

REPORT OF THE COMMISSION ON

ENDING CHILDHOOD OBESITY



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WHO Library Cataloguing-in-Publication Data

Report of the commission on ending childhood obesity.

1.Pediatric Obesity – prevention and control. 2.Child. 3.Feeding Behavior. 4.Food Habits. 5.Exercise. 6.Diet. 7.Health Promotion. 8.National Health Programs. I.World Health Organization.

ISBN 978 92 4 151006 6

(NLM classification: WS 130)

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Printed by the WHO Document Production Services, Geneva, Switzerland

Layout design: blossoming.it

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GLOSSARY AND DEFINITIONS

BMI	Body mass index = weight (kg)/height (m ²).
BMI-FOR-AGE	BMI adjusted for age, standardized for children.
CHILDREN	Those less than 18 years of age. ¹
INFANTS	Those less than 12 months of age.
HEALTHY FOODS	Foods that contribute to healthy diets if consumed in appropriate amounts. ²
OBESITY	<p>From birth to less than 5 years of age: weight-for-height more than 3 Standard Deviation (SD) above the WHO Child Growth Standards median.³</p> <p>From age 5 to less than 19 years: BMI-for-age more than 2 SD above the WHO growth reference median.⁴</p>
OBESOGENIC ENVIRONMENT	<p>An environment that promotes high energy intake and sedentary behaviour.</p> <p>This includes the foods that are available, affordable, accessible and promoted; physical activity opportunities; and the social norms in relation to food and physical activity.</p>
OVERWEIGHT	<p>From birth to less than 5 years of age: weight-for-height more than 2 SD above WHO Child Growth Standards median.³</p> <p>From age 5 to less than 19 years: BMI-for-age more than 1 SD above WHO growth reference median.⁴</p>
UNHEALTHY FOODS	Foods high in saturated fats, trans-fatty acids, free sugars or salt (i.e. energy-dense, nutrient-poor foods).
YOUNG CHILDREN	Those less than 5 years of age.

¹ Convention on the rights of the child, Treaty Series, 1577:3(1989): PART I, Article 1 defines a child as every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier. The World Health Organization (WHO) defines adolescents as those between 10 and 19 years of age. The majority of adolescents are, therefore, included in the age-based definition of "child", adopted by the Convention on the Rights of the Child, as a person under the age of 18 years.

² <http://www.who.int/mediacentre/factsheets/fs394/en/>.

³ http://www.who.int/childgrowth/standards/technical_report/en/.

⁴ http://www.who.int/nutrition/publications/growthref_who_bulletin/en/. The new curves are closely aligned with the WHO Child Growth Standards at 5 years, and the recommended adult cut-offs for overweight and obesity at 19 years. They fill the gap in growth curves and provide an appropriate reference for the 5–19-year age group.

EXECUTIVE SUMMARY

Childhood obesity is reaching alarming proportions in many countries and poses an urgent and serious challenge. The Sustainable Development Goals, set by the United Nations in 2015, identify prevention and control of noncommunicable diseases as core priorities. Among the noncommunicable disease risk factors, obesity is particularly concerning and has the potential to negate many of the health benefits that have contributed to increased life expectancy.

The prevalence of infant, childhood and adolescent obesity is rising around the world. Although rates may be plateauing

on Ending Childhood Obesity was established in 2014 to review, build upon and address gaps in existing mandates and strategies. Having consulted with over 100 WHO Member States and reviewed nearly 180 online comments (see Annex 1), the Commission has developed a set of recommendations to successfully tackle childhood and adolescent obesity in different contexts around the world.

Many children today are growing up in an obesogenic environment that encourages weight gain and obesity. Energy imbalance has resulted from the changes in food type,

No single intervention can halt the rise of the growing obesity epidemic. Addressing childhood and adolescent obesity requires consideration of the environmental context and of three critical time periods in the life-course: preconception and pregnancy; infancy and early childhood; and older childhood and adolescence. In addition, it is important to treat children who are already obese, for their own well-being and that of their children.

Obesity prevention and treatment requires a whole-of-government approach in which policies across all sectors systematically take health into account, avoid harmful

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