lower-calorie products vs. less than \$300 million for higher-calorie products; and
- 10 of 15 new products with sales of over \$50 million+ were lower-calorie products.

HWCF has also created a families and schools programme. The Together Counts™ campaign promotes energy balance, the advantages of family meals and physical activity and the TogetherCounts.com website, designed in partnership with Discovery Education, which provides free, downloadable resources for families, teachers and children for Pre-K through elementary school. Today, more than 19 million children are engaged with the curriculum. This successful U.S. programme is also being implemented in Australia, under the auspices of the Healthier Australia Commitment, an industry-led initiative in partnership with NGOs, to help reduce the incidence of chronic preventable diseases and improve the nutritional quality of the Australian diet.

Facts Up Front (FUF)

Facts Up Front (FUF) is a voluntary initiative created in 2011 by the Washington, DC-based Grocery Manufacturers Association (GMA) and the Food Marketing Institute (FMI). FUF (see example below) is a simple and easy-to-use labeling system that displays key nutrition facts on the front of food and beverage packages – displaying the calories, saturated fat, sodium and sugar in each serving.

Almost 90 percent of U.S. grocery sales by GMA members use FUF. GMA members have made significant investments to develop the FUF consumer website (www.factsupfront.org), consumer research, and stakeholder outreach including media campaigns and ongoing consumer education efforts. To continue to improve consumer understanding, GMA and FMI are extending the reach of consumer education efforts through key partnerships with groups such as Share our Strength. Share Our Strength's Cooking Matters program, in support of its goal of "No Kid Hungry," will feature FUF in training materials for teaching basic nutrition, shopping, and cooking skills to individuals in low-income areas.

A recent study was published in September 2015 in the Journal of Consumer Affairs that reflects the FUF communications campaign evaluation survey. The publication provides further support that FUF icons are visible, easy to understand, and helpful to the consumer.

Additionally, two important articles on front-of-pack nutrition labeling were published in respected journals in spring 2014. The first article, published in the Journal of the Academy of Nutrition and Dietetics (JAND), is based on consumer research GMA commissioned the International Food Information Council Foundation to conduct in 2010 to examine consumer comprehension, ease of understanding, and interpretation of nutrition information in the uniformly formatted, voluntary front-of-package labeling system that was under consideration by GMA and FMI. The research and subsequent JAND article finds that robust front-of-package labeling can significantly improve consumers' ability to identify and understand a food's nutrition information, and allows consumers to make informed choices about their purchases. Several articles in respected journals (see footnote references in attached document) have found that fact-based front-of-package labeling like FUF significantly improves consumers' ability to identify and understand nutrition information and make informed choices about their purchase.

Product Innovation

Other examples of efforts of leading U.S. food and beverage companies' efforts to reformulate and innovate products, provide clear nutrition labeling and consumer information, advertise responsibly, enhance workplace wellness and partner with stakeholders in healthy eating and active living programs have been documented by GMA. In 2014, GMA published cumulative results (2002-2013) of these efforts by 69 member companies representing about \$245 billion in annual U.S. sales (roughly half of U.S. food and beverage sales). Highlights include:

- 94% of companies reported nutritional improvements in over 30,000 products and sizes, with reductions in saturated fat, trans-fat, calories, sugar and carbohydrates and sodium;
- 81% of companies reported providing enhanced front-of-pack labeling information; and
- 77% of companies reported sponsorship of national and local initiatives to improve nutrition education and encourage regular physical activity, spending over \$300 million in these expenditures between 2002 and 2013.

A separate study two years ago by GMA demonstrated a 16% reduction in sodium in member company products purchased between 2008 and 2013, with decreases appearing in those food categories that contributed the most to sodium intakes in the U.S..

Children's Food and Beverage Advertising Initiative (CFBAI)

With regards to advertising, US companies have voluntarily taken concrete steps to help drive changes in the marketplace and improve the types of products advertised to children. In 2006, the U.S. Council of Better Business Bureaus (BBB) and leading U.S. food and beverage advertisers created the Children's Food & Beverage Advertising Initiative (CFBAI) to respond to calls to action from the U.S. Federal Trade Commission (FTC), the U.S. Department of Health & Human Services (HHS)⁵ and the Institute of Medicine (IOM) for industry self-regulation and for food companies to do more to address food advertising to children because of the rise in childhood obesity.

CFBAI's goal is to be part of a multi-faceted solution to the complex problem of childhood obesity by using advertising to help promote healthier dietary choices and lifestyles among children under age 12. Under CFBAI's Core Principles participants commit that in advertising primarily directed to children under age 12 ("child-directed advertising") they will depict only healthier or better-for-you foods. The participants agree to CFBAI oversight and to be held accountable for failure to comply with their commitments. CFBAI extensively monitors covered media for compliance and requires participants to submit detailed self-assessments annually. Each year CFBAI publishes a compliance and progress report. It has found outstanding compliance every year. The problems that CFBAI has detected or that participants have self-reported have been quickly remedied.

Since December 31, 2013, participants may advertise only foods that meet CFBAI's category-specific uniform nutrition criteria in advertising primarily directed to children under age 12. CFBAI's uniform nutrition criteria replaced and are stronger than previously used company-specific nutrition criteria.

In 2014, the BBB analyzed television ads aired in children's programming, a repeat of analyses conducted in 2009, 2010, 2012 and 2013. Of the 1,274 ads analyzed, 23% were for food and beverages. In 2014, ninety percent of the ads were for foods containing fruit, vegetables, non/low-fat dairy, whole grains, or at least a "good" source of what the 2010 Dietary Guidelines for Americans call "nutrients of concern" because they are not consumed in sufficient amounts (calcium, fiber, potassium and vitamin D) up from 83% in 2013 – confirming an upward trend based on past analyses.

Industry Partnerships to address Childhood Obesity

With more than 20 years of experience and a rigorous scientific evaluation, the EPODE (Together Let's Prevent Childhood Obesity) methodology developed in France has been recognized by the international scientific community as innovative in tackling the problem of childhood obesity. EPODE's methodology is based on community based interventions (CBIs) aimed at changing the environment and behaviors of children, families and local stakeholders with the ultimate goal of promoting healthy lifestyles in families in a sustainable manner. EPODE comprises four critical components: political commitment, public and private partnerships, community-based actions, and evaluation. Peer-reviewed studies indicate that this multi-stakeholder approach has already shown encouraging results in preventing childhood obesity in France and Belgium and has reduced the socioeconomic gap in obesity prevalence in France.

The methodology has now been implemented in a number of countries worldwide, and provides a valuable model that may be applicable to other lifestyle-related diseases. The Epode European Network (EEN) and the EPODE International Network (EIN) have been created to support the worldwide implementation of CBIs. The major partners in the EEN program include four committees, each one headed by one of four major European Universities (Amsterdam, Gent, Lille, Saragoza), and four private partners, including USCIB members: The Coca-Cola Company and Nestlé. These international networks allow the sharing of experience and best practices for the continuous improvement of the programs. By 2012, CBIs inspired by the EPODE methodology had been implemented in 17 countries. The South Australian and Mexican Health Ministers adopted the methodology to conceptualize and implement their "National plan on nutrition and Physical activity (Obesity Prevention and Active Lifestyle program and 5 Pasos strategy, respectively).

Public-Private Partnerships Responding to Global Health NCD Challenges

The ITU and WHO, the UN information and communication technologies (ICTs) and health agencies, have come together in a groundbreaking new partnership, Be He@lthy, Be Mobile, to focus on the use of mobile technology to improve NCDs prevention and treatment. This initiative aims to contribute to global and national efforts to save lives, minimize illness and disability, and reduce the social and economic burden due to NCDs. The initiative will harness the best mobile technology available and make it accessible for all countries to fight NCDs.

A number of countries are already using mobile technology to deliver health promotion messages on the NCD risk factors, to survey the epidemic, to persuade users to change unhealthy behaviors and to help countries implement national laws on NCDs. These successful pilots will be used as templates, scaled-up and customized to each country's need. MHealth operational projects will be set up in participating countries, and a Mobile Health intervention package will bolster and support the more traditional existing methods of combatting NCDs.

Mobile solutions will be primarily SMS- or app-based, and will include a range of services including mAwareness, mTraining, mBehavioural Change, mSurveillance, mTreatment, mDisease management and mScreening. These services will build on the existing successful pilots and scale them to fit population levels. Countries will be able to choose the interventions that are the most feasibly affordable, and most suited to their needs.

Addressing NCDs at the Workplace

Industry also adds value in improving public health not only through innovating and generating effective responses for the prevention and control of NCDs, but also by leveraging the workplace as a means of providing information and healthcare provisions for all workers, their families and communities. USCIB thus recommends that governments work closely with local business since its involvement is crucial for the successful outcomes of these goals. Identifying barriers and challenges and working with national employers' organizations, as well as local private sector representatives, is

a good path to address the issue effectively and to drive progress.

One example of a partnership with an employer is China's National Centre for Cardiovascular Disease's "Healthy Heart - New Life." This pilot project, which received support from Pfizer, focuses on developing multiple healthcare services, such as worksite health monitoring and guidance, disease guidelines-based health risk appraisal, individualized health intervention and follow-ups and information services, to explore the effective and sustainable model for chronic disease control amongst the working population.

Thank you again for the opportunity to provide our thoughts on these vitally important matters. We hope we have demonstrated the depth and breadth of industry's commitment, and we look forward to continued engagement.

Helen Medina
US Council for International Business

Attachment:

[http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/Final%20USCIB FAO%20Online%20Forum%20Response%20re%20Obesity.pdf](http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/Final%20USCIB%20FAO%20Online%20Forum%20Response%20re%20Obesity.pdf)

39. Janine Coutinho, Ministry of Social Development, Brazil

Brazil has an Intersectoral Strategy *for Prevention and Control of Obesity*. This Strategy was elaborated under the Chamber of Food and Nutrition Security (coordinated by Ministry of Social Development) that brings together 20 ministries. It also has the participation of civil society through the National Council for Food and Nutrition Security (CONSEAs) and the Pan American Health/World Health Organization (PAHO/WHO).

The Strategy covers 6 axes of action. The focus in these actions explains the country's efforts towards the strengthening and integration of public systems (public health care, education, social assistance) as guarantors of social rights. Also strengthening family farming as a way of bringing the production and consumption of food in a sustainable way (social, economic and environmental). Also reflect efforts to promote intersectoral actions in food and nutrition. These proposals, however, are focused of an intense discussion and may be improved. All these propositions are addressed in the Strategy, although some actions have not yet been implemented effectively.

Below information of the Intersectoral Strategy for Prevention and Control of Obesity. There are 81 initiatives that the federal government is promoting their achievement at the state and municipal level. The biggest challenge of this government initiative is to scale the recommended actions reaching 5,570 municipalities.

I. Availability and access to adequate and healthy food

- Conducting institutional purchases of healthy food from family farms to public facilities,
- 712 million reais invested in the purchase of food from family farms for school feeding depending on the requirement of the minimum purchase of 30% of family farming. 43 million children are fed daily in schools;
- Restrictions on buying processed foods and ultra processed in school meals and minimum supply of 3 servings of fruits and vegetables per week;
- Studies on fiscal measures to promote greater access to healthy foods, such as the taxation of soft drinks and sugary drinks;

II. Actions in education, communication and information

- The Food Guide messages dissemination for the Brazilian population that drives the consumption of foods fresh and minimally processed;
- Promoting voluntary and autonomous practice of healthy eating habits
- Virtual network to support the actions of food and nutrition education - Ideias na Mesa (<http://www.ideiasnamesa.unb.br/>);

III. Promoting healthy lifestyles in specific environments

- Promotion of healthy food in schools, health units and social assistance:
- Health in School Program today with 78,934 schools (2015) present in 4787 municipalities with a total of 18,313,214 students;
- EAN actions in the social assistance network present in the states and municipalities;
- Orientation of Breastfeeding and Complementary Feeding (Breastfeeding Strategy and Food) in 1348 Health Units;

IV. Food and Nutrition Surveillance

V. Comprehensive health care of the individual with overweight/obesity: attention nutrition under the National Health System, the weight of excess carrier among others.

VI. Regulation and control of the quality and safety of food

- Improving standards of labeling in packed food (ANVISA).
- Regulation of food marketing to children
 - o Resolution of the National Council for the Rights of Children and Adolescents (CONANDA) defines the unfairness of targeting advertising and marketing communications to children and teenagers.
 - o Ministers of the Supreme Labor Court ruled that advertising to children is unconstitutional.
 - o Regulation of sales and food marketing at school (27 municipalities and 11 states already have a law)

See more in: http://issuu.com/informecaisan/docs/estratprevcontobesidade_versaoingle.

40. Matt Kovac, FIA, Singapore

To: FAO Global Forum on Food Security and Nutrition (FSN Forum)

Subject: Response to FSN Forum's Online Discussion on "Are there any successful policies and programmes to fight overweight and obesity?"

Date: 4 July 2016

Dear FSN Forum Moderators,

Across Asia, obesity, malnutrition and chronic diseases are some of the biggest health challenges of the 21st century. To facilitate a multi-stakeholder platform to initiate a dialogue on an integrated approach to solving these challenges, the Asia Roundtable on Food Innovation for Improved Nutrition, or ARoFIIN, was inaugurated on 30 January 2015 in Singapore.

With an initial focus on Southeast Asia and China, senior delegates from government, academia, industry and the rest of society exchange views on the current landscape as it relates to the social, economic and health opportunities for food and nutrition-based R&D, as well as consumer behavioural changes in the food and nutrition arena.

As a member of the Asia Roundtable on Food Innovation for Improved Nutrition (ARoFIIN), please find below our contribution.

The number of obese adults in the ASEAN+6 countries (Brunei, Indonesia, Malaysia, the Philippines, Singapore, and Thailand) increased at a faster rate than that of the United Kingdom and the United States of America from 2010 to 2014, according to data gathered by the Economist Intelligence Unit (EIU).

