

The role of the state in preventing obesity and supporting the Community-Based Programme *16-18 October 2013, Bucharest*

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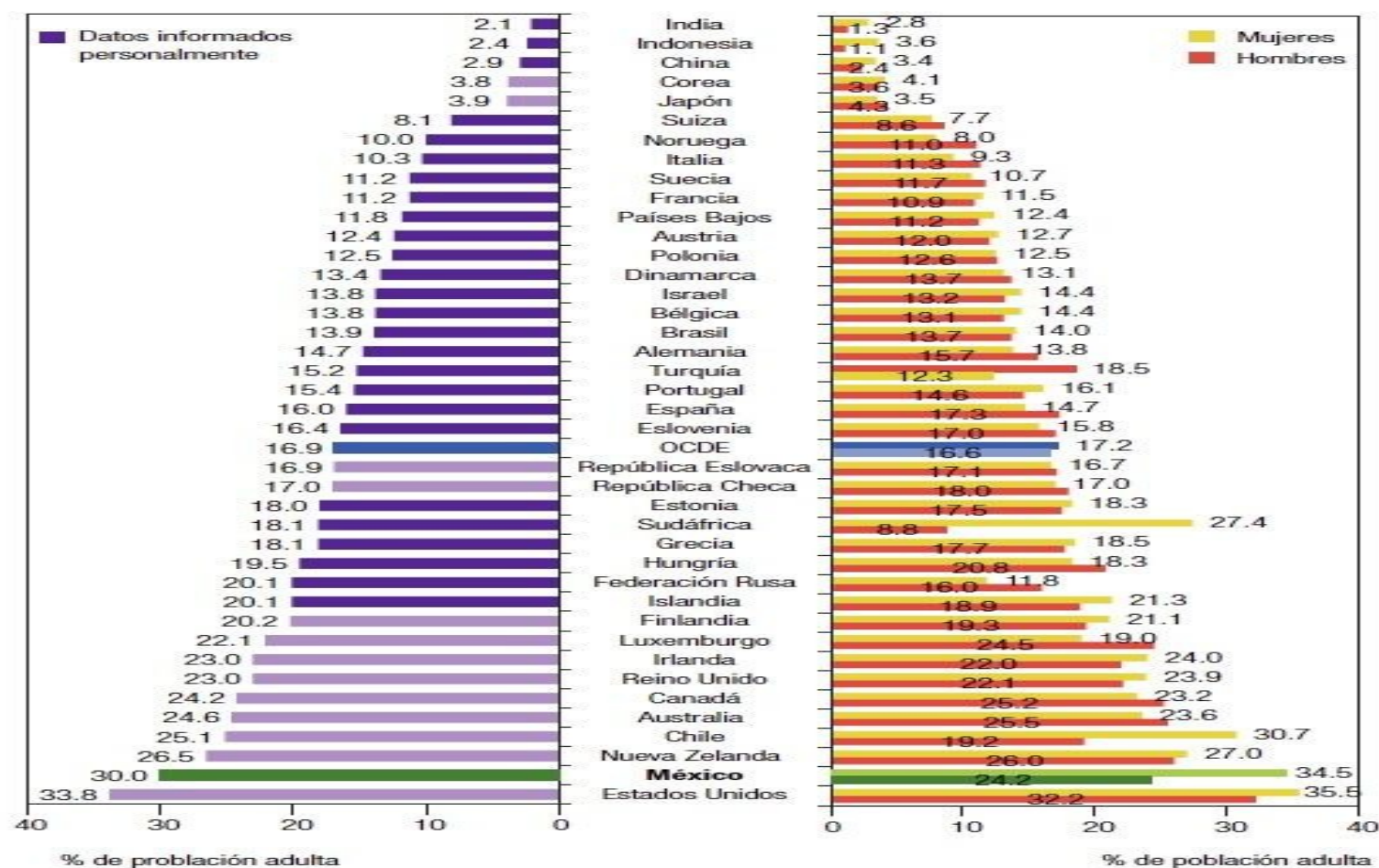
President Ministers' Club EPODE International Network (**EIN**)

Member National Academy of Medicine Mexico & France

Minister of Health Mexico (2006-2011),

Minister of Education Mexico (2012)

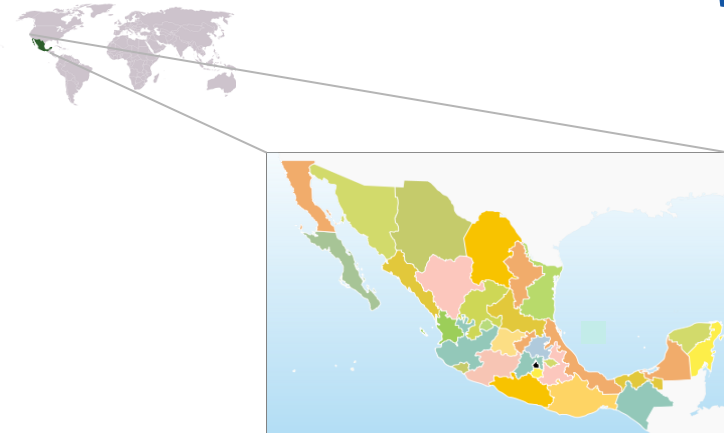
Gráfica 7.3. Prevalencia de obesidad entre adultos de 15 años o más, 2009 (o año más próximo) y disponible



Fuente: OECD Health Data 2011; fuentes nacionales en el caso de países no miembros de la OCDE.

