



Published by Noble Academic Publisher

URL: <http://napublisher.org/?ic=journals&id=2>

## Open Access

# Public-Private Partnerships a Panacea to Obesity Crisis in South East Asia

Umar Ibrahim

United Nations University, International Institute for Global Health (UNU-IIGH), Kuala Lumpur, Malaysia

**Abstract:** This study assessed Public-Private Partnership (PPPs) as a panacea to obesity crisis in South East Asia, by examining food industries, state and private sectors roles in obesity phenomenon and contributions of professional bodies in promoting healthy diet and nutrition practice, toward obesity crisis management in the region. The study was based on desk survey, in which secondary data obtained through online and offline sources, on obesity related issues, focusing on PPPs governance in obesity control, were reviewed. Increase in overweight and obesity rates in South East Asia, demands interdisciplinary collaboration between government, civil societies and food industries to formulate and implement policies that alleviate obesity crisis. To achieve this fate, the study suggests four-ways partnership framework that guides PPPs arrangement, as a panacea to obesity crisis in the region. However, the indwelling endemic nature of obesity issue in the region, call for elaborative research on its causes, hindrances and a sustainable way out, focusing on those indices that suggest PPPs as a solution to the issue at stake.

**Keywords:** Obesity, Policy, Food-Industry, Collaboration, PPPs, CSOs.

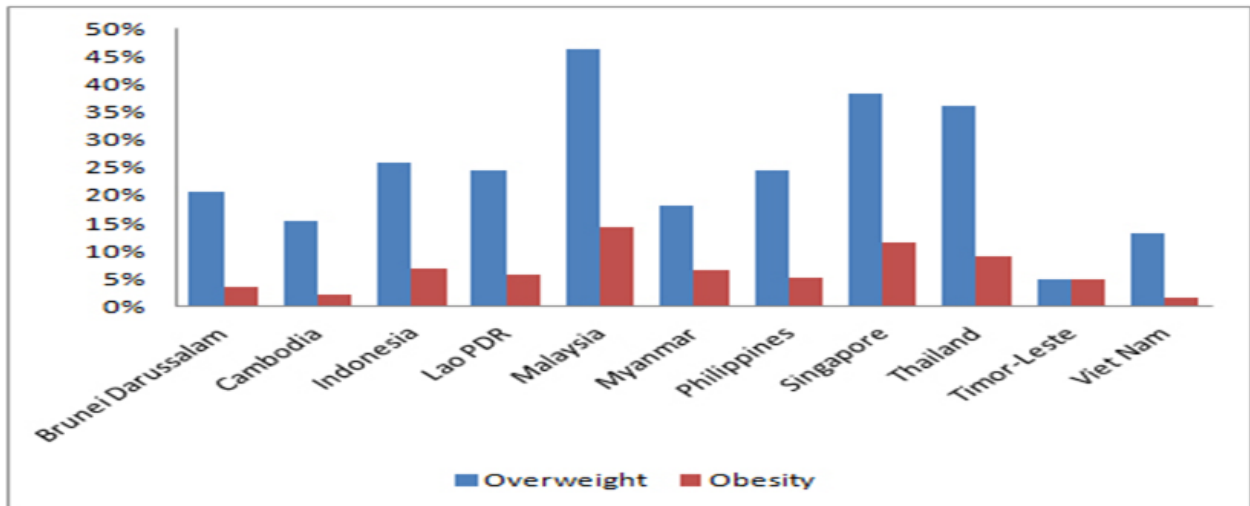
## 1. Introduction

Obesity refers to surplus of body adipose tissues; it is a serious public health challenge in need of sustainable solutions, through interdisciplinary collaboration. Obesity precipitating factors includes excessive calories intake, lifestyle, sleeplessness, metabolism disorder, appetite suppressers, weight induce medications, self-induce traits and genetic factor. It is determined through Body Mass Index (BMI) calculation, hip size measurement and ratio (Centre, 2016). Although, sometimes, BMI outcome misleads when used on bulky people, pregnant and nursing mothers (Society, 2016).

