Public Policy to contain obesity: “Highlights from Mexico”

Mauricio Hernández-Ávila
National Institute of Public Health, Mexico
Public Policy & Policy Making

- **Policy Making**: governments process to translate political vision into programs that change course of things.

- **One Essential Function of Public Health**: Develop policies to support individual and community health efforts

- **Public Policy is key to**:  
  - achieve changes at societal, population and individual levels

- **Adequate public policy making is key** to address society demands at local or national levels.

- **Good Policy**: leads to a measurable change in the intended direction, needs evaluation.
Presentation outline

- Mexico’s obesity problem
- Evidence for policy design
- Federal efforts
  - National Agreement for Nutritional Health: A strategy against obesity
  - Healthy fiscal policy efforts
- Local actions: the case of Mexico City
- Conclusion
Obesity in Mexico

- Obesity rates have increased in recent decades in all OECD countries
- In Mexico (2011), obesity was detected in 30.0% of the adult population, the second highest among OECD countries
- 52 million Mexicans carry excess weight (body mass index = >25 kg/m²)
  - In low-income women the rate: 9.8% in 1997 to 30.3% in 2005
  - In children 5 to 11 years old: increased from 5.5% in year 2000 to 8.6% in 2006
- Obesity one of the worst and most costly health problems:
  - With productivity losses due to obesity & premature death: 67 billion pesos. This cost will increase to 150.8 billion pesos by year 2017
Major Risk Factors that generate DALYs lost in Mexico, 2010

Figura 1. Principales causas de enfermedad y lesiones en función de las defunciones y los AVISA perdidos, México, 2010

- Alcohol
- Obesity
- Hyperglycemia
- Tobacco
- High BP
- Sedentary LS
Among OECD members countries, Mexico has the highest prevalence of diabetes.

Note: The data cover both Type 1 and Type 2 diabetes. Data are age-standardised to the World Standard Population.
Source: IDF (2009).
Factors that increase the risk of obesity in México

- Food insecurity and poverty
- Obesogenic environment
- Lowering breastfeeding trends
- Sedentary lifestyles
- High intake of energy dense & micronutrient-poor foods
- High percentage of calorie intake as "liquid calories": soft drinks, fruit drinks and 100% fruit and vegetable juices.
- Low accessibility vegetables, fruits, legumes, whole grains
- Low nutrition literacy and deficient front-of-pack labelling
- Heavy marketing of energy dense foods and fast food outlets
- Increasing portion sizes
- Weak regulation to protect children: schools and advertising
Policy response to the obesity crisis in Mexico: National Agreement for Alimentary Health: Strategy Against Obesity (TEN OBJECTIVES)

1. Increase physical activity
2. Promote drinking water over sweetened beverages
3. Decrease sugar and fat content in beverages
4. Increase consumption of vegetables, fruits, legumes, whole grains and dietary fiber
5. Simple labeling and nutrition literacy
6. Breastfeeding
7. Less sugar added in industrialized foods
8. Decrease saturated fats and trans fats in industrialize foods
9. Decrease portion size
10. Decrease salt intake
Distribution of activities and goals by Ministry

- Multi-sectorial Policy:
- NGO’s, unions, the media, the academic sector, and the food and beverage industries
Changes in [free] school breakfast program
6.5 million served every day in Mexico

- Low fat milk: 41.4% in 2009, 66.7% in 2010, 89.7% in 2011
- Complete cereal: 44.8% in 2009, 70.4% in 2010, 96.6% in 2011
- 2 or more legumes: 89.7% in 2009, 92.6% in 2010, 100.0% in 2011
- 2 or more fruits: 13.8% in 2009, 37.0% in 2010, 58.6% in 2011
- No sugary beverages: 17.2% in 2009, 18.5% in 2010, 48.28% in 2011

Low fat milk, Complete cereal, 2 or more legumes, 2 or more fruits, No sugary beverages

% de SEDIF

- 2009
- 2010
- 2011

6.5 million served every day in Mexico
Intersectional action to prevent and reduce obesity

