Challenges in Obesity Prevention: Examples from Latin America

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Epidemic in Latin America and the Caribbean

Child (<5) Overweight
Latin America and Caribbean Countries

Prevalence, %

Note: Overweight defined as percentage of children 0–59 months who are above two standard deviations from median weight-for-height of the WHO Child Growth Standards.
Epidemic in Latin America and the Caribbean

Child Overweight Prevalence
Global and regional trends (Children < 5 years) 1990-2013

Epidemic in Latin America and the Caribbean

Overweight in women (≥20 years) Latin America and Caribbean

Note: Overweight defined as adults 20+ with a body mass index (BMI) of 25 kg/m² or higher. Modelled estimates using WHO Global Health Observatory Data Repository figures.

Source: IFPRI 2014
Obesity rates in OECD countries 2000 and 2013

1. Data are based on measurements rather than self-reported height and weight.

## Obesity Prevention Policies

<table>
<thead>
<tr>
<th>Type of program</th>
<th>Intervention</th>
<th>Examples</th>
<th>Sectors involved</th>
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<td><strong>Education</strong></td>
<td>School Curriculum</td>
<td>Standards in education</td>
<td>Ministry of Health</td>
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<td></td>
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<td>- Fruit and vegetable programs</td>
<td>Ministry of Education</td>
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<td></td>
<td></td>
<td>- School curriculum mandates nutritional-health education</td>
<td>Parent Teacher organizations</td>
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<td>- School curriculum mandates physical activity</td>
<td>Schools</td>
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<tr>
<td>Parental education</td>
<td>Government provision of educational program among preschool and school children parent</td>
<td>Parent Teacher organizations</td>
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<td>Schools</td>
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<td>Ministry of Education</td>
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<tr>
<td><strong>Information</strong></td>
<td>Nutrition labels standards and regulations</td>
<td>Regulations to place nutrition labels on foods</td>
<td>Government food regulatory bodies</td>
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<td>Ministry of Health</td>
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<td>Food and beverage industry and associations</td>
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<tr>
<td>Public awareness campaign</td>
<td>Social media campaigns to promote physical activity</td>
<td>Civil society organizations</td>
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<td>TV networks and other media.</td>
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<td>Social media campaigns to promote healthy eating</td>
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<tr>
<td>Media restriction</td>
<td>Limiting advertising of unhealthy foods among children</td>
<td>TV networks and other media.</td>
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<td>-</td>
<td>- Advertising companies.</td>
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The list of interventions in the table is partly based on the Nourishing Framework of the World Cancer Research Fund International.
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<th>Examples</th>
<th>Sectors involved</th>
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</thead>
<tbody>
<tr>
<td>Economic incentives and disincentives (prices)</td>
<td>Taxes</td>
<td>Soda taxes</td>
<td>Ministry of Economy and Finance</td>
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<td>Taxes on specific foods/ingredients classified as “unhealthy”</td>
<td>Ministries of Agriculture and Trade</td>
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<td>Food and beverage industry</td>
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<td>Resale sector</td>
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<td>Restaurants</td>
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<td>Civil society organizations</td>
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<td>Subsidies</td>
<td>Targeted subsidies to enhance consumption of healthy foods/produce price</td>
<td>Ministry of Economy and Finance</td>
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<td>(at point-of-sale and/or through social transfers)</td>
<td>Ministries of Agriculture and Trade</td>
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<td>Civil society organizations</td>
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<tr>
<td>Food supply regulation</td>
<td>Regulation for food</td>
<td>Reformulation of foods to decrease sugar and fat content</td>
<td>Government food regulatory bodies</td>
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<td>reformulation</td>
<td>Redefinition of portion sizes</td>
<td>Ministries of agriculture and trade</td>
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<td>Reduction of average portion size (food producers)</td>
<td>Food and beverage companies and food and beverage company associations</td>
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<td></td>
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<td>- Reduction of average portion size (restaurants)</td>
<td>Universities and research institutes</td>
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<td>- Reduction of average portion size at the workplace (employers)</td>
<td>- Restaurants and restaurant associations.</td>
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<td>- Elimination of “supersize” items from menus and product ranges</td>
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## Obesity Prevention Policies (3)

