



CONTINENTAL WEBINAR TO STOP OBESITY IN AFRICA



THE YEAR OF NUTRITION

**Strengthening Resilience in Nutrition &
Food Security on the African continent:**

Strengthening Agro-Food Systems, Health & Social Protection Systems for the
Acceleration of Human, Social & Economic Capital Development



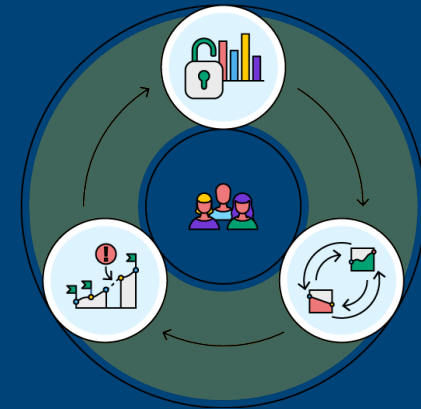
World Health
Organization

Continental Webinar to Stop Obesity in Africa

8 November 2022

By Claire Chaumont, Healthier Populations Billion Lead
- WHO HQ

Accelerate Progress
through Prioritizing Action



Prevalence of overweight and obesity is increasing in all countries in the African Union*

Average projected prevalence (pp)
increase in 2018-2025 (%)


Child overweight (aged 0-5 years)

+ 0.4pp


Child Obesity (aged 5-19 years)

+ 1.2pp


Adult obesity (aged +18 years)

+ 2.2pp

Prevalence is expected to increase on child overweight, child and adult obesity indicators between 2018 - 2025...

Projected country trends in 2018-2025
(not considering the impact of COVID)

 Countries trending positively  Countries trending negatively

38 countries

-72%

28%

15 countries

52 countries

-100%

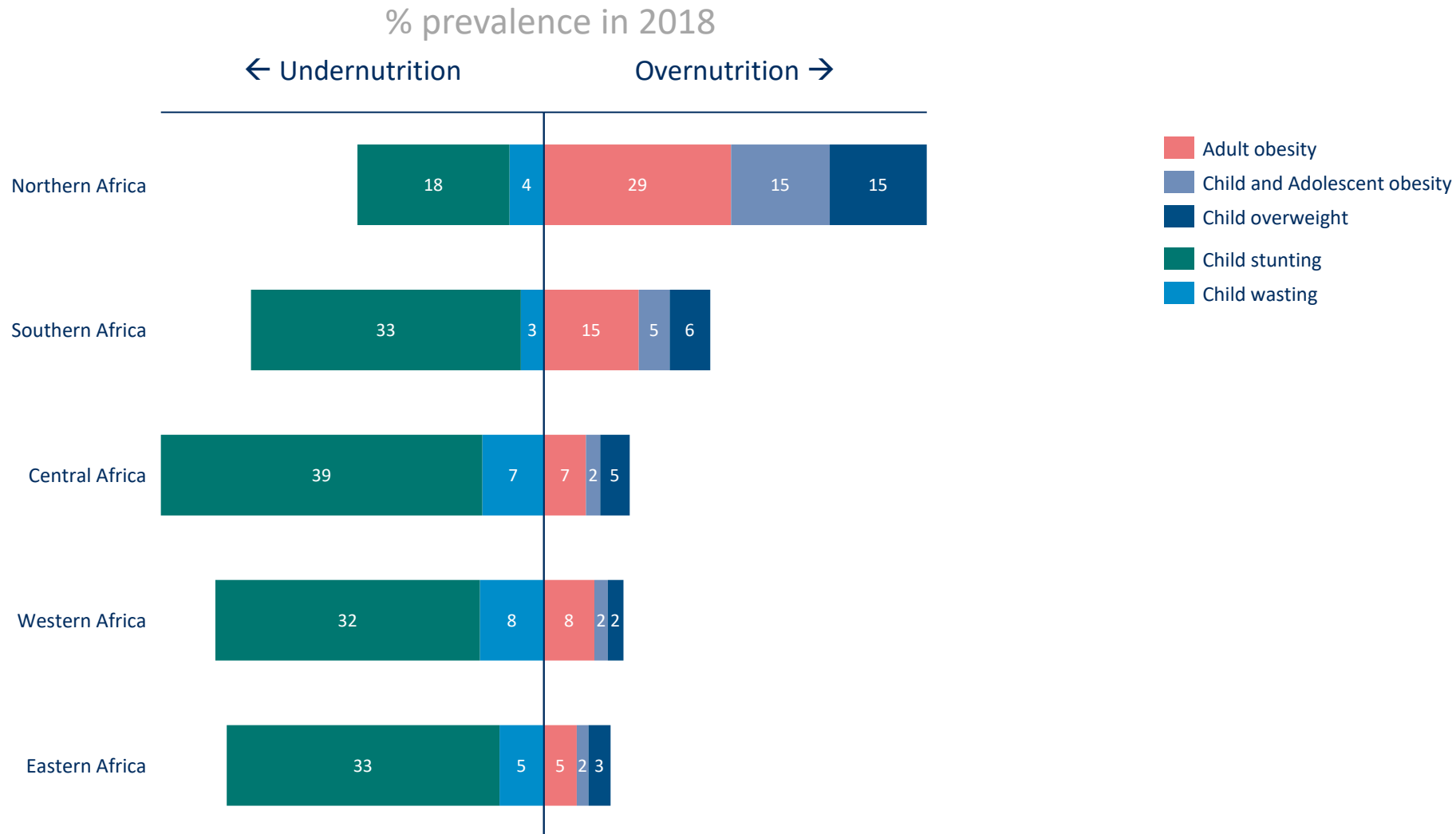
52 countries

-100%

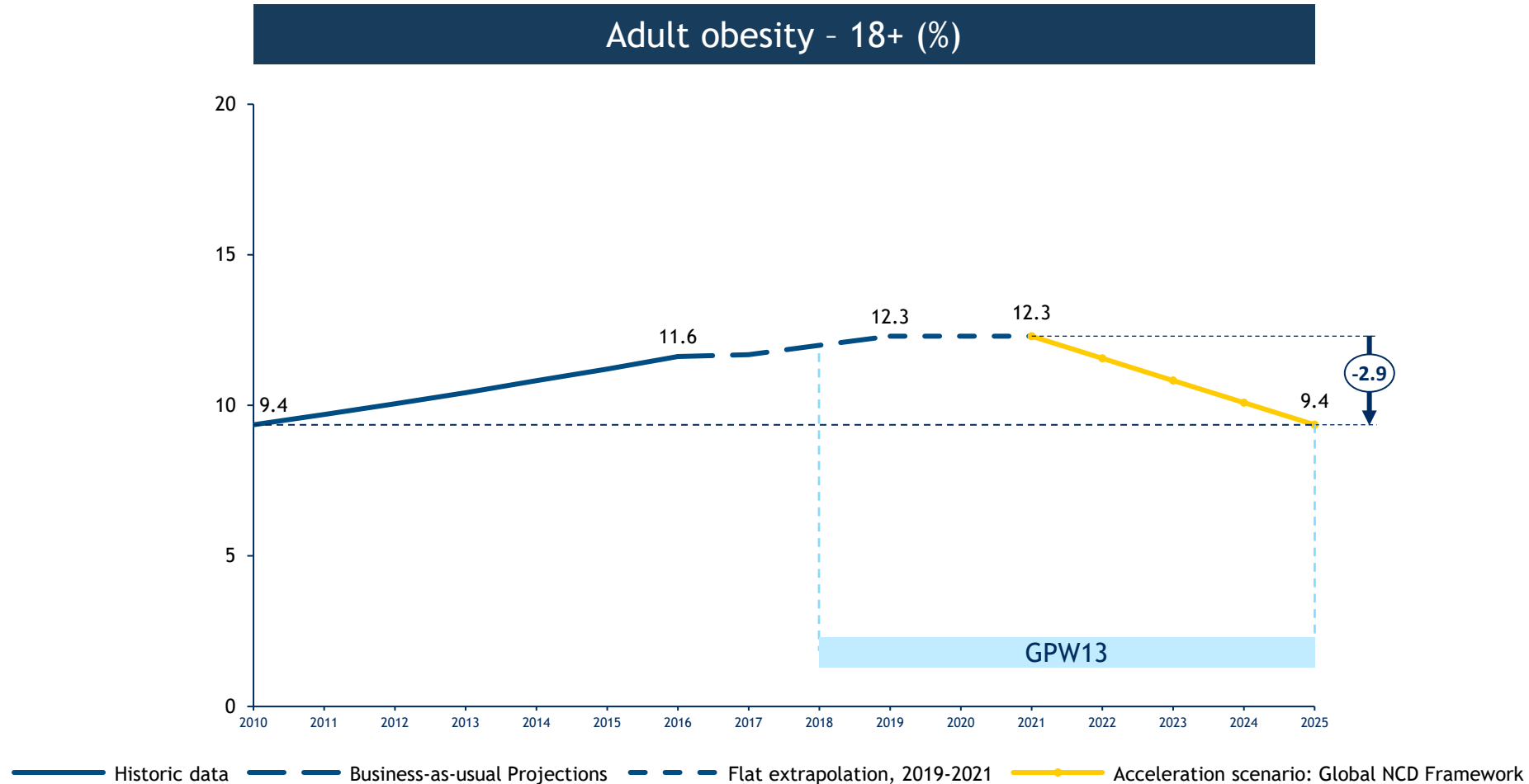
...with ~25million people expected to be impacted,
affecting all AU Member States*

