



Local Authority briefing: twinning with Mexico municipalities/cities to provide support on whole systems approaches to obesity through the Better Health Programme Mexico

1. Overview of the Better Health Programme and planned programme of work

1.1. The Better Health Programme

As part of the wider [Prosperity Fund](#), the Better Health Programme (BHP), led by the Foreign Commonwealth & Development Office (FCDO), aims to support partner countries with health systems reforms with the goal of expanding Universal Health Coverage and improving health and related economic growth outcomes. The programme funds technical collaboration with partner governments in Brazil, Mexico, South Africa, Malaysia, Philippines, Thailand, Vietnam, and Myanmar to support their ongoing work to improve their health systems and as a result, improve conditions for inclusive economic growth and trade.

1.2. The Better Health Programme in Mexico (BHPMx)

The primary objective of BHP in Mexico is to promote better health among the Mexican population and links directly to the third Sustainable Development Goals (SDG3): Ensure healthy lives and promote wellbeing for all at all ages, through an innovative and transformational programme.

The long-term vision beyond the life of the programme is a Mexican health sector where key capacities are developed, ultimately leading to lower rates of obesity and type 2 diabetes, which will support people to be more productive and benefit Mexico's poorest communities the most.

The BHPMx will bring together policymakers, health systems experts and public health practitioners from both countries in a series of strategic activities. Planned activities were developed in partnership with Mexican authorities and are aligned to government priorities. The BHP has three overarching outcomes in Mexico:

- **Outcome 1:** Reduction in **population obesity prevalence** through stronger evidence-based policies and programmes in public health and through behavioural interventions targeted at disadvantaged population to reduce health inequities

- **Outcome 2:** Improved **prevention, control and management of diabetes** through evidence-based, equity-promoting targeted policies and programmes in primary health care
- **Outcome 3:** Stronger **health leadership and workforce** that enables effective policy engagement, design and delivery in Primary Healthcare

1.3. Local authority (LA) twinning and whole systems approach to obesity

One of the planned deliverables linked to **Outcome 1** is to: *‘Provide technical support to facilitate and generate evidence on multi-sectoral approaches towards obesity prevention at the local level, with emphasis in reducing risk among high-risk populations and developing appropriate strategies.’*

This part of the programme aims to strengthen capacities at the local level, especially for LAs to:

- adopt whole-systems approach methods to improve their planning and support to the community in adopting healthy behaviours by convening more coordinated actions across various stakeholders;
- and better understand the drivers of obesity at the local level from a multi-disciplinary approach, to address these drivers more effectively, considering a practical perspective.

There are two main activities to support this part of the programme:

- Public Health England (PHE) will support the delivery partner ([DAI](#)) for the BHP in Mexico to adapt and translate the existing [whole systems approaches \(WSA\) to obesity guide and resources](#) in order to facilitate its implementation by a Mexican municipal authority (Zapopan).
- Engage and twin at least one LA in England, with experience of implementing a WSA to obesity, with a municipality in Mexico (Zapopan) to share knowledge and provide remote feedback based on their experience on implementing and adapting a WSA to obesity. The aim is that learning from this process will support wider role out and adoption of WSA to obesity in other parts of Mexico. The next section of this briefing provides further information on what this activity will involve.

2. Details on the LA twinning programme

2.1. Objective of the twinning partnership

Promote shared learning of the Mexican municipal authority and UK LA participating in the twinning exercise on UK multi-sectoral approaches towards obesity at the local level. This will include feedback and guidance in the adaptation and implementation of the whole systems approach to obesity.

2.2. What the programme will involve

Activities

- Area in Mexico (Zapopan) to set up and run a WSA to obesity using the adapted translated resources developed by DAI and PHE
- Test and adapt these resources in this new context
- English LA(s) to provide support/share learning, i.e. participating in visits, workshops or meetings to exchange experiences¹, sharing work done so far, and provide some ad hoc support as required

Planned outputs

- Translated WSA guide and resources further adapted to fit Mexico context (the translation and initial adaptation has already been completed by CISA/ITESO², and to be validated with PHE)
- Opportunities to share learning and disseminate approach to other areas in Mexico through the Red Mexicana de Municipios por la Salud (Mexican Network of Municipalities for Health)
- Learning report that could be shared through international networks or with other BHP programmes

Time commitment

- The process for identifying LAs and setting up the twinning will run to January 2021. The collaboration will run during the lifetime of the programme: until 2022 (see preliminary timeline on page 5 for more details).

