

2025

Executive Summary



Overweight and Obesity

A Landscape analysis for Zimbabwe



Kingdom of the Netherlands



UNIVERSITY OF ZIMBABWE



UNIVERSITY of the
WESTERN CAPE
INTERNATIONAL RELATIONS





Acronyms

BMS	Breast Milk Substitutes	MMF	Minimum Meal Frequency
CAGR	Compound Annual Growth Rate	NCDS	Non-Communicable Diseases
ECD	Early Development Centre	NPM	Nutrition Profiling Model
FBDGs	Food Based Dietary Guidelines	NPS	Nutrition Profiling System
FNC	Food and Nutrition Council	SADC	Southern African Development Community
FOPL	Front of Pack Labelling	SSB	Sugar Sweetened Beverages
GDP	Gross Domestic Product	STEPS	WHO Stepwise Approach
GNR	Global Nutrition Report	UNICEF	United Nations International Children's fund
HFSS	High Fat, Sugar and Salt	WHO	World Health Organization
JMEs	Joint Child Malnutrition Estimates	ZDHS	Zimbabwe Demographic Health Survey
MICS	Multiple Indicator Cluster survey	ZimVAC	Zimbabwe Vulnerability Assessment Committee
MAD	Minimum Acceptable diet		
MDD	Minimum Dietary Diversity		

Countries

AGO	Angola	MWI	Malawi
BWA	Botswana	NAM	Namibia
COM	Comoro Islands	SZ	Swaziland (Eswatini)
DRC	Democratic Republic of Congo	SYC	Seychelles
LSO	Lesotho	TZA	Tanzania
MDG	Madagascar	SA	South Africa
MOZ	Mozambique	ZMB	Zambia
MUS	Mauritius	ZWE	Zimbabwe

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Background

The global prevalence of overweight and obesity is rapidly increasing, with projections indicating a significant rise in adults and children by 2035. The majority of cases are expected to be in Low- and Middle-income Countries (World Obesity Atlas, 2024). Overweight and obesity pose serious health risks, including chronic diseases, cardiovascular issues and death, and can lead to emotional impacts such as bullying and stigma, and a reduced quality of life especially in children (UNICEF, 2021).

Prevalence and risk factors for overweight and obesity in Zimbabwe

Zimbabwe is no exception to this global problem. Overweight and obesity co-exist with preexisting issues of undernutrition (both stunting and wasting) and micronutrient deficiencies in what has been termed a “triple burden of malnutrition” (WHO Malnutrition, 2021). Latest estimates show that overweight and obesity increases rapidly with age in Zimbabwe, particularly among women and girls, with men rapidly catching up.

The World Health Organization (WHO) has issued a call to action, to address the global challenges of

overweight and obesity through its Acceleration Plan to Stop Obesity 2022. This plan aims to fulfill Sustainable Development Goal 3.4, which seeks to reduce premature mortality from non-communicable diseases by one third by 2030 and halt the rise in overweight and obesity.

In an effort to further investigate the situation of overweight and obesity in Zimbabwe, to raise awareness and advocate for long term public health strategies, to prevent the rising burden of overweight and obesity and its consequences, UNICEF conducted a comprehensive review to examine the current prevalence, trends and risk factors associated with overweight and obesity in the country. The review also in-cooperated an in-depth analysis of the enabling environment for prevention of overweight and obesity in Zimbabwe including the current policies and strategies in place and evidence of gaps in the existing policies.

The ultimate goal of this document is to use these findings to prioritize actions and recommendations aimed at reducing the rising rates of overweight and obesity in Zimbabwe.



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Purpose, objectives and methodology

Purpose

The purpose of the desk review is to provide evidence-based information to inform the development of a comprehensive policy/strategy aimed at preventing and managing overweight and obesity in Zimbabwe.

Objectives



1

Determine the prevalence and trends of overweight and obesity in Zimbabwe in relation to gender, age, region and socio-economic status across all age groups.

2

Compare the prevalence of overweight and obesity in Zimbabwe to the SADC region in relation to gender and age across all age groups.

3

Identify and gain insight to the factors contributing to overweight and obesity at the individual and environmental levels in Zimbabwe.

