

SAVING
LIVES
CHANGING
LIVES

OVERWEIGHT AND OBESITY

IN THE CONTEXT OF
COVID-19

Overweight and obesity¹ are public health challenges, often termed the ‘epidemic of the 21st century’, with most of the world’s population living in countries where overweight and obesity kills more people than underweight. Overweight and obesity are one of the major risk factors for several major Non-Communicable Diseases (NCDs)², including Type 2 Diabetes, Cardiovascular Disease (CVD), stroke and several cancers, accounting for over 70 percent of all deaths in adults aged 30 to 70 years. Globally, obesity has almost tripled since 1975, with more than 1 in 3 adults overweight in 2016. Childhood overweight and obesity has also shown a concerning upward trend, with an estimated 5.6 percent or 38.3 million children under 5 years of age overweight in 2019 (1).

Overweight and obesity and undernutrition (stunting, wasting and micronutrient deficiencies) share common drivers and are often experienced by the same individual over their life, defined as the **double burden of malnutrition (DBM)**. Factors that have contributed to the DBM, include, but are not limited to, rapid economic growth, urbanization, and evolving food systems, dramatically changing the health and nutrition landscape in all regions of the world. Solutions and platforms that present opportunities to tackle the DBM include social protection, education, health and food systems. Programmes must be designed to do no harm, simultaneously addressing all forms of malnutrition.

Coronavirus disease 2019 (COVID-19) has evolved into a global pandemic, and as of mid-July 2020, almost 15 million individuals had been infected, with over 610,000 deaths globally (2). The ongoing COVID-19 outbreak has led to an unprecedented health crisis, with several direct and indirect impacts that go beyond the immediate health risks.

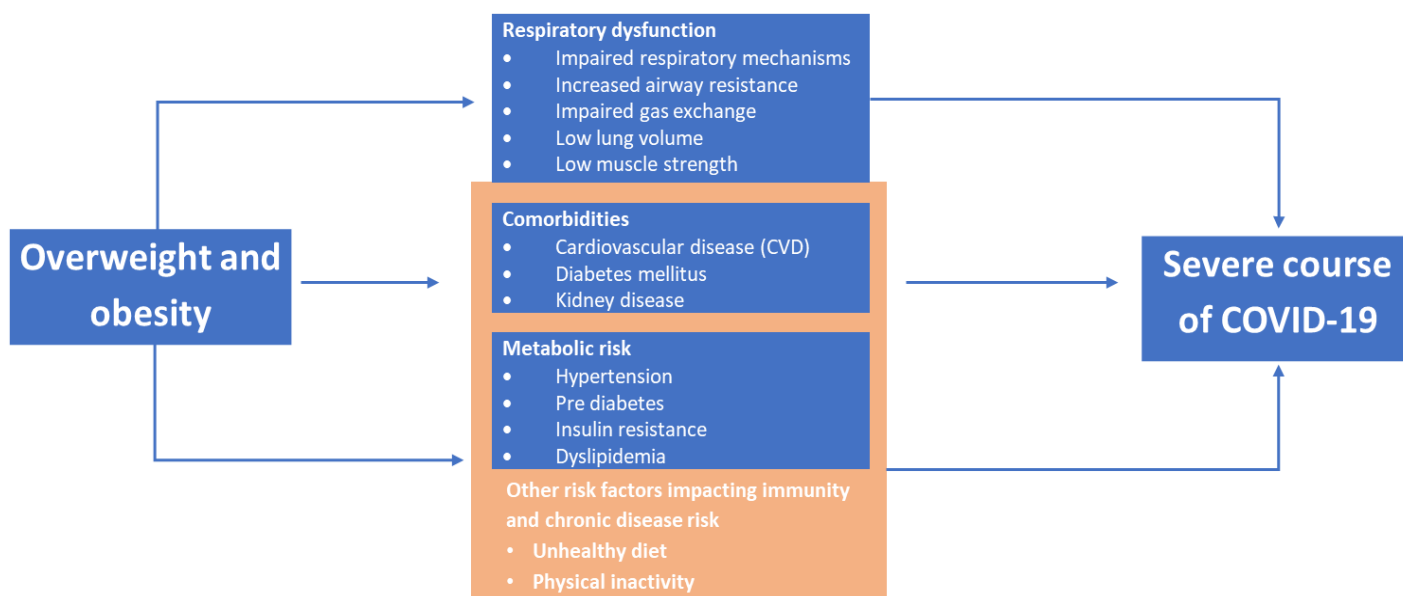
Data suggests that weight status, in particular, obesity, is the single biggest determinant of hospitalizations and critical illness, after age, for both men and women (3, 4). Furthermore, persons living with NCDs are especially vulnerable to adverse outcomes of COVID-19, with diabetes and CVD emerging as particularly high risk (3-9)³.

Overweight and obesity and COVID-19 mechanisms

Whilst the connections between weight and COVID-19 are being realized, it is well known that being overweight or obese is linked to an increased risk of diet related NCDs, pneumonia and weak immune system (10-12) and that a healthy nutrition status supports a strong immune function (figure 1).

