

Forum: World Health Assembly

Issue: Establishing measures to address rising global obesity rates

Student Officer: Jiwon Lee

Position: President

Introduction

At the other end of the malnutrition scale, obesity stands out as one of today's most blatantly visible, yet remarkably overlooked public health problems. Paradoxically coexisting with undernutrition, a surging global epidemic of overweight and obesity, commonly termed as 'globesity', is spreading across many regions worldwide. Obesity is a multifaceted condition with serious social and psychological dimensions that affect virtually all age and socioeconomic groups, posing a threat to both developed and developing nations. Contrary to conventional wisdom, the obesity epidemic extends beyond industrialized societies. More than half of the global population—51%, or over 4 billion people—is projected to have obesity by 2035, encompassing all regions and continents. Given the rising trend, many low- and middle-income countries are now facing a 'double burden' of malnutrition on top of obesity—while these countries continue to deal with the problems of infectious diseases and undernutrition, they are also experiencing a rapid upsurge in noncommunicable disease risk factors such as obesity and overweight, particularly in urban settings. The universal trend is escalation rather than slowdown, mainly driven by sharp increases in the obesity prevalence of low-income populations. Furthermore, an increasing number of high- and middle-income countries are now experiencing an epidemic of 'severe' obesity; in high-income populations, severe obesity is expected to double its prevalence from 10 to 20% between 2020 and 2035, posing a significant threat to healthcare systems. Even if transiently stabilized, the obesity prevalence remains globally at unacceptably high levels, and there is no guarantee that the current plateau—if any—will be maintained in the long term.

Obesity is a leading preventable cause of death worldwide, with increasing rates in both adults and children. It is also a key risk factor for many noncommunicable diseases (NCDs), including coronary heart disease, type 2 diabetes, certain types of cancer, and many other diseases. In addition to the significant health risks obesity poses to individuals, it also presents the challenge of soaring healthcare costs, a classic example of an economic externality wherein the costs arising from an individual's decisions affect those who were not involved in the decision-making. In that sense, the increased healthcare costs of treating obesity-related illness would be paid by all of society, not just those who are obese. To highlight the urgency of this matter, consider that the total cost of treating obesity-related illnesses is estimated to be \$4 trillion per year; it is equivalent to the healthcare expenses incurred globally due to the COVID-19 pandemic in 2020.

Without addressing obesity, it will be impossible to meet the 30% reduction target of premature mortality from NCDs by 2030, which is one of the key targets of the Sustainable Development Goals. No country is on track to meet these targets, and the costs of obesity and obesity-related diseases continue to rise. Addressing the global spread of obesity and stopping its current trend demands urgent, comprehensive efforts at both national and global levels.

Definition of Key Terms

Obesity

Obesity, according to the World Health Organization (WHO), is defined as the abnormal or excessive accumulation of fat that poses a risk to one's health. The classification of overweight and obesity is commonly assessed through the Body Mass Index (BMI), which will be further elucidated below.

Noncommunicable Diseases (NCDs)

Noncommunicable diseases, also referred to as chronic diseases, tend to be of long duration and resultant of a combination of genetic, physiological, environmental and behavioural factors. Main types of NCDs include cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes. Obesity and overweight falls under the category of metabolic risk factors, which contribute to the key metabolic changes that increase the risk of NCDs.

Body Mass Index (BMI)

The Body Mass Index (BMI) is a simple index of weight-for-height that is used to classify overweight and obesity in adults, deduced as a person's weight in kilograms divided by the square of their height in meters (kg/m^2). For adults, WHO defines overweight as BMI greater than or equal to 25, while obesity is of BMI greater than or equal to 30.

Epidemic

The prevalence of obesity is increasing in most parts of the world, giving rise to the term 'obesity epidemic'—an outbreak of disease that spreads quickly and affects many individuals simultaneously. Worldwide obesity rates have soared, creating a public health crisis so widespread and damaging that it is often referred to as an epidemic.

Sedentary lifestyle

A sedentary lifestyle refers to a lack of significant physical activity. More precisely, it is defined as a situation when someone spends six or more hours per day sitting or lying down, contributing to obesity and other NCDs.

