

Addressing obesity: determined action and bold leadership required for change

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Introduction

The rising prevalence of obesity is a global challenge. Projections suggest that by 2030, the prevalence of adults living with obesity will be more than one billion people – double that in 2010.¹ While there are underlying genetic and biological contributors, the obesogenic environment and social determinants are key drivers of the increasing prevalence of obesity. As a result, solutions must include many facets of society to be impactful. The papers in this special issue of the journal, produced in partnership with the Health and Social Care Unit at Monash University with support from VicHealth, include contributions from a broad range of Australian and global experts. For example, authors of this editorial include the Director and leaders of the Obesity Collective (TP, LB, JMa, JMi, SH and HS), the President of the Australian New Zealand Obesity Society (JMa) and the President and Chief Executive Officer of the World Obesity Federation (LB and JR, respectively).

The papers explore obesity through the life course – from preconception and pregnancy through to adolescence and adulthood – and the actions we need to take to address this issue. The special issue is timely, given the significant obesity-related policy developments at both a national and international level in the last 12 months. At a global level, in May 2022, at the 74th World Health Assembly, the World Health Organization (WHO) adopted new recommendations and targets to prevent further increases in the number of children under 5 years of age, adolescents and adults living with obesity.² The supporting Acceleration Plan³ includes five workstreams intended to support implementation by member states, including Australia (see box).

Box 1. WHO Acceleration Plan on obesity: five workstreams

1. Identify priority actions for greater impact on the prevention and management of obesity throughout the life course
2. Support implementation of country actions
3. Communicate rationale for action, advocate for the adoption of WHO recommendations and targets and acknowledge progress
4. Promote the engagement of multiple stakeholders in support of country action
5. Monitor progress toward global obesity targets

Source: WHO 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.³

In Australia, the *National obesity strategy 2022–2032*⁴ and the *National preventive health strategy 2021–2030*⁵ provide opportunities for change in obesity-related policy over the coming decade. Both strategies share targets to halt the rise and reverse the trend in the prevalence of obesity in adults by 2030 and reduce overweight and obesity in children and adolescents aged 2–17 years by at least 5% by 2030.

Principles for successful implementation

While strategies and plans lay an important foundation for action, successful implementation is essential. To drive policy change and maximise chances of success, we propose the four principles outlined below.

Create environments that support health

In Australia, our community values good health and wellbeing, yet our environments often do not promote physical activity, healthy diets and equitable healthcare access. For example, in this special edition, Chung et al.⁶ outlines how commercial determinants markedly impact dietary choices, and Gooley et al.⁷ highlights the challenges of access to appropriate health services for people who seek treatment for obesity. Partridge et al.⁸ discuss the unique vulnerabilities that adolescents and young adults face and how environments must support healthy decisions in light of challenges such as the digitalisation of society.

A more supportive health environment may include fiscal tools to incentivise healthy food consumption and disincentivise consumption of unhealthy food⁶, an empowered primary care sector working in partnership with secondary and tertiary providers⁷, and relevant

and appropriate platforms for health communication.^{8,9} Additionally, there may be co-benefits beyond obesity – for example, planning environments to encourage increased physical activity can have other positive outcomes such as environmental and economic benefits.¹⁰

Embed cross-sectoral action

As indicated by Petre et al.¹¹, obesity prevalence is socially patterned and is associated with factors such as lower socioeconomic status, disadvantaged conditions and geography. Priority populations, such as culturally and linguistically diverse communities and people living with a disability, are at higher risk of excess weight gain.⁹ As highlighted by several papers in this special edition^{9,11,12}, addressing obesity should not solely be a ‘health’ responsibility but requires collaboration and contribution from sectors beyond health, for example, public transport and urban development, to address the many social determinants.