Factors of globalization stimulate increase in marketing of unsafe food and unhealthy living style, especially in the emerging economic countries of South East Asian region (Conference, 2017). Evidence based research outcome such as “lean-washing” suggest diet as most significant obesity development issue, rather than the widely acclaimed lack of exercise. But, most people are reluctant on accepting the premise of diet, rather than exercise, because of the influential advertisement by food industries, that echo exercise to be the cardinal factor (Karnani *et al.*, 2014).

According to the World Health Organization (WHO), 1.9 billion adults were overweight in 2014; 600 million were obese, of which 42 million children were either overweight or obese in 2013 (FAO., 2016). Prevalence of overweight and obesity rates in South-East Asia, indicates that Malaysia has the highest obesity proportion of 14.2%, with Thailand next in line with 8.8 % (see Figure 1) (Cheong, 2014). Obesity caused non-communicable diseases like cardiac related ailments, diabetic mellitus, cancers, kidney problems etc. Aetiology of obesity is linked to eleven types of cancers that are related to gastric organs and hormones, mostly in women. Annually, about 2.8 million deaths are caused by obesity worldwide (Kyrgiou *et al.*, 2017).

**Figure 1.** Prevalence of overweight and obesity in Southeast Asia, 2013



**Source:** Institute for Health Metrics and Evaluation (2013).

Obesity control pursuit is not limited to public health institutes, but a phenomenon in need of interdisciplinary collaborations in the like of Public Private Partnerships (PPPs). National government, food industries, CSOs, and professional bodies have much work to do in delivering solution that will curtail the myriad of obesity crisis challenge in South East Asia. Indeed, sound PPPs, targeting shared goals will address this common objective of obesity crisis control (Johnson *et al.*, 2014); (Swinburn, 2008).

In this junction, this paper explored PPPs as a panacea to obesity crisis in South East Asia, by examining the roles of government, food industries, CSOs and contributions of professional bodies in promoting healthy diet and nutrition, aiming at obesity crisis management.

## 2. Methodology

This study was based on desk survey in which secondary data were obtained through online and offline sources, on obesity related issues, to aid the comprehension of governance perspective of PPPs as a panacea to obesity control crisis. Two approaches were used in reviewing the literature. First was the identification of peer review articles and books on general perspectives to obtained background data, and then specific information on the region in focus was sought. Range of issues were reviewed to formed the article, using diverse keywords like obesity, public private partnership, food industry, government etc., to search publicly available documents from the years 2000 to 2017 in databases of PubMed, Google scholar, development partners' repository and e-libraries. The method employed was not exhaustive, but several recent articles on the issues in contention, both peer reviewed and greyed were captured, through which 64 articles met the inclusion criteria. All the selected articles were categorized manually in accordance to the needed information based on the purpose of the study. Obesity inclined policy related text, documents on civil society roles in obesity management, focusing on political environment, food industries, CSOs in obesity control, health professionals and impact of PPPs challenges in obesity control, were reviewed. In addition, a four way partnership model in PPPs perspective as a panacea to obesity crisis was suggested. The four-way partnership framework reflects a collaboration between food industries, CSOs, professional bodies, and national government toward efficient and effective means of managing overweight and obesity challenge in South East Asian Region. The four-way framework depicts

- 1) Provision:** This denote the entities that supply the needed food to the population (Food industries/private organizations);
- 2) Advocacy:** This refers to the activities of civil society movements in checking, assessing, monitoring and evaluation of food supply chain to disadvantage group, schools and public domains ensuring quality;
- 3) Behaviour change:** This refers to the activities of professional bodies targeting the at risk population with dietary advice, nutrition teaching in schools, encouraging living of non-sedentary live, healthy diet advocacy, ensuring of right labeling and limiting of junk food promotion;
- 4) Coordination:** This involve the government roles in enacting a suitable legislation such as levies, enabling environment, operational codes, reforms and coordinating functions that ensure a sound collaboration among stakeholders through PPPs mechanism that ensures obesity control.

