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World Health Organization

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COMMENTS ON WHO DISCUSSION PAPER: DRAFT RECOMMENDATIONS FOR THE PREVENTION AND MANAGEMENT OF OBESITY OVER THE LIFE COURSE, INCLUDING POTENTIAL TARGETS

Response of European Specialist Dietetic Network for Public Health¹ on behalf of the European Federation of the Associations of Dietitians (EFAD), as a Non-State Actor not in official relationship with WHO Regional Office for Europe

EFAD really welcomed the opportunity to participate in this consultation which emerges from the Resolution WHA74.4. We hope our comments are helpful for the development of the guidelines on recommendations and targets for prevention and management of obesity.

As you may know, dietitians are health professionals with a degree and specialised training in nutrition and dietetics, give evidence-based advice about food and nutrition for the promotion of health, prevention of disease and for the diagnosis, treatment and management of nutrition-related disorders². Dietitians' roles include optimising health through the diet, empowering the public to make healthier choices, supervising the preparation and service of food, developing modified diets, participating in research, instructing students, educating individuals and groups on appropriate and sustainable dietary habits across the life span, impacting health and food policy, and collaborating with other health professionals for the greatest impact.

Dietitians play an important role in preventing and managing obesity and support integrated health care where nutrition is an essential part of the entire care process. Consistent evidence supports the cost-effectiveness, cost benefit and economic savings of nutrition therapy and interventions provided by a dietitian in overweight and obesity.

¹ *Teresa Rodrigues (Portugal), Amanda Avery, (United Kingdom), Elena Carrillo (Spain), Zeynep Begüm Kalyoncu (Turkey), Cláudia Afonso (Portugal) and Manuel Moñino (Spain).* <http://www.efad.org/en-us/specialists-networks/public-health/>

² *EFAD white paper on Sustainable Health Through the Life Span. Nutrition as a Smart Investment for Europe.* <http://www.efad.org/en-us/reports-and-papers/efad-reports/efad-white-paper/>

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COMMENTS TO THE DISCUSSION PAPER

RECOMMENDED ACTIONS FOR GOVERNMENTS

Health care

- **20. “Include obesity management among the core tasks of primary care”.** Dietitians are central to the delivery of obesity management in primary care as they have the appropriate skills to provide evidence-based care to support infants, children and their families at high risk or obesity and at the same time preventing harm.

An individualised approach needs to be used in the application of the nutrition and dietetic care process in the management of overweight and obesity as the medical nutrition therapy which is appropriate for one group of people may not work for others. Hence the need for qualified professionals in nutrition and dietetics within multidisciplinary teams.

Although promoting healthier weight is an appropriate approach to reach public health outcomes, we believe there is a need to recognise that people can be obese but also malnourished with the obesity masking nutritional deficiency which may need to be addressed as part of the nutritional and dietetic care process.

However, “making every contact count” should be emphasised in order to optimize healthcare resources and to take advantage of every opportunity when health professional have direct contact with patients. Hence the need for qualified professionals in nutrition and dietetics within multidisciplinary teams to provide appropriate training. Also healthcare systems must ensure that everyone is aware of the support services and resources available locally so that they can appropriately sign-post.

- **21. “Provide dietary and weight counselling to pregnant women as part of antenatal care”.** We believe that offering weight management support during pregnancy must be emphasised, since it is a key time in the life-course where weight management can make a difference. “Measuring gestational weight gain”, should be complemented by the aim of preventing excessive gestational weight gain.
- **23. “Implement the WHO guidelines to support primary healthcare workers to identify and manage children with overweight or obesity”.** All the tasks described: “a) measure both weight and height of all infants and children aged less than 5 years, b) provide counselling to parents and caregivers on nutrition and c) develop an appropriate management plan for management of children with obesity”, can only be performed by dietitians within an interdisciplinary team, or at least within a team which is coordinated by dietitians. Dietitians’ expertise and deep knowledge on nutrition and dietetics, counselling and behaviour change and communication skills, is key to develop an appropriate plan for management of children with obesity, either in