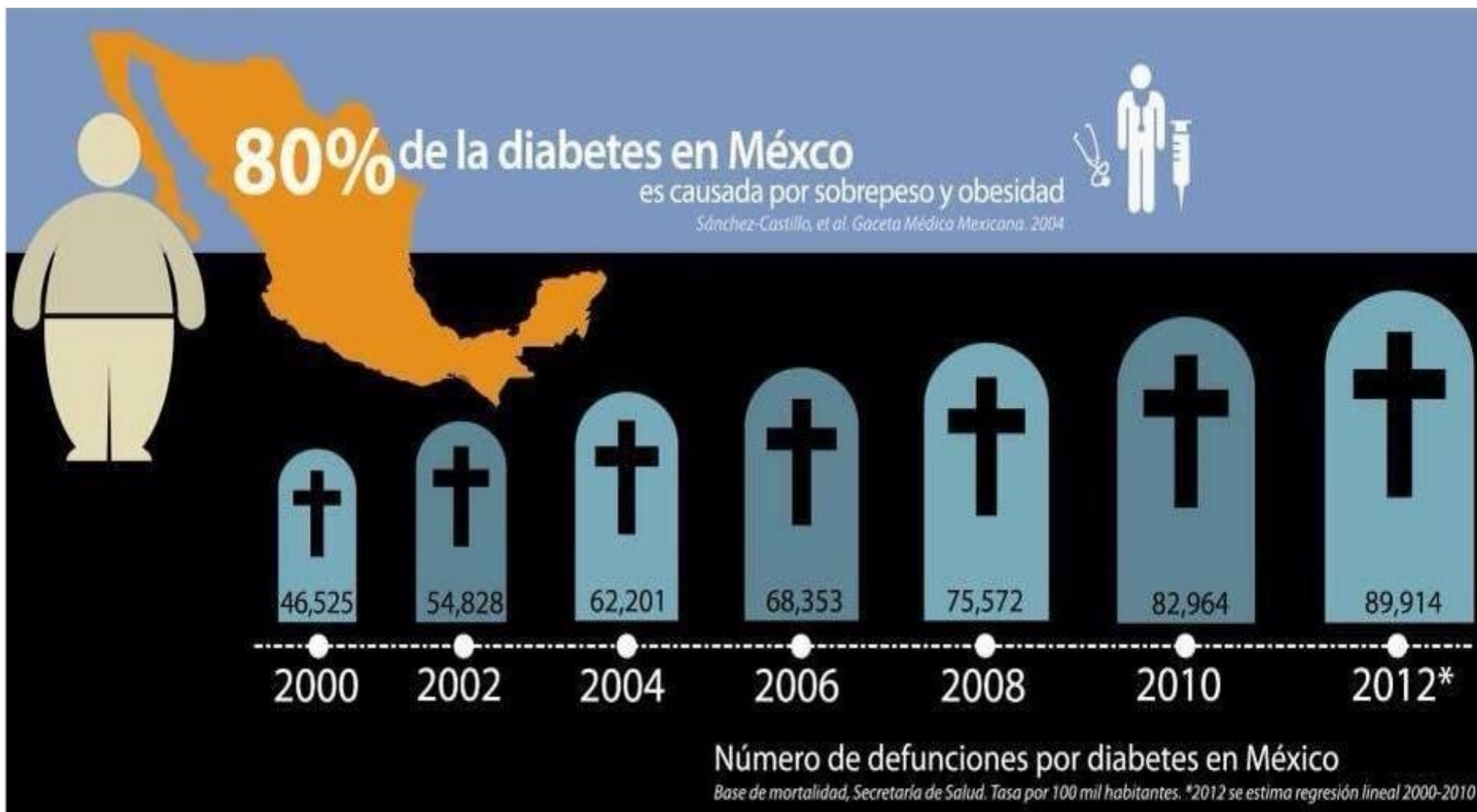
Non communicable diseases and Obesity

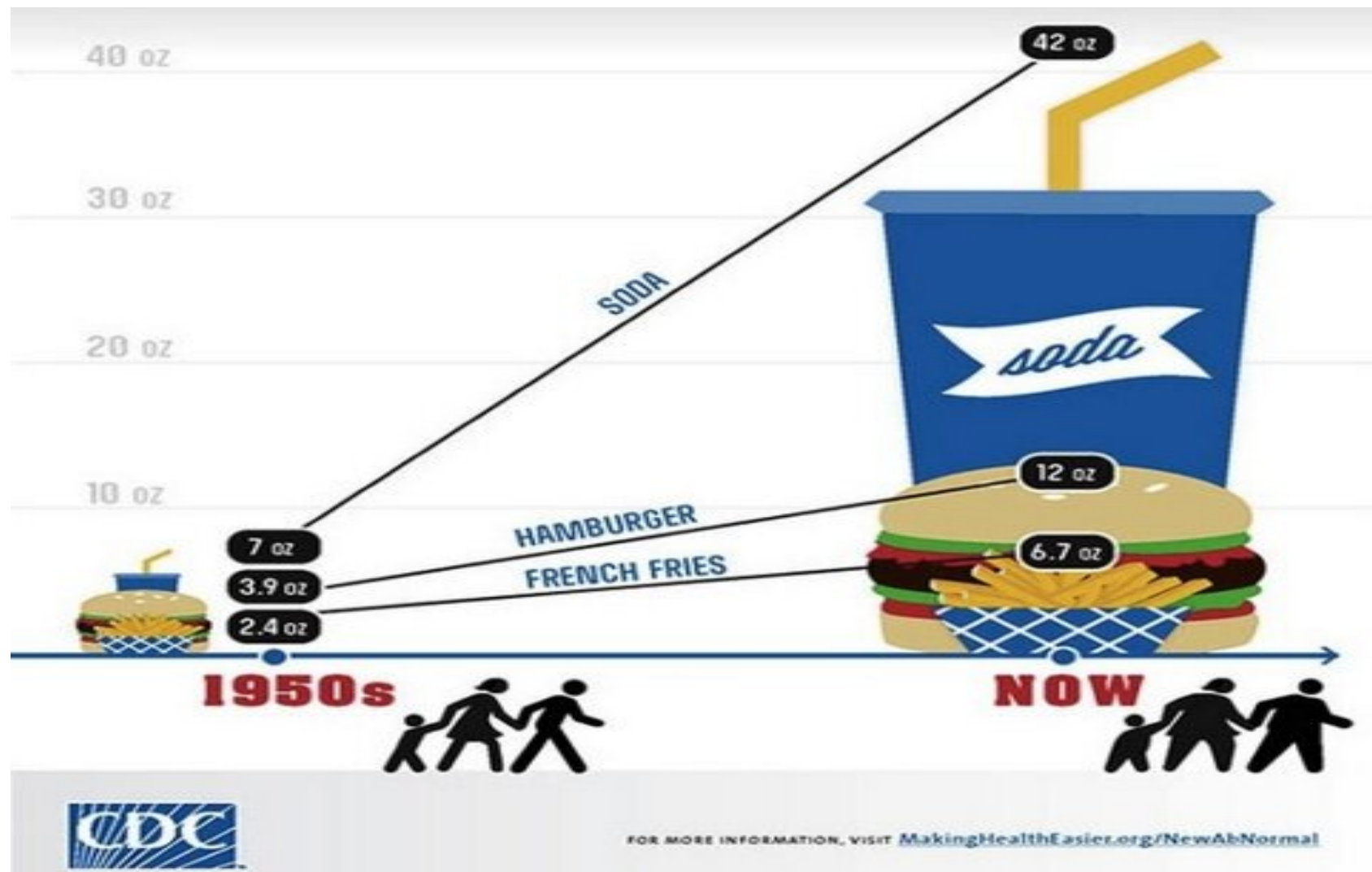
- **NCD** Chronic diseases such as **heart disease, cancer, and diabetes** are among the most common, costly, and preventable of all health problems.
- **Diabetes** is the leading cause of **kidney failure, non traumatic lower extremity amputations**, and new cases of blindness .
- Obesity prevalence among adults has **tripled** since 1980. ^{1/}
- **Health care for NCD's** related to obesity **costs 0.3% of GDP** and 13% of total health expenditure (2008). ^{2/}
- **7% to 11% of premature deaths** are caused by chronic diseases related to obesity. ^{3/}