Sources in this slide and next: Child Stunting, Wasting and Overweight: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Database, May 2022
Child Adolescent and Adult Obesity: NCD-RisC. Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016. Lancet 2017

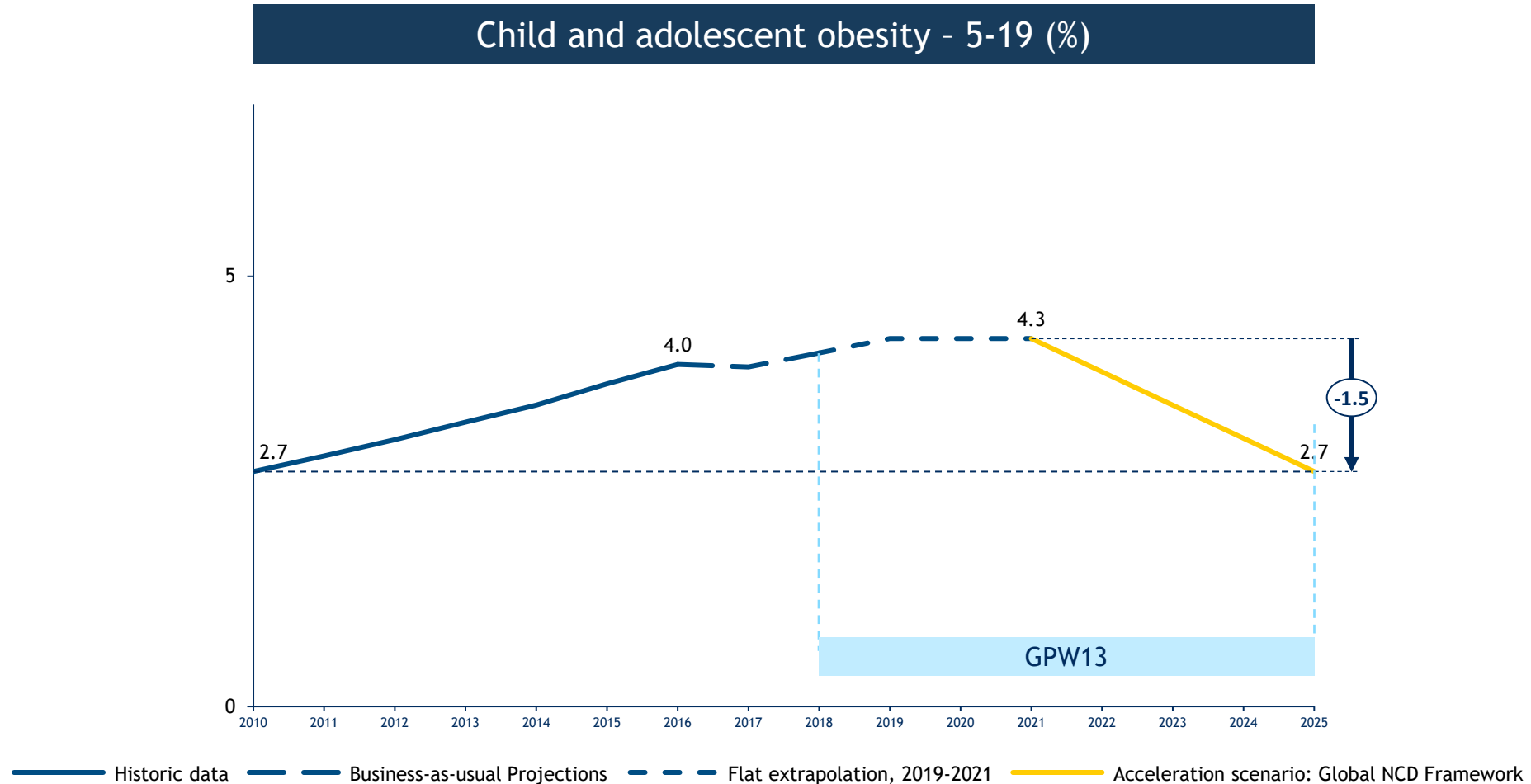
Countries are experiencing a double burden of overnutrition and undernutrition



Countries in the African Union are not on track to achieve global targets as defined in the NCD global monitoring framework (return to 2010 value by 2025)



This is true for adults as well as for child and adolescent obesity

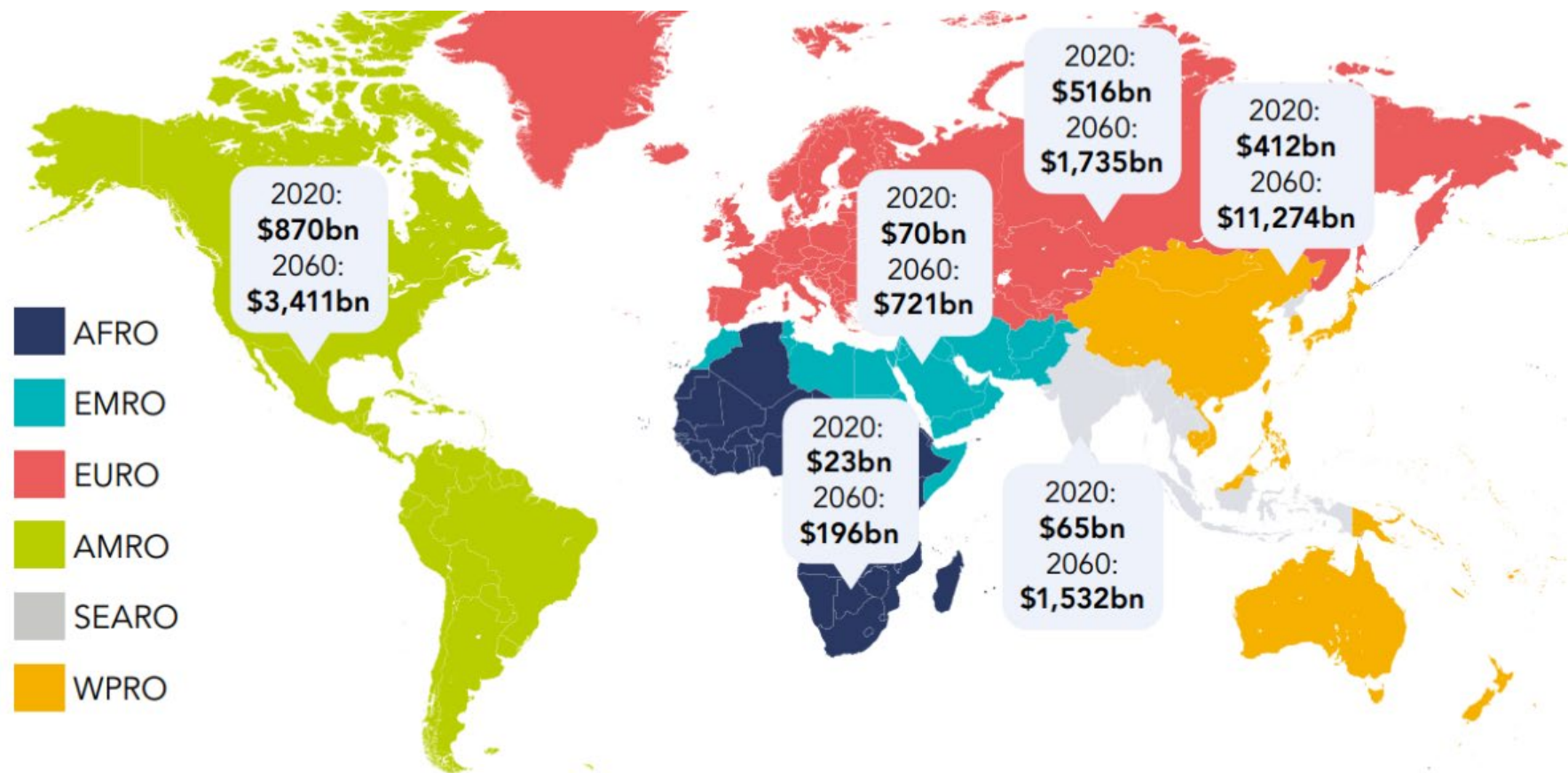


The health impacts of obesity are well documented, both for non-communicable and communicable diseases

- Accounted for ~ 2.8 million deaths worldwide including from cardiovascular disease, diabetes, cancer, neurological disorders, chronic respiratory diseases, and digestive disorder in 2021
- People who suffer from obesity experience a four-fold increased risk of developing severe COVID-19

The current and future economic impact of obesity and overweight is also substantial

- Decrease prevalence by 5% = annual savings of around US\$ 430 billion worldwide (~7% of the projected costs)
- Stop the rise = annual savings of US\$ 2.2 trillion worldwide every year (~23% of the projected cost)



