



# SADC Strategy and Implementation Plan on the Prevention of Overweight and Obesity

2024-2030



## **SADC STRATEGY ON THE PREVENTION OF OBESITY AND IMPLEMENTATION PLAN 2024-2030**

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### **About SADC**

The Southern African Development Community is an organisation founded and maintained by countries in Southern Africa that aims to further socio-economic, political, and security cooperation among its Member States and foster regional integration, in order to achieve peace, stability, and wealth. The Member States are: Angola, Botswana, Union of the Comoros, Democratic Republic of the Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, United Republic of Tanzania, Zambia, and Zimbabwe.

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# ACRONYMS

|                |                                                |
|----------------|------------------------------------------------|
| <b>BMI</b>     | Body Mass Index                                |
| <b>BWA</b>     | Botswana                                       |
| <b>COD</b>     | Democratic Republic of the Congo               |
| <b>ECD</b>     | Early Childhood Development                    |
| <b>ESW</b>     | Eswatini                                       |
| <b>FAO</b>     | Food and Agriculture Organization              |
| <b>FOPL</b>    | Front-of-Package Labelling                     |
| <b>GDP</b>     | Gross Domestic Product                         |
| <b>LSO</b>     | Lesotho                                        |
| <b>M&amp;E</b> | Monitoring and Evaluation                      |
| <b>MOZ</b>     | Mozambique                                     |
| <b>MUS</b>     | Mauritius                                      |
| <b>MWI</b>     | Malawi                                         |
| <b>NAFLD</b>   | Non-Alcoholic Fatty Liver Disease              |
| <b>NCD</b>     | Non-Communicable Disease                       |
| <b>RISDP</b>   | Regional Indicative Strategic Development Plan |
| <b>RVAA</b>    | Regional Vulnerability Assessment and Analysis |
| <b>SES</b>     | Socioeconomic Status                           |
| <b>SADC</b>    | Southern African Development Community         |
| <b>SDG</b>     | Sustainable Development Goal                   |
| <b>SYC</b>     | Seychelles                                     |
| <b>URT</b>     | United Republic of Tanzania                    |
| <b>UN</b>      | United Nations                                 |
| <b>UNICEF</b>  | United Nations Children’s Fund                 |
| <b>WHO</b>     | World Health Organization                      |
| <b>WHA</b>     | World Health Assembly                          |
| <b>ZAF</b>     | South Africa                                   |
| <b>ZMB</b>     | Zambia                                         |
| <b>ZWE</b>     | Zimbabwe                                       |

# FOREWORD

The SADC Protocol on Health was approved by the SADC Heads of State and Government in August 1999 and entered into force in August 2004. Acknowledging that a healthy population is a prerequisite for sustainable human development and increased productivity, the Protocol on Health promotes cooperation among Member States on key health issues. It recognises that this cooperation is essential for the control of communicable and non-communicable diseases and for addressing common health concerns, including emergency health services, disaster management, and bulk purchasing of essential medicines.

The [SADC Regional Indicative Strategic Development Plan](#) (RISDP 2020-2030) integrates health and nutrition as priority areas of focus within the context of social and human development, poverty and food security. In particular, the nutritional well-being of the SADC population which has a great bearing on the workforce productivity and the potential of individuals attaining their fullest in life. The burden of malnutrition, exacerbated by inadequate healthcare infrastructure and services, contributes to high morbidity and mortality rates. Concurrent challenges include HIV/AIDS, communicable disease, and rising non-communicable diseases (NCDs) burden. While undernutrition and stunting are affecting more than one in three children in the region, the emergence of overweight and obesity have compounded the problem, fuelling the NCD pandemic.

The 2023 SADC Landscape Analysis on Overweight and Obesity observed that all 16 countries in the SADC region are affected by overweight and obesity, with variations in adult prevalence ranging from 25% in Malawi to 55% in South Africa. The compounding effects of overweight and obesity jeopardizes human capital development and national GDPs. Lost productivity due to malnutrition further hampers economic growth and exacerbates long-term consequences on the region's well-being.

The production of a regional landscape analysis report on obesity is a significant milestone for the SADC region. Endorsed by the Ministers of Health during their meeting in Luanda, Republic of Angola in November 2023, this report enabled the development of a regional strategy on obesity - a true reflection of SADC's commitment to region's well-being. This strategy will provide a practical framework for all SADC countries to address the pressing issue of obesity, tailored to our unique regional context. Given the common challenges faced by the SADC Member States, including socio-economic fragility, a large youth population, persisting high prevalence of under-nutrition including anaemia and the rising rates of overweight and obesity, coupled with the proliferation of transnational companies aggressively promoting unhealthy foods to unsuspecting consumers, a unified approach to tackling obesity is imperative. The SADC Strategy on Obesity is a positive step, offering a coordinated response to a growing health concern in our region. Most of the Member States in the region do not have an effective and sustainable programming that will ensure that these trends are reversed. A clear strategy is needed not only to guide Member States, but to also help the SADC Secretariat to advocate for a more long lasting roadmap for the region.



**H.E. Mr. Elias M. Magosi**  
SADC Executive Secretary

**H.E. Mr. Elias M. Magosi**

# EXECUTIVE SUMMARY

Overweight and obesity, a multifaceted chronic condition with several contributing causes, including biological risk factors, socioeconomic status, health literacy and numerous environmental influences, have significantly increased globally over the past few decades. Within Southern Africa, prevalence of overweight and obesity doubled since 1990, reaching an estimated 37.5% among adult men and 58.2% among adult women in 2019 (1). Of particular concern within the Southern African context, children and adolescents experienced a 1.7-fold increase in prevalence between 1990 and 2019, affecting 14.7% of boys and 18.1% of girls aged 2 to 19 (1). This burden is escalating within a context where undernutrition and persistent micronutrient deficiencies continue to be prevalent, fostering the coexistence of various malnutrition burdens – the triple burden of malnutrition.

The implications of this upsurge are substantial, as childhood obesity heightens the likelihood of obesity in adulthood, thereby becoming a predisposing factor for over 200 diseases. These conditions encompass cardiovascular issues, hypertension, stroke, type-2 diabetes, and a range of cancers. Shockingly, in 2019, obesity contributed to 37% of deaths in the African region (2). Considering population growth and shifting age distributions with prevailing obesity trends, the economic impact of overweight and obesity in Africa alone is predicted to reach USD 50 billion per year by 2035 (3).

Recognizing the urgency, the World Health Organization has called for concerted efforts to address obesity as part of the Sustainable Development Goal (SDG) target to reduce premature mortality from non-communicable diseases. In the Southern African Development Community (SADC) context, Member States have committed to addressing overweight and obesity through initiatives aimed at strengthening health systems, enhancing nutrition investment, and improving food and nutrition security, as outlined in the [SADC Regional Indicative Strategic Development Plan](#) (RISDP) 2015-2030 and the [SADC Vision 2050](#).

While Member States have taken steps to promote healthy eating and physical exercise, these alone will not yield significant results and additional systemic and food environment interventions are imperative due to the multifaceted nature of obesity. This obesity strategy seeks to guide the 16 Member States of the Region in adopting, context-specific, comprehensive approaches to mitigate the burden of overweight and obesity. Serving as both an advocacy and reference tool, this strategy ensures that interventions related to overweight and obesity are comprehensively addressed in country policies, strategies, and actions. It not only offers guidance for countries with less developed obesity agenda but also provides an opportunity for those with comprehensive programs to review, reflect, and adjust as needed.

