



Mohammed Bin Rashid School Of Government

POLICY BRIEF

Policy Brief No. 62

October 2023

Summary

All nations deal with obesity. Global obesity prevention is barely successful. Few Latin American countries reduced obesity. Marketing's unchecked impact on poor eating choices is a major cause of the epidemic. International health groups have recommended minimizing children's exposure to unhealthy food marketing, but progress has been slow and primarily industry-led, less effective than statutory alternatives. Marketing from childhood shapes values. Even 3-year-olds can get hooked on brands. Childhood habits are usually lifelong. This policy brief updates the 2016 analysis. Secondary research and literature review on the latest global and national studies outline interventions to improve childhood obesity epidemiology in the UAE and internationally to identify new issues, lessons learned, and solutions. UAE obesity, international standards, and government childhood obesity policies were examined to discover what actions are still delayed or unimplemented. To improve food and activity environments, governments must lead, advocate for a multi-sector response, and formulate and implement policies (laws and regulations). They need more consistent financing to eliminate obesogenic settings and encourage healthy eating and exercise.

Moving Forward on Childhood Obesity Prevention in the UAE

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Abstract

Background: Obesity is a global public health problem impacting all countries. However, the success of obesity prevention worldwide has been limited. Only a few countries in Latin America were able to slow down the rise of obesity cases (WHO European Childhood Obesity Surveillance Initiative (COSI), 2022). One of the significant factors largely affecting the epidemic is the unhealthy food choices stimulated by the marketing that is not always well regulated and enforced (WHO, 2016). Despite the high-level calls from international health organizations to limit children's exposure to unhealthy food marketing, progress in implementing effective policies has been relatively slow and mostly limited to industry-led initiatives, which have often been shown to be less effective than statutory approaches (Boyland & Harris, 2017; Galbraith-Emami & Lobstein, 2013; Hawkes & Harris, 2011; Kunkel Christopher McKinley and Paul Wright, 2009). Marketing from an early age shapes norms and preferences. From as early as 3, children can begin to learn — and in essence, become hooked — to brands. The habits we form in childhood tend to stick with us for life (De Mayo S, 2022).

Methods: Current policy brief is an updated material following up on the previous analysis made in 2016 (Moonesar, 2017; 2015). The methods used are secondary research and literature review conducted on the most recent studies globally and nationally to summarize the actions done towards improving the epidemiological situation on

childhood obesity in the UAE and in the world, and emphasize the new challenges, lessons learnt, and suggests new solutions.

Results: We have analyzed the obesity situation in the UAE, reviewed international guidelines and UAE National strategies on childhood obesity to understand what actions are still delayed or not fully implemented.

Recommendations: Concerted action is needed from governments in four broad areas: provide leadership to set the agenda and show the way; advocate for a multi-sector response and establish the mechanisms for all sectors to engage and enhance action; develop and implement policies (including laws and regulations) to create healthier food and activity environments, and; secure increased and continued funding to reduce obesogenic environments and promote healthy eating and physical activity.

Background/Introduction

Why talk about Obesity? It is an indicator of general health status, showing how likely the health complications would develop – Cardio-vascular diseases (CVD), diabetes, cancer, and obesity makes other illnesses duration more severe than those with normal weight (Covid -19) (Moonesar, 2015; 2017).

Being overweight or obese (WHO defines overweight and obesity as abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is overweight, and over 30 is obese) impacts people's mental health (especially kids), making them excluded, stigmatized and feeling different. Studies concluded that an obese child is four times more likely to struggle with low grades at school when compared to healthy children of the same age [Russel et al., 2012; Strauss, 2000]. Additionally, out of fear of being negatively precepted by those around them, obese children refrain from class participation, reducing educational outcomes. Obesity leads to exclusion, marginalization, and inequalities (WHO Europe, 2017). Consequentially, to overcome the challenges as mentioned above, the affected individuals often resort to comfort foods and sedentary activities, making weight management even more difficult to achieve (WHO, 2016). Childhood obesity is a strong predictor of adult obesity which has known health and economic consequences for an individual and for a society (Ending Childhood Obesity, a Report, WHO, 2016).