**Education**

- Encourage physical activity at least 30 minutes each day in school
- Promote, through the school curriculum, drinking water and nutrition literacy
- [Ensure the installation of drinking water dispensers in public schools]
- [Restricting the availability of sweetened drinks at school campuses]
- Generate guidelines for school food providers aimed at reducing sugar consumption

**Treasury**

- Conduct studies regarding a healthy fiscal policy
Changes in school environment

1. Active promotion of nutrition literacy
2. Increase in physical activity
3. Access to healthy foods and beverages in schools

Federal Guidelines
1. Portion size \( \leq 130 \text{ kcal} \)
2. Total fat \( \leq 35\% \)
3. Lower: added sugar, saturated fat, trans fat, and salt
4. Increase in dietary fiber
Tax initiative

- In tax reform for 2014 Ministry of Treasury: 1 peso (US$ 0.08 cents) per liter tax on SSB (~ 10%)

- 1 peso/L approved by both lower chamber and Senate (currently discussing)
  - 1 peso/L tax to SSB
  - 8% tax on “junk food” with an energy density of 275 Kcal/100g

- Evaluation in progress
  - Impact on consumption
  - Industry response
## Sugar sweetened beverages (SSB) tax

- Special tax on production or services **$1.00 Mexican peso per liter** to sugar sweetened beverages
- Tax applied to manufacturers or importers

### Taxed beverages
- Sugar sweetened beverages: Manufactured by dissolving in water any type of sugar and juices or fruit juice concentrates
- Concentrates, powders, or extracts with added sugars*
- Sport drinks with added sugars

*($1 per liter obtained after adding water to obtain a beverage)

### Non taxed beverages
- Products included in the sanitary category of (oral rehydration solution, syrups).
- Milk (including sweetened)
- Beverages in restaurants, bars and other locations where services are offered.
- 100% natural juices
Tax to energy dense junk food

- An 8% tax to non-basic foods with an energy density of ≥275 kcal per 100g.

**Taxed products**

- Chips and other packed snacks
- Confectionery
- Chocolates and other products derived from coco
- Puddings
- Candies
- Peanut and hazelnut creams
- Milk candies
- Cereal based products*
- Ice creams, sherbets and popsicles

**Basic foods exempt from tax**

- **Wheat chain**: “tortillas”, pasta, bread (without sugar), flour, wheat products without sugar.
- **Corn chain**: “tortilla”, “nixtamal” and corn “masa”, corn products without sugar.
- **Other cereal chain**: cereal based weaning foods, other cereal based foods without sugar, bread without sugar
Local efforts

Building a case: -Why should we do something about obesity? And why at local level?

- Empower communities to organize for change
- Increase availability of healthy food & beverages
- Support healthy food and beverage choices: nutrition literacy and adequate labeling
- Healthy pregnancy and encourage breastfeeding
- Facilitate physical activity and decrease sedentary activity among children & youth
- Safer communities, with en environment that enable physical activity
Local efforts in Mexico City

**Saludarte**: is a Program aimed to provide food assistance and education on nutrition, physical activity, arts, and strengthening citizenship values.

Focus on schools located in poverty areas of Mexico City.
SaludArte intervention lines

**Free meals and nutrition literacy**

- Free daily meal based on strict nutritional standards
- Class work to increase nutrition literacy of children and parents.

**Physical activity**

- Physical activity aimed to increase the appreciation of exercise as a healthy choice and to decrease sedentary activities.
SaludArte intervention lines

Art and culture Promotion

- Improve equity with access to artistic education.
- Art and culture as a strategy to develop prosocial attitudes and beliefs
- Social skills training

Promote reponsible “Citizenship”

- Improve the way children interact by improving their social skills
- Self-control and social skills
- Resolve problems without force or violence
What is certain is that the obesity epidemic is unlikely to come to an end without interventions.

At present, the best scientific advice suggests that solutions will not be found in exhortations for greater individual responsibility nor in short-term fragmented initiatives.

For a successful policy against obesity we need to act at multiple levels and sectors, from the national through the local to the individual level.