# STRATEGY OVERVIEW

This document lays out SADC's strategic intent to support Member States in the prevention of overweight and obesity.



## VISION

- A thriving SADC region where Member States foster health-promoting environments, empowering their communities to make informed choices about nutrition and physical activity, ensuring sustainable human capital development.



## GOAL

- To address obesity in the SADC region through collaborative partnerships, evidence-based interventions, and sustainable policy changes at all levels, in alignment with global targets for obesity prevention and reduction.



## OBJECTIVES

- Engage and secure commitment from SADC Member States for the successful implementation of the strategy.
- Strengthen policy and regulatory frameworks to foster an enabling environment for the prevention and control of obesity.
- Enhance the capacity and knowledge of leaders, decision-makers, and institutions to actively promote interventions for and investment in obesity prevention.
- Develop and implement effective roadmaps across all SADC Member States for the prevention and control obesity.
- Establish and maintain an efficient regional surveillance system to facilitate evidence-based decision making.

**Section 1** sets the stage for SADC's proactive stance against overweight and obesity highlighting its widespread impact on health, society, and the economy. It explores factors driving its rise and suggests policy interventions, while also surveying existing regulations.

**Section 2** delineates evidence-based policy interventions and highlights gaps in current policies across SADC Member States. By pinpointing areas for improvement and aligning regional efforts, this section illustrates the opportunity to foster a coordinated response to combat obesity effectively.

**Section 3** outlines the development process of the SADC strategy, which relied on available evidence, global, regional and national initiatives, and extensive consultations with SADC Member States.

**Section 4** provides a detailed implementation plan, serving as a roadmap to translate the strategy into actionable steps. It delineates five key objectives and the corresponding actions necessary to support the strategy.

**Section 5** briefly discusses the resource mobilization and sustainability plan for implementing the strategy.



## SECTION

# 1

## WHY WE ARE TAKING ACTION

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The Southern African Development Community (SADC), an organisation founded and maintained by countries in Southern Africa, aim to further the socio- economic, political and security cooperation among its Member States and to foster regional integration in order to achieve peace, stability and wealth. Addressing the obesity epidemic and its far-reaching health and economic consequences for individuals, families and the region is a key priority.

### 1.1 PREVALENCE AND BURDEN OF OVERWEIGHT AND OBESITY IN SADC COUNTRIES

The 2023 SADC Landscape Analysis on Overweight and Obesity (4) found that all 16 countries in the SADC region are affected by overweight and obesity, with variations in adult prevalence ranging from 25% in Malawi to 55% in South Africa. Countries with the highest prevalence of adult overweight and obesity are South Africa, (55%), Botswana (45%), Namibia (42%), Lesotho (40%), Eswatini (39%), Zimbabwe (39%) and Seychelles (38%). In all SADC countries, overweight and obesity are higher among women versus men, except in South Africa where overweight was slightly higher among men in 2019. In all SADC countries, the prevalence of overweight and obesity have increased over the last two decades.

Overweight and obesity in children and adolescents (aged 5-19 years) in all SADC countries ranges from 12% in Democratic Republic of Congo (DRC) to 30% in South Africa. The countries with the highest prevalence of child and adolescent overweight and obesity are South Africa (30%), Seychelles (25%), Botswana (20%), Eswatini (20%), Namibia (19%) and Lesotho (19%). Overweight and obesity are present in children under five years in all SADC countries, but at much lower levels than in the 5–19-year age group, ranging from 2% in Madagascar to 12% in South Africa. Countries with the highest prevalence of under-five overweight and obesity are South Africa (12%), Botswana (12%), Seychelles (9%), Eswatini (8%), Mauritius (7%) and Lesotho (7%). In all countries overweight and obesity are more prevalent in girls compared to boys and have increased over the last two decades.

Overweight and obesity are a growing problem in all SADC countries, with evidence of rapidly progressing epidemics in South Africa, as well as Botswana, Eswatini, Lesotho, Namibia, Seychelles and Zimbabwe. Strategies to prevent overweight and obesity are relevant for the entire region.

**Table 1: Prevalence of overweight and obesity among adults and children and adolescents aged 5-19 years in SADC countries in 2019 (4)**

|              | ADULT (%) | CHILDREN AND ADOLESCENTS AGED 5-19 YEARS (%) | CHILDREN 0-4 YEARS (%) |
|--------------|-----------|----------------------------------------------|------------------------|
| ANGOLA       | 29        | 11                                           | 3.9                    |
| BOTSWANA     | 45        | 18                                           | 10.1                   |
| COMOROS      | 28        | 12                                           | 7.7                    |
| DRC          | 27        | 10                                           | 3.7                    |
| ESWATINI     | 39        | 17                                           | 7.9                    |
| LESOTHO      | 40        | 15                                           | 6.9                    |
| MADAGASCAR   | 26        | 11                                           | 1.5                    |
| MOZAMBIQUE   | 27        | 13                                           | 5.5                    |
| MAURITIUS    | 33        | 15                                           | 6.8                    |
| MALAWI       | 25        | 11                                           | 3.9                    |
| NAMIBIA      | 42        | 15                                           | 5.3                    |
| SEYCHELLES   | 38        | 23                                           | 9.1                    |
| URT          | 30        | 12                                           | 4.6                    |
| SOUTH AFRICA | 55        | 25                                           | 12.1                   |
| ZIMBABWE     | 39        | 15                                           | 2.7                    |
| ZAMBIA       | 30        | 13                                           | 5.4                    |

(Source: SOWC 2023, JME 2023)

## 1.2. IMPACT OF OVERWEIGHT AND OBESITY

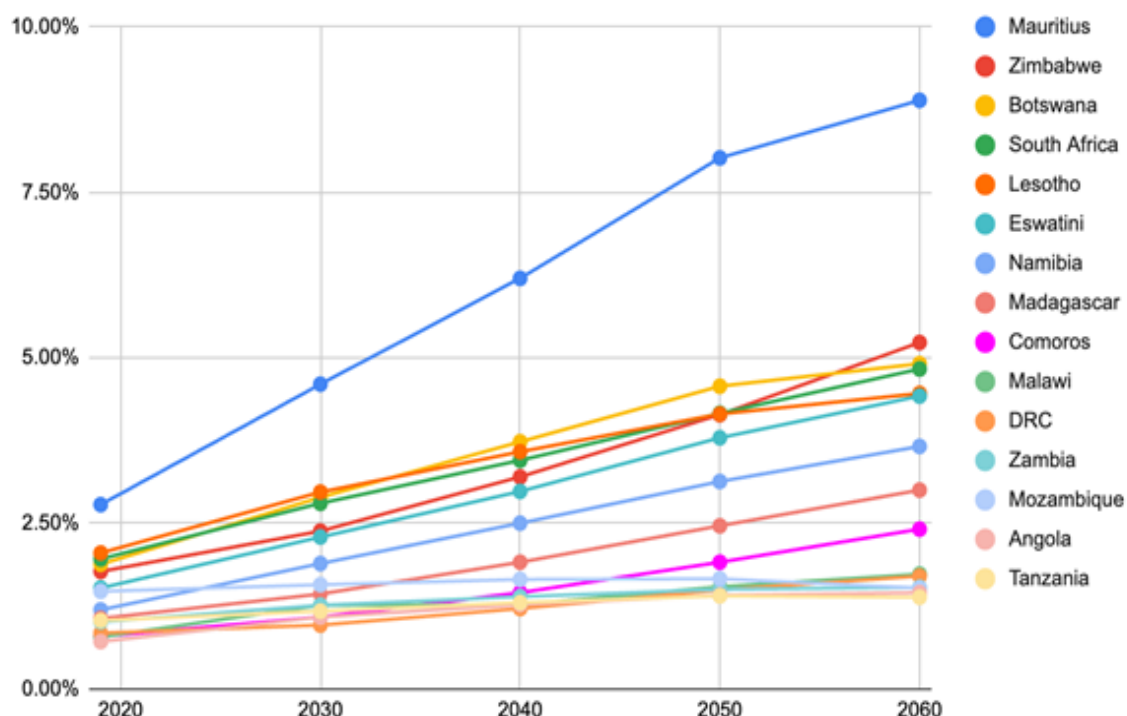
Overweight and obesity can significantly alter a person's life, impacting their overall health and well-being, including mental health, as well as influencing their social and economic prospects. The heightened risk of non-communicable diseases (NCDs), such as type 2 diabetes, cardiovascular disease, and various types of cancer, is a notable consequence of overweight and obesity. It also leads to social consequences such as stigma, discrimination, and reduced quality of life. NCDs accounted for 37% of deaths in the African region in 2019.