Weight stigma

The discriminatory acts and ideologies targeting individuals based on their weight and size.

Background

Obesity is a chronic, relapsing, multifactorial disease, as defined by the International Classification of Disease (ICD). It is also considered a significant risk factor of a number of other NCDs, such as diabetes, heart disease and cancer. Similar to other chronic conditions, obesity stems from a wide array of drivers and determinants encompassing genetics, healthcare accessibility, sociocultural factors, commercial influences, and environmental factors. These various roots interact and compound within numerous systems, ultimately resulting in the rising trends we see today. The escalating global obesity epidemic presents one of the most critical challenges to public health. While there have been indications that the rate of obesity increase among adults in high-income populations has stabilized following the 2000-2010 period, low-income nations continue to experience a steady and uninterrupted rise. Overall, the universal trend indicates an escalation rather than a slowdown, primarily driven by significant surges in obesity prevalence within low-income populations.

Causes and factors

At an individual level, obesity results from energy imbalance between calories consumed and calories expended. Globally, there has been an increased intake of energy-dense foods that are high in fat and sugars, and an increase in physical inactivity due to the increasingly sedentary nature of many forms of work, changing modes of transportation, and increasing urbanization. Changes in dietary and physical activity patterns are often the result of environmental and societal changes associated with development and lack of supportive policies in sectors such as health, agriculture, transport, urban planning, environment, food processing, distribution, marketing, and education.

The rising tide of the obesity epidemic began almost simultaneously in most developed countries in the 1970s and 80s. One of the theories that has been proposed to explain the obesity surge in the last decades of the 20th century in developed countries is based on a critical switch in energy balance in 1960s and 70s in most high-income countries. In the first half of the 20th century, the increasing urbanization and mechanization reduced the energy expenditure requirements for daily living. This reduced physical activity-related energy expenditure

A global health priority

Today, more than 1 billion people have obesity—650 million adults, 340 million adolescents and 39 million children worldwide. While the genetic predisposition for obesity has likely been present throughout populations, several environmental changes have inadvertently contributed to weight gain. These changes include the rise in sedentary lifestyles and the development of highly processed foods, among other factors. As a result, overweight and obesity have become the fifth leading risk for global deaths, accounting for approximately 4 million deaths

each year. Remarkably, in every region of the world, the number of people with obesity exceeds those classified as underweight, with the exception of sub-Saharan Africa and Asia.

Global obesity landscape

While many of the same trends of increasing obesity prevalence can be seen around the world, the global obesity landscape is highly varied. Some of the highest obesity levels are found in Pacific Island countries such as Samoa, Tonga and Tuvalu. Other countries topping the table include six English-speaking nations—the US, UK, Australia, Canada, Ireland and New Zealand—that are home to almost a fifth of people with obesity globally. Today, obesity is rising fastest in low- and middle-income countries as well as Small Island Developing States (SIDS), where many countries are also grappling with undernutrition. A majority of the population in such countries have adopted elements of western diet that triggers the obesity epidemic, particularly an increase in ultra-processed foods in high in fat, sugar, and salt. Simultaneously, a decrease in dependence on manual labor force has led to increasingly sedentary lifestyles; continued economic growth among the world’s low- and middle-income countries will only intensify the magnitude of obesity on health, wellbeing, and productivity.

