Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases
ANNEX 12

ACCELERATION PLAN TO SUPPORT MEMBER STATES IN IMPLEMENTING THE RECOMMENDATIONS FOR THE PREVENTION AND MANAGEMENT OF OBESITY OVER THE LIFE COURSE

BACKGROUND

1. In 2021, the Seventy-fourth World Health Assembly adopted resolution WHA74.4, in which it requested the Director-General to develop recommendations for the prevention and management of obesity over the life course, including considering the potential development of targets in this regard.

2. The Secretariat drafted the requested recommendations and targets and included them in Annex 9 to the report by the Director-General on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, which was submitted to the Executive Board at its 150th session.\(^1\)

3. The Executive Board through decision EB150 (4) (2022) decided to recommend that the Seventy-fifth World Health Assembly note the report and its annexes, and adopt the recommendations for the prevention and management of obesity over the life course and the related targets. During the discussions,\(^2\) Member States requested that the recommendations on obesity should be complemented by an acceleration plan clarifying how the Secretariat would support Member States in implementing the recommendations based on individual country needs and priorities, including reporting mechanisms.

SCOPE AND PURPOSE OF THE ACCELERATION PLAN

4. The acceleration plan aims to consolidate, prioritize and accelerate country-level action against the obesity epidemic through coherent and harmonized efforts across the three levels of the Organization and within the broader ecosystem of support, including other United Nations organizations and multilateral entities, existing coalitions, and non-State actors, i.e. nongovernmental organizations, private sector entities (including international business associations), philanthropic foundations and academic institutions, as well as people living with obesity and their families and communities.

5. Pursuant to WHO’s transformation agenda aimed at creating measurable impact at the country level, the acceleration plan focuses on establishing and implementing a data-driven incremental strategy to support an initial subset of countries to tackle and reverse obesity trends, with a view to extending the strategy to other countries at a later date.

6. The acceleration plan sets out an achievable scenario for global action that addresses the multiple drivers of obesity and aims to bring about a change in obesity prevalence and trends over time until global targets are reached. By plotting a path between present and future global targets, this acceleration scenario can help countries to track progress, correct course where necessary and focus on the ambitious objectives. Acceleration efforts will progressively result in: (i) an increased number of countries implementing effective policies to address prevention and management of obesity; (ii) improved policy

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\(^1\) Document EB150/7.

\(^2\) See the summary records of the Executive Board at its 150th session, seventh meeting.
efficiency and coverage and expanded access to obesity prevention and management services; and (iii) an improved trend in obesity rates across the life course.

7. In 2019, obesity accounted for approximately 5 million deaths\(^1\) from NCDs (cardiovascular disease, diabetes, cancer, neurological disorders, chronic respiratory diseases and digestive disorders), which corresponded to 12% of all NCD deaths. Reaching the target of zero growth in obesity and diabetes is critical to achieving SDG target 3.4 of reducing by one-third premature mortality from NCDs by 2030. The acceleration plan has therefore been designed to align with the recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, and its timeline matches that of the implementation road map 2023–2030 for the global action plan for the prevention and control of NCDs 2013–2030. The acceleration plan has also been drafted to align with broader global nutrition targets and priorities since obesity forms part of the double burden of malnutrition.

8. The acceleration plan will be used to guide the actions of the Secretariat. Its success, however, will rely on country leadership, political commitment and the adoption of a whole-of-society approach where everyone, including people living with obesity and their families and communities, plays a part in tackling obesity.

**WORKSTREAMS OF THE ACCELERATION PLAN**

9. The acceleration plan will be implemented through five workstreams.

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<th>Workstream 1: Identify priority actions for greater impact on the prevention and management of obesity throughout the life course</th>
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10. The Secretariat will continue to provide guidance that enables Member States to design and implement priority actions, including modelling and operational tools to support the rationale for the prioritization and scaling up of interventions.