Unhealthy weight gain starts early and increases with age. Children with overweight and obesity face various health problems and are at higher risk of obesity in adulthood. Targeted prevention actions at critical points over the life course- during pregnancy, the early years, adolescence- can help to reduce the risk of childhood and subsequent adult obesity. This is pivotal to avoid the high costs of treating obesity-related illnesses that place a significant financial burden on individuals, families, and healthcare systems. Costs of adult obesity per capita calculated for 2019 for SADC countries show that the highest costs are found in Mauritius (USD \$308), Botswana (USD \$136) and South Africa (USD \$130)(5).

Additionally, obesity can diminish workforce productivity and increase absenteeism, exerting additional adverse effects on economic growth. The economic costs associated with overweight and obesity were estimated to be USD1.96 trillion globally in 2020, with a predicted increase to USD4 trillion in 2035 (5). This represents an increase from GDP of 2.4% to 2.9% from 2020 to 2035. In Africa alone, the economic impact is likely to reach USD \$50 billion per year by 2035, or 1.6% of the region's GDP.

Between SADC countries there are significant variation in costs to GDP, with by far the highest costs estimated by 2060 for Mauritius (8.9%), followed by Zimbabwe (5.2%), Botswana (4.9%), South Africa (4.8%), Lesotho (4.5%) and Eswatini (4.4%).

The chart below (Figure 1) illustrates the rising projected costs as a percentage of GDP in 15 SADC countries.



**Figure 1. Projected costs associated with obesity as a percentage of GDP in SADC Member States (4)**

### 1.3. DRIVERS OF OVERWEIGHT AND OBESITY

In SADC, poor diets and reduced physical activity are seen as the major drivers in the increase of overweight and obesity due to rapid economic transition in Africa, including a shift from a subsistence to a more modern, industrialised economy, with accompanying urbanization (6). Industrialisation and urbanisation have resulted in a change away from traditional food systems and methods of food production.

SADC Member States are witnessing a shift from reliance on traditional foods to more modern or mixed diets, which combine traditional and modern elements. This dietary shift is marked by a rise in the consumption of ultra-processed foods, elevated energy intakes, and a resulting increased prevalence of overweight and obesity. Across the African continent, the average caloric intake per person has surged by 16% from 1990 to 2017, with particularly notable increases observed in the consumption of free sugars and fats (7). Unhealthy diets often start in early childhood and are characterized by regular consumption of foods high in fat, sugar, and salt (HFSS) and low in dietary fibre, including regular consumption of sugar-sweetened beverages (SSBs). Evidence indicates that children in the SADC region are regular consumers of SSBs and fast foods. Over 20% of children in SADC Member States have consumed zero fruits and vegetables in the previous day, and in Comoros and Namibia that number rises to more than 50%. [Diets- UNICEF DATA](#). Additionally, insufficient physical activity driven by more sedentary behaviours is highly prevalent (over 80%) in all SADC countries where data is available including Zambia, Botswana, Namibia, Mozambique, Zimbabwe, Seychelles, Mauritius and URT (8).

A significant contributor to the nutrition transition is trade liberalization globally. This involves three main changes that influence the food environments in SADC: the opening of domestic markets to global trade, the penetration of transnational food corporations into local markets, and the extensive influence of global food advertising (9). These changes impact the quantity of available food, its nutritional value, accessibility (in terms of price), and the demand for various food products (10–12). For instance, trade agreements may hinder the implementation of food marketing and labelling regulations (13), causing a “regulatory chill” where policymakers avoid regulations due to industry threats of legal action (14). Additionally, heavy investment by foreign companies in local food industries often leads to increased availability of unhealthy foods. In the SADC region, for example, there has been a large increase in foreign investment in sugar and confectionary (8%) and the soft drink sector (4.6%) (15). Studies show that over the last thirty years, there has been a dramatic increase in imports of unhealthy foods and drinks in SADC countries. This has led to more people having poor diets, stemming from the increasingly obesogenic food environments in which they live and subsequently resulting in increasing prevalence of overweight and obesity.

In addition to low physical activity and an unhealthy diet, conflict and environmental instability pose significant risks, particularly for food and nutrition security. There is emerging evidence that climate change will adversely affect the risk of overweight and obesity and, therefore, diet-related non-communicable diseases. Some links include climate-related migration to urban areas with associated increased access to ultra-processed foods and reduced physical activity; reduced physical activity associated with increased temperatures; and the potential for humanitarian food aid to negatively impact local diets over the long-term when imported lower quality foods are introduced during a response to climate shocks (22). Furthermore, cultural norms play a role in the increasing levels of overweight and obesity in certain contexts. In the initial stages of the obesity epidemics in most SADC countries, higher socioeconomic status and urban dwelling are associated with overweight and obesity. However, as these national epidemics evolve, a shift is anticipated, with overweight and obesity becoming more evenly distributed between urban and rural areas and between the socio-economic quintiles of the population. This progression is expected to be accompanied by an increasing association of overweight with lower socioeconomic status, mirroring the current patterns observed in middle- and high-income countries.

## 1.4. POLICY AND LEGISLATIVE ENVIRONMENT

Multiple global and regional policies exist that aim to address obesity and related NCDs. Key global policies include the [Global Action Plan for the Prevention and Control of Noncommunicable Diseases \(NCDs\)](#); [WHO Global Strategy on Diet, Physical Activity and Health](#); [WHO Acceleration Plan to STOP Obesity](#) adopted at the [75th WHA](#); [The UN Decade of Action on Nutrition](#); [Sustainable Development Goals \(SDGs\)](#), and the [UNICEF Nutrition Strategy 2020-2030](#).

SADC’s interventions and efforts are guided by key regional policies including the [SADC Vision 2050](#), operationalized by the [SADC Regional Indicative Strategic Development Plan \(RISDP\) 2020-2030](#) and the [SADC Food and Nutrition Strategy 2015-2025](#). Recognizing the global surge in obesity, particularly in Southern Africa, SADC is committed to addressing the rising health concerns associated with overweight and obesity. The SADC Secretariat guides Member States on preventive measures, emphasizing community empowerment and measures to address the obesogenic food environments. To combat the substantial disease and economic burden associated with obesity, the SADC Food and Nutrition Technical Steering Committee recommended a comprehensive regional strategy and implementation plan to equip Member States with resources for effective advocacy and intervention.