The WHO Acceleration Plan to STOP Obesity

Continental Webinar to Stop Obesity in Africa

8 November 2022

By Hana Bekele, Medical Officer
- WHO AFRO



Ambitious targets and accountability

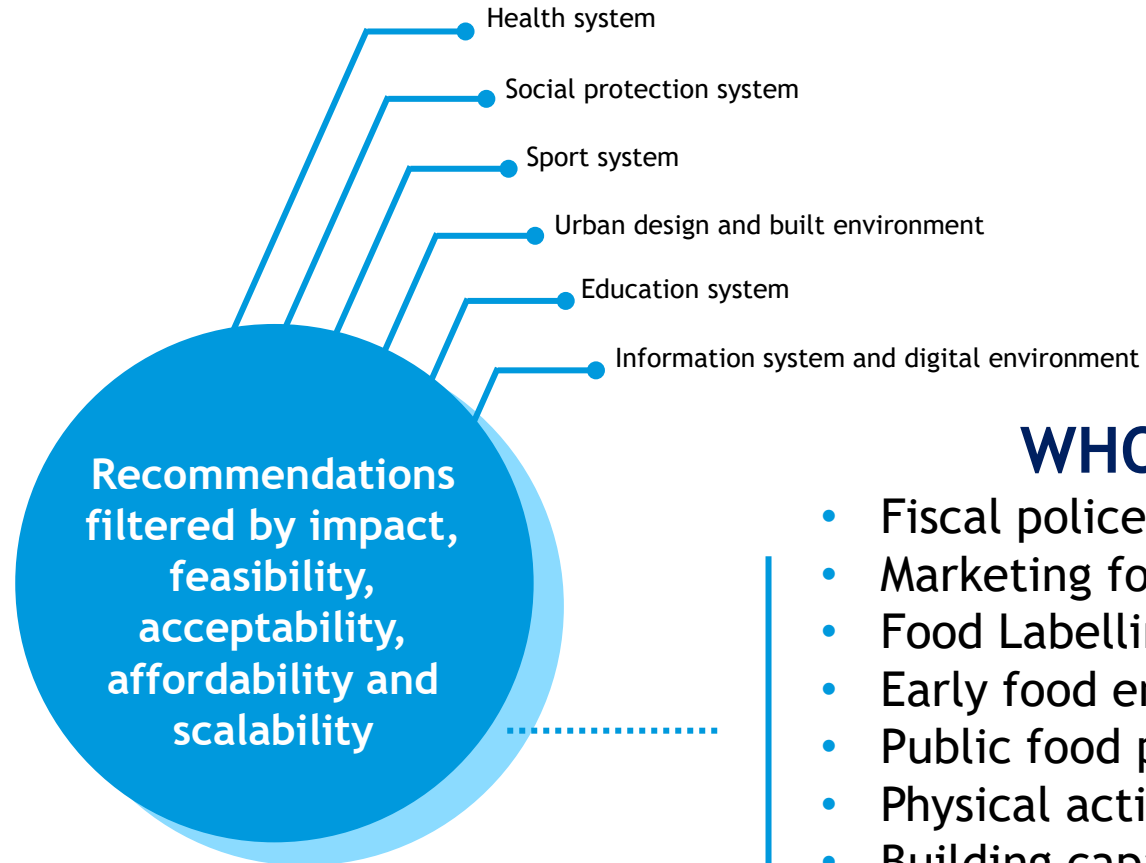
Outcome targets	<ul style="list-style-type: none">• Halt the rise of obesity in children under 5, adolescents and adults	by 2025
	<ul style="list-style-type: none">• Ending all forms of malnutrition	by 2030
	<ul style="list-style-type: none">• Reach 3% or lower prevalence of overweight in children under five years of age	
Intermediate targets	<ul style="list-style-type: none">• Free sugars to less than 10% of total energy intake in adults and children• Breastfeeding in first 6 months up to at least 70%• 15% relative reduction in the global prevalence of physical inactivity	by 2030
Process targets	<ul style="list-style-type: none">• Increase coverage of PHC services with prevention, diagnosis and management of obesity in children and adolescents• Increase density of nutrition professionals to a min level of 10/100,000 population• Increase no. of countries with regulations on marketing of foods and non-alcoholic beverages to children• All countries implement national public education communication campaigns on physical activity• All countries have a national protocol for assessing and counselling on physical activity in primary care	by 2030

The WHO Acceleration plan – 5 workstreams



- An **increased number of countries implementing effective policies** to address prevention and management of obesity
- **Improved policy efficiency and coverage** and **expanded access** to obesity prevention and management services;
- An improved trend in **obesity rates** across the life course.

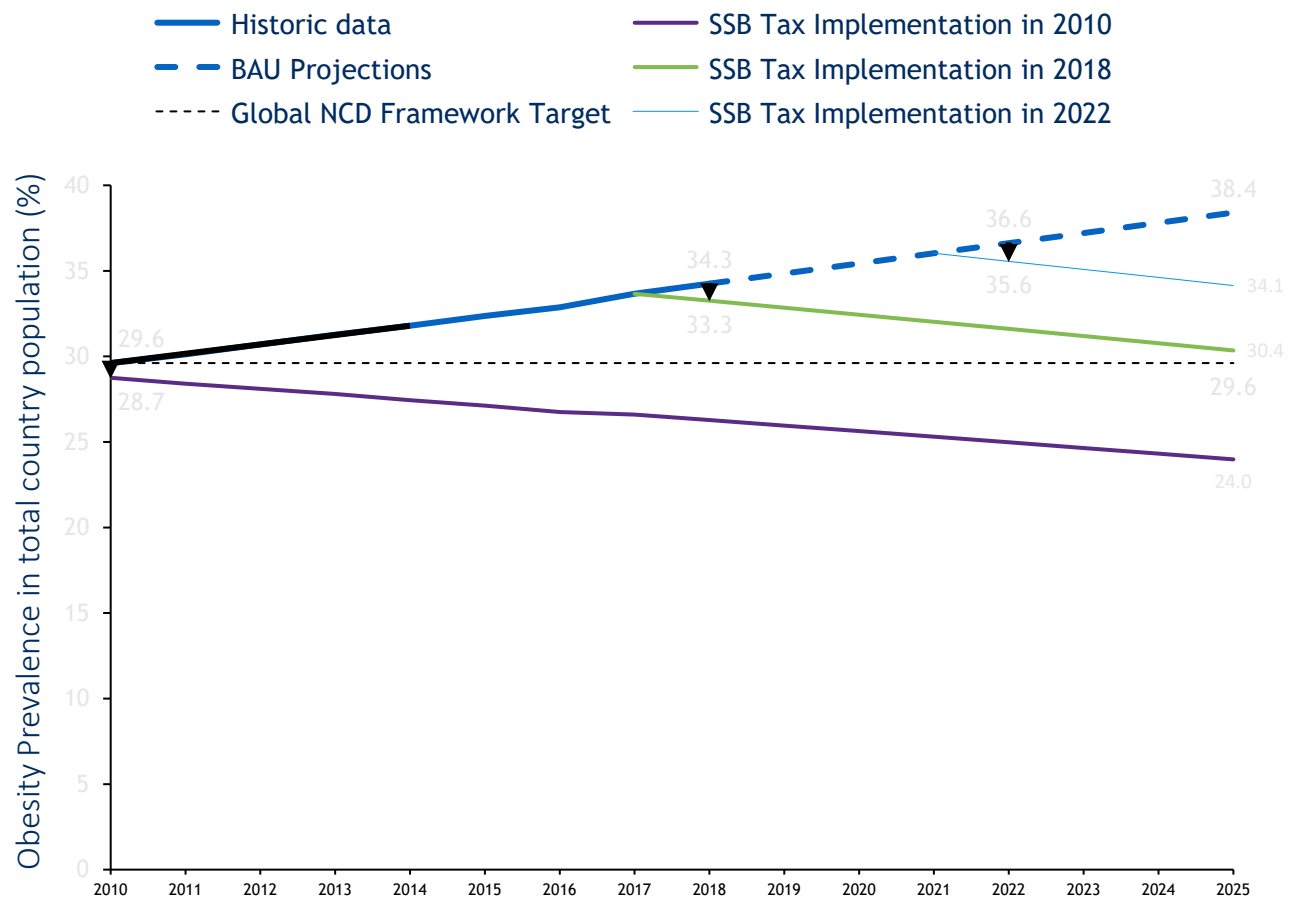
Act across multiple settings and scale up impactful interventions



WHO Technical Package

- Fiscal policies
- Marketing foods and beverages
- Food Labelling
- Early food environment
- Public food procurements
- Physical activity
- Building capacity in the health system to deliver obesity management services
- Public education and awareness
- Innovations

• ACCELERATION SCENARIO: Implementing an additional 20% tax on sugar-sweetened beverages can immediately start to reverse rising trends in obesity



