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## EXECUTIVE SUMMARY

# A Landscape Analysis of Childhood and Adolescent Overweight and Obesity in Peru

Policy recommendations to address them

## Objective

To offer a comprehensive, participatory and in-depth analysis of the problem of overweight and obesity in children aged 0 to 11 years old and adolescents in Peru, including its determinants such as maternal nutrition, breastfeeding and infant feeding practices, diet, physical activity, and obesogenic environments. As well as an analysis of Peru's policies, laws and programs, and existing gaps and voids in scientific evidence.

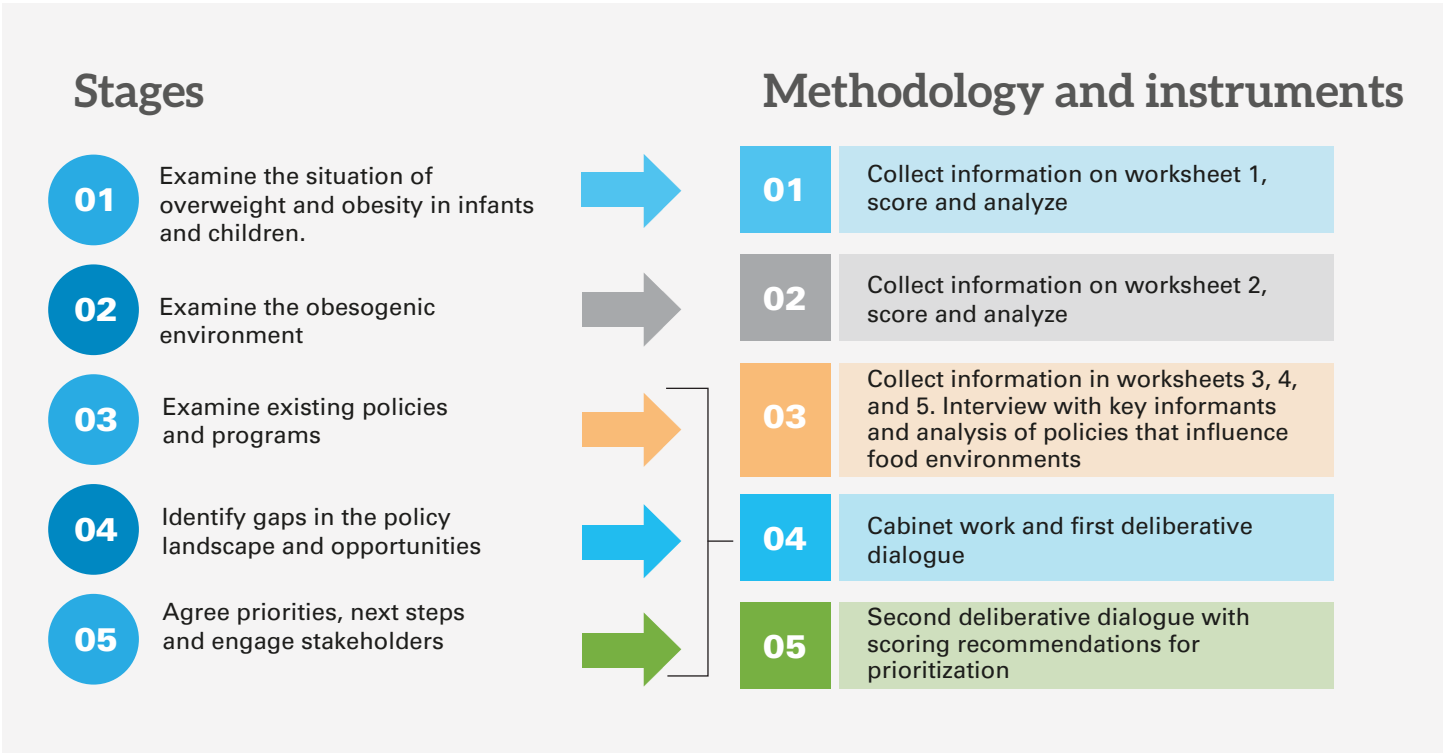
This landscape analysis was conducted using a tool designed by UNICEF with support from the World Health Organization (WHO).<sup>1</sup> Thus, multiple actors from government, civil society, academia, and private sector validated and agreed on recommended priority policy actions to support the review, design or improvement of national policies and strategies for prevention of childhood overweight and obesity in Peru.

