the Convention's ideals, social, political and economic rights, international cooperation for the protection of children, dispute resolution, domestic violence, disability, women's and children's rights, and political participation.

The international community and the UN Millennium Development Goals detail measurable targets for nations. The rights of children are central to sustainable social and economic development, and the World Congress provides a timely opportunity to reflect on progress in light of these development targets. The events surrounding the Asian tsunami, and in particular the continuing problems in war-torn Sri Lanka, prompted Carol Bellamy, Executive Director of UNICEF, to observe that ''one should look for opportunity in adversity''. She hopes that this tragedy will provide a catalyst to bring to an end the civil war in that country and stop the recruitment of child soldiers by rebel forces.

The issues of children and armed conflict, trafficking, sexual exploitation and many others that affect them are the focus of the 4th World Congress. Past conflicts in tsunami-affected Somalia, Sri Lanka and Banda Aceh in Indonesia have had a devastating effect on children and families.The Congress represents an opportunity to address long-term human rights in these areas, as well as other issues that will impact on the children in the years ahead.

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Adolf Ogi

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Creating an international coalition to fight childhood obesity

A new global alliance for prevention building was established between five non governmental organizations concerned with chronic diseases, including the International Association for the Study of Obesity, the International Diabetes Federation, the International Pediatric Association, the International Union of Nutritional Sciences and the World Heart Federation. Professor Philip James, Chairman of the International Obesity Task Force and senior Vice-President of the International Association for the study of Obesity, announced the new structure during the 6th International Conference on Preventive Cardiology stressing the importance of creating an international coalition for chronic disease prevention.

The informal collaboration established between the medical NGOs dealing with cardiovascular disease, diabetes, obesity, nutritional and paediatric issues has been very successful in helping WHO as it developed its *Global Strategy on Diet, Physical Activity And Health*. With the acceptance of this strategy by the World Health Assembly in May 2004, there was an urgent need to develop practical prevention programmes on a national basis throughout the world to improve the diet and physical activity patterns of whole populations.

WHO has already indicated their need for coherent NGO support as they become involved both globally and on a WHO regional basis in supporting governments seeking to develop their own national strategies. To ensure synergies and cost effectiveness, it was suggested that NGOs act together to drive forward co-ordinated new initiatives without the need to form a separate organization.

The need to devise and implement coherent approaches to the prevention of childhood obesity is a major priority for the prevention of chronic diseases in later life.

Urgent action is essential because the explosive epidemic of childhood obesity and the emergence of early type 2 diabetes are already condemning a generation to ill health and probably to a reduced life expectancy, particularly in the developing world. Excess weight gain in early life is remarkably conducive to amplifying the risks of early adult diabetes and cardiovascular disease and is the time when individuals establish their dietary patterns and condition themselves to more or less physical activity.

Given the increasing evidence that preferences for inappropriate fat, sugar and salt intakes are established early in life, the issue of children's well-being is a clear national and international priority which has not yet led to coherent, robust and sustained policies and programmes for change.

The goal of the international alliance is to organize a plan for translating policy into action to enable the development of a range of practical obesity prevention programmes aimed particularly towards addressing childhood as the critical prelude for life-long health.

The global alliance wants to start selecting 5—10 key countries as models for the rest of the world. The choice of these pilot-countries is based on targets identified with WHO regions. This requires the Global Alliance and its regional policy groups to support the formation of national councils to develop policies aimed at achieving effective changes in the food and physical activity environment, as well as establishing media and public information resources needed to support these policies.

The WHO has recently assigned increased resources and responsibilities to its regional and national programmes, whilst pegging or reducing the central budgets held in its headquarters. On this basis, the Global Alliance approach can be synergised towards areas which WHO has determined should be its priorities over the next few years. The IASO/IOTF secretariat provides the core support to the Global Alliance and its central groups and also related to the regions. A small group of experts is responsible for developing policy recommendations and a broader based advisory group will review and comment on proposals. This group also ensures comprehensive regional representation.

Meetings of the Global Alliance Council will be held at least once a year in different countries, with the central policy development group and regional groups meeting more frequently. The regional groups could also be involved in new analyses dealing with the health costs of the obesity epidemic and its co-morbidities as well as the economic benefits of dietary and physical activity changes in association with FAO and the World Bank .

The opportunity and potential benefits involved in the Global Alliance programme are enormous. Based on preliminary calculations, there are 1.7 billion adults and at least 155 million school-age children who are overweight or obese and at risk of major health problems, particularly diabetes, hypertension, coronary heart disease and several common cancers. These children may become ''a lost generation'' with lower life expectancies than their parents. Those prone to diabetes are seeing the onset advance and the average age for developing diabetes in the population generally is now 10 years earlier than it was 15—20 years ago. Type 2 diabetes is now also emerging for the first time in adolescents with devastating effects in terms of early kidney failure and blindness. This is happening particularly in developing countries where children seem more sensitive to the impact of excessive weight gain perhaps because of a legacy of generations exposed to poor nutrition.

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Framework Convention on Tobacco Control (FCTC)

The FCTC was adopted unanimously by the World Health Assembly on May 21, 2003 and was closed for signature on June 29, 2004. On November 29, 2004, Peru deposited the fortieth instrument of ratification at the UN in New York, the minimum number required for the treaty to enter into force. Thus far, 168 countries have signed the treaty and 114 have become parties. The first meeting of a subsidiary body — the Conference of the Parties — is being held from the 6th to the 17th of February 2006 to review national reports, provide further guidance on proper implementation of the FCTC, initiate protocol negotiations and promote the mobilization of financial resources.

Provisional agenda of the Conference of the Parties:

1. Opening of the session
   - Election of officers
   - Adoption of the agenda and organization of work
   - General debate
   - Provisional rules of procedure
   - Credentials of participants
2. Report of the interim Secretariat and status of the WHO FCTC
3. Report of the Open-ended Intergovernmental Working Group on the WHO FCTC