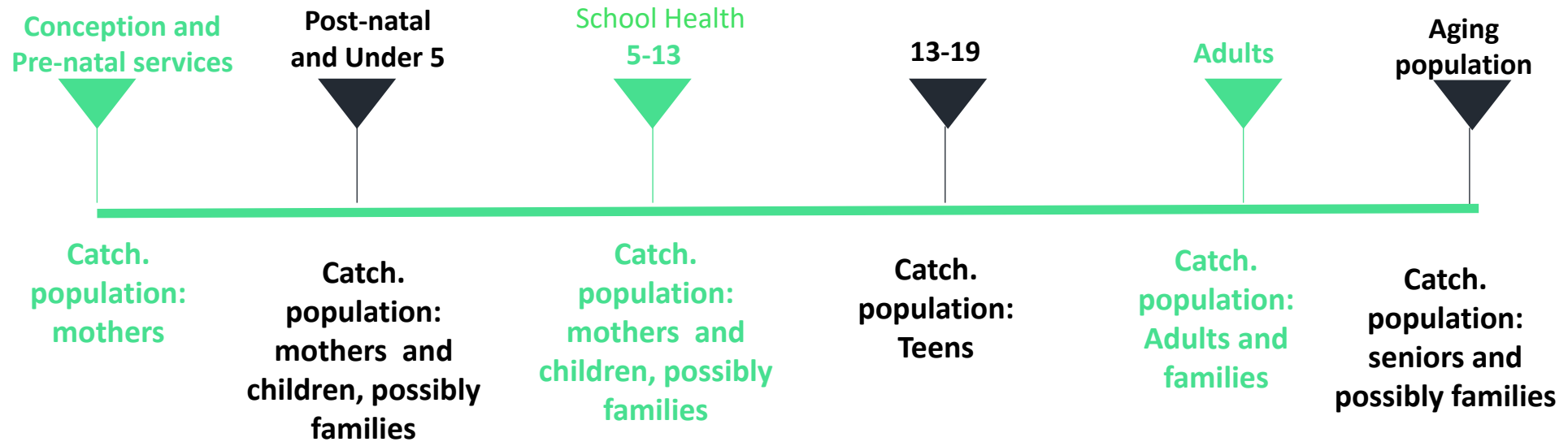
- In a country with high obesity and SSB consumption rates, a 20% tax on sugar-sweetened beverages could immediately reduce obesity by 1.1%, with continued reduction up to 3.9% by 2025
- If SSB tax had been implemented in 2010, we would have prevented continued increases in obesity rate, thus meeting the halt the rise target
- **Delaying implementation of more substantial taxation on SSB, is stalling progress to halt the rise in obesity**

Acceleration scenario modelling is aligned with assumptions from WHO's NCD Best Buys analysis

Tools to build capacity in the health system to deliver obesity management services

- Obesity service delivery framework
- UHC Compendium includes obesity services
- WHO Academy Course
- Training for Obesity Management for primary care physicians
- Operational manual to strengthen health system capacity to deliver obesity management health services

Obesity management integration across life course



Strengthening and scaling health system capacity to manage obesity

CONTINUUM OF CARE

Tertiary Care
Secondary Care
Primary Care

HEALTH SYSTEM

Workstream 2

Accelerated actions to counteract obesity in countries

Identification of frontrunner countries

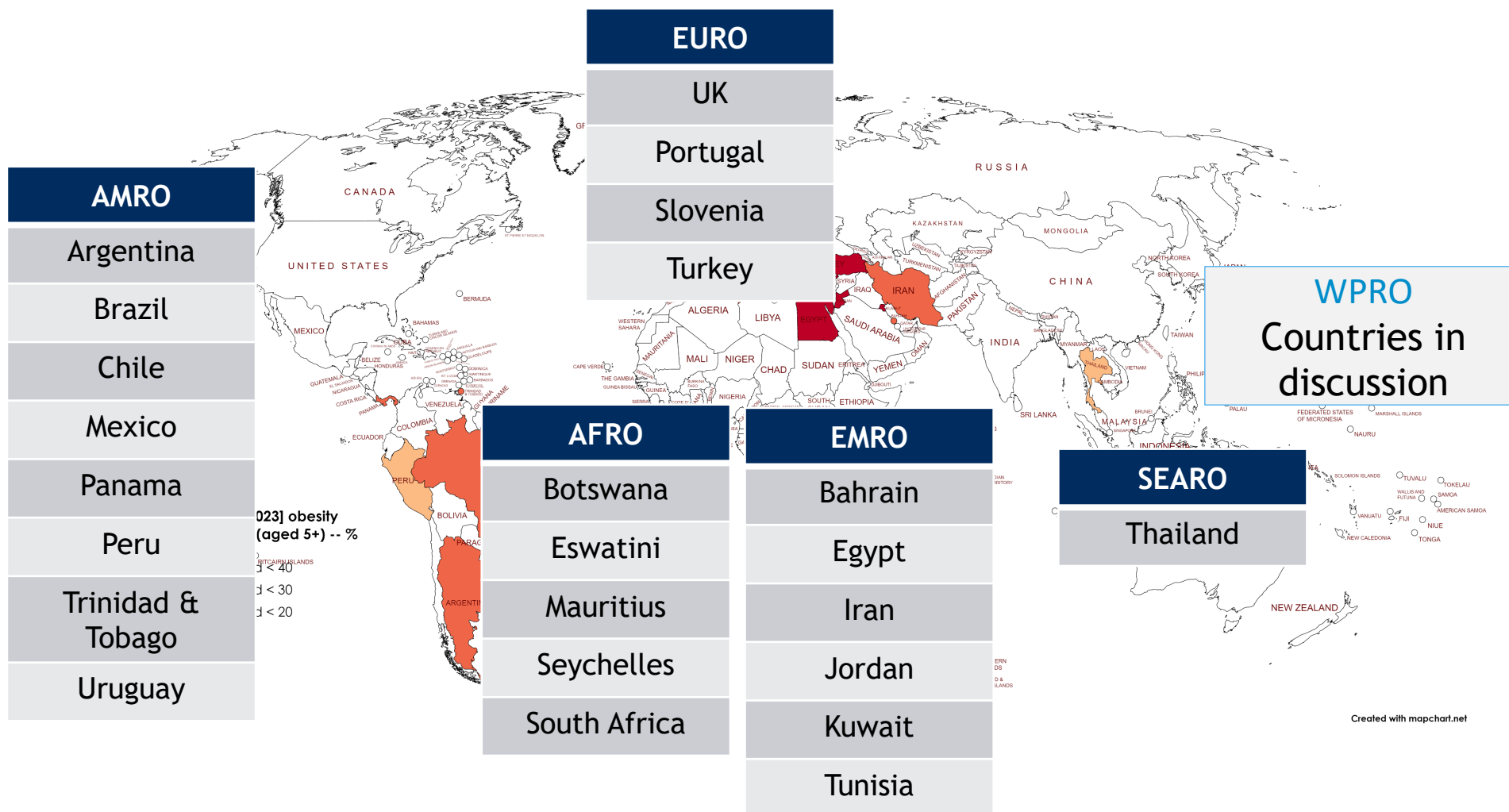
**Country Acceleration road maps:
development, execution and delivery,
reporting**

**Policy investment cases, policy design,
capacity building**

**Bottom-up accountability cycles and
reporting systems**

Community of practices

The front runner countries



Workstream 3



Advocacy towards a cross-cutting social movement



World Health
Organization

Obesity in global, regional and country gatherings to raise the awareness and generate **political endorsement and engagement**

Global advocacy campaign in 2023: LET'S ALL TALK ABOUT OBESITY

Media and scientific papers

Communication plans synchronized with region and countries

Workstream 4



Engaging Partners



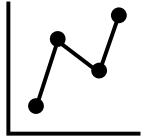
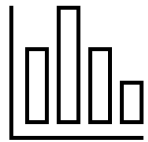
Multiple constituencies

- UNICEF
- Other UN agencies
- Civil society
- Private sector
- Academia

Established partnerships

- Obesity Coalition
- Healthy Diets from Sustainable Food Systems
- Physical activity networks
- City networks

Workstream 5



Monitor progress towards national and global obesity targets and accountability cycles

Monitoring

- Delivery plans
- Tools
- Reports on progress towards global obesity targets and in the implementation of policies and programmes.

Accountability cycles

- Yearly RC and WHA
- GPW13
- SDGs
- National health sector

Roles of partners in implementing the Acceleration Plan to STOP Obesity - Accelerating actions towards country impact

Continental Webinar to STOP Obesity in Africa

8 November 2022

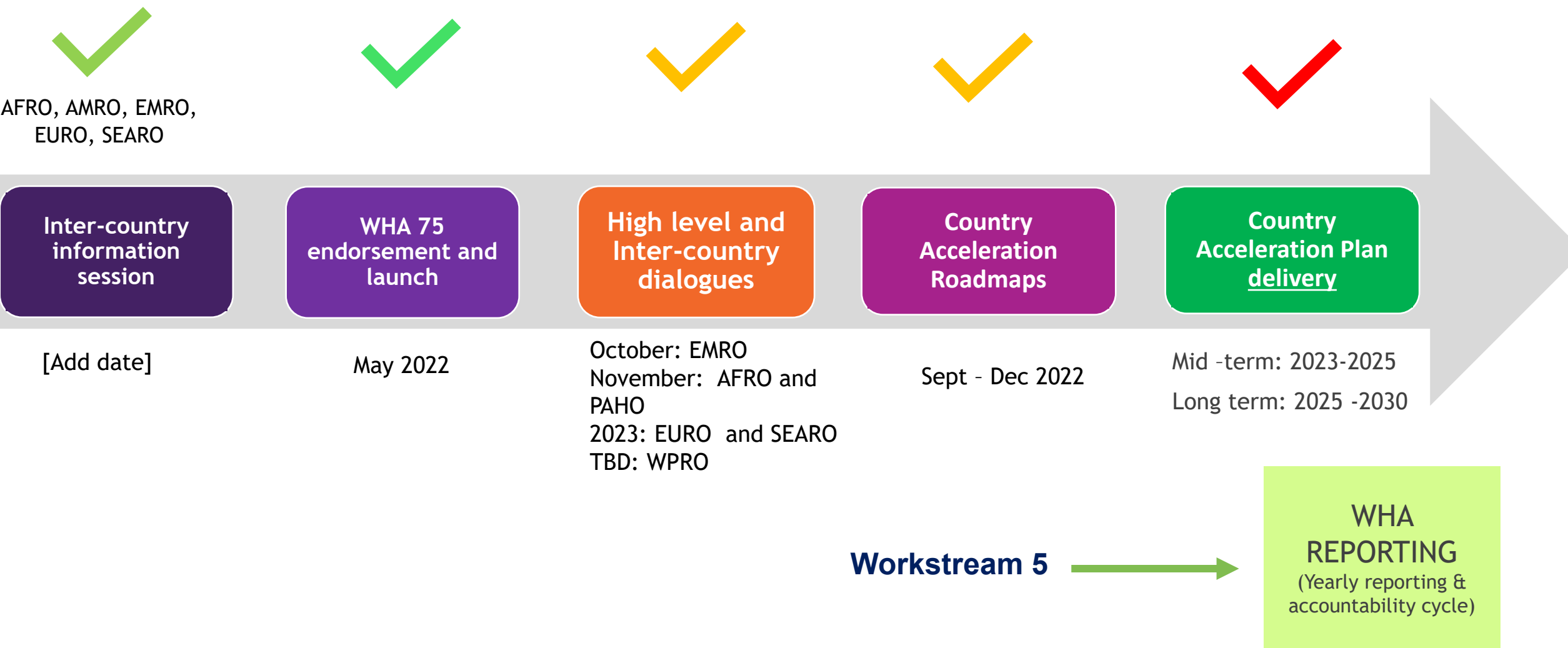
By Francesca Celletti, Technical Lead, Obesity
- WHO HQ



