

Forum: GA 6th committee - World Health Organization (WHO)

Issue: The question of fighting obesity and its sequelae like diabetes

Main Chair: Marianna Vecchi

Deputy Chair: Lisa Person

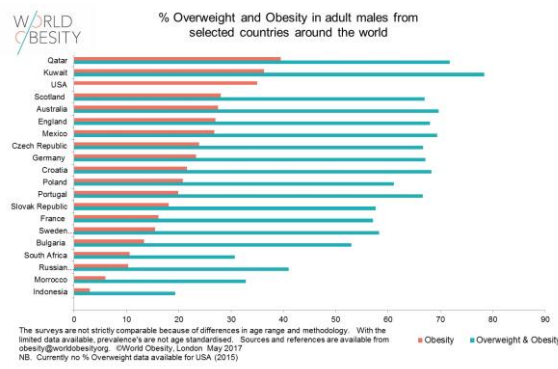
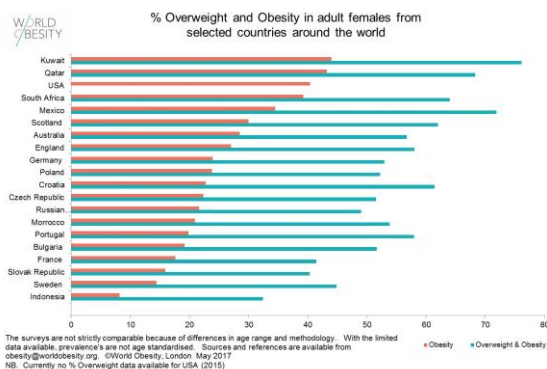
Introduction

Throughout recent years, obesity rates have faced continuous growth, to a point where they now constitute an issue of global significance where concrete actions must be established to minimize the damaging effects of obesity, and most importantly its sequelae.

Obesity is caused by an energy imbalance between calories consumed and calories expended. While obesity itself does not put people at risk, it's the large amounts of severe sequelae it has that are having a negative impact on the world. The principal sequelae of obesity are cardiovascular diseases, diabetes, musculoskeletal disorders, cancers, psychological disorders and a reduction of life expectancy.

As stated, the worldwide prevalence of obesity has increased tremendously over recent years, having more than doubled between 1980 and 2014. In 2015, 600 million adults and 100 million children

were obese. Another important factor to note is that obesity is more present



in women than in men, but in the last years it has expanded also in children. In 2014 the 13% of the world's adult population (11% of men and 15% of women) were obese.

Definition of Key Terms

BMI of Adults Ages 20 and Older	
BMI	Classification
18.5 to 24.9	Normal weight
25 to 29.9	Overweight
30+	Obesity
40+	Extreme obesity

The term *obesity* can be regarded as a medical condition in which is relievable an excessive fat accumulation. The method used to define obesity is through the *BMI* (Body Mass Index, defined as weight in kilograms divided by height in meters squared) according to the classification of the World Health Organization (WHO). Finally, *sequelae* are abnormal conditions that occur as a result of pre-existing diseases, illnesses or injuries (*sequelae* is plural, *sequela* is the singular form).

Key Issues

Obesity is a problem that became common only in the XX century when in 1997 it was recognized by WHO (World Health Organization) as a global epidemic. The reason why obesity has reached such a high level can be explained by the incredible economic development which started after the First World War: changes in dietary and physical activity patterns are the result of environmental and societal changes associated to the enormous changes made by the globalization. The increased intake of energy-dense food and of physical inactivity due to the increasingly sedentary nature of many forms of work, the new modes of transportation and an increasing urbanization are the main factors that took obesity to a critic global problem.

As stated before obesity has a huge number of consequences. These can be divided into three groups: physical consequences, psychological effects and social effects.

Physical effects:

The physical effects have already been touched upon, they are the sequelae of obesity including: coronary heart disease, high blood pressure, strokes, type 2 diabetes, some cancers, fertility problems, non-alcoholic fatty liver disease, and even death.

Psychological effects:

Concerning the psychological problems they usually are: depression, anxiety, low quality of life, low self-esteem, and body dissatisfaction; all of which contribute to higher suicide rates.

Social effects:

Obesity can also lead to social consequences such as being more likely to suffer from prejudice and discrimination in some situations, having less social relationships, a lower educational attainment and a lower employment.

Major Parties Involved

The most notable parties involved in this issue are more economically developed countries (MEDCs) with higher income levels, due to the fact that obesity is a phenomenon that is present predominantly within the upper-middle class.

However, a significant portion is now also constituted by those suffering from extreme poverty and starvation, since they have recently become more and more exposed to high-fat, high-sugar, high-salt, energy-dense foods, which also tend to be lower in cost, and are thus the most desirable option despite their damaging effects and lack of nutrient quality.

