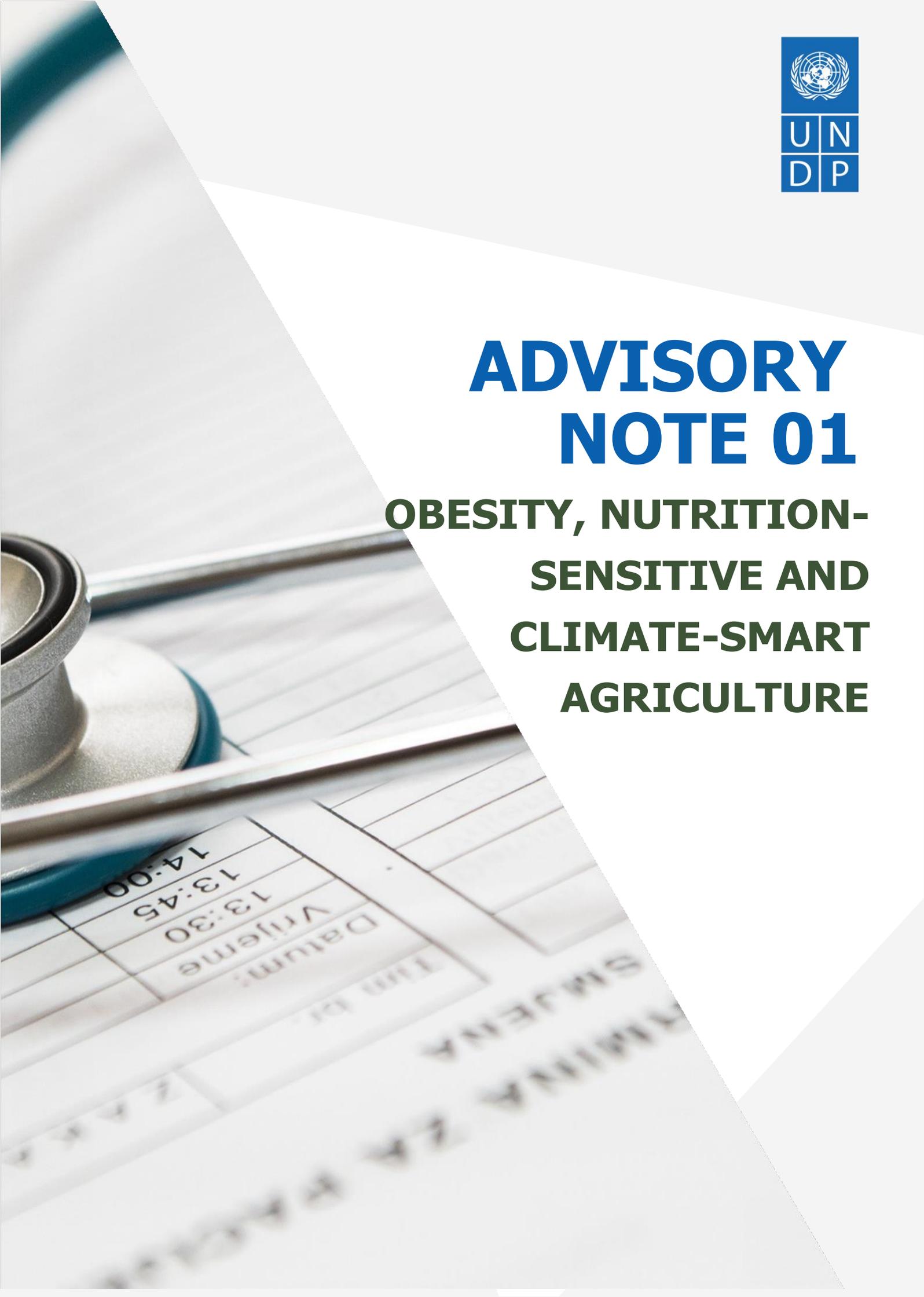




ADVISORY NOTE 01

**OBESITY, NUTRITION-
SENSITIVE AND
CLIMATE-SMART
AGRICULTURE**



Obesity

Halting the rise in small-island states

Background

Obesity is a medical condition caused by an energy imbalance between calories consumed and calories expended, resulting in an accumulation of excess fat in the body to an extent that it can have a negative effect on health. People are generally considered obese when their body mass index (BMI), a measurement obtained by dividing a person's weight by the square of the person's height is over 30 kg/m²; values between 25 and 30 kg/m² classify individuals as overweight.