4

Examine existing policies, programmes, and initiatives aimed at preventing and managing overweight and obesity in Zimbabwe and determine gaps and challenges.

5

Highlight successful initiatives, best practices and strategies that can be scaled up or replicated.

6

Provide recommendations for policymakers, programmers, and stakeholders to address overweight and obesity effectively.

Methodology

The review used a secondary data and literature review approach, following the steps outlined in the landscape analysis tool for overweight and obesity in children and adolescents developed by UNICEF in 2022. A comprehensive analysis of secondary literature from national governments reports and academic publications was undertaken to understand the trends and prevalence of overweight and obesity, dietary patterns, infant feeding practices, risk factors and physical activity. Where national reports had insufficient data, supporting quantitative data was sourced from reputable global databases and grey literature.

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Key Findings

Prevalence of Overweight and Obesity in Zimbabwe

- Overweight and obesity are increasing at a rapid rate in Zimbabwe and presenting as a major public health risk alongside other forms of malnutrition including underweight (stunting and wasting) and micronutrient deficiencies.
- As of 2019, the prevalence of overweight and obesity in children under 5 years is 2.5%. Overweight and obesity has been on a downward trajectory in this age group from 6% in 2010 to 2.5% in 2019, however stunting prevalence in this age group remains high at 23.5%. Childhood stunting has been shown to increase the risk of overweight and obesity later in life, and associated with an increased risk of NCDs, such as heart disease, stroke, type 2 diabetes and some cancers (WHO Stunting in a nutshell, 2023).
- According to 2015 data, 1 in 7 children aged 5-19 years (14.4%) are overweight, with 1 in 27 (3.7%) being obese. Notably girls in this age group have a significantly higher prevalence of overweight and obesity (21.3%) compared to boys (6.5%). The trends between 2000 and 2015 reveal a concerning upward trajectory in overweight and obesity rates among both boys and girls, with a compound annual growth rate (CAGR) of 5.6% for girls and 7.7% for boys. While girls have a higher prevalence, a rapid growth rate among boys suggests that overweight and obesity are increasing more rapidly among boys.
- The prevalence of overweight and obesity among women aged 15-49 years has reached 34.9% in 2015, up from 31.3% in 2010. There is a significant age disparity, with 13.3% of women aged 15-19 years affected compared to 54% in women 40-49 years. Similarly, among men aged 15-49, the prevalence of overweight and obesity has risen to 12% in 2015, up from 9% in 2010. Moreover, men's risk of developing

overweight and obesity triples as they age, with men 40-49 years having a threefold risk compared to their younger counterparts aged 15-19 years. Although the prevalence of overweight and obesity is lower in men, it is experiencing a more rapid increase (CAGR 7.8%) compared to women (CAGR 3.2%).

- Overweight and obesity has been shown to be more prevalent in urban areas than rural areas. 1 in 2 urban women are either overweight or obese, with women 15-49 years with prevalence of overweight and obesity is 46.4% and in rural areas at 27.2%. Similarly, urban men have a prevalence of 20.9% compared to their rural counterparts at 7.3% as of 2015.
- A higher socio-economic status increases the risk of overweight and obesity in Zimbabwe with 49.7% of women from the highest wealth index overweight or obese compared to 19.3% in women from the lowest wealth index. Similarly, 26.1% of men 15-49 years with a higher wealth index are affected compared to 4.5% in men from the lowest wealth index.

Impact of overweight and obesity

Overweight and obesity is a significant risk factor for non-communicable diseases (NCDs) like cardiovascular diseases (CVDs), type-2-diabetes and some cancers. The prevalence of NCDs is rising in the country, with 1 in 3 deaths (39%) in Zimbabwe due to NCDs (WHO, 2023). The social impact of overweight and obesity in children includes bullying and stigma and an early onset of NCDs (UNICEF, 2021). Furthermore, the economic costs due to overweight and obesity are substantial with an estimated USD\$ 341.76 million in total costs. Direct and indirect costs made up 13.8% and 86.2% of total costs respectively in 2019 alone. By 2060, economic impacts are predicted to increase to USD\$1.88 billion. (World Obesity Federation, 2022).