- Health protection: a constitutional right linked to labor status since 1983.
- Health Care Services for 110 million Mexicans in 32 states provided by social security, and public decentralized services.
 - Universal coverage by 2012.^{5/}
 - Birth rate: 18 per 1,000 inhabitants.^{6/}
 - Life expectancy: 75.4 years.^{6/}
 - Per capita GDP 2009: USD\$ 8,110 ^{6/, 7/}
 - 78% Urban population.^{7/}

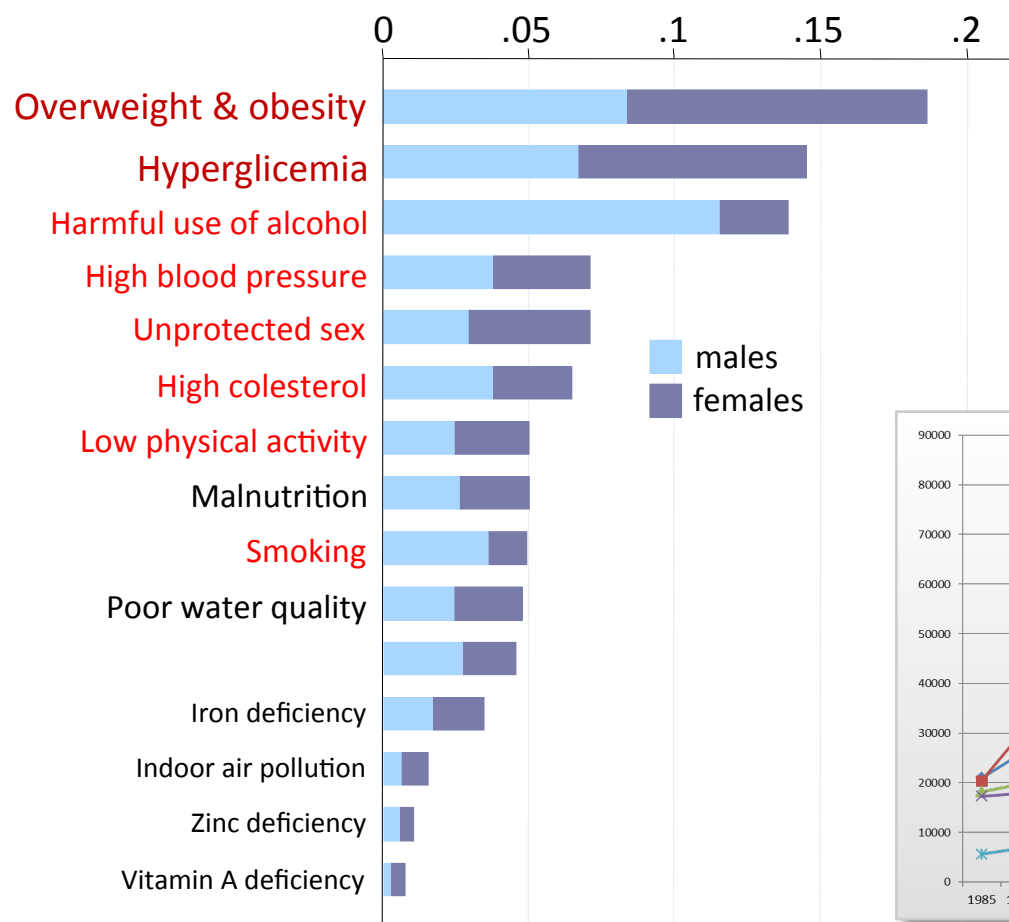
Sources: 1/ Olaiz G, et al Encuesta Nacional de Salud 2006. Cuernavaca, Mexico. Instituto Nacional de Salud Pública, 2007; 2/ Gutiérrez-Delgado C, et al. Documento técnico para la estimación del impacto financiero en la salud de la población Mexicana derivado de la obesidad y el sobrepeso. Working Paper 6/2008, Economic Analysis Unit, Ministry of Health, Mexico, 2009; 3/ Lopez A, et al Global Burden of Disease and Risk Factors, 2006; 5/ Comisión Nacional de Protección Social en Salud – CNPSS, 2010. Ministry of Health, México; 6/ Consejo Nacional de Población – CONAPO. Proyecciones de la población de México, 2005-2050. Available on <http://www.conapo.gob.mx>; 7/ Instituto Nacional de Estadística y Geografía – INEGI. Encuesta Nacional de Ingresos y Gastos de los Hogares, 2008. México.



