Obesity risk regulation

Role of NIPHs in generating the required evidence

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I. The Role of the NPHIs

What are the NPHIs?

- Government Organizations.
- **Operate with public funds to assure conditions in which people can be healthy.**
- **Focused in disease prevention, risk protection and health promotion.**
- National-level institutions with local mandates to strength public health systems [some NPHIs have global mandates].
- Promoters of evidence-based public health.

Functions performed by NPHIs?

- Monitor and respond to health threats: vital statistics, disease surveillance, outbreak investigation & control, public health laboratories.
- Participate in the coordination of public health strategies, policy advice and development, and program delivery & evaluation.
- Generate & translate information to:
  - Identify population health needs
  - Design the best policy to respond to population health needs
I. The Role of the NPHIs

NPHIs evidence

- Law can’t regulate health without NIPH’s evidence.
- It is the only real possibility to enforce Law.
- With NIPH’s evidence, Law can be the public health guardian.
II. Public health regulation process

1. Public interest is harmed
2. Rationales for regulation (economic and social)
3. Prioritizing strategies for regulation (risk regulation)
4. Evaluating regulation
III. Rationales for Public Health Regulation

Market failure
- Economic regulation
- Social regulation

Rights based and social rationales

Regulation is justified by a combination of market and social rationales
III. Rationales for Public Health Regulation

Economic regulation

- Traditional economic regulation explains the pattern of government intervention in the market. [1]
- Regulation is justified because the uncontrolled marketplace will, for some reason, fail to produce behavior or results in accordance with the public interest. [2]

Social regulation

- Regulation is justified to protect human rights and to further social solidarity. [3]
- The harm principle: risk to others. [4]
- Best interests. [4]
- Paternalism: risk to self. [4]

[3] T. Prosser, Regulation and Social Solidarity
III. Rationales for Public Health Regulation

- **Economic regulation**
- **Social regulation**

= **Combined rationales**

- *Information inadequacies*
  - For example, confusing labelling

- *Protection of the right to health*

- *Information inadequacies and protection of the right to health*
IV. Prioritizing strategies for regulation: risk regulation

Nature of risk: Physical, Chemical, Organic, Behavioral

Duration of risk: Imminent, Distant

Probability of harm: Chances of occurrence


V. Evaluating regulation

- Regulatory actions can be evaluated with qualitative or quantitative methods.

- Regulatory frameworks have to be “responsive” to evaluations and change according to results.
VI. CORE POLICY PROCESS

1) Understanding & “creating” awareness of the problem

Defining outcomes, identifying stakeholders and defining their potential role and stake

2) Developing solutions What can we do?

Collecting evidence, evaluating options, consultation & working with stakeholders, estimating & managing risks

3) Putting solutions into effect How do we make it work?

Communicating policy, securing budget for implementation & evaluation

4) Testing success and making it stick

Evaluating & refining communication with the public & stakeholders

a) Political context

b) Social context

d) Windows of opportunity

c) Global influence

JUDICIALIZATION – COURTS DEFINITIONS

LEGAL FRAMEWORK

LAW AS THE GUARDIAN OF PUBLIC HEALTH

Modified from: PROFESSIONAL POLICY MAKING FOR THE TWENTY FIRST CENTURY. Report by Strategic Policy Making Team Cabinet Office 1999
## VII. Regulatory opportunities in different action fields

<table>
<thead>
<tr>
<th>Actions within ANSA</th>
<th>Healthy Policy</th>
<th>Promotion of Healthy Environments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Informative Environment</strong></td>
</tr>
<tr>
<td>1. Physical Activity</td>
<td>• Make sports activities tax free; • Establish insurance fees differentiated according to the body mass index.</td>
<td>• Regulate aspects of the physical spaces in schools to favor physical activities. • Construction rules that foster physical activity.</td>
</tr>
<tr>
<td>2. Pure Drinking Water</td>
<td>• Implement subsidies to foster the consumption of pure drinking water.</td>
<td></td>
</tr>
<tr>
<td>3. Reducing the Consumption of Sugar and Fats in Beverages</td>
<td>• Implementation of proportional taxes to the content of fat and sugar in beverages.</td>
<td>• Front labeling that allows the quick identification of products with less sugar and fat content.</td>
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<td></td>
<td>Schools and Work Centers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Streets and Transport</td>
</tr>
<tr>
<td>4. Fruits and Vegetables</td>
<td>• Implement subsidies to foster the consumption of fruits and vegetables.</td>
<td>• Regulate the offer of fruits and vegetables in vending machines in working areas and public centers.</td>
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<tr>
<td>5. Literacy in Nutrition and Health</td>
<td>• Front Labeling publicity regulation aimed at children.</td>
<td>• Regulate the sale of fruits and vegetables in stores.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Legislate the sale of healthy foods and beverage in Diconsa stores.</td>
</tr>
<tr>
<td>6. Exclusive Breastfeeding</td>
<td>• Laws that protect breastfeeding rights of working women. Generate incentives to foster breastfeeding.</td>
<td></td>
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<td><strong>7. Reduced Food or without added caloric colorants</strong></td>
<td>•Front labeling that allows a quick identification of the best options.</td>
</tr>
<tr>
<td><strong>8. Saturated Fats and Trans Fats of Industrial Origin</strong></td>
<td></td>
</tr>
<tr>
<td><strong>9. Portion Size</strong></td>
<td>•Clear and available nutritional information in menus to facilitate a healthy selection.</td>
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VII. Regulatory opportunities in different action fields

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<th>Direct Regulation to People, Businesses or Products</th>
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<tr>
<td>10. Sodium Reduction</td>
<td>• Tax food proportionally to the amount of sodium.</td>
<td>• Limit the concentration of salt in industrialized food.</td>
<td>• Regulate the maximum content of sodium in general consumption foods like bread.</td>
</tr>
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VII. Regulatory opportunities in different action fields

Other regulatory options

- Consider all possible impacts on public policies (Housing Law, Urban Development), to reduce obesogenic environments.

- Carry out strategic litigations about the topic to enforce the right to health protection.

- Legislate on compelled speech, to generate a fund that supports government communication on food aimed at children. Taxes on publicity of food with a high energetic density that would be used in government publicity to prevent obesity.

- Regulate imports of foods rich in saturated fats such as butter.

- To the industries that contribute to the epidemic disease of obesity, the reduction of obesity compared to the charge they generate will be compulsory.

- In case of default, they will be charged with the cost of the damage caused.
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