Obesity is often a precursor to a number of physical ailments that range in severity and mortality and often require medium- to longer-term, specialised medical treatment. This has repercussions on the availability of, burden on and cost of public health services, but also has tremendous impact on overall productivity and household-level stability and wellbeing.

Some of the better-known ailments that are often associated with or exacerbated by obesity include Type 2 diabetes, high blood pressure, heart disease, stroke, sleep apnea, metabolic syndrome, fatty liver diseases, osteoarthritis, gallbladder and kidney diseases, and even some cancers. It can also cause significant and potentially life-threatening problems for mothers and infants before, during and after pregnancy.

Obesity is also associated with mental health problems such as depression. A reciprocal link has been found between obesity and depression, with obesity increasing the risk of clinical depression and

depression leading to a higher chance of obesity. Persons that are obese may also be the subject of weight bias and stigma from others, including health care providers. This can lead to feelings of rejection, shame, or guilt—further worsening mental health problems.

In 2013, in response to the 2011 United Nations High Level Political Declaration on the Prevention and Control of Non-communicable Diseases (NCDs), Member States of the World Health Organization agreed to specific targets for tackling adult obesity. The targets included a 25% reduction in premature deaths from leading non-communicable diseases by 2025, and no increase in the prevalence of adult obesity and diabetes between 2010 and 2025.

Obesity in the 5 countries

According to www.WorldObesity.org, all five countries reviewed have experienced very rapid growth in obesity among men over the last two decades and rapid growth among women (highest growth in Grenada at 4.2% growth among men and 2.7% growth among women) and all stand a very poor chance of meeting the UN Adult Obesity Targets for 2025 which was set at zero increase in the prevalence of adult obesity and diabetes between 2010 and 2025.

Table 1 below provides insight into the health impact and cost attributed to obesity in 2016 across the countries, while the figures on the following page illustrate national obesity trends, leaving no doubt as to the severity of the issue in the region.

Table 1: Health impact and costs attributed to obesity in 2016

Country	Cases attributed to overweight and obesity 2016 (thousands)			2016 Health costs (USD million)
	Diabetes	Hypertension	Isch. Heart disease	
Antigua and Barbuda	4.3	4.3	0.1	6.5
Barbados	17.1	14.7	0.7	40.8
Dominica	2.9	2.6	0.1	4.3
Grenada	3.1	5.2	0.1	6.1
St Lucia	6.9	9.8	0.2	9.1