According to the Global Obesity Observatory data, 2018-2019, 17,7% of children in the UAE are obese and another 17% are overweight (Baniissa et al., 2020). There was no rise of obesity and overweight cases in the last 5 years but the numbers remain high. The UAE government took many important decisions and evidence-based actions toward solving this public health problem. The goal to end childhood obesity aligns very well with the 2030 Agenda for Sustainable Development Goals adopted by the United Nations General Assembly in 2015. Firstly, the National Strategy and Action plan on childhood nutrition was introduced and approved in 2020 by the Ministry of Health and Prevention. According to the UAE Children's Obesity Action Plan, 2017, the following activities have been implemented: promotion of healthy nutrition for children, implementation of physical activities, integration and strengthening guidance for non-communicable disease prevention with current guidance for preconception and antenatal care, guidance on, and support for, healthy diet, provision of family-based, multicomponent services on lifestyle weight management for children and young people who are obese. Secondly, in the new edition of the Schools' food regulations (2019) - The United Arab Emirates' Ministry of Education has banned nine food categories, including potato chips and chocolate. In addition, pre-packed food labeling was introduced in 2019 but remains voluntary. National taskforce on obesity, created in 2022, developed the National roadmap to tackle obesity crisis in line with the National Strategy for Wellbeing 2031. As from 2017 UAE Government has introduced an excise tax on energy and carbonated tobacco products and well implemented the regulations on salt/soda/carbonated drinks, saturated fats/trans-fats.

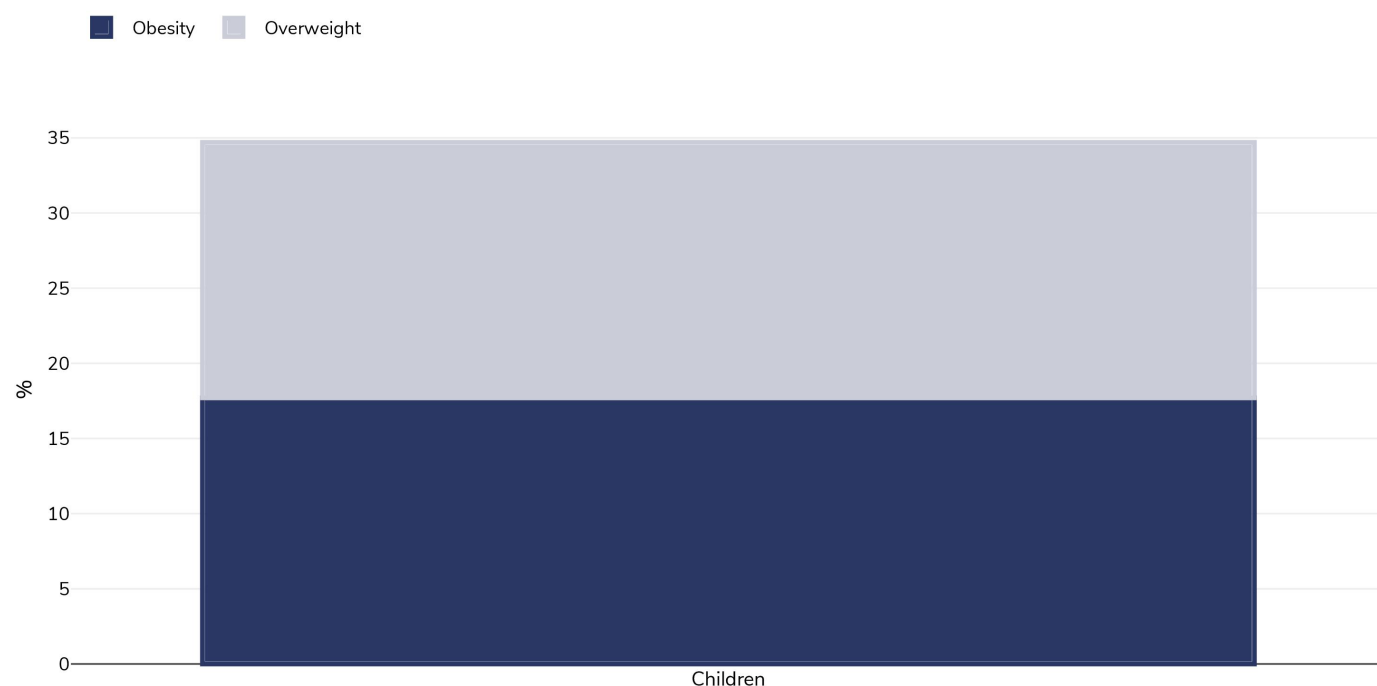
On the other hand, according to the research study by the UAE University (Alrahma A et al 2022), the sedentary behaviour level of the UAE kids is very high. According to the WHO's NCDs Progress Monitor 2020, the UAE did not yet act on the restricting marketing campaigns targeting children and marketing of breast-milk substitutes (refer to figure 1).

