WN *Column*

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As I see it
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Aruba, then Vienna. In June I travelled to Aruba in the Caribbean, and then in early July to Vienna. My task was to engage in meetings with national government ministers and UN agency officials. The issues were how to combat the appalling rates of childhood overweight and obesity in lower-income countries in the Americas, and then the escalating rates of obesity and diabetes throughout Europe, with continued very high cardiovascular disease as well as malnutrition in Eastern Europe and the Asian republics. I came away appalled by evident inertia in Western European government circles, but heartened by acceptance by Caribbean ministers of a new empowering role for themselves, and also by evident acceptance in Central and Eastern Europe of the value of regulatory and fiscal policies.

Childhood obesity in the Americas
Hopes and traps

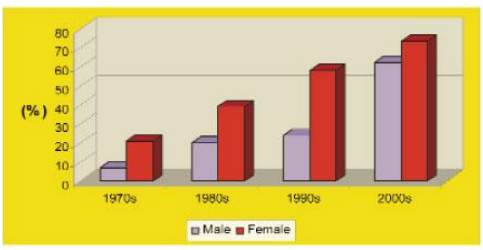


Fig. 2: The prevalence of Caribbean adult overweight/obesity.

Aruba: a dot on the map above Venezuela. Minister of Health and Sport Richard Visser, confronted by rocketing Caribbean overweight and obesity

In June I chaired the third annual meeting of the ministers of health of Latin America and the Caribbean, on how to prevent and control childhood obesity. These meetings are held in the island of Aruba (see map above) thanks to its minister of health and sport Richard Visser (also above). The Pan American Health Organisation (PAHO) has been involved from the beginning, as has the International Association for the Study of Obesity (IASO), of which I am the current president.

Aruba is a former Dutch colony close to the coast of Venezuela, with a population of around 100,000. Richard Visser has put it on the international public health map. This year's meeting was attended by nine national ministers of health and senior representatives from 18 countries. Also represented, as well as PAHO, was the World Bank, and CARICOM (the Caribbean Community) based in Guyana, which deals with the economic including trade integration of 15 Caribbean countries. The director general of Parlatino, a parliament of the Latin American and Caribbean countries, was also there. So was James Hospedales, previously of PAHO, now director of the newly founded Caribbean Public Health Agency based in Trinidad.

What to do about childhood obesity?

The previous two Aruba meetings had been designed to highlight the issue of childhood obesity in the region, already a public health crisis. This third meeting was designed to be more powerful and urgent, and to get prevention of obesity especially in children on the agenda of government and industry, as well as within PAHO.

This year Richard Visser and his team brought together around 50 international experts for a series of eight workshops taking place the day before the plenary sessions. In parallel, government ministers and officials Ministers discussed their own concerns and progress to date. Then there were two days of plenary sessions. It was soon apparent that ministers and their advisors had in private sessions, discussed the alarming rates of childhood overweight and obesity, but had no coherent plans for action. In their discussions, national representatives were unable to show evidence of any slowing, let alone reversal, of childhood obesity rates.

Escaping the trap of trade

One loud and clear message was that Caribbean ministers of health felt trapped. They have little or no influence over food supplies, because so much of their food is imported. I knew this already, for during previous visits, Trevor Hassell, president of the Barbados Heart and Stroke Foundation and also of the Healthy Caribbean Coalition, had introduced me to supermarket managers, food importers and regional directors of transnational corporations. They did not consider health as their line. Besides, they explained, for many years their businesses have included production of all sorts of salty and sugary food products to satisfy the Caribbean sweet tooth and to compensate for salt lost in sweat during vigorous physical activity in the tropical heat. CARICOM trade advisor Vincent Atkins showed a way forward. He explained that ministers need to think how to get health on the agenda when negotiating trade deals. Specifically, health ministry politicians and officials need to lobby colleagues in other government departments to shift their approach, because health is usually ignored when considering terms of trade. This is possible within World Trade Organisation rules, provided that heads of state are prepared to insist on the over-riding importance of public health. Not easy, but possible. The trap of 'free trade' so often condemns weaker countries to a toxic food environment.

The need for physical activity

Several speakers in Aruba advocated more physical activity. Those from the US inevitably focused on individual initiatives. One formidable lady kept on interrupting our sessions in order to get us all on our feet, dancing to her beat. In Caribbean style the delegates duly got moving. I was more interested in community initiatives. Ruchard Visser explained Aruba's policy of car-free zones at weekends and increased facilities for sport and activity in schools. We learned about *Agita Mundo*, started in São Paulo in Brazil. But now in common with so many other countries, the Caribbean culture now gives top priority to car use, ignores walking let alone cycling, and delights in electronic entertainment indoors. Many Caribbean islands have roads that are constantly jammed, with few sidewalks and no plans encouraging children to walk or cycle to and from school.