This means that some countries are facing a double burden of disease as it is not uncommon to find

Fig. 7.2 Age-standardized prevalence of obesity in women aged 18 years and over (BMI ≥ 30 kg/m²), 2014

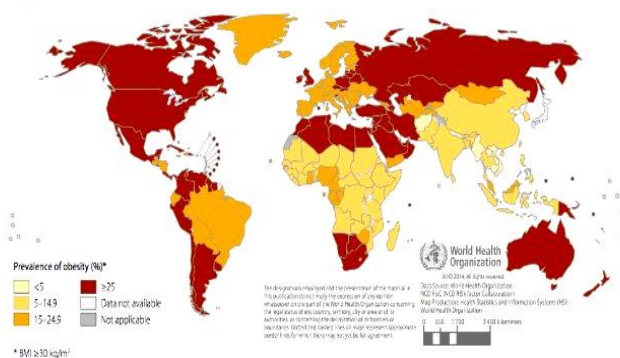
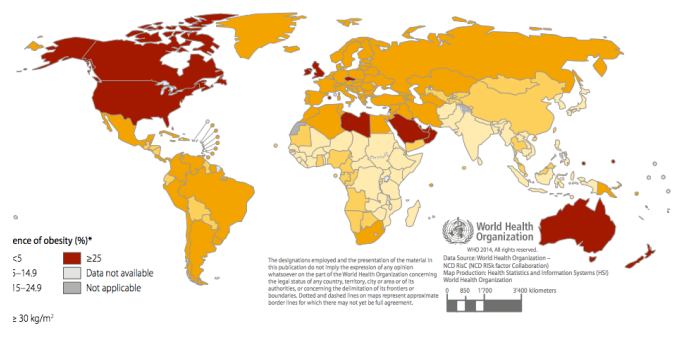


Fig. 7.3 Age-standardized prevalence of obesity in men aged 18 years and over (BMI ≥ 30 kg/m²), 2014



undernutrition and obesity co-existing within the same country. It is thus important to note that food and medical care should not be distributed based on people's physical state, as obese people would not seem to be in need of more food, but might still suffer from severe undernutrition.

Timeline of Events

In 1998, the first US guidelines were published as "*Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults: The Evidence Report*".

In 2004, the United Kingdom Royal College of Physicians, the Faculty of Public Health and the Royal College of Paediatrics and Child Health submitted the report "*Storing up Problems*" highlighting the growing problems of obesity in the UK.

In 2004, the "*WHO Global Strategy on Diet, Physical Activity and Health*" which describes the actions needed to support health diets and regular physical activity was adopted by the World Health Assembly.

In May 2004, the 57th World Health Assembly (WHA) endorsed the *World Health Organization (WHO) Global Strategy on Diet, Physical Activity and Health*. The Strategy was developed through a wide-ranging series of consultations with all concerned stakeholders in response to a request from Member States at World Health Assembly 2002 (Resolution WHA55.23).

In 2006, the Canadian Obesity Network published the "*Canadian Clinical Practice Guidelines (CPG) on the Management and Prevention of Obesity in Adults and Children*". In the same year the National Institute for Health and Clinical Excellence (NICE) published a guideline on the diagnosis and management of obesity.

In 2011, the *Political Declaration of the High Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases* recognized the critical importance of reducing unhealthy diet and physical inactivity. This declaration commits to advancing the implementation of the "WHO Global Strategy on Diet, Physical Activity and Health" aiming to promote healthy diets and to increase physical activity in the entire population through the introduction of new policies. In the same year the UN GA submitted a report analysing the right to food and the problems that it concerns like for example obesity (A/HCR/19/59).

In 2011, The WHO also developed the "*Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020*", which was adopted by the GA (A/RES/66/2). It aims to achieve the commitments of the UN Political Declaration on Non-communicable diseases (NCDs) which was endorsed by Heads of State and Government in September 2011. The "Global Action Plan" will contribute to progress on 9 global NCD targets to be attained by 2025, including a 25% relative reduction in premature mortality from NCDs by 2025 and a halt in the rise of global obesity to match the rates of 2010.

In 2014, the *Rome Declaration on Nutrition and Framework for Action* (ICN2 2014/2) was endorsed by WHO and FAO at the Second International Conference on Nutrition. The Declaration commits countries to eradicate hunger and prevent all forms of malnutrition worldwide as well as reverse the trend in obesity. It aims to do this by increasing investments in food systems to improve people's diets and nutrition. The Framework proposes the creation of an enabling environment for

effective action and for strengthening sustainable food systems, including through investments in pro-poor agriculture and smallholder agriculture to improve diets and raise levels of nutrition; nutrition education and information; social protection; strengthened health systems for addressing specific conditions; improved water, sanitation and hygiene; and improved food safety.

In 2016, the UN GA proclaimed the *United Nation Decade of Action on Nutrition* (A/70/L.42). The resolution aims to trigger intensified action to end hunger and eradicate malnutrition worldwide and ensure universal access to healthier and more sustainable diets for all people, wherever they are and wherever they live. It calls upon FAO and WHO to lead the implementation of the Decade of Action of Nutrition, in collaboration with the World Food Program (WFP), the International Fund for Agricultural Development (IFAD) and the United Nations Children's Fund (UNICEF), involving coordination mechanisms such as the United Nations System Standing Committee on Nutrition (SCN) and multi-stakeholder platforms such as the Committee on World Food Security (CFS).

Possible Solutions

Obesity is a problem that can be prevented through a correct alimentary education, as a matter of fact in the last years dieticians and sociologists all over the world started a program of alimentary education in schools in order to make young people aware of the risks of obesity. In everyday life, the best way to fight obesity is through improving eating habits and increasing physical activity. Another essentiality in fighting obesity is to regard the environmental consequences of fast food production and preservatives, which are often characterised by efficiency and low costs, not by a respect for the health of the environment. Finally, there are many extreme cases of obesity around the world that require surgical treatment.

Useful links:

<http://www.who.int/mediacentre/factsheets/fs311/en/>

<http://www.worldobesity.org/data/>

<http://www.fao.org/about/meetings/icn2/en/>

http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session19/A-HRC-19-59_en.pdf

http://www.who.int/nutrition/GA_decade_action/en/

<http://www.fao.org/3/a-ml542e.pdf>

<http://www.fao.org/assets/infographics/FAO-infographic-ICN2-RomeDeclaration-en.pdf>