



WHO technical package to stop obesity

The key to progress in tackling this worldwide public health emergency now lies in the conversion of global policy into country action. This Technical Package is intended to support countries and partners in that process and ultimately reduce the obesity prevalence.

CHANGING SYSTEMS
**HEALTHIER
LIVES**

 World
Obesity
Day

Dr Luz Maria De-Regil

Director, Department of Nutrition and Food Safety
World Health Organization



Obesity – THE CASE

1.1 billion people with obesity including 170 millions children and adolescents.

By 2050 – 2.3 billions

From 1990 to 2021, 2.5-fold increase of attributed overall mortality with 3.7M deaths/year **and going up**

Critical window of opportunity between 2025-2030

GBD 2025

Global costs are predicted to reach US\$ 3 trillion per year by 2030

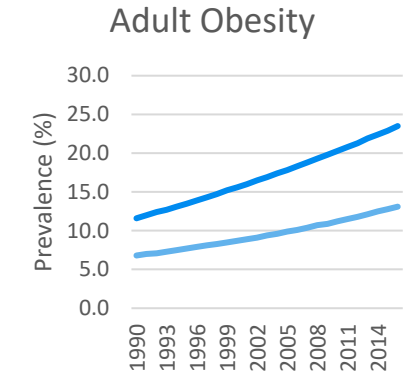
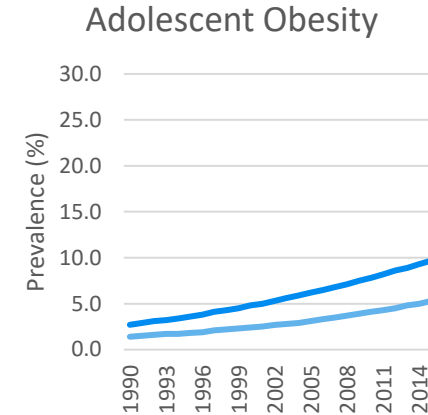
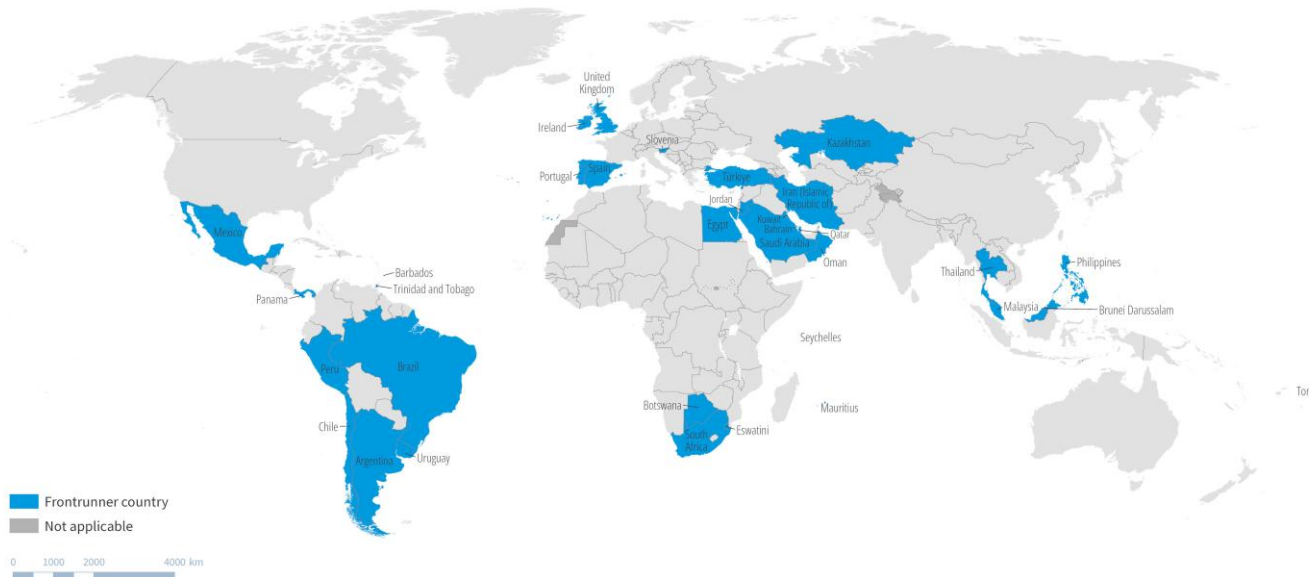


1.0 M for ischemic heart disease, 0.7 M for diabetes mellitus, 0.6 M for hypertensive heart disease, 0.4 M for chronic kidney disease, 0.3 M for stroke, 0.1 M for Alzheimer's and

COUNTING

Member States ASK

34 frontrunner countries covering
1.3 billion people with **1/3 of population with obesity**