### 3. Food Industries and Obesity Crisis

Urbanization traits worldwide influence public need of nutritious food and accessibility to excessive calories. Before the 1980s, only about 10% of people in the south-east Asian nations are obese, but of recent reverse is the case, because obesity has become an endemic trend. A notion demanding stakeholders in the region to intensify efforts for better and quality food advocacy, to check the emergence threat of overweight and obesity rates in the region. Indeed, obesity trend paves way for a research on roles of food industries on mal-nutrition issues globally, as an instrument of monitoring food industries performance (Karnani *et al.*, 2014).

Fast food patronage is a routine across diverse social class, as revealed in purchasing attitude and consumption pattern of various households, according to DrMoench-Pfanner (Food Industry Asia 2016a). This patronage leads to a dual nutritional challenge of over and under nutrition status that could either stunt growth or caused obesity (Food Industry Asia 2016a). Food industries need to do more on techniques that address this pressing nutritional challenge associated with fast food consumption, particularly in South East Asia states (FAO., 2016).

#### 3.1. Food and Drink Product Labelling

Food and drink product labelling compliance in South East Asian region shows that in Malaysia and Singapore nutrition labelling of foods and drinks product is mandatory, while, in Indonesia labelling is a requirement on certain products only. In the Philippines, all product of nutrition must declare its nutritional content in proportion (FAO., 2016). Each of these countries required all product coming in, to have a customize label befitting their recipe standard (FAO., 2016). Labelling of food and drink products attracts more call for transparency by concern groups; it is issue producers are reluctant to abide by in totality, thinking that equipping consumers with detail information will discourage patronage (FAO., 2016).

Food and drink product labelling help in countering deficient view that portrait all the ready-made meals or processed food as junk, by proving that some processed foods are rehabilitative and healthy. Therefore, effects of processed food and drinks are ingredient dependence, consumer's trait and nutritional requirement of individuals, which could be facilitated by proper labelling(FIA, 2016a).Additionally, labelling regulations provides a common regional approach that enhances a mutually agreed protocol of processed food assessment, testing and certification which will encourage food industries to embrace obesity control friendly techniques, as a means of subjugating the looming crisis of obesity phenomenon in South East Asia (FIA, 2016b).

Profit maximization is the intent of industries; the notion is indeed a hindrance to the attainment of 2020 target of salt, sugar and fat reduction in processed food (Li *et al.*, 2010). Despite this motive of profit first, the food industries despise being blame of been contributors to the increase in obesity prevalence (Nestle M., 2012); (Nestle S., 2013). This issue could be handled through intensifying regulation that ensures strict labelling adherence and consumer's education, via a well-defined and coordinated obesity management mechanism, utilizing PPPs platform.

#### 3.2. PPPs Governance Perspectives in Obesity Crisis Control

Governance refers to procedures and strategies employed in managing institutes, activities and operations (Experts, 2013). Governance has two distinct functions; that is decision protection and efficient coordination (Floyd and McManus, 2004). While governance in private sector perspective, is the one that aims to maximise profit through efficient business coordination and execution (Floyd and McManus, 2004).

