



Stepping up action on childhood obesity:

Building a youth-led response



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Key terms

Double-duty/triple-duty actions:

Double- and triple-duty actions aim to address the co-existence of undernutrition, overweight/obesity and climate change. As all three share common drivers, we need to adopt multi-sectoral approaches if we are to improve human and planetary health.

Non-communicable diseases (NCDs):

Diseases that tend to persist in time and “are the result of a combination of genetic, physiological, environmental and behavioural factors.”¹ They are also known as chronic diseases.

Social determinants of health:

“the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.”²

Introduction

The World Health Organization (WHO) has identified childhood obesity as one of the most serious public health challenges of the 21st century. The global prevalence of obesity has been consistently rising over the past decades and shows no signs of slowing down: numbers are nearly doubling every 10 years and projected to reach 254 million in 2030!³

Unfortunately, today no country is on track to meet WHO's target for obesity, modestly set at 'no increase in obesity' [based on 2010 levels].⁴ It is therefore clear that current interventions aren't working and new, bold, innovative actions are needed urgently. To do so, it is first important to understand the complexities surrounding obesity.

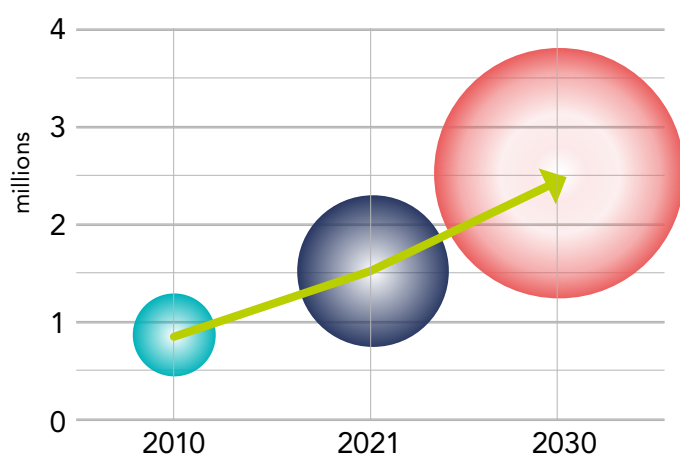


Figure 1. Number of children 5-19 years old living with obesity.

Obesity is a chronic disease that independently contributes to poor health outcomes and mortality but also increases the risk for other chronic diseases such as cardiovascular diseases, diabetes, and some forms of cancer. Increasingly, it also has been shown that childhood obesity:

- Can impact a person's mental health and lead to lower levels of self-esteem, and higher likelihood of being bullied.
- Has psychological impacts including poor body image, anxiety, stress, and depression.

- Has psychosocial consequences and can lead to the perpetuation of weight stigma – the negative behaviours and attitudes that are directed towards individuals only because of their weight.
- Can impact a child's educational situation with poorer school attendance levels and poorer school achievements.

When experienced during childhood, many of the above-mentioned psychosocial consequences often persist into adulthood, severely impacting the quality of life of individuals. Preventing and treating childhood obesity should therefore be of paramount importance to halt a course to poor health and social outcomes in future life.

The WHO Commission on Ending Childhood Obesity

To respond to the rising rates of childhood obesity globally, the WHO Commission on Ending Childhood Obesity published a comprehensive framework for action in its report Ending Childhood Obesity (ECHO).⁵ In January 2016, the Commission presented its final report in which it specified the approaches and combinations of interventions which are likely to be most effective to address childhood and adolescent obesity in different contexts around the world.

ECHO has two overarching goals to reduce the risk of morbidity and mortality due to NCDs, the psychosocial effects of obesity both in childhood and adulthood and the trans-generational risk of developing obesity:⁶

1. To prevent children and adolescents from developing obesity
2. To treat pre-existing obesity in children and adolescents

The framework is then structured around six key areas of action (Figure 2).

ECHO key areas of action



Promote intake of healthy foods

Implement comprehensive programmes that promote the intake of healthy foods and reduce the intake of unhealthy foods and sugar-sweetened beverages by children and adolescents.

Promote physical activity

Implement comprehensive programmes that promote physical activity and reduce sedentary behaviours in children and adolescents.



