SPECIAL ARTICLE

The Colombo Declaration on Obesity Care (CDOC): Person-, Public-, and Planner-Friendly Obesity Management

Sanjay Kalra[1], Sidrah Lodhi[2], Shahjada Selim[3], Santosh Shakya[4], Rucha J Mehta[5], Ranil Jayawardena[6], Prasad Katlunda[7], Payal Buckoreelall Chintaram[8], Nitin Kapoor[9,10], Musarrat Riaz[11], Mohammad Wali Naseri[12], Md. Faruque Pathan[13], Mariyam Niyaz[14], Dina Shrestha[15], Azra Rizwan[16], Aswin Pankajakshan[17]

[1]Dept. of Endocrinology, Bharti Hospital, Karnal, Haryana, India;
University Center for Research & Development, Chandigarh University, Mohali, Punjab, India
[2]Division of Endocrinology, Dept. of Medicine, King Edward Medical University, Lahore, Pakistan
[3]Dept. of Endocrinology, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh
[4]Chief Hospital Analyst, Aarus Lifestyle Hospital, Lalitpur, Bagmati, Nepal
[5]EDMO Clinic, Cardiometabolic Department, Apollo CVHF, Ahmedabad, Gujarat, India
[6]Faculty of Medicine, University of Colombo, Colombo, Sri Lanka
[7]Dept. of Clinical Medicine, University of Colombo, Consultant Endocrinologist and Diabetologist, National Hospital of Sri Lanka
[8]Dr AG Jeetoo Hospital, Mauritius, Port Louis, Mauritius
[9]NCD Unit, Baker Heart and Diabetes Institute, Melbourne, Australia
[10]Dept. of Endocrinology, Diabetes and Metabolism, Christian Medical College, Vellore, Tamil Nadu, India
[11]Baqai Institute of Diabetology and Endocrinology, Baqai Medical University, Karachi, Pakistan
[12]Dept. of Endocrinology, Kabul University of Medical Sciences, Kabul, Afghanistan
[13]Director Academy, BIRDEM General Hospital, Dhaka, Bangladesh
[14]Dept. of Endocrinology, Indira Gandhi Memorial Hospital, Male', Maldives
[15]Norvic International Hospital, Kathmandu, Bagmati, Nepal
[16]Diabetes and Endocrinology, Aga Khan University Hospital, Consultant Endocrinologist, Karachi, Pakistan
[17]Dept. of Endocrinology, NMC Royal Hospital, Dubai, UAE

Abstract

Obesity has emerged as a major clinical and public health challenge. At Colombo, the South Asian Obesity Federation (SOF) declares its commitment to a comprehensive person-centered, public-inclusive, policy-concordant campaign against obesity. The SOF commits to conducting academic/research activities, awareness campaigns, advocacy efforts, and audit of obesity related activities across the South Asian region. The SOF plans to tackle obesity as an individual, family, community, and national level, through health promotive, preventive, medical and surgical strategies.

Keywords: Bariatric, barocrinology, metabolic syndrome, obesity and overweight, person-centered care

Address for correspondence
Dr Sanjay Kalra
Dept. of Endocrinology, Bharti Hospital, Karnal, Haryana, India;
University Center for Research & Development, Chandigarh University, Mohali, Punjab, India
E-mail: brideknl@gmail.com

Introduction

Obesity is now accepted as a disease, which needs to be prevented and managed, in order to prevent complications and promote health. The South Asian Federation of Endocrine Societies (SAFES) has declared obesity to be "a chronic, relapsing, multifaceted, multisystemic endocrine disease, which needs timely, and sustained, attention at a clinical as well as public health level"[1]. While obesity medicine has become an integral part of academic discourse and research, its impact is not visible at the ground level.

Situational Analysis

A PubMed search on "obesity" reveals a sharp rise in the number of articles published from South Asian countries (Table 1)[2]. These activities, alone, however, are not enough. The World Obesity Atlas, 2024, reports a higher prevalence of obesity[3] than earlier editions of the same publication. The South-East Asia region (SEARO) currently has a prevalence rate of overweight and

Table 1. Research Output on Obesity from South Asia

Country	First publication	To date	2020-2024
Obesity and South Asia	1964	4,125	1,107
Afghanistan	2003	77	43
Bangladesh	1987	864	611
Bhutan	2010	37	16
India	1963	10,047	4,372
Maldives	2000	22	13
Mauritius	1987	95	33
Nepal	1990	380	252
Pakistan	1970	1,659	975
Sri Lanka	1969	405	172
UAE	1992	581	249

obesity in adults of 30%. This is projected to increase to 39% by the year 2035. SEARO reports that the 305.86 and 110.28 million adults currently living with overweight and obesity will have increased to 404.95 and 202.62 million by 2035. It must be noted that these numbers do not include the high numbers of people living with normal weight obesity[4].