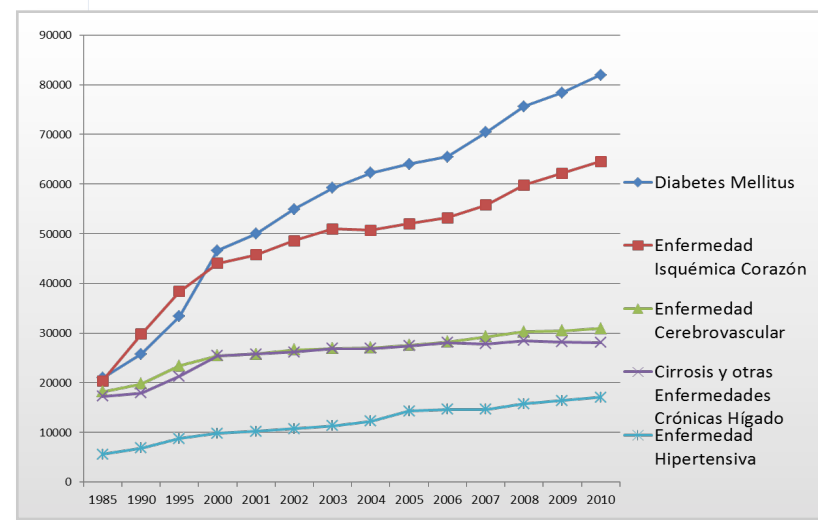


Main health determinants in Mexico (DALYs)

Burden disease (% total DALY)



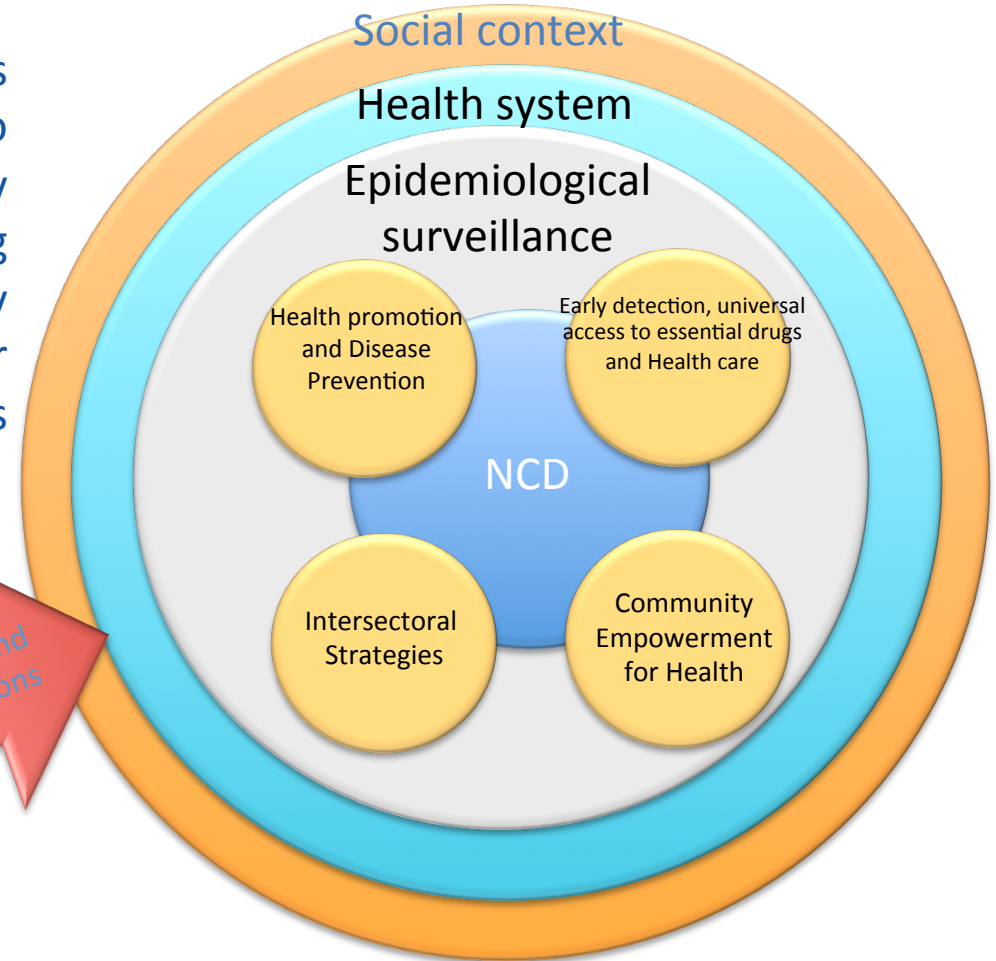
Chronic Disease: mortality 1985-2010



Approach to Non-communicable Diseases

- Objective focused in the needs of the population
- Decision-making based on evidence
- Efficient use of resources
- Benefit should be for the majority of the population
- Comprehensive

Governments will need to address NCD by promoting Health Advocacy from other stakeholders