— Frontrunner countries obesity prevalence
— Global obesity prevalence

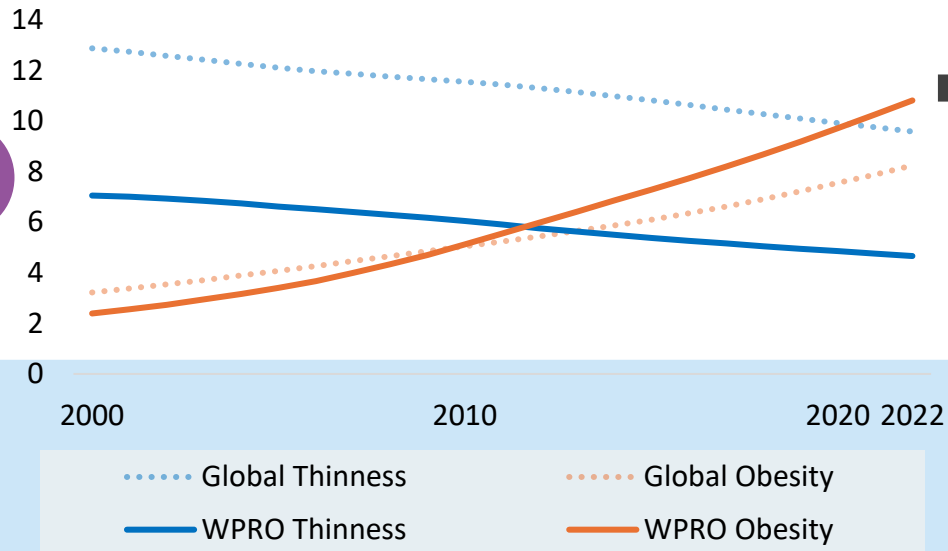
Argentina, Bahrain, Barbados, Botswana, Brazil, Brunei, Chile, Egypt, Eswatini, Iran (Islamic Republic of), Ireland, Jordan, Kazakhstan, Kuwait, Malaysia, Mauritius, Mexico, Morocco, Oman, Panama, Peru, Philippines, Portugal, Qatar, Saudi Arabia, Seychelles, Slovenia, South Africa, Spain, Thailand, Tonga, Trinidad and Tobago, Türkiye, United Kingdom of Great Britain and Northern Ireland, and Uruguay.

Dr Xi Yin

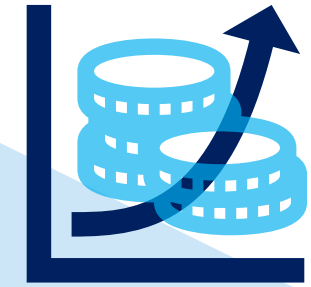
Coordinator, NCD Prevention and Health Promotion
Division of Healthy Environments and Populations
Western Pacific Regional Office, WHO



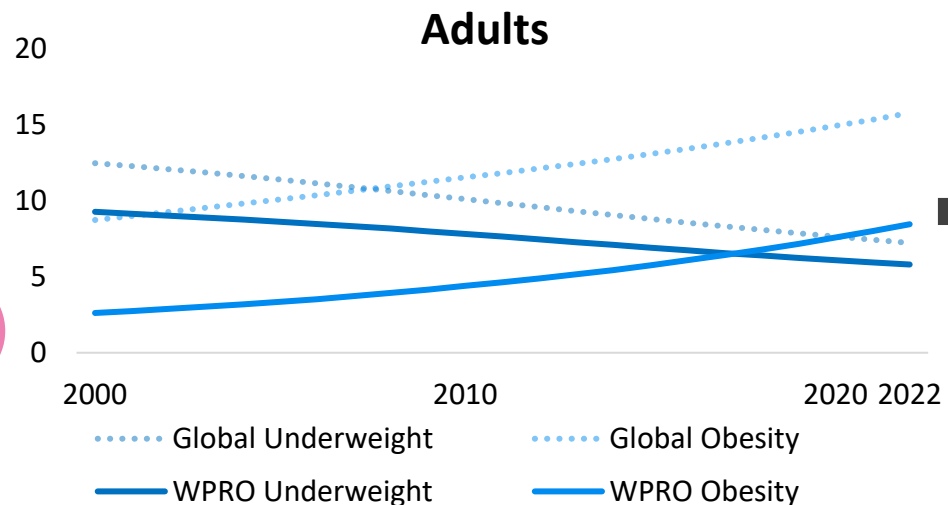
Children and adolescents (5-19 years)



Pacific accounts for
8 out of 10
and



Estimated economic costs



9 out of 10
most obese countries
and areas in the **world**,
respectively.

