Issue description

Committee:	Social, Humanitarian and Cultural Committee
Issue of:	The issue of overweight and obesity epidemic in developing countries
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Introduction:

Obesity is a significant public health concern affecting more than half a billion people worldwide. Obesity rise is not only limited to developed countries but to developing nations as well. During the last 30 years' demographic economic development environmental and cultural changes have been impressive particularly from 1970 to 1999 in developing countries (Bhurosy). If current trends in obesity prevail the total healthcare cost could extend to the range of $861 to $957 by 2030 (Bhurosy). Since the early 1980s economic globalization in developing countries has driven changes in dietary patterns and food choices. Since food choice is mainly dictated by its price in the developing world, eliciting the influences of socioeconomic variables on food choice maybe useful and explaining food behavior (Bhurosy). Rapidly growing and developing or transitional economies face the globalization of food markets fast food chains and increasing availability of street vendors who offer products at very competitive value due to economical acquisition of inputs such as raw and processed food (Bhurosy).

Definition of key terms:

Obesity

Obesity, also called corpulence or fatness, excessive accumulation of body fat, usually caused by the consumption of more calories than the body can use. The excess calories are then stored as fat, or adipose tissue. Overweight, if moderate, is not necessarily obesity, particularly in muscular or large-boned individuals.[1]

Body Mass Index

An approximate measure of whether someone is over- or underweight, calculated by dividing their weight in kilograms by the square of their height in metres.

Less Economically Developed Countries

The Least Developed Countries (LDCs) is a list of developing countries that, according to the United Nations, exhibit the lowest indicators of socioeconomic development, with the lowest Human Development Index ratings of all countries in the world.

[1] https://www.britannica.com/science/obesity

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More Economically Developed Countries (MEDC)[2]

Countries with more resources, salaries and housing accessibilities are MEDC's (stage 3 or 4). A MEDC will have a lower birth rate and also a low death rate due to advanced Medical Technology. A country that is in stage 4, and has low baby population and high elderly population.

Predominantly Communicable Disease

Communicable diseases are illnesses caused by viruses or bacteria that people spread to one another through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air.

Chronic disease

A disease or condition that usually lasts for 3 months or longer and may get worse over time. Chronic diseases tend to occur in older adults and can usually be controlled but not cured. The most common types of chronic disease are cancer, heart disease, stroke, diabetes, and arthritis.

Epidemiologic transition

The epidemiologic transition is that process by which the pattern of mortality and disease is transformed from one of high mortality among infants and children and episodic famine and epidemic affecting all age groups to one of degenerative and man-made diseases

General overview[3]

In Lower Economically Developed countries (LEDC) of the world, the issue of obesity is far larger than in More Economically Developed countries (MEDC). Due to the higher amount of overly processed foods, and a lower income for many of the citizens of LEDCs there are far larger percentages of more of the population being obese. Furthermore, low physical activity level (PAL) accounts for 6% of deaths worldwide and inadequate PAL especially concerns for populations of low socioeconomic status (SES) (Bhurosy). The combination of high calorie and high sugar food, with a low physical level in LEDCs result in higher obesity rate juxtaposed to MEDCs. Furthermore, Women in LEDCs are more likely to have a higher obesity rate than men due once again to the low activity level (Bhurosy).

To date, no country has reversed its rising obesity trend and current trends suggest that global adult obesity prevalence will reach 18% in men and 21% in women by 2025 (Bhurosy). Furthermore, periods of obesity rate stabilization have historically been followed by later periods of increase, suggesting that current trends may be short-lived. For instance, urban areas of Rwanda, Zambia, and Brazil saw large increases in annual change in overweight among women of reproductive age after previously having stable or decreasing rates of overweight (Bhurosy). Some researchers suggest that without interventions obesity will continue to increase albeit at a slower rate than seeing in previous decades (Bhurosy). The role of socioeconomic status (SES) in the rise of obesity in developing countries is debated. Although overweight has traditionally been considered a disease of affluence in LMICs, it is no longer confined to the wealthy (Bhurosy). Evidence increasingly shows that the burden of

[2] https://www.britannica.com/science/obesity

[3] This overview is mainly based on this article: https://www.hindawi.com/journals/tswj/2014/964236/

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obesity shifts to lower-SES groups as researchers found that when GDP per capita per annum is <$2,500, poverty is inversely associated with overweight (Bhurosy).

Inequalities in country incomes often times have a large influence on the issues of obesity. Studies show that there is a faster increases in overweight women in less economically developed countries as opposed to more economically developed countries. People with lower incomes are often exposed to higher risks of obesity from high calorie diets, low physical activity levels, associated with shifts away from manual labour in agriculture to less physical office jobs. There is a behavioral contribution as well, that being that people that live in lower income countries may show certain coping strategies such as binge eating in order to cope with certain issues (Bhurosy).

Major Parties Involved:

World Health Organization

The World Health Organization (WHO) has set up the Childhood Obesity Prevention goals and plans. The four initial goals of WHO being: reduce risk factors for chronic diseases, Increase awareness and understanding, develop, strengthen and implement global, regional, national policies and action plans, monitor science and promote research. All in hopes of reducing the risk of obesity as a chronic illness.

United Kingdom

It is debated that the United Kingdom government has taken more of a hands on approach towards the issue of obesity compared to the United States. The UK has introduced the Healthy Weight, Healthy Lives strategy This philosophy is an underpinning of the strategy, which commits high-level leadership and resources to an initial goal of reducing childhood obesity to 2000 levels by 2020. The strategy recognizes the biological, cultural, and environmental factors that contribute to obesity and supports programs and policies in five broad areas: preventing weight problems early in childhood; promoting healthier food choices; building physical activity into everyday lives; creating incentives for better health; and providing personalized advice and support for those who already have a weight problem (UK Department of Health)**.**

United States

Multiple organizations in the US such as the FDA, Campaign to End Obesity, Centers for Disease Control and Prevention, and American Medical Association are working towards goal in order to limit the percentages of Obesity in America. America is one of the most obese countries as of 2018, the government is working towards trying to decrease the percentages of adolescents and adults who are obese (Smith).