11. This workstream will include the following elements.

- **Package of prioritized interventions addressing healthy diet and physical activity across multiple settings.** The development of obesity is the result of individual susceptibility (biology, genetic risk and other conditions) coupled with an obesogenic environment. This is influenced by food systems and food environment; urban and built environments; information systems and digital environments; and education, sport, social protection and health systems – and is further impacted by upstream social, commercial and economic determinants. While a comprehensive whole-of-society transformation is needed, there are core interventions that can effectively change the obesogenic environment and support the population at large to prevent and manage obesity. They include: regulations on the harmful marketing of food and beverages to protect children; fiscal and pricing policies to promote healthy diets; nutrition labelling policies; school food and nutrition policies (including initiatives to regulate the sales of products high in fats, sugars and salt in proximity of schools); actions to support the early food environment (such as breastfeeding promotion, protection and support); public education and awareness campaigns; standards and regulations on active travel and physical activity in schools; and integration of obesity prevention and management services into primary health care with associated guidance for secondary and tertiary health care. These prioritized interventions are based on the decisions

\(^1\) [https://www.who.int/news-room/facts-in-pictures/detail/6-facts-on-obesity](https://www.who.int/news-room/facts-in-pictures/detail/6-facts-on-obesity) (accessed 29 March 2022).
of the World Health Assembly and WHO recommendations and guidelines, complemented by various implementation tools such as policy briefs, model policies, implementation guides, nutrient profiling systems and nutrient benchmarks.

• **Impact analysis and modelling tool.** This simple, easy-to-use tool calculates the impact of WHO recommended actions on child and adult obesity outcomes and process indicators, with a view to informing policy decision-making on the prioritization and allocation of resources required to implement selected interventions.

• **Obesity prevention and management service delivery framework.** This tool aims to promote expanded access to obesity prevention and management services for all populations across the life course, including people with and at risk of obesity. It facilitates the inclusion of obesity prevention and management as a critical component of universal health coverage. It is based on the principles of primary health care, follows a chronic care approach, and is supported by the integration of obesity prevention and management into existing service delivery frameworks across the health care system, including communities and homes. It also supports the planning of required resources for the scaling up and sustainability of services. The framework is accompanied by an operational guide for country use that enables adaptation across high-, medium- and low-income countries.

### Workstream 2: Support implementation of country actions

12. The Secretariat will provide support that enables Member States to act proactively throughout the obesity policy cycle, from the design of country strategies and action plans to the setting up and implementation of specific policy measures or services. Support will be provided to those countries showing a firm commitment to act. The Secretariat envisages that expressions of interest will be triggered by a group of front-runner countries whose leadership will fuel the global movement to accelerate efforts towards the reduction of obesity.

13. This workstream will include the following elements.

• **Intercountry dialogues.** These dialogues will be conducted with a view to gaining a better understanding of the existing policy landscape, pinpointing current needs, identifying country commitments and developing a blueprint for country action. The Secretariat will work with all Member States to review the respective epidemiological burdens in countries, study existing national strategies and policies and identify common barriers to implementation. The dialogues will also help to establish intercountry collaboration.

• **Individual country road maps.** The Secretariat will engage with Member States and other relevant stakeholders such as United Nations country teams to: review the obesity epidemiological burden and the underlying levers for obesity across different populations in each country; analyse current strategies and integration with other areas, including NCD and universal health coverage roll-out; identify existing gaps and bottlenecks for designing country-specific solutions; set relevant objectives, targets and indicators; determine the resources required for implementation; and develop an acceleration plan with clearly defined actions and supporting activities. It is proposed that delivery labs be convened and a series of structured workshops held in order to engage government officials and country offices in a joint process to design country road maps on obesity prevention and management. The delivery labs would represent an opportunity to: clarify national health sector objectives, including on obesity; prioritize interventions to be implemented; set targets, indicators and acceleration scenarios to track progress; define how country-level stakeholders should be engaged; and identify suitable reporting mechanisms.
• **Technical support.** The Secretariat will support Member States in the implementation of country-specific road maps according to the established timeline. This will include strengthening capacities for action across government and other partners and the establishment of health literacy programmes. It will also involve identifying possible areas of cooperation within the United Nations system, including through multi-year cooperation strategies.