## ADDRESSING OVERWEIGHT AND OBESITY

---

### 2.1. RECOMMENDED POLICIES AND REGULATIONS

In addressing the SADC region's epidemic of obesity, conventional primary health care responses play a crucial role, yet they often fall short in effectively addressing its multifaceted drivers. While there is a pressing need to strengthen Member States' primary health care responses to prevent, detect and manage overweight and obesity, particularly among the most vulnerable populations and at each stage of the life course, it is evident that these efforts will not suffice. It has been long recognized by global and regional policies that preventing and controlling obesity requires comprehensive actions that extend beyond the health sector. More effective implementation has been observed to involve a coordinated, whole-of-society approach, engaging the public, various government ministries (systems) and forming partnerships while safeguarding against and addressing conflicts of interest and prioritizing public health.

A comprehensive package of **policy interventions** recommended by the WHO (16) and UNICEF (17), encompasses evidence-based cost-effective approaches that focus on prevention of overweight and obesity. The SADC obesity strategy prioritizes the following:

- Implementing regulations on marketing of unhealthy foods and non-alcoholic sugar sweetened beverages.
- Enforcing fiscal policies: taxes and subsidies to discourage unhealthy foods and encourage healthy foods respectively
- Implementing interpretive front-of-pack nutrition labelling policies.
- Public food procurement policies for healthy diets and school food environment regulations, including on foods and beverages provided or sold in and around schools and food advertising and sponsorship
- Food reformulation policies to eliminate industrial trans-fats, and reduce salt and free sugars
- Establishing standards and regulations for active travel and physical activity in and around schools and public institutions.

Implementing these policy interventions have yield significant returns on investment (ROI) in low- and middle-income countries (18, 19). In Mexico, over a 30-year horizon, the projected returns reach USD \$72 per dollar invested. The prioritised package of interventions in this case included breastfeeding promotion, fiscal measures (SSB tax and healthy food subsidies), marketing restrictions, and standards for healthy school food environments (18). Notably, the 20% SSB tax offers the highest returns, with an estimated ROI of USD \$1220 per dollar invested after 30 years. Strengthening marketing restrictions follows with the second-highest ROI. These findings emphasize the potential for investing in a compact set of interventions to improve children and adolescents' health at minimal cost and underscore the economic benefits of implementing and enhancing such strategies.

For the successful implementation of a comprehensive package of evidence-based approaches, the collaboration of multiple sectors and systems is needed, including education, food, social protection, sports and recreation, trade and industry, and urban planning. The latter plays a pivotal role as urban populations in the SADC region remain disproportionately affected despite narrowing disparity in obesity prevalence between rural and urban areas. Urban space design can help in promoting healthier diets and physical activity. Drawing from higher-income countries' experiences, where cities often contribute to obesity-promoting "obesogenic"

environments, the region can learn to avoid such pitfalls. Addressing and preventing challenges like food deserts — areas with limited access to affordable and nutritious food — and prioritizing infrastructure for physical activity are among policy options. Furthermore, information and communication systems will need to be leveraged for a comprehensive obesity response. Developing communications and other types of social and behaviour change (SBC) strategies can complement and enhance the implementation of wider legislation, policy change. Lastly, the strengthening of data collection and surveillance systems is also recommended for documenting overweight and obesity across all age groups and gender, and other diet related risk factors including ensuring the monitoring and evaluation of prevention and control efforts.

The SADC Overweight and Obesity Multisector framework Fig 2 below is a simplified and summarised set of actions that each country can prioritise when engaging the various sector ministries and departments. This framework helps in the initiation of national dialogues across a multisectoral landscape by the national food and nutrition authorities. These sectors may include but are not limited to finance, education, academia, civil society, rural and urban planning, media-information and broadcasting, health, sports and recreation, law makers, food systems, social protection and multilateral organisation.

### SADC OVERWEIGHT AND OBESITY MULTI-SECTORAL ACTION FRAMEWORK 2024-2030

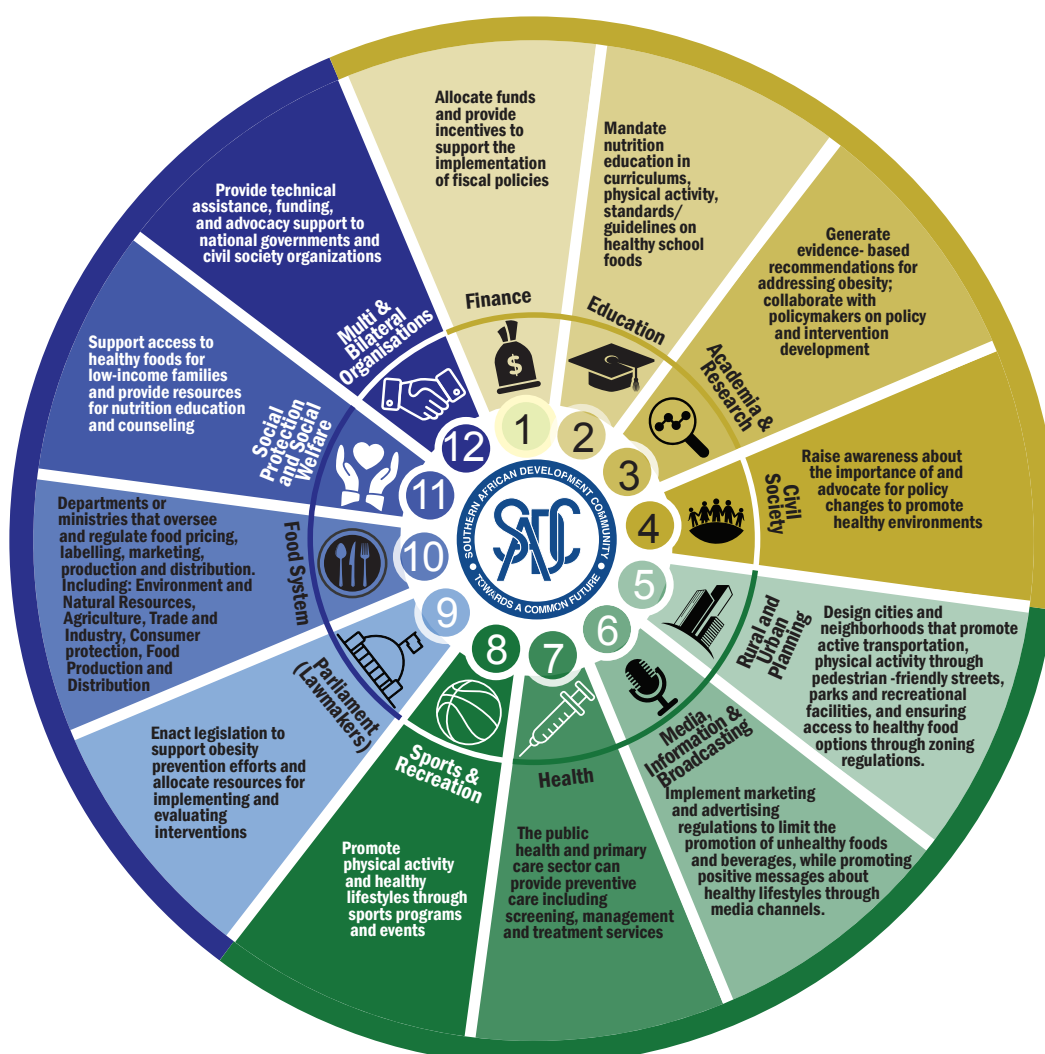


Figure 2 SADC overweight and obesity multi-sectoral action framework. 2024-2030

## 2.2. GAPS IN SADC COUNTRY POLICIES, PLANS AND LEGISLATION

The SADC 2023 obesity landscape analysis found that seven out of 16 SADC Member States have taken some key foundational steps through the development of a national strategy on the prevention of NCDs and/or overweight and obesity (4). This includes the Food and Nutrition Security Policy and National Health Strategy 2021-2025 in **Zimbabwe**; the National Nutrition Policy and 'eat well to live well' guide in **Malawi**; the National Multisectoral Nutrition Action Plan 2021/22- 25/26 and National Strategic Plan for Prevention of NCD 2021-2026 in the **United Republic of Tanzania**; the National Policy on Food and Nutrition Security for the Republic of South Africa; multiple related strategies in **Zambia**; the NCD strategic plan 2021-2023 in Eswatini; and the Revised National Food and Nutrition Security Policy 2021 in **Namibia**.

