

SUMMIT OF THE ZAGREB SPOUSES CROATIA OF EUROPEAN LEADERS

to launch the Network on the Prevention of Childhood Obesity in the WHO European Region

ZAGREB DECLARATION

9-10 MAY 2023



Obesity is a complex multifactorial disease defined by excessive adiposity. It has far-reaching consequences, both on an individual level (including increased risk of numerous health and social problems, in particular cardiovascular diseases, diabetes, cancers, reduced quality of life and functional capacities), and because it imposes a significant burden on health-care systems and their economies.

During the COVID-19 pandemic, we experienced the true impact of the obesity epidemic in our Region. People living with obesity were more likely to experience severe outcomes of the COVID-19 disease spectrum, including intensive care unit admissions and death. Furthermore, COVID-19-related restrictions in many cases led to a decrease in physical activity and greater access to unhealthy foods among children due to school closures, increased screen time and disrupted access to healthy school meals.

We, the Spouses of European Leaders, gathered in Zagreb, Croatia at our inaugural Summit to launch the Network on the Prevention of Childhood Obesity in the WHO European Region, to raise awareness about the pressing issue of childhood overweight and obesity, which affects around one in three children in the Region,

AGREE ON THE FOLLOWING:

We acknowledge the importance of raising awareness of obesity and how these issues affect children and our future generations, taking into consideration children's rights, their well-being, and the negative effects of obesity-related stigmatization.

We recognize the importance and necessity of leadership and advocacy to accelerate actions to stop childhood obesity at national and international levels on all concerned platforms and relevant international fora.

We endorse the necessity of working together on a multi- and cross-sectoral level across relevant sectors and disciplines to find innovative solutions to promote breastfeeding, improve nutrition (a healthy and balanced diet), strengthen sustainable and secure food systems, reduce sedentary behaviours and increase physical activity for children from an early age. These strategies have been shown to be effective in preventing obesity and promoting overall health.

We emphasize the importance of a comprehensive approach and initiatives towards creating spaces where dialogue on addressing obesity can take place and yield results, endorsing planning for a sustainable future. Obesity is a societal problem; tackling it requires policies throughout society and working with the whole system (including adults and parents) to stimulate healthy choices.

We affirm the responsibility of working together towards promoting and creating healthy environments where children have access to a healthier diet and physical activity (see Annex 1).

We commit to putting our individual and joint efforts into removing barriers and promoting and advancing opportunities for meaningful engagement with all the relevant policy-makers and stakeholders who can influence and make changes related to the prevention of childhood obesity.

We are strongly dedicated to individual and collective efforts and collaboration to improve frameworks, systems, strategies and programmes for long-term, evidence-informed and people-centred policies to address the problem of rising childhood obesity.

Taking into consideration that supporting actions to address the rising obesity challenge requires systematic, multi- and cross-sectoral policy measures, we recognize the need for the establishment of the WHO European Centre on Prevention of Childhood Obesity.

ANNEX 1¹

Selected policy recommendations to reduce childhood obesity

| Diet | Physical activity |
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| <ul style="list-style-type: none"> • Restrict sales, marketing (including online marketing) and portion sizes of unhealthy foods • Provide subsidies to increase the consumption of fruits and vegetables • Display front-of-pack nutrition labelling on all foods to increase consumers' access to nutritional information and inform healthy choices • Develop a single system to improve the impact of the front-of-pack labelling system • Run mass-media campaigns on healthy diets, including social media campaigns (promote healthy lifestyle and create demand for healthier behaviours) • Regulate where and how food outlets can operate • Implement healthy public food procurement and service policies; require that all foods and beverages served or sold in public settings (such as schools) contribute to promoting healthy diets • Control the clustering of unhealthy food outlets around secondary schools to support efforts within schools • Implement measures to encourage reformulation (for example reduction of salt, fat and sugar in processed foods) • Reduce sugar consumption through effective taxation on sugar-sweetened beverages • Broaden taxes to incorporate unhealthy food products including those high in fats, sugar and salt • Impose restrictions on multi-buys and other price promotions on unhealthy foods | <ul style="list-style-type: none"> • Provide convenient and safe access to quality public open spaces • Encourage active travel by providing safe footpaths and local cycle lanes, and creating walking buses for children attending local educational facilities • Ensure that urban and rural design incorporates residential density, connected street networks that include sidewalks, easy access to a diversity of destinations and access to public transport • Run mass-media campaigns, community-based education and motivational and environmental programmes on physical activity • Provide physical activity counselling and referral as part of routine primary-health-care services through brief interventions |
| | Breastfeeding promotion |
| | <ul style="list-style-type: none"> • Campaigns to communicate the benefits of exclusive breastfeeding for the first 6 months of life, alongside complementary feeding up to two years and beyond • Implement the WHO and UNICEF^a Baby-friendly Hospital Initiative to enable mothers to breastfeed infants, along with lactation support training for health professionals • Provide universal paid maternity leave, national labour policies and workplace support for breastfeeding, along with laws to protect breastfeeding in public • Restrict the inappropriate marketing of products that compete with breast-milk, as detailed in the International Code of Marketing of Breast-milk Substitutes • Encourage a healthy introduction to solid food through reformulation of infant food to improve its nutritional profile, along with accurate labelling of these products |

^a United Nations Children's Fund

¹ Adapted from: WHO European Regional Obesity Report 2022. Copenhagen: WHO Regional Office for Europe; 2022 (<https://apps.who.int/iris/handle/10665/353747>, accessed 10 November 2022). This is not a legally binding document. This Annex provides a selection of recommendations that have been previously published in WHO reports and resolutions.

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| Nurseries, kindergartens and schools | Parental support |
| <ul style="list-style-type: none">• Implement whole-of-school programmes that include quality physical education; ensure availability of adequate facilities and programmes (including active recreational breaks) to support physical activity for all children• Have health-promoting frameworks in nurseries and kindergartens• Provide healthy and free or subsidized meals; particularly for early school years and children from low-income households• Provide safe drinking-water in all schools• Implement mandatory national food standards for schools that include nutritional quality criteria• Include statutory nutrition education in educational curricula• Implement nutrition education and counselling in schools to increase the intake of fruits and vegetables• Make every school a health-promoting school through supporting implementation, maintenance and scaling-up of initiatives• Implementing nudges in schools to support healthy eating | <ul style="list-style-type: none">• Monitor and provide counselling on nutrition and exercise before and during pregnancy, which can be used to improve health literacy as well as diet and physical activity behaviours• Provide food vouchers for new parents to subsidize the purchase of healthy foods |
| | Obesity management |
| | <ul style="list-style-type: none">• Provide all children living with overweight and obesity access to equitable, integrated health-care services for the management of the disease as part of universal health coverage, specifically providing access to family based, multicomponent, lifestyle weight-management services |
| | Behavioural and cultural insights |
| | <ul style="list-style-type: none">• Integrate behavioural and cultural insights to develop effective information campaigns (including social) related to physical activity, healthy diets and WHO recommendations |
| Monitoring and surveillance of childhood obesity and risk factors | |
| <ul style="list-style-type: none">• Such as the WHO European Childhood Obesity Surveillance Initiative (COSI), the Health Behaviour in School-aged Children (HBSC) survey, and surveillance of breastfeeding practices | |