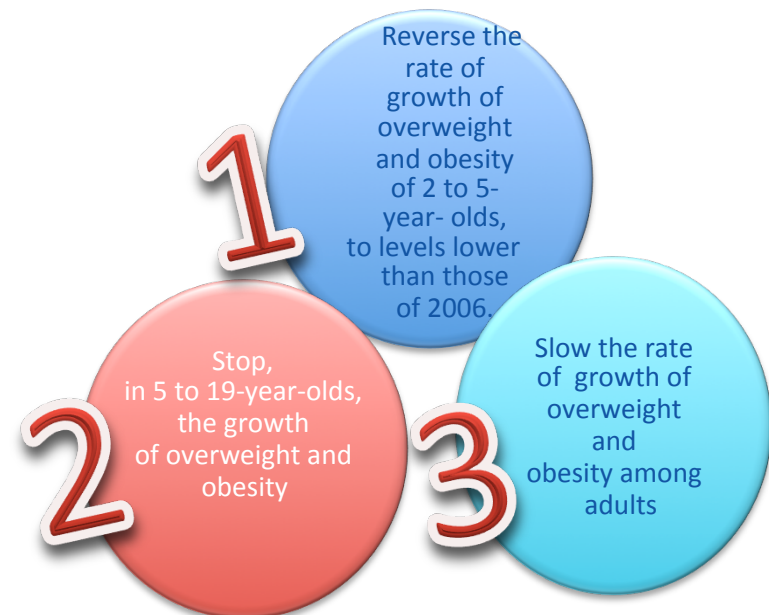


Intersectoral interventions: National Agreement for Nutritional Health

TEN OBJECTIVES

1. Increase physical activity
2. Promote Drinking water over sweetened beverages
3. Decrease sugar and fat content in beverages
4. Increase consumption of vegetables, fruits, legumes, whole grains and dietary fiber
5. Simple labeling and nutrition literacy
6. Breastfeeding
7. Less sugar added in industrialized foods
8. Decrease saturated fats and trans fats in industrialize foods
9. Decrease portion size
10. Decrease salt intake

Over 100 actions involving all sectors and 15 governmental entities



Proposed Strategic Goals

Actions and Interventions

Health Promotion for Obesity and NCD prevention



“5 steps for your health”

More than 250 projects in different cities in 22 states.

Main strategy in 5 states.

Behavior change model. (WHO Case Study)



“Watch your weight”

Physical activity and health promotion campaign with soccer league and Voit.

Reaches 35 million people weekly.

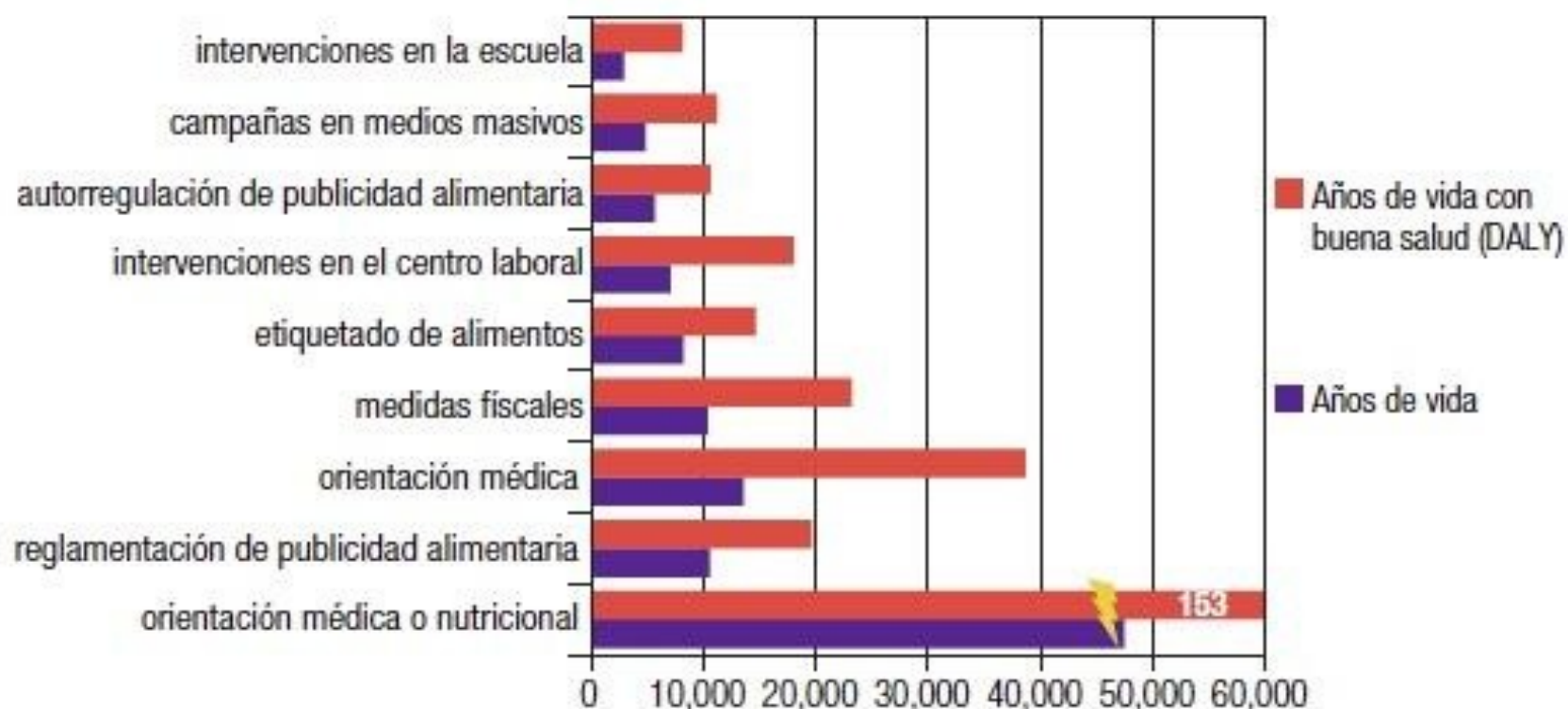


Abdominal
measurement card



Soccer ball VS
obesity

Gráfica 7.4. Resultados de salud a nivel demográfico (efecto promedio por año)



Fuente: *Obesity and the Economics of Prevention: Fit not Fat*, OECD, 2010.