Recently, concept of governance includes stakeholder's involvement in decision making processes (Experts, 2013),through collaborations such as PPPs. PPPs helps government minimise expenditure, carried CSOs along, and generally implement appropriate developmental project. To show case how PPPs evolve as governance tool, a SUCCESS-Alliance an acronym for Sustainable Cocoa Enterprises Solutions for Smallholders; is a dedicated cocoa development course that aims to improve cocoa supply to the demanding global market through PPPs, by supporting and giving a market voice to the cocoa smallholder suppliers. SUCCESS-Alliance partnership was initiated by US Agricultural Department (Government-Public) and USAID (civil-society); and World Cocoa foundation and ACDI/VOCA (Private sectors) in five countries (Guenette, 2013). The alliance procured not less than sixty million dollars, to approximately 30,000 smallholder farmers trained over three years in the program. Also, the sum of \$3.5 million per annum is realised by dominantly minority ethnic cocoa smallholders' farmers of central highlands, Vietnam. So, in PPPs arrangement, government (public) and CSOs (non-profit private) may focus on

development terms, while commercial entities (for-profit private) on return on investment, with intersecting interest on the product of interest, cocoa as an instance. Depending on a product in question, some product performed better than others in PPPs, in this case cocoa excelled in the sense that the local producers benefitted, international industries meet their demand, while the public-sector coordination ensure quality (Guenette, 2013). The collaboration yielded a good result for the parties involved; this demonstrates a successful partnership alliance conducted between government and private sector. Successful partnership demand sincere commitment to sustainable targets (Huang and Yaroch, 2009).

### **3.2.1. Stakeholders Roles in PPPs**

Stakeholders in obesity control PPPs are the government and private sectors. Every stakeholder in PPPs has a contribution to make, to enhance the creation of attainable solutions (Huang and Yaroch, 2009). Government formulates policies that guide, organizational and individual functions with which to achieve a desire objective (Buse and Harmer, 2007). In this regard, government distinct roles in converting obesity epidemic through PPPs include leadership, advocacy, financing, and policy reforms and implementation (Lang *et al.*, 2001); (Moodie *et al.*, 2006). For-profit private sector commits to meeting the goals specified by the governments in PPPs, establish trust, minimizes non-adherence to reforms, fund initiatives in areas of advocacy, research and capacity building; supply technical expertise and ideas in business like manners, performed effective management roles often lacks in the public sector, effectively and a times at a considerable lower expense, which makes their participation vital (Buse, 2004). CSOs as non-for-profit private sector performed diverse implementation roles in obesity management, they responded with suggestion that inform policy formulation, implementation and other inform commitments, to void for the gap of not doing the right thing in pursuit of profit maximization by corporations. For example, Bill & Melinda Gates Foundation (BMGF) and Wellcome Trust (WT) fund Global Alliance for improved nutrition and Global Access to Nutrition Index, a CSO to coordinate research and dialogues on the roles of food companies in the fight against over and under-nutrition issues globally (Swinburne *et al.*, 1999).

Desired result built around PPPs should evolve around five major spheres, that is; legal backing, representation, involvement, responsibility, openness, and competency (Essia, 2015). Effective PPPs governance is the one that clearly outlined roles and functions of each components, adequate monitoring & evaluation, coordination, performance and supervision with transparent decision-making processes, with a well declared conflict of interest (Swinburne *et al.*, 1999).

### **3.3. Roles of Professional Bodies in Obesity Control PPPs**

Professional bodies in the field of health services play a vital role in promoting healthy living adherence through multifarious partnership. The professionals performed services such as health education, capacity building, advocacy for change and other activities that influence health policy at national and sub-national levels. They have also cooperated among their co-professional bodies and also collaborates with development partners including CSOs for two vital reasons: 1) On the basis of two heads are better than one, to perform collective action; and 2) In the sense that collective advocacy attract desire result and support for common goal and interest (PMNCH, 2017).

Health professionals have work in collaboration with various key stakeholders on diverse issues of advocacy, capacity building and implementation of health care reforms at international, national and sub-national levels and their work help achieved several health objectives (PMNCH, 2017). Professional body in Asia helped in integrating the WHO '5 key concepts' of food safety, into public health and education curriculum of South East Asian schools.<sup>27</sup> For example in Thailand, the '5 key concept' was incorporated in to the component of "Healthy Thailand", while trade unions as body teach their members obesity control techniques, applying the concepts. In Philippines, application of the 5 concepts in information dissemination, capacity building, knowledge sharing and involvement of youth in activities that inform obesity control in particular and better health in general is influential (Hernandez-Aguado and Zaragoza, 2016).

