

# Obesity: Treat and Prevent.

An evidence-based action plan to reduce death from Covid-19.

Action on Sugar and Action on Salt

May 2020



**Obesity is a major risk factor for mortality from Covid-19.**

**These ten recommendations will support the nation to reach and maintain a healthy weight, without placing responsibility solely on the individual and by changing the food environment.**

## **TREAT**

1. Provide guidance for identifying modifiable risk factors
2. To improve understanding of the many causes of obesity
3. Increase access and funding for bariatric surgery
4. Increase access and funding for evidence-based weight loss support

## **PREVENT**

5. Ensure only healthy products are advertised and promoted
6. Adopt fiscal measures to promote healthy food (with income ringfenced to subsidise treatments)
7. Make nutrition labelling mandatory
8. Ensure only healthy food is provided to key workers in their workplaces
9. Improve nutritional profile by incremental reformulation of processed food and drink
10. Set up a new, independent and transparent food watchdog

## **Obesity and Covid-19**

Increasing evidence demonstrates that obesity is an independent risk factor for more severe illness and death from COVID-19<sup>1,2,3,4,5,6,7,8,9</sup>. Data shows that 78% of those infected and 62% of hospital deaths caused by the virus are in overweight or obese individuals<sup>1,2</sup>. Linking UK COVID-19 data to that of a population cohort (428,225 participants, 340 confirmed COVID-19 hospital cases) and to electronic health records (17,425,445 participants, 5683 COVID-19 deaths) demonstrates that the more severe the obesity, the more likely to be hospitalised for COVID-19 and/or die from it<sup>1,2</sup>.

Other risk factors include age, ethnicity, deprivation, and underlying conditions such as heart or kidney disease and type 1 and type 2 diabetes. Obesity is the major risk factor that can potentially be modified meaning millions of people are living with an increased, but preventable, risk from COVID-19.

### **Treating and preventing obesity**

The current NHS<sup>10</sup> treatments recommended for severe obesity are bariatric surgery, supported weight loss services, advice, and orlistat, which can be prescribed by a GP. Not all treatments are available or accessible.

Beyond this, although there is an element of personal responsibility in both the treatment and prevention of obesity, this can only be equitably achieved with access to healthy, affordable food in an environment that supports the individual at every turn – not the current obesogenic environment within which we live<sup>11</sup>. Long planned and vital governmental measures to address this have been delayed by food industry lobbying and have now been put on hold due to the COVID-19 outbreak, at a time when they have never been more necessary.

The Childhood Obesity Plans chapters 2 and 3 (Prevention Green paper) and the Independent Report by the outgoing Chief Medical Officer make a series of recommendations to improve the nation's health, focusing on children, but with evidence that they will contribute to preventing adult obesity via their impact assessments (Appendix 1). So far only the Sugar Reduction Programme and the Soft Drinks Industry Levy have been implemented. The status of the remaining recommendations, which Public Health England have repeatedly stated are needed, and how they are connected to the ten actions, are outlined in Appendix 1.

Action on Sugar and Action on Salt's evidence-based action plan for the Prime Minister and government departments builds on accepted evidence and recommends stricter parameters necessary for the urgent nature of the pandemic. We ask for the government to immediately implement all these measures to help protect and support those living with obesity during the pandemic, whilst also improving health for all in the long term.

# TREAT

## **Immediately put support in place for individuals to reach and maintain a healthy weight**

### **1. Provide guidance for identifying modifiable risk factors**

We recommend that the government provides guidance for self-identification of modifiable risk factors, in particular, weight status. Current recognised measures include Body Mass Index (BMI), waist circumference and the waist-hip ratio. For most people, BMI is a relatively straightforward, accurate and convenient way of assessing your risk<sup>12</sup>. Covid-19 data has shown that as the reported BMI increases, the risk of having severe illness from Covid-19 increases<sup>13</sup>. At this time it is not possible to access GP surgeries and other means of identifying risk, so it is vital that information is provided to encourage people to make these calculations at home to identify their risk.

