

# The WHO Acceleration Plan to STOP Obesity: progress from WHA 75

Nutrition and Food Safety Department,  
WHO HQ



World Health  
Organization



# The prevalence of overweight and obesity is increasing in all Member States

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

  
Child overweight (aged 0-5 years)

+0.2pp

  
Child Obesity (aged 5-19 years)

+1.7pp

  
Adult obesity (aged +18 years)

+2.3pp

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

Projected country trends in 2018-2025

 Countries trending positively  Countries trending negatively

91 Member States

-59%

41%

63 Member States

190 Member States

-100%

190 Member States

-100%

...with ~167million people expected to be **LESS HEALTHY**,  
affecting all Member States

# Ambitious targets and accountability

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

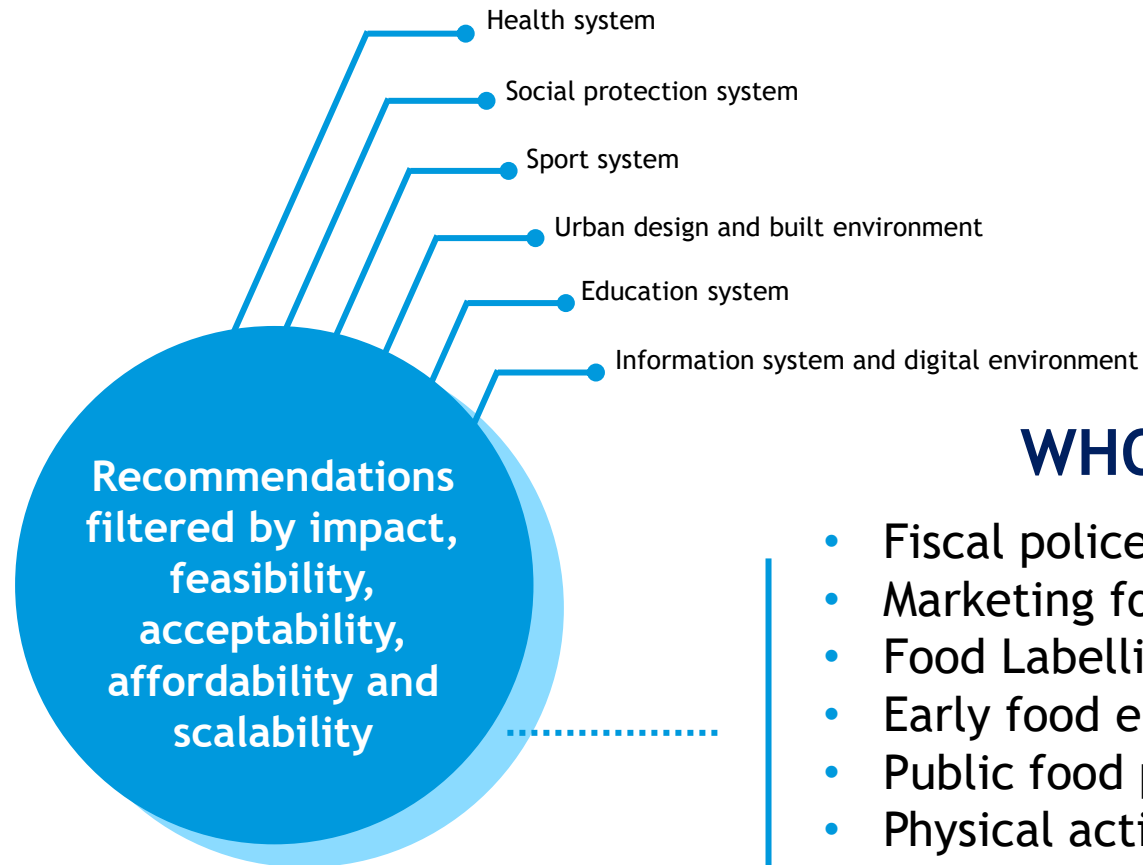
# The WHO Acceleration plan – 5 workstreams



- 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.