China

About ten years ago the Chinese government began to realize the importance of obesity control and to play a leading role with laws and regulations aimed at obesity prevention. Program and policy options for the prevention of obesity are the key measures that should be

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started during childhood. The most effective strategies need government support, the cooperation of organizations, and the participation of the entire society (Wenyun L, Henry IP). The Ministry of Health released the Nutrition Improvement Work Management Approach in 2010 to promote national nutrition initiatives and to enhance the nutrition and health status of Chinese residents. Relevant nutrition improvement work includes nutrition surveillance, education, guidance, and intervention. In 2009 the State Council of the People's Republic of China issued national fitness regulations that have improved the level of physical activity (Wenyun L, Henry IP).

Mexico

Mexico's President Enrique Pena Nieto has become the leader in innovation and policy change to fight obesity and type 2 diabetes. Mexico has implemented a soda (and sugary beverage) tax of one peso per liter. Mexicans drink an average of 43 gallons of soda per person per year (Mark Hyman, MD). Working towards attempting to limit the prevalent obesity in Mexico.

Food and Drug Administration (FDA)

The FDA views obesity as one of the major health concerns in the United States, offering multiple solutions to help prevent it. They have tested multiple exercises devices that have been released to the American public in order to counteract the growing threat of obesity (Center for Devices and Radiological Health).

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Timeline of events:

1960	Recording health related issues became much more common (National Health and Nutrition Examination Survey), which are a cross sectional, nationally representative series starts out across the United States of America
1962	45% of Americans were obese
1963	The National Health and Nutrition Examination Survey (NHANES) begin to track children who are overweight and obese. Obesity levels in America more than doubled 15%
1980	Multinational Monitoring Trends and Determinants in Cardiovascular Diseases
1984	(MONICA) starts
1985	Multinational Monitoring Trends NHANES third Examination survey begins and by 1994 connections between television, physical activity and Childhood obesity are found. The results show that the more television is watched, the lower the amount of physical activity amongst children which leads to a higher BMI and weight gain.
1988	Nutrition Labeling and Education Act of 1990 forces food manufacturers to apply nutrition labels.

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	The World Health Organization (WHO) declares obesity a worldwide epidemic.
1990	Elrick, Samaras, and Demas found that America has seen a massive 30% increase over the past fifty years in overweight and obesity, where 70.8% of the population is now overweight or obese.
1996	In Ireland the report of the National Task force on Obesity reported in 2005 that 51% of the Irish population engaged in some form of physical activity with only 22% performing mild exercise four or more times per week. WHO estimates that at least 400 million adults are obese, womens rates being higher than men's
1997	1.4 billion adults aged 20 or over were overweight with 500 million of these classed as Obese (WHO, 2008).
2005	In Canada, the self reporting, Canadian Community Health Survey (CCHS) reported in 2009 that 51% of women and 44% of men were inactive, with 59% of men and 44% women had increased health risks from their inactivity. It is estimated that by 2030 if current trends continue, that there will be 65 million more obese adults in the USA, and 11 million more obese adults in the UK (C. Wang, 2030

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Previous attempts to solve the issue:

To date, in most countries with strategies to restrict marketing of unhealthy food and beverages, voluntary industry self-regulation remains the dominant response. In recognition of the obesity epidemic, some food and beverage corporations launched voluntary pledges to reduce the extent and impact of commercially produced, energy-dense food and beverages to children. These pledges may be specific to certain regions or countries while doing nothing in other countries with similarly alarming obesity statistics (Bhurosy).

These and other voluntary standards are, in large part, industry developed, implemented, and monitored. Among the regulatory options, self-regulation is unquestionably the food industry's preferred approach, as there are very few documented instances in which industry has urged adoption of regulatory measures that limit its ability to market and sell food products. It is unsurprising that self-regulatory initiatives have proven insufficient to stem the childhood obesity epidemic, even in high-income countries where resources and political will exist to monitor industry actions.

Possible solutions and approaches and questions to consider:

- What approaches can a government take to assist its citizens in limiting the percentages of obesity?
- Are there certain prohibitions that a country can put in place in hopes of assisting its citizens with the issue of obesity?
- Are there differences in how LMICs and HICs can govern the public regarding the issue of obesity?
- What was missing in past solutions to this issue that made them not work?
- Looking at your countries policies that are already put in place, is there a way to make them more effective?
- Is the solution something that should be left to the people or should it be enforced by the government?
- Would stronger emphasis on this issue as a whole assist on limiting the percentages of obesity in countries?
- Would more public communication about the issue to the public help in any way?

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Works Cited

Bhurosy, Trishnee. (2014). Overweight and Obesity Epidemic in Developing Countries: A Problem with Diet, Physical Activity, or Socioeconomic Status?. The Scientific World Journal. 2014. 10.1155/2014/964236. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4212551/ Last access: March 2, 2019

"Obesity Epidemic - Timeline, Scenarios, Projections and Ethical Implications." Complete Fitness, 6 Sept. 2012, https://completefitness.ie/obesity-epidemic-timeline-scenarios-projections-and-ethical-implications/ Last access: March 2, 2019

"Target 7: Halt the Rise in Obesity." *World Health Organization*, World Health Organization, 7 Dec. 2017, https://www.who.int/nmh/ncd-tools/target7/en/ Last access: March 2, 2019

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