### **2. To improve understanding of the many causes of obesity**

Obesity is not a choice. Blame should not be placed on the individual, but instead there must be more emphasis on creating an environment that supports people living with obesity and prevents rather than encourages people to become obese. The existing and recognised framework to communicate the multi-factorial root causes of obesity should be immediately implemented across government, NHS, the food industry, technology companies and the media<sup>14</sup>. This framework is designed to support those working in the field of obesity to communicate and work in a non-stigmatising manner relating to body weight or size, and to take the emphasis off personal responsibility.

### **3. Increase access and funding for bariatric surgery**

Bariatric surgery or metabolic surgery is effective at treating those individuals with extreme obesity (BMI>40+). Patients can only be considered if they can demonstrate that they have tried various lifestyle changes which are often impossible to undertake within our current food environment, putting further distress on the individual. This surgery is a major operation and should not be taken lightly, however it should be properly funded to reduce waiting times to expediate access for high risk individuals. Currently the majority of individuals who would qualify for bariatric surgery are not able to access them due to limited funding for the NHS<sup>15</sup>.

### **4. Increase access and funding for evidence-based weight loss support**

Fad diets are ineffective in the long term. There are some effective weight management support services for those that are suitable, however, access to these services through the NHS is limited and under-funded, with extensive waiting lists. Evidence based weight management services are available in some areas but are often dependent on stretched local authority funding, and are not accessible to everyone. Multi-disciplinary

supported weight loss services should be adequately funded and signposted and their long-term effectiveness needs to be researched further, including the effectiveness of personalised technology<sup>16</sup>.

## **PREVENT**

**The following ‘pandemic response’ measures build upon the existing evidence-based recommendations committed to by this government in the Childhood Obesity Plan Chapters 2 and 3 (Prevention Green Paper) and Time to Solve Childhood Obesity: An Independent Report by the Chief Medical Officer.**

### **5. Ensure only healthy products are advertised and promoted**

Advertising, price and placement promotions (such as end of aisles, point of sale) of more unhealthy foods and drinks manipulates choice, creating an environment where products high in salt, sugar and/or fat are more desirable. Food and drink companies should be banned from advertising any food or drink high in fat, salt or sugar (HFSS), as defined by the new Nutrient Profile Model<sup>17</sup>. There must also be mandatory restriction of price, point of sale and location promotions on all products high in salt, sugar and/or fat in all outlets where food and beverages are sold (including deliveries and online).

### **6. Adopt fiscal measures to promote healthy food (with income ringfenced to subsidise treatments)**

In order to subsidise the expansion of weight management services provided by the NHS (actions 3 & 4), this government needs to raise revenue through ring-fenced fiscal measures.

The Soft Drinks Industry Levy has been successful in reducing sugar intakes via reformulation, and in raising much needed revenue for children’s services. The current sugar levy thresholds should be reduced, the rates increased, and it should be immediately applied to a calorie threshold in sugar sweetened milk and milk-alternative drinks.

**The current voluntary reformulation programmes have failed. Incremental mandatory reformulation targets must be set for salt, sugar and calories. Policed by a new independent food watchdog.**

Fiscal measures that could be explored to enforce this could include:

- Reformulation Levy: for non-compliance with the reformulation targets within the sugar and salt reduction programmes and the overdue calorie reduction programme
- Energy Density Levy: for all calorie dense, nutritionally poor, processed foods
- VAT Reform/subsidies: Using the VAT system to promote healthy food, as defined by the new Nutrient Profile Model (NPM)

- Planning restrictions: Make it more difficult to open unhealthy food outlets and encourage healthier outlets by using a 'nutrition rating scheme' monitored by a new food watchdog<sup>18</sup>.

## **7. Make nutrition labelling mandatory**

This government needs to seize on the opportunity of Britain's exit from the EU and make colour-coded signpost labelling mandatory on all food, drinks and alcohol sold in retail, and to introduce calorie labelling for the out-of-home sector. While the out of home sector has been impacted by the virus, large, multinational food companies have been able to reopen, largely in more deprived areas and with limited menus which predominately feature HFSS products. Starting with companies with the resources to open, customers should be provided with nutrition information at the point of sale. Support and expertise should be provided by a new food watchdog.