	Year 2030	Year 2060
Global	USD 3.2 trillion	USD 18.9 trillion
WPRO	USD 0.98 trillion	USD 11.3 trillion

Dr Tasnim Atatrah

WHO Representative, Türkiye



Bahrain's response to the obesity epidemic: from past to present

Over the past decades, Bahrain has scaled up response to the obesity epidemic by implementing evidence-based interventions, including:

- **Fiscal and pricing policies** (e.g., Bahrain imposed a 100% excise tax on energy drinks in 2017, and in 2021, it placed more restrictions on marketing these drinks to children under 18 years)
- **School-based nutrition policies** (e.g., Bahrain released a healthy meal menu guideline for school-aged children in 2016 based on WHO standards and a list of foods to avoid in school canteens)
- **Public education and awareness** (e.g., Bahrain initiated the development of Food-Based Dietary Guidelines in 2021 in collaboration with WHO to boost the transition towards healthy dietary practices and guide the general public – guidelines were officially launched in 2023)

During WHA75 in 2022, Bahrain was selected as one of the 25 front-runner countries to implement the WHO Acceleration Plan to STOP Obesity.

- **Orientation phase:** In August 2022, WCO organized a meeting bringing together technical teams from WHO HQ and EMRO and MoH experts to introduce the acceleration plan and discuss its implementation.
- **Planning phase:** In October 2022, MoH and WCO participated in a regional dialogue to tailor country roadmaps for implementing the acceleration plan.
- **Experience-sharing phase:** In February 2023, MoH and WCO participated in a regional expert meeting on policy action for healthy diets in GCC countries.
- **Execution phase:** In May 2023, Bahrain organized, with WHO support, a side event on the acceleration plan at WHA76, which marked the start of the execution phase in the front-runner countries.

Examples of WHO Initiatives to support implementing the acceleration plan

- WCO organized a **five-day exhibition on the food-based dietary guidelines for Bahrain** with the Ministry of Health in December 2023 to encourage health-conscious behaviour.
- WCO hosted a **“Walk the Talk” event** with the Ministry of Health on the occasion of the International Day of Persons with Disabilities in December 2023 to promote physical activity and inclusive environments.
- WCO conducted a **five-day introductory training workshop on the WHO/UNICEF Baby-Friendly Hospital Initiative** in November 2024 in collaboration with the Ministry of Health and Government Hospitals.



World Obesity Day

4 March 2025



Dr Francesca Celletti
Senior Advisor, Obesity
WHO HQ

The WHO Technical Package to stop obesity: placing it in a broader context of the WHA mandate and Acceleration Plan stocktake

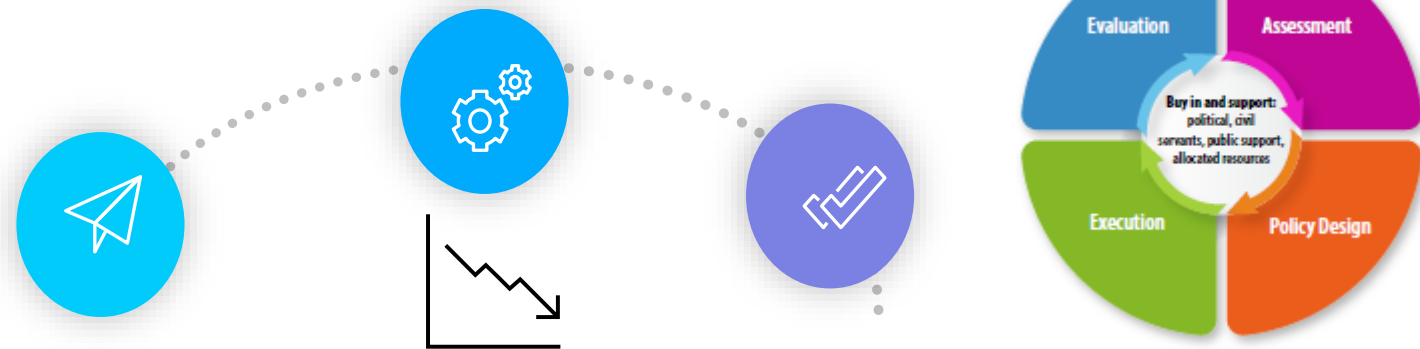


- Set goals and targets
- Prioritized and standardized set of solutions
- Engagement of stakeholders and community with lived experience
- Focus on delivery and accelerated country impact
- Strong accountability and reporting mechanism at nation and global level

The WHO Technical Package to stop obesity: the ‘what’ and ‘how’

a novel approach of selected proven interventions combined to the delivery methodology to ensure concrete progress in countries.

15 interventions



The WHO Technical Package to stop obesity: methodology

Guiding principles

Equity, PHC, people-centredness, community and people with lived experience, self-determination, access, intersectoral collaboration, sustainability, accountability.

Field test

Thematic workshops to field test and pilot the technical package and integrate the guiding principles.