In parallel to the clinical mechanisms depicted below in those who are already suffering from overweight and obesity, there are additional factors that may lead to or further exacerbate overweight and obesity, as a result of measures adopted to reduce the spread of infection. These include: limitations on physical activity and incidental exercise; social isolation, employment changes and stigma which may impact on self-efficacy and in turn anxiety/mental health and result in dietary changes (13); and movement restrictions, impacting on health service delivery, food system supply chains and market functioning, increasing the reliance on processed foods with a longer shelf life, that may be unhealthy.

Figure 1. **Overweight and obesity and COVID-19 mechanisms (14-17)**



1 International Body Mass Index (BMI) of 25.0kg/m² is considered overweight and a BMI of 30.0kg/m² is considered obesity. For Asian populations, overweight is defined as a BMI of 23.0-27.5kg/m² and >27.5kg/m² is used to define obesity

2 It is acknowledged that NCDs are broader than just those related to diet, however, for the purposes of this document, NCDs discussed are only diet-related

3 Given the purpose of this document, these mechanisms will not be explained at length, rather the focus is on the mechanisms related to weight status

A call for action

Acknowledging and focusing on overweight and obesity prevention, and therefore the prevention of diet related NCDs, are crucial in preparedness for COVID-19 and future health threats. Strengthened efforts are needed to optimise public health outcomes and reduce the impacts on vulnerable individuals and society, to ensure no one is left behind.

The COVID-19 pandemic compounds malnutrition in all its forms by making healthy diets less affordable and accessible. Vegetables, fruits, and animal source foods, key elements of a healthy diet, have become increasingly difficult for the poor to access and afford, giving rise to a shift towards processed food products with a longer shelf life, leading to reduced dietary diversity (18). A call for action is needed to not only ensure that adequate quantity of food reaches the poor and vulnerable, but to ensure that food systems offer quality, healthy and nutritious food.

School closures as a result of COVID-19 not only impact children's education but remove them from a well-protected school environment, preventing them from accessing crucial school health and nutrition services. Particularly in food insecure contexts, school feeding acts as a safety-net for children and their households, while providing a much-needed source of nutritious foods. Furthermore, as children are forced to remain indoors, there is a growing concern that the pandemic's longer-term effects on children's health might exacerbate the epidemic of childhood obesity, due to reduced physical activity, changes in dietary habits, as well as the lack of social interaction and isolation.

Responding to overweight and obesity and COVID-19

WFP is uniquely positioned to support governments, organizations and partners to adapt, design and deliver interventions. WFP can respond by leveraging existing partnerships, specifically the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of NCDs and coordination platforms including the Scaling Up Nutrition (SUN) movement and foster new partnerships.

The three priority areas WFP has identified as crucial to an effective, efficient and equitable response, are: **1) social protection; 2) access to basic services - nutrition and school-based programmes; and 3) food systems**. More information can be found in the WFP medium-term programme framework (19). Most importantly, in these areas, WFP will ensure that actions do not unwittingly cause harm, inadvertently contributing to overweight and obesity. Explicit actions to assess harm and sensitivity are crucial.

In these areas, Social and Behaviour Change Communication (SBCC) strategies will be integrated, with specific recommendations for those at greatest risk, ensuring careful consideration of messaging, to prevent the perpetuation of stigma, and include actions to manage risk, amid COVID-19 and beyond.





Social protection

Given the socioeconomic impacts of the pandemic, and the inequality faced by those suffering from overweight and obesity, even before the pandemic, food and nutrition assistance needs to be at the heart of social protection programmes. In many countries, the poor are more likely to be overweight, due to prohibitive cost of healthy diets and an overreliance on low quality staple cereals and/or unhealthy processed foods. Government schemes (in the form of Cash-Based Transfers [CBT] or in-kind food) need to acknowledge this inequity and ensure that transfer values are sufficient to support access to nutritious foods in both urban and rural areas, to the poor, and most nutritionally vulnerable.

- **CBT** – the transfer value should be informed by analyses including the Cost of the Diet, ensuring it enables the purchase of healthy and nutritious foods. Programmes should include a SBCC component, to promote and encourage the consumption of such foods
- **In-kind food** – micronutrient fortified commodities should be continued and foods of low nutrition value that are high in saturated fat, sugar and/or salt, should be avoided, especially in schools feeding programmes



Access to basic services - nutrition and school-based programmes

Nutrition WFP can use its broad range of experience to integrate double duty actions⁴ in basic service delivery and technical assistance provided to governments, in line with the WFP Nutrition Policy 2017-2021 (20), its mandate and as a custodian of Sustainable Development Goal (SDG) 2, with explicit consideration for overweight and obesity. Key interventions include:

- *Provide accurate information on achieving and maintaining a healthy diet⁵ and explicitly discourage foods and beverages of poor nutrition value that are high in saturated fat, sugar and/or salt* for all, especially children, pregnant and lactating women, older persons and those who are ill. Such information should be widely promoted and communicated, with a focus on multiple channels;
- *Promote personal food hygiene standards;*
- *Promote and communicate the key lifestyle factors that are critical for maintaining well-being* and a healthy immune system (e.g. avoiding tobacco and excess alcohol, physical activity and reducing sedentary behaviour and ensuring appropriate amount of sleep).