Preconception and pregnancy care

Integrate and strengthen guidance for noncommunicable disease prevention with current guidance for preconception and antenatal care, to reduce the risk of childhood obesity.

Early childhood diet and physical activity

Provide guidance on, and support for, healthy diet, sleep, and physical activity in early childhood to ensure children grow appropriately and develop healthy habits.



Health, nutrition, and physical activity for school-age children

Implement comprehensive programmes that promote healthy school environments, health and nutrition literacy and physical activity among school-age children and adolescents.

Weight management

Provide family-based, multicomponent, lifestyle weight management services for children and young people who are obese.



Barriers and potential enablers when trying to implement childhood obesity-oriented policies

Following a series of meetings held with key obesity stakeholders in October 2020, several cross-cutting barriers to the implementation of childhood obesity policies were identified. However, while COVID-19 has severely disrupted all our lives, it has also been an opportunity to revisit current approaches to health, including obesity, and address some of the drivers of the epidemic. These high-level meetings led to the identification of several barriers and enablers that would facilitate the implementation childhood obesity policies and interventions. Both are summarised in the table below.

Barriers	Enablers
<p>Double- and triple-burden of malnutrition: Many countries today are facing a triple burden of malnutrition (co-existence of undernutrition, overweight/obesity and micronutrient deficiencies), which will likely worsen due to COVID-19 and increase risks of food insecurity, making the politics of the response even more challenging.</p>	
<p>Policy inertia and lack of political will: Childhood obesity is often looked at in isolation from other conditions that in fact face similar policy implementation challenges, often leading to slow and inadequate responses, with policy makers being reluctant to take bold, decisive actions. In addition, they will likely face resistance by some industry stakeholders.</p>	<p>Form coalitions and alliances of stakeholders</p>
<p>Siloed approach to health interventions: Childhood obesity has also largely been approached looking at prevention and treatment strategies in isolation from one another. Therefore, we now have few, dispersed interventions that lack coherence.</p>	<p>Include people with lived experience and people who will benefit from guidelines and policies, including children and youth</p>
<p>Lack of investment: Countries in the OECD spend around 8.4% of their healthcare budget to provide treatment for overweight-related diseases. However, this remains too little, especially with childhood obesity fastest rising in low- and middle-income countries which are also still facing high levels of undernutrition. Unfortunately, very few donors are willing to support childhood obesity-oriented interventions.</p>	<p>Adopt an evidence-based approach: Learn from experience based on other countries' implementations, while contextualising interventions to and improving data collection at the local level. Case studies show that there has been significant action at country level.</p>

Barriers	Enablers
<p>Lack of quality guidelines: There is a lack of quality guidelines for children, their families and even health care professionals. Many guidelines don't acknowledge the existence of barriers and challenges to prevent, manage and treat obesity. Too often, existing guidelines also lack meaningful participation from children and families affected by obesity and other NCDs.</p>	<p>Raise awareness: We need to increase education around the causes of childhood obesity and raise awareness that is both a disease and a risk factor for other NCDs.</p>
<p>Stigma and obesity: Weight stigma – the negative behaviours and attitudes directed towards people because of their weight – often frames obesity as the responsibility of the individual. It is one of the most important social determinants of health and affects millions of people living with obesity every day.</p>	<p>Use existing structures: Deliver interventions through established infrastructures such as primary care facilities (they are already included in routine follow-up health services). Health should be considered across all aspects of society, especially when governments make changes that might impact the social, physical, and individual environments of youth.</p>
<p>Focus on individual-level interventions: Previous interventions have mainly focused on nutrition and physical activity. However, we now know that the root causes of obesity are complex and many factors are in fact outside of an individual's control or even the health sector.</p>	<p>Adopt a whole-of-society and whole-of-government approach: Consider the role and importance of different environments including the education, health, food, social protection and water and sanitation systems on obesity policies and interventions.</p>
<p>Interference from the food industry: Marketing of high in fat, sugar and salt foods has been recognised as a risk factor for obesity. Restricting the marketing of these foods is a policy priority for WHO and many national governments. Interested in learning more about the impact of digital marketing? Read our advocacy briefing here!</p>	

Recommendations to improve global response to childhood obesity and improve policy implementation