Health status in early childhood, for example, is not only determined by a child’s family and home life but can also be impacted by factors such as government policy regarding protection of children from unhealthy food marketing, provision of services such as early childhood education, the safety and walkability of their local neighbourhood and affordability of healthy food. This is consistent with the findings of Love et al.¹³, which highlights the importance of aligned and integrated actions from diverse but complementary actors concerning nutrition in the first 2000 days of a child’s life. Thus, relevant government services and portfolios – both within and outside of health – need to be linked to provide a holistic approach, targeting multiple risks for the development of obesity and leveraging existing intervention platforms to enhance the scalability of obesity prevention strategies. Furthermore, all levels of government (for example, Australia’s federal, state and territory and local governments) should be part of the solution. This includes implementing comprehensive actions within their jurisdiction and working in partnership to achieve national policy change and break down sectoral silos. Some actions at a national level will require cooperation between different levels of government and across sectors; others can take place at a more local level.

Promote collective action without stigma

Harnessing collective action is important to enact change, and community demand is a powerful influencer of political will. By focusing on collective action, we can shift the narrative towards stronger emphasis on the systemic drivers of obesity, and away from individual blame which, as highlighted by Lawrence et al.¹⁴, perpetuates weight stigma and discrimination resulting in further detrimental health impacts on people living with obesity.

Partnering with people with lived experience, engaging with communities to seek diverse perspectives, highlighting societal values to prioritise action for better health and empowering community voices are all important considerations. Policy makers can draw upon community expertise, for example in Australia, by working with organisations such as the Obesity Collective¹⁵, Weight Issues Network (WIN)¹⁶, Obesity Policy Coalition¹⁷ and Parents' Voice.¹⁸ Co-design approaches are also important for engaging with groups such as adolescents and young adults⁸, people with disability⁹, pregnant women living with disadvantage¹⁹ and Indigenous Australians.⁹ Public health and healthcare professionals can also play a critical role in empowering their communities.

Ensure accountability and tangible action

It is of note that while Australia's *National obesity strategy 2022–2032*⁴ offers many "example actions" and outlines plans to monitor progress, there is no imperative for any of the suggested actions to be implemented. Further, it is unclear who is responsible for initiating the actions and ensuring that targets are met. This is typical of policy formulation/implementation gap that has plagued many national efforts. It reinforces the critical need for political will at all levels, alongside broader recognition that single silo approaches must be replaced by comprehensive frameworks that reflect the complexity and multifactorial nature of obesity.

Community and political champions need to maintain the momentum gained from the release of key national and international strategies and ensure accountability for the goals and targets they put forward. Regular collection of relevant data for monitoring, transparent public reporting and reflection on progress will support this. In this issue, Boyle et al.¹² outlines new work to monitor and evaluate indicators of preconception health in Australia. Other indicators already exist to benchmark food policies against best practice²⁰ and planning policies that support healthy cities.²¹ Importantly, targets should reflect the full spectrum of action required – not just the 'low hanging fruit'. An analysis of the implementation of the previous obesity recommendations in Australia found that the most contested areas, such as government regulation on food marketing, labelling and pricing, were those where no actions were taken.²²

Conclusion

Determined action and bold leadership, including by governments are required to enact significant change in obesity prevalence. This special edition on reframing the obesity narrative provides an overview of key issues and pathways to address obesity in Australia and more broadly. To address this challenge successfully, we must acknowledge that the solutions lie across our society, moving away from a narrative of blame and individual

responsibility, which promotes stigma, and focusing on treatment and prevention with an equity and systems lens. If successful, Australia not only has the opportunity to achieve our national strategic goals, but to also demonstrate global leadership in reducing the risk and burden of obesity for both current and future generations.

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Peer review and provenance

Internally peer reviewed, invited.

Competing interests

SL is a member of the Board of the following companies which manufacture anti-obesity medication or materials used in bariatric surgery: Novo Nordisk, Lilly, iNova and Johnson & Johnson and has also received fees from Novo Nordisk, Lilly and iNova for lectures or educational presentations.

JMa has received payment for developing education presentations for the Asian Development Bank Institute and WHO and meeting expenses from the Menzies Centre for Health Governance at Australian National University.

LB has received consultancy fees from Novo Nordisk for a role on the Steering Committee of the ACTION Teens Study and fees paid to her hospital research centre for talks on the management of obesity in children and adolescents.

Author contributions

All authors contributed to the content and drafting of the manuscript.

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