FORUM: World Health Assembly
QUESTION OF: Measures to Improve School Nutrition Standards and Physical Activity Programs and Combat the Rise of Childhood Obesity in the United States
MAIN SUBMITTER: Colombia
CO-SUBMITTERS: Algeria, Australia, Costa Rica, Poland, Netherlands, South Africa

WORLD HEALTH ASSEMBLY,

Deeply concerned by the rise of childhood obesity in the United States and its risks to the health of children and adolescents,

Emphasizing the role of families in preventing childhood obesity, as research published by the National Library of Medicine shows that children with parents affected by obesity are 3 to 5 times more likely to develop obesity, mostly because they share the same eating habits and home environment,

Noting that school meals make up a large part of what many children eat every day, and that schools therefore play an important role in shaping children's eating habits,

Alarmed that sugary drinks and highly processed foods add extra calories and sugar with little nutritional value, and that easy access to unhealthy snacks in schools makes it harder for students to make healthy choices,

Concerned that low-income families have limited access to healthy food, and that healthier school meals can cost more to prepare,

Believing that cooperation among the Department of Education, the United States Department of Agriculture (USDA), schools, and families is needed to improve school nutrition and promote healthier lifestyles among children and adolescents,

1. Recommends that WHO and UNICEF (United Nation International Children's Emergency Fund), within existing resources, strengthen coordination between agencies on school health and nutrition through a joint technical working group, through methods including, but not limited to:
    a. Developing core standards for school health and nutrition, including quantifiable measures such as physical education minutes implementation, availability of healthy food options in school meals, and equity in nutrition access, which may include:
        i. Assessing the gap between federal government's plan and actual localized achievement rates,
        ii. Evaluating the nutritional quality of school feeding programs, to ensure the transition from industrialized foods to fresh meals,
        iii. Accessibility of full nutrition regardless of the social state,
    b. Including experts from different areas in the policy establishment to ensure transparency and trust by both policymakers and educational authorities, increasing the legitimacy of school health policies, including:
        i. Nutrition economists and public health specialists from the World Bank and the Food and Agriculture Organization (FAO),
        ii. Representatives from the WHO, UNICEF, and the Pan American

Health Organization (PAHO),
iii. Academic experts in nutrition and physical education;

2. Supports the complete restructuring of physical activity programs within educational settings, shifting the current isolated physical education classes to a "Whole School Physical Activity" program:
    a. Recommends the Member States to create voluntary policy frameworks that discourage the reduction of physical education time, in agreement with national and local educational governance structures:
    b. Developing a Comprehensive School Physical Activity Program (CSPAP) that with a minimum of 60 minutes of physical activity everyday including but not limited to:
        i. Active classroom breaks and physical learning murged into core academic subjects,
        ii. Structured daily recess periods with active play rather than,
        iii. Strongly considering against cutting PE time to make time for other subjects,
        iv. Add more sport related activities and sport clubs,
    c. Incentivizing the open access of public infrastructure by drafting formal shared-use agreements between schools and local governments, allowing students and communities to utilize local gymnasiums, parks, and sports facilities during non-school hours;

3. Strongly encourages Member States to implement through mental health within educational institutions to address the psychological and social biases of childhood obesity:
    a. Encourages exploration of professional development opportunities for school staff on understanding and avoiding unfair treatment of students with obesity, to break the biases that these children are less capable,
    b. Making sure not to punish or blame students, make it easy for students to access medical services without getting judged:
        i. Training the staffs to apply a better way of trauma-informed care and motivational interviewing techniques, helping to ensure that weight-related discussions focus on well-being and healthy behaviors rather than solely on the numbers shown on the scale,
        ii. Guaranteeing absolute medical data privacy by keeping health records separately from academic files, which prevents screening results from being used for academic tracking, disciplinary action, or discrimination by teachers,
    c. Developing peer-support networks and inclusive extracurricular programs that actively engage students of all body sizes, through initiatives such as:
        i. Ensuring that physical activity is framed as an achievement rather than a tool for weight punishment,
        ii. Supporting financially and recruit students of all body sizes for school sports teams, intramural leagues, and artistic performance groups to ensure that physical activity is not only exclusively reserved for highly

athletic or thin students,
iii. Implementing formal peer-mentorship programs where older students are trained to facilitate inclusive, anti-bullying workshops and act as allies for students experiencing body-image distress;

4. Invites WHO and relevant international organizations to continue providing technical guidance to Member States by:
    a. Strengthening international guidelines that is premade by WHO, prohibit the advertising of foods high in added sugars, sodium, and saturated fats within a defined radius of educational institutions and on all digital platforms frequented by children, through regulatory mechanisms but not limited to:
        i. Limiting the broadcast of unhealthy food advertisements during children's programming and on educational apps,
        ii. Restricting the use of child-targeted marketing techniques, such as cartoon characters, toys, celebrity endorsements, on packaging for ultra-processed foods,
        iii. Enforcing strict zoning laws that ban outdoor billboards and digital public display signs promoting unhealthy foods near by the primary and secondary schools,
    b. Encourage to consider that warning labels reveal a prominent, clear and standardized percentage of the front of the packaging to ensure visibility and cannot be obscured by marketing graphics:
        i. Warning labels and percentages should be clear and noticeable,
        ii. Inform the consequences that might be drove due to the chemicals that are contain in the product;

5. Continues the development of ideas to combat childhood obesity and promote healthier lifestyles among children and adolescents, including but not limited to:
    a. Ensuring family based childhood obesity prevention programs involving both parents and children to raise awareness about health risks of childhood obesity, by means such as, but not limited to:
        i. Promoting parents to have healthier habits together with their children, emphasizing the evidence from existing family-involved interventions,
        ii. Helping parents recognize their children’s weight status correctly,
        iii. Hosting family engaging programs where everyone who is willing to participate, including those from low-income families, can learn how to stay active together,
    b. Starting public awareness campaigns that teach children and adolescents about healthy eating and the importance of staying active, but not limited to:
        i. Using media to share tips on healthy eating and exercise that are easy for young people to follow,
        ii. Creating peer education programs where older students teach younger students about healthy habits,
        iii. Teaching students how to read nutrition labels and choose healthier foods;

6. Stresses the importance of improving school meals by providing healthier and more balanced options instead of fast food, as school meals takes a large part of many children eat every day, by:
    a. Consulting with the Department of Education setting stronger nutrition standards for school meals, including:
        i. Increasing the number of fruits, vegetables, and whole grains served in school lunches,
        ii. Provide the numerous nutrients that growing adolescents need,
    b. Reducing the availability of fast food and unhealthy snacks in schools, such as:
        i. Limiting the sale of junk food and sugary drinks in school stores and vending machines, as easy access to unhealthy snacks makes it harder for students to make healthy choices,
        ii. Replacing junk foods with healthier options such as fruit, yogurt, and water, so that students still have convenient snacks during the school day.