I was impressed by the final Aruba recommendations, which include strong statements about the need for more physical activity (1). Health Ministers recognised the need to train physicians to give practical advice on nutrition and physical activity. This also implies the need for primary health care professionals to take initiatives on the basis of personal knowledge and understanding. Richard Visser highlighted the need to 'walk the talk', and for politicians as well as physicians to be role models, taking far more physical activity as well as eating healthy diets.

Involvement of the transnationals

Rather to my surprise, as chair of the conference I found myself introducing speakers from both PepsiCo and Coca Cola! They had been asked to say how their companies supported sports and other activities. Some ministers of health present made savage interventions, asking why Pepsi and Coke did not label their products as hazardous and likely to induce obesity, diabetes, major disability and early death. Some Ministers and their senior officials clearly felt overwhelmed by the influence of transnational corporations, and were trying to move the public health agenda forward against what they felt as impossible odds.

A turning point?

The outcome of the meeting was very positive, though. Its final recommendations emphasise the role of health ministers and their officials as in effect ambassadors to other government departments, encouraging them to recognise what can be the huge impact of their policies on public health. So I began to think, as I helped to draft the document, that we might be approaching a turning point. Having first worked in the Caribbean almost half a century ago, and having been involved with developments and policy thinking in the region ever since, I was cheered by the specificity of the *finally agreed recommendations* (1). Ministries of Health can, after all, strongly influence the quality of the food served in publicly funded and also private schools, canteens,

hospitals and other institutions, as well as influencing policies relating to physical activity.

Vincent Atkins's hopeful messages about trade negotiations I believe were received and understood. This is crucial. I remember meeting the then President of Peru some years ago to discuss protection of the national food system, only to discover that he had just signed a disastrous trade deal with the US. Officials at the time told me they were appalled by the ruthless disregard of the US delegation when asked to modify the terms of the deal to help marginalised and disadvantaged Peruvians.

A message for us all

While the First Lady of Chile was represented at the Aruba meeting, ministers and officials of some of the bigger Latin American countries did not attend. This was a pity. They might well have come and lent their weight had they realised that this third conference did engage with some very specific broad policy issues

The challenge for ministers of health and their officials in the Americas, and elsewhere, is this. First, they need to know the facts and well-based projections. Second, while making the changes for which they are directly responsible, they need to form alliances with other government departments, so that public health nutrition policies become a priority at Prime Ministerial and Head of State level. Here is also our responsibility, as public health professionals. We need to do all we can to change the nature of the debate and not imagine that ministers of health are responsible for solving all the problems of the day. We need to amplify the economic importance of considering health issues in the everyday actions and policy development of all relevant government departments. We also need ourselves to take leads in proposing new initiatives that are rational, specific, credible, and relevant to each governmental responsibility affecting public health.

Nutrition in Europe
Health and wealth

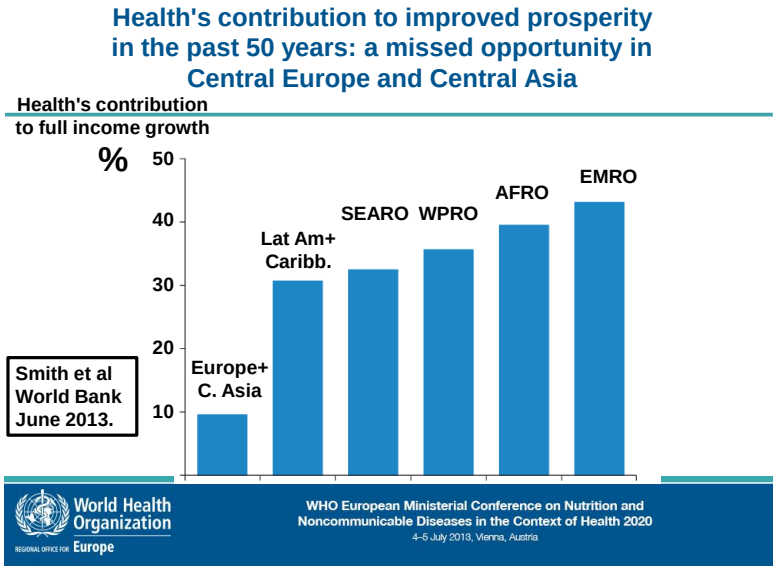
Here I am in Vienna in July, addressing the European Health Ministers meeting. My message: economic analyses show the need to change policies

In July I was invited by WHO to give the opening scientific plenary presentation at the annual conference of European Health Ministers and their officials. My brief was to set out the economic case for a whole new European Nutrition Action Plan. The WHO European region includes 53 countries and stretches across northern Asia. I was immediately reminded of how intensely political our issues are; for as with WHO World Health Assemblies, key government representatives present are often actually from ministries of Foreign Affairs. Furthermore, the industrial implications of disease prevention are now so political that government officials particularly from Western Europe often come prepared to block any potentially effective proposal.