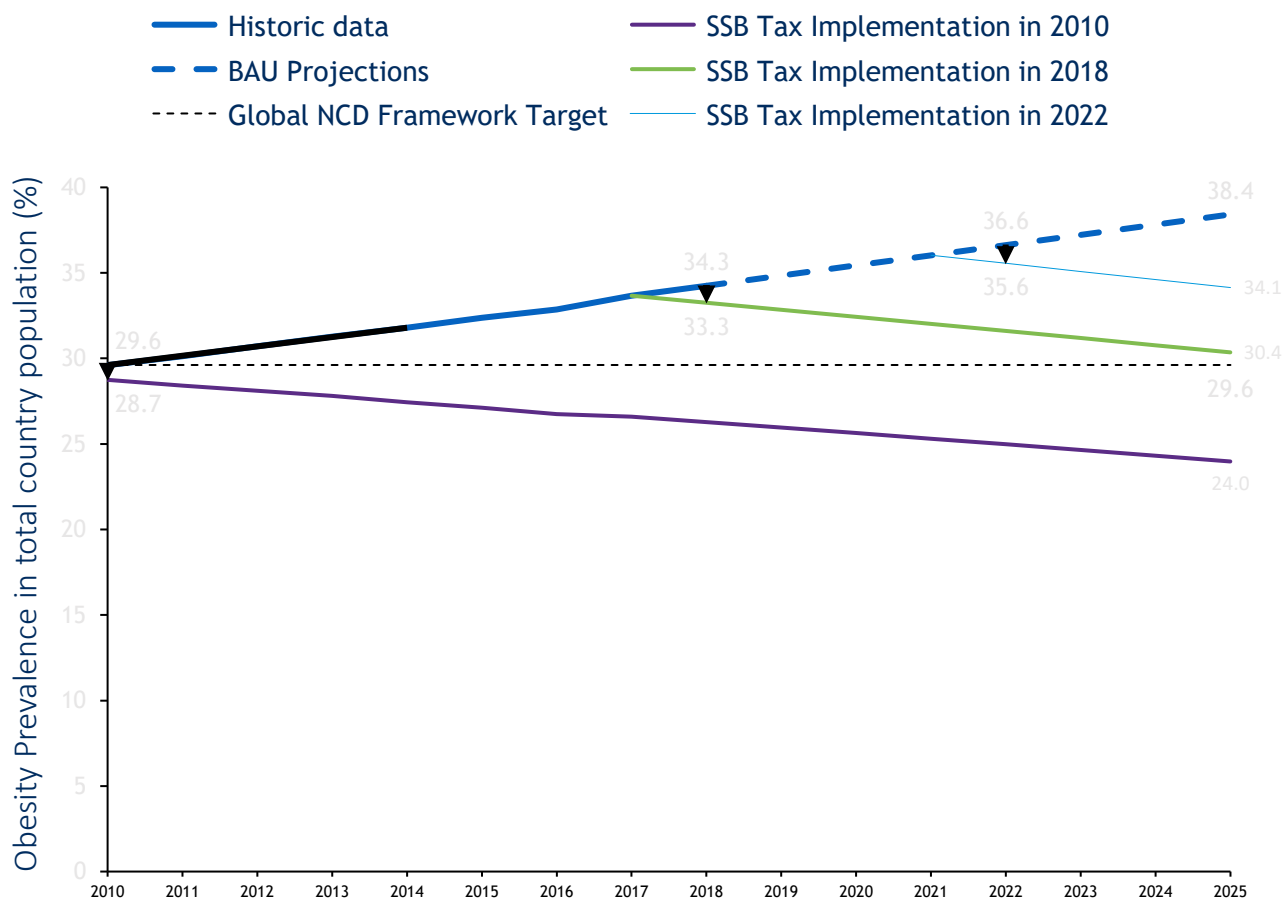
# Act across multiple settings and scale up impactful interventions



