Mandated in the Ministerial council decision 200, to monitor and control communicable and noncommunicable diseases and protect and promote health across the Kingdom of Saudi Arabia (KSA), SCDC (the Saudi Centre for Disease Prevention and Control) has been established by the KSA government as the Kingdom’s national public health agency.

Objectives

1. Prevent and control communicable and non-communicable disease, injuries and other threats to health

2. Monitor, measure and evaluate population health and related risk factors in KSA to inform policies and programs

3. Advance innovative, evidence-based public health solutions

4. Foster the next generation of Saudi public health experts

5. Serve as the reference authority for public health initiatives in the Gulf
The National Obesity Control & Prevention Strategy

Components

- Situational Analysis
- Strategic Approach
- Strategic Framework
- Implementation Framework
- Governance & Accountability
- Monitoring & Evaluation

Added Value

- Integrates all efforts and sets unified strategic direction
- Enables multisectoral action and Health in All Policies
- Acts as an evaluation framework for corrective action
- Ensures alignment to Prevention & Health Promotion Strategy and national agenda
Globally, there has been:

- an increased intake of energy-dense foods that are high in fat; and
- an increase in physical inactivity due to the increasingly sedentary nature of many forms of work, changing modes of transportation, and increasing urbanization.

Source: https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight
An Evolving Issue Globally

Obesity has become a global rising epidemic that requires a call for action

<table>
<thead>
<tr>
<th>Obesity Trend</th>
<th>Obesity Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adults</strong></td>
<td><strong>World Population</strong></td>
</tr>
<tr>
<td>4.3% Year 1975</td>
<td>13.2% Year 2016</td>
</tr>
<tr>
<td>207% Increase</td>
<td>13.72%</td>
</tr>
<tr>
<td><strong>Children</strong></td>
<td><strong>Male Adults</strong></td>
</tr>
<tr>
<td>4% Year 1975</td>
<td>11%</td>
</tr>
<tr>
<td>363% Increase</td>
<td></td>
</tr>
<tr>
<td><strong>Female Adults</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15%</td>
</tr>
<tr>
<td><strong>Children &amp; Adolescents</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>18.5%</td>
</tr>
</tbody>
</table>

### Impact

- **4 Million** deaths caused by overweight = 7.1% of global Mortality
- **$2 Trillion** cost of Obesity on the economy = 2.8% of global GDP
- **120 Million** life-years lost due to ill-health, disability or early death from Obesity

2. [https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight](https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight)
Obesity - A Regional Issue

The GCC is leading in the obesity rates and is heavily impacted by the epidemic

<table>
<thead>
<tr>
<th>Obesity Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustained <strong>socio-economic growth</strong> across has resulted in an alarming <strong>spike in the prevalence of obesity</strong></td>
</tr>
</tbody>
</table>

**GCC Population**

- Year 1975: 11.4%
- Year 2016: 34.1%
- 199% Increase

<table>
<thead>
<tr>
<th>Obesity Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 GCC countries are among the <strong>top 10</strong> most obese countries in the world</td>
</tr>
</tbody>
</table>

**GCC**

- 1st: Kuwait
- 4th: KSA
- 10th: UAE

<table>
<thead>
<tr>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost on Healthcare System</strong></td>
</tr>
<tr>
<td>Year 2013: $36 Bn</td>
</tr>
<tr>
<td>Year 2022: $68 Bn</td>
</tr>
</tbody>
</table>

**Impact on Health**

**73.6%**

Deaths from Non-Communicable Diseases in GCC

*Due to incidence of chronic diseases caused by obesity*

Source:
1. Tackling Obesity in the Middle East – New Report Identifies Major Policy Gaps, Arabian Gazette
2. WHO, Country Profile 2018
Obesity in the Kingdom

Prevalence of obesity among adults in KSA (Above the age of 18) (1975-2016)
Smaller studies across KSA consistently confirm extremely high rates of obesity in different regions

- **Tabuk**
  - 22.4% of male and 29.5% of female students in Tabuk, KSA – 2015/16 are obese (Al Dahi, et al., 2017)

- **Jeddah**
  - 63.3% of women of child bearing age in Jeddah shows high rates of obesity (Alharbi & Jackson, 2017)