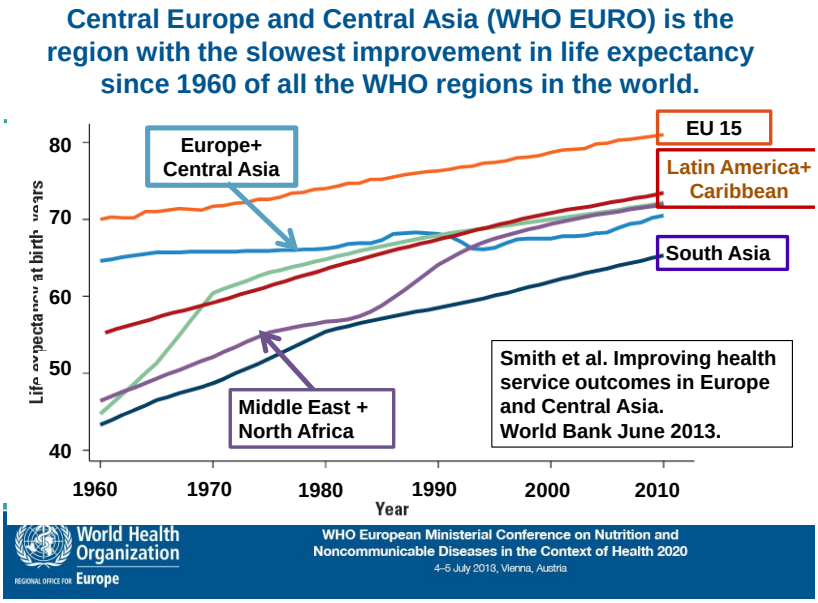
The Vienna conference involved governments at Ministerial level from 48 of the 53 WHO Region countries. The programme was tightly organised, with Regional Director Zsuzsanna Jakab playing a leading role. Unlike Aruba, there were just a few presentations in an intense atmosphere with Ministers themselves then debating the policies and understandably focusing on their own recent achievements.

Of all the government representatives present, I was most impressed by the response of those from the Eastern European and Central Asian republics, who readily accepted my challenge that governments had the major role to play in combating obesity and chronic non-communicable diseases, and needed to see this issue not just in health terms, but as sensible forward economic planning.

I was greatly helped in this by a new World Bank study (2). See the first figure below. This shows that within the vast WHO European region, it is the Eastern European and Central Asian countries that most of all have so far missed a huge opportunity to develop economically because of their neglect of public health.



Although starting with a reasonable life expectancy 50 years ago, as shown below in the second figure, Central and Eastern European and Central Asian republics have the slowest increase in life expectancy of any region in the world.



I followed this by highlighting OECD analyses (3) showing how utterly ineffective isolated media information and education campaigns are in addressing the rises in rates of overweight and obesity– and therefore also diabetes and hypertension. These analyses also show that fiscal and other formal regulatory policies are effective. These include establishment of healthy school food and meals, as in France; banning the use of industrial *trans* fat use, as in four European countries; and tax policies and fast food advertisements being allowed only if accompanied by health warnings, also as in France.

The remarkable speech made by WHO director-general Margaret Chan at the 8th Global Conference on Health Promotion in Helsinki on 10 June, soon before the Vienna conference, helped to set the scene. She spoke about the dangers of Big Food, Big Soda and Big Alcohol, as well as Big Tobacco. She said: 'All of these industries fear regulation, and protect themselves by using the same tactics. Research has documented these tactics well. They include front groups, lobbies, promises of self-regulation, lawsuits, and industry-funded research that confuses the evidence and keeps the public in doubt….Let me remind you. Not one single country has managed to turn around its obesity epidemic in all age groups. This is not a failure of individual will-power. This is a failure of political will to take on big business' (4).

Taxes are effective

For my Vienna presentation, the French Ministry of Public Health in France had given me details of how a 7 cent per litre tax imposed on soft drinks, which increased their price, caused a 4 per cent drop in sales, with increased tax revenues half of which were given to the Ministry for health promotion purposes. Careful market research has shown that a great majority supporting the tax provided it is seen as a health tax, with some of the revenue going back to improve public health, as it currently does in France.