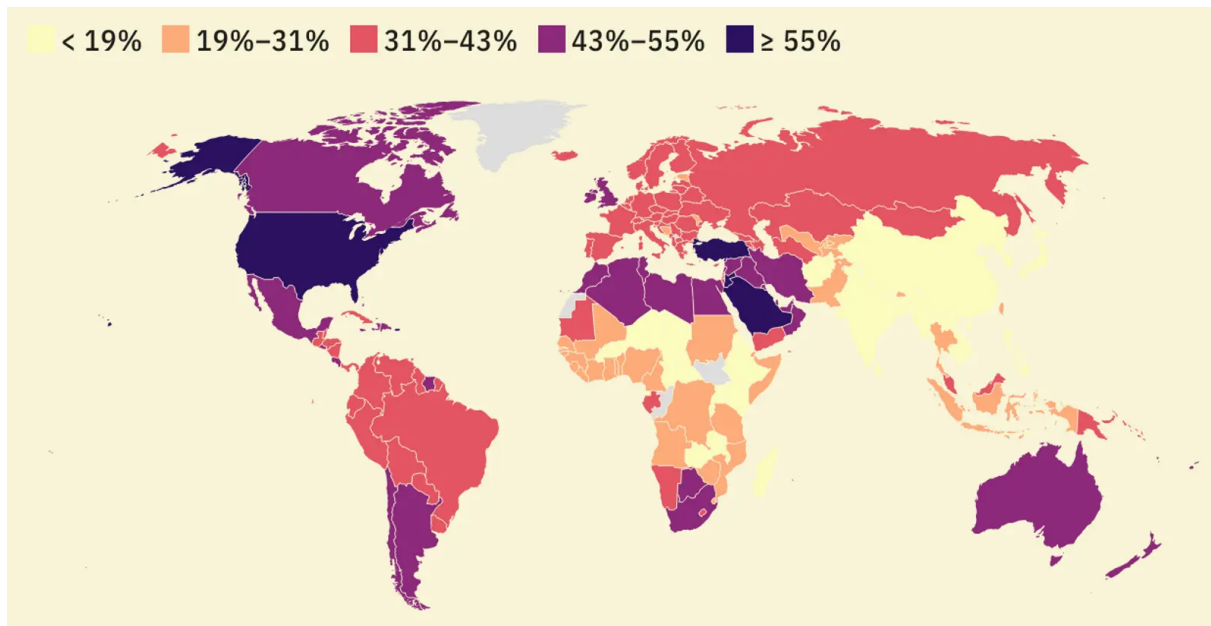


Figure 1: Percentage of the adult population projected to be obese by 2035 (World Obesity)

A decade of neglect

Historically, obesity has been considered in isolation from other major challenges. In the past three to four decades, overweight and obesity have evolved from relatively minor concerns that primarily affect developed countries into a major threat to public health. While the plight of the most affected populations, such as those in high-income countries like North America, have received much attention, the more recent increases in obesity in low- and middle-income countries have been overlooked.

Fragmentation and undervaluation of obesity hinder progress toward curbing the obesity trends, jeopardizing other NCD targets and relevant SDG targets, universal health coverage (UHC), and malnutrition. The

lack of progress impedes achievement of the WHO Triple Billion targets, including the aim to have 1 billion people enjoying better health and wellbeing, improved protection from health emergencies, and benefitting from UHC. Fortunately, our collective understanding of the significance of tackling obesity, as well as of successful regional implementation of policies and interventions, has increased over the last decades—it is crucial that we use this understanding to raise obesity as a wider global health agenda.

Consequences of obesity

Impact on global health

The increase in obesity worldwide has a significant impact on health impairment and reduced quality of life. In particular, obesity has an important contribution to the global incidence of cardiovascular disease, type 2 diabetes, cancer, osteoarthritis, work disability and sleep apnea. While obesity by itself puts individuals at greater risk for mortality, it is also part of a progressive disease state that starts with carrying excessive weight and leads to the developments of NCDs. Obese individuals without comorbidities are still at risk for developing the disease of obesity, a condition by which obesity is accompanied by additional comorbidities such as high blood pressure, high blood glucose, or high cholesterol.

Economic impact

Projected figures for the economic impact of overweight and obesity from 2020 to 2035 are shown in the table (Fig. 3) below. Here, the economic impact includes both the healthcare costs of treating obesity and its consequences and the impact of high BMI on economic productivity, with high BMI contributing to absenteeism, presenteeism, and premature retirement or death. The economic impact is estimated to reduce global GDP by 2.4% rising to 2.9% by 2035.