School-based programmes During school closures, WFP can advise governments on alternative school feeding delivery and support linkages with social safety nets. WFP must not provide take-home rations that are high in saturated fat, sugar and/or salt, and should provide appropriate nutrition education when delivering CBT, to discourage recipients from purchasing such foods that do not promote health and development.

As governments start to prepare for schools reopening, WFP will use developed frameworks to inform decision making on when to reopen schools and support national preparations to guide the process. In partnership with UNICEF, WFP will help governments ensure that children's access to nutritious school meals is restored safely, along with essential services that reinforce public health.

⁴ Double-duty actions include interventions, programmes and policies that have the potential to simultaneously reduce the risk or burden of both undernutrition (including wasting, stunting and micronutrient deficiency or insufficiency) and overweight, obesity or diet related NCDs

⁵ Based on WHO recommendations, a healthy diet includes whole grains, legumes, fruits, vegetables and animal source foods, and is low in fat, sugar and salt and is an important way to maintain and boost immunity and long-term health



Food systems

WFP and its partners can use data on the cost of a healthy diet to address supply chain inefficiencies within food environments and to ensure the availability of quality nutritious foods. This includes work with producers, retailers and consumers and using SBCC to promote healthy choices. The SUN Business Network can be used to strengthen efforts on disseminating evidence-based information; product reformulation (reducing saturated fat, sugar and/or salt); facilitating workplace health; influencing the retail food environment by placing restrictions on marketing on unhealthy processed foods and product placement; and empowering consumers to make informed choices through SBCC and other retail strategies.



Data

Data are imperative to inform the design and implementation of effective policies and programmes, and thus, within these areas, WFP and its partners could collect and analyze age and gender disaggregated data, such as, purchasing habits and consumption of foods high in saturated fat, sugar and/or salt and sugar-sweetened beverages. WFP should continue to follow trends and use tools⁶ to collect data on availability, accessibility, affordability and utilization of nutritious diets, including the Cost of the Diet, which is already used by WFP to guide governments on transfer values, as food prices fluctuate. Furthermore, where possible, WFP will advocate for the collection of anthropometric data (weight and height) and metabolic parameters (glucose and insulin levels) for those admitted into health care facilities and those who have tested positive for COVID-19.

Conclusion

It is now, more than ever, that we can dramatically improve the conditions of people's lives, ensuring equitable access to healthy and nutritious foods and strengthening our do no harm principles within our operations, which would include the use of high nutritional value and fortified foods. It is essential that WFP acknowledges the links between overweight and obesity, diet related NCDs and COVID-19, as NCD related mortality and morbidity will continue to rise at an alarming rate, placing further burden on health systems and communities already struggling to cope. If overweight and obesity prevention are not addressed in the immediate and medium term, while COVID-19 is managed, achievement of the SDGs and national development plans will be further delayed.



6 WFP data tools include mobile Vulnerability Analysis and Mapping (mVAM) and Fill the Nutrient Gap (FNG)

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Photo credits:

cover page - WFP/Antoine Vallas - Claudette is 60 years old and a mother of three. She is Jobless and she cares for her grandson, Cavensley, who lost both of his parents. Worried that cash assistance might stop, Claudette invested in five chickens that will soon begin laying eggs. She was also able to buy cooking pots to cook the rice, spinach and meat that she found at the market, to prepare hot meals for Cavensley. Providing a diverse diet, including leafy green vegetables and animal-source proteins are an important part of a healthy diet to prevent all forms of malnutrition, including overweight and obesity.

page 3 - WFP/Photolibary - Following Colombia's decision to close schools due to the Coronavirus outbreak, local school authorities and the World Food Programme (WFP) decided to distribute Take-Home Rations (THR) among school children and their parents in La Guajira department, Colombia. WFP, in coordination with school authorities, is distributing 34 metric tons of food (repackaged as Take-Home Rations) in 30 schools. This food is coming directly from the warehouse of the local School Feeding Programme.

page 5 - WFP/Claire Nevill - A single mother with a congenital disability, who lives in Harare South with three children. They are receiving food assistance from WFP in the form of cash transfers. She says "now we have food, and a place to stay, but if this programme ends it will be tough considering our economic situation. Before COVID-19 I was dependent on my profits from selling snacks, but because of COVID-19 it is difficult, since we are being chased away; we aren't allowed to sell because of the lockdown. Everything has been destroyed, and I don't have anything to sell now, so I am just home waiting for assistance from WFP." 75% of Zimbabwe's informal urban workforce may be out of work due to COVID-19, and 70% of all informal traders are women.