# Stages of the landscape analysis

Six stages of the landscape analysis tool were followed to collect information and assess the nutritional situation of children and adolescents (see Figure 1). In **Stage 1**, the magnitude of the prevalence of childhood overweight and obesity was assessed, including their trajectories and behavior. In **Stage 2**, based on the available information, the obesogenic environment in which children and adolescents grow and develop was analyzed, from maternal, pre- and perinatal factors, dietary intake, physical activity, exposure to advertising, sleep, drinking water consumption, etc. In **Stage 3**, policies were examined to understand how the obesogenic environment is being addressed, and how healthy diets and physical activity are promoted using a systems approach.

In **Stage 4**, a survey, interviews and stakeholder consultations were used to look at the political, institutional and cultural factors influencing the response to childhood overweight and obesity, as well as political leadership and private sector engagement. A list of potential public policy recommendations was developed, which stemmed from the deliberative dialogue sessions. In **Stage 5**, through two sessions of deliberative dialogue with multiple actors (government, civil society, academia, and private sector) recommendations were presented and validated to then establish consensus of priority recommendations and establish who is responsible for the prevention and control of overweight and obesity in women, children and adolescents in Peru.

Figure 1. Steps to complete the landscape analysis on childhood overweight and obesity







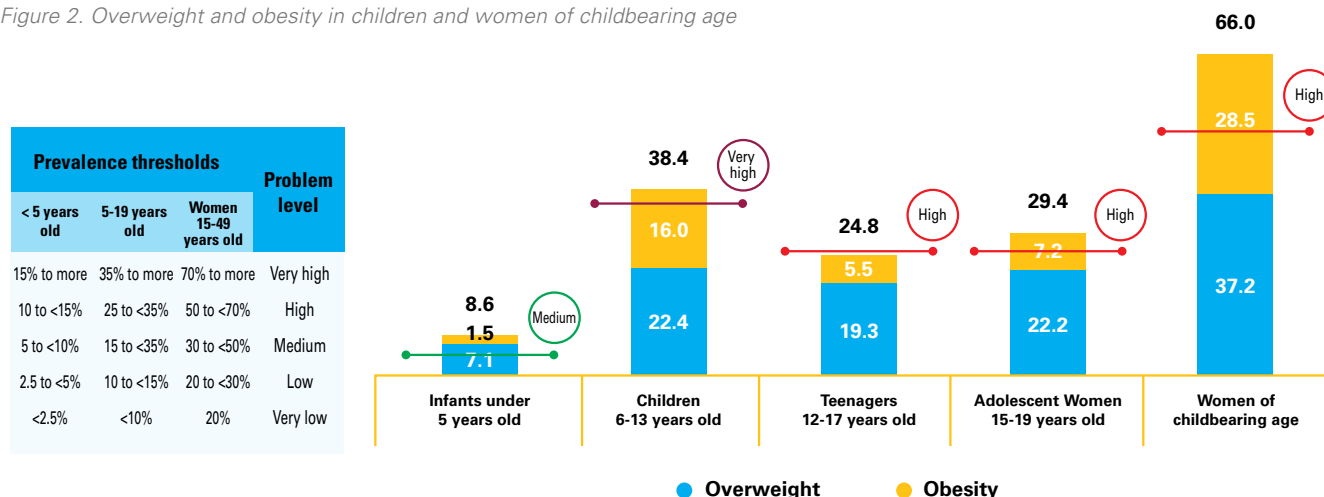
## The results of the landscape analysis

### Situation analysis

**In Peru**, overweight and obesity affect 8.6 % of children under 5 years old,<sup>4</sup> considered as a **medium** problem (see Figure 2). Among children aged 6 to 13 years old it is considered a **very high** problem at 38.4%,<sup>5</sup> while in adolescents the prevalence of overweight and obesity is considered a **high** problem at 24.8%.<sup>6</sup> Three out of 10

adolescent girls between 15-19 years old live with either overweight or obesity, and when they reach adulthood more than half will live with this condition.<sup>7</sup> From the analysis of trends, it is known that the figures are increasing rapidly, predicting that by 2030 more than 1 million Peruvian children between 5 and 19 years old will be living with obesity.<sup>8</sup>

Figure 2. Overweight and obesity in children and women of childbearing age



Cut-off points: Landscape analysis tool on overweight and obesity in children and adolescents

In Peruvian children under 5 years old, overweight is the most common form **of malnutrition by far** (see Figure 3). Both forms, overweight and obesity, are twice as high in urban areas (10%) compared to rural areas (4.9%). Due to its magnitude, overweight and obesity are considered a **high** problem **in** urban children under 5 years old.