**World Health
Organization**



Practical execution of the Acceleration Plan to STOP Obesity



- Obesity is a complex problem

COMPLEX PROBLEMS

- Multi-stakeholders
- Competing and commercial interests
- Require systemic and not silos thinking
- Need to understand the underlying causes.
- Crossing organizational boundaries.
- Not perceived as a disease
- Resistance to systemic change

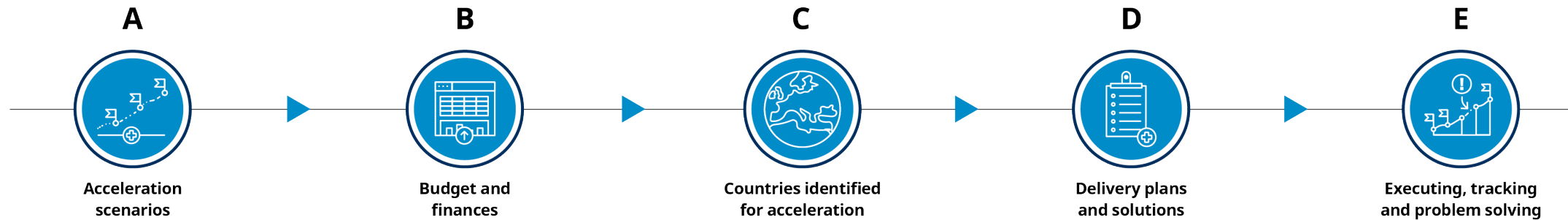
TECHNICAL PROBLEMS

- Have simple and concrete solutions
- Solved by an authority or expert
- Technical solutions can often be implemented in silos or program 'mode'
- Short- medium-term results possible
- Acceptance of technical solutions

Complex problems have many other problems hidden within them,
usually related to the **implementation or delivery** of health programs



How WHO supports countries to deliver measurable impact to reach targets



WHO collaborates with the Ministry of Health and stakeholders to:

- Helps to identify the most pressing global health challenges
- Promote and adapt evidence-based solutions and policy packages and implement actions
- Assess and overcome roadblocks in implementation
- Track and accelerate progress to achieve the targets

In practice ...**Accelerating actions towards country impact means:**

**Manage obesity
as a complex
problem**

- Analyse current situation
- Understand gaps, challenges, and barriers
- Identify a set of actions/interventions to address barriers and progress on targets
- Prioritize a subset of interventions
- Set a goal
- Put in place a acceleration road map with a delivery plan
- Execute
- Set up accountability cycles

Acceleration roadmap and execution

STATUS ON OBESITY

Intercountry dialogue:

- High level situation assessment of current obesity activities
- Gap analysis based on technical package
- Setting priorities
- Next steps

DESIGN ROADMAPS

Workshops/ work sessions with CO & MoH to address the following:



WHAT:

- Analysis of the problem, defining the vision



HOW

- Agree outcomes and prioritize activities
- Decide indicators, targets, acceleration scenarios



PLAN RESOURCES

- Decide implementation & oversight teams
- Identify supporting stakeholders/partners



PLAN for EXECUTION

- Put country routines in place
- Develop communication strategy
- Perform risk assessment

EXECUTE ROADMAP

Running effective routines:

- Country routines, with CO and MoH
- Internal WHO routines with HQ, RO and CO across all regional cohorts

Course correct :

- Execution team to propose changes
- Leadership team approves them

Facilitate Peer2Peer learning opportunities:

- Community of practice to create a peer-to-peer network and discuss implementation issues.
(Per region or cross-cutting by topics)

Acceleration roadmap and execution

BEFORE the Dialogue

Landscape assessment:

- Objective: prepare background situation assessment to be used during the dialogue
- Build upon the WHO/UNICEF landscape tool
- Countries develop a high-level summary in PPT to be presented during the dialogue
- Detailed excel spreadsheets with more content is made available to guide countries' thinking

The Dialogue

In-person sessions during the dialogue and virtual sessions after that are designed to develop sections of the Acceleration plan

Three days workshop with CO and MoH

- Objective is to understand country needs and situation, start the design of the Acceleration plan and create a cohort of “core impact teams” (CO and MoH) that will be involved in the Acceleration plan in the long-run
- **Day 2 : Session on ‘WHO Technical Package’**
 - Evidence and policy guidelines behind the areas of intervention
 - Policy briefs and technical support tools
 - Country Examples
 - Other
 - Resources for technical support to countries

AFTER the Dialogue

September to December

- Finalize the Acceleration Plan, through weekly virtual sessions with core impact teams
- Support core impact teams to launch their first obesity stock take, gathering obesity stakeholders in country

After 2023

- Follow-up on Acceleration plan implementation, problem-solving, technical support on selected technical support
- Reporting mechanisms at country, regional and global level
- Thematic Community of Practice

Example of country roadmap

Goal: To reduce obesity rates by 10% by 2025

Selected priority interventions:

1. Introducing a 20% SSB tax
2. Integrating and scaling obesity management services in primary care other levels of the health system.

Activities:

Priority 1

- 1.1 Support inclusion of obesity services in UHC package according to WHO UHCC
- 1.2 Capacitate primary care and community service providers with WHO training packages
- 1.2. Increase access to essential medicines and technologies
- 1.3. Strengthening health care referral system
- 1.4. Improve self-management of people with obesity and other NCDs
- 1.5 Institutionalize program performance monitoring and evaluation

Priority 2

- 2.1. Generate evidence-based consensus on policy/law/regulation development
- 2.2 Develop the legal and fiscal platform for approval and introduction of the SSB tax
- 2.3 Generate multiagency, multisectoral consensus on introduction of the tax
- 2.4 Support MOH and MOF in development, adoption, introduction, and compliance of the fiscal policy
- 2.5 Support MOH to implement a communication campaign on the benefits of sugar reduction and other NCD prevention measures.
- 2.6 Monitoring of SSB purchase trends

Delivery Capacity Building

Selection of priority intervention and definition of implementation activities, including innovations

Develop and implement theory of change

Develop indicators, targets and acceleration scenarios

Assess and adapt the delivery chain to the Acceleration Plan

Develop and implement action plan

Optimize and execute progress tracking routine

Plan and execute stock take and course correction

Reporting

How will
we know if
we are on
track?

If we are not
on track,
what will we
do about it?



Deliverables:

Priority 1:

Obesity services integrated in 40% of primary care are centers
4000 primary care providers trained
1000 secondary and tertiary care providers trained to support referral system
Health care facilities capacitated with essential products to monitor and manage obesity
20% of people with obesity enrolled in primary care programs and weight decrease by 7%

Priority 2:

Consensus paper developed
MOF administrative issuance on SSB tax
Introduction of SSB tax
SSB purchase decreased by 20%

Achieve the
targets

HOW to implement the subset of interventions, with a focus on impact



Problem

Challenges, systems, and delivery

- Complex problems
- Define your problem
- Problem-solving mindset



1

Goal

What are you trying to achieve?

- Goal
- Stakeholders' engagement activities
- Communication strategies to share vision of success



2

Implementation

How will you achieve your objective?

- Set of interventions
- Theory of change
- Action plan

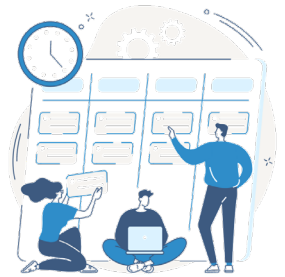


3

Follow progress

How will you know if you are on track?