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<tr>
<td><strong>Built environment for promoting physical activity</strong></td>
<td>Active Transport - Urban environment - Choice architecture mechanisms</td>
<td>Urban redesign (walking, cycling) - Disincentivize driving by having specific days and hours of limited traffic use of transportation policies to encourage physical activity - creation/expansion of bike lanes</td>
<td>Ministry of transportation - Departments of parks and recreation - Local governments, mayors - Sports agencies</td>
</tr>
<tr>
<td><strong>Built environment for promoting diets</strong></td>
<td>Offer healthy foods and set standards in public institutions and other settings - Choice architecture mechanisms</td>
<td>School curriculum mandates nutritional-health education - change canteen layout in schools and workplace to reduce access to high-calorie food and drinks - increase supermarket availability in neighborhoods - supermarket layout (in terms of space and prominence)</td>
<td>Ministry of Health - Ministry of Education - Parent Teacher organizations - Schools - Local government, neighborhood representatives, mayors</td>
</tr>
<tr>
<td><strong>Community based programs that mixed several interventions for diet and physical activity</strong></td>
<td>School based programs - Workplace programs</td>
<td>School and community increase availability of healthy foods and decrease availability of unhealthy foods and drinks - work place team or individual challenge incentive schemes - school and community improvement of physical exercise facilities - employers reduce average portion size at the workplace.</td>
<td>Schools - Parent Teacher organizations - community organizations - Local businesses - Workplace - Ministry of Education - Ministry of Health</td>
</tr>
</tbody>
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Challenges in the design of multisectoral actions to prevent obesity

- Multiple, diverse—and often powerful—stakeholders with diverse views and incentives
- Multiple levels of government action
- Health sector is often not directly involved in the implementation of some of these policies
- Health advocates often lack skills and levers that are held by different agencies/sectors
- Impact on trade and other high level policies
Promoting Healthy Diets

- **Food Reformulation – Argentina**
  (Not obesity prevention policies per se but shows challenges involved in policies such as reformulation to reduce fat and sugar and changing portion sizes).

- **Regulation of foods and beverages that can be sold in schools – Mexico**

- **Taxes on sugar-sweetened beverages and foods of low nutritional value in Mexico**
Argentina’s Salt Reduction Strategy: “Less Salt, More Life”

- Public awareness on the need to lower salt intake
- Progressive reduction of salt in processed foods through agreements with the food industry. This later on became a law
- Reduction in salt in artisanal bread
Amendment of Argentina’s Food Code to regulate trans fats - 2010

- Amendment of the Argentine Food Code: the total content of trans fats in vegetable oils and margarines cannot be higher than 2% for direct consumption and 5% for all other foods
- Guidelines for small and medium industries: recommendations and strategies to replace trans fats for healthier alternatives
- Consumer campaigns

 Courtesy of the Argentine Ministry of Health of the Nation (www.msal.gov.ar)
Argentine Experience: Challenges

- Sodium is used not just to add flavor but also for preserving foods. Few alternatives available.
- Changes in food technology were already available for reformulation in the case of trans fats, not that many for sodium reduction.
- Easier to coordinate and ensure compliance with the large industry but not for the medium and small industry.
- Limited knowledge and resources in certain small and medium sized industries to make needed technological changes.
- National Ministry of Health coordinated but was dependent on support of other government agencies such as the National Institute of Industrial Technology, National Food Institute, the Ministry of Agriculture, Livestock and Fisheries, etc. as well as on universities.
Mexico’s General Guidelines for the Sale or Distribution of Food and Beverages in Basic Education School Facilities

Began as an agreement between the Health and Education Secretariats within the National Agreements for Food Health. The Guidelines are mandatory for all public and private basic education schools. They govern:

- The criteria for foods and beverages recommended for consumption and sale; and, limitations on distribution (including processed industrialized goods as well as those prepared by school cooperatives)
General Guidelines for the Sale or Distribution of Food and Beverages in Basic Education School Facilities - Main Challenges

- Diverse stakeholders: Health Secretariat; National Institute of Public Health (INSP); Secretary of Public Education (SEP); Secretary of Economy (SE) and the Federal Regulatory Commission (COFEMER); CONMEXICO (industry umbrella organization)
- Multiple levels of government: Ministries of Health and of Education of federal level discussed with all states ministries of health and education jointly the proposed regulations
- Strong opposition, arguing the following:
  - The guidelines would stigmatize the products
  - They did not take into account the economic impact on the industry
  - No other actions were taken, for instance physical activity
  - No action were taken against foods sold in the vicinity of the schools
  - No guidance on the implementation of the policy was given
  - No provision for providing water in the schools
  - No other options were presented such as closing school food outlets and just offering box lunch
Mexico’s Taxes on Sugar-Sweetened Beverages (SSBs) and Calorie-Dense Foods of Low Nutritional Value