	2020	2025	2030	2035
Economic impact (US\$ at 2019 value) (trillions)	US\$ 1.96	US\$ 2.47	US\$ 3.23	US\$ 4.32
Impact as proportion of total global GDP	2.4%	2.5%	2.7%	2.9%

Figure 3: Global economic impact of overweight and obesity 2020-2035 (World Obesity Atlas 2023)

Measuring the economic impact of obesity and its subsequent occurrence of all NCDs can indicate the cost impact of failing to tackle the disease as well as the benefits of interventions to lower the current trend. To date, much of the research on the economic impact of obesity has been limited to studies from high-income countries, but we must acknowledge that the economic impact is substantial irrespective of income level and geographic context. As of 2023, the World Obesity Federation predicts that the global economic impact of overweight and obesity will reach \$4.32 trillion (USD) annually by 2035 if current prevention and treatment measures do not improve. Every single region will see an increase in economic impact by then, with the Americas (North, Central and South America) shouldering the highest costs as a proportion of 3.7% of GDP and the Western Pacific region the highest total costs of \$1.56 trillion (USD).

Building momentum

The vast differences in obesity prevalence and the economic impact between regions and levels of economic development, as well as the differing political situations and entry points highlights the importance of contextualizing the global policy and tailoring the local context in terms of need and situation.

Global obesity policy

Over the past decade, in response to the growing burden of obesity and related chronic diseases, many countries have adopted policies aimed at improving diet quality, with an emphasis on limiting the intake of sugars. Several countries and their regions have implemented sugar taxation as a strategy to reduce intake and generate revenue to support public health efforts. Additionally, several countries have also embraced front-of-package nutrition labels to guide consumers in making healthier choices. Despite some significant steps taken to reverse global trends, the relentless increases in obesity prevalence indicate that these efforts have been insufficient. In fact, no country has witnessed a decline in obesity prevalence since 1975, including childhood obesity rates. As the world grapples with rising obesity and chronic disease burdens alongside infectious disease epidemics, there is an urgent need for coordinated actions across all countries and sectors of society to prioritize the reduction of risk factors for obesity.

Major Parties Involved

International Obesity Task Force (IOTF)

Established in May 1996 to tackle the emerging global epidemic of obesity, The International Obesity Task Force (IOTF) is a branch of the International Association for the Study of Obesity (IASO), an organization that represents 43 National Obesity Associations across the globe. IOTF is composed of world experts in the field of obesity and related diseases from around the world, collaborating closely with the WHO and relevant international health organizations, as well as national governments, to raise awareness and help craft solutions to the global epidemic of obesity. The IOTF aims to take action on the prevention and management of overweight and obesity and endeavors to create an environment that supports the development of appropriate measures. The IOTF initiative has outlined the following main goals: increase awareness on obesity as a serious medical condition and a major health problem with substantial economic cost, provide evidence and guidance for the development of better prevention and management strategies, secure the commitment of policymakers to action, and foster the development of structures that will enable and support the implementation of action on overweight and obesity.

World Obesity Federation

The World Obesity Federation is a member organization comprising over 65 national and regional associations, representing professional members of the scientific, medical and research communities from various obesity associations. As a global convener of obesity stakeholders worldwide, the World Obesity Federation

mobilizes collective efforts to build leadership and capacity at transnational levels, monitor and track global progress, create and translate evidence, and align resources to address obesity as a leading contributor to NCDs, and, therefore, a threat to global health and wellbeing.

Food and Agriculture Organization of the United Nations (FAO)

Consisting of 49 member states, the Food and Agriculture Organisation (FAO) collaborates closely with WHO in addressing the global obesity crisis. Embracing a comprehensive “food systems” approach, FAO examines the entirety of a food chain, from the farm to individuals’ plates. Its focus is on instigating transformative changes in the production, processing, distribution and consumption of food. FAO acknowledges the feasibility of making affordable, healthy diets accessible to all—it underscores the pivotal role of governments in implementing public policies and laws that target food environments, thereby supporting the availability of healthy dietary options to combat obesity. FAO endeavours to emphasize the issue of the growing presence of inexpensive ultra-processed foods, which substantially contribute to the global rise in overweight and obesity. Thus, it urges governmental bodies to consider reforms across the entire food market spectrum.

