Implementing the Report of the Commission on Ending Childhood Obesity: barriers, lessons and next steps

Executive Summary
The World Health Organization (WHO) has identified childhood obesity as one of the most serious public health challenges of the 21st century. Globally, childhood obesity numbers are nearly doubling every 10 years: the estimated number of children aged 5-19 years living with obesity has increased from 86 million in 2010 to 158 million in 2020 and projected to be 254 million in 2030.\(^1\) Already, over 80% of these children are living in low- and middle-income countries.\(^2\) No country is on track to meet the WHO targets for obesity by 2025, which was modestly set at “no increase in obesity.”\(^3\)

Recognising this as a global problem, the WHO Commission on Ending Childhood Obesity\(^4\) published a comprehensive framework for action in its 2016 report *Ending Childhood Obesity* (ECHO).\(^5\)

In 2020, the World Obesity Federation held a series of virtual meetings with a group of key childhood obesity stakeholders, focused on assessing the implementation of ECHO’s six key areas of action. The aim of the meetings was to identify cross-cutting and shared opportunities, learning and concrete actions to help drive forward policies to address childhood obesity CHO in line with WHO’s ECHO plan.

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2 Ibid.
3 Target 7: Halt the rise in obesity.
Following the analysis of selected case studies and engagement with some of the key childhood obesity stakeholders, participants identified a number of cross-cutting barriers and enablers affecting the implementation of ECHO:

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<thead>
<tr>
<th>Barriers</th>
<th>Enablers</th>
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<tr>
<td>Double and triple burden of malnutrition</td>
<td>Political will</td>
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<td>Policy inertia</td>
<td>Coalitions with diverse stakeholders</td>
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<td>Siloed approach to health interventions</td>
<td>Include people with lived experience,</td>
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<td></td>
<td>including children and young people</td>
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<td>Lack of investment</td>
<td>Evidence and investment-based approaches</td>
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<td>Poor policy prioritisation</td>
<td>Raise public and political awareness</td>
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<td>Negative obesity narrative</td>
<td>Use existing structures and alliances</td>
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<td>Focus on individual level interventions</td>
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<td>Resistance from the food industry</td>
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<td>Lobbying by commercial interests</td>
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To increase government leadership to ensure comprehensive implementation of childhood obesity policies across ECHO, participants called on governments to:

- **Adopt a child’s rights approach:** The UN Convention on the Rights of the Child sets out legal obligations to protect and safeguard the health and wellbeing of all children up to 18 years of age.\(^6\) Enforcing children’s rights should be at the centre of government efforts to create healthy, safe and sustainable living environments.

- **Use legally binding, accountability frameworks:** The adoption of legal approaches and frameworks increases the accountability of governments to act and ensure the necessary resources are available and beneficial for all.

- **Change and reframe the existing narrative:** The language used and the messages given need to move beyond a focus on overweight and obesity, but instead focus on the commercial and environmental determinants, and, for children, focus on healthy growth.

Given the complexity of childhood obesity, policies and interventions to address childhood obesity should:

- **Implement policy packages:** The roots of obesity are complex and can be genetic, physiological, psychological, sociocultural, commercial, economic and environmental.\(^7\) To address the growing childhood obesity epidemic, the focus should be on implementing packages of policies and ensuring these consider the roles played by external environments and actors.

- **Be implemented across different environments:** Actions to prevent and treat childhood obesity should be implemented in a non-stigmatising manner across a variety of settings (school, community, home, health systems, physical activity, built environment) at all levels of governments and involve a wide range of stakeholders.

- **Primary healthcare:** Primary care professionals are in a good position to follow a child’s health over the life-course, support person-centred health promotion, as well as advocate for policy change.

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Evaluation should include obesity and other health-related behaviours

Include people with lived experience including children and youth

Avoid a focus on individual behaviour: emphasise actions for a "healthy life"

Implement accountability mechanisms

The success of interventions may depend on their context

Evaluation should be built into interventions and budgets

Mechanisms needed to scale up local childhood obesity strategy to national strategy

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In 2016 World Obesity, the NCD Alliance and World Cancer Research Fund International drafted a response to the WHO draft implementation plan for the recommendations made in ECHO.8 The joint response, the implementation progress of ECHO9 and the conclusions from the recent stakeholder meetings led to the following recommendations for enhancing global response to childhood obesity and increase the implementation of ECHO:

- **Establish a monitoring and accountability framework:** Currently, there is a “lack of a robust monitoring and accountability mechanisms and the lack of SMART objectives.”10 Not only does this make it challenging to track progress, it also represents an additional barrier to hold Member States and other relevant stakeholders accountable.

- **Take a life course approach:** The drivers of the obesity epidemic change throughout the life course, which is why we need to adopt a holistic approach to health and focus on the key life stages.

- **Political leadership:** High-level leadership and the involvement of parliamentarians in setting national targets and defining clear indicators to monitor progress are crucial to achieving progress on childhood obesity. Strong governance and coordination mechanisms need to be established to ensure intersectoral and multisectoral action.

- **Adopt a multisectoral, multi-agency approach:** Interventions to address childhood obesity will require actions from multiple sectors to create a healthier environment for all children and their families. It is important to use a system’s approach and engage the food, health, education and other key sectors, as well as involve communities, families and children, civil society organisations and the private sector while ensuring safeguard mechanisms are in place.

- **Implement a ‘whole of government’, cross-departmental approach to action on obesity, including all relevant ministries:**11 Actions should be coordinated at cabinet or presidential level. Monitoring should be undertaken by civil society organisations. Private sector actors have a role in the implementation of government-led policies and programmes.

- **Greater investment in obesity prevention and treatment as a cost-effective strategy to ensure the health of individuals, families and society, and to ensure the sustainability of the health system:**12

- **Incorporate the rights of children living with obesity into human rights legislation, healthcare and education systems.** Ensure that legislative tools are used effectively to eliminate stigma, discrimination and bullying.13
• Policies and interventions to address childhood obesity need to be coherent and comprehensive, and include all environments and the systems that create them – including education, health, food, social protection, physical activity, built environment, water and sanitation

• 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

• Countering racisms, social inequality and the barriers to social determinants: Tackling the underlying determinants of health inequity and obesity is key and should be prioritised to develop guidelines that go beyond the formal health sector

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