SADC Member States have adopted measures from the preventive angle to curb the rise of obesity, by introducing a SSB tax (Angola, Botswana, Comoros, Democratic Republic of Congo, Madagascar, Malawi, Mauritius, Mozambique, Seychelles, South Africa, United Republic of Tanzania, Zambia, Zimbabwe); implementing or developing draft regulation on Front-of-pack interpretive nutrition labelling (FOPNL) (draft regulation: South Africa and policy commitment: Eswatini, Namibia), and on Physical Activity Policies South Africa, Mauritius and Mozambique have made major progress. These are encouraging measures, nevertheless sporadic and multiple gaps in the policy and regulatory environment in SADC countries need urgent attention (Table 2).

**Table 2: Policies and regulations by SADC Member States**

| Policies / regulations                                                                   | Countries that have this in place                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>National Obesity Strategy/Policy or Action plan<sup>a</sup></b>                       | South Africa, Seychelles                                                                                                                                                                                                                                      |
| <b>Front-of-pack interpretive nutrition labelling<sup>b</sup></b>                        | Draft regulation: South Africa<br>Policy commitment: Eswatini, Namibia,                                                                                                                                                                                       |
| <b>Sugar-sweetened beverage taxation<sup>c</sup></b>                                     | Angola, Botswana, Comoros, Democratic Republic of Congo, Madagascar, Malawi, Mauritius, Mozambique, Seychelles, South Africa, URT, Zambia, Zimbabwe                                                                                                           |
| <b>Price subsidies for healthy foods<sup>c</sup></b>                                     | Seychelles                                                                                                                                                                                                                                                    |
| <b>Policies on marketing of foods to children<sup>c</sup></b>                            | Seychelles, South Africa (draft regulation)                                                                                                                                                                                                                   |
| <b>School food and beverage environment guidelines/ policy<sup>d</sup></b>               | Botswana, Eswatini, South Africa, URT, Zimbabwe                                                                                                                                                                                                               |
| <b>Physical Activity Policy<sup>e</sup></b>                                              | South Africa, Mauritius, Mozambique                                                                                                                                                                                                                           |
| <b>International Code of Marketing of Breast-milk Substitutes (BMS)<sup>f</sup></b>      | Some provisions of the Code included: Seychelles<br><br>Moderately aligned with the Code: Botswana, Comoros, Democratic Republic of the Congo, Madagascar, Malawi, Zambia<br><br>Substantially aligned with the Code: Mozambique, South Africa, URT, Zimbabwe |
| <b>Complementary foods covered in the scope of legal measure on the Code<sup>f</sup></b> | Botswana, Comoros, Madagascar, Malawi, Mozambique, South Africa, URT, Zambia, Zimbabwe                                                                                                                                                                        |

a WHO. Global Obesity Observatory.

b WHO. The Global database on the Implementation of Food and Nutrition Action (GIFNA).

c WHO. Global Health Observatory.

d UNICEF data.

e Global status report on physical activity 2022: country profiles. Geneva: WHO; 2022.

f Marketing of breast-milk substitutes: national implementation of the International Code, status report 2024. Geneva: WHO, UNICEF, 2024.





### **2.3. CALL TO COORDINATED ACTION TOWARDS THE PREVENTION AND REDUCTION OF OVERWEIGHT AND OBESITY IN THE SADC REGION**

Existing regulatory efforts in SADC suggest a potential policy window, while gaps underscore the need for improved regional coordination and national priority setting. SADC Member States face distinct challenges, including the triple burden of malnutrition resulting from rapid urbanization and trade liberalization. This transition exacerbates obesity and related NCDs, straining fragile health systems. The influence of multinational industry actors, coupled with the risks of conflict and environmental instability, complicates matters, particularly for food and nutrition security. To effectively address the distinctive social and commercial determinants- private sector activities with adverse public health impact – contributing to obesity in the SADC region, a united regional approach is imperative. This becomes particularly crucial in the face of frequent industry opposition to public health policies. Nevertheless, Member States will need to prioritize their unique set of actions given the varying economic transition stages among Member States.



## SECTION

# 3

## DEVELOPING THE SADC STRATEGY

The strategy development process was guided by key principles aimed at fostering effective collaboration and engagement with SADC Member States. It emphasized building upon existing initiatives, both at global, regional, and national levels, to address the challenges of overweight and obesity comprehensively. Recognizing the interconnected nature of these issues, the strategy advocates for regional cooperation, stressing that while governmental leadership is crucial, it cannot operate in isolation.

A series of consultations with SADC Member States, consisting of Member State representatives from the Ministries of Health and Agriculture, Food and Nutrition Councils, UN Agencies, Civil Society and Academia, were held to inform the development of the Strategy.

The consultations drew on available evidence and authoritative recommendations to develop the SADC Regional Obesity Strategy. This included the [Landscape Review of Overweight and Obesity in the SADC region](#), consisting of:

- An analysis of the academic and grey literature, secondary data base sources to determine the prevalence of and drivers of overweight and obesity, and the landscape of available policies in Member States.
- A stakeholder survey with close ended questions administered to national policy makers to explore country-level perceptions on obesity, key drivers, and priorities of member states.

These procedural steps of developing the Strategy are captured in Figure 3.



**Figure 3. Key steps in the development of the SADC Strategy**

The first workshop, denoted as Step 3 in Figure 2, encompassed two distinct phases. Initially, attendees were exposed to insights derived from a comprehensive landscape analysis, showcasing 10 key recommendations aimed at tackling obesity, complemented by a presentation outlining the World Health Organization's (WHO) established best practices for obesity prevention. Subsequently, participants engaged in a reflective session on each recommendation, evaluating its feasibility and proposing potential adaptations to suit their respective national contexts. Following the workshop, Member States were provided with a survey to further expound on the aforementioned recommendations. The insights garnered from both the workshop and survey were then utilized to refine and consolidate recommended actions, culminating in a second survey where, Member States were tasked with prioritizing 3-5 interventions or actions they deemed most impactful. These prioritizations, in turn, served as the basis for subsequent stages of strategy development, marked as Step 4. The survey responses were instrumental in crafting the draft strategy tailored for the SADC region, which was subsequently presented at a second stakeholder consultation for final inputs, constituting Step 5. Once consensus on objectives was reached, a detailed implementation framework was devised, delineating practical activities and associated costs, emblematic of Step 6.