Staff involvement will be determined by the LA

Ways of working

- Predominantly remote support – calls, emails, virtual meetings and sharing work done so far
- Ideally the LA would host a visit from the Mexican area and do a return visit to Mexico, but this is dependent on COVID-19. If travel is not feasible, remote workshops would be organised to facilitate the sharing of experiences.

Value of this programme

- Provides an opportunity to showcase what your LA has been doing around WSA to obesity both nationally and internationally
- Could help support and strengthen buy in from senior strategic stakeholders i.e. elected members, senior officers within LA and key stakeholders outside LA
- Opportunity to get outsiders views and a fresh perspective, which could help strengthen the approach
- Opportunity to be involved in supporting international shared learning

¹ Visit would take place only if travel and other COVID-19 restrictions are lifted and it is considered safe to travel; otherwise remote sessions would be organized to facilitate the exchange of experiences between authorities.

² Mexican delivery partner supporting DAI with activities undertaken in Zapopan.

Selection criteria for LA

- Previous experience in the implementation of a whole systems approach to obesity using PHE's guide and resources;
- Somewhat similar characteristics (population density, economic, social, demographic, health status, amongst other) to Mexican counterpart (Zapopan – for further information on background and characteristics, please see Annex 1);
- Time availability to participate in the Twinning Partnership, and
- Political will and leadership

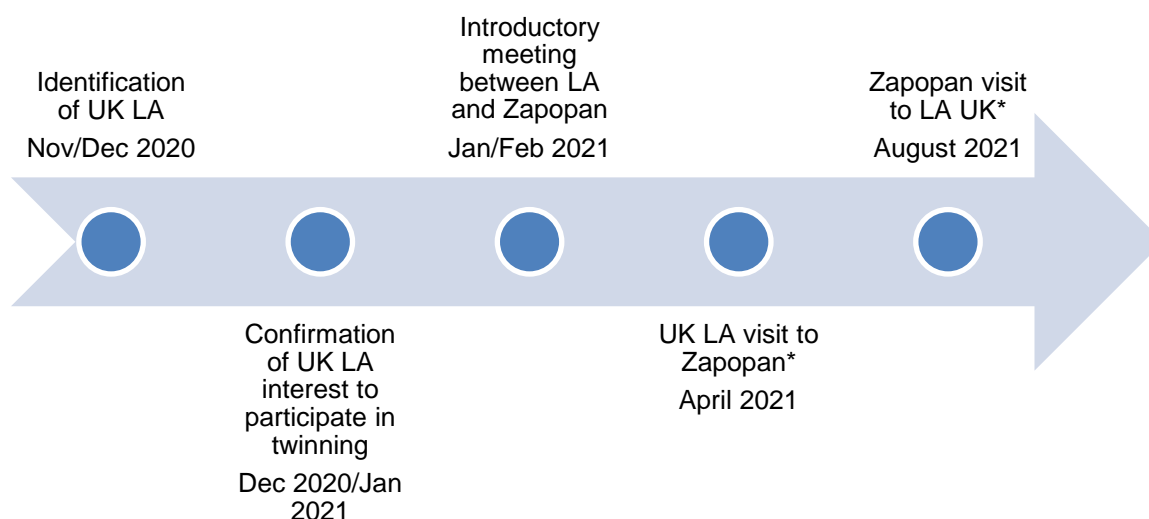
Reimbursement of Fees

DAI can provide financial support of expenses incurred in the carrying out of the activities included in Section 2. These are limited to:

- **Programme Activities** (venue hire, stationery and communications – including translation services, participant travel allowance, amongst others);
- **Travel** (international and local flights, airport transfers, local transport, accommodation and subsistence)
- **Fees** (short-term technical assistance) relating to the time and work involved in participating in the Twinning Partnership activities by personnel of the LA. For example, when receiving the visit of the delegation from Zapopan Municipal Authority it would be expected that the LA organises and delivers a series of visits to, or sessions/workshops with, various teams/offices and perhaps other local stakeholders to share their experience in the implementation of a WSA and getting to know and understand the context of the LA. Organizing this study visit will require time and effort of one or two people from the LA. Fees would also be payable for time spent in the introductory meetings and any other coordination or preparatory meeting or activity (compiling information, preparing slides, time spent on calls). The potential LA should confirm the standards and regulations applicable to be eligible to receive this monetary support directly from DAI.³
- **Important Note:** All expenses will be reimbursed based on actuals with supporting receipts. In the case of fees, development of terms of reference, contract signing with the person to be remunerated for their time and work, and presentation of timesheets are required to support payment in addition to submission of contract agreed deliverables.