### Workstream 3: Communicate rationale for action, advocate for the adoption of WHO recommendations and targets and acknowledge progress

14. The Secretariat will develop communication products tailored to the general public and specialized audiences, respectively, that will provide clear rationale for action, generate consensus on solutions and spread a new global narrative on obesity that destigmatizes people living with obesity and includes their views from across the life course in the design and implementation of interventions and services. Communication and advocacy efforts will also be undertaken to expand the group of front-runner countries.

15. This workstream will include the following elements.

• **Communication products on obesity.** The Secretariat will develop advocacy briefs illustrating the guiding principles for action on obesity directed at policy-makers. These briefs will highlight the importance of adopting a whole-of-government, whole-of-society approach as well as a life-course approach to obesity, and will include messages designed to build support for policy adoption. The Secretariat will also produce videos, public broadcasts, web publications, photo essays and social media packages to support the involvement in tackling the obesity epidemic of people living with obesity and raise the general public’s awareness of their needs.

• **Global progress reports.** These reports will describe the global progress made towards tackling the obesity epidemic, including actions taken, bottlenecks hindering implementation and country case studies. They will also be used to acknowledge country-level progress.

• **Blueprints for country-level public information campaigns and communication plans.** These blueprints will contain public information campaigns and communication plans designed to be rolled out in a synchronized manner across regions and countries, jointly with United Nations organizations and civil society stakeholders, including the World Obesity Federation and associations representing people living with obesity. Using these blueprints, joint communication campaigns could be organized on World Obesity Day.

### Workstream 4: Promote the engagement of multiple stakeholders in support of country action

16. The Secretariat will promote the engagement of partners in support of the acceleration plan and will assist Member States in their efforts to establish appropriate stakeholder engagement. It will also reach out to other stakeholders with similar mandates operating in the same space at the global, regional and country levels to optimize resources and amplify impact.

17. This workstream will include the following elements.

• **Stakeholder mapping and engagement.** The Secretariat will support mapping and analysis at the country, regional and global levels to assess the potential role of stakeholders in the implementation of country road maps and in the monitoring and review of country-level
actions. This will include: United Nations organizations and other multilateral entities; governmental organizations; non-State actors; and associations representing people living with obesity and NCDs. The Secretariat will support Member States in convening dialogues with all relevant stakeholders and will offer guidance on engagement strategies, including mechanisms to promote harmonization and reduce the risk of conflicts of interest.

- **Support for the establishment of an ecosystem to address obesity at the global and national levels.** The Secretariat will engage with United Nations organizations, non-State actors, existing coalitions and networks, such as the Obesity Coalition (led by WHO, the World Obesity Federation and UNICEF) and other physical activity and city networks, to mobilize support for the implementation of country road maps.

### Workstream 5: Monitor progress towards global obesity targets

18. The Secretariat will support the establishment of monitoring and review mechanisms at the country level and will provide periodic global reports on progress made towards reducing obesity rates.

19. This workstream will include the following elements.

- **Development of monitoring tools.** The Secretariat will develop operational guidance on how to collect and analyse data and measure progress towards the global obesity targets. It will also publish a set of criteria to evaluate overall progress in implementing the priority interventions identified in paragraph 2 above. This operational guidance will similarly include a section on how to collect and evaluate data related to changes in the underlying drivers of obesity, through mechanisms streamlined with existing reporting systems. The Secretariat will further provide support for the design of review mechanisms at the country and regional levels, including the development of targets and indicators for tracking progress against global obesity targets. National stocktaking meetings and case studies will also be conducted.

- **Comprehensive reports on progress towards global obesity targets and in the implementation of policies and programmes.** The Secretariat will regularly report on the progress made towards the achievement of global obesity targets, as part of reporting requirements under the acceleration plan. These reports will be submitted to the World Health Assembly on a biannual basis, jointly with reports on NCDs.