There is an urgent call for action and by acting now, the country can evade devastating health and economic consequences linked with obesity and overweight including health-care-related needs, loss of productivity, and reduction in human capital due to premature mortality.

United Arab Emirates: Obesity prevalence



Children, 2018-2019



Survey type:	Measured
Age:	13-19
Sample size:	932
Area covered:	National
References:	Baniissa W, Radwan H, Rossiter R, et al. Prevalence and determinants of overweight/ obesity among school-aged adolescents in the United Arab Emirates: a crosssectional study of private and public schools. <i>BMJ Open</i> 2020;10:e038667. doi:10.1136/ bmjopen-2020-038667
Notes:	Small sample size. Convenience sampling was used to select classes. Students with chronic diseases (eg, type 2 diabetes, cancer and mental health conditions) based on information from students' school records where excluded.
Definitions:	A BMI at or above the 85th percentile for adolescents was adopted to classify participants as either overweight/obese
Cutoffs:	CDC

FIGURE 1: Obesity UAE Prevalence, Global Obesity Observatory data, 2018-2019
 Source: https://data.worldobesity.org/country/united-arab-emirates-225/#data_prevalence

Methods

We have conducted a literature review and analysis of secondary data to understand the existing trends in childhood obesity and their response to the policy changes globally and on the national level. Current policy brief is an updated material following up on the previous analysis made earlier (Moonesar RD, 2015, 2017). The methods used are secondary research and literature review conducted on the most recent studies globally and nationally

to summarize the actions done towards improving the epidemiological situation on childhood obesity in the UAE and in the world, and emphasize the new challenges, lessons learnt, and suggests new solutions.

Results

Stakeholder identification and mapping:

Key stakeholders from the public sector are the Dubai Executive Council, the Dubai Health Authority, Abu Dhabi Health Department, SEHA, Ministry of

Climate Change and Environment, the Knowledge and Human Development Authority, Community Development Authority, Dubai Education Council, Ministry of Education, Ministry of High Education and Research, Municipalities, and Dubai Department of Finance. Impacted stakeholders are nurseries, kindergarten, teachers, schools, food and beverage & all hospitality businesses including restaurants, hotels, and parents, Ministry of Health and Prevention, Ministry of Finance, the Ministry of Community Development, the Federal Competitiveness and Statistics Authority.

Theory of Change Diagram

The diagram (figure 2) below illustrates the main factors influencing obesity starting from the family’s history, psychological, social-economic status, and nutrition habits (including consumption of carbonized drinks), insufficient physical activity and uncontrolled/ non-regulated food and beverage ads, promotion and sponsorship events targeting kids & influencing children’s food preference choice (Olsen NJ, 2009; Zhang et al. 2017). Those are leading to unhealthy nutritional habits, poor food education, sedentary life style, poor physical development. The measures to tackle obesity pandemics should be therefore focused on the main causes starting from reforming the food

systems (the way we produce, disseminate, market and consume diets), by regulating food and beverage industry as well as hospitality sector, working with educational facilities– by educating kids and the educators on all levels. Also, it is important to regulate advertisement and sponsorships promoting ultra-processed food. Another good way is to incentivize the industry that produces and manufacturers healthy food, fruits and vegetables and de-incentivize producers of the unhealthy diets.