³ Visit would take place only if travel and other COVID-19 restrictions are lifted and it is considered safe to travel; otherwise remote sessions would be organized to facilitate the exchange of experiences between authorities.

Preliminary timeline



* Tentative dates. Order of visits could be switched taking into account there are elections in June 2021. Visit would take place only if travel and other COVID-19 restrictions are lifted and it is considered safe to travel; otherwise remote sessions would be organized to facilitate the exchange of experiences between authorities.

The role of PHE

PHE is member of a consortium of NHS arm's length bodies, Government agencies and related organisations that provide strategic and technical advice to support the successful delivery of the Better Health Programme, an international development programme led by the Foreign, Commonwealth & Development Office.

Through the programme, PHE will stimulate and strengthen global health partnerships to tackle common challenges in the pursuit of strengthened health systems, reductions in the burden of non-communicable diseases, and increased access to safer, quality health care.

PHE is leading the identification and engagement of one to two local authorities in a twinning project focused on a whole systems approach (WSA) to obesity. PHE will also provide technical support through the programme, for example, during the translation and adaptation of the WSA guide and supportive resources.

Annex 1: Demographics and context

1.1. Mexico context

Mexico has undergone a rapid epidemiological transition from a population with significant rates of malnutrition thirty years ago to a country with the highest adult diabetes prevalence in Organisation for Economic Co-operation and Development (OECD) countries. This transition is heterogeneous and polarised, with the burden of mortality and morbidity inversely correlated to levels of development. In the southern region of Mexico, which is less developed, the 128% increase in diabetes mortality rates from 1980–2000 is four times the average increase in mortality in the more developed northern region at 32.5%. Overall, NCDs in Mexico account for more than three-quarters of total mortality. This growing NCD burden presents a sizeable challenge to the Mexican health system as it attempts to deliver high-quality care with equitable access.

Ambitious public policies that target NCDs and underlying health inequities, while also continuing to ensure the delivery of high-quality primary care services that can support prevention, ensure early diagnosis and ongoing management of chronic conditions, will have the largest impact in combatting this epidemic within a fragmented health care system. For further country-specific background information, please find see: WHO Country Data - [NCDs](#) and [UCH](#), [Global Human Development Indicators](#), [IHME Health Data](#), [OECD Health Statistics](#)

1.2 Zapopan context

Background

The area in which the twinning partnership will take place is the municipality of Zapopan, which is landlocked.

Zapopan belongs to the Central Region of Mexico and is in the state of Jalisco. In 2015 the population of Zapopan was 1.3 million people.

48.8% and 51.2% of the population were male and female respectively. The inhabitants of the municipality represent 27.2% of the regional total. When compared to 2010 the municipal population rose by 7.1% in five years.

In 2015 28.1% of the population were in a state of poverty (382,961 people) which means those living below welfare line and who suffer from at least one social deficiency⁴. 26.1% were in moderate multidimensional poverty and 1.9% were in extreme multidimensional poverty.

29.1% (396,640 people) were vulnerable due to social deficiencies, this is those who suffer from one or more social deficiencies, but whose income is above the welfare line.

⁴ The Institute of Statistical and Geographical Information of Jalisco state: 'Social deficiencies are: educational backwardness, access to health services, access to social security, housing quality and spaces, basic housing services, and access to food'

7.5% were vulnerable by income, this is the population who do not suffer from social deficiencies and whose income is below or on the welfare line.

35.4 % were non-poor and non-vulnerable, this is the population whose income is above the welfare line and who do not suffer from any social deficiencies.

Overweight and obesity

There is no information on overweight and obesity levels in Zapopan municipality. The below figures are based on levels in the region of Jalisco in which Zapopan is situated. In 2015 the population of the state of Jalisco was 7.9 million

In 2018 adult overweight and obesity levels were 74.6%, this is similar to the national average of 75.2%.

In school age children (5-11 years old) 15.8% were living with overweight and 20.4% living with obesity. This is similar the national average of 35.6% living with overweight or obesity.

Prevalence of overweight and obesity for girls (39.0%) was higher compared to boys (33.5%)

Education and employment

Data from 2015 shows that Zapopan has higher levels of educational attainment than Mexico with 31.5% having an undergraduate degree, compared to 18.6% across Mexico.

In Zapopan those working in different types of employment is broken down into 39.4% in retail, 37.8% white collar, 21% blue collar and 0.8% in agricultural work.

In Mexico 38.3% work in retail, 28.1% white collar, 22.8% blue collar and 9.7% agricultural.