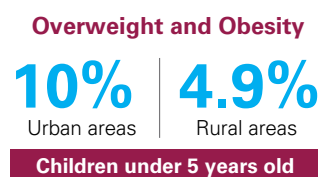
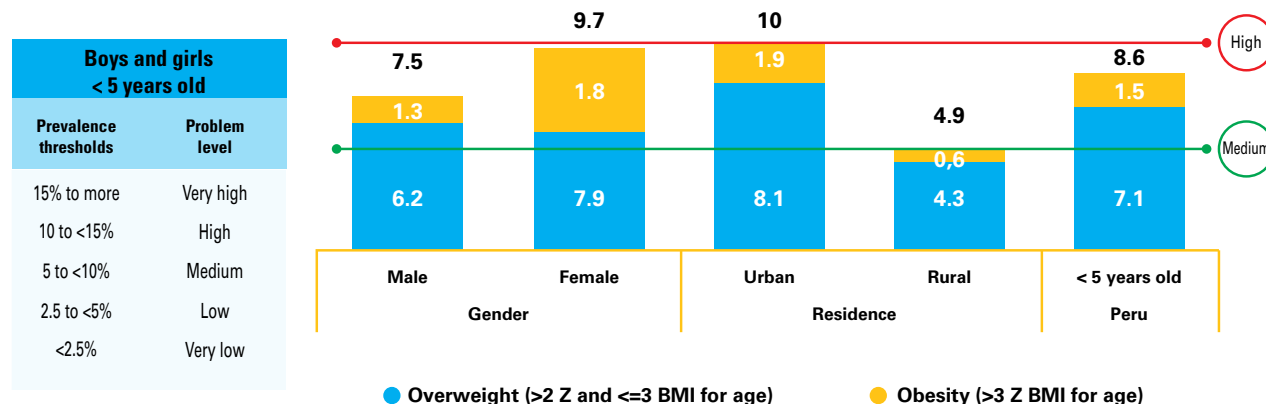


Figure 3. Overweight and obesity in children under 5 years old



Cut-off points: Landscape analysis tool on overweight and obesity in children and adolescents

In the 6-13-year-old group, overweight and obesity affect 38.4%, configured as a **very high** problem (see Figure 4), while in adolescents **between 12 to 17 years old** (24.8%) it is considered as a **high** problem (see Figure 5). Both groups, residing in Metropolitan Lima and other urban areas, have a much higher prevalence than their peers in rural areas.

Figure 4. Overweight and obesity in children of 6-13 years old

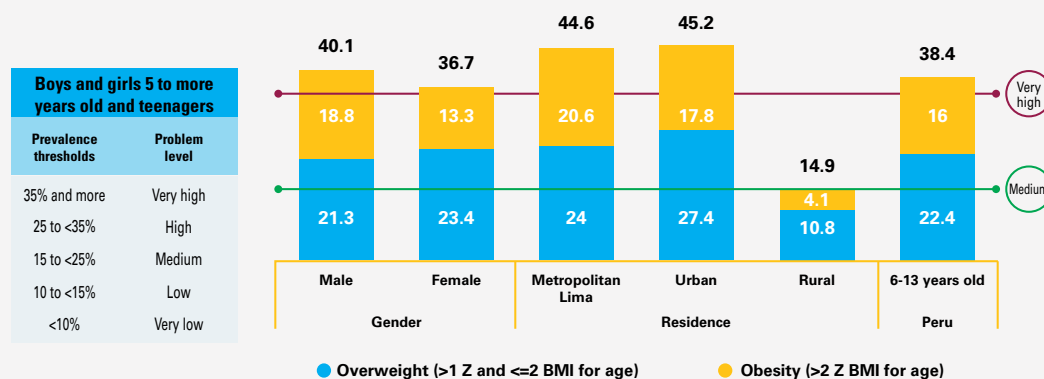
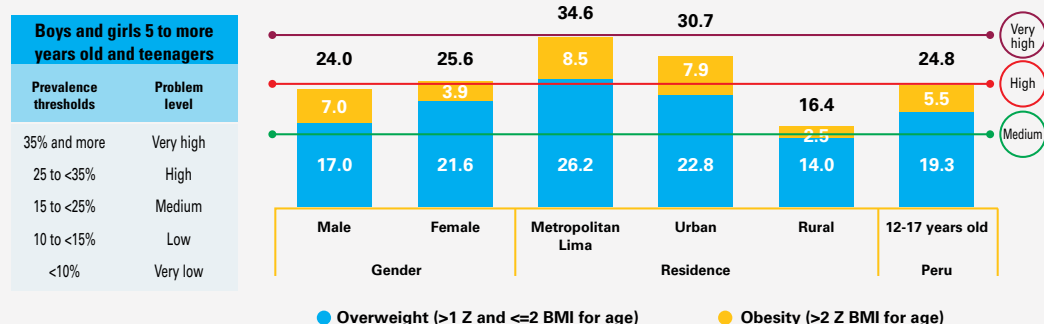