In response to the nutrition double burden problem in Asia, ARoFIIN was formally launched in January 2016 to leverage public-private partnerships and bring together experts from across government, academia, industry and civil society, to initiate and sustain a regional, multi-stakeholder dialogue on the role of food innovation in tackling obesity and chronic disease. ARoFIIN was convened by the Health Promotion Board (HPB), the Agency for Science, Research and Technology (A*STAR), the Singapore Institute for Clinical Sciences (SICS) and Food Industry Asia (FIA). ARoFIIN was established based on these three principles:

1. Whole-of-Society Approach

We believe in the power of bringing senior actors from government, academia, industry and NGOs together to analyse the existing landscape in Asia as it relates to:

1. Social, economic and health opportunities for food and nutrition-based R&D
2. Consumer behaviour changes in the food and nutrition arena

ARoFIIN is a unique partnership centred on using innovative ways to deliver science-based solutions. It works on four broad areas for collaborative activity that draw on the collective strengths of its delegates:

- 1. Platform:** Establishing an evidence-based knowledge hub and facilitating the nutrition dialogue
- 2. Consumer:** Enhancing nutrition literacy and understanding consumer behaviour
- 3. Regulation:** Understanding the barriers and enablers of innovation
- 4. Double Burden:** Optimising nutrient accessibility, food innovation and reformulation to tackle malnutrition

2. The First Obesity Study for Asia

ARoFIIN is collaborating with the Health Promotion Board of Singapore on a benchmarking obesity study, which is being undertaken independently by the Economist Intelligence Unit (EIU). The study aims to provide visibility on the obesity and NCD interventions that have been shown to be effective in tackling obesity in the region and what the economic impact and resulting healthcare costs. This study is unique because it is the first-of-its-kind in Asia to allow policy-makers to compare the prevalence of obesity and related NCDs, as well as direct and indirect healthcare costs in the region.

The study is conducted in two phases:

Phase 1: Economic cost analysis

The purpose of the survey will be twofold: gathering prevalence rates and gauging cost of treatment. Two populations will be: obese people and medical practitioners who are involved in treating obesity-related conditions.

Phase 2: Policy interventions

In this phase, an overview of potential interventions will be conducted that can be used to prevent and control obesity with policies that have been deployed in South-east Asia. The framework is structured around four intervention areas: Activity, Psychology, Physiology, and Food.

3. Scaling up Projects

The results of the Asian obesity study, which is expected to be released before the end of 2016, will act as the first reference document for tackling nutrition challenges in Asia. It will guide AROFIIN's next steps in designing and scaling up feasible intervention projects to help address obesity and chronic disease in the context of Asia.

ARoFIIN taskforces are identifying other key potential projects that are scalable that focus on the double burden challenge in Asia.

Best regards,

Matt Kovac
Food Industry Asia

Member of the Asia Roundtable on Food Innovation for Improved Nutrition (ARoFIIN)
For more information, visit www.ARoFIIN.org or e-mail us at secretariat@arofin.org

Attachment:

[http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/ARoFIIN%20response%20to%20FAO FSN FORUM.pdf](http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/ARoFIIN%20response%20to%20FAO%20FSN%20FORUM.pdf)

41. Pauline Harper, EPODE International Network, Belgium

Dear FSN Forum,

I would like to contribute the attached information sheet on EPODE International Network (EIN) and EPODE.

We are a not for profit organisation supporting community-based programmes for the prevention of overweight and obesity.

We have evidence-based results to demonstrate very encouraging results in the decrease and prevalence of overweight and obesity through community-based interventions.

We need more policies to put the obesity prevention as a priority on agendas and to support our ongoing efforts including PPP (one of our 4 pillars).

Best regards, Pauline

Pauline Harper

EPODE INTERNATIONAL NETWORK

Attachment:

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/EIN%20%20EPODE%20information%20sheet%20June%202016.pdf>

42. Valentin Son'kin, Institute of Developmental Physiology, Russian Academy of Education, Russian Federation

Original contribution in Russian

Уважаемые участники форума FSN,

Проблемы ожирения и метаболического синдрома, характерные для современного человечества, во многом усугубляются недостаточной научной разработанностью тех метаболических причин и следствий, которые формируют проблему метаболических нарушений на фоне сниженной двигательной активности современного человека. В последние 20 лет большое число исследователей во всех технологически развитых странах заняты поисками эффективных мер по противодействию распространяющемуся ожирению. Недавно обнаружено, что в составе тела человека присутствует несколько разновидностей жира, причем если одни из них являются потенциально опасными и причиняют их носителю много неприятностей в области здоровья, то другие, так называемые "бурый" и "бежевый" жир, являются естественными помощниками человека в борьбе с ожирением. Так появилась надежда выйти победителями из сражения с всемирным ожирением за счет активизации бурого и бежевого жира. Однако эта уникальная ткань относится к разряду факультативных, то есть встречается не у всех людей, а в той или иной степени - только у примерно 70% населения Земли. Наука пытается сегодня разобраться, как можно это использовать для борьбы с метаболическим синдромом. Именно об этом говорится в небольшом обзоре, который мы с коллегами подготовили в прошлом году на основе анализа новейшей литературы. Возможно, некоторые высказанные в статье идеи могут оказаться полезными для кого-то из участников данной дискуссии.

С пожеланиями крепкого здоровья и всяческих успехов,
профессор Валентин Д.Сонькин, Москва, Россия

Attachment:

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/%D0%98%D0%BD%D1%82%D0%B5%D1%80-%D0%BC%D0%B5%D0%B4%D0%B8%D0%BA%D0%B0%D0%BB%205%2811%292015.pdf>

English translation

Dear FSN Forum members,

Obesity and metabolic syndrome that are typical for modern people are largely worsen by inadequate scientific development of the metabolic causes and effects that form the problem of metabolic disorders affected by reduced motion activity of modern people. For the last 20 years a large number of researchers in all technologically advanced countries has been searching for effective measures aimed at preventing the growing problem of obesity. It was recently discovered that there are several types of fats in human body; while some of them are potentially dangerous and cause a lot of health problems, other so-called "brown" and "beige" fats are natural helpers in the fight against obesity. So there is a hope to win the battle with global obesity by activating brown and beige fats. However, this unique tissue is facultative, which means that not all people have it; approximately 70 percent of the population have it to various extents. Today the science is trying to understand how it can be used to fight the metabolic syndrome. It is stated in a small review, which my colleagues and I prepared last year, and which is based on the analysis of the latest publications. Perhaps some of the ideas expressed in this article may be useful for some of the participants of the discussion.

Wishing you good health and every success,

Professor Valentin D. Sonkin, Moscow, Russia

43. Sebastián Peña, Municipality of Santiago, Chile

Dear FSN Forum Moderators,

Many thanks for the opportunity to contribute to this important policy challenge.

1. Which policies and/or programmes have been implemented in your country or region to prevent overweight and obesity? Please consider:

At the Municipality of Santiago de Chile we have been implementing since 2014 an intersectoral health promotion programme called Santiago Sano. Santiago Sano uses a Health in All Policies approach to tackle NCDs with population-based interventions. The programme uses a conceptual framework through the AMA model that includes three areas of proven cost-effectiveness: Availability, Marketing and Affordability. Santiago Sano's main objective is to improve health and quality of life of the people that live, work and study in Santiago and experience high risk factors for NCDs, such as, unhealthy diet, physical inactivity, alcohol and tobacco consumption. Along the process, the programme has also included interventions in mental health and sexual and reproductive health (see more in http://www.saludstgo.cl/?page_id=315).

Within Santiago Sano, interventions addressing nutrition and physical activity in schools are grouped in a program called the 9 Step Agenda, focusing on nine topics or intervention areas, including: (1) preschool and primary school nutrition, particularly promoting healthy snacks, school food programs, and healthy kiosks; (2) construction of healthy school gardens and orchards; (3) food and nutrition education; (4) ensuring quality of physical education classes; (5 and 6) providing sport and leisure infrastructure that promote movement; (7) active transportation to and from schools; (8) extracurricular activities and (9) intensive prevention programs. The 9 Step Agenda is led by the Municipal Department of Education together with the departments of Health, Sports, Local Economic Development and Environment.

2. Which of the policies and/or programmes mentioned before have succeeded in reducing overweight and obesity levels? Please complete your answer answering the following queries:

During 2015, the 9 Step Agenda was implemented in 3 schools, in one of which there is an evaluation aimed at measuring impact (Salvador Sanfuentes Primary School) located in Santiago, targeting nearly 700 children from preschool up to 3rd grade (4 to 8 years old) and over 60 adults, including both school staff and student's parents. The main interventions carried out were the following:

1. School Nutrition:

Promotion of healthy snacks. To promote the consumption of healthy snacks during recess, a 'healthy snack contest' was developed. By means of a nutrition education session, students from 1st to 3rd grade learned to identify healthy foods adequate for snacking during recess and unhealthy foods to be eaten occasionally (e.g. birthdays or other celebrations). Next, the class voted which healthy foods they would bring each day for recess and together created their weekly 'healthy snack calendar'. Periodical supervisions were made and registered in a panel in each classroom to monitor calendar compliance. Classes competed against each other for the highest compliance rate, which was rewarded with a trip to a swimming pool.

Results: From a sample of 240 children from 1st and 2nd grade, this contest achieved a decrease in the amount of children that ate unhealthy snacks during recess. Consumption of salty snacks (e.g. chips, doritos) decreased in 31,1%, juice boxes in 36,6% and candy bars in 13,8%. On the other hand, the amount of children that ate healthy snacks increased. The consumption of hard-boiled eggs increased in 3,1%, vegetables in 1,2% and nuts and dried fruits in 2,5%. Before the intervention, these healthy foods were not considered as alternatives for school snacks, but were considered as such after the

intervention, demonstrating improvement of student's eating habits. Additionally, juice boxes were replaced for water, which increased in 15,8%.

Healthy kiosks. In preparation for a binding tender in 2016, a voluntary programme was designed to reach 30% of healthy snacks sold on school kiosks. This was offered to 38 kiosks in Municipal public schools and 10 of which achieved the target, including the Salvador Sanfuentes Primary School.

2. Food and nutrition education. Knowledge and skills required for accomplishing healthy diets were developed among students, staff and parents in over 60 educational sessions, addressing topics such as: healthy snacks, food groups, consumption of legumes, healthy plate, food labeling, and family meal planning.
3. Leisure infrastructure that promotes movement. Fun recess kits (i.e. baskets with balls, hoops, ropes, etc) were made available in each classroom from prekindergarten up to 3rd grade to be used by students during breaks.

Intensive prevention program. This aspect of the 9 Step Agenda consists of implementing a program from the Ministry of Health called Vida Sana (Healthy Life), which aims at improving the nutritional and metabolic status, as well as physical condition of children, teens, adults and postpartum women with risk factors for diabetes and cardiovascular diseases. This program is a 12 month intervention based on nutritional counselling, education, and physical activity sessions; following an individual-based approach. However, within Santiago Sano's context it has been adapted and given a population-based approach, reaching healthy community members as well.

Results: From a sample of 163 children with overweight and obesity aged 2 - 19 years who completed 9 months of intervention, 21,5% improved their nutritional status (from obese to overweight or normal or from overweight to normal). Regarding the adult population participating in the program, an average reduction of 4,3 kilos in body weight was observed.

3. Finally, which ELEMENTS ARE CRUCIAL to effectively support policies, strategies and/or programs targeting overweight and obesity reduction?

Even though the experience is new and the impact results preliminary and uncontrolled, we have learned important lessons for implementing integral health promotion interventions. First, the existence of political will from the Mayor's Office (who lead Santiago Sano) was essential to ensure that processes are followed according to schedule. Second, intersectoral structures and processes to achieve effective policies and programmes to fight overweight and obesity, since coordination between the different sectors in order to ensure availability and access to healthy environments and opportunities (foods, sports, etc). In our case, this is done through an Executive Committee led by the Mayor's Office and a specific committee led by the Department of Education. This provides an institutional platform that ensures sustainability and facilitates the intervention in each school.

Another crucial element -and at the same time one of the main challenges encountered- is community involvement. Given that the 9 Step Agenda takes place within school environments in which academic education is the main objective; issues such as healthy diets and exercise are not always relevant and therefore not much time is given to fully implement the activities. Therefore, commitment from behalf of school directors, teachers, as well as parents and students is necessary to address overweight and obesity inside and outside the classroom. Furthermore, community involvement is the stepping stone for other necessary elements such as capacity building and empowerment.

Finally, most reported interventions in schools in Chile have been funded by the food industry. The interventions by the Institute for Nutrition and Food Technology (INTA) from University of Chile have been funded by Nestlé and Nutresa. Other interventions have been directly funded by the food industry per agreements with Municipalities. A key challenge has been to ensure financial support free of conflict of interest, for which several funding sources from the Ministry of Health, Education and Municipal funds had to be pooled. We have also had to reject several attempts from the food industry

to permeate the interventions. All of these has required a great deal of political commitment and understanding from all partners in Municipal departments.

44. Dominique Masferrer, Facultad de Medicina – Universidad de Chile, Chile

Original contribuion in Spanish

Estimado moderador:

Junto con saludar y felicitar esta iniciativa, le hago envío de mis respuestas

1.¿Cuáles políticas y/o programas para la prevención del sobrepeso y la obesidad se han implementado en su país o región?

A nivel nacional, se han desarrollado una serie de medidas que abordan distintos aspectos de la alimentación y nutrición con el propósito de mejorar la alimentación de la población y contribuir así a la disminución de la prevalencia de obesidad a través del curso vital.

1.En relación a intervenciones relacionadas con el acceso a alimentos, destaca el rol de los **Programas alimentarios nacionales (PNAC y PACAM)**; programas que ofrecen alimentos que responden a las necesidades nutricionales de grupos específicos de la población, teniendo el PNAC un carácter universal y el PACAM está dirigido a grupos vulnerables de adultos mayores.

En relación a la prohibición de la venta de comida poco saludable en el ambiente escolar, destaca la **implementación de la Ley 20606 sobre la sobre la composición nutricional de alimentos y su publicidad y la Ley 20869 sobre publicidad de los alimentos.**

Por otro lado en materia de fomento y protección de la lactancia materna exclusiva (factor protector de la obesidad infantil), destaca la **Ley 20869. Apoyo al Código Internacional de Comercialización de los Sucedáneos de leche materna** (OMS/UNICEF), **la implementación de la Ley 20545 en octubre de 2011**, que modifica las normas sobre protección a la maternidad e incorporación del permiso postnatal parental y **la implementación de la Estrategia de establecimientos amigos de la madre y del niño** (OMS/UNICEF) y el **proyecto de ley para la protección de la lactancia materna y su ejercicio.**

2.En materia de educación y promoción de estilos de vida saludables destacan las siguientes iniciativas:

Ley 20670. Sistema Elige Vivir Sano en comunidad.

Estrategia de intervención nutricional a través del Ciclo Vital (OE3, en actualización) cuyo propósito es contribuir a disminuir la prevalencia de obesidad y otras ECN a lo largo del ciclo vital.