The UN General Assembly proclaimed 2016–2025 as the UN Decade of Action on Nutrition. UAE, being a Member State, is committed to contribute to the FAO (Food and Agriculture Organization) and WHO’s global convention to set, track and achieve policy commitments to end all forms of malnutrition.

The UAE National Nutrition Plan 2022-2030 aims at establishing sustainable nutritional systems for healthy diets, and provide safe and supportive environments for nutrition to all age groups and improving maternal, infant, and young child’s nutrition states a few critical targets, including the reduction of childhood obesity. This document responds to all important challenges starting from creating sustainable food systems and financing to nutritional health challenges from the other, thus improving the health condition of the entire community.

Power	High	Manage (Keep Satisfied) <ul style="list-style-type: none"> • MOHAP • Executive Council • Community Development Authority • Government of Dubai • Ministry of Finance • Ministry of Education and High Education & Research 	Involve (Key Player) <ul style="list-style-type: none"> • Dubai & Abu Dhabi Health Authority, SEHA • KHDA • Municipalities, General Authority of youth and Sport Welfare • UN & International Organizations • Universities, professional associations • Civil Societies and • NGOs
	Low	Monitor (Minimal Efforts) <ul style="list-style-type: none"> • Media • Private Sector (Food and Beverages Industry) • Hospitality industries (HoReCa) 	Acknowledge (Keep Informed) <ul style="list-style-type: none"> • Parents • Children • Teachers (schools and nurseries etc.) & support staff members at schools
	Low		High
	Interest		

The Nutrition Plan is also responding to food marketing issue (Marketing includes advertisement, promotion on several media such as television, radio, billboard, magazine, packaging design, point of sale, and digital media, including mobile applications, “advergaming” and blogs) by legislating and regulating the producers and manufacturers. Food marketing aims to shape and define children’s food environments. Several surveys have noted that the great majority of food advertisements, especially those shown during children’s television programs, encourage consuming energy-dense foods and beverages. Children’s exposure to television

advertising of energy-dense foods is associated with an elevated prevalence of overweight, and exposure to the advertising of healthier foods is weakly linked to a reduced prevalence of overweight (Lobstein et al. 2005; Moonasar IA, 2017; Aljefree N, 2022).

New forms of advertising are increasingly being used that bypass parental control and target children directly. These include Internet promotion (using interactive games, free downloads, blogs, and chatterbots), SMS (short message service) texting to children’s mobile phones, product promotions in schools and preschools, and brand advertising in educational materials. In addition, new forms of