Figure 5. Overweight and obesity in adolescents aged 12-17 years old






Cut-off points: Landscape analysis tool on overweight and obesity in children and adolescents

Between 1991 and 2018, the rise in prevalence of overweight and obesity in children under 5 years old has been **low or non-growing**. Because of this behavior, Peru is **on course** to reach Target 4 of the Global Nutrition Targets by 2025: To ensure that child overweight does not increase (see Figure 6). This is not the case with children

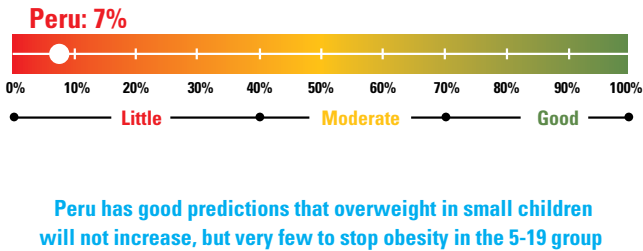
over the age of 5 and adolescents, where the growth rate of overweight is **fast growing** and obesity is **very fast growing**. Therefore, meeting the global targets for obesity in the 5-19-year-old group, - not increasing the prevalence of obesity by 2025 compared to 2010 -, is **unlikely** in Peru.

Figure 6. Reaching WHO and UNICEF targets for childhood overweight and obesity in Peru

Number of countries according to course to reach the WHO/UNICEF global target of overweight in children <5 years old by 2025

			
	No data	Out of progress	In progress
Peru			✓
South America	0	2	10
Latin America and the Caribbean	6	4	23
World	39	50	105

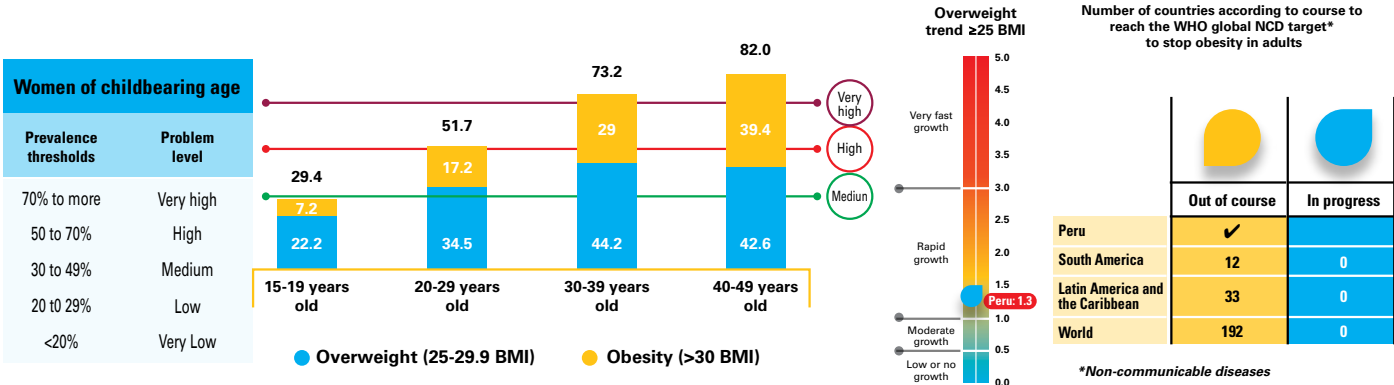
Odds of meeting the OMS obesity goal in children and adolescents aged 5-19 years old by 2025



According to the landscape analysis, obesity in women of childbearing age (WCA) is an important prenatal risk for development of childhood obesity. Due to its prevalence, it is considered a moderate or medium problem in adolescents aged 15 and 19 years old (29.4%), but from now on it will receive worrying levels: **high and very**

**high** (see Figure 7). Due to its rapid increase in recent years, overweight and obesity in WCA is considered **fast growing** (score 1.3), in addition, Peru is considered **off course** to reach the goal in relation to NCDs, to stop the increase in obesity in adults.

Figure 7. Obesity in 15-49-year-old women in Peru, trend and reach of goals on Non-Communicable Diseases



Cut-off points: Landscape analysis tool on overweight and obesity in children and adolescents