- **Aseer**
  - 65% of pregnant women in Aseer Regions have a prevalence of obesity (Al-Asmari, et al., 2015)

- **Hail**
  - 56.2% of male and 71% of female Saudi citizens attending primary health care centers in Hail region are obese (Ahmed, Ginawi, 2014)

- **Riyadh**
  - 82% of adults visiting a major family practice center in Riyadh are obese (Al-Haqwi, et al., 2015)

- **Al-Kharj**
  - 68.5% of male and 45.8% of female adults population in Al-Kharj, Saudi Arabia are obese (Al-Ghamdi, et al., 2018)
The Kingdom’s Vision 2030 focuses on healthy lifestyle and obesity in its Quality of Life Program.

**Livability – Health Category**

- **Indicators:** Obesity Rate in Adults
- **Initiatives:**
  1. Establishing and activating nutrition clinics
  2. Development of a comprehensive pre-hospital care system
  3. GCC agreement and delivery plan aligned with WHO
  4. Rashaka initiative

**Lifestyle – Sports Category**

- **Indicators:**
  - Number of activated sports venues: 463,3 → 4,991
  - % of individuals who exercise on a weekly basis: 13% → 18%
- **Initiatives:**
  1. Develop and deliver national coaching strategy
  2. “My health comes first” program
  3. My Sport is My Future Program
A Call for Action

The rapid increases in obesity prevalence in KSA and its serious public health consequences reflect the need for action to develop an integrated response.

The Need for Action

1. Ranked 4th
   Saudi Arabia ranked 4th in the most obese countries.
   (World Population Review, 2019)

2. 32.3%
   32.3% of school age children are obese
   (Meta analysis of 18 studies from 2000-2012 Al Shehri, Al Fattani, & Al Alwan, 2013)

3. 7.6%
   Only 7.6% of the population meet the standard for daily consumption of fruits and vegetables.
   (Saudi Health Information Survey, MOH, 2013).

4. 46% of Males and 75% of females had ‘none-to-low’ physical activity levels
   (Saudi Health Information Survey, MOH, 2013).

Obesity Control and Prevention Strategy

The purpose of the Strategy is to inform the coordination and implementation of a holistic response to improve health outcomes related to obesity in the Kingdom. It aligns current data, strategies, programs, and needs and identifies a leadership framework to guide implementation of a strategic and coordinated response.
**Approach**

The Strategy is based on a hybrid approach that addresses all socio-ecological levels of society and life stages.

- The social ecological model adds the multi-dimensional layers of targeting populations' behavior through the different levels of influence.
- The life stages model provides a construct for understanding how peoples' experiences in their early years influence their health and functioning as they age.

Using the life stage approach and the Social Ecological approach, a multi-dimensional framework for the strategy implementation was developed providing a conceptual foundation for addressing this complex network of factors involved with addressing obesity, and guides the development of appropriate tools, activities and systems for monitoring and evaluating them.
Methodology

**Define**

Statement of what the strategy must achieve and its measures of success

- Define **Objectives** *(Strategic/Enabling)*
- Identify **Indicators**

**Set**

Key actions required to achieve objectives and meet the goals

- Set **Programs**
- Develop **Initiatives**
- Assign **Leading Agency**

**Activate**

Kick off planning for implementation and roll out

- Start **Action Planning & Roll out**

**Next Steps**

**Stakeholder Engagement**
**Obesity Control & Prevention Logic Model - Framework**

**Topics:** Communicable Diseases, Non-Communicable Diseases, and Injury and Violence

**Guiding Principles:** Health Promotion Strategy will work to address all the socio-ecological levels covering all the stages of life and health inequalities

### Impact
- Reduced burden of diseases
- Enhanced quality of life

### Action
- Empowered and engaged community in healthy lifestyle

### Outcomes
- Primary Prevention
- Secondary Prevention
- Tertiary Prevention

### Access
- Awareness
- Access

### Outputs
- Education & childcare settings
- Workplace settings
- Health service settings
- Community

### Activities
- This level comprises of the Programs and initiatives at the cluster level taking place in settings.
- The Program owners will set up in collaboration with SCDC and report strategic indicators for each Program.