## 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**

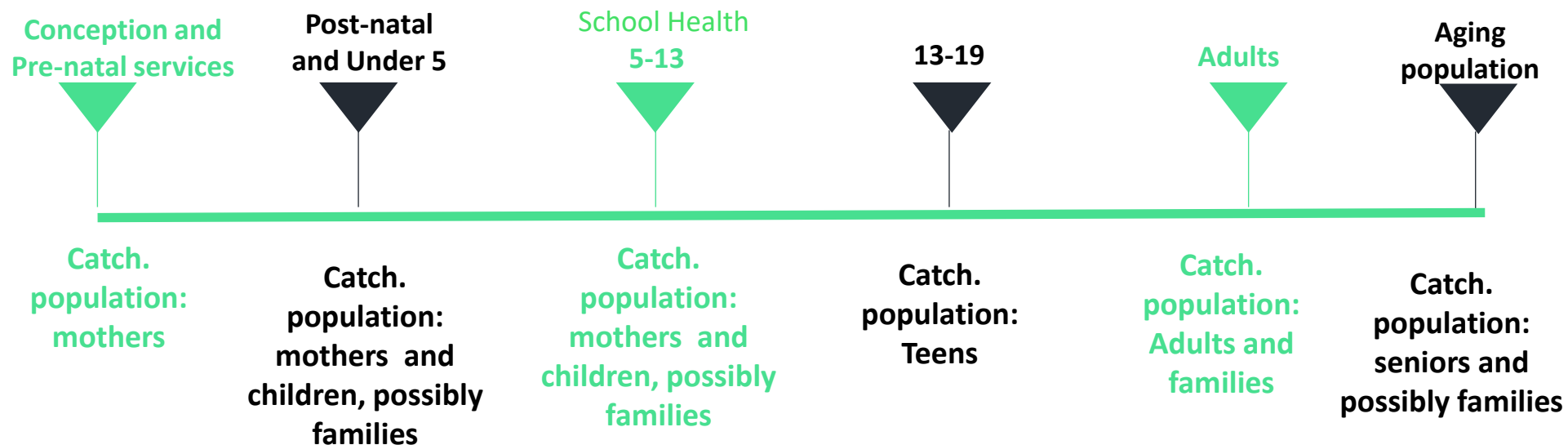
*Acceleration scenario modelling is aligned with assumptions from WHO's NCD Best Buys analysis;*

*It will be incorporated into a broader tool covering more interventions that will be ready for piloting by 2022.*