Programa Vida Sana, cuyo propósito es contribuir a la disminución de 3 factores de riesgo para el desarrollo de Diabetes Mellitus tipo 2 y enfermedades cardiovasculares (Factores de riesgo: 1) Dieta inadecuada, 2) Deficiente condición física y 3) Sobrepeso/Obesidad - en niños, niñas, adultos y mujeres post-parto de 2 a 64 años, beneficiarios de FONASA”.

Guías alimentarias basadas en alimentos (GABAS).

Junto a lo anterior, se cuenta con normativas como:

Norma para el manejo ambulatorio de la malnutrición por déficit y exceso en el niño(a) menor de 6 años (en actualización).

Estándares de evaluación del estado nutricional a través del ciclo vital.

Minsal (2014) Norma técnica para la supervisión de niños y niñas de 0 a 9 años en APS.

Minsal (2016) Norma para la evaluación nutricional de niños, niñas y adolescentes de 5 a 19 años de edad.**Minsal (2015): Guía clínica perinatal**

Además se cuenta con una Guía de alimentación del menor de 2 años hasta la adolescencia (2016).

También se cuenta con campañas públicas de promoción de una alimentación saludable como el "Plato de tu vida".

Por otro lado la implementación de un **Etiquetado nutricional obligatorio de los alimentos (ENOA) y la inclusión de señales de advertencia sobre nutrientes crítico en la cara frontal de los alimentos** (Ley 20606) ha permitido a la población realizar elecciones informadas al momento de la compra de alimentos.

3. En relación a medidas económicas, el año 2014 la Reforma tributaria **modifica la tasa actual de vinos y cervezas (de 15% a 20,5%), destilados (de 27% a 31,5%), bebidas azucaradas (13% a 18%) y bebidas no azucaradas (de 13% a 10%)** y en la actualidad se encuentra trabajando una Comisión Asesora Ministerial para Analizar Propuestas para **Gravar con Impuestos Otros Alimentos con Alto Contenido de Azúcar Distintos a las Bebidas**.

2. De las políticas y/o programas mencionados anteriormente, ¿cuáles han sido efectivos en cuanto a la reducción de los niveles de sobrepeso y obesidad?

Dada que la mayoría de las iniciativas mencionadas, tienen un carácter estructural, los resultados de estas intervenciones (de todas, en conjunto) se observarán en el largo plazo, se estima que en un periodo de 10 a 30 años. En este momento se está diseñando el modelo de evaluación de la efectividad de la implementación de la Ley 20606, con lo cual se espera poder analizar los resultados de esta iniciativa de forma aislada.

3. Finalmente, ¿Qué ELEMENTOS SON CRUCIALES para apoyar efectivamente políticas, estrategias y/o programas dirigidos a la prevención del sobrepeso y la obesidad?

Todos las aristas mencionadas anteriormente, son cruciales para el éxito de cualquier iniciativa orientada a la prevención de la malnutrición por exceso. El acceso, la oferta, y las variables económicas generan el entorno alimentario adecuado para que las personas realmente puedan elegir una alimentación saludable. Si bien las intervenciones pasadas se han enfocado en la responsabilidad individual en torno a la alimentación; intervenciones que han demostrado ser poco efectivas, la incorporación de un enfoque estructural, basado en la responsabilidad del Estado en esta materia (incluyendo el tema de la salud en todas las políticas y esfuerzos integrales de todos los Ministerios), debiese materializarse en resultados positivos en torno a este tema.

Saludos cordiales

Dominique Masferrer

Nutricionista

Msc. Nutrición y Alimentos

Profesor asistente - Departamento de Nutrición

Facultad de Medicina - Universidad de Chile

29786754

English translation

Dear facilitator:

Apart from welcoming this initiative and congratulating the promoters, I would like to share my contributions:

1. Which policies and/or programmes have been implemented in your country or region to prevent overweight and obesity?

At the national level, several initiatives addressing different food and nutrition aspects have been developed with the aim of improving our diets and contributing as a result to the reduction of the prevalence of obesity throughout the life cycle.

*1. Regarding food access interventions, the role of **National food programs (Supplementary Feeding National Program, known in Spanish as PNAC, and the Supplementary Feeding National Program for the Elderly, known in Spanish as PACAM)** stands out. These programs provide food that meets the nutritional needs of specific population groups: the PNAC is universal in scope, while the PACAM targets vulnerable groups of elders.*

*Regarding the ban on the sale of unhealthy food in schools, **the implementation of Law 20606 on the nutritional composition of food and its advertising, and Law 20869 on food advertising,** stand out.*

*On the other hand, in terms of the promotion and protection of exclusive breastfeeding (a childhood obesity protection factor), **the support for the International Code of Marketing of Breast-milk Substitutes (WHO/UNICEF), the implementation of law 20545 in October 2011** amending the regulations on maternity protection and introducing the paternity leave, **the implementation of the Baby-friendly Hospital Initiative (WHO/UNICEF) and the bill to protect breastfeeding** are noteworthy.*

2. Regarding education and the promotion of healthy lifestyles, the following initiatives can be highlighted:

Law 20670. "Choose a community-based healthy life" system

***Nutritional intervention strategy throughout the life cycle (S03, currently updated)** aimed at reducing the prevalence of obesity and other nutrition-related diseases throughout the life cycle.*

***Healthy Life Program**, aimed at reducing three risk factors (inadequate diet; poor physical condition; and overweight/obesity) linked to the development of type 2 diabetes mellitus and cardiovascular diseases in children, adults and postpartum women aged 2-64, beneficiaries of the National Health Fund (known in Spanish as FONASA)*

Food-bases dietary guidelines (known in Spanish as GABAS).

In addition to the above, the following regulations are in force:

Regulation for the outpatient care of malnutrition in children under the age of 6 (currently being updated).

Nutritional status assessment standards throughout the life cycle:

- ***Health Ministry (2014) Technical Standard for the PHC supervision of children aged 0-9.***
- ***Health Ministry (2016) Standard for the nutritional assessment of children and teenagers aged 5-19.***
- ***Health Ministry (2015): Perinatal clinical guide***

***A dietary guide from early childhood to adolescence (2016)** is available.*

Public campaigns promoting healthy diet (e.g. the "Meal of your life"- "Plato de tu vida") have also been launched.

*On the other hand, the implementation of a **Compulsory food nutritional labelling (known in Spanish as ENOA) and the inclusion of warning messages about critical nutrients on food packaging (Law 20606)** have enabled consumers to make informed choices when buying food.*

*3. Regarding economic measures, the 2014 tax reform **modifies the current levy on wines and beers (from 15% to 20.5%), distillates (from 27% to 31.5%), sugary drinks (13% to 18%) and sugar-free drinks (from 13% to 10%),** and an Advisory Ministerial Committee is currently assessing proposals aimed at **taxing other food with high sugar content other than drinks.***

2. Which of the policies and/or programmes mentioned before have succeeded in reducing overweight and obesity levels?

As most of the initiatives mentioned before are structural, their overall results will be noticed in the long term, in an estimated period of time of 10 to 30 years. The effectiveness assessment model of the implementation of Law 20606 is currently being designed. Therefore, an independent analysis of the outcomes of this initiative is expected.

3. Finally, which ELEMENTS ARE CRUCIAL to effectively support policies, strategies and/or programs targeting overweight and obesity reduction?

All of the above mentioned aspects are key to the success of any initiative aimed at preventing malnutrition. The access to food, the choice of food, and the economic variables generate an appropriate environment for the adoption of a healthy diet. While past interventions have focused on individual responsibility, they have proven to be barely effective. Adopting a structural approach, based on the State's responsibility in this field (including health in all policies and comprehensive efforts of all ministries) should yield positive outcomes.

Kind regards,

Dominique Masferrer

Nutritionist

MSc in Nutrition and Food Science

45. Juan Ariel Jara Guerrero, Complutense University, Peru

Dear FSN Forum,

The abdominal obesity epidemic (independent of weight) may be curtailed if we may be able to stopping the myths about health and nutrition.

1- a high intake of potassium and vit.c daily is the best resistance to sick, providing a good defense to illness, particularly infection diseases.

2- a high intake of magnesium daily is the best resistance to danger of free iron and copper, particularly in the maintenance of insulin resistance, the fisiopatogenetic event in the etiology of obesity.

3- as the automatization advances in the "globalized world", people, especially poor people, eat quickly, without any sense of conscience, and the more fast eating, the more lack of satiety, because insulin resistance is increasing (brain insulin resistance).

4- in peru the obesity, diabetes and cancer are epidemic, even in the childhood (leukemic disease): moreover, we have the best sea in the world, the best forest (after brazil).

5- thank very much for this opportunity

I congratulate you and fao if the revision: "nutritional culture and medical art in the reduction of poverty"

is published.

Sincerely

Juan Ariel Jara Guerrero

primer comite de nutricion medica

colegio medico del peru- cmp 20288

Attachment:

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/NUTRICION%20PARA%20REDUCIR%20LA%20POBREZA.pdf>

46. Lideke Middelbeek, Jongeren op Gezond Gewicht (Young People at a Healthy Weight), Netherlands

Dear colleagues,

From the Netherlands, we would like to share our experience with our integral community approach. Currently we are active in 108 municipalities, reaching over half a million young people (0-19 yrs old). Many of these municipalities have shown positive results. Below this message you will find some information about our programme and please also have a look at our attached brochure. Don't hesitate to contact me in case you have any remaining questions.

Kind regards, Lideke Middelbeek

Jongeren Op Gezond Gewicht (JOGG/Young People at a Healthy Weight) is a movement which encourages all people in a city, town or neighbourhood to make healthy food and exercise an easy and attractive lifestyle option for young people (0-19). It focuses on children and adolescents themselves, along with their parents and direct environment. JOGG advocates a local approach in which not just the parents and health professionals, but also shopkeepers, companies, schools and local authorities join hands to ensure that young people remain at a healthy weight. The Dutch JOGG-approach is based on the successful French EPODE approach (see also the contribution of Ms. Pauline Harper on this forum) and consist of 5 pillars:

- Political and governmental support
- Cooperation between the private and public sector (public private partnerships)
- Social marketing
- Scientific coaching and evaluation
- Linking prevention and healthcare

Currently 108 municipalities in the Netherlands are using the JOGG-approach to promote a healthy weight among their youth. At national level JOGG is coordinated by the foundation Jongeren Op Gezond Gewicht, based in The Hague.

Attachment:

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/Jongeren%20Op%20Gezond%20Gewicht%20English%20brochure.pdf>

47. Tim Lobstein, World Obesity Federation, United Kingdom

Dear forum participants, dear FAO,

In answer to question 1, we would like to flag the useful resources on the World Obesity Federation website, including a map-based interactive database of policies and interventions related to obesity, available at <http://www.worldobesity.org/resources/policies-and-interventions/>.

In addition, the World Cancer Research Fund International website has a database of specific policy actions being taken to promote healthy diets, available at <http://www.wcrf.org/int/policy/nourishing-framework>.

In answer to questions 2 and 3, one of the issues that must be addressed is to ask why some policies are failing and especially who might be resisting the introduction of health-promoting policies. From the experiences gained in Mexico (imposing taxes and restricting advertising of snacks and sugar-sweetened beverages), New York City (e.g. beverage portion sizes), France (taxes on beverages), and many other regions, it is clear that commercial interests in these products will resist attempts to restrict their marketing activities and market expansion plans, as this is not in their shareholders' interests. If we are to get serious about protecting and promoting healthy diets in a rapidly globalising market for unhealthy products, then we will need to find ways of holding commercial interests fully to account for their impact on health, and find mechanisms which can effectively limit their ability to undermine health-promoting policies.

We at the World Obesity Federation look forward to seeing the results of the FAO discussion on this important topic.

48. Carla Habib-Mourad, American University of Beirut, Lebanon

Dear FSN Forum,

Lebanon has experienced a nutrition transition resulting in a shift towards a diet high in energy-dense food and sedentary lifestyle. In fact, childhood obesity doubled during the past decade and school-based programmes promoting healthy lifestyles were lacking. In view of that, a scientifically-based program has been developed by the American University of Beirut, Faculty of Agriculture and Food Sciences, under the name –Kanz al Sohat–.

To address the growing problem of obesity in Lebanon, Nestlé joined forces with the American University of Beirut to jointly roll out the programme under the name –*Nestlé Healthy Kids - Ajyal Salima*– in 2010 to schoolchildren aged 9 to 11, with the support of the Lebanese Ministry of Education.

The educational curriculum of the programme is founded on the social cognitive theory to promote behaviour change, and is implemented through interactive learning and hands-on activities on nutrition, healthy eating and physical activity; it aims to promote nutritional knowledge; better eating habits and an active lifestyle among schoolchildren.

It looks to impact on teachers, school shops, parents and families to boost healthy lifestyles for youngsters (Education and Health article attached)

As a result of the programme's national roll out on the knowledge and eating behaviours in children, the Lebanese Ministry of Education officially adopted the *Nestlé Healthy Kids-Ajyal Salima* programme into its Health Education Unit's curriculum in public schools in 2014.

Study results showed that knowledge and self-efficacy increased in students who received the intervention. Moreover, findings highlighted reductions in children's probability of consuming chips

and sweetened beverages, and an increase in fruits and vegetables consumption. (BMC article attached)

Ownership of the program by the various stakeholders is one of the most key lessons learnt, so engaging the relevant ministries, schools administrators, school-based vendors, parents and of course students is essential for streamlining the implementation of any program and ensuring its success. (Frontiers article attached)

A further publication is in progress to compare the effectiveness of this intervention implemented across three consecutive years, delivered by different teams; in addition to an on-going cohort study that has been launched by the American University of Beirut in 2014 to assess the programme's impact on the long term.

To date, the *Nestlé Healthy Kids-Ajyal Salima* programme has reached about 27500 children and 210 schools in Lebanon.

More than 500 teachers and health coordinators have been trained nationwide as part of the initiative.

In Lebanon, the programme is making an impact across the country through the Health Education Unit framework of the Lebanese Ministry of Education.

It has been replicated in Dubai in 2012, in the Kingdom of Saudi Arabia in 2014 and in the Hashemite Kingdom of Jordan in 2015 in collaboration with local health and educational entities.

Best regards,

Healthy Kids-Ajyal Salima team
American University of Beirut

Attachments:

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/Health%20and%20Education-paper.pdf>

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/BMC%20paper.pdf>

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/Frontiers-paper.pdf>

49. Nigel Poole, University of London and LANSA, United Kingdom

Thank you to [Muqem Shah Miakheel](#) for news of your survey work in Jalalabad. Please can you upload the report on obesity?

50. Rodrigo Vasquez, facilitator of the discussion, FAO, Chile

Attention dear contributors,

We are reaching the end of the forum period so please all the people that want to make any final comments or thoughts... now is time!