In his own Vienna presentation, João Breda of WHO Europe showed that the 15 month long increase in price in Denmark of food products high in saturated fat had caused a drop in purchases of fatty products (5). Behind the scenes at the conference, I was assured that despite claims and lobbying from industry to the contrary, these taxes had worked, and also, that there is still no evidence that cross border trade to avoid the tax had been troublesome.

Price affects purchase

It stands to reason that price is a factor in purchase. Indeed, it is well-known first, that different food commodities have different price elasticities, and second, that the less income any country or population group has, the more responsive it is to changes in price. As shown in Denmark, there is a continuous gradient of increasing responsiveness to price changes as the general income of a household falls (6).
In my presentation I noted that when I was director of the Rowett Research Institute in the 1980s, constantly engaged with food policy, I discussed with Ministers of Agriculture on their way to Brussels how to manipulate the price of meat, milk, butter and sugar in order to reduce the size of these surplus 'mountains'. In those days governments were constantly manipulating prices to change demand. Government officials could confidently estimate how many thousands of tons of any specified commodity they could get rid of at any percentage of price change. The response of demand to price works at all levels of income, except for the very wealthy, whose net income is not significantly affected by the price of food. These approaches were normal in agriculture and financial planning but somehow seem to remain unknown to health policy-makers.

Falling rates of childhood obesity in France

In France, formal intervention is benefitting public health. Their national surveys show about a15 per cent fall in childhood overweight and obesity rates between 1998 to 2007 – the most recent survey they have. This followed a cross-Ministry programme co-ordinated at Presidential level, which among other things ensured healthy school meals and food as from 2001. This information about how formal policies work, resonated with many politicians and civil servants present in Vienna.

But various Western European countries, some led by Ministry of Foreign Affairs officials, were clearly not prepared to contemplate fiscal policies and legislative or regulatory initiatives, let alone suggestions that food systems needed to be changed in response to public health priorities.

Ambassadors for health

As in Aruba, I did sense a shift in mood, evident to a limited extent in the outcome document, *the Vienna Declaration.* Politicians and officials in Health Ministries should have a mission to serve in effect as ambassadors in the public interest to other government Ministries. Some of the distinguished journalists present in Vienna as session moderators, put this approach across with what felt like real success.

Given the short lives of democratic governments, can conferences like those held in Aruba and Vienna achieve much? I am becoming moderately optimistic that we are turning the tide! Some European governments, like France, and Hungary too, are testing the usefulness of fiscal and regulatory policies, and the results correspond with what economists would predict. I believe that more governments will follow if we keep up the pressure and present analyses in robust economically sound terms. This means that it is our task as public health professionals to become economically literate as well as politically street-wise.

References

1 Pan American Conference on Obesity. Recommendations of the High Level Meeting in Aruba on Childhood Obesity, PACO3, June 2013. *pdf available here.*

2 Smith O, Ngyen SN. 2013. *Getting Better. Improving Health System Outcomes in Europe and Central Asia.* Washington DC: World Bank, 2013.

3 Sassi F. *Obesity and the Economics of Prevention. Fit not Fat*. Paris: Organisation for Economic Co-operation and Development, 2010.

4 Chan M. Address at the 8th Global Conference on Health Promotion, Helsinki, Finland, 10 June 2013. http://www.who.int/dg/speeches/2013/health_promotion_20130610/en/

5 Jensen JD, Smed S. The Danish tax on saturated fat -short run effects on consumption and consumer prices of fat. Working paper of the Institute of Food and Resource Economics, University of Copenhagen. See:http://okonomi.foi.dk/workingpapers/WPpdf/WP2012/WP_2012_14_Danish_fat_tax.pdf

6 Smed S, Jensen JD, Denver S. Differentiated food taxes as a tool in health policy Paper presented at the 11th Congress of the European Association of Agricultural Economists August 2005.

Status

Conflicting or competing interests: none. Readers may make use of the material in this column if acknowledgement is given to the Association. Please cite as: James WPT. Childhood obesity in the Americas. Hopes and traps.. [As I see it]. *World Nutrition* August-September 2013, 4,7, 473-481. Obtainable at www.wphna.org/worldnutrition/ All contributions to *World Nutrition* are the responsibility of their authors. They should not be taken to be the view or policy of the World Public Health Nutrition Association (the Association) or of any of its affiliated or associated bodies, unless this is explicitly stated.

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