Prioritization

Strategic areas and interventions from WHO guidelines and best buys with application of delivery for impact

Multi-decision analysis

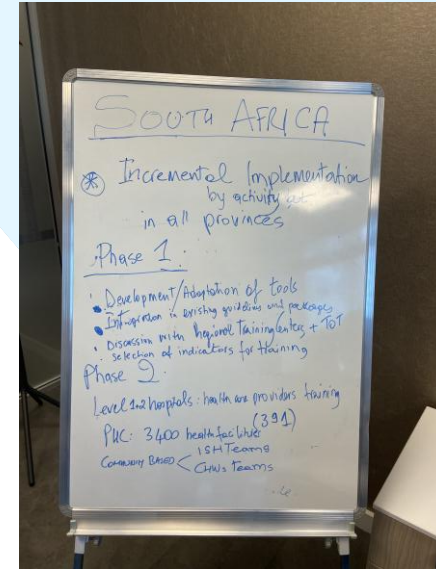
Consultative process with Member States and other stakeholders, and followed a multi-criteria decision analysis including impact, feasibility, acceptability, scalability and affordability.

Country adaptation

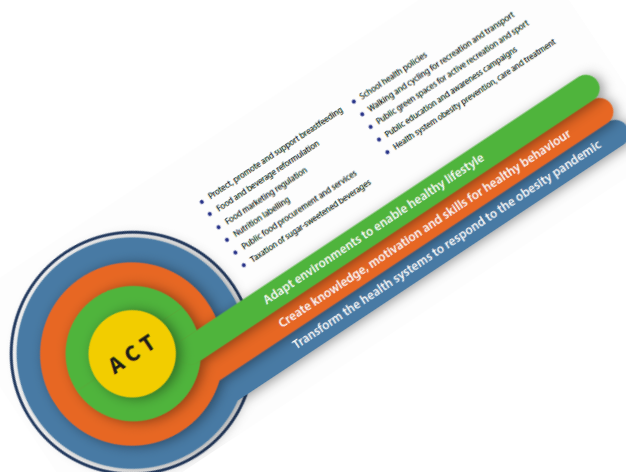
Alignment of the prioritization with the national context and policy and health benefit packages for country ownership, cost effectiveness, financial risk protection and political acceptability.

Launch and global reach

WHO technical package to stop obesity: step-by-step approach to design and implement the obesity pandemic response



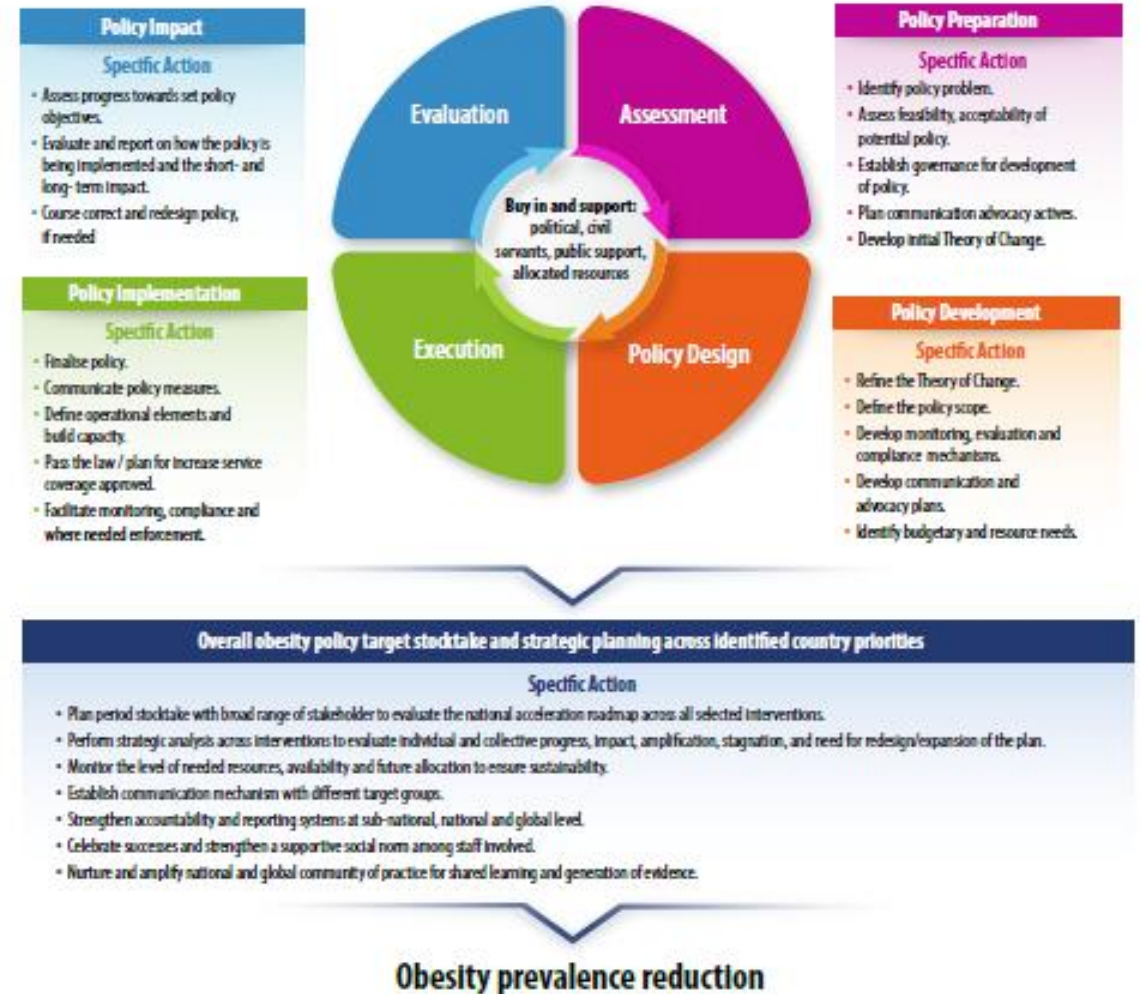
No single intervention can halt the rise of the growing obesity crisis: a selected set of multisectoral actions will lead to higher impact