### 3.1. VISION, GOAL, OBJECTIVES

The proposed vision and goal for the SADC strategy to prevent and control obesity envisions a region where optimal health and well-being are prioritised and accessible to all. A future is envisioned where individuals and communities are empowered to make informed choices about nutrition, engage in regular physical activity, and maintain healthy lifestyles. Through comprehensive and sustainable approaches, in collaboration with the food, health, wash, education and social protection systems, we aim to significantly reduce the prevalence and reverse the trends of obesity and its associated health risks. The strategy focuses on fostering supportive environments, strengthening health systems, promoting multisectoral collaboration and public engagement to address the complex factors contributing to obesity across the life course. By working together with all key partners and Member States, SADC envisions a vibrant region, where individuals can thrive, flourish, and enjoy a high quality of life, free from the burden of obesity and related diseases.

**Vision:** "A thriving SADC region where Member States foster health-promoting environments, empowering their communities to make informed choices about nutrition and physical activity, ensuring sustainable human capital development."

**Goal:** "To address obesity in the SADC region through collaborative partnerships, evidence-based interventions, and sustainable policy changes at all levels, in alignment with global targets for obesity prevention and reduction."

**Objective 1:** Engage and secure commitment from SADC Member States for the successful implementation of the Obesity strategy. Actions include:

- 1.1 Ensure that the SADC Obesity Strategy receives official endorsement from Ministers overseeing Health and other relevant sectors across the SADC region.
- 1.2 Convene a regional orientation workshop with SADC Member States.
- 1.3 SADC Member States submit a nominated obesity focal person to the SADC Secretariat, facilitating seamless coordination and stakeholder engagement.
- 1.4 Develop and implement stakeholder engagement mechanisms with continuous monitoring to ensure informed participation throughout the strategy implementation process.

**Objective 2:** Strengthen policy and regulatory frameworks to foster an enabling environment for the prevention and control of obesity. Actions include:

- 2.1. Convene a high-level assembly of Member States and key stakeholders to review identified gaps<sup>1</sup> and prioritize policies and regulations.
- 2.2. Establish clear and measurable targets for Member States to achieve, ensuring alignment with global strategies and frameworks for overweight and obesity prevention and control.
- 2.3. Promote policy coherence, establish governance mechanisms to mitigate conflict of interest, and prioritize public health in regional and national policymaking processes.

**Objective 3:** Enhance the capacity and knowledge of leaders, decision-makers, and institutions to actively promote interventions for and investment in obesity prevention. Actions include:

- 3.1. Organize a regional capacity building workshop for Member States to enhance key stakeholders' understanding of obesity causes, evidence-based interventions, and policy development.
- 3.2. Educate key stakeholders on the importance of SBC strategies, public engagement, and countering industry influence in government-led policy design, emphasizing the need for conflict-of-interest frameworks.
- 3.3. Facilitate the establishment of partnerships and knowledge-sharing mechanisms and frameworks with academic institutions, public and private health organizations, and subject matter experts to inform decision-making and strategy development.

**Objective 4:** Develop and implement effective roadmaps across all SADC Member States for the prevention and control of obesity. Actions include:

- 4.1. Support Member States with a comprehensive technical package, including SBC and community engagement toolkits, to facilitate the development and execution of roadmaps.
- 4.2. Organize individualized country-specific multi-sectoral workshops with Member States to agree on the required actions towards domestication of regional obesity strategy and the development of country-specific roadmaps.
- 4.3. Foster collaboration and ownership at all levels, advocating for national budget allocation to relevant government Ministries to support efforts to implement obesity roadmaps.

**Objective 5:** Establish and maintain an efficient regional surveillance system to facilitate evidence-based decision making. Actions include:

- 5.1. Develop a common database and data collection system, ensuring consistency and comparability across the region.
- 5.2. Build capacity for effective monitoring and evaluation obesity prevalence and risk factors, particularly focusing on all age groups.
- 5.3. Implement accountability forums/assemblies where member states can report on their progress towards obesity-related indicators and outcomes.

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<sup>1</sup> Findings from the [Landscape Review of Overweight and Obesity in the SADC region](#), including fiscal policies, marketing restrictions for breast milk substitute, unhealthy food and beverage products, front of pack labelling, reformulation, and health promoting environment within and outside of schools (4).







## SECTION

# 4

## ACHIEVING OUR GOALS

### IMPLEMENTATION PLAN

The implementation plan provides a roadmap for translating the strategy into detailed, actionable steps. Table 3 summarises the five objectives, associated actions underpinning the strategy and identifies key activities, inputs, outputs, impact and assumptions that show how the implementation of these will lead to the desired impact.

Implementing the strategy will require leadership, resources and commitment from all relevant stakeholders. Implementation will adopt a phased approach, enabling Member States to develop micro implementation plans and monitoring and evaluation frameworks that detail specific: indicator, definition, baseline, target, data source, frequency, responsible, reporting.

The SADC Secretariat through the Directorate of Social and Human Development under the health and nutrition workplan, will ensure that Member States deliver annual progress updates on this theme, to be shared during the food and nutrition technical steering committee meeting. Furthermore, the SADC Secretariat will facilitate continuous capacity building of Member States for implementation through country support visits, together with key technical partners, to offer guidance on the adoption and roll out of activities outlined in the SADC Obesity Strategy.

**The key milestones that will guide the SADC Secretariat in rolling out the SADC Obesity Strategy are as follows:**



Success will be measured through the comprehensive rollout of the strategy across Member States. By 2025, the strategy aims to be implemented in 8 Member States, signifying their active involvement in national consultations and the development of country-specific roadmaps. Additionally, by 2026, the strategy targets further expansion, with an additional 8 Member States onboard. The extent of implementation and the level of engagement from Member States in these processes will serve as key indicators of success in achieving the objectives outlined in the strategy. Furthermore, the implementation plan will undergo annual reviews to assess progress and identify and address areas of concern based on emerging insights, challenges, or changing circumstances.