Intersectoral Interventions

Search for consensus but also for more committed and effective actions

- Improve nutritional content of breakfasts served at schools.
- Regulation for food and beverages sold at schools cafeterias (January 2011).
- Industry Self-regulation code for advertising of food and drink products directed to children (PABI).

- In 2009, the food and beverage industry generated 135,672 ads, 30% (37,975) of these were directed to children.
- In 2010, the food and beverage industry generated 74,978 ads, 45% (34,138) of these were directed to children.
- Review policies for taxes and import duties on selected foods.

Three key elements for the national strategy

- 1.- *National Agreement for Nutritional Health*
- 2.- **Presidential Decree: National Chronic Disease Council (Feb 2010)**
- 3.- **Allocation of resources:**
Overall prevention and promotion budget increased from USD 52 M in 2000 to USD 870 M in 2009 (7.5% of the Secretary of Health's budget).

General Considerations

- Cancer, diabetes, and heart diseases are no longer the diseases of the wealthy (Ban Ki-Moon). They represent a public health emergency that demands the best interventions for the resources available and, in fact, the health MDGs are incomplete if they do not recognize the importance and impact of NCDs (Sir George Alleyne).
- The prevention and control of NCD represents a challenge that has been addressed through the implementation of several **strategies, policies, and guidelines that seek to modify unhealthy lifestyles**. Effective prevention requires **budgetary commitments and surveillance systems**.
- A **coherent and intersectoral** approach combining interventions is what has the greatest impact.
- A focus on **children** should prevail even if benefits will be observed in the long run.

- Sharing experiences will pave the way for better policy decisions: global policies for global companies.
- Encouraging the leadership and governance on health matters is a priority, as well as to continue promoting alliances between the public and private sector and social community.
- To diminish the burden of NCDs, the paradigm of health services must be changed in order to provide adequate medical attention, increase coverage and guarantee the access, quality, and best price of the essential drugs that control these diseases. Also, the provision of medical care should strive to reduce inequities among the population.





CONSULTA REGIONAL
DE ALTO NIVEL DE LAS AMÉRICAS
CONTRA LAS ECNT
Y LA OBESIDAD

Informe

Documento para la discusión



Organización
Mundial de la Salud



Organización
Panamericana
de la Salud
Oficina Regional de la
Organización Mundial de la Salud



GOBIERNO
FEDERAL
SALUD

MISSION



To support CBPs aimed at reducing childhood obesity prevalence through sustainable strategies: build international capacity and capability for CBPs