All South Asian countries figure in the list of top 20 countries with highest growth rate of obesity. Maldives, Bangladesh, Bhutan, Nepal, and Myanmar rank #3, #5, #6, #9, and #10, respectively, in this list. The top 20 countries for the most rapid increase in the proportion of children living with high body mass index shows similar results. India, Maldives, Sri Lanka, Nepal, and Bhutan rank at 34, #5, #6, #7, and #8 here. There is, therefore, a need to intensity our efforts against obesity.

South Asian Obesity Forum

The South Asian Obesity Forum (SOF) has emerged as a multinational platform of endocrinologists from South Asia and neighboring countries, "united against obesity". SOF endorses Asian Journal of Obesity as it's official journal, and accepts Omnie the Octopus as its mascot for obesity academics, awareness, and advocacy.

The Declaration: The Four Ps

At Colombo, on the 11th of August, 2025, the SOF declares its commitment to a comprehensive **P**artnership-based, **P**erson-centered, **P**ublic-inclusive, **P**olicy-concordant campaign against obesity.

Obesity is a multisystemic endocrine syndrome which requires comprehensive evaluation and care. Its complex nature suggests that a multiprofessional, and multidisciplinary team will be needed to manage the condition effectively[1]. This team needs to work in the true spirit of partnership. While expertise from different backgrounds is necessary, the person living with obesity, and his/her caregivers, must also be included in therapeutic and preventive planning.

Obesity management, therefore, must adhere to the principles of person-centered care, i.e. care that is respectful of, and responsive to, the preferences, needs and values of the individual. This concept has been expanded by experts[5]. Responsible patient-centered care (RPCC) adds, upon us, the responsibility of sharing relevant information with the person and caregivers, in a way that it is easily understood and assimilated[6]. This allows for shared decision-making, and ensures long-term adherence to planned interventions. The SOF, therefore, calls for patient-centered care of obesity[7].

Obesity is not just an individual disease; it is also a disease of the family and society. Family-centered and community-oriented care, therefore, are hallmarks of effective obesity therapy. All intervention, must be planned in a manner that the family and community are involved, and are able to contribute activity to weight management[8,9]. It is important, therefore, to ensure public-inclusive tactics and strategies for obesity management.

The impact of obesity on national economy and health is well-known. Because of this, it is imperative, to ensure concordance between policymakers and planners of health, agriculture, urban planning, sports, and legislation, to name a few, while addressing weight optimization at a macro-level[10]. Table 2 lists person-related, public-oriented, and planning-based tactics that can be used to help manage obesity in an inclusive and person-friendly manner (Lydia Endesia, Kenya; Swapna Jain, India). Obesity management needs a sound understanding of the endocrine, behavioral and environmental determinants of weight. This is

Table 2. The Octopus of Opportunities: A Person-centered Approach

Person	Policy/System
• Self-esteem development	• Social stigma/ discrimination, to tackle
• Skills for coping	• School education, non-discriminatory
• Social support (Baro-buddies)	• Sensitive communication by health care professionals
• Spiritual scaffolding	• Sustainable costs and expenses

reflected in modern concepts such as barocrinology[11] and the ominous octet of obesity[12].

We prefer, however, to use salutogenic language, such as the "octagon of opportunities" in obesity. This promotes an optimistic outcome-oriented view of obesity and its treatment.

Thus, on the 11th of August, 2024, SOF affirms its resolve to advocate for comprehensive person-centered, public-inclusive, planning concordant approach to obesity care.

Commitment: The Four As

We commit to conducting

- **Academic and research activities**, geared towards sensitizing health care professionals about the need for timely obesity prevention and management.
- **Awareness campaigns,** designed to educate the public at large, about the need to manage obesity, without stigmatizing persons living with obesity.
- **Advocacy efforts,** so as to engage policymakers and planners, and make antiobesity drugs and devices available, accessible and affordable to all.
- **Audits of obesity related activities** across the South Asian region, so as to ensure addressal of felt and actual needs.

Summary

SOF reiterates its resolve to conduct a comprehensive campaign against obesity. Its partnership-based, person-centered, public-inclusive, policy-concordant ethos will drive academic, awareness and advocacy efforts, backed by robust audit.

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