Best

Rodrigo

51. Ximena Ramos Salas, Canadian Obesity Network, Canada

Dear Discussion Facilitators,

Thank you for the opportunity to share our experiences and knowledge on this topic.

In Canada, the responsibility for obesity health services (prevention and management) lies with provincial and territorial governments. Population level data indicating rising levels of childhood obesity have prompted Canadian federal, provincial and territorial (FPT) governments to make childhood obesity a collective priority. The Curbing Childhood Obesity: A Federal, Provincial, and Territorial Framework for Action to Promote Healthy Weights was signed by all provinces (except Quebec) and territories in 2010. The Public Health Agency of Canada is responsible for monitoring the implementation of activities that fall within that framework. <http://www.phn-rsp.ca/thcpr-vcpsre-2015/index-eng.php> Note: Despite having this framework in Canada, there have not been any comprehensive efforts to implement these policy recommendations.

Unfortunately, the dominant narrative in this public health policy framework is highly simplified, indicating mainly that obesity is caused by unhealthy eating and lack of physical activity. This simplistic view of obesity is also a driver of policy recommendations that focus on individual-level approaches rather than broader societal-level policy solutions. This is despite evidence suggesting that a focus on individual-level solutions rather than on changing the broader societal level factors that have created obesity in the first place (e.g. food industry practices, agricultural policies, food pricing, etc.) have not been effective.

This simplistic view of obesity has also the potential to harm people with obesity because it contributes to weight bias and obesity stigma. The narrative that people with obesity choose to eat unhealthy and to not exercise is not only simplistic but also lacks evidence. Science has demonstrated that obesity is not simply a matter of energy-in and energy-out and that there is a rather complex biological system that regulates and defends body weight.

The dominant cultural narrative around obesity, which fuels assumptions about personal irresponsibility, has led to a shadow epidemic of weight bias and obesity stigma. There is now extensive evidence that obesity stigma affects a person's mental health, interpersonal relationships, educational achievements, employment opportunities, leads to avoidance of preventive health care, can hinder weight management efforts, and can increase overall morbidity and mortality.

Therefore, the Canadian Obesity Network recommends that all policies addressing nutrition and physical activity be framed as general measures to improve population health rather than as measures meant to reduce obesity. This approach is prudent considering there is little evidence that any of the suggested food or activity policies can noticeably reduce obesity at the population level and/or in vulnerable populations. We also recommend that before declaring a public policy or measure as targeting obesity, one would need clear evidence of effectiveness and perform a comprehensive analysis of potential harm, including promotion of weight bias and obesity stigma. Such policies must take into consideration the voices of people living with obesity (especially women) and include experts on weight bias and obesity stigma.

Ximena Ramos Salas, Managing Director, Canadian Obesity Network

Arya M. Sharma, Scientific Director, Canadian Obesity Network

www.obesitynetwork.ca

52. Cécile Duprez-Naudy, Nestlé, Switzerland

Dear FSN Forum Moderators,

Many thanks for offering this opportunity for stakeholders to share their views. At Nestlé, we are motivated to work in dialogue with nutrition and public health experts, to promote good nutrition, appropriate choices and healthy lifestyles. Nestlé is committed to applying our global organisation, knowledge of human behaviour and extensive research network to help improve people's lives today, while also investing in their health for tomorrow.

I would like to offer some thoughts on the third question ("which elements are crucial to effectively support policies, strategies and or programmes targeting overweight and obesity reduction"):

- successful strategies need to include public-private partnerships, as complex societal challenges require collaboration from both the public and the private sectors. Solving the issue requires further engagement from academic institutions, the private sector, civil society, under the guidance of authorities. The overweight/obesity issue will require a whole of government AND a whole of society approach. Complex global public health problems require a holistic, integrated, long-term, multi-stakeholder approach.
- the environment will be changed thanks to regulatory, co-regulatory and self-regulatory measures. What is important is to agree on realistic targets and that all stakeholders commit to measurable objectives.
- consider measures not only related to offer/improving the food environment but also related to how consumer demand can be shaped through positive public health social marketing campaigns, education and health literacy of the population, in particular vulnerable groups
- leverage industry's research and development capacity. Not only the fundamental nutrition sciences but also innovative product development.
- addressing the complex causative factors in obesity would require a deep understanding of the consumer. Industry is well positioned to support consumer migration towards healthier foods and beverages.
- adopt an "incentive-based" approach: industry participation can be accelerated if there is a level-playing field to compete and if there are incentives to join. Consider mechanisms to transfer know-how to small and medium sized companies. Protect the ability to innovate and create "healthy" competition among food industry players.

53. Bernadete Weber, Hospital do Coração/Hospital for the heart, Brazil

1. Which policies and/or programmes have been implemented in your country or region to prevent overweight and obesity? Please consider:

It is a consensus that the Mediterranean diet is effective and possibly the most appropriate dietary intervention for the prevention and treatment of cardiovascular disease. This diet is characterized by a low saturated fat intake in addition to a high consumption of vegetables, fish, and olive oil and a moderate consumption of wine. Nevertheless, adherence to this diet seems to be an obstacle in successfully controlling cardiovascular risk factors. Thus, cultural adaptation seems to be the most appropriate means for its management in countries outside of the Mediterranean region. In Brazil, the Mediterranean diet differs vastly from local customs, and this factor is seemingly related to low adherence to the diet.

Hence, prescription of a Mediterranean diet intervention for CVD to Brazilian populations may be infeasible and lead to low adherence. With a focus on the needs of the mostly low-income Brazilian population, a dietary and nutritional program that provides for these particularities has been developed. The Brazilian Cardioprotective Nutritional Program (BALANCE Program) takes into account access to food and understanding of the nutrition prescription, which have already been

tested in a pilot study. The results showed that the standardized Program diet seems to be feasible and effective, promoting reductions in blood pressure, fasting glucose concentration, weight, and body mass index (BMI) in patients with established CVD. The BALANCE Program trial will investigate the effects of the Program on reducing cardiovascular events—such as cardiac arrest, acute myocardial infarction, stroke, myocardial revascularization, amputation for peripheral arterial disease, and hospitalization for unstable angina—or death in patients with established CVD. Moreover, it will evaluate the effects of the dietary program on reducing CV factors, such as BMI, waist circumference, blood pressure, total cholesterol, low density lipoprotein, triglycerides, and fasting glucose.

2. Which of the policies and/or programmes mentioned before have succeeded in reducing overweight and obesity levels? Please complete your answer answering the following queries:

- What was the target population?

Outpatients who were over 45 years of age with established or previous atherothrombotic CVD occurring in the past 10 years.

- In which way were results assessed and/or effectiveness determined? What were the success factors that contributed to the effectiveness?

The primary outcome of this pilot trial was the changes in blood pressures that occurred after 12 weeks of adherence to the Cardioprotective Diet Program. The secondary outcomes of this pilot trial were improved BMIs and fasting glucose levels. Considering that this was a pilot trial, we chose one well-established biochemical, hemodynamic, and anthropometric parameter as the endpoint.

Considering our primary outcome, there was a greater reduction in the systolic (7.8%) and diastolic (10.8%) blood pressures in Group A compared with Groups B (2.3% and 7.3%) and C (3.9% and 4.9%, respectively). Considering our secondary outcome, the fasting glucose levels decreased by 5.3% and 2% in Groups A and B, respectively. In Group C, they increased by 3.7%. The BMIs decreased by 3.5% and 3.3% in Groups A and B, respectively. The BMIs in Group C did not change. Nevertheless, none of these data showed statistical differences between the groups, which is methodologically acceptable in pilot trials. We believe that a cardioprotective diet including foods that are widely available in Brazil played a key role in our results. Our findings are of potentially great importance to public health in our country, considering the promising cost/benefit relationship. The financial costs of the foods were not assessed in this pilot study; however, the diet that was proposed by the Brazilian guidelines to control cardiovascular risk factors, which involves components of the Mediterranean diet, is costly for a major proportion of the Brazilian population. Thus, we propose a new intervention with potentially low costs and high feasibility in Brazil. The efficacy of the Brazilian Cardioprotective Diet Program is substantiated by the fact that the diet that has been proposed by the Brazilian guidelines is not widely available nor is it in accordance with the Brazilian culture.

Despite our encouraging results, we cannot generalize and recommend the implementation of a cardioprotective diet following the same format as in this pilot study in all Brazilian regions. Therefore, a national study has been developing, the primary composite outcome will be the occurrence of any of the following cardiovascular events: cardiac arrest, acute myocardial infarction, stroke, myocardial revascularization, amputation for peripheral arterial disease, hospitalization for unstable angina, cardiovascular death, or death from any cause.

- What were the main challenges, constraints and lessons learned?

One factor that must be taken into account is adherence to recommendations. It is estimated that, in developed countries, only 50% of patients with chronic diseases adhere to treatment recommendations. In Brazil, dietary compliance is roughly 40%. Within this context, the BALANCE Program was developed with the objective of being a nutritional education tool that is accessible to the

population and incorporates guideline recommendations for CVD management, with a view to improving patient understanding of the dietary prescription and enhancing compliance.

3. Finally, which ELEMENTS ARE CRUCIAL to effectively support policies, strategies and/or programs targeting overweight and obesity reduction?

Although the nutritional composition of a diet designed for prevention and treatment of CVD is clear, the optimal form of prescribing such diets is not yet established, and there are no data on how such recommendations could be achieved using foods affordable for the Brazilian population. Another important factor that must be taken into account is adherence to recommendations. It is estimated that, in developed countries, only 50% of patients with chronic diseases adhere to treatment recommendations. In Brazil, dietary compliance is roughly 40%. Within this context, the BALANCE Program was developed with the objective of being a nutritional education tool that is accessible to the population and incorporates guideline recommendations for CVD management, with a view to improving patient understanding of the dietary prescription and enhancing compliance. It is important to highlight that this is a comprehensive nutritional program, not simply a diet. The BALANCE Program consists of nutritional guidance designed to be fun and accessible, intensive contact with nutritionists through one-on-one visits and group sessions, and telephone calls to reinforce guidance; these three strategies are meant to enhance adherence. The key point of the Program is to achieve a balance among foods in the diet so as to ensure correct proportions of all nutrients recommended for dietary management of cardiovascular disease. Furthermore, the educational strategy of allocating foods into groups based on the colors that appear on the national flag and associating the recommended intake frequency of each food group with the space each corresponding color occupies on the flag should facilitate understanding and, therefore, enhance compliance. The efficacy of this method was tested in a pilot study and The BALANCE Program appeared to be effective in reducing weight, BMI, blood pressure, and fasting glucose levels in patients with previous CVD. In short, the Brazilian Cardioprotective Nutritional Program is a proposed novel intervention with the potential for low cost and high feasibility for use in Brazil. If effective, it could be used to support the development of specific national programs to reduce the incidence of new CV events.

Attachments:

http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/artigo_oficial.pdf

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/Clinics%20online%20%202012%20vol%2067%20n%2012%20pp%20%201407-1414.pdf>

54. Danuta Gajewska, The Polish Society of Dietetics, Poland

Dear FSN Forum,

Thank you for the opportunity to share the experiences of the Polish Society of Dietetics on nutrition education provided by dietitians in Polish schools.

In the years 2013-2014 we conducted the nationwide project "Wise Nutrition Healthy Generation". The academic partner of the project was the Faculty of Human Nutrition and Consumer Sciences from the Warsaw University of Life Sciences, and the strategic partner of the programme was the Coca-Cola Foundation. The programme was under the patronage of the institutional partners, including the Ministry of National Education, the Centre for Education Development and Fourteen Education Offices.

The project targeted secondary and upper secondary school students on a national scale. More than 2000 schools attended by nearly 450 000 students had joined the project. The overarching aim of the project was to create a trend for a “healthy lifestyle” that would further be conducive to a durable change of nutritional habits of Polish teenagers. Within the framework of the project, an innovative model of care for teenagers with body mass-related problems has been proposed. The education of the young people was conducted by dietitians and school teachers.

The experience gained during the realization of the programme enabled to collect information concerning:

the necessity of dietary consultations in schools,

the constraints linked to the occasional nature of this type of action within the framework of different projects,

the need to elaborate model solutions on a national scale in the field of dietary care over young people,

the need for a constant monitoring of the health condition of children and youth.

It is worth to emphasize that nutrition education should be professional but also attractive for teenagers and that all undertaken actions should be monitored, and their efficiency evaluated. (More information on: <http://zdrowepokolenie.ptd.org.pl/>)

We continue our mission related to nutrition education within the project "I choose water" which is the first public-private partnership focusing on making water the first choice and promoting healthy lifestyle among children and their parents. We strongly believe that the project will create the gold standards of cooperation between dietitians and schools. (More information on: <http://ptd.org.pl/artykuly/wybieram-wode> and <http://www.nestle-waters.com/media/featuredstories/i-choose-water-nationwide-educational-campaign-in-poland>)

Best Regards

Danuta Gajewska

The Polish Society of Dietetics

55. Maureen Enright, Council of Better Business Bureaus, CFBAI, United States of America

Dear FSN Forum Moderators:

The Children’s Food and Beverage Advertising Initiative (CFBAI), an advertising self-regulation program administered by the Council of Better Business Bureaus, is keenly aware of the burdens that childhood overweight and obesity place on children and society. CFBAI was created to be a dynamic program that would drive positive changes in the children’s advertising landscape in the U.S. through the power of a coalition and strong nutrition standards. Since 2007 CFBAI has grown to 18 from 10 participants, adopted rigorous category-specific uniform nutrition criteria, and expanded its media platform coverage. CFBAI participants have developed new, healthier foods and made hundreds of recipe improvements, including notable reductions in calories, sugars, and sodium and increases in nutrient density in foods advertised to children. Under CFBAI, children’s food advertising has experienced steady progress and the program has been a model for strong, transparent and responsive self-regulation globally.

Attachment:

http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/CFBAI%20Comment%20to%20FAO%20Global%20Forum%20on%20Food%20Security%20and%20Nutrition_July%202016.pdf

56. Bill Bellew, The University of Sydney, Australia

Members may be interested to see this recent Case Study from Australia

Comprehensive sector-wide strategies to prevent and control obesity: what are the potential health and broader societal benefits? A case study from Australia

Available at:

<http://www.phrp.com.au/issues/september-2015-volume-25-issue-4/comprehen...>

57. Andrew MacMillan, Formerly FAO, Italy

In response to your call for examples of policies and programmes that have been successful, I would like to draw your attention to **MEND - Mind, Exercise, NutritionDo it!** I will also mention other new approaches to changing lifestyles that have been inspired by the MEND experience.