26 member programmes across 18 countries



EIN Organization



Ministers' Club



**Former Education Minister
José Cordova Villalobos
MEXICO (2012)**



**Deputy Minister of Health
Dessislava Dimitrova
BULGARIA**



**Minister Xavier
Bertrand, former
Health Minister,
FRANCE**



**Mrs. Cecilia Morel
1st Lady of CHILE**



**Minister John Hill
Minister of Health
South AUSTRALIA**



**Minister Dr. Richard
Visser Minister of
Health ARUBA**



**Minister David Davis
Minister of Health
Victoria AUSTRALIA**



**Senator Brigitte Bout
FRANCE**



**Fernando Leal da
Costa Secretary of
State Assistant to the
Minister of Health,
PORTUGAL**



**Dr. Paul Hutchinson
Chairman New Zealand
Parliament Health Select
Committee, NEW
ZEALAND**



Ministers' Club Objectives

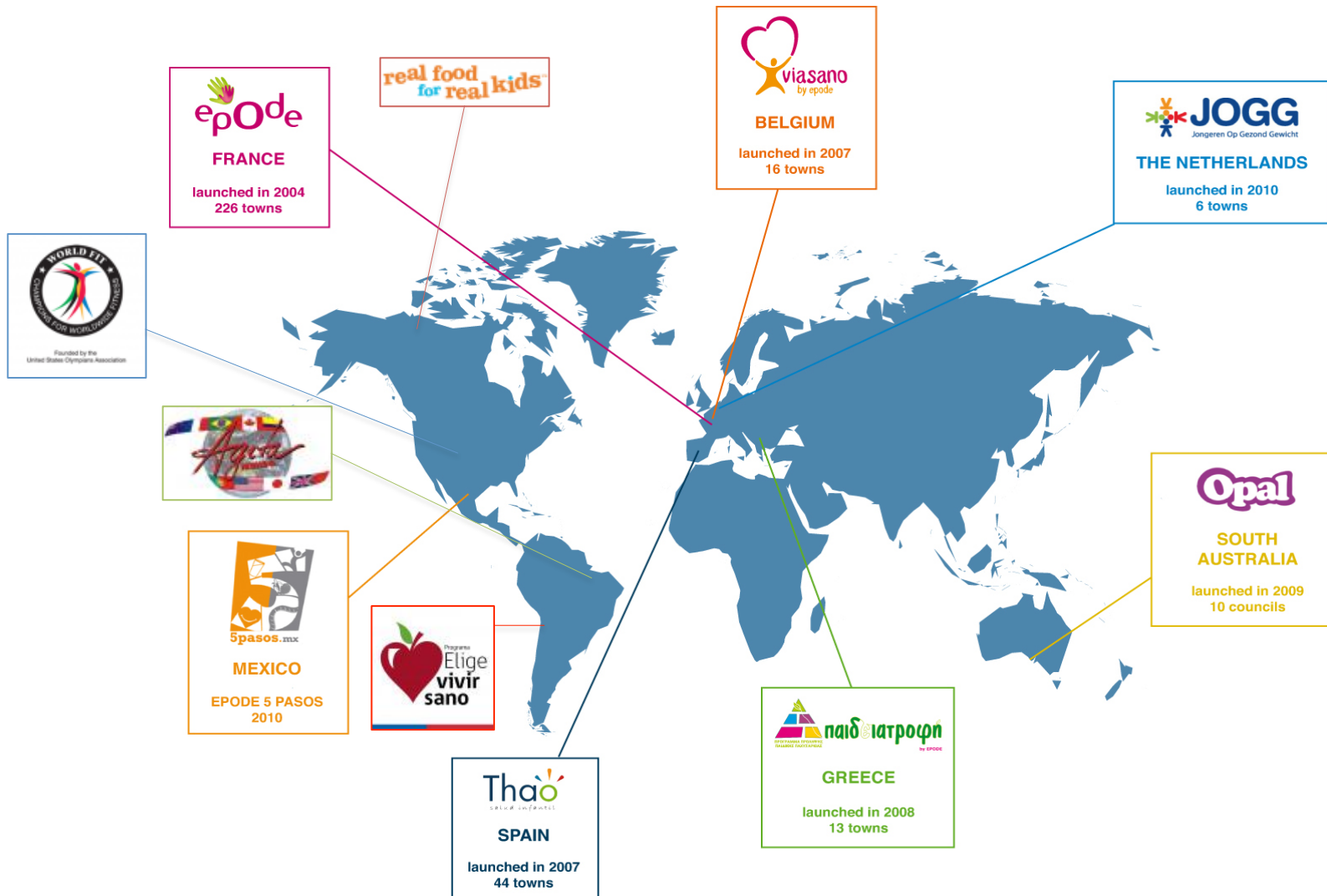
- Place and maintain obesity prevention at the top of agendas
- Raise awareness about CBPs' effectiveness
- Facilitate links between elected representatives from the CBPs.
- Allocate resources to foster the deployment and implementation of CBPs.
- Endorse the GOF declaration

It is also a meeting platform with the international scientific experts and the civil society actors.

Who can be member ?

- **Elected representatives** including Ministers and Secretaries (Health, Sports, Urbanism, Education, Agriculture...), Members of parliaments, Governors, Mayors of cities involved in Community-Based Programmes.
- The EIN Ministers' Club include **EIN Ministers' Club Board + one political representative** from each active EIN member programme