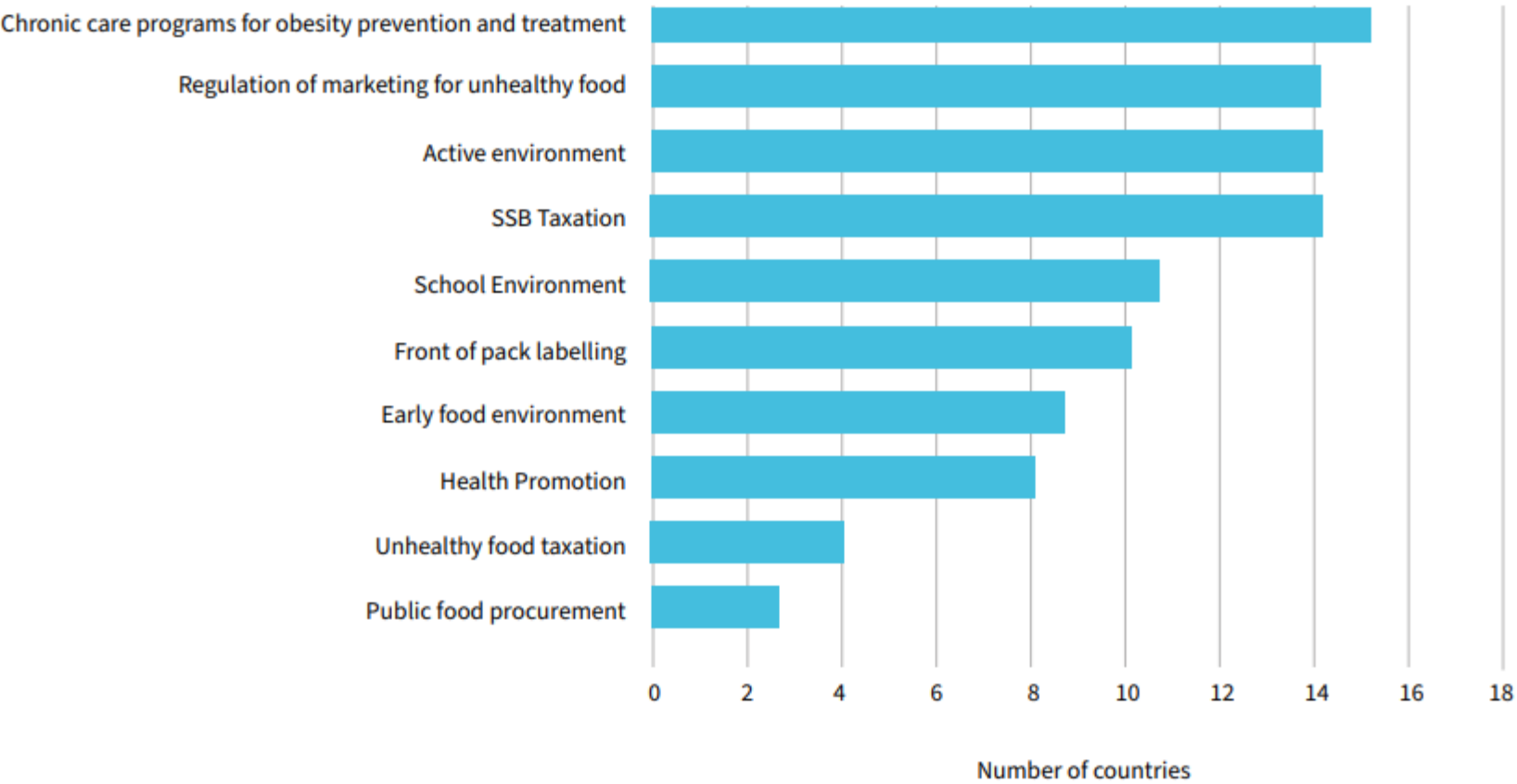
Strategic domains for transformation	Priority policy area	Recommended policy interventions
A C T	Adapt environments to enable healthy lifestyles	Early food environments for infants and young children
	Protect, promote and support breastfeeding	Integrating services to protect, promote and support breastfeeding from conception up to 2 years of age
		Implement and enforce the International Code of Marketing of Breast-Milk Substitutes
	Improve the nutritional profile of foods for infants and young children	Reformulate commercially manufactured complementary foods to ensure sugar intakes do not exceed recommended levels
		Food environments, general population
	Improve the nutritional profile of food and beverage products through food reformulation policy	Reformulate food and beverage products for healthy diets
	Regulate marketing of food and beverages	Protect children from the harmful impact of food marketing
	Improve nutrition information on food labels	Legislate to require mandatory nutrient declarations
		Introduce front-of-pack nutrition labelling
	Improve nutritional quality of food served or sold in public settings	Adopt healthy public food procurement and service policies
	Use fiscal policies (taxes) to encourage healthier diets	Taxation of sugar-sweetened beverages
		School environments
	Adopt whole-school approaches to create supportive school environments for health and wellbeing	Implement school health policy initiatives for healthy diets, physical activity and obesity prevention
		Active environments
	Create spaces and places to encourage, promote and nudge people to engage in physical activity	Increase walking and cycling for recreation and transport.
		Activate public green spaces for active recreation and sport
	Create knowledge, motivation and skills for healthy behaviour	Campaigns
	Use behaviour change communication and mass media campaigns to raise awareness, inspire motivation and build skills related to healthy diet	Conduct public education and awareness related to healthy diets
	Use mass media communication campaigns to promote physical activity	Implement communication campaigns linked with community programmes to promote physical activity
	Transform the health system to respond to the obesity pandemic	Health service delivery
	Strengthen health systems to deliver obesity prevention, care and treatment health services across the life course	Integrate and scale-up obesity prevention, care and treatment services in existing health service delivery platforms across the life course through a chronic care approach, focusing on primary health care