MEND describes itself as "the largest and most extensively evaluated child weight management programme in the world". Over 85,000 children have completed MEND classes in 6 countries. The largest operations are in UK, USA, Canada and Australia/New Zealand.

MEND was conceptualised 16 years ago by specialists at Great Ormond Street Hospital and University College London Institute of Child Health, both in UK. It was piloted amongst 7 to 13 year-old children from 2002 and then promoted and managed by Mend Central, a social enterprise, from 2004. The aim is to bring about lasting changes in the lifestyles of children who are overweight or obese, so that they become fitter, healthier and happier as they reach or maintain a healthier weight. Courses are usually offered to groups after school once a week for 12 weeks, with both parents or guardians and their children participating. The courses were originally designed and are constantly being enhanced by dietitians, nutritionists, physical activity experts and behaviour change specialists on the basis of evaluations. Training sessions, however, are conducted by non-specialists who have undergone specific purpose-built training and who are supervised and evaluated by MEND management: the use of non-specialists as trainers allows for rapid scaling up of the programme.. Teaching is based on experiential learning methods with a strong emphasis on the fun of learning by doing.

Once participants understand why they are putting on weight and the problems that this implies, they become interested in possible solutions.

Most MEND courses are run in low-income communities, especially those with a high proportion of ethnic minorities, in which the incidence of childhood obesity is highest. Courses are provided free, with funding coming from national health services, local authorities or foundations. Children are enrolled either by parents or are referred to MEND by schools and family doctors.

MEND has been subject to a great deal of research and evaluation. This has looked at the extent to which "graduates" maintain increased physical activity levels, attain greater cardio-vascular fitness, reduce time spent in sedentary behaviour, stick to improved diets and attain higher levels of self-esteem.. Results are generally encouraging (for links to research findings, see <http://healthyweightpartnership.org/pdf/MEND-References.pdf>).Thesame principles are being applied to the design of programmes to address the needs of overweight and obese people in different age groups, including babies, teen-agers and mums (<http://www.mytimeactive.co.uk/mend>) as well as adults (<http://www.discovermomenta.com>). Very recently, with funding from the English National Health Service, programmes have been launched in the UK that have been specifically designed to help people make the lifestyle changes required to prevent or cope with Type 2 Diabetes (<http://reedmomenta.co.uk/>).

What is abundantly clear is that the impact of programmes such as MEND can be greatly enhanced if they operate within a supportive policy environment. This implies, for instance, a need for restrictions

on advertising of "unhealthy" foods aimed at children; taxing sugar and high fat foods; promoting lower portion sizes in ready-made meals and in fast-food restaurants; national guidelines for preparing healthy school meals and so on.

58. Marcela Leal, Universidad Maimonides, Argentina

Original contribution in Spanish

Estimados,

Adjuntamos información para sumar a la DISCUSSION ON SUCCESSFUL POLICIES AND PROGRAMMES TO FIGHT OVERWEIGHT AND OBESITY.

Lamentablemente tuvimos dificultades para hacerlo desde la web.

Agradecemos su colaboración.

Atentamente,

Lic. Marcela Leal

Directora de la Carrera Licenciatura en Nutrición

Universidad Maimónides. Argentina

FAO / GLOBAL FORUM ON FOOD SECURITY AND NUTRITION /FSN FORUM. DISCUSSION ON SUCCESSFUL POLICIES AND PROGRAMMES TO FIGHT OVERWEIGHT AND OBESITY.

Los hábitos alimentarios, higiene y estilos de vida saludables se asimilan e integran a la personalidad durante los primeros años, consolidándose hasta perdurar en la edad adulta. Es muy importante que el niño en edad escolar aprenda a comer de forma saludable tanto para conseguir un desarrollo físico y psíquico óptimos, como para evitar posibles factores de riesgo de determinadas patologías propias de los adultos a largo plazo, como es el nivel de sobrepeso y la obesidad y patologías como dislipidemia/aterosclerosis, trastornos del comportamiento alimentario, diabetes, osteoporosis, ciertos tipos de cáncer. La Organización Mundial de la Salud plantea que la salud se crea y se vive en el marco de la vida cotidiana, rescatando el papel de la familia y de la escuela, y dentro de ella, de los docentes como agentes fundamentales en la promoción y fomento de la salud de la comunidad educativa. Dentro del concepto "hábitos saludables", existe una brecha entre el consumo real de frutas y verduras por parte de los niños y las recomendaciones según las Guías Alimentarias para la Población Infantil. Lo mismo sucede en relación a la realización del desayuno y la calidad de este. Algunos estudios han demostrado que un mayor grado de conocimiento sobre las virtudes y propiedades nutricionales de las frutas y verduras, se refleja en un mayor consumo de las mismas. El consumo de frutas y verduras constituye una parte fundamental de la alimentación por ser una fuente esencial de nutrientes, especialmente vitaminas hidrosolubles, minerales, fibra y agua. A su vez, la omisión del desayuno provoca un estado fisiológico que afecta negativamente a la función cognitiva y al aprendizaje, ya que el cerebro es sensible, a corto plazo, a la omisión de la disponibilidad de nutrientes.

Desde la Universidad Maimónides consideramos que la educación es importante para incorporar hábitos saludables e incrementar el conocimiento. Una de las acciones necesarias, para medir el impacto de estas acciones, es cuantificar la eficacia de un programa. Por ejemplo, en la alianza con la Empresa Nestlé, hemos evaluado la efectividad de su programa educativo en escolares.

"Educación Alimentaria Nutricional y Hábitos Saludables": Evaluación de la efectividad de una intervención educativa en niños escolares, bajo el marco del Programa Niños Saludables.

La Universidad Maimónides (Argentina) es Partner del Programa "NIÑOS SALUDABLES", iniciativa de la Empresa Nestlé, y tiene el objetivo de promover la Nutrición, Salud y Bienestar en niños en edad

escolar en todo el mundo.

En la Argentina, el Programa Niños Saludables, está conformado por talleres lúdicos sobre educación nutricional y hábitos saludables para niños.

El programa consta de 5 módulos: el Óvalo Nutricional, Frutas y Verduras, las Comidas del día con foco en el Desayuno, Agua e Higiene, y un Cierre Integrador. De esta manera cada niño recibe la visita de Niños Saludables cinco veces al año. El programa se enmarca en el Modelo de Creación de Valor Compartido.

La Carrera de Licenciatura en Nutrición de Universidad Maimónides es Partner del Programa Niños Saludables, a través de las siguientes acciones:

- } Colaboración en el desarrollo de contenidos.
- } Evaluación de la eficacia del programa.

Descripción de la Medición del Impacto del Programa correspondiente al período abril-octubre 2015.

Se realizó una investigación con enfoque cuantitativo, longitudinal de intervención, descriptivo con pre y post prueba. En la misma se cuantificaron y analizaron los datos con el objetivo de evaluar la eficacia del Programa Niños Saludables y conocer las preferencias alimentarias de cada escolar. Incluyó a niños escolares, de 7 a 13 años de edad, que concurren a establecimientos educativos públicos de la Ciudad Autónoma de Buenos Aires y partido de Vicente López (Provincia de Buenos Aires).

La evaluación se hace al inicio del programa (Abril 2015) y otra al final (Octubre 2015). La población total evaluada fue al inicio de 3.016 chicos, y al finalizar la intervención fueron 2.499 niños. Se establece una muestra no probabilística, estableciendo como criterio de inclusión que los colegios intervinientes tuvieron más de cuatro (4) meses de intervención y cuenten con la realización completa de las encuestas iniciales y finales. Estos criterios fueron incorporados para poder evaluar realmente el impacto del programa.

Para la evaluación de la efectividad del programa se evaluaron 6 variables dependientes al inicio y al finalizar la intervención.

Estas variables se dividen en CONOCIMIENTO SOBRE ALIMENTACIÓN (conocimiento sobre hábitos higiénicos/alimentarios y conocimiento sobre los 6 grupos de alimentos según el óvalo nutricional), y HÁBITOS (calidad del desayuno, realización de actividad física, consumo de frutas y verduras, hábitos higiénicos/alimentarios).

Por ejemplo respecto a la calidad del desayuno se evaluaron los siguientes indicadores:

- Realización del desayuno.
- Tipo de alimento consumido en el desayuno (sólido y líquido).
- Consumo de 3 grupos de alimentos (lácteos, cereales y frutas) fundamentales para el desayuno.

Algunos resultados obtenidos:

- a) El consumo de gaseosas y jugos industriales disminuyó en un 32% en la evaluación inicial a un 20% en la evaluación final, siendo una diferencia significativa.
- b) La reducción del consumo de alfajores es de 12 puntos de porcentaje, siendo esta diferencia significativa.
- c) Dentro de los complementos consumidos en el desayuno, se observa un descenso del consumo de dulces, manteca y margarina, y azúcar; teniendo esta última una diferencia significativa entre el inicio y el final del período con un valor de p de 0,004.
- d) Frutas y verduras: la disminución de los porcentajes de quienes solo consumían verduras una vez y quienes no consumían ninguna, fue ambas significativas.
- e) Respecto al conocimiento de hábitos higiénicos/alimentarios se observó un aumento estadísticamente significativo en todas las categorías para el final del período.
- f) En cuanto al conocimiento del aporte de nutrientes de los grupos alimentarios, se observa modificación en todos los grupos alimentarios, siendo importante destacar que al inicio sólo el 9% de los niños supieron contestar correctamente todas las preguntas y al final pudo hacerlo el 42% de ellos, indicando una buena intervención educativa por parte del programa.

g) Se valoró el nivel de conocimiento de la frecuencia de consumo de grupos alimentarios según el óvalo nutricional. Se encontró diferencia significativa en la categoría no conoce con una disminución del 40% inicial a un 19% al final de la intervención.

Participan, por parte de la universidad, las Asignaturas: Investigación en Nutrición, Metodología de la Investigación, Estadística Aplicada, Epidemiología y Prácticas de Nutrición en Salud Pública.

Mgt. Marcela Leal

Directora de la Carrera Licenciatura en Nutrición. Universidad Maimónides. Argentina

Coordinadora del Programa EPAS / Escuela Promotora de Alimentación Saludable

Coordinadora del Programa UPAS /Universidad Promotora de Alimentación Saludable

English translation

Dear Forum members,

Kindly find attached additional information on the DISCUSSION ON SUCCESSFUL POLICIES AND PROGRAMMES TO FIGHT OVERWEIGHT AND OBESITY

Unfortunately, we had some trouble trying to submit the information through the web.

We appreciate your collaboration.

Yours sincerely,

Marcela Leal

Director of the Degree in Nutrition

Maimónides University. Argentina

Eating habits, hygiene and healthy lifestyles are assimilated and embedded in our personality during the early years, maturing until they consolidate in adulthood. Learning to eat healthily is very important for a school-aged child to ensure an optimal physical and mental development, and to avoid potential risk factors linked to long-term adult diseases such as overweight and obesity, dyslipidemia/atherosclerosis, eating disorders, diabetes, osteoporosis, certain types of cancer. The World Health Organization states that health is created and lived within the context of everyday life, recovering the role of family and the school, and within it, of teachers as key players in the promotion of the educational community health. Regarding the "healthy habits" concept, there is a gap between the actual consumption of fruits and vegetables among children and the recommendations based on the Children Dietary Guidelines. The same is true for the breakfast preparation and its quality. Some studies have shown that an increased understanding of the benefits and nutritional properties of fruits and vegetables raises their consumption. Fruits and vegetables are key elements in a diet, as they constitute an essential source of nutrients, especially water-soluble vitamins, minerals, fibre and water. In turn, skipping the breakfast causes a physiological condition adversely affecting the cognitive function and learning, as the brain is sensitive to the lack of nutrients in the short term. At Maimónides University we believe that education is important in order to incorporate healthy habits and increase knowledge. To measure the impact of these actions the effectiveness of a program needs to be quantified. For example, in collaboration with Nestlé, we have assessed the effectiveness of its educational programme in pupils.

"Food and Nutrition Education and Healthy Habits": Evaluation of the effectiveness of an educational intervention on school children, under the framework of the Healthy Kids Program.

Maimónides University (Argentina) is one of the partners of the "HEALTHY KIDS" Programme (Programa "NIÑOS SALUDABLES"), a Nestlé initiative aimed at promoting nutrition, health and welfare in school-aged children worldwide.

In Argentina, the Healthy Kids Programme consists of recreational workshops on nutrition education and healthy habits for children.

The programme is made up of 5 modules: nutritional oval, fruits and vegetables, daily meals with a special focus on breakfast, water and hygiene, and an inclusive conclusion. In this way the Healthy Kids Programme visit the schools five times a year. The programme is part of the Shared Value Creation Model.

The Degree in Nutrition of the Maimónides University is one of the partners of the Healthy Kids Programme, through the following actions:

- Collaboration in the content development.*
- Assessment of the programme effectiveness.*

Description of the measurement of the programme impact between April and October 2015.

An investigation was conducted following a quantitative approach and tests were undertaken at the beginning and the end of the assessment period. All the data gathered was quantified and analysed to assess the effectiveness of the Healthy Kids Programme and to determine the dietary preferences of each pupil. The target population included pupils aged 7-13 enrolled in public schools in the Autonomous City of Buenos Aires and the Vicente López district (Buenos Aires province).

The assessment was undertaken at the beginning of the programme (April 2015) and at the end (October 2015). The total target population included 3 016 children at the beginning of the intervention and 2 499 at the end. A non-probabilistic sample was selected, including schools which had participated in the programme for more than 4 months and had fully completed the initial and final surveys. These inclusion criteria were set to assess the real impact of the programme.

To evaluate the programme effectiveness, 6 dependent variables were studied at the beginning and at the end of the intervention.

These variables are divided in: KNOWLEDGE ABOUT FOOD (knowledge about hygiene/ eating habits and knowledge about the 6 food groups according to the nutritional oval), and HABITS (breakfast quality, physical activity, consumption of fruits and vegetables, hygiene /eating habits).