The United States

In the landscape of high-income nations, the United States stands out with the highest rates of overweight and obesity, affecting a substantial one-third of its population, projected to rise around 50% by 2030. While recent estimates suggest that the overall rates of obesity have plateaued or even experienced a slight decline among certain groups, the overarching concern of rising obesity persists. Obesity continues to be a leading public health problem in the United States, manifesting in escalated healthcare use and expenditures, thus increasing both direct and indirect costs to society.

The US has adopted many strategies to control obesity issues internally. Such initiatives encompass a multifaceted approach, including the implementation of sugary drink taxation, concerted efforts through media influences, the enforcement of federal policies, and enacting various programs tailored to address obesity across different age demographics. As a significant participant in the global dialogue on mitigating obesity and rising obesity rates, the US has been actively engaged in the development and execution of interventions aimed at curbing this escalating trend.

Australia

Australia has one of the highest rates of overweight and obesity in the developed world, surpassing the average for countries that are members of the Organization for Economic Cooperation and Development (OECD). According to the Australian Institute of Health and Welfare, 63.4% of adults and 24% of children are currently classified as overweight or obese. One of Australia’s 2030 targets listed in the 10-year National Obesity Strategy, launched in 2022, aims to reduce the prevalence of obesity in adults generally, while the other target seeks to see the rates decrease among children by 5%. In order to achieve these targets, Australia has devised the National Obesity Strategy as guidance for all governments and relevant stakeholders to change the current conditions that

promote weight gain and support those living with overweight and obesity. The development strategy places a particular emphasis on creating equity, tackling weight stigma and discrimination, addressing wider determinants of health sustainability and empowering personal responsibility to enable healthy living.

Brazil

Brazil has long been recognized for its efforts to internally curb rising obesity rates. Since the emergence of obesity as a concern upon the publication of the National Food and Nutrition Policy (NFNP) in 1999, Brazil has acknowledged it as a central challenge in developing health and intersectoral policies. Brazil confronts the double burden of nutritional problems in its population: nutritional deficiencies on one hand and the increasing prevalence of overweight and obesity across all life stages and income groups on the other. To address this, Brazil has developed a comprehensive national and interdepartmental plan to prevent and control obesity. As a result, Brazil's initiative has been recognized for its commendable efforts in preventing and controlling obesity, including receiving an award from the United Nations Task Force for the Prevention and Control of Chronic NCDs.

Brazil is also the first country to make SMART commitments as part of the UN Decade of Action on Nutrition 2016-2025. These commitments outline the following three goals to combat obesity: stop the growth in adult obesity rate, reduce by at least 30% consumption of sugar-sweetened beverages among adults, and increase by at least 17.8% the proportion of adults who regularly eat fruit and vegetables.

Previous Attempts to Resolve the Issue

WHO Global Strategy on Diet, Physical Activity and Health (2011)

Adopted by the World Health Assembly in 2004 and reaffirmed in a 2011 political declaration on NCDs, the WHO Global Strategy on Diet, Physical Activity and Health outlines the necessary actions to support healthy diets and regular physical activity. This strategy urges all stakeholders to take action at global, regional and local levels to enhance diets and physical activity patterns at the population level, offering guidelines directly relevant to addressing increasing obesity rates.

WHO Acceleration Plan to Stop Obesity (2022)

Endorsed at the 75th World Health Assembly, the WHO Acceleration Plan to Stop Obesity is a comprehensive initiative for preventing and managing the increasing global obesity rates. The plan identifies priority actions, guides countries on implementation, outlines advocacy strategies for WHO and its partners, details engagement methods, and emphasizes global mobilization and progress monitoring. Its goals include; a) increasing the number of countries implementing effective policies to address prevention and management of obesity; b) improving policy efficiency and coverage and expanding access to obesity prevention and management services; c) reversing obesity trends in committed frontrunner countries in the coming years.