The WHO Technical Package to stop obesity: policy and impact cycles

- Blend the policy-making process with delivery to accelerate execution and progress towards impact
- Use of analytics and planning to challenge a business-as-usual mindset and push for actions and change to reach targets.
- Ensure that policies remain relevant, effective, and responsive to changing environment and evidence.

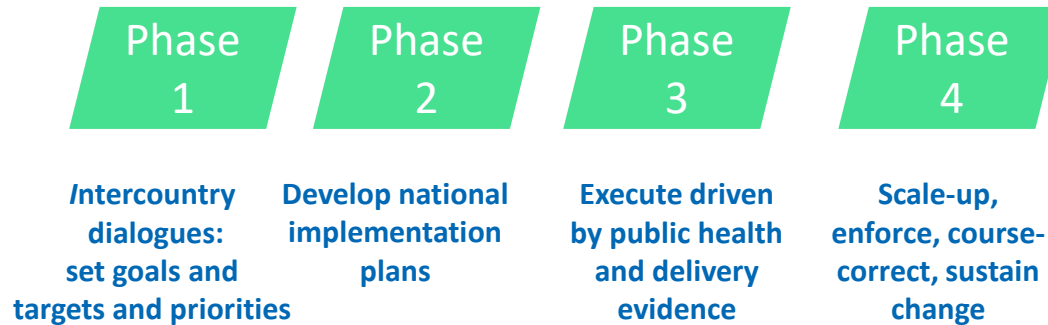


Use of the WHO Technical Package : aggregated selected priority interventions across the 34 countries