For example, in terms of breakfast quality, the following indicators were assessed:

-) Breakfast preparation*
-) Type of food consumed during breakfast (solid and liquid)*
-) Consumption of 3 food groups (dairy, cereals and fruits) essential for breakfast.*

Some results achieved:

a) The consumption of soft drinks and industrial juices decreased from 32 per cent (initial assessment) to 20 per cent (final assessment), a significant decline.

b) The consumption of alfajores dropped substantially by 12 percentage points.

c) Regarding breakfast supplements, the consumption of sweets, butter, margarine and sugar decreased; in the latter case, a remarkable decline was observed between the start and the end of the assessment period, with a p-value of 0.004.

d) Fruits and vegetables: The reduction in the proportion of children who do not eat vegetables or only eat them once a day was significant.

e) With respect to the knowledge of hygiene/eating habits, there was a statistically significant improvement in all categories by the end of the assessment period.

f) Regarding the awareness of the food groups' nutrient supply, an improvement has been observed in all of them. It is important to note that, whilst only 9% of children were able to answer all the questions at the beginning of the intervention, 42 % managed to do so at the end. This result shows the educational success of the programme.

g) The level of knowledge of the food groups' frequency consumption was assessed according to the nutritional oval. There was a substantial change as the percentage of children who did not know dropped from 40% to 19% between the beginning and the end of the intervention.

The following University subjects are involved in this programme: Nutrition Research, Research Methodology, Applied Statistics, Epidemiology and Nutrition Practices in Public Health.

Marcela Leal

Director of the Degree in Nutrition. Maimónides University. Argentina

Healthy Food Promoting School (known in Spanish as EPAS) Programme Coordinator
Healthy Food Promoting University (known in Spanish as UPAS) Programme Coordinator

59. Kuruppacharil V. Peter, World Noni Research Foundation, India (fourth contribution)

M.K.Gandhi "Father of Indian Nation" advocated and practiced fasting as a method of body and mind care. Christians abstain from meat eating every Friday and conduct full fasting on Good Friday every year. There is full vegetarianism practiced for 50 days prior to Easter and 20 days prior to Christmas. Muslims do fasting 30 days prior to Eid ul Fatr. Hindus fast on Tuesdays and Thursdays. Fasting is done as penance in all most all religions. 21st June is now celebrated as International Day of Yoga. Yoga is the most ideal way of managing obesity and overweight. Walking early morning is catching up in cities and towns where there are gardens and walk ways.

Awareness creation among mothers is very vital. Habit of home cooking is getting affected and cooked food from restaurants are being served. Edible oil heated many times are used to the illhealth of consumers. Food and Nutrition Education need to be imparted.

60. Myriam del Carmen Salazar Villarreal, Universidad Nacional de Colombia, Colombia

Original contribution in Spanish

EL gran problema mundial producto de la liberalización de los mercados y de la globalización es la obesidad. Es clara la pérdida de diversos tipos de alimentos de acuerdo a las culturas de los países para ser homogenizado los hábitos alimentarios de las familias en todo el mundo. Las personas en la India, en la Antártida, en E.U , en Ecuador para poner un ejemplo come hamburguesas y coca cola y excesivos snacks productos de la globalización.

Estos alimentos chatarra que nos inundan son ricos en altos contenidos de grasas trans, alto contenido de sal y azúcar y muchos preservantes y colorantes. De ahí la importancia de trabajar en la construcción de políticas públicas a nivel nacional que favorezcan la producción local de alimentos que se han acorde a la cultura de los pueblos. De ahí que este enfoque lo discuten y lo defienden principalmente los movimientos sociales como la VIA Campesina y Movimiento Agroecológico de América Latina y el Caribe Maela en dónde se da prioridad a la construcción de Soberanías Alimentaria, energética y tecnológica.

Y cuando hablamos de Soberanía Alimentaria, hablamos de construcción de políticas públicas que favorezcan a los agricultores para la producción del mercado local y a la recuperación de una cultura alimentaria que se ha ido perdiendo y que era de acuerdo a nuestras culturas.

English translation

Obesity is the major global problem due to market liberalization and globalization. The loss of various types of culturally rooted food as a result of the homogenisation of eating habits across the world is evident. Take as an example the consumption of hamburgers and Coca-Cola and excessive snacks in India, Antarctica, USA or Ecuador.

This widespread junk food is rich in trans-fats, salt, sugar, preservatives and colouring agents. Hence the importance of working on building national public policies that support culturally sensitive local food production. Therefore, this approach is majorly discussed and promoted by social movements like Vía Campesina and the Latin American and the Caribbean Agro-ecology Movement (known in Spanish as MAELA), which are focused on building food, energy and technological sovereignty.

When we refer to food sovereignty, we mean building public policies to support local market production and the rehabilitation of an inherent food culture that has been gradually lost.

61. Neville Rigby, International Obesity Forum, United Kingdom

The question is posed in simple terms so the response must also be put simply - no. Or perhaps not yet. Of course there may be a few examples of individuals and groups that have worked to overcome their overweight and obesity, but in terms of population-level public health, no country has even begun to adequately address the key components of an obesity prevention strategy.

Why? As the World Health Organization's Director-General has noted, sometimes in less than coded language, on many occasions, the political and economic influence of corporations whose profits depend on peddling junk food and sugar drinks stand in the way of public health.

Even the most elementary gestures are rebuffed and blocked. Consider how in New York the then Mayor Bloomberg's effort just to restrict the gross excess of two-pint 'Big Gulp' servings of sugary drinks was fought vehemently and defeated in court. At least Mexico was able to surprise the soft drink sector, dominated there by Coca Cola, with its sugar tax. But it is crass to look at short term outcomes almost month by month to try to prove or disprove that this is having a direct impact on obesity prevalence.

No country has had a real opportunity to reshape the obesogenic environment that has stealthily driven the obesity epidemic over generations and no-one should expect to see magical transformations occurring overnight from a single and often limited intervention, for a problem that has built up among millions of us over decades.

To some extent there are unrealistic expectations embedded in questions that demand evidence to show a policy that works. No single policy or programme works in isolation. Unless, as with tobacco control, countries can synchronise far reaching policy programmes to curb the excesses of industrial-scale junk food and sugar drinks saturating markets and cynically promoting over-consumption, while simultaneously engendering improvements in making healthier food both affordable and desirable, and unless we reverse the remorseless concentration of populations in ever denser urban settings where activity is limited and access to fresh food comes at a price few can afford, we can expect to see little benefit from small scale interventions alone.

Special pleading from giant and hugely wealthy corporations that they need to be given 'incentives' rings hollow. The moral incentive to provide healthy products is not enough. They seek to hold the world to ransom demanding compensation in order for some transition from the existing 'toxic environment' to take place. The challenge of tackling obesity, therefore, becomes a much greater political and economic challenge of transforming a world where profit trumps health.

Until we can muzzle corporate power and start to adapt the nutritional and physical environment to promote health, we seem destined to have to adapt ourselves to the disabling reality of more and more of us becoming overweight and obese with all the well known consequences, not merely in terms of increased costs of coping with comorbidities and related disabilities, but in ways not yet taken fully into account when assessing the 'externalities' - the cost of adapting the world to an obese society.

62. Mylene Rodríguez Leyton, Universidad Metropolitana de Barranquilla, Colombia

Original contribution in Spanish

¿Existen políticas y programas exitosos en el combate al sobrepeso y la obesidad?

Preguntas de discusión

De acuerdo a su experiencia y/o conocimiento:

1. ¿Cuáles políticas y/o programas para la prevención del sobrepeso y la obesidad se han implementado en su país o región? Considerar acciones a nivel de:

- Políticas e iniciativas nacionales/locales (i.e. etiquetado nutricional, impuestos/subsidios a alimentos, promoción del consumo de frutas y vegetales, guías alimentarias, políticas para la promoción de la actividad física, educación nutricional en los otras políticas)
- Intervenciones y/o programas en entornos comunitarios y escolares.

Nota: Por favor compartir enlaces/links, artículos científicos y/o documentos que complementen sus respuestas.

En Colombia el principal marco guía en la actualidad es la Política pública de seguridad alimentaria y nutricional para Colombia, desarrollada en el Documento del Consejo Nacional de política Económica y Social CONPES social 113 de 2008, este se constituye en la carta de navegación para las acciones estratégicas en 5 ejes de política que son la disponibilidad, el acceso, el consumo y la utilización biológica de los alimentos. En este último eje la política “se refiere a cómo y cuánto aprovecha el cuerpo humano los alimentos que consume y cómo los convierte en nutrientes para ser asimilados por el organismo. Sus principales determinantes son: el medio ambiente, el estado de salud de las personas, los entornos y estilos de vida, la situación nutricional de la población, la disponibilidad, la calidad y el acceso a los servicios de salud, agua potable, saneamiento básico y fuentes de energía.

Uno de los objetivos específicos de la política SAN para Colombia se propone: “Promover hábitos y estilos de vida saludables que permitan mejorar el estado de salud y nutrición de la población, y prevenir la aparición de enfermedades asociadas con la dieta.”

Esta política se operacionaliza, en el Plan Nacional de Seguridad alimentaria y nutricional 2012-2019; el cual en la Dimensión de Bienestar y Calidad de Vida se propone Lograr que la población colombiana consuma una alimentación completa, equilibrada, suficiente y adecuada, para lo cual propone estrategias orientadas a Fomentar Estilos de Vida Saludables, Desarrollo y articulación de estrategias educativas en el entorno escolar: Estrategias de Promoción de EVS (MEN), Escuela saludable (MSPS): Desarrollo de la Estrategia Universidades Promotoras de la Salud; Desarrollo de la Estrategia Organizaciones laborales Saludables: Estrategia IEC basada en TICs orientada a jóvenes; Celebración de la semana de Estilos de Vida Saludable - EVS y el día nacional de lucha contra el sobrepeso y la obesidad. La celebración de la semana se basa en la movilización social, sensibilización y alianzas con

entidades del sector público y privado para la promoción de la alimentación saludable, el peso saludable, la actividad física.

- Promulgación de la Resolución No. 2508 de 2012 por la cual se establece el reglamento técnico sobre los requisitos que deben cumplir los alimentos envasados que contengan grasas trans y/o grasas saturadas.
- Desarrollo de la Estrategia Nacional de promoción al consumo de frutas y verduras

Además el plan contempla estrategias para los determinantes en el eje de consumo de alimentos, específicamente orientadas a desarrollar y ejecutar el Se deberá implementar y difundir el Plan Nacional en Educación Alimentaria y Nutricional el cual tendrá como objetivo promover una alimentación balanceada y saludable que contribuya a la reducción de la morbilidad y la mortalidad asociadas a hábitos alimentarios inadecuados y proteja la salud de la población colombiana, a través de estrategias intersectoriales, eficaces y sostenibles a nivel individual y comunitario. Este Plan incluirá acciones relacionadas con la creación y trabajo en red entre sectores e instituciones públicas y privadas, alrededor de objetivos y lineamientos comunes en hábitos de alimentación saludable y salud nutricional.

Del mismo modo continuar con estudios estadísticos de interés nacional como la Encuesta Nacional de la Situación Nutricional –ENSIN, de la cual a la fecha se dispone de dos versiones (2005 - 2010), junto con el diseño metodológico y desarrollo de la primera Encuesta de la Situación Nutricional de la Población Indígena Colombiana, siendo estas últimas herramientas prioritarias para la toma de decisiones en política pública.

Desde los compromisos sectoriales e institucionales se reafirma lo establecido en la Ley 1355 de 14 Octubre de 2009. [Ley 1355 presentacion mylene CISAN MANIZALES .pdf](#) Congreso de la Republica de Colombia. "por medio de la cual se define la obesidad y las enfermedades crónicas no transmisibles asociadas a ésta como una prioridad de salud pública y se adoptan medidas para su control, atención y prevención". Esta ley sirve como marco para la acción a pesar de no haberse reglamentado ha sido el punto de partida para las acciones relacionadas con la promoción de estilos de vida saludable relacionados con la prevención y atención de la obesidad.

Desde el Ministerio de Salud y Protección social se formuló el Plan decenal de salud pública, PDSP, 2012 – 2021, con fecha Marzo 15 de 2013, Este plan es producto del Plan Nacional de Desarrollo 2010 – 2014; El Plan Nacional de Salud Pública 2007 – 2010, que se adopta mediante el Decreto 3039 de 2007, integra el mandato constitucional del derecho a la salud bajo diversos enfoques conceptuales, con el objetivo de mejorar las condiciones de salud, bienestar y calidad de vida de la población colombiana. Define las prioridades, los objetivos, las metas y las estrategias en salud, en coherencia con los indicadores de situación de salud, las políticas de salud nacionales, los tratados y convenios internacionales suscritos por el país y las políticas sociales transversales de otros sectores y determina las responsabilidades en salud pública a cargo de la Nación, de las entidades territoriales y de todos los actores del Sistema General de Seguridad Social en Salud - SGSSS, que se complementan con las acciones de los otros sectores, definidas en el plan nacional de desarrollo y en los planes de desarrollo territorial. y busca la reducción de la inequidad en salud.

Este plan define 6 dimensiones, una de ellas es la Seguridad alimentaria y nutricional, la cual incluye estrategias para abordar las problemáticas alimentarias y nutricionales desde el sector y contempla la prevención y promoción de la alimentación saludable con la implementación proyectos orientados al fomento del consumo de frutas y verduras, la reducción del consumo de sal, la promoción de la práctica de la actividad física.

<http://www.consultorsalud.com/panorama-de-la-obesidad-y-el-sobrepeso-en-colombia>

Se desarrollaron las Guías Colombianas para el manejo de la obesidad http://www.funcobes.org/documentos.html#ancla_guia

Se realiza anualmente Semana De hábitos de vida saludables <http://www.funcobes.org/semana.pdf>

Se establecieron estrategias para la promoción de la actividad física y el Deporte en diferentes ciudades, una de ellas es Bogotá muévete

<http://www.colombiaaprende.edu.co/html/home/1592/article-228620.html>

Se desarrollaron los lineamientos para promover el consumo de frutas y verduras y se realizó el Perfil de consumo de frutas y verduras en el país con el fin de desarrollar estrategias para elevar su consumo.

2. De las políticas y/o programas mencionados anteriormente, ¿cuáles han sido efectivos en cuanto a la reducción de los niveles de sobrepeso y obesidad? Complementar su respuesta con las siguientes sub-preguntas:

- ¿Cómo se evaluaron los resultados y/o se determinó la efectividad?
- La Encuesta Nacional de situación alimentaria y nutricional 2015- 2016, dará cuenta de la tendencia del sobrepeso y obesidad en la población colombiana por grupos de edad debido a que su última actualización se llevó a cabo en 2010.
- ¿Cuáles fueron los factores de éxito que contribuyeron a la efectividad de estas estrategias?
- No hay amplia información al respecto
- ¿Cuáles fueron los principales retos, limitaciones y lecciones aprendidas?
- Uno de los principales retos es controlar la influencia de los medios de comunicación y las ofertas del mercado de alimentos altamente energéticos y fuentes de grasas trans y carbohidratos.