**Table 3: Implementation Plan for the SADC Obesity Strategy (the strategy)**

| <b>Objective 1. Engage and secure commitment from SADC Member States for the successful implementation of the strategy.</b>                                                    |                                                                                                |                                                                              |                                                                                             |                                                                                                   |                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Actions:</b>                                                                                                                                                                |                                                                                                |                                                                              |                                                                                             |                                                                                                   |                                                                                                         |
| <b>1.1</b> Ensure that the strategy receives official endorsement from Ministers overseeing Health and other relevant sectors across the SADC region.                          |                                                                                                |                                                                              |                                                                                             |                                                                                                   |                                                                                                         |
| <b>1.2</b> Convene a regional orientation workshop with representatives of SADC Member States on the strategy.                                                                 |                                                                                                |                                                                              |                                                                                             |                                                                                                   |                                                                                                         |
| <b>1.3</b> SADC Member States submit a nominated obesity focal person to the SADC Secretariat, facilitating seamless coordination and stakeholder engagement.                  |                                                                                                |                                                                              |                                                                                             |                                                                                                   |                                                                                                         |
| <b>1.4</b> Develop and implement stakeholder engagement mechanisms with continuous monitoring to ensure informed participation throughout the strategy implementation process. |                                                                                                |                                                                              |                                                                                             |                                                                                                   |                                                                                                         |
| Activities                                                                                                                                                                     | Inputs                                                                                         | Outputs (indicators)                                                         | Outcomes                                                                                    | Impact                                                                                            | Assumption                                                                                              |
| 1.1 Engage with key ministries through a meeting and presentations to gain support and endorsement.                                                                            | Human resources for coordination and facilitation.                                             | Official endorsements from ministries documented in writing.                 | Formal commitment from ministries to support and implement the strategy.                    | Increased credibility and legitimacy of the strategy.                                             | Ministries recognize the urgency and importance of addressing obesity within the region.                |
| 1.2 Organize venue, invite participants, prepare agenda and presentations.                                                                                                     | Funding for venue, travel expenses, materials for presentations.                               | Attendance of representatives from all SADC Member States.                   | Enhanced understanding and buy-in from Member States regarding the strategy.                | Improved collaboration and coordination among Member States in tackling obesity.                  | Stakeholders are willing to participate.                                                                |
| 1.3 Communicate requirements for the nomination process, review submissions, and select focal persons.                                                                         | Clear guidelines for nomination process, staff time for reviewing submissions.                 | Designated focal persons from each Member State identified and communicated. | Improved communication and coordination between Member States and the SADC Secretariat.     | Streamlined engagement and dissemination of information leading to more effective implementation. | Member States understand the importance of having a designated focal person for effective coordination. |
| 1.4 Establish communication channels, organize regular meetings, collect feedback from stakeholders.                                                                           | Resources for communication tools, staff time for organizing meetings and collecting feedback. | Established communication channels, documented feedback from stakeholders.   | Active involvement and participation of stakeholders throughout the implementation process. | Greater ownership of the strategy among stakeholders, leading to more sustainable outcomes.       | Stakeholders are willing to engage and provide feedback on strategy implementation.                     |

**Objective 2: Strengthen policy and regulatory frameworks to foster an enabling environment for the prevention and control of obesity.**

**Actions:**

- 2.1** Convene a high-level assembly of Member States and key stakeholders to review identified gaps<sup>2</sup> and prioritize policies and regulations.
- 2.2** Establish clear and measurable targets for Member States to achieve, ensuring alignment with global strategies and frameworks for overweight and obesity prevention and control.
- 2.3** Promote policy coherence, establish governance mechanisms to mitigate conflict of interest, and prioritize public health in regional and national policymaking processes.

| Activities                                                                                                | Inputs                                                                                                               | Outputs (indicators)                                                                                           | Outcomes                                                                                                                    | Impact                                                                                                                                 | Assumption                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 2.1 Organize assembly to bring together stakeholders.                                                     | Human resources for coordination and facilitation.<br><br>Funding for venue booking, travel expenses, and materials. | Agenda for the assembly, including topics for discussion and potential policy recommendations.                 | Consensus on priority areas for policy reform and regulatory action.                                                        | Enhanced collaboration and coordination among stakeholders leading to more effective obesity prevention and control measures.          | All Member States are willing to engage in open dialogue and collaborate towards shared policy objectives.                     |
| 2.2 Consultation with Member States to identify feasible targets based on their context and capacity.     | Global strategies and frameworks for overweight prevention and control.                                              | Document outlining specific targets for Member States, with indicators for monitoring progress.                | Increased accountability and focus on achieving measurable outcomes in obesity prevention efforts.                          | Improved consistency and effectiveness of interventions across Member States, leading to reduced prevalence of overweight and obesity. | Member States have the necessary resources and capacity to implement and monitor progress towards the established targets.     |
| 2.3 Engage with policymakers through advocacy campaigns, policy briefings, and stakeholder consultations. | Evidence-based research demonstrating the impact of policy coherence on public health outcomes.                      | Policy recommendations highlighting the importance of coherence and transparency in decision-making processes. | Adoption of policies and governance mechanisms that prioritize public health objectives and minimize conflicts of interest. | Improved trust in the policymaking process and increased effectiveness of obesity prevention initiatives.                              | Policymakers are receptive to evidence-based recommendations and willing to prioritize public health over competing interests. |

**Objective 3: Enhance the capacity and knowledge of leaders, decision-makers, and institutions to actively promote interventions for and investment in obesity prevention.**

**Actions include:**

- 3.1** Organize a regional capacity building workshop for Member States to enhance key stakeholders' understanding of obesity causes, evidence-based interventions, and policy development.
- 3.2** Educate key stakeholder on the importance of SBC strategies, public engagement, and countering industry influence in government-led policy design, emphasizing the need for conflict-of-interest frameworks.
- 3.3** Facilitate the establishment of partnerships and knowledge-sharing mechanisms and frameworks with academic institutions, public and private health organizations, and subject matter experts to inform decision-making and strategy development.

| Activities                                                                                | Inputs                                                                                               | Outputs (indicators)                                     | Outcomes                                                                            | Impact                                                                                            | Assumption                                                                                                     |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 3.1 Plan and organize workshops on obesity causes, interventions, and policy development. | Resources for workshop incl. expert speakers and facilitators, administrative support for logistics. | Completion of workshop evaluation forms by participants. | Enhanced capacity to develop and implement effective obesity prevention strategies. | Informed decision-making leading to more impactful obesity prevention policies and interventions. | Leaders and decision-makers are motivated to participate in and apply the knowledge gained from the workshops. |

<sup>2</sup> Including fiscal policies, marketing restrictions for breast milk substitute, unhealthy food and beverage products, front of pack labelling, reformulation, and health promoting environment within and outside of schools.

|                                                                                                            |                                                                                               |                                                                                  |                                                                                                        |                                                                                 |                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.2 As part of the workshop, conduct training on SBC, public engagement and conflict of interest.          | Educational materials and resources on public engagement and conflict of interest frameworks. | Number of decision-makers trained on public engagement and conflict of interest. | Increased awareness and understanding of the importance of public engagement and conflict of interest. | Enhanced transparency and accountability in policy-making processes.            | Decision-makers are receptive to learning about and implementing conflict of interest frameworks.                                                                            |
| 3.3 Develop memorandum of understanding and facilitate regular knowledge sharing with identified partners. | Administrative support for partnership development and coordination.                          | Number of partnerships established and knowledge-sharing activities.             | Generation of new ideas and innovations for addressing obesity.                                        | More effective and sustainable obesity prevention strategies and interventions. | Adequate administrative support and funding/resources are available for partnership development and coordination, as well as for implementing joint projects or initiatives. |

**Objective 4: Develop and implement effective roadmaps across all SADC Member States for the prevention and control of obesity.**

**Actions:**

- 4.1** Support Member States with a comprehensive technical package, including SBC and community engagement toolkits, to facilitate the development and execution of roadmaps.
- 4.2** Organize individualized country-specific multi-sectoral workshops with Member States to agree on the required actions towards domestication of regional obesity strategy and the development of country-specific roadmaps.
- 4.3** Foster collaboration and ownership at all levels, advocating for national budget allocation to relevant government Ministries to support efforts to implement obesity roadmaps.