## **8. Ensure only healthy food is provided to key workers in their workplaces is healthy**

Key workers should have access to the highest nutritional quality food at their workplaces. This government must ensure all food provision to all key workers and others in public sector meets nutrition and sustainability standards, as set out in the Government Buying Standards. This includes schools, hospitals etc.

## **9. Improve nutritional profile of processed food and drink**

This government must push forward with proposals to make long term and meaningful improvements to nutritional profile of processed food and drink. Nutritional quality can be improved by reducing excessive calories through sugar, saturated fat and/or alcohol content reduction, reducing salt, and increasing fruit, vegetable, fibre and micronutrients. This government can implement portion size restrictions for the food industry including the hospitality sector to adhere to, based on energy density, and ensure that all new products meet set thresholds for sugar, salt, calories and limits on the level of processing<sup>19</sup>.

## **10. Set up a new, independent and transparent food watchdog**

A new, independent and transparent food watchdog, free from ministerial, industry and other vested-interest influences, should be immediately set up. This will enable them to make clear, independent, evidence-based information widely and freely available whilst working with technology companies and media outlets to halt the spread of misinformation.

This new watchdog must put the primary focus on healthy diets, with physical activity encouraged for general health improvement. The watchdog should be well funded, for research and agility to respond to new evidence and innovative solutions.

**For these treatment interventions to be effective the above measures for preventing obesity need to be actioned immediately.**

“The UK is facing two major pandemics. One immediately, Covid-19 and the other a longer-term crisis with obesity. Clear evidence has emerged that the two pandemics interact. This is a major opportunity for the government and the food industry to prevent unnecessary suffering and death.”

A handwritten signature in black ink, appearing to read 'Graham MacGregor', written in a cursive style.

**Graham MacGregor**  
Chair of Action on Sugar and Action on Salt  
Professor of Cardiovascular Medicine

## Appendix 1: Status of the remaining recommendations and how they are connected to our ten actions

CASSH Recommendation	Equivalent Public Health England Recommendation	Implementation Status	Reference
1 Provide guidance for identifying modifiable risk factors	NHS Health Checks	Not been effectively implemented	<a href="#">NHS Health Checks</a>
2 To improve understanding of the many causes of obesity	Obesity Stigma Framework	Awaiting implementation	<a href="#">Positive Communication About Obesity</a>
3 Increase access and funding for bariatric surgery	Bariatric Surgery	Already proven to be effective	<a href="#">NHS Weight Loss Surgery</a>
4 Increase access and funding for evidence-based weight loss support	Weight Loss Support	Already proven to be effective	<a href="#">NHS Weight Loss Plan</a>
5 Ensure only healthy products are advertised and promoted	Energy drinks sales restrictions	Awaiting implementation	<a href="#">Childhood Obesity Plan-Chapter 2 Prevention Green Paper</a>
5 Ensure only healthy products are advertised and promoted	Advertising 9pm watershed	Consulted on and awaiting publication	<a href="#">Childhood Obesity Plan-Chapter 2 Further Advertising Restrictions for Products High in Fat and Sugar - consultation</a> <a href="#">Obesity Health Alliance Junk Food Marketing - Impact on Adults</a>
5 Ensure only healthy products are advertised and promoted	Price and placement promotions	Consulted on and awaiting publication	<a href="#">Childhood Obesity Plan-Chapter 2 Restricting promotions of food and drink high in fat, sugar and salt - consultation</a>
5 Ensure only healthy products are advertised and promoted	The new Nutrient Profile Model	Awaiting implementation	<a href="#">DHSC Nutrient Profiling Model Annex A - The 2018 review of the UK Nutrient Profiling Model</a>
9 Improve nutritional profile of processed food and drinks			
6 Fiscal measures to promote healthy food	Soft Drinks Industry Levy	Already proven to be effective	<a href="#">Childhood Obesity Plan-Chapter 2 Soft Drinks Industry Levy - consultation Prevention Green Paper</a> <a href="#">CMO special report: Time to solve childhood obesity</a>
6 Fiscal measures to promote healthy food	Salt reformulation	Already proven to be effective	<a href="#">Prevention Green Paper</a>