- Part of a comprehensive fiscal reform that took place at the end of 2013. Also part of a comprehensive strategy to prevent overweight, obesity and diabetes
- SSBs: Excise tax of 1 Mexican peso (about 7 US cents) per liter. This is roughly 10% of the value
- Calorie-dense foods of poor nutritional value: 8% ad valorem tax on “non-basic” foods with more than 275 calories per 100 grams
- The taxes became effective in January 1, 2014
Taxes to SSBs and foods of low nutritional value – Main Challenges

- Strong opposition from powerful beverage, food and bottling companies, both before and after the enactment. (Note also: prior years efforts were abandoned due to opposition)

- Market structure before and after taxation and producers and consumers strategies can potentially decrease impact
Interventions to Promote Physical Activity

Physical inactivity

- Modifying the built environment to increase physical activity

Photo: M.E. Bonilla
Bogotá, a city with a built environment that promotes physical activity

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Modifying the built environment to increase physical activity</th>
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</thead>
<tbody>
<tr>
<td>Regional Examples Reviewed</td>
<td>Bogotá sustainable public transportation (TransMilenio), Ciclovía, CicloRutas, and outdoor gyms.</td>
</tr>
<tr>
<td>Main Stakeholders</td>
<td>Students, Activist and Bike enthusiasts. City Government and particularly mayors such as Peñalosa and Mockus. Traffic and Transport Department. Education and Security Departments. Private vehicle owners. Business around the Ciclovía represented by FENALCO. Urban planning District Culture, Recreation, and Sports Institute (IDRD) Marketing/services Academia/Research Urban Development Institute Private sector</td>
</tr>
</tbody>
</table>

Photos: Diana Fernandez (Bogotá Ciclovía) and Ethel Segura (CicloRuta)
Bogotá: Recreational Ciclovía

- Currently it includes 121km of roads. Opens Sundays and holidays and one night event
- Between 8 and 14% of city residents use it
- In 2011, the cost of the program was US$ 1.7 million and it is estimated that a dollar invested in the program save the city US$ 3-4 thanks to the health benefits of increased physical activity

Temporal closing of several roads to motor vehicles for city residents to enjoy a safe and free space for recreational and sporting purposes.

Photos: Olga Sarmiento
Bogotá: Ciclo Routes

- 344Km in 2010
- 70% of users use it 5 times a week, 73% as a fast mode of transportation and 13% for health reasons
- For each dollar invested, 2.8 dollars of health care costs are saved
- 1% of city residents use the Ciclo Routes

Bogotá’s Ciclo Rutas consist of permanent exclusive bicycle lanes separated from motor vehicle roads

Photo: Ethel Segura
Challenges faced by these policies

- The Ciclovia was the work of grass roots organizations that pressured for the closing of main roads to motor vehicles so that bicycles and pedestrian could use them safely and enjoy some physical activity.
- However, it was only institutionalized and made permanent once a committee of different public agencies took over its management.
- Two mayors strengthened and enlarged the program (as well as the cicloroutes) and transferred its management from the transport sector to the sports and recreational agency.
- Its enlargement received large opposition from businesses around the route as well as owners of motor vehicles.
Overcoming challenges to multi-sectoral interventions to prevent obesity – Lessons from LAC

- Policymakers and health advocates mobilized public opinion to support these health promotion policies and ensure their design and implementation and counterbalance strong opposition campaigns. One key example was the campaign in Mexico in favor of the taxes.

- The role played by civil society as advocate can be key in these efforts. This was the case in Bogotá and also the case in Mexico and the role played by the “Alianza por la Salud Alimentaria” in pro of SSB taxation.

- Many of the successes have been due to the leadership and political commitment of key political figures. For instance, in Bogotá, changes in the built environment were strongly supported by the continuous efforts of two mayors, Antanas Mockus and Enrique Peñaloza.
Institutional coordination mechanisms have been key in the decision making process and also in the implementation of some of these policies. For instance, the national commission created in Argentina to discuss the regulation on food reformulation and the commission originally created to manage the Ciclovia.

These efforts have been strongly supported by research. In Mexico the INSP develop the evidence to support the regulation and taxation. In Argentina, the Ministry of Health and universities generated knowledge needed to support the reduction of sodium and trans fats in processed foods.
The World Bank Group is currently initiating a global study program to assess:

- what is needed to effectively develop, implement, and scale-up policies and interventions in low- and middle income countries, and
- how the World Bank Group can best support these countries in their efforts to prevent and control overweight/obesity
Thank you!

www.worldbank.org
References


Olga L. Sarmiento, Adriana Díaz del Castillo, and Ethel Segura Durán. 2013. Bogotá, como ejemplo de ciudad con ambiente que promueve la actividad física.

Evelyn Rodríguez. 2013. Mexico, Acuerdos Nacionales de Salud Alimentaria – Estrategia Nacional contra el Sobrepeso