### Inputs
- Improved data and research
- Increased Capacity and Resources
- Improved partnerships and collaboration
**Obesity Control & Prevention Logic Model - Framework**

**Impact**
- Reduced burden of diseases
- Enhanced quality of life

**Outputs**
- Coverage/Quality
- Activities
- Inputs

**Impact**
- Empowered and engaged community in healthy lifestyle
  - Increased physical activity and healthy eating

**Outcomes**
- Primary Prevention
  - Increased awareness of overweight, obesity, physical activity, and healthy diet
  - Increased healthy diet and physical activity options

- Secondary Prevention

- Tertiary Prevention

**Activities**
- This level comprises of the Programs and initiatives at the cluster level taking place in settings. The Program owners will set up in collaboration with SCDC and report strategic indicators for each Program.

**Inputs**
- Improved data and research
- Increased Capacity and Resources
- Improved partnerships and collaboration
Obesity Control & Prevention Logic Model - Framework

**Inputs**
- Improved data and research
- Increased Capacity and Resources
- Improved partnerships and collaboration

**Activities**
- This level comprises of the Programs and initiatives at the cluster level taking place in settings. The Program owners will set up in collaboration with SCDC and report strategic indicators for each Program.

**Outputs**
- Education & childcare settings
- Workplace settings
- Health service settings
- Community

**Outcomes**
- Increased awareness of overweight, obesity, physical activity, and healthy diet
- Increased services for screening for overweight, obesity, physical inactivity, and unhealthy diet

**Action**
- Primary Prevention
  - Increased awareness of overweight, obesity, physical activity, and healthy diet
  - Increased healthy diet and physical activity options

- Secondary Prevention
  - Increased awareness of screening for overweight, obesity, physical inactivity, and unhealthy diet
  - Increased services for screening for overweight, obesity, physical inactivity, and unhealthy diet

- Tertiary Prevention

**Impact**
- Reduced burden of diseases
- Enhanced quality of life

**Empowered and engaged community in healthy lifestyle**
- Increased physical activity and healthy eating
- Early detection and mitigation of overweight, obesity, physical inactivity, and unhealthy diet
# Obesity Control & Prevention Logic Model - Framework

<table>
<thead>
<tr>
<th>Impact</th>
<th>Reduced burden of diseases</th>
<th>Enhanced quality of life</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outputs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Coverage/Quality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inputs</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Empowered and engaged community in healthy lifestyle

### Action
- Increased physical activity and healthy eating
- Early detection and mitigation of overweight, obesity, physical inactivity, and unhealthy diet
- Improved health status through sustained adherence to clinical and behavioral management of obesity & overweight

### Outcomes
- **Primary Prevention**
  - Increased awareness of overweight, obesity, physical activity, and healthy diet
  - Increased healthy diet and physical activity options

- **Secondary Prevention**
  - Increased awareness of screening for overweight, obesity, physical inactivity, and unhealthy diet
  - Increased services for screening for overweight, obesity, physical inactivity, and unhealthy diet

- **Tertiary Prevention**
  - Increased awareness of clinical and behavioral interventions for overweight, obesity, physical inactivity, and unhealthy diet
  - Increased clinical and behavioral interventions for overweight, obesity, physical inactivity, and unhealthy diet

### Activities
- This level comprises of the Programs and initiatives at the cluster level taking place in settings.
- The Program owners will set up in collaboration with SCDC and report strategic indicators for each Program.

### Inputs
- Improved data and research
- Increased capacity and resources
- Improved partnerships and collaboration

### Education & childcare settings
- Increased awareness of screening for overweight, obesity, physical inactivity, and unhealthy diet
- Increased healthy diet and physical activity options

### Workplace settings
- Increased awareness of clinical and behavioral interventions for overweight, obesity, physical inactivity, and unhealthy diet
- Increased services for screening for overweight, obesity, physical inactivity, and unhealthy diet

### Health service settings
- Increased awareness of screening for overweight, obesity, physical inactivity, and unhealthy diet
- Increased clinical and behavioral interventions for overweight, obesity, physical inactivity, and unhealthy diet

