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Obesity: No European country is on track to halt rising levels by 2025, WHO warns

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Nearly two thirds (60%) of adults and a third of children in the World Health Organization's European region are overweight or obese, and no state is on track to meet the target of halting the increase in the prevalence of obesity by 2025, WHO has said.¹

Consistent increases in the prevalence of overweight and obesity have been seen across the European region of 53 countries, and early studies indicate that the situation has worsened during the covid-19 pandemic. This is despite 60% of countries having a policy, strategy, or action plan for reducing overweight and obesity.

"Overweight and obesity in adults have reached epidemic proportions," the report said.

Estimates indicate that obesity in the region rose by 21% in the 10 years to 2016 and by 138% since 1975. Overweight (including obesity) rose by 8% in the 10 years to 2016 and by 51% since 1975.

Being overweight or obese is the fourth most common risk factor for non-communicable disease in Europe and is also the leading risk factor for disability, causing 7% of total years lived with disability.

Ignoring the evidence

In the review, the researchers found that many countries were still focusing on changing individuals' behaviour rather than "addressing structural drivers of obesity, despite overwhelming evidence of the wider social determinants of obesity." They noted that the other main barriers to implementing effective policy on obesity included that health was often not considered an economic priority and that the key interventions within the food industry "face significant opposition and low political will."

Looking at what policies were being used across the region, WHO found that national public education and awareness campaigns were the most popular, with 81% of member states reporting that they had implemented these for diet in the previous two years, while 94% had done so for physical activity.

More than two thirds of countries had mandatory policies to reduce the impact on children of marketing of foods and beverages high in fat, sugars, or salt (34 countries (68%)), while the remaining third (17) had voluntary policies.

However, despite almost all states (52 of the 53) having price related interventions on alcoholic beverages, only 12 (23%) had similar fiscal policies concerning sugar sweetened beverages and only three had policies on foods high in fat, sugars, or salt. Just three states subsidised healthy foods, and no state had both food taxes and subsidies in place.

Are any countries doing well?

The report highlighted positive examples at tackling obesity in Latin America, where it praised "strong political commitment and civil society support." In recent years many Latin American countries have implemented regulations that aim to reduce the prevalence of overweight and obesity in their populations. These include taxing sugar sweetened beverages, increasing physical activity in open spaces, and requiring labelling on the front of packaging.

In Mexico, where sugar sweetened beverages were very popular, the government implemented a tax of 1 peso (£0.03; €0.04; \$0.04) per litre (or a roughly 10% increase in price) on all non-alcoholic drinks with added sugar, starting on 1 January 2014.² By 2016 the volume of sugar sweetened beverages purchased had fallen by 37% from the level in the year before the tax.³

In Europe, the city of Amsterdam was noted as a good example of long term policy investments to reduce childhood overweight and obesity. Within three years of the Amsterdam Healthy Weight Approach initiative starting in 2012, the city saw a 12% drop in the prevalence of childhood overweight and obesity.

The initiative has tackled obesity through actions such as banning fruit juice in schools, placing water fountains around the city, providing cooking classes, not allowing fast food companies to sponsor city events, and providing additional care in the first 1000 days of a child's life, sports centre memberships, and subsidised activities for low income families.⁴

What is the UK doing to tackle obesity?

In 2018 the UK introduced the Soft Drinks Industry Levy, or "sugar tax," which increased the tax on drinks depending on how much sugar they contain.⁵ A year after it came into effect, research in *The BMJ* found that although the volume of soft drinks purchased had not changed, the amount of sugar in the drinks was 10% lower per household per week.⁶

In 2019 in England 68% of men and 60% of women aged 16 and over were overweight or obese, up from 58% of men and 49% of women in 1993.⁷ In 2020 the UK government announced its obesity strategy for England, which included a ban on television and online advertisements for food high in fat, sugar, and salt before 9 pm and an end to "buy one and get one free" deals on unhealthy food.⁸ In 2021 it then announced a £100m grant for weight management services, before pulling the funding just a year later because of pandemic related costs.⁹

In Wales around 60% of adults (aged 16 and over) are overweight or obese, with a quarter of those classified as obese. Obesity levels rose by 4% between 2003 and

2015, while the number of people of a healthy weight fell by 3.6%.¹⁰ In 2019 the Welsh government released its Health Weight Strategy, which said that by 2030 there would be bans on advertising of unhealthy food in places such as bus stops and train stations, price deals for healthy food, a ban on shops selling energy drinks to children and teenagers, and taxes on unhealthy food. However, progress on the plan's initial rollout has been stalled by the pandemic.¹¹

In Scotland, where 66% of adults aged 16 and over were overweight in 2019, including 29% who were obese, the government has rolled back on plans to restrict the promotion of foods high in fat, salt, and sugar, owing to the impact of the pandemic on the Scottish food and drink retail industry.¹²

But WHO is still optimistic that the UK could make good progress. Its report said, "The UK has seen a shift in its attempts to reduce overweight and obesity towards comprehensive policies that will create healthier food and physical activity environments; it is to be hoped that this promising development will be followed by actions."

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