Use of the WHO Technical Package : progress to date

The operational model



Frontrunner countries	Phase 1: 2022-2023		Phase 2: 2022-2024 Acceleration roadmap support	Phase 3: 2023-2025 Thematic deep dives (In development – front-of-pack labelling, the Code, Physical Activity)	Phase 3: 2023-2025 100-Days Challenge		Phase 4: 2024-2030 Scale up and sustain
	Inter-country dialogues	National workshops					
Argentina				SSB	SSB		
Barbados				SSB	SSB		
Bahrain							
Botswana				Health systems	Health systems		
Brazil				SSB	SSB		
Brunei Darussalam				Health systems, breastfeeding	Health systems	Breastfeeding	
Chile				Breastfeeding	Breastfeeding		
Egypt				SSB, breastfeeding	SSB	Breastfeeding	
Eswatini				Health systems	Health systems		
Iran (Islamic Republic of)							
Ireland				Health systems	Health systems		
Jordan				Health systems, marketing, breastfeeding	Health systems	Marketing	Breastfeeding
Kazakhstan				SSB	SSB		
Kuwait							
Malaysia				Healthy systems, marketing	Healthy systems	Marketing	
Mauritius				SSB	SSB		
Mexico							
Morocco							
Oman				Marketing, breastfeeding	Marketing	Breastfeeding	
Panama				Breastfeeding	Breastfeeding		
Peru							
Philippines				Health systems,	Health systems,		
Portugal				Health systems, marketing	Health systems	Marketing	
Seychelles							
Slovenia				Healthy systems, marketing	Healthy systems	Marketing	
South Africa				Health systems	Health systems		
Spain				Marketing	Observers		
Thailand				Marketing	Marketing		
Tonga				Breastfeeding	Breastfeeding		
Trinidad and Tobago							
Türkiye				Health systems, marketing, breastfeeding	Health systems	Marketing	Breastfeeding
United Kingdom							
Uruguay				SSB	SSB		
Additional to the frontrunners							
Bangladesh				SSB	SSB		
Greece				Marketing	Observers		

Thank you

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Unhealthy and unaffordable diets are causing millions of people to live with obesity. Around the world, WHO is supporting 34 countries to address obesity by promoting healthier diets, physical activity and improved health services. We are committed to expanding that support with the goal of reducing obesity prevalence in each country by 5% by 2030.

TEDROS ADHANOM
CHEBREYESUS
Director-General, WHO





Dr Fiona Bull

Unit Head, Physical Activity,
Health Promotion, WHO



Dr Alexey Kulikov

UN Interagency Task Force on NCD
Prevention and Control

Dr Simon Barquera

Director of the Center for Research in Nutrition and health at the National Institute of Public Health

President of the World Obesity Federation



Development of a National Acceleration Plan to Prevent and Control Obesity in Mexico 2025-30



Gobierno de
México

Salud
Secretaría de Salud

Instituto Nacional
de Salud Pública

Milestones

1999

Obesity Epidemic characterized in Mexico

2002- 2010

First Policy efforts: promotion of healthy hydration, **National Obesity Consensus**

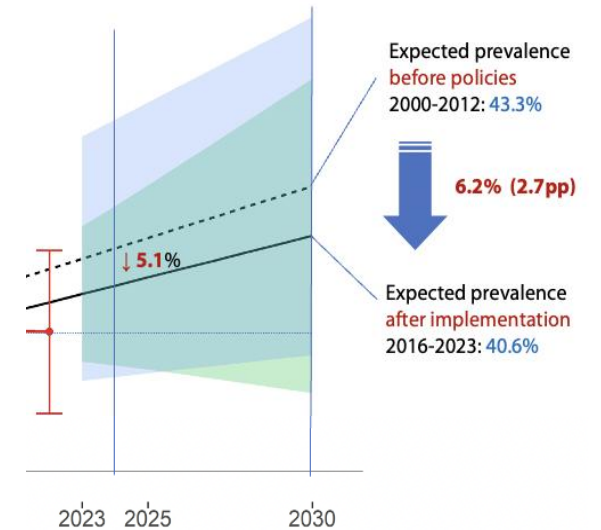
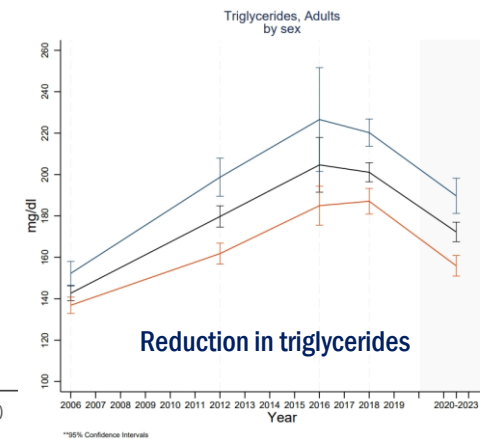
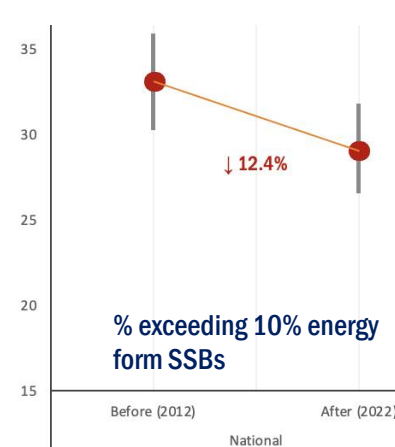
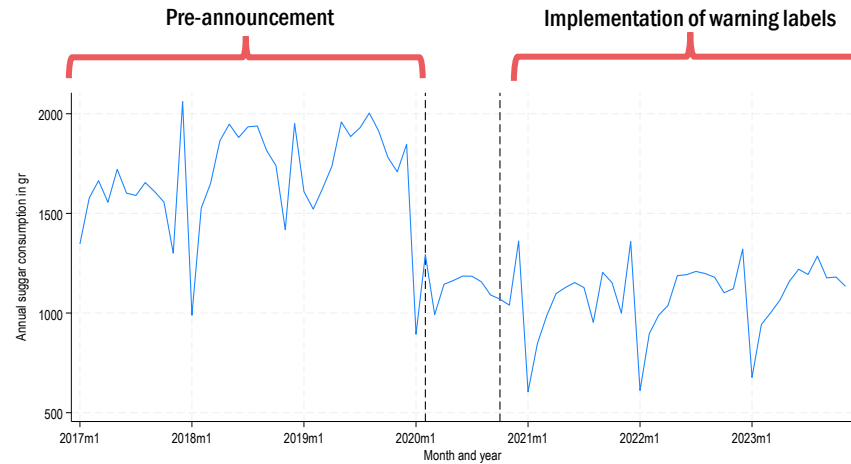
2014

