Global Counsel

Public health policy – the obesity debate

Blog post by Senior Associate Giulia Corsi, 15 February 2019

Between 1993 and 2016, the percentage of overweight or obese adults in the UK has risen from 53% to 61%. While year on year increases have remained stable, it is an ever-growing area of concern as population health shifts from mortality to morbidity. Meaning that though life expectancy is increasing, so are the number of years spent in ill health. It is undeniably one of the biggest risk factors in our modern society for non-communicable diseases, along with smoking and tobacco consumption.

Recent initiatives demonstrate a steep change in public policy on obesity. The government has taken action in the form of a Soft Drinks Industry Levy (SDIL) and has suggested some further voluntary targets that need to be met in the form of sugar and salt reductions in foods. The challenge (overseen by Public Health England) is to reduce overall sugar and calorie content across a range of products by 20% by 2020 and 2024 respectively, with a 5% reduction in the first year for sugar.

Progress to date has fallen short of the first-year benchmark of a 5% reduction and a progress report on the 2017 salt targets at the end of last year also suggested that while steps in the right direction are being made to reduce salt intake, there are categories of food that haven't met any of their targets.

This failure has already drawn criticism from some, with calls to look at tougher policy tools. Slow progress will be used to add pressure on the government to continue to make reduction mandatory, as they did with the SDIL.

Other suggestions, mostly alterations of existing measures, have been made, such as to mandate sugar/calorie reduction through direct regulation. The Welsh and English government have also opened consultations with the aim of looking at formulating regulation which would limit the advertising and promotions of high fat, salt, sugar food (HFSS) including offers on "buy one get one free" (BOGOF), end-of-aisle promotions and supermarket checkout policies.

There are some important balances to strike here. Focus (and any future restrictions) on promotions, advertising and taxation in this space could have unintended consequences. One such impact is the reduction on investment from stakeholders and large manufacturers for research and development. If manufacturers face restrictions on advertising foods that are reformulated and better than the original offer, they will unlikely be incentivised to invest in making them in the first place.

Moreover, there is no guarantee that mandatory (or voluntary) reformulation or the expansion of tax policies will have the desired effect of decreasing sugar or calorie intake. That has partly to do with uncertainty over whether decreased consumption has come from programmes outside of the strict scope of 'health policy', for example school programmes promoting physical activity or healthy workplace initiatives, and partly because there is not enough data available to inform a headline policy that will deliver on improving population health. There is also mixed evidence on

initiatives outside of the nutritional content debate. Do restrictions on promotions and supermarket checkouts have any real longevity in keeping consumer consumption of 'unhealthy' foods to a minimum because they are out of sight?

The lack of strong evidence in this area means that there is a valid argument for considering whether specific policy impacts will have the desired long-term effects of improving public health and whether those policies are best in conjunction with other policy initiatives.

It is undeniable that obesity is a major problem that warrants urgent and immediate action. However, further consideration should be given to future policy initiatives so that the strong and justifiable urgency for pushing forward with the obesity agenda is driven by an equally robust and necessary evidence base from which to draw.