

CHILDHOOD OBESITY PREVENTION

Youth-centered policy recommendations for country-level action

By: Luis Manuel Encarnacion



BACKGROUND:

NCDs are a major burden for national and global development – posing a major threat to fulfilling the 2030 Agenda and its Sustainable Development Goal 3 on *health and well-being*. Unhealthy diets and physical inactivity, two of the main risk factors of NCDs¹, have increased the prevalence of childhood obesity at an alarming rate. To shift this situation, governments need to design, implement and evaluate social, behavioural and financial interventions with a life-course approach.

WHY IS CHILDHOOD OBESITY A PROBLEM?

- Rates of childhood obesity have rapidly increased since the 1990s, and nowadays there are more than 170 million children (below the age of 18 years) with obesity in the world. Although the highest prevalence is found in upper-middle-income countries, the trend is growing the fastest in LMICs².
- 41 million children under 5 are affected by obesity, becoming a growing concern in developing regions, as 48% of them live in Asia and 25% in Africa. The double burden of malnutrition and obesity in children in the developing world is the result of the mismatch of behavioural, social and economic policies³.
- The region of the Americas is the most obese on the world, with a prevalence of the entire population reaching 59%, while the world's average is 36.6%⁴.
- Obesity is a major cause of NCDs, such as type 2 diabetes, cardiovascular diseases and cancers. It reduces the quality of life of children and young people, as well as it increases bullying and social isolation⁵.

POLICY RECOMMENDATIONS ON OBESITY PREVENTION AND MANAGEMENT

- Support the implementation of cost-effective interventions included in WHO's Report of the Commission on Ending Childhood Obesity for the prevention and management of obesity in children and adolescents⁶.
- Promote the intake of healthy foods and beverages through effective taxation on sugar-sweetened beverages, child-targeted marketing restrictions, interpretative front-of-pack labelling, and healthy school food environments.

¹ WORLD HEALTH ORGANIZATION (WHO), Tackling NCDs: Best-buys (2017), available at <https://goo.gl/FrzaMu>.

² WORLD HEALTH ORGANIZATION (WHO), Population-based approaches to Childhood Obesity (2012), available at <https://goo.gl/DJ5d5a>.

³ WORLD HEALTH ORGANIZATION (WHO), Report of the Commission on Ending Childhood Obesity (2016), available at <https://goo.gl/8Egzev>.

⁴ PAN AMERICAN HEALTH ORGANIZATION (PAHO), Core Indicators: Health Situation in the Americas, available at <https://goo.gl/7G9cS7>

⁵ WORLD HEALTH ORGANIZATION (WHO), Childhood obesity prevention, available at <https://goo.gl/DJ5d5a>.

⁶ WORLD HEALTH ORGANIZATION (WHO), Commission on Ending Childhood Obesity (2016), available at <https://goo.gl/8Egzev>

- Reduce physical inactivity through communication and awareness campaigns, increased physical exercise in school curricula, appropriate and safe local environments to walk, run and do sports, as well as counselling as part of primary health care services.
- Introduce early diagnosis and management of gestational diabetes and weight gain in preconception and antenatal care to reduce risk of obesity in children and mothers.
- Support breastfeeding practices, especially through guidance and regulatory measures, such as the adoption of the International Code of Marketing of Breast-milk Substitutes.
- Enhance family-based lifestyle weight management for children and young people, which is an essential component of Universal Health Coverage.