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primary health-care, referral clinic or local hospital. Evidence based practice and cost-effectiveness studies show that dietetic treatment of patients with obesity and obesity-related diseases (such as diabetes, hypertension and hyperlipidaemia/) provided by dietitians creates social benefits of €0.4 - 1.9 billion over a period of 5 years. This means that for €1 spent on dietary counselling of these patients, society gets a net €14 - 63 in return, including €56 in terms of improved health, €3 net savings in total health care costs and €4 in terms of productivity gains. Thus dietitians are the professionals best suited to provide individualised, evidence-based nutrition care in close coordination with the broader medical team. This tasks cannot be done by other health workers, even trained, without the involvement of dietitians. Actually, this specificity of positions and actions within the health care process is regulated by national health authorities in some countries, thus regulatory bodies don't allow others health professional performance these tasks, being forbidden by law. On the other hand, screening in the primary care should be a routine and harmonized practice to reduce obesity among children and adolescents as long as it's possible to notify the cases that need intervention and refer them for follow-up by a dietitian. Also, that practice would allow to measure trends in childhood obesity and to compare data, and would help to plan and evaluate interventions and inform the development of public health policies, as done in the surveillance system COSI - Childhood Obesity Prevalence Initiative, from WHO – Europe.

Food systems.

- **27.f. “Design public food procurements and service policies (...) We believe that the term “sustainable” should be included and emphasized.** Food policies must be aligned with FAO’s recommendations to support citizens in eating better diets (i.e., diets that are more diversified, nutritious, less resource-intensive, and produce minimum waste) and to understanding the impact of their food consumption behaviour (on the environment, on their health, and on society as a whole). Public “green/sustainable” Procurements are powerful tool for procuring and serving healthy and sustainable food in catering services across different settings such as schools, universities, hospitals, etc. However, an interdisciplinary approach is needed to successfully integrate more sustainable healthy diets into a complex system of food production and supply.

RECOMMENDED ACTIONS FOR WHO **Guidance and tool development** **Capacity building of service providers**

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- **49. “Contribute to increasing the number of health workers trained in nutrition and the quality of their capacities”.** Whereas EFAD acknowledges the need that health care professionals must be better trained in nutrition to provide optimal patient care within an interdisciplinary team, but we strongly believe that increasing the number of health care professionals who are trained in treating and managing obesity is not the solution to improve the level of care and positive outcomes for people with obesity. Every health professional must play the role to which education, training and knowledge entitle them to performance a specific task. Thus, the great value of a team is the integration of multidisciplinary profiles, and no one can be replaced each other. EFAD strongly believes that although there is a need of raising awareness on nutrition and dietetics to prevent and manage obesity and NCD, and increasing the number of health care professionals who are trained in managing obesity, national health systems should contribute to include registered dietitians in the interdisciplinary teams, which is a proven cost-benefit investment.

Policy dialogue and implementation support

- **50. “Engage in strategic and policy dialogues with ministries of health and other relevant government entities (...)”.** We totally in agreement as regard setting priorities, but other countries where there has been a downward trend in the prevalence of overweight in children and others whose governments are not ready to act, will also benefit from the efforts of the WHO, either for the positive reinforcement, or for the need to influence policy makers on the need for urgent intervention in these areas.

PROPOSED TARGETS

Outcome targets

- **54. b) “Increasing the nutrition and diet professional density”.** Whereas EFAD recognize the rationality of the Global Nutrition Monitoring Framework as regards a “trained nutrition professionals” indicator based on recognition that the availability of a sufficient workforce with appropriate training in nutrition within a country will lead to better outcomes for country-specific nutrition and health concerns, we believe that minimum level proposed (10/100,000), should be provide by settings, it is to say, health care, hospital and community, and that there is a need for more professionals than the minimum 10/100,000 in the area of community nutrition and public health in order to achieve the 6 outcome indicators for the Six Global Nutrition Targets described.

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