Drivers of overweight and obesity in Zimbabwe

Individual drivers

Direct contributors to overweight and obesity in Zimbabwe encompass maternal and paternal nutritional status, including both overweight and undernutrition. Suboptimal infant child feeding practices, such as inadequate breastfeeding and poor complementary feeding alongside insufficient physical activity and unhealthy diets during childhood and adolescence, significantly influence this issue (UNICEF obesity report, 2021).

Environmental factors

Environmental factors indirectly influencing overweight and obesity in Zimbabwe include the impact of globalization on dietary habits. Globally, there is a major transition from nutritious traditional diets to modern mass produced, cheap, ultra-processed foods high in free sugars, salt and trans-fats. These foods lack the same nutritional value provided by traditional diets (Chopera P, 2022; UNICEF, 2021). In addition, the growing power of transnational food and beverage industry interests exacerbates the situation through heavy persuasive marketing of these ultra-processed, unhealthy foods. (UFS report, 2022; UNICEF, 2021).

Furthermore, the increasing prevalence of sedentary lifestyles increases the prevalence of overweight and obesity, driven by widespread adoption of technology and changing social and cultural norms that prioritize convenience over physical activity. This is due to more modern mechanized transport systems and access to computers, telephones and increased time spent on screens (UNICEF, 2021). Another contributory factor to overweight and obesity in Zimbabwe is the widening socio-economic divide, with poorer communities and households often exposed to unhealthy diets due to limited financial or other resources with healthier and nutritious meals less affordable and less practical (ZDHS, 2015, Urban ZimVAC 2023, UNICEF 2021). Lastly economic growth comes with rapid urbanization. Zimbabwe has been experiencing rapid urbanization in the past decades as the population migrates from rural areas to urban areas for economic growth. Generally,



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urbanization and urban life promotes convenience foods and therefore less healthy diets and less physical activity (UFS Zimbabwe report, 2022; Chopera P, 2022). All these factors create what are termed obesogenic environments.

Individual risk factors for overweight and obesity in Zimbabwe

- A range of pre and perinatal factors linked with increased risk of overweight and obesity later in life exist in Zimbabwe, including the high rate of overweight and obesity in women of reproductive age 15-49 years at 34.9% increases the risk of overweight and obesity in their children. Stunting in childhood, currently at 23.5% of children under 5 years, increases the risk of overweight and obesity later in life and brings a higher risk of NCDs (MICS,2019; ZDHS, 2015; WHO, 2015).
- Exclusive breastfeeding (41.9%) is below the World Health Assembly target of 70% by 2030 and only 13% of babies are breastfed until the age of two years. Exclusive breastfeeding has been shown to have a protective effect against obesity later in life (MICS, 2019; UNICEF, 2021).

- Zimbabwean children consume poor quality diets, characterized by low diversity with just 17% of children under 5 years consuming a diet with adequate dietary diversity and, in urban areas, 89.6% of children consuming zero fruit or vegetable (day prior to the survey) (MICS, 2019; Urban ZimVAC, 2023).
- Evidence also shows intake of sugar sweetened beverages starts from an early age as, in urban areas, 12% of children under 5 years consumed a sugar sweetened beverage a day prior to the survey (Urban ZimVAC, 2023).
- On average, 60% of adults in Zimbabwe consumed a sugar sweetened beverage (day prior to the survey). Exposure to unhealthy foods high in sugar, salt and unhealthy fats is significant as 30% of adults reported consumption of confectionery and 16% reported consumption of a salty snack (day prior to the survey) (Global diet project, 2023).
- Similarly, there is evidence that Zimbabwean children and adolescents have sub-optimal physical activity levels, as 43% of children and adolescents 8-19 years are not meeting the daily recommended levels of at least 60 minutes of moderate to vigorous-intensity physical activity. (Manyanga T, 2022).

Obesogenic environments

- Food and physical environments in Zimbabwe are increasingly obesogenic and fail to enable the uptake of healthy diets and physical activity.
- Urbanization over the past decade has witnessed a substantial growth in modern food retail outlets and fast-food establishments. For example, one popular fast-food chain has expanded its presence in Zimbabwe, now having over 330 outlets, including 45 newly opened ones in 2023, compared to 291 in 2022 (Herald, 2023).
- These fast-food outlets can be found along busy truck routes, in central business districts, in urban areas as well as the many newly emerging food courts. All these locations ensure consistent access to large volumes of children and adults alike.