Generally, PPPs arrangement differs in terms of priority, legitimacy, leadership and nature of stakeholders involved. Therefore, PPPs agreed upon should reflect transparency, accountability, good governance mechanism and sound leadership (FSA, 2009). Against this background, a four-way partnership framework was proposed to guide the implementation of obesity crisis control PPPs.

### **3.4. Four Ways Partnership Framework**



Increase in obesity and overweight prevalence stories in the South-East Asia demand for collaboration in form of PPPs, while adoption of a concise one-size-fit-all obesity crisis control framework is challenging due to the complexity nature of obesity issues (Thomas and Curtis, 2003) To this end, the study in support of interdisciplinary approach to obesity management suggest a four-way partnership model (table 1) to serve as a conduit of addressing obesity crisis in South East Asia through PPPs.

**Table 1.** Four Ways Partnership Framework

S/NO	Themes	Activities	Responsible Sectors
01	Coordination	Coordination and leadership, formulation of suitable legislation, enabling environment, policy reforms, visions and political will.	Government
02	Advocacy	This includes assessment, monitoring and evaluation of food supply chain, appropriate labelling; quality assurance and junk food promotion restriction.	Non-Profit sector
03	Provision	Food supply & marketing to the population; funding etc.	Private organizations (Profit & Non-Profit)
04	Behaviour change	This includes dietary advice, nutrition teaching in schools, non-sedentary living discouragement, healthy diet promotion and care of the obese clients; research and assessment.	Professional bodies

Source: Author

Different sectors in PPPs performed different actions, roles, functions and activities. For example, coordination and leadership roles in PPPs arrangement is retained by the public sector; the private sector support public sectors in the areas of human resources, administrative assistance, information generation etc.; while the non-profit sector supply capacity building, performed monitoring and evaluation, and advocacy. The four-way model reflective of these actions should be adopted to guide PPPs in obesity crisis implementation sequence.

Indeed, fighting obesity is an approach that demands and denotes roles to all participants in the partnership (Nestle S., 2013). As an instance, CSOs through understanding what constitute obesity and overweight, and advocacy champion policy formation (Kuchler and Golan, 2006). Also, health ministries (Government) concentrate on disease control and nutrition improvement goals, through policy making and implementation (News, 2013). These differentials activities of the stakeholders suggest PPPs as the panacea to obesity crisis. In this juncture the following actions are recommended;

1. All the partners in PPP arrangement should adhere strictly to the partnership guiding principles. Obedience to stated regulations gives legality to a process, ensure commitment and productivity.
2. Participation in PPPs arrangement should be on voluntary basis, under the auspices of public health agency. Volunteerism in collaboration eliminates resistance, build trust among partners and ensure cost effective achievement of targeted objectives.
3. Private sector in PPP should fulfill her corporate responsibility of funding public health initiatives. Funding ensure a timely execution of agendas.
4. Private sector should supply a business like expertise to the partnership. Expertise input, particularly in areas of research, produce innovation that guarantee productivity in return.
5. Both public and private entities should be represented in PPP arrangement, but the public sector should always lead and coordinate the partnership activities.