### Community
- Increased awareness of screening for overweight, obesity, physical inactivity, and unhealthy diet
- Increased clinical and behavioral interventions for overweight, obesity, physical inactivity, and unhealthy diet
### Obesity Logic Model - Indicators

<table>
<thead>
<tr>
<th>Impact</th>
<th>Reduced burden of diseases</th>
<th>Enhanced quality of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Stopped annual increase in prevalence of overweight and obesity</td>
<td>• Increased health adjusted life years (years lived without disability)</td>
<td></td>
</tr>
<tr>
<td>• Reduced expenditure for advanced clinical care of overweight and obesity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action</th>
<th>Empowered and engaged community in healthy lifestyle</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Percent of target population that report they have the information, skills, and confidence to make healthy choices on diet and physical activity</td>
<td>• Percent of at risk and diagnosed individuals utilizing first line weight management services</td>
</tr>
<tr>
<td>• Percent reduction in national consumption of sugar</td>
<td>• Percentage of severe or co-morbid cases of overweight and obesity who successfully utilize clinical and/or psychosocial rehabilitative services to maintain improved health status</td>
</tr>
<tr>
<td>• Percent of target population who know their body weight status</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>• Percent of target population that meet both daily nutrition and physical activity requirements</td>
<td>• Percent % of target population who know where to get screened for overweight and obesity</td>
<td>• Percent of target population that can name one mental health or clinical intervention for overweight and obesity</td>
</tr>
<tr>
<td>Access</td>
<td>• Increase in packaged food options that have reduced salt, sugar and fats</td>
<td>• Percent of clusters have both clinic and community-based screening for overweight and obesity</td>
<td>• Percent of clusters that have both mental health and clinical care resources for overweight and obesity</td>
</tr>
<tr>
<td>Coverage / Quality</td>
<td>• Increase in formal or informal sport and recreation activity options</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Activities

- **Outputs**
  - **Health promoting education & childcare settings**: 
    - Percent of clusters where at least 50% or schools are certified as health promoting schools
  - **Health promoting workplace settings**: 
    - Percent of clusters where at least 50% of workplace settings are certified as health promoting workplaces
  - **Health promoting health service settings**: 
    - Percent of clusters where at least 50% of public and private health settings are certified as health promoting settings
  - **Health promoting community settings**: 
    - Percent of clusters that implement community-based health promotion activities

- **Inputs**
  - **Improved data and research**: 
    - Research/data needs identified and addressed
    - Research/data integrated into program design
  - **Increased Capacity and Resources**: 
    - Gaps in workforce HP skills identified and addressed
    - Increased resources for HP through increased funding and efficiency
  - **Improved partnerships and collaboration**: 
    - Decreased level of fragmented or duplicated effort
    - Increased effectiveness of partnerships

This level comprises of the Programs and initiatives at the cluster level taking place in settings. The Program owners will set up in collaboration with SCDC and report strategic indicators for each Program.
Programs

We have conducted several external and internal workshops to detail the below Program topics:

<table>
<thead>
<tr>
<th>Primary Prevention</th>
<th>Secondary Prevention</th>
<th>Tertiary Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity Awareness</td>
<td>Obesity Screening Awareness</td>
<td>Improving awareness of rehabilitative services</td>
</tr>
<tr>
<td>Nutrition Awareness</td>
<td>Obesity Screening Implementation</td>
<td>Service expansion to Increase options for quality rehabilitative services</td>
</tr>
<tr>
<td>Physical Activity Awareness</td>
<td>In community, schools, and Maternal &amp; Childcare Services</td>
<td></td>
</tr>
<tr>
<td>Food content</td>
<td>In community, schools, and Maternal &amp; Childcare Services</td>
<td></td>
</tr>
<tr>
<td>Food labelling and marketing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertising regulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incentivize healthy food choice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community zoning and infrastructure design</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School curriculum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Snapshots from the Strategy Consultation Workshop

7 Entities

40+ Participants

Participants and entities involved in the strategy consultation workshop.
Next Steps

1. Conduct **further vetting** with stakeholder

2. Start **Action Planning** in collaboration with owning entities to guide implementation of initiatives

3. **Work on building strong foundations**: Data & Research, Capacity & Resources, Partnerships & Collaboration

4. **Approve** and **roll out** the Strategy
THANK YOU