- There is an increase in snack stands and push carts that sell unhealthy food high in sugar, salt and unhealthy fats, in and around school premises, bus stations, traffic lights and on walkways in city centers making unhealthy food easily accessible and available. (UFS Report Harare, 2022).
- Zimbabwe imports a lot of food stuffs from neighboring countries which are flooding the local markets due to weak food importation monitoring, making unhealthy foods easily accessible and available (UFS report, 2022; SADC, 2023).
- A staggering 89% of prepackaged food products surveyed featured child related marketing, specific product categories revealed even higher prevalence rates, including 91.1% of beverages, 88.75% of cereals, 89.57% of snack foods and 84.93% of sugar, sweets, chocolates and desserts targeted children with marketing strategies (Zimbabwe packaged foods report, 2024).
- Zimbabwe's food market is being inundated with imports from neighboring countries, which are flooding the local markets due to poor monitoring of food importations. This has made unhealthy foods readily accessible and widely available. (UFS report, 2022).
- Access to safe drinking water remains a pressing concern in schools and households, with 20% still lacking this basic commodity. Additionally, sugary carbonated drinks are currently more affordable than water (at the time of report writing), making them a more appealing option for both children and adults (MICS 2019).
- There is a lack of proper infrastructure for physical activity and active travel. Most neighborhood play areas have been run down, or converted to provide accommodation, further reducing the opportunity for children to engage in physical activity. Moreover, there is an increase in car ownership, with an 18% annual increase in car ownership since 2015, leading to congestion and pollution. To further compound this, walkways in city centers are crowded and taken over by vendors (Nyaude S, 2022).

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Zimbabwe Policy landscape - Gaps and opportunities

Gaps

- Zimbabwe faces a critical challenge in addressing the prevention of overweight and obesity, with the enabling environment that is not yet conducive to supporting the health and wellbeing of all children, adolescents and adults. While some important policies and programmes are in place, significant gaps remain in addressing the root causes of overweight and obesity, hindering progress towards short- and long-term transformation. The National Health Strategy 2021-2025 (NHS) and the National Nutrition Strategy 2014-2018 (NNS) have set ambitious goals to reduce overweight and obesity, but further action is needed to strengthen the policies, programmes, and implementation to ensure a supportive environment for all.
- Political commitment, awareness, and evidence regarding overweight and obesity remain low. Although the NHS and the NNS aim to improve nutrition and address overweight and obesity, their primary focus is on undernutrition and micronutrient deficiencies. Moreover, the strategies approach to non-communicable diseases (NCDs) leans heavily towards pharmacological management, lacking specific targets for overweight and obesity prevention and management, making it difficult to measure progress.
- While the regulation and enforcement of bans on marketing focus primarily on cigarettes and alcohol, unhealthy food marketing remains largely unaddressed. The Public Health Act and Food Standard Act aim to regulate imports to ensure access to healthy foods, but implementation and monitoring weaknesses allow unhealthy foods to inundate the market
- Critical gaps also exist in nutrition labelling, and monitoring of school food environments, including

adherence to school feeding guidelines and the sale of unhealthy food in and around premises, and weak monitoring of physical activity in schools.

- While Zimbabwe has taken a welcome first step towards reducing sugar consumption by introducing a sugar levy (0.001c per gram of sugar in the beverage), this measure only partially aligns with the WHO recommended 17.5-20% price increase, and more needs to be done to address the widespread consumption of sugar sweetened beverages and furthermore extend taxation to all unhealthy food products.
- There are no referral routes and counselling services for children and adults with overweight and obesity, coupled with limited capacity and awareness among health care staff.
- Furthermore, Zimbabwe's urban planning and infrastructure pose significant barriers to promoting active lifestyles. Minimum dedicated cycling lanes, pedestrian friendly walkways and poorly maintained safe play areas for children hinders the adoption of physical activity as a regular part of daily life, perpetuating a culture of sedentary lifestyle
- Awareness of overweight and obesity remains low in the country among children and adults, policy makers and qualified medical practitioners. There is also a major evidence gap on overweight and obesity including research, mental health, cultural norms, bullying and stigma.