| Activities                                                                                                                                                                                             | Inputs                                                                                                                                                              | Outputs (indicators)                                                          | Outcomes                                                                                                   | Impact                                                                                           | Assumption                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 4.1 Disseminating technical package to Member States.                                                                                                                                                  | Technical assistance.                                                                                                                                               | Technical packages distributed and adopted by Member States.                  | Increased capacity of Member States in roadmap development and execution.                                  | Enhanced coordination and effectiveness in obesity prevention efforts across SADC Member States. | Member States have the capacity and willingness to utilize the provided tools and resources effectively.                                  |
| 4.2 Organizing and facilitating discussions among stakeholders, providing guidance on roadmap development, ensuring representation from key sectors and knowledge transfer from frontrunner countries. | Funding workshops.<br><br>Technical experts in the WHO's Delivery for Impact Approach.<br><br>Frontrunner countries support to others with less developed roadmaps. | Workshops conducted; draft roadmaps developed.                                | Enhanced collaboration and coordination among sectors, development of comprehensive and tailored roadmaps. | Increased likelihood of successful implementation of interventions.                              | Stakeholders are committed to breaking down silos through efficient joint planning, coordination, and adoption of accountability systems. |
| 4.3 Facilitating stakeholder engagement.                                                                                                                                                               | Time and effort from stakeholders.                                                                                                                                  | Increased stakeholder participation, establishment of collaborative networks. | Improved coordination and cooperation among stakeholders, increased commitment to implementation.          | Sustainable and effective implementation of roadmaps.                                            | Stakeholders have a mutual understanding of the importance of collaboration.                                                              |



**Goal 5: Establish and maintain an efficient regional surveillance system to facilitate evidence-based decision making.**

**Actions**

**5.1** Develop a common database and data collection system, ensuring consistency and comparability across the region.

**5.2** Build capacity for effective monitoring and evaluation obesity prevalence and risk factors, particularly focusing on all age groups.

**5.3** Implement accountability forums/assemblies where Member States can report on their progress towards obesity-related indicators and outcomes.

| Activities                                                                                                                                            | Inputs                                                                   | Outputs (indicators)                                                                   | Outcomes                                                                                          | Impact                                                                                                                | Assumption                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 5.1 Collaborate with member states to design and implement a standardized data collection protocol and database infrastructure.                       | Technical expertise, funding for database development.                   | Unified database and data collection system accessible to all Member States developed. | Improved consistency and comparability of obesity-related data across the region.                 | Enhanced ability to track obesity trends, identify high-risk populations, and inform evidence-based policy decisions. | Member States are willing to collaborate and share data, and sufficient funding is available for implementation. |
| 5.2 Provide training workshops and resources to Member States on monitoring and evaluating obesity prevalence and risk factors across all age groups. | Training materials, expert trainer, funding for workshops and resources. | Number of countries modified existing surveys to include obesity-related indicator.    | Improved data quality and accuracy in documenting obesity prevalence and risk factors.            | Better-informed policy decisions and targeted interventions to address obesity at all levels.                         | Assuming that Member States have access to the necessary equipment and resources to collect accurate data.       |
| 5.3 Establish regular forums or assemblies where Member States report on progress towards obesity-related indicators and outcomes.                    | Organizational support.                                                  | Number of forums held.                                                                 | Increased transparency and accountability in the implementation of the regional obesity strategy. | Improved coordination and collaboration among Member States.                                                          | Member states are committed to participating in accountability mechanisms.                                       |





GOURMET DOUGHNUTS R 10.90



PLAIN DOUGHNUTS R 9.90

CHOCOLATES

R15.90

R15.90

ONLY



## SECTION

# 5

## FINANCING THE STRATEGY

### RESOURCE MOBILISATION AND SUSTAINABILITY

To effectively implement the SADC Obesity Strategy, securing consistent and dependable financial resources is essential. However, a significant challenge facing the SADC region is the competing priorities amidst limited financial means. Article 25(1) of the SADC Treaty (20) highlights the Community's responsibility to mobilize resources, emphasizing the need for increased efforts in this regard. SADC should, therefore, increase its efforts towards the mobilisation of resources for the implementation of the SADC Obesity Strategy. The anticipated cost of implementation of the activities outlined in Table 3 is: USD 664 600.

| Goals (2024-2030)                | Activities                                            | Quantity | Unit Cost (USD) | Total Cost (USD) |
|----------------------------------|-------------------------------------------------------|----------|-----------------|------------------|
| 1                                | Regional workshops                                    | 2        | 80000           | 160000           |
|                                  | Interpretation costs workshops plus 2 Webinars        | 4        | 5760            | 23 040           |
| 2                                | Regional workshops                                    | 1        | 90000           | 90000            |
|                                  | Consultant costs                                      | 1        | 20000           | 20000            |
| 3                                | Regional workshops                                    | 2        | 90000           | 180000           |
|                                  | Interpretation Costs                                  | 2        | 5760            | 11560            |
| 4                                | Country TA support visits and stakeholder engagements | 10       | 5000            | 50000            |
| 5                                | Regional workshops on surveillance and data           | 1        | 80000           | 80000            |
|                                  | End of 5 year evaluation of Strategy                  | 1        | 50000           | 50000            |
| <b>Total (For 6 year period)</b> |                                                       |          |                 | <b>664600</b>    |

To realize these, the following actions are proposed:

1. Activate the SADC Resource Mobilization Framework (21) tailored to address obesity-related initiatives.
2. Establish and operationalize a Regional Development Fund dedicated to preventing and controlling obesity.

By implementing these actions, SADC can bolster its ability to mobilize resources effectively, ensuring the successful implementation of the Obesity Strategy and contributing to the overall health and well-being of its Member States.

## MONITORING PROGRESS

The SADC Secretariat through the Annual SADC Food and Nutrition Technical Steering Committee meeting will request countries to update their scorecard and progress in regard to the development of the tools, policies, guidelines highlighted below. This simplified scorecard will give a visual perspective on the progress in the next 5-6 years.

### SCORECARD ON THE PROGRESS OF THE ROLL OUT OF THE SADC STRATEGY ON OVERWEIGHT AND OBESITY PREVENTION 2024 2030.

| Member State | Multisectoral Coordination Mechanism Nutrition/ NCDs | Country level Strategy / domestication of SADC Strategy/ Action plan/ roadmap | Policy And Regulatory Framework      |              |                                                                  |                                   |                                            |                                       |
|--------------|------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------|--------------|------------------------------------------------------------------|-----------------------------------|--------------------------------------------|---------------------------------------|
|              |                                                      |                                                                               | Fiscal policies Sugar tax/ subsidies | FOPNL policy | Marketing restriction policy (Including breast milk substitutes) | Food product reformulation policy | Public food procurement for healthy diets. | Policies to promote physical activity |
| Angola       |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |
| Botswana     |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |
| Comoros      |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |
| DRC          |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |
| Eswatini     |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |
| Lesotho      |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |
| Madagascar   |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |
| Malawi       |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |
| Mauritius    |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |
| Mozambique   |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |
| Namibia      |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |
| Seychelles   |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |
| South Africa |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |
| URT          |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |
| Zambia       |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |
| Zimbabwe     |                                                      |                                                                               |                                      |              |                                                                  |                                   |                                            |                                       |

#### Legend

| Yes | Partial/under development | No |
|-----|---------------------------|----|
|     |                           |    |

# CONCLUSION

This strategy is a critical step towards improving the health and well-being of the SADC population. By addressing the underlying determinants of obesity and implementing evidence-based interventions, significant impact can be made. By adopting a comprehensive and multi-sectoral approach, this strategy recognises the complex nature of obesity and the need for collaborative efforts across various stakeholders. Community engagement and sustainable resource mobilisation will ensure that efforts are coordinated, inclusive, and enduring.

The strategy's focus on promoting healthy lifestyles, improving access to nutritious foods, fostering supportive environments, and strengthening healthcare systems underscores its commitment to holistic and sustainable solutions. The strategy emphasises the importance of policy advocacy, community engagement, and data-driven decision-making to drive meaningful change. Through the implementation of this strategy, the SADC region can work towards a healthier future where individuals and communities thrive and the burden of obesity is significantly reduced.

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