- Indicators & targets
- Acceleration scenarios
- Leading indicators
- Implementation indicators



4

Driving implementation

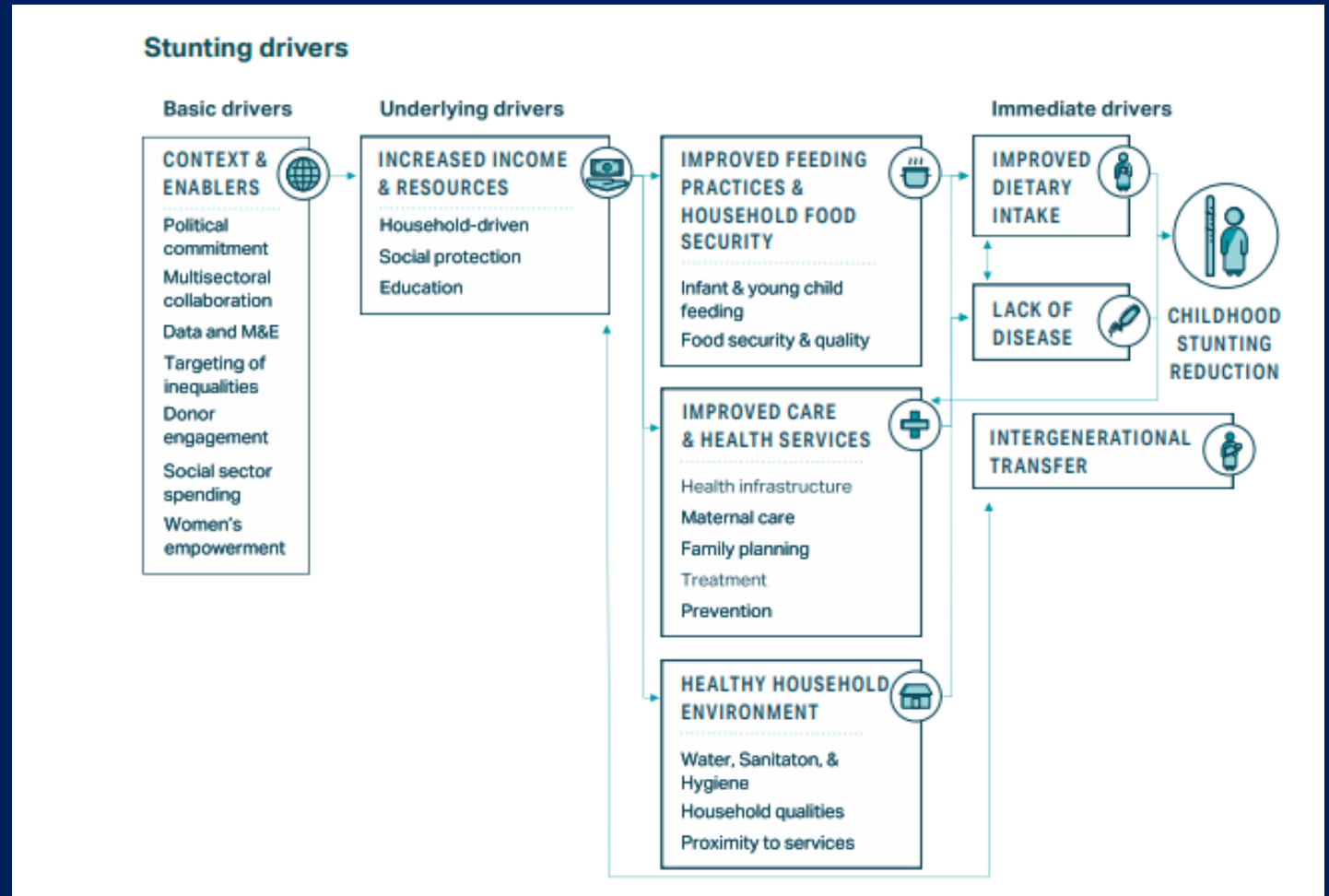
What will you do if you are not on track?

- Delivery chain
- Active problem solving
- Routines for monitor progress
- Delivery Labs summary

ICD – Virtual sessions – Launch – Execution

Stunting is an example of what planning and executing for impact can look like

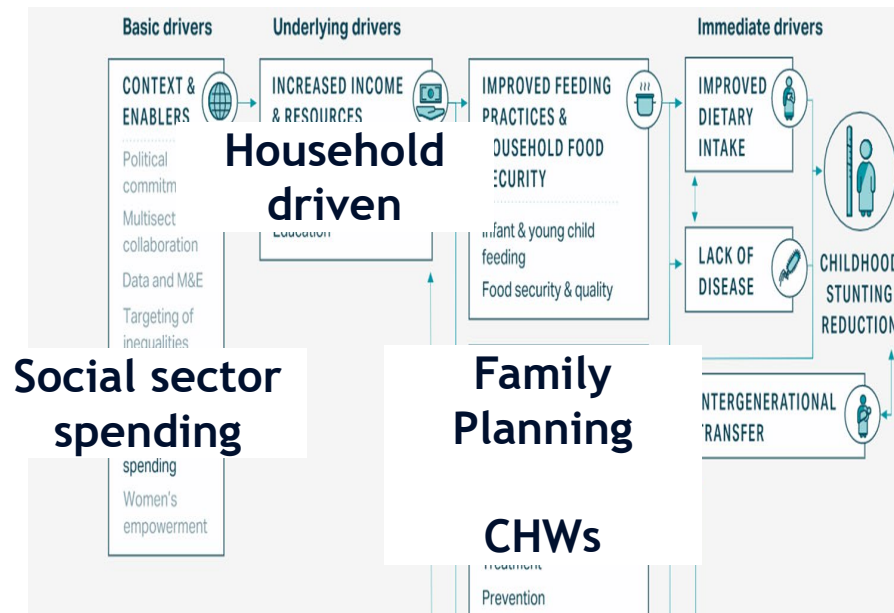
Comprehensive approach to the prevention and management of stunting



World Health Organization

Ethiopia was able to cut stunting in half in a little over 20 years

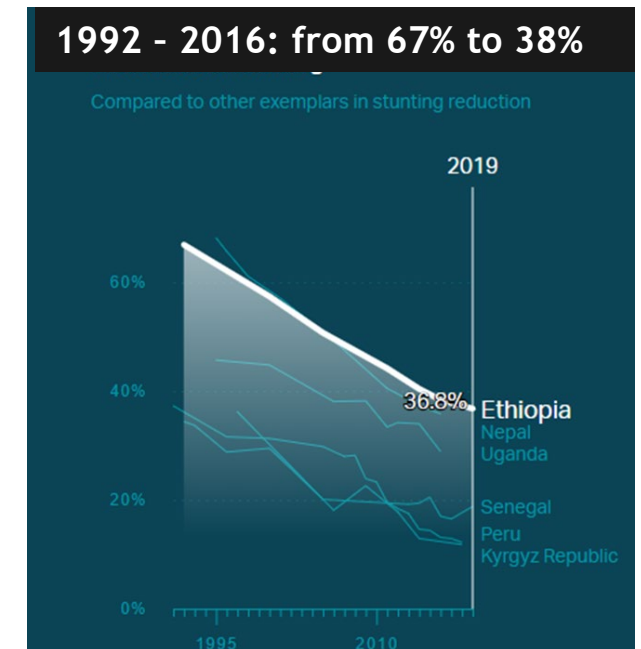
1. Prioritization



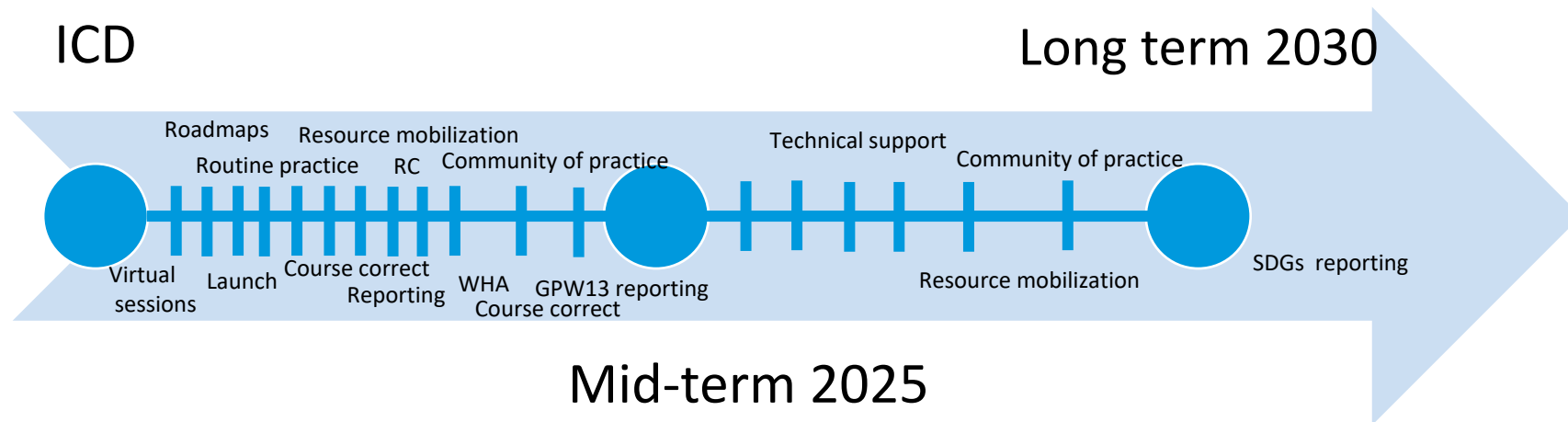
2. Data driven execution

- Impact focussed
- Decentralized execution
- Pro-poor policies
- CHWs
- Data driven design and implementation