Opportunity

- The NHS does, however, acknowledge the need to strengthen the primary health care capacity by improving and changing the health-care worker curriculum and training to align with the current epidemiological diseases in the country.

5

Conclusions and Recommendations

In conclusion, there is a need to implement policies and programs that stop the rise in overweight and obesity and ensure a long-term solution for the prevention and management of overweight and obesity, and other forms of malnutrition. To tackle this complex issue there is a need to adopt a comprehensive approach, leveraging the five systems that UNICEF promotes. By aligning efforts across these five systems, a supportive environment for healthy lifestyles, empowering individuals to make informed choices and reducing the burden of overweight and obesity in Zimbabwe can be attained, we therefore make the following recommendations.

Over-arching policies



1. Update the National Health Strategy 2020-2025 to include a focus on overweight and obesity as a public health issue of concern and prevention of diet related NCDs with a vision to 2030, including developing national targets on overweight and obesity with indicators to measure progress and a budgeted implementation plan.
2. Develop a national social and behavior change plan to create awareness and educate Zimbabwe's population on healthy eating, promotion of physical activity and prevention of NCDs.
3. Strengthen monitoring, data collection and reporting on overweight and obesity through scientific research, periodic surveys and annual nutrition surveillance programs.

Food Systems



1. Update existing legislation for food and food standards and ensure its monitoring and enforcement, including:
 - Finalize, enact and enforce the updated SI-46 to control the marketing of breastmilk substitutes.
 - Update the Food and Food Standards Act, and the Public Health Act. To enhance the safety and quality of food systems, improve management of food imports, and address porous borders.
 - Introduce comprehensive restrictions to protect children from the harmful impact of food marketing, including schools and on digital platforms.
 - Design evidence based, interpretative front-of-pack nutrition labelling requirements that identify foods and beverages with excess saturated fat, trans fats, free sugars and salt.
 - Implement a government endorsed nutrition profiling system to regulate food imports, warehousing, transport and food environments.
 - Strengthen the tax on all sugar sweetened beverages to meet the WHO recommended threshold, extending taxation to a broader range of unhealthy food products, including those high in added sugars, salt and unhealthy fats.
 - Monitor and enforce food fortification standards.
 - Develop regulations to safeguard the health and wellbeing of children, adolescents and adults by eliminating the use of harmful trans-fats in the food industry.
 - Adoption and capacity building on the Shake and Replace – salt reduction strategy.

2. Implement and endorse the use of government Food Based Dietary Guidelines for Zimbabwe.
3. Support and enforce the reformulation of processed foods to reduce salt, sugar and unhealthy fats.
4. Promote the consumption of nutrient- dense, locally available, and appropriate healthy complementary foods to support the development of infants and young children.
5. Provide subsidies and support for food producers and small-scale farmers, urban agriculture and community gardens to increase availability of healthier fruits and vegetables and quality protein sources.
6. Improve transport, logistics and storage systems to prevent food loss.

Health Systems



1. Finalize and validate overweight and obesity clinical guidelines and institutionalize overweight and obesity counselling in primary health care.
2. Strengthen integration between nutrition and NCDs programming, with regard to both prevention and management of NCDs. Based on the limitations of this desk review, a comprehensive survey on NCDs and their risk factors is required (WHO STEPwise approach).

Education systems



1. Accelerate implementation of the School Health Policy (including the School Nutrition Guidelines) and monitor and enforce implementation.

2. Allocate resources and budget for school health programs and overweight and obesity prevention initiatives.
3. Provide training and capacity building for teachers and school staff to effectively deliver nutrition and health education.
4. Create healthy school environments by promoting healthy food options, restricting unhealthy food marketing and providing safe spaces for physical activity.

Environment, Water and sanitation



1. Ensure provision of safe drinking water in schools, communities, and health facilities and protect drinking water sources from depletion and pollution.
2. Strengthen capacity for planning, monitoring and enforcement of existing regulations through various authorities including Environmental Health practitioners, Government Analyst Laboratory, local councils and municipalities.
 - a. Built environment.
 - b. Food environment
 - c. Food quality

Social protection systems



1. Strengthen programs providing cash transfers of food assistance to vulnerable populations.
2. Encourage community engagement and participation in overweight and obesity prevention programs, empowering individuals to take ownership of their health.

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