## 4. Conclusion

Obesity development was linked to several factors such as nutrition, sedentary life style, and lack of physical activity among others, confounded by the dual roles of food corporations of producing processed food a factor in obesity in one hand, and those that prevent it in the other. Synergy of CSOs, public and private organizations is significant in collaborative governance paradigm, targeting obesity reduction interventions that involve a wide range of professional such as health experts, teachers, journalist and other workplace specialist is effective, in reducing health burden of obesity. Indeed, PPP brings together

experts, confidence, resources and uniqueness of contribution given that each participating sector, contributes a quota in handling obesity challenges. Additionally, sound policies and legislation and processes, make environmental friendly factors to obesity development less favorable and less attractive. Sustainable management of obesity challenges required strong political will, therefore, good governance that denote better understanding of multidisciplinary approaches, will guides the identification of barriers that hinders obesity control in South East Asia region. To this effect, the indwelling endemic nature of obesity in the region, call for elaborative research on the causes, hindrances and sustainable way out, more especially on those indices suggesting PPPs as panacea to the issue at stake; that is obesity! Based on this, as a solution to growing obesity trend in ASEA, we suggest a four way policy base model that depicts cooperation, collaboration and network of shared goals among stakeholders, provide solution to growing obesity endemic in South East Asian region.

## References

- Buse, K. (2004). Governing public-private infectious disease partnerships. *Brown Journal of World Affairs*, 10(2): 225-42.
- Buse, K. and Harmer, A. M. (2007). Seven habits of highly effective public private partnerships: practice and potential. *Social Science and Medicine*, 64: 259-71.
- Centre, K. (2016). What is obesity? Available at: <http://www.medicalnewstoday.com/info/obesity>.
- Cheong, W. S. (2014). Overweight and Obesity in Asia Available at: <http://www.genre.com/knowledge/publications/uwfocus14-2-cheong-en.html>.
- Conference, I. (2017). Obesity Crisis in Southeast Asia: Issues, Challenges, and Policy Pathways". UNU-IIGH, UKM Medical Centre, Kuala Lumpur, Malaysia.
- Essia, U. (2015). Civil Society Organization – Public Private Partnership in Cameron. Review of Possible Models, Challenges and Prospect. Available at: <https://pdfs.semanticscholar.org/902b/ada5ce4f4945ebac15e69a503bdbabc0ec7.pdf>
- Experts, T. (2013). What Role Should Government Play in Combatting Obesity? Wall Street Journal; Available at: <http://www.wsj.com/articles/SB10001424127887323741004578419031512580080>.
- FAO. (2016). Are there any successful policies and programs to fight overweight and obesity? Global Forum on Food Security and Nutrition. Available at: [http://www.fao.org/fsnforum/activities/discussions/overweight\\_obesity?page=3&utm\\_content=buffer0b7a9&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](http://www.fao.org/fsnforum/activities/discussions/overweight_obesity?page=3&utm_content=buffer0b7a9&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer).
- FIA (2016a). The Role of Processed Food in Tackling Obesity and under nutrition in Southeast Asia Available at: <https://foodindustry.asia/food-industry-encouraging-healthy-eating-habits-by-increasing-adoption-of-gda-nutrition-labelling-in-asia>.
- FIA (2016b). Food Industry Encouraging Healthy Eating Habits by Increasing Adoption of GDA Nutrition Labelling in Asia Available at: <https://foodindustry.asia/food-industry-encouraging-healthy-eating-habits-by-increasing-adoption-of-gda-nutrition-labelling-in-asia>.
- Floyd, D. and McManus, J. (2004). Stakeholder Values: power and ethical perspective within project management. *Economia Societae Istituzioni*, 12(1): 133-44.
- FSA (2009). Progress with industry in relation to salt reduction Available at: <http://www.food.gov.uk/healthiereating/salt/saltprogressstatement/>.
- Guenette, P. (2013). The secret to successful public-private partnerships Available at: <https://www.theguardian.com/global-development-professionals-network/2013/oct/14/barack-obama-g8-sustainable-development>.
- Hernandez-Aguado, I. and Zaragoza, G. A. (2016). Support of Public-private Partnerships in Health Promotion and Conflicts of Interest *BMJ Open* 6 (4). Available at: <https://www.ncbi.nlm.nih.gov/labs/articles/27091816/>.
- Huang, T. T. and Yarocho, A. (2009). A Public-Private Partnership Model for Obesity Prevention *Prev Chronic Dis* 6 (3): Available at: [http://www.cdc.gov/pcd/issues/2009/jul/09\\_0034.htm](http://www.cdc.gov/pcd/issues/2009/jul/09_0034.htm).
- Johnson, J. L., Fanzo, J. C. and Cogil, B. (2014). Understanding Sustainable Diets: A Descriptive Analysis of the Determinants and Processes That Influence Diets and Their Impact on Health, Food Security, and Environmental Sustainability. *Adv Nutr* vol. 5: 418-429, 2014: Available at: <http://intl-advances.nutrition.org>.
- Karnani, A., Mcferan, B. and Mukhopasldyay, A. (2014). Lean washing: How do Food and Beverage Companies Talk about Obesity? Available at: <https://michiganross.umich.edu/rtia-articles/leanwashing-how-do-food-and-beverage-companies-talk-about-obesity>.