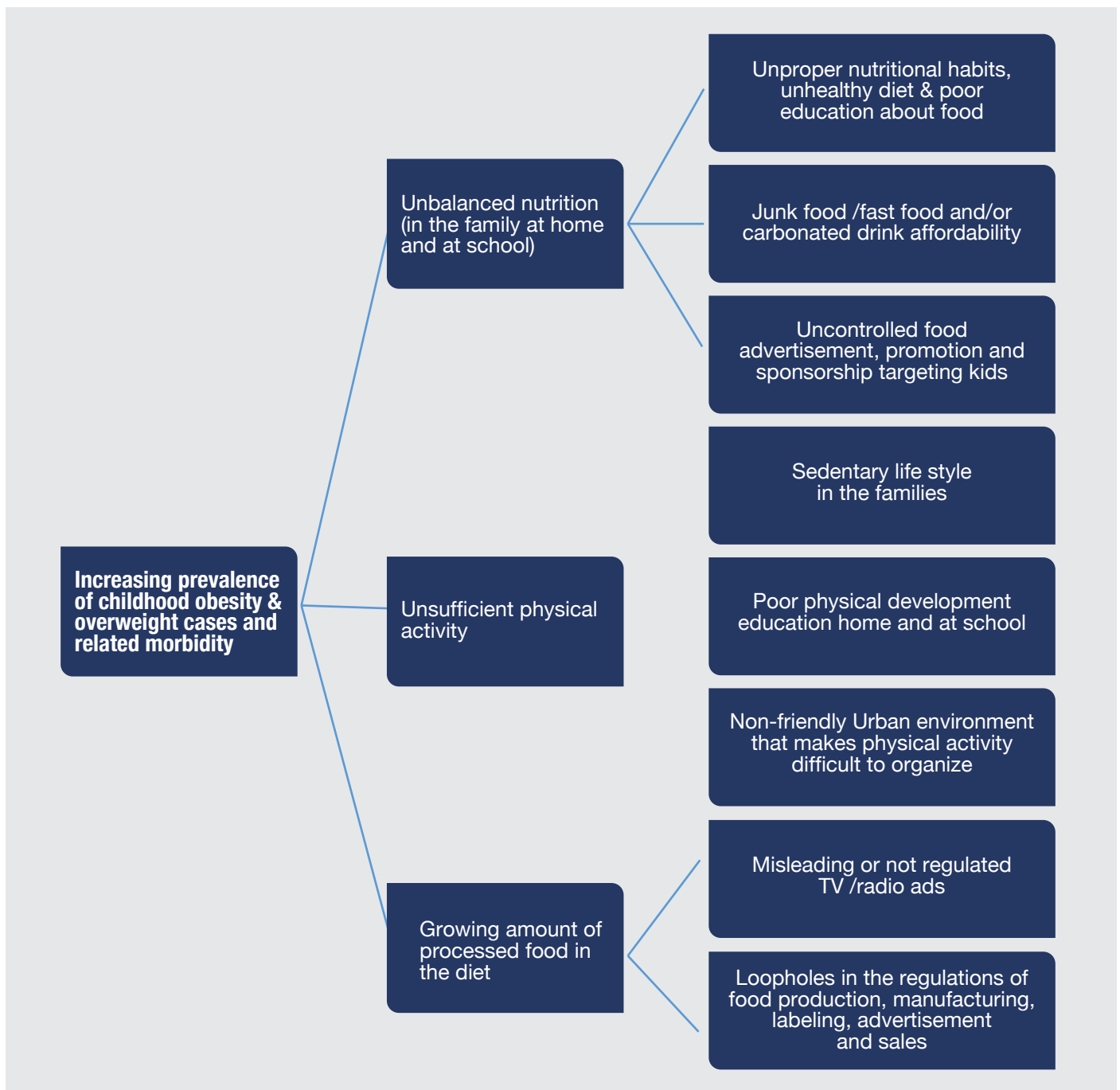


FIGURE 2: Theory of Change for addressing UAE Childhood Obesity Prevalence

advertising are invading public areas, such as on-screen advertising in public transport and interactive electronic hoardings (billboards).

WHO and other global health leaders identify children's exposure to pervasive unhealthy food marketing as a major risk factor for obesity. From TV to social media to sports stars, games, and trips to the mall, today's children are bombarded with marketing of unhealthy foods. Despite reams of evidence about how much food marketing harms children's health, no country has adopted a comprehensive policy to control it, according to the WHO and UNICEF (WHO Europe, 2017, UNICEF, 2023). The WHO's draft guidelines note that current marketing practices are harmful and violate the UN Convention on the Rights of the Child. It states that every child from birth to 18 years of age has an inherent right to a healthy childhood free from economic exploitation, discrimination, and invasion of privacy. Food marketing practices violate these rights. According to the UN Convention on the children's rights to be free of any influence of economic activities, or marketing and others (United Nations Convention on the Rights of the Child (UNCRC), Article 17).