3. System- driven impact

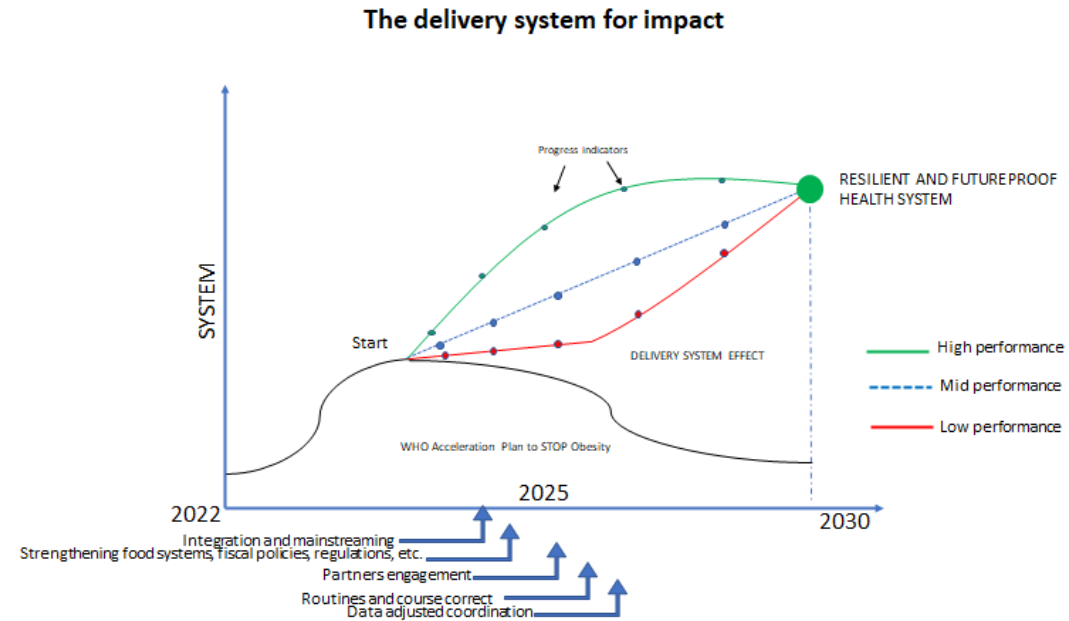


The front runner country journey



The delivery system – platform for impact

- Transforming resilient and future proof system to counteract obesity
- Building delivery system capital in each country to accelerate impact - routines, decision making, course correct, data driven response
- Ability to anticipate and absorb micro and macro system changes of any nature



The WHO Acceleration Plan

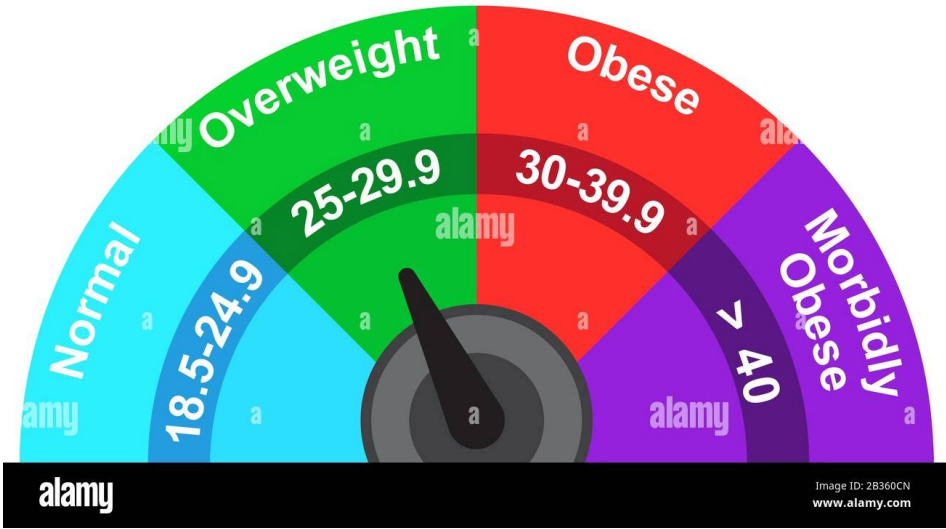
- Focus on **impact**
- Promote **evidence-based solutions**, adapted to country context
- Place a strong focus on delivery, to overcome **implementation roadblocks**
- Accompany frontrunner countries in the **long-term**



Approach to Reduce Obesity in Eswatini

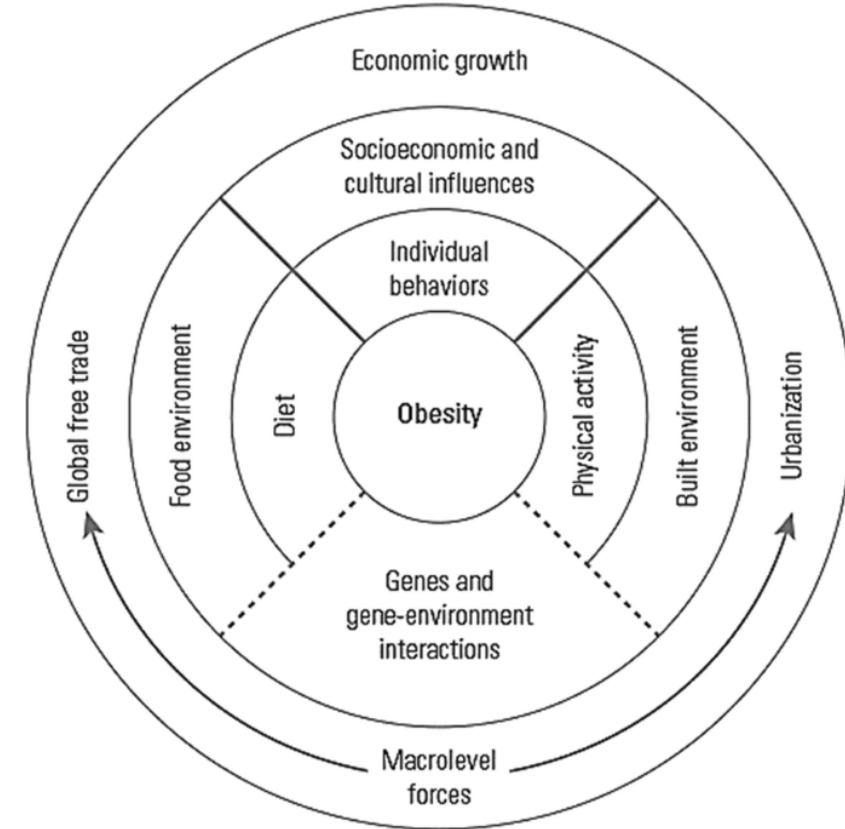
The problem: The status of obesity and drivers

Indicator	Age group	Male	Female	Both sexes
Percentage of students who were overweight (>+1SD from median for BMI by age and sex)	13-17 years	7.8%	22.3%	15.7%
Percentage of students who were obese (>+2SD from median for BMI by age and sex)	13-17 years	1.8%	5.5%	3.8%
Percentage who are overweight (BMI ≥ 25 kg/m2)	15-69 years	26.0%	59.9%	43.8%
Percentage who are obese (BMI ≥ 30 kg/m2)	15-69 years	8.8%	30.9%	20.5%
Average waist circumference (cm)	15-69 years	79.4cm	86.6cm	



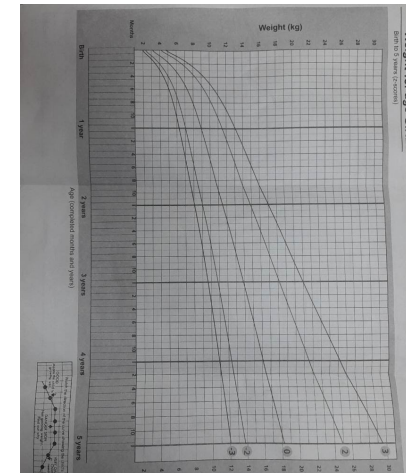
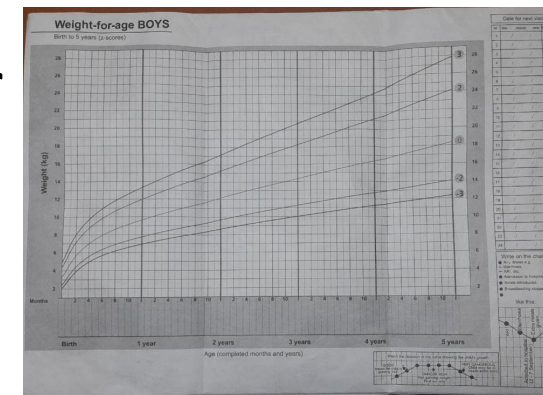
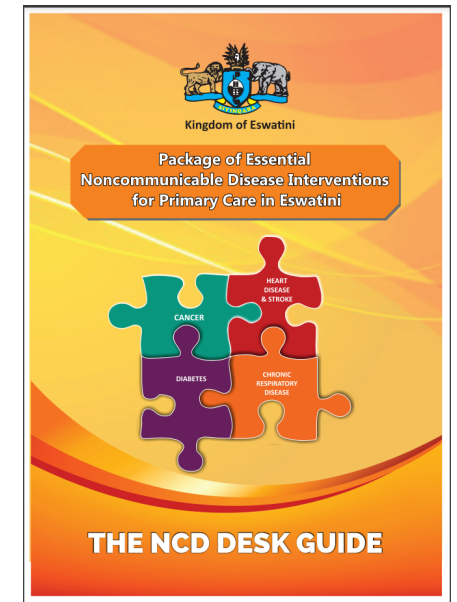
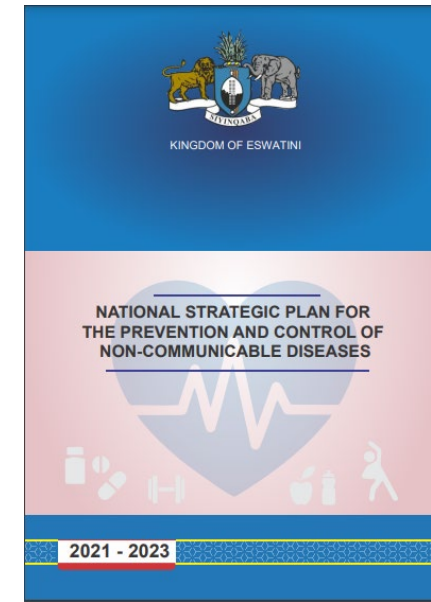
The problem: The status of obesity and drivers