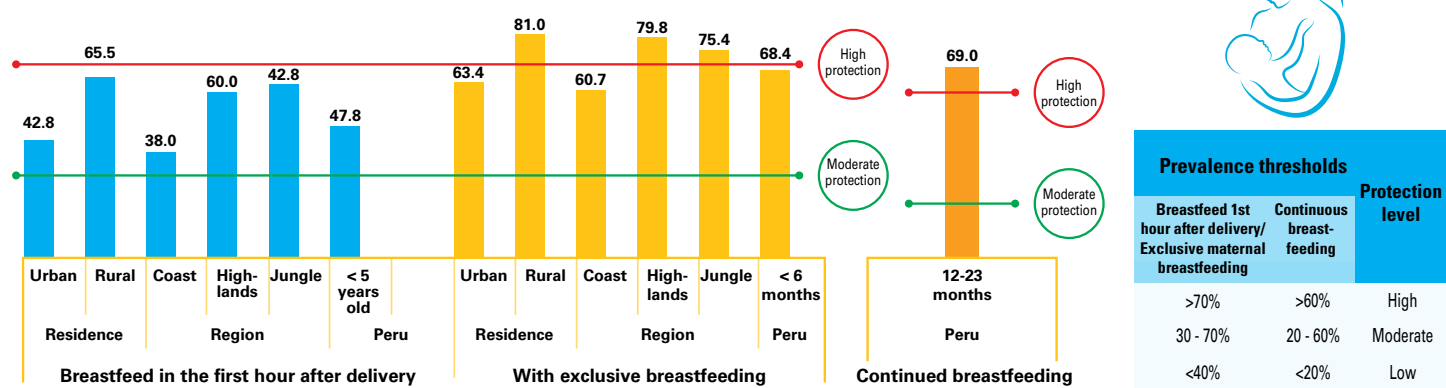
Breastfeeding is considered protective against childhood obesity. As of 2020, in Peru about half of children under 5 years old breastfed within the first hour after delivery (47.8 %),<sup>7</sup> while 68.4% of infants younger than 6 months were exclusively breastfed<sup>7</sup> (see Figure 8). Both practices provide **moderate protection** and indicate good progress in the fight against childhood obesity. In Peru, it is rural children and those in the highlands and jungle regions who have better protection profiles. On the other hand, 69% of children aged 12-23 months continue to breastfeed, which gives the country a **high level of protection** in the fight against childhood obesity.

Despite these good results, some experts believe that it is necessary to improve the methodology that currently

measures the practice of breastfeeding in Peru, especially that of exclusive breastfeeding.

As they grow older, girls and boys face risk factors such as unhealthy eating and physical inactivity, accentuated in times of pandemic. The landscape analysis found that the high consumption of sugary drinks such as soft drinks and juices consumed daily,<sup>9</sup> constitute a **moderate** risk factor. Two other early-age risk factors include that at least 20 per cent of schools do not provide safe drinking water<sup>10</sup> and that 70% of children and adolescents do not meet recommended levels of physical activity.<sup>11,12</sup>

Figure 8. Reach of the goals on breastfeeding, considering the Landscape Analysis tool



Cut-off points: Landscape analysis tool on overweight and obesity in children and adolescents

## Analysis of policies and programmes

**The Peruvian State** takes into consideration international regulations, treaties and guidelines that support prioritizing the issue of childhood overweight and obesity, namely the 2030 Agenda for Sustainable Development;<sup>13</sup> The United Nations Convention on the Rights of the Child,<sup>14</sup> relating to the health and nutrition of the youngest children; the Plan of Action for the Prevention and Control of Non-Communicable Diseases in the Americas 2013-2019;<sup>15</sup> The Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition;<sup>16</sup> UNICEF's 2020-2030 Strategic Plan that enables the achievement of the Sustainable Development Goals, focusing on every child surviving and thriving, learning, being protected from violence and exploitation, living in a safe, clean environment and having equal opportunities in life<sup>17</sup> as well as the 2016-2030 Health Strategy.<sup>18</sup> These plans and strategies continue to prioritize and evaluate the progress or setbacks of public policies to address overweight and obesity in children in Peru.

**Peru is committed** to addressing the increase in overweight and obesity in children. The National Multisectoral Health Policy to 2030 "Peru, Healthy Country"<sup>19</sup> - aligned with the State Policies of the National Agreement - includes the issue of overweight and obesity as one of the country's priority health areas. In Peru, numerous laws, manuals and decrees can contribute to prevention and control of overweight and obesity, among which are: The Law for the Promotion of Healthy Eating for Children;<sup>20</sup> the Manual of Advertising Warnings;<sup>21</sup> the Regulation on Surveillance and Sanitary Control of Food and Beverages; the Supreme Decree approving the National Plan for Food and Nutrition Security 2015-2021;<sup>22</sup> The Decree that approves the National Policy for Consumer Protection and Defense;<sup>23</sup> the Child Food Regulation<sup>24</sup> and the Law that promotes and regulates the use of bicycles as a means of Sustainable Transportation.<sup>25</sup>



**The landscape analysis shows** that Peru's regulatory framework for promoting good food is broad, recent and evidence based. However, there are still gaps to strengthen the systems of follow-up, monitoring, evaluation, sanctions, budget allocation and clarify the responsibilities of institutions that ensure compliance with laws and regulations.