Some EPODE Programs



Actors in preventing obesity

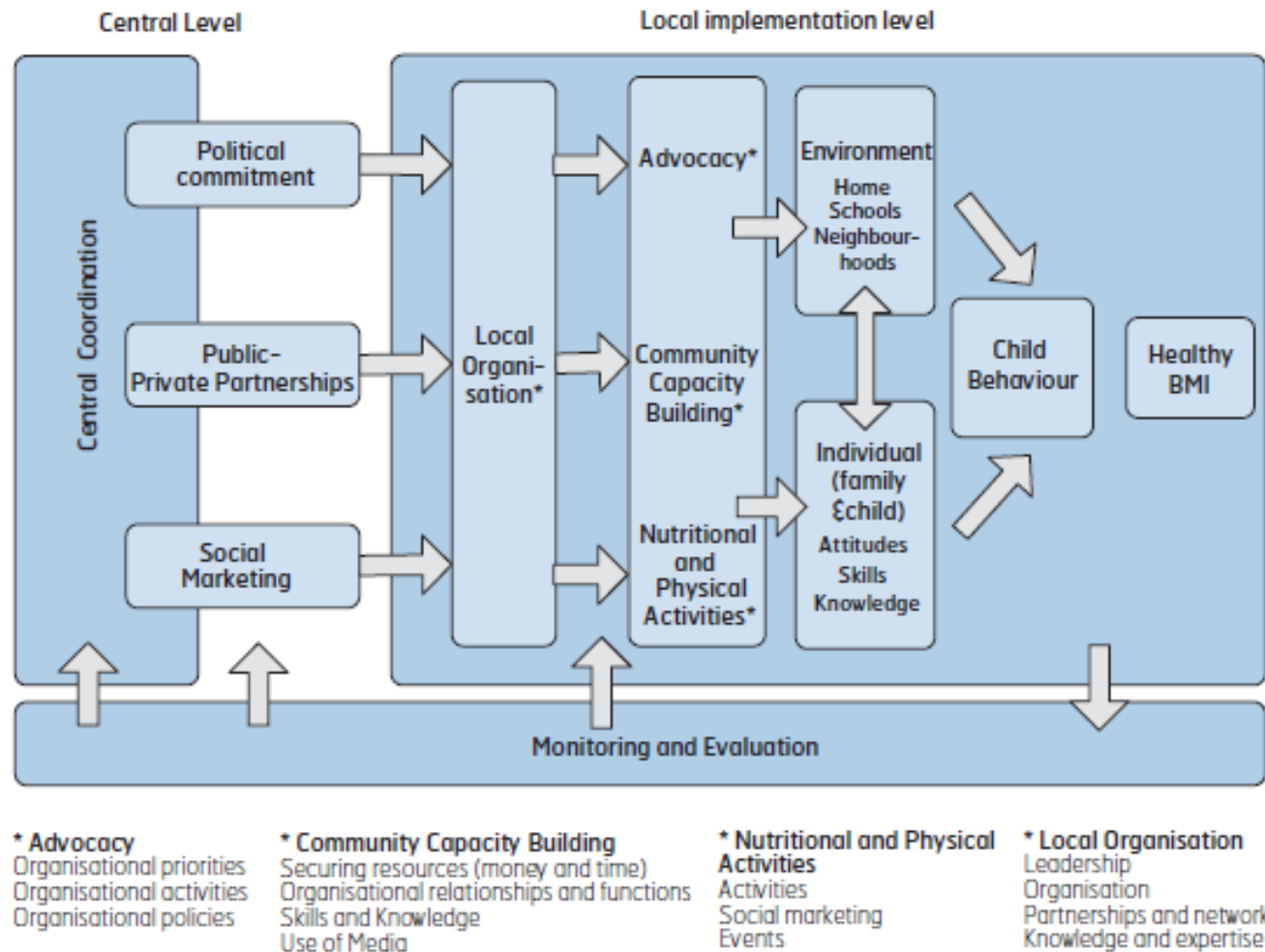


Figure 4: EPODE programme theory

Regional contest on best practices of CBI
which promote health to combat obesity.

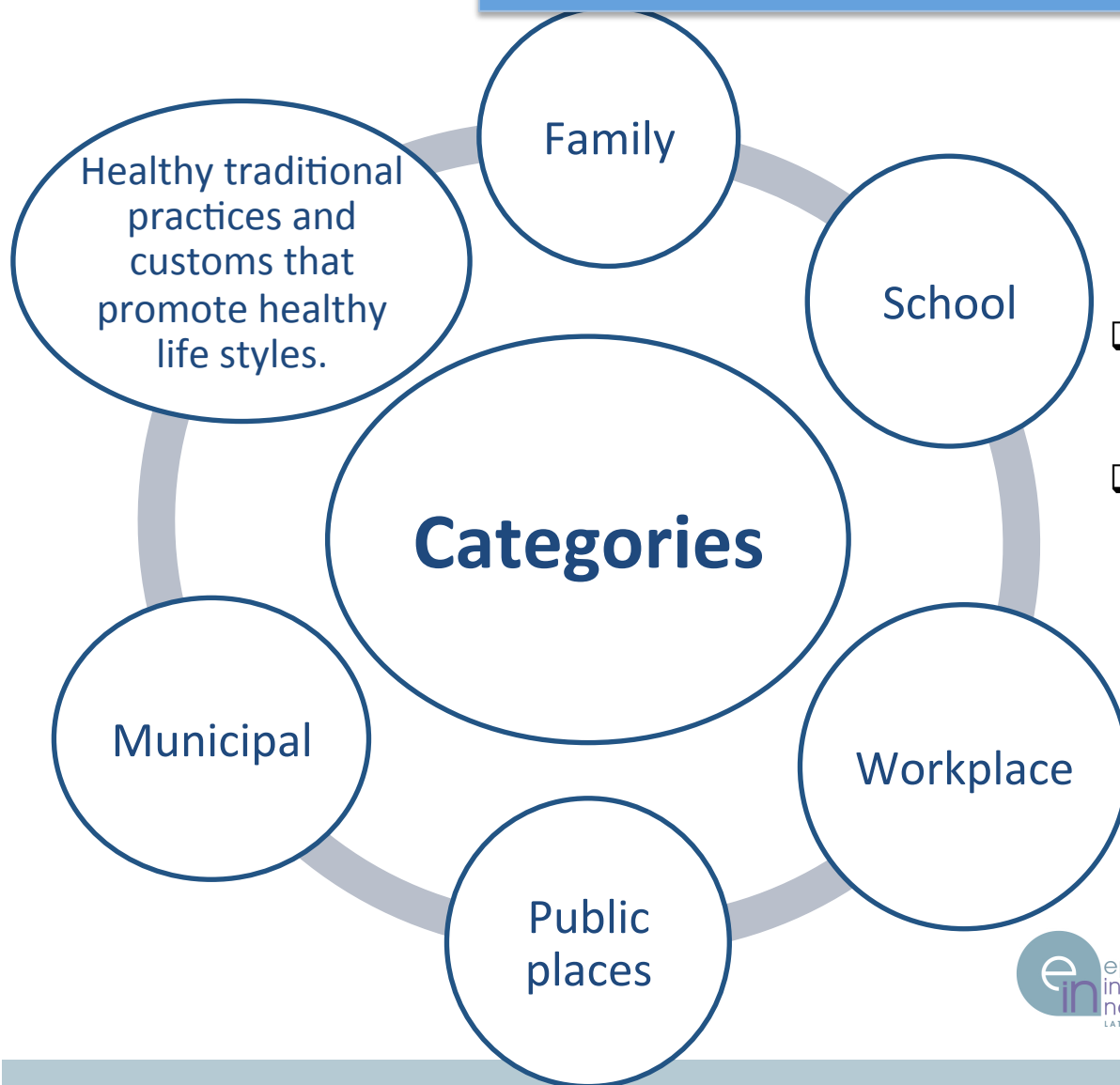


www.americavsobesidad.org
Dead line on November 30, 2013

Objectives:

- Strengthening organizations working on CBI (community based interventions).
- Promote innovation in CBI (community based interventions) that promote prevention and/or respond to the regional or local problems of overweight and obesity.
- Create a digital platform that serves as a source of open, public, and free information with the best practices of combat and prevention of obesity, in order to be replicated by other organizations and Governments.

Regional contest on best practices of CBI
which promote health to combat obesity.



- ☐ Interventions carried out by social, public or private organizations.
- ☐ Those programs considered as more effective and with the greatest potential to be replicable, will be awarded and recognized at the international level.



February 26th, 27th & 28th 2014
Mexico City. Mexico

- ☐ Day 1: “America vs Obesidad” rewards
- ☐ Day 2: Health Ministers of the Americas meeting
- ☐ Day 3 & 4: Conference and round tables

Objectives:

- Promote and strengthen the network of the Americas for community based interventions for the prevention of obesity.
- Recognize and reward programs with best practices in each category.



Thank you