Indicator	Age group	Male	Female	Both sexes
Percentage of students who usually drank carbonated soft drinks one or more times per day during the past 30 days	13-17 years	39.1%	46.1%	43.0%
Percentage who ate less than 5 servings of fruit and/or vegetables on average per day	15-69 years	92.5%	91.7%	92.1%
Percentage with insufficient physical activity (defined as < 150 minutes of moderate-intensity activity per week, or equivalent)	15-69 years	9.2%	30.9%	15.3%



Response to the problem

- National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2021-2023
- National NCDs risk communication and community engagement plan 2022-2023
- Swaziland National School Health Guidelines 2018
- Baby friendly hospital initiative (BFHI) For maternity services Eswatini 2020
- Health facility and community-based Child welfare growth monitoring



Challenges and barriers in implementing the program

- Lack of policies to address prevention and management of obesity
- Limited intersectoral coordination of interventions targeting reducing obesity
- Lack of emphasis on integrating obesity prevention into primary health care as means of achieving Universal Health Coverage

Lessons learnt

- Prevention of obesity requires addressing the social, economic, environmental and commercial determinants of obesity using multisectoral, whole-of-government and whole-of-society approaches
- Healthy schools initiative as part of healthy settings approach can be used to target the youth to prevent childhood and adulthood obesity
- Promoting baby friendly hospital initiative (BFHI) and appropriate infant and young child feeding (IYCF) practices forms the appropriate base for prevention of childhood obesity
- Child health growth monitoring (use of Z-scores) with timely appropriate counselling on IYCF will prevent childhood obesity

Thank you

APPROACH TO REDUCE OBESITY IN BOTSWANA

THE STATUS OF OBESITY IN BOTSWANA

High obesity rates

POPULATION GROUP	OVERWEIGHT %	OBESE %
Adults	18.8	11.8
Children <5yrs	7.7	7.5

Weight Categories	BMI (kg/m ²)
Underweight	< 18.5
Healthy Weight	18.5-24.9
Overweight	25-29.9
Obese	30-34.9
Severely Obese	35-39.9
Morbidly Obese	≥ 40

THE STATUS OF OBESITY IN BOTSWANA

High obesity rates among women

POPULATION GROUP	$\geq 25\text{Kg}/\text{M}^2$
Adult Males	19.8%
Adult Females	42.2%



DRIVERS OF OBESITY

NUTRITION TRANSITION	UNHEALTHY DIETS	Highly processed/ refined foods ↑ fat & sugar ↓ fruit and vegetable
Urbanization	SEDENTARY LIFESTYLES	Lack of physical activity



BOTSWANA'S RESPONSE

- Botswana multi - sectoral strategy for the prevention of NCDs 2018 – 2023
- Enacting of sugar sweetened beverages (SSB) tax
- Ongoing Development of the Botswana Food- Based Dietary Guidelines
- Review of current Food control Act to include nutrition labelling
- Walk for life campaign championed by Minister of Health
- Recreational parks within cities equipped
- Development of Food and Nutrition Policy (in process)

CHALLENGES AND BARRIERS

- Lack of adequate research on obesity/ outdated data especially for children
- Need to strengthen implementation of enacted sugar sweetened beverages tax and to cover confectionaries.
- Limited engagement with the private sector/ street food vendors/ education sector

LESSONS LEARNT

- Containment requires a multi-sectoral approach
- Need to review old policies/ legislation to cover gaps
- Hasten implementation of new policies targeted at the reduction of obesity

REALEBOGA



THANK YOU



Ministry of Health and Wellness

NCD, Health Promotion and Research Unit

Acceleration Plan to stop Obesity

*Dr S. Kowlessur, MA, PhD, csk
Director Health Promotion and Research*

Introduction

- I have been asked to present
- **Some of the key success for the whole society**
 - **our life-course approach to win the race against NCDs**
 - Including **early childhood** and
 - Delivery of **Obesity Health Services**

Summary of Measures taken to combat NCDs:

- **Screening** of NCDs for the early detection
- **Awareness/Sensitization** campaigns
 - Media (TV, Radio)/social media
 - Health talks
- **Legislative measures** on food/drink items/alcohol/tobacco
- **Promote Physical Activity**
- **Capacity Building**
- **Empowerment of community**
- **Set up and implementation of Action plan and policies**
- **Research Studies/ survey on NCDs**

A. Screening for NCDs

- **Screening** is conducted for early detection of NCDs and their risk factors
 - **Worksites**, and **Community** for adults aged 18 years and above
 - **Secondary schools** for students aged between 12 -17 years of age
- **Activities** carried out during screening:
 - **Height, Weight & Waist and Body Mass Index (BMI) Measurement** to detect Underweight, Overweight & Obesity;
 - **Blood Pressure Measurement** to detect High Blood Pressure;
 - **Blood Test** to detect **Diabetes** through the Mauritius Diabetes Risk Score;
 - **Vision Tests**;
 - **Consultation** and
 - **Issue of Health Cards**

B. Sensitisation / Health Education campaigns

- **Radio and TV programmes** are broadcasted every week on different health aspects
- **Pamphlets/flyers/leaflets** on NCD risk factors and healthy lifestyle are distributed.
- Active on **social media** like facebook, Instagram where health information is shared
- **International Health days** are celebrated
- This ministry also works in **collaboration with NGOs**

B. Sensitisation / Health Education campaigns (cont'd)

- **Health talks** are organized during each screening sessions in the community, worksites and secondary schools.
- The **topics/health issue** which were included during the health talks involved:
 - Nutrition and healthy eating
 - Risks factors of NCDs such as alcohol consumption, tobacco smoking, physical inactivity and sedentary lifestyle.
 - Proper hygiene and sanitation
- **Workshop** are organised for healthy lifestyle promotion in the community (e.g. Workshop for Housewives)

C. Legislative Measures

- **Sugar Tax** has been introduced as from 2013
 - It includes taxation of **non-alcoholic beverages containing sugar**, including **juices, milk-based beverages** and **soft drinks**; and
 - **non-staple sugar sweetened food products**
- **For Alcohol:**
 - There are **bans on sales to minors, advertising and sponsorship.**
 - Consumption of alcohol is **prohibited in public places.**
 - **A Label is mandatory** on all alcoholic drink, indicating that an excessive consumption of alcoholic drinks causes serious health, social and domestic problems.

C. Legislative Measures (cont'd)

- To promote healthy eating habit among students from an early age
 - Regulations have been promulgated to prohibit sale of **Soft drinks and Junk foods in educational institutions**
 - The **school canteens are inspected** on a regular basis by **Health inspectors and Nutritionists** and severe penalty is applied upon breach.

D. Promotion of Physical Activity

- **National Action Plan on Physical Activity**
 - It lays down the **strategies** for the **promotion of a culture of physical activity** as per the Ottawa Charter for Health Promotion
- **National Sport and Physical Activity Policy**
 - It caters for the **substantial gaps** which exist between **Mauritius** and **global standards**.
 - It has been developed **to foster a culture** of community sport and physical activity

E. Capacity Building

- Constant **Training/ Refresher courses** are organized for the trainers (Health Personnel and Community leaders) in order to enable them to impart their respective **trainings more efficiently and effectively**.

F. Encourage Community Empowerment

- Much emphasis is being laid on **Community Empowerment** and Participation
 - People get **greater control over decisions affecting their health**
 - It **increases health literacy** in the community
 - Enhances **exposure to community based facilities**.
- Creation of **Local Health Committees**
 - They facilitates the identification of the **healthcare needs of the community** based on **social, cultural, political** and **economic determinants** in regard to health

H. Research studies / Survey

- Research and studies are carried out to understand the **epidemiological trend** of NCDs and its risk factors.
- Controlled trials have conducted with:
 - Prediabetes patients
 - to monitor the occurrence of diabetes
 - Diabetic patients
 - To reduce the risks of getting complications associated with diabetes
- To enable the government **to build up of new policies and action plans**

H. Research studies / Survey

- **Examples of Surveys conducted:**
 - Mauritius NCD Survey
 - Nutrition Survey
 - Global School-based Student Health Survey
 - Development and Evaluation of a Technology-Assisted Diabetes Prevention Programme in Mauritius (SMS survey)
 - Mauritius Intensive Diabetes Action Study (MIDAS)

END OF
PRESENTATION

THANK YOU