Figure 1: Prevalence (%) of obesity among adults

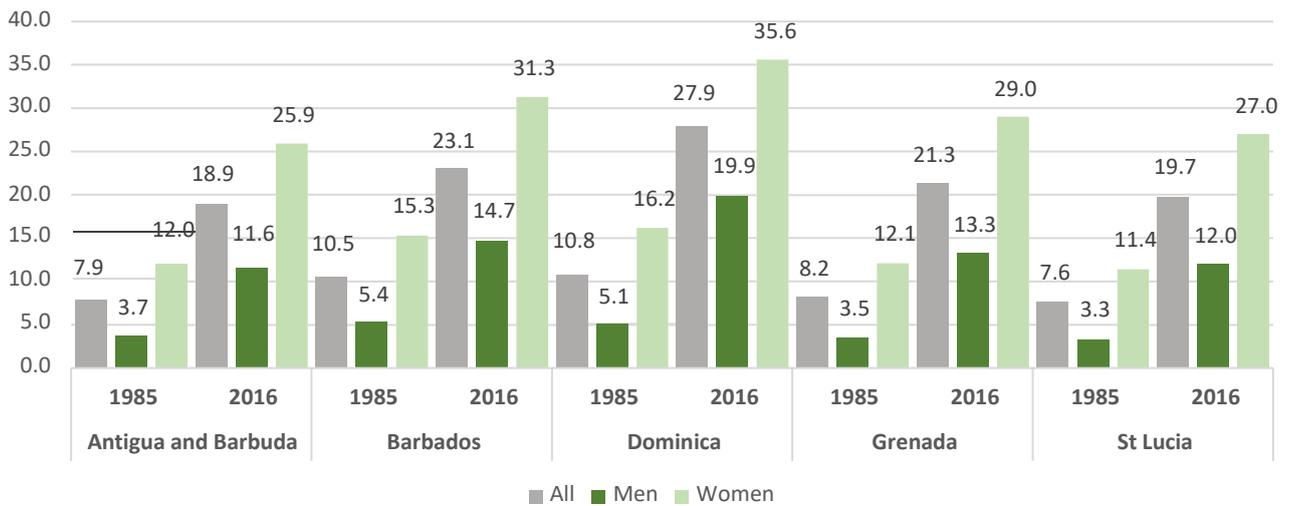
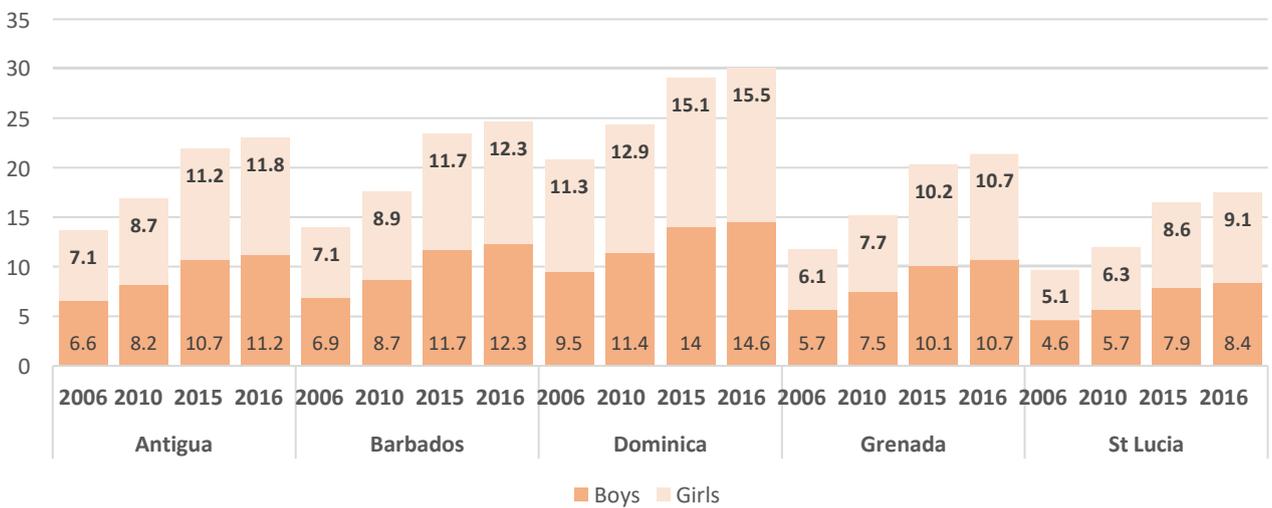
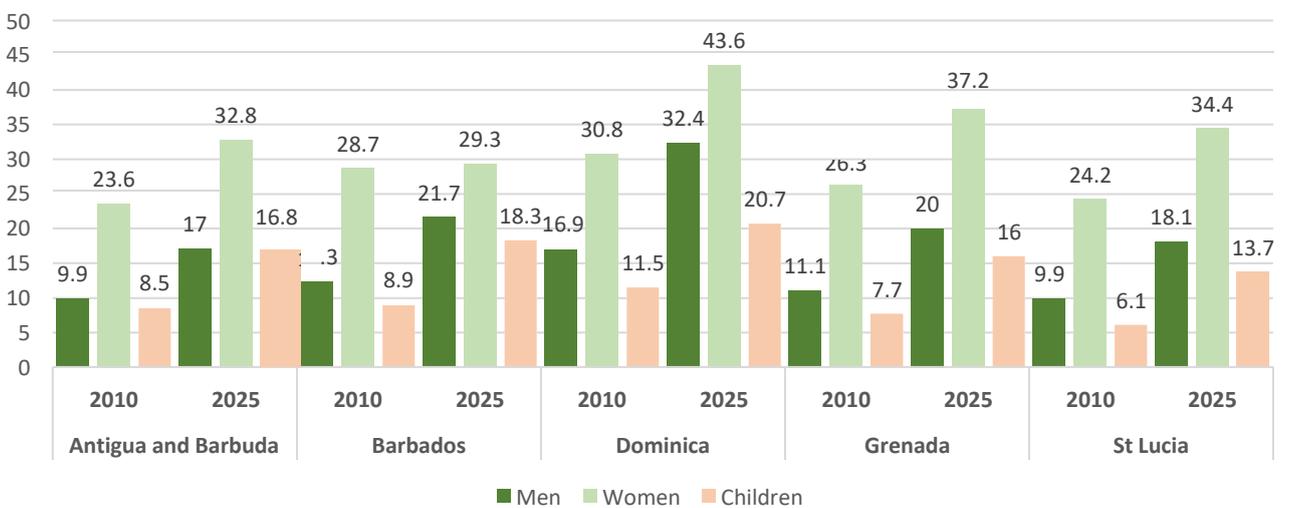