### **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**

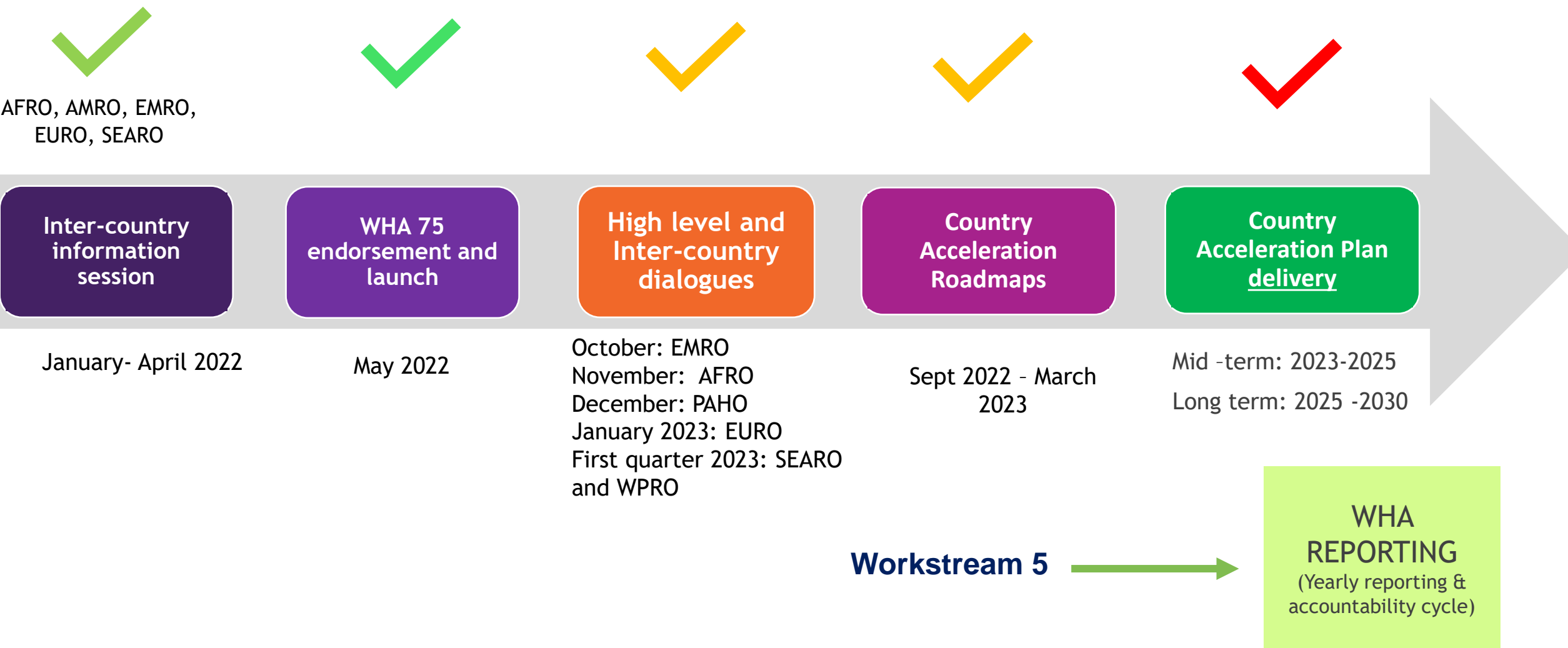
**Bottom-up accountability cycles and  
reporting systems**

**Community of practices**

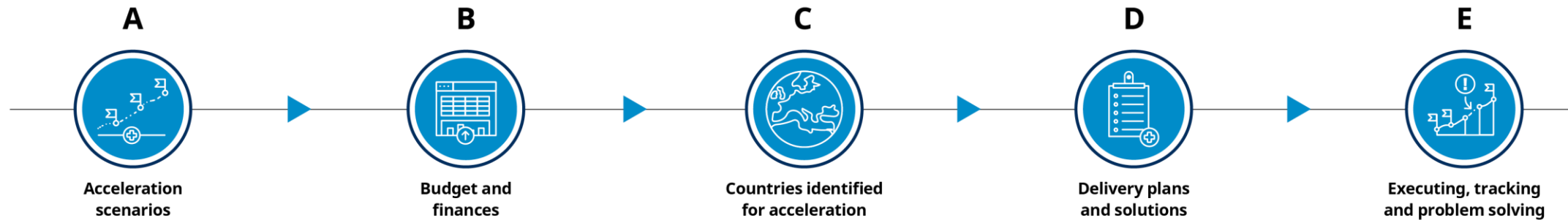
# • The front runner countries



# Practical execution of the Acceleration Plan to STOP Obesity



# | 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

# 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)



## Mobilization of resources



### **WHO budget allocation**

- Stocktake exercise
- Identification of priorities aligned with GPW13 and other issues
- Allocation of resources

### **External resource mobilization strategy**

- Co-investment of multiple donors for execution of country's roadmaps
- Performance based results disbursement
- Reporting and accountability



# Workstream 3



## Advocacy towards a cross-cutting social movement



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 3

## Advocacy



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# Workstream 4



## Engaging Partners



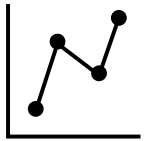
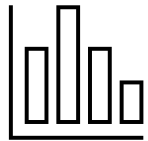
### Multiple constituencies

- 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

# 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**

