



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

**RACP submission: Consultation on a
National Obesity Strategy 2020-2030**

December 2019

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 17,000 physicians and 8,000 trainee physicians, across Australia and New Zealand. The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

Foreword and Recommendations

The RACP welcomes the opportunity to provide the RACP's views on a proposed approach to a [national strategy to reduce overweight and obesity](#).

The decision by the Council of Australian Governments (COAG) to prioritise this major and ongoing challenge is a commendable one. Increasing rates of overweight and obesity are a complex and vexed health and social issue of immense importance to the health and wellbeing of Australians and the sustainability of our health system. As such, it is important that we get the scope and parameters of the document right.

We support several key themes set out in the consultation paper intended to inform the upcoming strategy. We agree that the strategy should present a clear and implementable vision that would ensure its longevity over the next decade. We also agree that the strategy must be extensively consulted with experts, consumer groups, people with lived experience of obesity as well as the community at large. We strongly support the stated commitment to the priority populations of children and young adults, Aboriginal and Torres Strait Islander peoples, people in regional and remote areas, people with disability and those experiencing higher levels of disadvantage. We also recognise and support the focus on prevention and your intent to address weight bias and stigma.

However, the RACP has serious concerns about the overall direction of the paper and attendant survey. The strategy will need to include a clear definition of the role of governments as policy-makers (with an extensive input from civil society), funders and regulators. **As a central principle, the governments must not partner with the industries that have created the very problem we are now trying to address.** The relationship between governments and the private sector needs to be transparent and grounded in governments' expectations of food industry actions that would lead to the creation of healthy and sustainable food environments; the introduction of clear industry policies to that effect which would be made public; close government monitoring of industry actions against government expectations, as set down in its guidelines for healthy and sustainable diets; and joining up food and agricultural policies on health and climate change at all levels, including government, academia, industry and civil society.

The RACP developed and published a [Policy Statement on Obesity 2018](#), in which we recommend key actions such as a tax on sugar-sweetened beverages and alcohol to reduce consumption and use the collected revenue to facilitate access to healthy diets and initiatives to improve health equity, introducing strict regulations to restrict the marketing of unhealthy diets to children and young people, immediately mandating the revised Health Star Rating, implementing consistent healthy food and drink policies which promote and enhance healthy diets and implementing a health-in-all policies approach in all government-owned and controlled settings and social and economic interventions and strategies.

We recommend that you and the COAG Health Council reconsider the strategic direction of the consultation paper and any upcoming drafts of the strategy. The consultation paper hints at the need for “ways of reorienting economic policies, subsidies, investment and taxation systems to best benefit healthy eating and active living, health outcomes, communities and the environment.” With two out of three adults and one in four children overweight or obese¹, nothing short of such a systemic reorientation is needed to deal with the issue of overweight and obesity in Australia.

¹ [Overweight and obesity in Australia, Australian Institute of Health and Welfare, 2019](#)

We propose the following issues be addressed:

- **The scope of the strategy must be clearly stated.**
 - In its current iteration, the consultation paper deals with the preventative approaches to tackling overweight and obesity. While this is appropriate and commendable, it is also imperative that specific strategic approaches towards treatment are included in a separate guideline, given the high prevalence of people with moderate to severe obesity and obesity-associated comorbidities who need access to effective and affordable therapies. We are also aware that there is another broader national preventative health strategy under development²; we urge that the COAG take special care so that the documents are of real value to policy makers and clinicians, go beyond proclamations of intent and avoid duplication.
- **It is also important to update and clearly define the principles of the strategy that make up section 2 of the consultation paper.**
 - The coverage of the strategy is meant to be population-wide and while targeted interventions for specific sub-populations are key to the effective prevention and management of obesity across community, the strategy should not be framed as “person-centred”, i.e. focussed on the individual. Similarly, while sustainable development and social equity must be actively promoted through the strategy’s actions, unqualified “economic growth” has been at the root of the current problems with the food systems and should be removed as a principle. Australia is underperforming on Sustainable Development Goal 2 to “end hunger, achieve food security and improved nutrition and promote sustainable agriculture”³; in light of the Government’s commitment to the Sustainable Development Goals, it is critical that the strategy is specific and rigorous in its definition of what sustainable development looks like now and into the future. The consultation paper is also largely silent on the clear connection between sustainability, economic equity and obesity: with over 12 percent of Australians living below the poverty level, this is a major strategic oversight.⁴
- **The strategy must be focussed on systems change, rather than on changing individual behaviour.**
 - Actions relating to food systems currently discussed in the section *Proposed enablers for a national obesity strategy* must be put front and centre of any future document, with well-designed and funded educational approaches deployed in support of systemic policy changes. Effective and cost-effective interventions identified through national and international evidence to date are based on a strong and well-designed regulatory regime that tackles the fundamental causes of obesity. These interventions include pricing signals for both healthy and unhealthy food and drinks and public transport, maximising the synergies between healthy food production and sustainability, explicit restrictions on unhealthy food marketing and promotion and reducing its physical availability and others. Anything less than a clear and clear-eyed focus on restructuring food systems is likely to be both wasteful and ineffective.
- **Action-orientated language is required to build credibility.**
 - Importantly, while several actions proposed in the consultation paper are indeed, as per one of the document’s key principles, evidence based, they are often couched in unnecessarily qualified language, such as “exploring”, “guiding” and “educating”

² <https://www1.health.gov.au/internet/main/publishing.nsf/Content/national-preventive-health-strategy>

³ Australia’s profile. Sustainable Development Goals Report 2019
https://github.com/sdsna/2019GlobalIndex/blob/master/country_profiles/Australia_SDR_2019.pdf

⁴ Australia’s profile. Sustainable Development Goals Report 2019

where “implementing” or simply “doing” would do much better. For instance, there is no need to “explore policy options to strengthen protection of infants from excess availability and marketing of breast milk substitutes”, or to “explore options to reduce unhealthy food and advertising prominence in places frequented by large numbers of people”. These and many other actions should be implemented as a matter of priority.

- **Budgeting for implementation is an essential component of the strategy.**
 - Australia’s previous national strategies have rarely been properly costed and funded. The priority initiatives that make their way into the national preventative obesity strategy need to be backed by adequate funding embedded through ongoing and secure arrangements rather than likely weakened by time-limited project or program funding. Their implementation must be regularly evaluated and reported on with a view to finetuning the overall settings and specific policy actions included in the strategy. The governments should report on a number of specific targets including overweight and obesity prevalence, inequalities in the prevalence of obesity, food environments (for example their composition, marketing to children, school food and food in retail as well as food prices) and outcomes of other policy implementation initiatives.

In the future, the RACP also sees great value in collaborating with health and social policy bodies, such as other medical colleges and our partners in the Obesity Collective, on a **national obesity treatment strategy or guideline**. Members of the Obesity Collective, including the RACP and its societies, hope to use the prospective national preventative obesity strategy as a lever to develop and promote a set of policies for tertiary preventative actions such as ambulatory care multidisciplinary clinics, optimal management of bariatric patients in acute and rehabilitation settings and other multidisciplinary treatment interventions.

We hope there will be many more opportunities to contribute to this important initiative, with the RACP keen to comment on further consultation materials and drafts of the national preventative obesity strategy.