3. Finalmente, ¿Qué ELEMENTOS SON CRUCIALES para apoyar efectivamente políticas, estrategias y/o programas dirigidos a la prevención del sobrepeso y la obesidad?

- Considerar elementos a nivel de gobernanza, recursos, desarrollo de capacidades, mecanismos de coordinación, liderazgo, redes de intercambio de información, entre otros.

Considero que el apoyo efectivo de las políticas, estrategias y/o programas dirigidos a la prevención del sobrepeso y la obesidad deben considerar las acciones de tipo individual y colectivo, los grupos por etapas del ciclo vital y los factores de riesgo para el desarrollo del sobrepeso y la obesidad a que están expuestos en especial deben intervenir el aporte calórico de las comidas fuera del hogar, el tiempo de dedicado a ver televisión y al uso de los video juegos, la falta de la práctica de la actividad física y en general los entornos donde se mueven las personas, la escuela, el trabajo, la universidad, los escenarios de atención en salud. En Colombia como lo hemos visto hay marcos normativos adecuados y suficientes, es importante que sean de obligatorio cumplimiento.

Las intervenciones deben ser diseñadas desde la perspectiva de los determinantes que incluyen factores sociales, económicos, educativos, de salud, entre otros.

Se deben diseñar un sistema de seguimiento y evaluación que permita realizar el monitoreo y establecer proyectos pilotos para medir los efectos e impactos, así mismo, incluir la investigación para generar el conocimiento sobre la evaluación de resultados de las intervenciones.

Mylene Rodríguez Leyton,

Nutricionista- Dietista

Docente Investigador

Programa de Nutrición y Dietética

Universidad Metropolitana de Barranquilla- Colombia

English translation

Discussion questions

According to your experience and/or knowledge:

1. Which policies and/or programmes have been implemented in your country or region to prevent overweight and obesity? Please consider:

National/local policies and initiatives (i.e. nutritional labelling, food taxes/subsidies, promoting the consumption of fruits and vegetables, dietary guidelines, policies to promote physical activity, nutritional education in other policies)

Interventions and/or programs in community and school environments.

Note: Please share links, scientific papers and/or documents to enrich your answers.

In Colombia the main guiding framework is the Food and Nutrition Security Public Policy, set out in document no. 113 (2008) of the National Council for Economic and Social Policy (known in Spanish as CONPES). It is the roadmap for strategic actions in four areas: food availability, food access, food consumption and food biological utilization. The latter refers to “the way and the extent in which the human body uses the food it eats, and the way in which nutrients are converted to be assimilated by the human body”. It is mainly determined by: environment, health condition, contexts and lifestyles, nutritional status of the population, availability, and quality of and access to health services, drinking water, basic sanitation and energy sources.

One of the specific goals of the FSN policy for Colombia is “promoting healthy habits and lifestyles that improve the health condition and nutritional status of the population, and prevent diet-related diseases”.

This policy is implemented through the 2012-2019 Food and Nutrition Security National Plan. In its Welfare and Living Standards dimension, the Plan aims to achieve a full, balanced, sufficient and adequate diet for the Colombian population. To do so several strategies and initiatives are proposed: strategies focused on promoting healthy lifestyles (Ministry of National Education); educational strategies in the school environment; Healthy Schools (Ministry of Health and Social Protection); Health Promotion by Universities strategy; Healthy Labour Organizations strategy; ICT-based IEC strategy targeting youth; celebration of the Healthy Lifestyles week; and celebration of the national day against overweight and obesity. The celebration of the Healthy Lifestyles week (Semana de Estilos de Vida Saludable – EVS) is based on social mobilization, awareness-raising and partnerships with public entities and the private sector to promote a healthy diet, a healthy weight and physical activity.

Enactment of Resolution No. 2508 (2012) setting the technical regulations on the compulsory requirements for packaged food containing trans-fats and/or saturated fats.

Development of the National Strategy promoting the consumption of fruits and vegetables.

In addition, this initiative foresees strategies focused on key factors in food consumption. The Food and Nutrition Education National Plan, aimed at fostering a healthy and balanced diet to reduce morbidity and mortality associated with inadequate dietary habits and protecting national health through inter-sectoral, effective and sustainable strategies at the individual and community level, should be promoted and disseminated. This Plan comprises measures to facilitate networking between different sectors and public and private institutions, based on goals and common guidelines regarding healthy eating habits and nutritional health.

Similarly statistical studies of national interest such as the Nutritional Status National Survey (known in Spanish as ENSIN), carried out so far in 2005 and 2010, should be conducted. The first Nutritional Status Survey of the Colombian Indigenous Population should also be designed and developed. These statistical tools should be a priority for public policy decision-making.

Sectoral and institutional commitments reaffirm the provisions of Law 1355 (14 October 2009) by which “obesity and the related non-communicable chronic diseases are considered a public health priority and measures for its control, care and prevention are adopted”. Despite interventions related to the promotion of healthy lifestyles and the subsequent prevention and treatment of obesity have not been regulated, this law is a starting point serving as a framework for action.

The Ministry of Health and Social Protection adopted the 2012-2021 Ten-Year Public Health Plan (known in Spanish as PDSP) on 15 March 2013. This plan stems from the 2010 National Development Plan and the 2007–2010 Public Health National Plan, approved by Decree 3039/ 2007, and integrates the constitutional mandate of the right to health following different conceptual approaches, with the aim of improving the health, welfare and living standards of the Colombian population. It defines the health priorities, objectives, goals and strategies, in line with the health status indicators, the national health policies, the international treaties and agreements signed by Colombia, and the cross-cutting social policies of other sectors. It also determines the public health responsibilities of the State, the local authorities and all the stakeholders involved in the General Health and Social Security System (known in Spanish as SGSSS), complemented by initiatives of other sectors, as defined in the National Development Plan and the territorial development plans. The plan aims to reduce health inequalities.

This plan defines 6 dimensions. One of them is food and nutrition security, which includes strategies to address food and nutrition issues, and targets the promotion of healthy diets through projects aimed at fostering the consumption of fruits and vegetables, reducing the salt intake, and encouraging physical activity.

<http://www.consultorsalud.com/panorama-de-la-obesidad-y-el-sobrepeso-en-colombia>

Colombian Guides to address obesity were published:

http://www.funcoebes.org/documentos.html#ancla_guia

A Healthy lifestyle week is held every year:

<http://www.funcoebes.org/semana.pdf>

Strategies to promote physical activity and sport were developed in different cities. One of them is Move Bogotá:

<http://www.colombiaaprende.edu.co/html/home/1592/article-228620.html>

To promote the consumption of fruits and vegetables several guidelines were developed. A national consumption pattern was determined with the aim of developing strategies to increase the intake of fruits and vegetables.

2. Which of the policies and/or programmes mentioned before have succeeded in reducing overweight and obesity levels? Please complete your answer answering the following queries:

- *In which way were results assessed and/or effectiveness determined?*

The 2015- 2016 Food and Nutrition National Survey will report on overweight and obesity in each age group, as the most recent figures date back to 2010.

- *What were the success factors that contributed to the effectiveness?*

More information needs to be gathered to address this question.

- *What were the main challenges, constraints and lessons learned?*

One of the main challenges is controlling the influence of the media and the availability of high-energy food in the market containing trans-fats and carbohydrates.

3. Finally, which ELEMENTS ARE CRUCIAL to effectively support policies, strategies and/or programs targeting overweight and obesity reduction?

Please consider elements regarding governance, resources, capacity building, coordination mechanisms, leadership, or information exchange networks, among others.

To effectively support policies, strategies and/or programs targeting overweight and obesity reduction, I consider individual and collective actions, age groups and risk factors should be considered. The caloric intake of meals away from home, the time spent watching television and playing videogames, the lack of physical activity and, in general, environments (school, work, university, health centres, etc.) where people live their lives, should be particularly taken into account. In Colombia there are adequate regulatory frameworks: it is important that they are enforced.

Interventions should be designed taking into account social, economic, educational and health factors, among others.

A monitoring and evaluation system should be designed which can also develop pilot projects to measure the effects and impacts and generate knowledge on the assessment of the interventions outcomes.

Mylene Rodriguez Leyton

Dietitian-Nutritionist

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Attachment:

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/Ley%201355%20presentacion%20mylene%20CISAN%20MANIZALES%20%282%29.pdf>

63. Veronica Gonzalez, Gobierno de la Ciudad de Buenos Aires, Argentina

Original contribution in Spanish

Estimado facilitador, En el año 2012, en la Ciudad Autónoma de Buenos Aires (CABA) se creó la Dirección General de Desarrollo Saludable dependiente de la Vicejefatura de Gobierno de la Ciudad, con el propósito de llevar a cabo acciones de promoción de la salud y prevención de factores de riesgo para enfermedades crónicas no transmisibles, principalmente sobrepeso y obesidad. En el marco de esta área se vienen desarrollando dos programas de promoción de alimentación y estilos de vida saludables, en los cuales la educación alimentaria nutricional tiene un rol central:

- **Programa Mi Escuela Saludable:** Se implementa en escuelas de gestión pública de nivel inicial y primario de la Ciudad. Está destinado a toda la comunidad educativa: alumnos (niños y niñas de 5 a 12 años), docentes y familias. Tiene una duración de 2 años en los que se busca sensibilizar a la comunidad educativa y fomentar la implementación de acciones y estrategias que promuevan una alimentación y estilos de vida saludables en el contexto escolar y familiar. Entre los principales componentes del programa se encuentran los talleres, la distribución de materiales, la realización de recreos activos y la articulación con otros programas gubernamentales. El programa busca además capacitar y acompañar a los docentes, por medio de actividades y materiales específicos, para que sean capaces de abordar la temática una vez finalizado el programa.

Desde su inicio han participado 297 instituciones, 60.254 niñas/as, 117.380 familiares y 6.986 docentes y directivos; alcanzando el 34% de las escuelas de gestión pública de nivel inicial y primario de la ciudad.

- **Programa Estaciones Saludables:** Consiste en 40 puntos de atención ubicados en espacios públicos

con acceso libre y gratuito para todas las personas que transitan la Ciudad. La atención es brindada por enfermeros y nutricionistas. Además de los controles básicos de salud, se ofrece el servicio de consejería nutricional, consejería en actividad física, juegotecas, clases de gimnasia, charlas y talleres. Desde su inicio se han atendido alrededor de 950.000 personas y se estima que la quinta parte de la población de la CABA ha asistido al menos una vez.

Para mayor información sobre estos programas:

<http://www.buenosaires.gob.ar/desarrollosaludable/mi-escuela-saludable>

<http://www.revistasan.org.ar/mwg-internal/de5fs23hu73ds/progress?id=eEGK...>

<http://www.buenosaires.gob.ar/noticias/estaciones-saludables>

<http://www.rasp.msar.gov.ar/rasp/articulos/volumen26/26-32.pdf>

2. Ambos programas se implementan desde hace 4 años y aún la efectividad en la disminución de las prevalencias de sobrepeso y obesidad en la Ciudad de Buenos Aires no ha sido evaluada. Sin embargo, las intervenciones podrían considerarse “exitosas” en cuanto a su amplia cobertura y aceptación por parte de los destinatarios.

En 2015 el Instituto de Efectividad Clínica y Sanitaria (IECS) realizó una evaluación del impacto del programa Estaciones Saludables (ES), el cual determinó que “las ES son un espacio propicio para la implementación de acciones de prevención y promoción de la salud, con un impacto importante en el monitoreo de la presión y la glucemia. La información brindada sobre factores de riesgo, alimentación saludable y actividad física que se asocia con mejoras en el estilo de vida, potencialmente reducirían eventos cardiovasculares y ACV.”

En el caso de MES, las evaluaciones de satisfacción con el programa y utilización de los materiales dentro y fuera del ámbito escolar muestran resultados favorables en toda la comunidad educativa. A fines de cada ciclo lectivo se realizan encuestas a miembros de la comunidad educativa, en las que se destaca que:

- El 72% de los docentes refirió haber adquirido algún conocimiento nuevo a partir de MES, principalmente sobre alimentación.
- El 95% de los niños y de los familiares y el 85 % de los docentes refirieron haber incorporado algún hábito saludable a partir del programa, principalmente relacionado a tener una alimentación más saludable.
- El 82% de los niños refirió que hubo algún cambio en su escuela a partir del programa, relacionados con el mayor consumo de alimentos saludables y la mayor realización de actividades con movimiento.
- Más del 90% de los docentes y familiares se encuentra “satisfecho” o “muy satisfecho” con la implementación del PMES y 9 de cada 10 niños opinaron que el programa fue “muy bueno” o “bueno”.
- El 82% de los docentes modificó su forma de abordar contenidos relacionados con la alimentación utilizando nuevas propuestas didácticas y dedicando más tiempo o profundizando más en la temática.

Actualmente se está planificando una evaluación de la efectividad del programa que considere la modificación de variables antropométricas, de ingesta y de actividad física.

Para ES, que requieren que un usuario motivado decida acercarse a un punto de atención, los factores que contribuyeron para la aceptación son la gratuidad, la facilidad de acceso y la rapidez del servicio. A su vez, el desarrollo de un sistema informático para el registro de los usuarios permite acceder a la información de las visitas previas en tiempo real y de esta forma agilizar la consulta. Para el programa MES han sido fundamentales la articulación con el Ministerio de Educación que facilita la entrada a las escuelas, la duración del programa (2 años) que permite generar un vínculo entre el equipo técnico y la comunidad educativa y el hecho de haber logrado materiales diseñados específicamente para la

población destinataria.

Con respecto a las limitaciones, ambos programas tuvieron dificultad para articular con algunas áreas de gobierno lo que se debió probablemente a la ausencia de una política integral de abordaje de la problemática en la Ciudad. En el caso de MES, se puede mencionar como obstáculo la baja participación de las familias, que habitualmente tienen poca presencia en la escuela. Para ES los limitantes son la ausencia de un sistema formal de derivación de pacientes a otros programas o centros de salud y las cuestiones climáticas, dado que los días de frío y lluvia decrece el número de personas que concurren a un parque o plaza (localización de las estaciones).

3. Para el desarrollo de ambos programas ha sido crucial la decisión política de crearlos, mantenerlos en el tiempo y asignarles el presupuesto necesario. Este tipo de intervenciones requiere además la articulación entre distintas áreas de gobierno con objetivos diversos. En este sentido y de acuerdo a nuestra experiencia consideramos que para el éxito en la implementación y para lograr continuidad, es necesario realizar una permanente sensibilización sobre la problemática del sobrepeso y la obesidad. Mantener este tema “en agenda” contribuye no solo a la persuasión a nivel político, sino también en la aceptación de los programas por parte de la población.