- Kuchler, F. and Golan, E. (2006). Is There a Role for Government in Reducing the Prevalence of Overweight and Obesity? Choices and the American Agricultural Economics Association. Available at: [www.coicemagazine.org/2004-3/obesity/2004-3-03.htm](http://www.coicemagazine.org/2004-3/obesity/2004-3-03.htm).
- Kyrgiou, M., Kalliala, I., Markozannes, G., Marc, J., Gunter, M. J., Paraskevaidis, E., Gabra, H., Hirsch, P. M. and Tsilidis, K. K. (2017). Adiposity and cancer at major anatomical sites: umbrella review of the literature. *BMJ*; 356: j 477.
- Lang, T., Barling, D. and Caraher, M. (2001). Food, social policy and the environment: towards a new model. *Social Policy and Administration*, 35(5): 538-58.
- Li, H., Kuo, N. T., Liu, H., Korhonen, C., Pond, E., Gou, H., Smith, L., Xue, H. and Sun, J. (2010). From spectators to implementers: civil society organizations involved in AIDS programs in China. *International Journal of Epidemiology*, 39(2): 65-71.
- Moodie, R., Swinburn, B., Richardson, J. and Somaini, B. (2006). Childhood obesity - a sign of commercial success but market failure. *Int J Ped Obesity*, 1(3): 133-38.
- Nestle, M. (2012). Fighting the flab means fighting the makers of fatty foods. *New Scientist Opinion*. 26(2892):
- Nestle, S. (2013). Nestle in society: Creating Shared Value and meeting our commitments. Available at: <https://www.youtube.com/watch?v=buy0c9g9MNo>.
- News, B. (2013). Horsemeat scandal “changing shoppers’ habits.” BBC News online. [Access 2017 Jan 22] Available from: <http://www.bbc.com/news/business-21765737>.
- PMNCH (2017). Partnership for Maternal, New-born & Child Health): Health care professionals (HCPs) and their role in achieving MDGs 4 & 5: Multi-country workshops: Available at: [http://www.who.int/pmnch/activities/human\\_resources/healthcareprofessionals/en](http://www.who.int/pmnch/activities/human_resources/healthcareprofessionals/en)
- Society, O. (2016). What is Obesity? Available at: <http://www.obesity.org/obesity/resources/facts-about-obesity/what-is-obesity>.
- Swinburn, B. A. (2008). Obesity prevention: the role of policies, laws and regulations Australia and New Zealand Health Policy *Prev Med*. 29 (6 Pt 1): 563-570.
- Swinburne, B., Egger, G. and Raza, F. (1999). Dissecting obesogenic environments: the development and application of a framework for identifying and prioritizing environmental interventions for obesity. *Prev Med*, 29(6): 563-70.
- Thomas, A. and Curtis, V. (2003). Health in your hands: public-private partnership for health Washington (DC): World Bank Available at: <http://documents.worldbank.org/curated/en/161621468315836963/Health-in-your-hands-lessons-from-building-public-private-partnerships-for-washing-hands-with-soap>.