9	Improve nutritional profile of processed food and drinks			<a href="#">Salt Targets 2017 Progress Report</a>
6	Fiscal measures to promote healthy food	Sugary Milk Based Drinks Levy	Awaiting implementation	<a href="#">Childhood Obesity Plan-Chapter 2 Prevention Green Paper</a>
6	Fiscal measures to promote healthy food	Calorie reduction	Consulted on and awaiting publication	<a href="#">Childhood Obesity Plan-Chapter 2</a>
9	Improve nutritional profile of processed food and drinks			<a href="#">Calorie Reduction: the scope and ambition for action</a>
6	Fiscal measures to promote healthy food	Sugar reformulation	Not been effectively implemented	<a href="#">Childhood Obesity Plan-Chapter 2 Prevention Green Paper</a>
9	Improve nutritional profile of processed food and drinks			<a href="#">Sugar Reduction: evidence for action</a>
7	Make nutrition labelling mandatory	Out of home calorie labelling	Awaiting implementation	<a href="#">Childhood Obesity Plan-Chapter 2 Impact assessment for consultation on calorie labelling for outside of the home Prevention Green Paper</a> <a href="#">CMO special report: Time to solve childhood obesity</a>
7	Make nutrition labelling mandatory	Front of pack signpost nutrition labelling	Not been effectively implemented	<a href="#">Childhood Obesity Plan-Chapter 2 Prevention Green Paper</a> <a href="#">CMO special report: Time to solve childhood obesity</a>
8	Ensure all food provided to key workers in their workplaces is healthy	Government Buying Standards for public sector food	Awaiting implementation	<a href="#">Government buying standards for food and catering services (GBSF)</a> <a href="#">Cost benefit analysis of Government Buying Standards</a>

## **Action on Sugar**

Action on Sugar is a group of scientific experts concerned with sugar and obesity and its effects on health. It is working to reach a consensus with the food industry and Government over the harmful effects of a high calorie diet, and bring about a reduction in the amount of sugar and fat in processed foods to prevent obesity and type 2 diabetes.

@actiononsugar

[actiononsugar.org](http://actiononsugar.org)

## **Action on Salt**

Action on Salt is a group concerned with salt and its effects on health, supported by 25 expert scientific members. Action on Salt is successfully working to reach a consensus with the food industry and Government over the harmful effects of a high salt diet, and bring about a reduction in the amount of salt in processed foods as well as salt added to cooking, and the table, to prevent high blood pressure and cardiovascular disease.

@actiononsalt

[actiononsalt.org.uk](http://actiononsalt.org.uk)

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## References

Throughout the document, 'sugar' refers to 'free sugars' and 'drink' refers to both alcoholic and non-alcoholic drinks.

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- <sup>11</sup> HHSC. Time to solve childhood obesity: CMO special report: <https://www.gov.uk/government/publications/time-to-solve-childhood-obesity-cmo-special-report>
- <sup>12</sup> NHS. Healthy Weight Calculator: <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>
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- <sup>17</sup> Department of Health. 2011. The Nutrient Profiling Model <https://www.gov.uk/government/publications/the-nutrient-profiling-model>: (New Nutrient Profile Model (NPM) to be immediately released and replace current NPM and measures of food and drinks High in Salt, Fat and Sugar (HFSS))

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<sup>18</sup> The Food Standards Agency Food Hygiene Rating Scheme: <https://www.food.gov.uk/safety-hygiene/food-hygiene-rating-scheme>

<sup>19</sup> NOVA classification system: <http://www.fao.org/3/ca5644en/ca5644en.pdf>