Implementation of the SSB and junk-food tax
SSB average ↓ 7.6%
Junk food average ↓ 5.1%

2020

Warning labels and marketing regulations, healthy eating plate
Massive product reformulation
↓ 7-8g sugar per liter of SSB

Daily per capita SSBs sales in sugar derived from SSB tax revenue



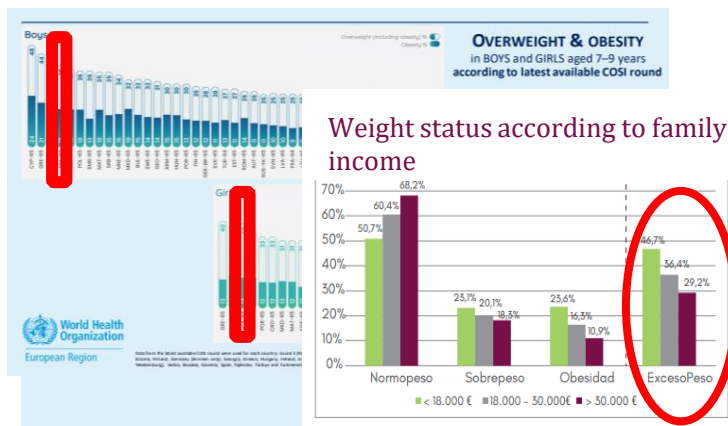
Mr Álvaro Hernando Freile

Key coordinator

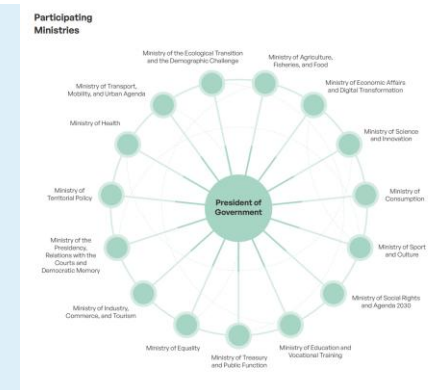
Directorate-General for Public Health

Ministry of Health, Spain





CHANGE OF MODEL: Working on Social Determinants of Health
Conceptual Framework for Action on the Social Determinants of Health (WHO; 2010)



GOVERNANCE
Inter-ministerial **Council**
Advisory Committee
Coordination in the **Sectorial Conferences**

PENROI

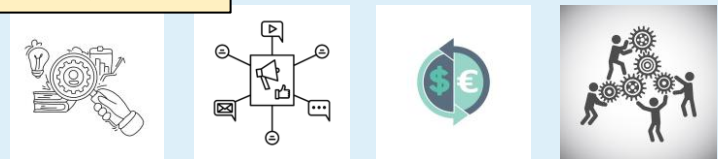
Structure: 6 Strategic lines – 200 measure plan - 30 priority objectives for 50 priority in 7 environments

- Family
- Health
- Education
- Leisure and Sports
- Urban
- Digital
- Macrosocial

Monitoring Systems of Interventions/initiatives



Driving forces



https://www.comisionadopobrezainfantil.gob.es/sites/default/files/2023-01/Plan_obesidad_Resumen_DIGITAL_ENG.pdf

The lead factors to success – The Spain story – what , how and why



Mr Steve Ogwen

Stowelink Foundation



Dr Norman Maldonado

The World Bank



Dr Alice Yong

Brunei Darussalam



Mr Mauro Brero

UNICEF



Prof Anne Marie Thow

University of Sydney



Ms Johanna Ralston

World Obesity Federation