- 1 Establish a monitoring and accountability framework with SMART targets.**⁷ Such a framework will allow you to identify if your work is on track according to your objectives and timeline. It will also help hold different stakeholders accountable towards specific objectives.
- 2 Take a life-course approach and ensure interventions are available across all the key-life stages.** The drivers of obesity change throughout the life, which is why we need to adopt a holistic approach to health.
- 3 Ensure strong governance mechanisms and political leadership are in place.**
- 4 Adopt a 'whole of government', cross-departmental approach to actions on obesity.** This will ensure child health is prioritised across governments and reduce the prevalence of NCD and associated poor population outcomes.
- 5 Increase investment in obesity prevention and treatment as a cost-effective strategy.**
- 6 Incorporate the rights of children with obesity within human rights legislation, healthcare, and education systems.** Ensure that legislative tools are used effectively to eliminate the pervasive and unacceptable stigma, discrimination, and bullying.
- 7 Policies and interventions to address childhood obesity need to be coherent and comprehensive, and include all environments – the education, health, food, social protection, and water and sanitation systems.**
- 8 Ensure national plans include actions that address the inequalities and stigma faced by children living with obesity,** for instance in schools, healthcare settings, and local communities.
- 9 Counter racism, social inequality, and the barriers to social determinants.** Guidelines should go beyond the formal health sector and focus on promoting supportive environments for all.

Case study

Reframing childhood obesity: changing the conversation to influence policy

Guy's and St Thomas' Charity (GSTT) aim to address complex health issues in the London boroughs of Lambeth and Southwark by working in partnership with several sectors, organisations and individuals. GSTT takes a place-based approach in the two boroughs, addressing health inequalities in a way that can also have a national and international impact.

Among its work, GSTT has a 10-year programme on childhood obesity aiming to close the childhood obesity inequality gap and bring levels from the poorest areas down to the ones of more affluent ones. GSTT wants to change the perception of what it means to protect children's health and to catalyse systemic change. Childhood obesity is often associated with poor willpower and bad parenting. However, through their work, GSTT produced more evidence on the role external environments play on childhood obesity levels, emphasising that current systems are not conducive to healthy lifestyles, especially in urban areas where high levels of poverty and inequality may exist.

The propagation of such stereotypes and myths can be damaging and exacerbate existing stigma, not only among the general population but also among HCPs. For this reason, GSTT has been working with the Frameworks Institute to change the narrative and recently released a HealthFirst toolkit. The toolkit aims to encourage continuous testing and refinement of communications activities around childhood obesity.

Case study

A Child's Rights approach to address childhood obesity

The Convention on the Rights of the Child (CRC)

Adopted by the United Nations in November 1989, all but one country has ratified the CRC. This legally binding treaty outlines children's rights and holds governments accountable to meet children's basic needs. With regards to food and nutrition, Article 24 of the CRC states the following:⁸

1. "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such healthcare services.
2. States Parties shall pursue full implementation of this right and shall take appropriate measures:
 - (c) To combat disease and malnutrition, including within the framework of primary healthcare, though, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution
 - (e) To ensure all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents."

In addition, the CRC also holds governments accountable for providing access to healthcare and treatment for illnesses.

What can you do to advocate?

Through coordinated activities, advocates can promote behaviours and policies that support positive choices and behaviours to encourage healthier lifestyles. No single intervention will solve childhood obesity. Given the rise in the prevalence of childhood obesity globally, current approaches aren't working.

With COVID-19 putting obesity at the forefront of health and political agenda, governments have a renewed opportunity to address this important health challenge and need to maintain the momentum on action to

address childhood obesity. We need to ensure interventions and policies take a life-course approach and include a variety of stakeholders, including youth.

Recognising that a whole-of-society and cross-departmental approach is needed to address childhood obesity, below are some tips to support your advocacy work with governments and ensure they step up their commitments, adopt a comprehensive set of actions paving the way to implement holistic childhood obesity national strategies.⁹

1

Identify the issue that you want to focus on. It might be useful to conduct research to understand the scope and extent of the issue.