Figure 2: Prevalence (%) of Obesity among 5-19 year olds



Source: WHO Global Health Observatory

Figure 3: 2010 Obesity figures and 2025 predicted prevalence



Source: <https://data.worldobesity.org/publications>

Obesity has multiple contributing factors

Globally and nationally, there has been an increased intake of energy-dense foods that are high in fat and sugars, and an increase in physical inactivity due to the evermore sedentary nature of many forms of work, changing modes of transportation, and increasing urbanization.

Changes in dietary and physical activity patterns, behaviours and practices are often the result of environmental and societal changes associated with development and a lack of health- and nutrition-sensitive policies in sectors such as health, agriculture, transport, urban planning, environment, food processing, distribution, marketing, and education. For example:

- **Nutrition-blind policies.** The consumption of excess fats and sugars has also been exacerbated by unfavourable agricultural production and pricing policies which have, internationally and nationally, distorted the relative prices of fresh fruits and vegetables in comparison to processed foods high in sugars, salt and fat content. As a result, poorer households are more inclined to purchase the latter as their limited resources allow them to purchase greater quantities.
- **Nutrition-blind and unregulated marketing practices.** In the 1980s, marketing techniques for foodstuffs and soft drinks with a high fat, sugar or salt content became highly sophisticated. Companies began to understand the factors that unconsciously influenced demand (particularly among children) and in turn, sales. They discovered how to attract the attention of buyers of all ages, and to encourage them to purchase (or ask to have purchased) specific foods and/or to frequent fast-food restaurants. With women increasingly entering the workforce and having less time for fresh-foods home-cooking, the demand for processed foods gained momentum.
- **Technology and mechanisation.** Simultaneously, the computerization and mechanization of work and leisure time began to transform physical activity, replacing traditionally outdoor activities, from errands to entertainment, with home-based or digitised services. As a result, physical activity dropped and today, people need healthier food now more than ever to prevent “passive” weight gain.

Complex problems require complex solutions.

Tackling obesity in a sustainable manner will require a dynamic **Whole of Society** approach, involving most sectors of government in partnership with civil society and private sector. A thorough, evidence-based analysis of the most relevant contributing factors in each country will be essential, considering, among other things, factors that contribute to changes in physical activity patterns and diet, like the environmental and societal changes associated with economic development, but also exploring emerging areas of policy and practice reform such as, for example, the practices of **nutrition- and climate-smart agriculture**.