From the landscape analysis arose the issue of prioritizing childhood obesity in ages from 6 years old to 11 years old and in adolescence. This is a challenge because the interventions and programs with the most attention and budget are those aimed at the health and nutrition of pregnant women and children under 5 years old. The regulatory framework in Peru is up-to-date, it is consistent with the guidelines followed in other countries to manage childhood overweight and obesity, but requires implementation, monitoring, allocation of sanctions and budget (*see Figure 9*).

Figure 9. Key domains and calls to action from the landscape analysis of overweight and childhood obesity in Peru



## Development and prioritization of recommendations for the prevention of childhood overweight and obesity in Peru.

The landscape analysis on childhood overweight and obesity allowed for an in-depth review of statistics, determinants, existing policies, laws, regulations, strategies and programmes, as well as the voices of experts. With these inputs, the working group and consultants constructed a set of 24 recommendations, which were discussed in a broad deliberative dialogue (see Figure 10).

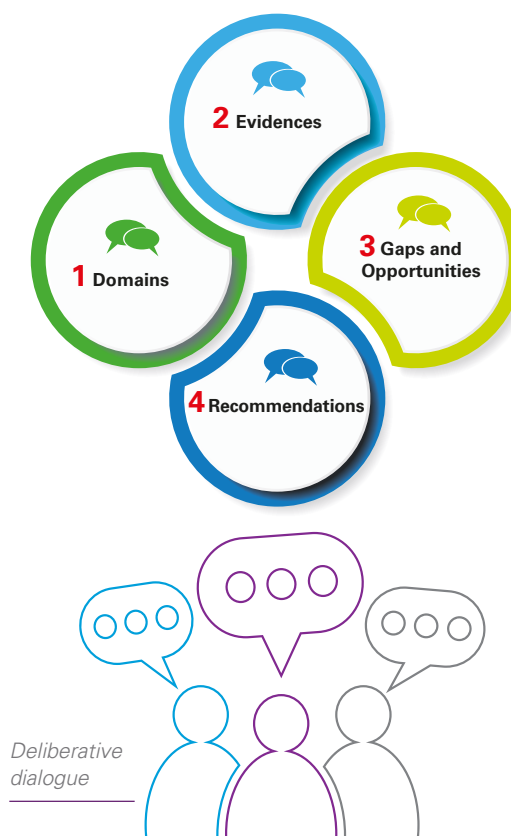
### >> The goal of the deliberative dialogue

was to create a virtual conversation space (due to the pandemic) with key actors to review the recommendations to ensure they could strengthen existing or formulate new policy guidelines to address the situation of overweight and obesity in Peruvian children and adolescents.

### >> The question for deliberation was:

What are the multisectoral recommendations for policies, interventions and strategies to address the situation of overweight and obesity in Peruvian children and adolescents?

Figure 10. Developing recommendations based on documentary evidence and interviews with key informants<sup>22,23</sup>





## The policy recommendations that emerged to address the childhood overweight and obesity epidemic were organized into three groups:

- A.** Cross-cutting recommendations on governance, budget, regulatory framework, monitoring, communication, training and communication for knowledge development, research and management;
- B.** Systems recommendations, framed within the five systems developed in the Innocenti Framework and UNICEF Nutrition Strategy 2020-2030: food, health, education, social protection, water and sanitation;
- C.** Recommendations for the private sector.

The recommendations went through a process of analysis, review and adjustment by a strong work team comprised by the National Center for Food and Nutrition (CENAN), attached to the National Institute of Health, UNICEF, the World Food Program (WFP), the Pan American Health Organization (PAHO), and a group of expert consultants on childhood overweight and obesity issues and methodologies for the design of recommendations at the public policy level.

In this consultation process, in order to give them more validity, these recommendations were discussed and prioritized in the two deliberative dialogue sessions attended by national expert guests, from various sectors such as: food, health, education, urban planning, academia and the private sector.



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### As a result of the deliberative dialogue,

the prioritized recommendations maintained the same structure by transversal axes, systems and private sector. They were organized according to the average score obtained by each of the working groups comprised during the dialogue process. Criteria used for prioritization were:

- 1. relevance**
- 2. acceptance**
- 3. feasibility**

The following table shows that the 24 general recommendations proposed are relevant, which was the most dominate criterion, followed by acceptance and, finally, the feasibility criterion.