Suggested guiding research questions:

- What is the prevalence of childhood obesity in your population of interest? Are national guidance/guidelines available? Which key governing bodies are involved in the development of these guidelines?
- How has the landscape evolved over the past decades? What are some of the policies in place to halt the rise in childhood obesity? What are some of the factors that could be challenges to the successful implementation of policies/guidelines/interventions? What about enablers?
- What is the social, cultural, and economic context for your population of interest?

To get started, consult:

- Existing resources (secondary data), such as the World Obesity Federation's policy dossiers or Global Atlas of Childhood Obesity.
- Consult with local experts from organisations who have worked on these issues.
- Collect information from your stakeholders (primary data) for example, through interviews, questionnaires, surveys, and/or focus groups.

2**Work with your team to set goals and objectives.****3****Develop an implementation plan:**

- Identify who will do what, by when, and to what purpose.
- Allocate the budget lines for each activity and other support you need (human and materials resources).
- Identify the resistance you might face and develop a strategy to overcome the resistance.

4**Create a stakeholder map to identify the beneficiaries of your advocacy work and to identify allies who can support your advocacy.**

This can include parent groups, businesses, news outlets, schools, youth groups and civil society organisations.

5**Create a communication plan and develop key messages that are clear, supported by fact and engage your target audience.**

- Provide a snappy, attention-grabbing opener
- Provide fast facts to frame the problem
- Provide a solution
- Finish with a call to action

6**Create a plan to track progress: are activities on time, on budget, reaching their audiences, and affecting stakeholders?**

Resources to get started

World Obesity Federation's [policy dossiers](#) include research, studies, statements, and case studies to support advocacy and program planning on a variety of topics ranging from implementation of front-of-pack labelling to school-based interventions to address obesity.

This resource from World Obesity Federation provides data on a variety of topics ranging from policies implementation to drivers of the obesity epidemic. Consult the [Global Obesity Observatory](#).

This resource from [Youth Leaders for Nutrition](#) provides further guidance on advocacy.

Here are some resources from the World Health Organization (WHO) on [Nutrition for adolescent health](#) and [Guideline: implementing effective actions for improving adolescent nutrition](#).

Endnotes

1 <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>

2 https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

3 Lobstein T, Brinsden H. Atlas of Childhood Obesity.; 2019. [http:// s3-eu-west-1.amazonaws.com/wof-files/11996_Childhood_Obesity_Atlas_Report_ART_V2.pdf](http://s3-eu-west-1.amazonaws.com/wof-files/11996_Childhood_Obesity_Atlas_Report_ART_V2.pdf).

4 http://s3-eu-west-1.amazonaws.com/wof-files/970_-_WOF_Missing_the_2025_Global_Targets_Report_ART.pdf

5 World Health Organization. Report of the Commission on Ending Childhood Obesity. Geneva; 2016. https://apps.who.int/iris/bitstream/handle/10665/204176/9789241510066_eng.pdf;jsessionid=F4D88BFF8B024D8CB866CD3932D1F308?sequence=1.

6 World Health Organization. Report of the Commission on Ending Childhood Obesity. Geneva; 2016. https://apps.who.int/iris/bitstream/handle/10665/204176/9789241510066_eng.pdf;jsessionid=F4D88BFF8B024D8CB866CD3932D1F308?sequence=1.

7 SMART is an acronym that is helpful when trying to set goals. In order to make sure your goals are achievable, each one should be Specific, Measurable, Achievable, Relevant and Time bound.

8 UN General Assembly. The United Nations Convention on the Rights of the Child. 1989. http://www.unicef.org.uk/wpcontent/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf.

9 Mason, Francis, and Leslie Jones. "Youth Leaders for Nutrition: Adolescent Nutrition Advocacy Guide." Save the Children UK; Global Alliance for Improved Nutrition, Anthrologica, 2019.



Healthy Voices provides young people with the knowledge and advocacy tools to promote their positive engagement to address health-related challenges. Owned by World Obesity and born out of the work of two EU-level projects – STOP and CO-CREATE – it is an educational and capacity building platform and provides a space for blogs and discussions. It aims to provide young people with some tools and expertise about how to become actively involved in shaping their environments and become agents of change.

More info on the about this site page at www.worldobesity.org/healthy-voices/about-this-site

World Obesity Federation
Suite 410
107–111 Fleet Street
London, EC4A 2AB

enquiries@worldobesity.org