Nutrition-sensitive and climate-smart agriculture

“Nutrition-sensitive agriculture is a food-based approach to agricultural development that puts nutritionally rich foods, dietary diversity, and food fortification at the heart of overcoming malnutrition and micronutrient deficiencies” (FAO 2014).

Increasingly, overnutrition (which leads to obesity) coexists with undernutrition and micronutrient deficiencies. Together these are commonly known as the **triple burden of malnutrition**. Thus, approaches to improving nutritional wellbeing can be considered in relation to one, two or all three aspects.

Agricultural policies and practices that focus on making more diverse and more sustainable food production practices available and accessible can go a long way to supporting household level nutrition.

Introducing and incentivising conservation agriculture, water management and integrated pest management practices as well as enabling family farming, home gardens and homestead food production, not only helps mitigate the impact of natural resource depletion, climate variability and shocks on food stocks, but they can also help improve nutrition levels by making a wider variety of foods available at the local level. Focussing on climate-smart agricultural practices and exploring food fortification can also support a nutrition-sensitive agricultural agenda.

Still, changes must not be confined to the agricultural sector only. A multi-sectoral approach is required and will call for all policies and programmes –i.e., in health, agriculture, transport, urban planning, environment, food processing, distribution, marketing, education, etc. – to be reviewed for



Concerted dialogue and action with private sector will be critical, to find a common ground between commercial profit and consumer well being

nutrition- and health-sensitivity, institutional mechanisms revised to accommodate nutrition-related objectives and measures, finances to be allocated to support nutrition-responsive practices and services and concerted investments in education and knowledge among policy and programme decision-makers, practitioners and the public at large.

Concerted dialogue and action with the private sector will be critical, to find a common ground between commercial profit and consumer wellbeing and social-behavioural change communication campaigns jointly designed and rolled out to encourage people to change their consumption preferences and behaviours. Unless designed together with the commercial sector, publicly funded social and traditional media campaigns are unable to compete with the marketing savvy of one of the biggest, most powerful industries globally.

Considerations for decision-makers

National governments that are committed to tackling obesity can take a number of critical steps. These include, but are not limited to:

- Identify and officially mandate a lead public institution to **oversee and coordinate national efforts to reduce obesity**; where lacking, articulate and endorse a national strategy to address the triple burden ensuring explicit targets and measures are outlined to tackle obesity.
- Undertake a **widespread policy review process**, to **integrate nutrition-sensitive objectives** and targets into sector-specific and functional policies and strategies. Specifically, explore contextually relevant recommendations for **nutrition-sensitive agriculture** designed to help combat the triple burden of malnutrition.
- In collaboration with all relevant sector players, civil society and private sector, formalise a **national, multi-actor plan or strategy to tackle obesity** in the country. Clearly identify key actors

and define roles and responsibilities in rolling out the plan.

- Define and regulate **nutrition-sensitive (healthy) institutional feeding practices and procedures** e.g., prohibit the sale of food and soft drinks on all public premises such as hospitals and schools, Improve the provision of healthy food in public institutions, such as schools and through social security programmes.
- **Engage with the private sector** to clearly establish food production, packaging, labelling and marketing specifications and regulations that seek to e.g., reduce the content of free sugars and fat in food and beverages, reduce portion size, increase availability, affordability and consumption of healthy foods, including fruits and vegetables, provide easy to understand nutrition labelling schemes on food products, avoid manipulatory packaging and positioning of products targeting children, etc.
- In relation to the above, **discuss and define acceptable fiscal measures** as these can have a marked effect on promoting more healthy diets, provided government makes price increases overt, explicit and appreciable. Evidence has shown that a tax on saturated fat can lead to a reduction in saturated fat intake. Banning trans-fats has also been shown to be one of the most cost-effective methods of ridding the food-chain of these industrially produced hazards.
- Develop the necessary **guidelines and operating procedures and related compliance mechanisms** that will support operationalisation of all of the above.
- Define a series of **social-behavioural change communication (SBCC) campaigns** and social marketing initiatives targeting the population at large, that promote, protect and support healthy consumption and feeding practices (e.g, breastfeeding and healthy complementary feeding practices, healthy dietary practices and physical activity)