

Update on the Commission on Ending Childhood Obesity

Report by the Director-General

1. The prevalence of infant, childhood and adolescent obesity is increasing in all countries, with the most rapid rises occurring in low- and middle-income countries. The number of overweight or obese infants and young children globally increased from 31 million in 1990 to 42 million in 2013. In the African Region alone over the same period, the number of overweight or obese children increased from 4 million to 10 million. If current trends continue, the number of overweight or obese infants and young children globally will rise to 70 million by 2025. Without intervention, obese infants and young children are likely to continue to be obese during childhood, adolescence and adulthood.
2. Childhood obesity is associated with a wide range of health complications and an increased risk of premature onset of illnesses, including diabetes and heart disease. Many causes and potential solutions to this problem exist, but, as is the case with all public health strategies, there are many challenges to implementation. Only through a combination of community partnerships, government support and scientific research will the best recommendations be developed and implemented worldwide.
3. There is scientific evidence that a healthy diet and sufficient physical activity are key elements for the prevention of noncommunicable diseases and their risk factors, including overweight and obesity, and the Health Assembly has adopted a series of resolutions on the issue which amplify WHO's mandate in the area of noncommunicable diseases.¹
4. In an effort to better inform and fashion a comprehensive response to childhood obesity the Director-General established a high-level Commission on Ending Childhood Obesity, which comprises 15 accomplished and eminent individuals from a variety of relevant backgrounds.² The Commission will review, build upon, and address gaps in existing mandates and strategies.

¹ Resolutions WHA53.17 on prevention and control of noncommunicable diseases; WHA57.17 on the global strategy on diet, physical activity and health; WHA61.14 on prevention and control of noncommunicable diseases: implementation of the global strategy; WHA63.14 on marketing of food and non-alcoholic beverages to children; WHA65.6 on the comprehensive implementation plan on maternal, infant and young child nutrition; and WHA66.10 on the follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

² The biographies of the commissioners are available at <http://www.who.int/end-childhood-obesity/commissioners/echo-commissioners/en/> (accessed 10 October 2014).

5. The aim of the Commission is to raise awareness and build momentum for action to address childhood obesity. The Commission is supported, via the Director-General, by two ad hoc working groups, one on science and evidence for ending childhood obesity, comprising 21 experts, and one on implementation, monitoring and accountability for ending childhood obesity, comprising 24 experts.¹

6. The Commission has been tasked with preparing a report specifying the approaches and combinations of interventions that are likely to be most effective in tackling childhood and adolescent obesity in different contexts around the world. It is expected to deliver a report to the Director-General in 2016 outlining a comprehensive strategy, including an accountability framework and policy options to address this growing epidemic.

7. The first meeting of the Commission on Ending Childhood Obesity took place in Geneva on 17 and 18 July 2014, during which the Commission developed its method of work. The second meeting is envisaged to take place in January 2015. Following that meeting, the Commission may issue preliminary recommendations covering the following areas:

- the health, social and economic consequences of childhood obesity;
- the importance of a life course approach to the prevention of childhood obesity; and
- actions to be implemented to prevent childhood obesity.

8. The second meeting of the Commission may also consider specific issues to be addressed by the ad hoc working groups in preparation for a third meeting of the Commission. At its first meeting (Geneva, 18–20 June 2014) the ad hoc working group on science and evidence for ending childhood obesity also identified several research gaps and areas requiring further study.²

9. As part of its method of work, the Commission will undertake comprehensive consultations. Hearings with non-State actors took place on 13 and 14 October 2014 in Geneva, and regional hearings and consultations are being considered for the European Region, in April 2015, the Western Pacific Region, in March and April 2015, and the Eastern Mediterranean Region in early 2015. Other regions are yet to confirm.

ACTION BY THE EXECUTIVE BOARD

10. The Board is invited to note the report.

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¹ The biographies of the members of the working groups are available at <http://www.who.int/end-childhood-obesity/biographies/en/> (accessed 10 October 2014).

² Report of the first meeting of the ad hoc working group on science and evidence for ending childhood obesity: 18–20 June 2014, Geneva, Switzerland. Geneva: World Health Organization; 2014. Available online at <http://www.who.int/end-childhood-obesity/echo-final-report-august-2014.pdf?ua=1> (accessed 10 October 2014).