Governments and society have a moral and legal responsibility to act on behalf of, and in the best interest of, the child to reduce the risk of obesity by protecting children's rights to health and food. Governments are primarily responsible for acting and implementing effective policies to protect children. In UAE there is a high political commitment to address childhood obesity as it has been addressed in UAE National Agenda 2021. In the National Plan on Nutrition one of the most important strategic directions is to strengthen and enforce legal framework that promotes healthy food in the UAE including enforcement of the regulations of trans-fats standards, development of the policy for marketing of food and beverages for children, regulations on salt intake. There are important frameworks on nutrition labelling improvement and for food market control and monitoring. This plan also suggests clear price measures on healthy food as well as on the processed foods.

Parents influence young children's healthy lifestyles; therefore, evidence and theory suggest that including parents in interventions offers promise for effective childhood obesity prevention (Jurkuwsky JM, 2013) and support a home environment that

encourages healthy eating. There is a proven association between eating together as a family and both lower rates of obesity and healthier eating patterns (Neumark-Sztainer, Hannan, Story, Croll, & Perry, 2003).

It is shown how important is to establish school policies to involve parents in children's physical activities, such as including parents in physical activity instruction and extracurricular activities as participants and/or instructors and requiring or encouraging parent representatives on school health advisory councils (School Policy Framework, Implementation of the WHO Strategy on diet, physical activity, and health. WHO 2008). Schools can set several policies to involve parents in school-based physical activity.

Good evidence also indicates that programs adopting a whole-school approach of integrating policies on food with those on education and physical activity and of involving parents and students in developing policy, can improve dietary patterns (Barnes C, et al 2021). The UAE Nutrition Plan 2022-2030 includes a few statements on expanding the healthy canteen program in the UAE in collaboration with different stakeholders from the educational and health sectors.

Interventions providing information and offering price incentives have been shown to influence dietary choices (with price incentives being especially effective (French S.A., 2005). The UAE Nutrition Plan suggests to remove the subsidies on unhealthy food and to implements those subsidies on fruits, vegetable and other healthy options. As with promoting healthy diets, strategies to promote physical activity include transport and traffic planning, and the design of buildings and urban environments. Good evidence is available to show that school-based physical education with better-trained physical education teachers, comprehensive workplace approaches, prompts to increase stair use and the creation or improved access to places for physical activity, combined with informational outreach activities, can increase physical activity (Kahn et al., 2002). Good evidence also demonstrates that interventions that facilitate physically active transport, such as walking and cycling, raise levels of physical activity and that perceived. Objectively determined environmental attributes, such as aesthetics, convenience (sidewalks), access (green spaces), safety, and security are associated with increased physical activity.

Conclusions and Recommendations

Tackling obesity – including childhood obesity – is vital for achievement of the Sustainable Development Goals for implementation of the WHO European Programme of Work 2020–2025 – “*United Action for Better Health*” (WHO European Childhood Obesity Surveillance Initiative (COSI) report, 2022).

There is a need for urgent action on obesity. It is important to continue addressing the wider influences on children’s diets and physical activity by incorporating initiatives throughout school, home, and community environments. It is essential to support for parents, families and early years

professionals as children’s food preferences and lifestyle choices are established in the early years. Engagement of influential stakeholders from central to local level, such as businesses, local government, schools’ administration and teachers, early years centers, communities, families and parents. It is critical to mitigate the harmful impact of food marketing on children, governments are called upon to implement comprehensive policy approaches to restrict marketing of foods that contribute to an unhealthy diet, to reduce children’s exposure to such marketing and to reduce the power of such marketing, offering the best possible protection to all children.

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The views expressed in this report are those of the author(s) and do not necessarily reflect those of the trustees, officers and other staff of the Mohammed Bin Rashid School of Government (MBRSG) and its associated entities and initiatives.

Acknowledgements

The author(s) wish to express personal appreciation to the following individuals for their input to the different stages of producing this working paper and for providing essential input and assistance into the report and its related materials:

Engy Shib I Shuaib Kunnoth | TABEER.NET

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Health Policy:

The health policy research area aims to explore healthcare policy and policy for health in the UAE. It also addresses the health policy the policy implications, needs and challenges related to the provision of health services in accordance to the UAE National Agenda.



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