**Table 1.** Public policy recommendations prioritized temporally in their application and organized according to the transversal axes, systems approach and the private sector

Recommendations	Term	Responsible
<b>TRANSVERSAL AXES</b>		
<b>1. Governance.</b> Prioritize overweight and obesity in the general population on the public agenda, with special emphasis on children and women of childbearing age, through multisectoral and intergovernmental actions aimed at promoting healthy eating and lifestyles, to the prevention and control of this epidemic, recognizing overweight and obesity as a public health problem for the country.	Short	Congress of the Republic, Presidency of the Council of Ministers (PCM), Ministry of Health, Ministry of Development and Social Inclusion, Ministry of Women and Vulnerable Populations and Ministry of Education.
<b>2. Governance.</b> Promote a governance body at the political, multisectoral and intergovernmental level, including the private sector, to address the overweight and obesity epidemic in the general population, with special emphasis on children and women of childbearing age.	Short	Congress of the Republic, Presidency of the Council of Ministers (PCM).
<b>3. Budget.</b> Ensure public investment at national, regional and local levels in all sectors involved in promoting healthy food and lifestyles, in preventing and controlling the epidemic of overweight and obesity in the general population, with special emphasis on children and women of childbearing age.	Short and medium	Congress of the Republic, Presidency of the Council of Ministers (PCM).
<b>4. Regulatory framework.</b> Strengthen the implementation actions of the Law on Promotion of Healthy Eating for Children, articulating it with other current regulatory frameworks, to make it an intersectoral and comprehensive policy in addressing the of overweight and obesity epidemic.	Short	Congress of the Republic, Presidency of the Council of Ministers (PCM), Ministry of Health, Ministry of Development and Social Inclusion, Ministry of Women and Vulnerable Populations and Ministry of Education.
<b>5. Regulatory framework.</b> Promote and strengthen fiscal policies on the selective consumption tax (ISC), considering aspects such as: 1. Increase ISC to industrialized sugary drinks, according to the evaluation of the impact of the current policy. 2. Expansion of ISC to sweetened beverages and processed foods with octagonal nutritional warnings (high in sugars, sodium, total fats and trans fats). 3. Create an ISC for processed foods and other formulas aimed at complementary feeding infants and young children.		
<b>6. Follow-up.</b> To strengthen the Observatory of Nutrition and the Study of Overweight and Obesity from its platform, as a multisectoral space to generate knowledge and data analysis, decision making, monitoring and systematic evaluation of policies, interventions and indicators.	Short	National Institute of Health and National Food and Nutrition Center, Ministry of Health, Ministry of Development and Social Inclusion, Ministry of Women and Vulnerable Populations and Ministry of Education.
<b>7. Follow-up.</b> Reactivate and guarantee permanence of the Multisectoral Commission on Breastfeeding for promotion and protection of breastfeeding.	Short	Ministry of Health, Lactared and other related agencies.
<b>8. Follow-up.</b> Develop an interoperative information and monitoring system that integrates administrative records of different sectors and levels of government, throughout the life cycle.	Short	Presidency of the Council of Ministers (PCM), Ministry of Health, Ministry of Development and Social Inclusion, Regional Governments.
<b>9. Follow-up.</b> Define constitutive indicators of the information and monitoring system at the national level, to promote healthy eating and lifestyles and prevention of overweight and obesity in children.	Short	