Por último, destacamos la importancia de realizar evaluaciones de impacto para determinar en qué medida los programas contribuyen en la disminución de las prevalencias de sobrepeso y obesidad, para reorientar recursos económicos y rediseñar estrategias e intervenciones.

Dirección General de Desarrollo Saludable Vicejefatura de Gobierno de la Ciudad de Buenos Aires-Argentina

English translation

Dear facilitator:

In 2012, the Directorate-General for Healthy Development was established in the Autonomous City of Buenos Aires (CABA). Under the Government Vice-Chieftaincy of the city, this directorate aims at developing activities to promote healthy habits and prevent risk factors linked to non-communicable chronic diseases, mainly overweight and obesity.

In this regard, two programmes, in which nutritional education plays a key role, are being developed to promote healthy eating and healthy lifestyles:

*- **My Healthy School Programme** (“Mi Escuela Saludable” - MES): Implemented in public primary schools in Buenos Aires. Intended for the entire educational community: pupils (children from 5 to 12 years), teachers and families. It is a 2 year-long programme aimed at raising awareness and fostering initiatives and strategies that promote healthy eating and healthy lifestyles in schools and families. Among others, the programme features workshops, educational materials and recreation activities, and is linked to other government initiatives. With specific activities and materials on the topics covered, the programme also aims to train the teaching staff.*

Since it was launched, 297 institutions, 60 254 children, 117 380 families and 6 986 teachers and managers have participated in the programme; and 34% of the public primary schools in the city have been involved.

*- **Healthy Stations Programme** (“Estaciones Saludables” - ES) : It consists of 40 stations, located in public spaces and free to use. Attention is provided by nurses and nutritionists. Apart from undertaking basic health checks, advice on nutrition and physical exercise is provided, recreational areas are made available, and fitness classes, talks and workshops are offered. Since it was launched, these stations have assisted 950 000 people, and about one fifth of the population in Buenos Aires has used them at least once.*

For more information on these programmes:

*<http://www.buenosaires.gob.ar/desarrollosaludable/mi-escuela-saludable>
<http://www.revistasan.org.ar/mwg-internal/de5fs23hu73ds/progress?id=eEGK...>,
<http://www.buenosaires.gob.ar/noticias/estaciones-saludables>
<http://www.rasp.msal.gov.ar/rasp/articulos/volumen26/26-32.pdf>*

2. Both programmes have been implemented during the last 4 years but their effectiveness in reducing the prevalence of overweight and obesity in Buenos Aires has not been yet assessed. However, these interventions could be described as “successful” given their wide coverage and acceptance.

In 2015 the Institute of Clinical and Health Effectiveness (known in Spanish as IECS) conducted an impact assessment of the Healthy Stations Programme (ES from now onwards), which determined that “the Healthy Stations are an enabling environment for the implementation of prevention and health promotion measures, with an important influence on blood pressure and blood sugar monitoring. The information provided on risk factors, healthy eating and physical activity, linked with healthier lifestyles, will potentially contribute to the reduction of cardiovascular diseases and strokes”.

In the case of the My Healthy School Programme (MES from now onwards), the satisfaction surveys and the use of educational materials show positive results throughout the educational community.

At the end of each school year, surveys are undertaken in the educational community. The following results are noteworthy:

- Thanks to the MES 72% of teachers gained knowledge, mainly about food.*
- 95% of children and families and 85% of teachers adopted a healthy habit, mainly food-related, as a result of the programme.*
- According to 82% of the children, the programme led to an increased consumption of healthy food and to enhanced physical activity in the school.*
- More than 90% of teachers and family are “satisfied” or “very satisfied” with the implementation of the MES, and 9 out of 10 children considered that it was “good” or “very good”.*
- 82% of teachers changed their food education approach, adopting new teaching proposals, and dedicating more time to study these topics in depth.*

An assessment of the programme effectiveness considering anthropometric variables, intake and physical activity is currently being planned.

With respect to the ES, which requires a motivated user willing to go to the stations, its free nature, ease of access, and speed of service contributed to the overall acceptance. In turn, the development of a user registration computer system allows instant access to case records speeding up the whole service. The coordination with the Ministry of Education, which provides access to the schools; the duration of the programme (2 years), facilitating the relationship between the technical team and the educational community; and the development of educational materials specifically tailored for the target population, have been essential for the MES.

Regarding the limitations, both programmes had difficulty in articulating some government areas, probably due to the lack of a holistic policy addressing these problems in the city.

One of the difficulties faced by the MES is the low family involvement, who barely visit the schools. The constraints in the ES are the lack of a formal system referring patients to other programs or health centres, and the weather, as cold and rainy days reduce the attendance in public spaces like parks or squares where the stations are located.

3. The political determination required to develop, maintain and finance both programmes has been crucial. Coordination between different government areas with diverse objectives is also required. In this sense and, according to our experience, the successful implementation of these programmes and their

sustainability require continuous awareness of the problem of overweight and obesity. Keeping this topic "on the agenda" contributes not only to political persuasion, but also to the public acceptance of the programmes.

Finally, we would like to highlight the importance of undertaking impact assessments to determine the extent to which these programmes contribute to reducing the prevalence of overweight and obesity, redirecting economic resources and redesigning strategies and interventions.

Directorate-General for Healthy Development, Government Vice-Chieftaincy of Buenos Aires, Argentina

Attachment:

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/CABA.docx>

64. Manuel Moya, International Pediatric Association, TAG on Nutrition, Spain

Dear FSN Forum,

I thank you for the extended deadline. Really it is very appropriate to approach obesity prevention in LMIC, because it is a fast growing problem particularly in growing urban areas and before overweight grows up to the HIC rates something must be done. Once obesity has been established in children (and adults) treatment is disappointing in spite of using all the facilities given by specialized units that even include bariatric surgery. In the annexed document some new actions addressed to interrupt the obesity circle of maternal, offspring, mature girls are approached.

Please find in it our program for prevention of pediatric overweight and obesity in low- and middle-income countries.

This is an easy to run and low cost program and that can indicate the basic food changes according to the country (and child population) possibilities.

With my kindest regards

Manuel Moya
Catedrático E/ E Professor & Head
Editor in Chief of the Newsletter. International Pediatric Association (IPA)
Chair of the IPA Technical Advisory Group on Nutrition
Board of Directors of IPA Foundation
Academician of the Real Academia de Medicina
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Attachment:

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/UNDER%20OVER%20W%20%20IPA-WHO%20FAO%2016%20Commission%20on.docx>

65. Rodrigo Vasquez, facilitator of the discussion, FAO, Chile

Hi everyone!

I really wanted to thank you all for the excellent contributions that we have received. People from more than 36 countries, 5 continents, and from very different areas of work have provided input to the discussion: from governments, the private sector, universities, independent consultants, NGOs, etc. The result is a great set of proven policies, practices and ideas to fight obesity and overweight, which

generally speaking includes: changing the way to measure obesity and overweight, understanding the causes of obesity, changing eating habits, increasing nutritional education at all levels, increasing information and its reachability, increasing the sale and supply of fresh products, increasing physical activity and break sedentary life styles, improving school programs against child obesity with the participation of parents and teachers, imposing taxes on processed food, promoting conservation agricultural practices, and controlling the content of processed food. In addition, many contributors highlighted the importance of coordinating actions among stakeholders like the government, consumers, producers, and the industry. So in order to reduce obesity one should work together and the issue should be approached from different angles.

I want to remind you that the input from the Forum will help us to have a better output regarding the "Study of international evidence of obesity reduction: lessons learned from case studies". As soon as we have completed the study, we will share it with everyone.

Finally, after reading all the comments and practices from all around the world, I believe that the reduction of obesity is possible, even if it is a hard-to-reach and long-term goal.

Thank you again for all the contributions and efforts.

Best

Rodrigo Vásquez Panizza

66. Muqem Shah Miakheel, Ministry of Public Health, Afghanistan (second contribution)

There is no specific policy for the preventing obesity in Afghanistan but in local communities some of food remedies are used for preventing and control obesity.

These food should be avoided for controlling obesity or during obesity:

- 1.Red meat and processes meat.
- 2.White bread and Whit rice.
- 3.Potatos, White Pista and sweets.

Strategies for preventin Obesity:

- 1.Eat five or six serving of fruit or vegetables daily.
- 2.Exercise regularly especially up and down using of stairs.

67. Keith Kline, Oak Ridge National Laboratory, United States of America

Rodrigo's summary was excellent but omitted two key items:

- (a) consistent and clear food labeling (see my prior message on this topic)
- (b) institutional support and coping mechanisms for at-risk populations

Example: There are 3,143 county jurisdictions in USA. And one single county, Holmes County in Mississippi, is now famous because it is both the US county with the highest obesity rate (47%), AND the US county documented as the "most food insecure" by USDA. Nearly 40 percent of children there have poor access to food. The common denominator is poverty and a lack of social services.

<http://www.usnews.com/news/slideshows/study-the-worst-us-counties-for-your-health>

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68. Mhammad Asef Ghyasi, CAF (Care of Afghan Families), Afghanistan

In Afghanistan the national nutrition survey 2013 shows that the overweight is increasing in women (which was target group for this survey) based on the BMI, as Afghanistan is developing and the transportation facilities and other facilities are growing. So the problem of overweight and obesity is increasing, especially in urban areas and cities. Specific strategy is not present, but awareness raising for communities are started by different channels.

Recently a food dietary guideline was introduced in English and local languages, for health staff and other staff, in order to increase knowledge of the communities.

In all Health facilities, growth monitoring for children under 2, screening for children under 5 and measuring of MUAC is doing in order to find malnutrition.

Also health educations and consultations are providing to the communities on healthy life style, infant and young child feeding and other nutrition topics.

Still we need advocacy and awareness raising regarding over nutrition to prevent obesity and related diseases.

69. Bibhu Santosh Behera, Ouat Bhubaneswar, Odisha, India

Respected all UNEP/FAO and Global Members

Greetings

I have attached my Contribution as below for getting some information.

Thank you

Regards

Bibhu Santosh,OUAT,Bhubaneswar

Attachment:

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/ASSESSMENT%20OF%20NUTRITIONAL%20STATUS%20OF%20ADOLESCENT%20GIRLS%20IN%20RURAL%20AREA%20OF%20KEONJHAR%20DISTRICT.docx>

70. Elizabeth Mpfu, Zimbabwe Smallholder Organic Farmers Farmers Forum (ZIMSOFF), Zimbabwe (second contribution)

As we continue with the discussions of how to fight overweight and obesity ,there is the truth by World Health Organisation that many parts of Africa are best known for appealing for charity to

combat famine and looking at the views of the situation we are already facing an obesity epidemic. In their research they also mention that 12,7% African children will be overweight by 2020. My own analysis is that the percentage will be higher than what they are expecting. The reason being that already many young children are already affected by heart diseases, High Blood Pressure, Asthma and many other related diseases due to obesity. Secondly we are witnessing that children lack much attention by their mothers especially those who are employed as the children spend much time in the care of other people and the childcare quality may be substantially different. There is an increase of School Feeding programs in most of our countries. I also noticed that in all the decision making processes there are few or no women representatives to effect and assess the impact of any changes. Just to keep us reminded that we have changed in diet from traditional nutritious foods to high calories fast foods staples because weight is viewed as a sign of happiness. Another effect is for employed women who are obese as there is they experience customer discrimination.

There are so many challenges faced due to overweight and obesity which already seems to divide the communities. Just to mention a few of my thoughts on what policies should be put into place. Governments should prevent companies that produce and sell unhealthy products. It is difficult for someone obese to get medical care as the medical costs are high and so we appeal the responsible Ministries to put into place a policy that benefits all the rich and the poor. Women should be involved in all decision making processes. We need a policy that determines and monitor the type of food stuffs to be on the markets. Food and drinks high in fat and sugar should be taxed. If possible fast foods should be banned and looking at the increase of food sold at schools, there is need to regulate these meals

Wishes

Elizabeth

71. Mónica Elizondo, Cámara Costarricense de Industria Alimentaria, Costa Rica

En Costa Rica existe la Comisión Nacional sobre Promoción de la Salud creada por Decreto 38218-S que es el órgano técnico asesor en materia de prevención de Enfermedades Crónicas No Transmisibles, se cuenta con un plan de acción de la Estrategia Nacional para las ECNT al 2021, este plan se elaboró en conjunto sector público-sector privado.

Existe además el Reglamento de Kioscos Escolares que regula los alimentos que se pueden vender en los centros educativos, desde el año 2013.

Actualmente se trabaja en una Comisión Interinstitucional, la actualización del Reglamento Técnico Centroamericano de Etiquetado Nutricional con base en Codex y se está trabajando en una propuesta voluntaria de etiquetado frontal basado en GDAs.

Aun no se cuenta con indicadores de impacto de las políticas que se han implementado hasta ahora a nivel nacional para la prevención de ECNT.

En Costa Rica el éxito de la implementación de programas de prevención de enfermedades y promoción de la salud se debe al trabajo conjunto sector público-sector privado, y los logros se han alcanzado mediante procesos abiertos de diálogo y negociación.

72. Marlies Willemsen-Regelink, Steunpunt Smaaklessen & EU-Schoolfruit, Netherlands

I like to let you know that we work on two programmes in the Netherlands:

- EU-Schoolfruit and veggieprogramme

- Tastelessons

From both programmes there is no research done in relation to obesity.

Research is done on Tastelessons (Smaaklessen) in the past year.

<http://library.wur.nl/WebQuery/clc/2149122>

Some effects on nutritional behaviour are found.

The EU-Schoolfruit and veggieprogramme in the Netherlands is not evaluated in relation to nutritional behaviour and obesity but I believe that the impact on nutrition behaviour is significant. More and more schools have rules about fruit and vegetables in the school. I see a change during the last 10 years.

Children and parents love the programme. I hope we can do research in the future.

It would also be worth full to compare EU-Schoolfruit initiatives.

Kind regards,

Marlies Willemsen-Regelink

Projectleider Smaaklessen en EU-Schoolfruit en –groente

73. Laura Andrea Miranda Solis, ConMéxico, Mexico

A quien corresponda

De manera adjunta le hacemos llegar la contribución del Consejo Mexicano de la Industria de Productos de Consumo (CONMEXICO) a la discusión sobre las políticas y programas exitosos en combate del sobrepeso y la obesidad en México.

Saludos

Laura Andrea Miranda Solis

Salud y Bienestar

ConMéxico

Attachment:

<http://www.fao.org/fsnforum/sites/default/files/discussions/contributions/CONMEXICO.pdf>