Draft recommendations for the prevention and management of obesity over life course, including targets (2021)

Based on resolution WHA74.4, member states crafted a Discussion paper on obesity prevention and management, proposing public policies in domains such as health, food systems, social protection, health literacy, and education. The paper suggests the development of comprehensive, evidence-informed national actions plans for preventing and managing obesity in all age groups

Global Action Plan on Physical Activity 2018-2030: More Active People for a Healthier World

The WHO global action plan provides guidance on effective and feasible policy actions to increase physical activity at all levels, proven to help prevent and treat overweight and obesity. Developed through a global consultation process involving various sectors, the plan encourages stronger regional and national coordination, emphasizing a whole-of-society response to supporting and valuing regular physical activity.

ROOTS Framework (2020)

In 2020, the World Obesity Federation, in consultation with its members, introduced the ROOTS framework which offers an ‘integrated, equitable, comprehensive and person-centered approach’ to addressing obesity. Focusing on five key pillars—Recognize obesity, Obesity monitoring, Obesity prevention, Treatment of obesity, Systems-based approach—the framework identifies the key areas in which action is needed to address obesity, while allowing for tailoring to suit different contexts, starting points, and economic situations.

Other approaches involve systematic collection of obesity data through monitoring and surveillance. Trends indicate that obesity monitoring and surveillance methods are categorized within obesity-specific studies, country-specific national health surveys, or occasionally within standardized surveys used across countries. While many countries undertake a certain level of monitoring and surveillance to varying standards, the lack of political commitment and inadequate research funding often contributes to the observed variation. Unfortunately, such measures—especially surveys—are not undertaken routinely, so they are less effective in providing evidence on obesity trends.

Possible Solutions

Despite growing recognition of the issue, the obesity epidemic continues in many countries, with obesity rates rapidly increasing around the world. While significant public health efforts are being directed towards addressing obesity globally, clear evidence of success is yet to emerge. Given its complexity, combating obesity requires multifaceted approaches that not only tackle the underlying factors contributing to obesity but also promote healthy lifestyles that ensure equitable access to healthcare and facilitate physical activity. Effective measures to curb rising obesity rates depend on understanding the interconnectedness of obesity and its determinants.

The prevention and management of obesity require healthy, supportive and conducive environments that enable the consumption of balanced diets, encourage adequate physical activity levels, and address mental health. Actions for overweight and obesity prevention and management should adopt systematic approaches from specific areas or actions, including:

- A whole-of-government and whole-of-society approach
- A life-course approach, in which primary preventive efforts are likely to have optimal effects if started in early childhood with parental involvement
- Integrated health services that provide a continuum of care, such as health promotion, disease prevention, diagnosis, treatment and management
- Policy-based approach that acknowledges the impact of obesity in all socioeconomic groups and in vulnerable populations

International bodies can play a crucial role in addressing rising obesity rates through the provision of technical guidance and cooperation to programs and policies. Delegates may also consider devising a long-term program of their own, which focuses comprehensively on surveillance, research, and evaluation of comprehensive data gathered on obesity and its determinants worldwide as a preliminary approach. Re-establishing global standards for policies and regulations pertaining to food marketing, with the aim of curbing the promotion of unhealthy diets that contribute to the rise in obesity rates, is another important strategy. Incentivizing stakeholders to establish businesses and campaigns in underserved areas and promoting intersectoral actions for obesity prevention are also vital.

Community efforts are also important to reverse the obesity epidemic. Such efforts should focus on supporting healthy diets and active lifestyles across various settings. One life-course approach may be on enhancing the Early Care and Education (ECE) environment in childcare and education facilities, which can have a direct impact on children's consumption habits and levels of activity, establishing a foundation of healthy habits for life and further preventing obesity in early childhood. In school settings, implementing strategies that improve the quality of physical education as well as extending the time students spend being physically active can be considered as a solution. While education about the risks of obesity is crucial, it is important to recognize that relying solely on the spread of knowledge and willpower is insufficient to curb the current trend. Comprehensive interventions that directly address lifestyle factors such as sedentary behaviors and lack of physical activity, in addition to raising awareness, must also take place to improve the public health outcome with relations to obesity.

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