Recommendations	Term	Responsible
<b>TRANSVERSAL AXES</b>		
<b>10. Communication, training and communication for development.</b> To develop communication strategies in different instances and sectors for promotion of a healthy diet and lifestyles for prevention of overweight and obesity in children, using evidence-based resources, with an intercultural and gender approach.	Short	Presidency of the Council of Ministers (PCM), Ministry of Health, Ministry of Development and Social Inclusion, Regional Governments.
<b>11. Communication, training and communication for development.</b> Incorporate and/or reinforce in the training processes of staff of programs and services in all sectors the systemic and preventive approach to malnutrition in all its forms, throughout the life cycle.		
<b>12. Research and knowledge management.</b> Build a research agenda aimed at the academic, public, private, and civil society sectors on the determinants and strategies to prevent and address overweight and obesity in children and women of childbearing age.	Short	Presidency of the Council of Ministers (PCM), CONCYTEC, academia.
<b>SYSTEMS</b>		
<b>1. Food.</b> Strengthen cross-sectoral food educational tools with cultural adaptation (dietary guidelines, nutritional labeling, nutrient statements, octagons and infant feeding regulations) that support the prevention and control of the epidemic of overweight and obesity in the general population, with special emphasis on children and women of childbearing age in Peru.	Short	Ministry of Health, Ministry of Education and Ministry of Culture.
<b>2. Education.</b> Put on the public agenda the relevance of educational institutions (schools, institutes, universities) as an environment conducive to promotion of healthy eating and lifestyles, as well as for prevention of overweight and obesity in children and adolescents.	Short	Ministry of Health, Ministry of Development and Social Inclusion and Ministry of Education.
<b>3. Safe water supply, hygiene and city.</b> Improve and ensure access to and consumption of safe and permanent water in all educational institutions (schools, institutes, universities), homes and communities.	Medium	Congress of the Republic, Presidency of the Council of Ministers (PCM), Ministry of Housing and Construction, Ministry of Economy and Finance.
<b>4. Health.</b> Approve the “National Plan for Prevention and Control of Overweight and Obesity in the Context of COVID-19” and strengthen it for its application in a post-pandemic stage, articulating it with other regulatory frameworks that favor children well-being.	Short	Ministry of Health, Presidency of the Council of Ministers (PCM).
<b>5. Health.</b> Ensure quality health services to promote healthy eating and lifestyles, as well as for prevention, early detection and treatment of overweight and obesity in the general population, with emphasis on children and women of childbearing age.	Medium	Presidency of the Council of Ministers (PCM), Directors General of Health (DIREAS), Ministry of Health, Ministry of Women and Vulnerable Populations (MIMP).
<b>6. Social protection.</b> Develop and/or improve social protection programs at the inter-sectoral and inter-governmental level, for promotion of healthy eating and lifestyles, as well as for prevention of overweight and obesity in children in early childhood, between 6 and 11 years old, adolescents and pregnant women.	Medium	Presidency of the Council of Ministers (PCM), Ministry of Health, Ministry of Development and Social Inclusion, Ministry of Women and Vulnerable Populations, Ministry of Education, Regional Governments.
<b>7. Safe water supply, hygiene and city.</b> Strengthen the incentive mechanisms of local governments, public and private companies to promote: 1. Active transport, 2. Physical activity, 3. Access to green spaces and 4. Safe, urban and rural environments.	Medium	Congress of the Republic, Presidency of the Council of Ministers (PCM), Ministry of Transport and Communications, Regional and Local Governments.



Recommendations	Term	Responsible
<b>SYSTEMS</b>		
<b>8. Education.</b> Establish incentive mechanisms in educational institutions (schools, institutes, universities) for progressive implementation of the Law that promotes and regulates the use of bicycles as a means of sustainable transport, through conditioning of safe spaces for physical activity, parking for bicycles, etc. use of active transport to go to school, ensuring physical security in schools and nearby areas, during high school hours.	Medium	Congress of the Republic, Presidency of the Council of Ministers (PCM). Ministry of Education.
<b>9. Food.</b> Develop, articulate and guarantee a comprehensive and intersectoral control system of safety and nutritional quality, from production to consumption of food aimed at the general population, with emphasis on children and adolescents.	Medium	Ministry of Agrarian Development and Irrigation (MINAGRI), Ministry of Health, Regional Directors of Health (DIRESA).
<b>10. Health.</b> Review and adjust regulatory frameworks, protocols and guidelines related to the comprehensive care of pregnant women, children in early childhood, children aged 6 to 11 and adolescents, with a comprehensive approach to malnutrition by excess and deficiency.	Short	Presidency of the Council of Ministers (PCM), Congress of the Republic, Directors General of Health (DIRESA), Ministry of Health, Ministry of Social Inclusion and Vulnerable Populations and Ministry of Education, Ministry of Agrarian Development and Irrigation (MINAGRI), Ministry of Women and Vulnerable Populations (MIMP).
<b>11. Food.</b> Establish sustainable mechanisms of subsidy, public procurement and imports that guarantee access to and consumption of healthy food, aimed at the general population, with emphasis on children.	Medium	Congress of the Republic, Presidency of the Council of Ministers (PCM), Ministry of Economy and Finance, Ministry of Education, Ministry of Health and Ministry of Production.
<b>PRIVATE SECTOR</b>		
<b>1. Private sector.</b> Promote, respect and invest in actions that contribute to prevention of overweight and obesity in childhood, as well as promotion of healthy eating and lifestyles in the workplace and in the community.	Short	Chamber of Commerce.

**The challenge** with the results and recommendations that have emerged from the landscape analysis, from intersectoral and interinstitutional teamwork, from the interviews with key informants and deliberative dialogue, is to now initiate a communication process that positions childhood overweight and obesity as a priority in the Peruvian public agenda. In particular, for children between 6 and 11 years old and adolescents, to now appoint responsible agencies and required budget allocation to address this galloping problem.

**A child** who lives with overweight or obesity not only carries a physical burden, but also carries an emotional burden that makes them vulnerable to other children, adults and society. Those who live with overweight or obesity are at higher risk of being bullied, having episodes of anxiety depression, low self-esteem, unhappiness and becoming an adult with insecurities.



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