

greatest impediment to the fulfillment of human potential. Yet, despite the impact of malnutrition in all its forms on mortality, morbidity and national economies only 1.8% of the total resources for health-related development assistance are allocated to nutrition activities. Of the World Bank's total assistance to developing countries only 0.7% is for nutrition and food security. At country level, the financial commitment is even less.

Adequate food is a human right and good nutrition is essential to achieve the aims of the Millennium Declaration, including those expressed by the Millennium Development Goals. Without progress towards tackling malnutrition, these goals will not be achieved.

### The solution

UN agencies, bilateral partners and civil society have come together to help put nutrition at the centre of development. We collectively urge:

- National governments, in their internal policies, and also through their foreign policies and development assistance, to promote nutrition actions that reduce under and over-nutrition and diet-related chronic diseases. They should do this within the context of respecting, protecting and fulfilling the right to adequate food, and should ensure that these actions are adequately funded.
- UN agencies to act together through the UN system SCN in the context of the UN reform to accelerate the prevention and mitigation of all forms of malnutrition throughout the life cycle, towards the achievement of the MDGs and beyond. The UN agencies should also promote the integration of nutrition programmes at country level and mainstream them into national development policies.
- Civil society and non-governmental organizations, to advocate and adopt policies and practices that tackle the double burden of malnutrition and hold governments accountable at all levels.
- The private sector, especially those in the food and beverage business, to support the achievement of the MDGs including by adopting responsible marketing practices on breastmilk substitutes and energy-dense, nutrient-poor foods and drinks.

All constituents of the SCN will work together to raise the profile of nutrition and to increase the investments in nutrition at global, national and local levels to tackle the double burden of malnutri-

tion with one shared vision. The top priorities are to:

- Empower all women and protect their nutrition, human rights and entitlements and those of their children, through knowledge, skills, policies and regulations.
- Focus on the window of opportunity from pre-conception to around 24 months of age, the critical period when the foundation for life long health is set.
- Urge schools, including pre-schools, to be nutrition and physical activity-friendly, in order to promote health and well being throughout life.
- Promote the production and consumption of culturally appropriate foods that are rich in micronutrients, and promote micronutrient supplementation when and where needed.
- Recognize that the basic determinants of health and disease are social and environmental, and ensure healthy choices are accessible, affordable and safe.
- Target the poor and socially marginalized, including indigenous populations, people living in emergencies and those affected by HIV/AIDS.
- Build awareness, institutional capacity and leadership at national, sub-national, community and global levels for accelerating action on nutrition.

doi:10.1016/j.precon.2006.06.004

---

## FIFTY-NINTH WORLD HEALTH ASSEMBLY

### Agenda item 11.8.

## Infant and young child nutrition: Quadrennial report Statement from the International Association for the Study of Obesity

Made on behalf of the International Association for the Study of Obesity, in conjunction with the International Pediatric Association, the Interna-

tional Union of Nutritional Sciences, the International Diabetes Federation, and the World Heart Federation, which together have formed the **Global Prevention Alliance**, which works with WHO with a special focus on the prevention of childhood obesity [1].

We welcome the WHO **International Growth Standards for Infants and Young Children**, which provide a powerful indication of the clear benefits of exclusive breastfeeding and optimal feeding, especially in helping to minimize the risk of the early development of childhood obesity.

As the authors of the report on this remarkable study noted previously, it provides "the solid evidence that all children grow very similarly for the first five years of life when their physiological needs are met and their environments support healthy development; nearly all interethnic variability is probably a result of environmental assaults". Significantly they went on to note: "*Arguably, the current obesity epidemic in the United States would have been detectable earlier if a prescriptive international reference had been available 20 years ago*" [2].

However, we can no longer afford to allow the obesity epidemic to overtake an entire generation of the world's children while we refine the methodologies for estimating obesity levels in children. We must take action and we must do so with a far greater sense of urgency.

The impact of the obesity epidemic is already felt in most parts of the world, where the cycle of malnutrition already predisposes many children to heightened vulnerability to obesity and related comorbidities, including type 2 diabetes and cardiovascular disease.

The report of the childhood obesity working group of IASO's International Obesity Task Force, using the international reference standard developed by the IOTF [3], provided preliminary estimates that there were 155 million overweight children including 30–45 million obese children world-wide in the year 2000 [4]. This report was delivered to WHO in preparation for the expert consultation on childhood obesity, which the quadrennial report notes was held in Kobe in June last year.

Since then IOTF published new forecasts in March this year suggesting that overweight and obesity among children will increase dramatically over the next few years, perhaps affecting almost one in four youngsters in South East Asia and almost one in two in the Americas [5].

The epidemic of childhood obesity continues to gather pace, driven by similar environmental influences that generated the epidemic in the USA. Chil-

dren are exposed to modern diets, with increasingly concentrated calories but poor in nutritional value, while incentives and opportunities to be physically active are reduced. Even the smallest infants are now targets for intense marketing techniques to promote brand loyalty and increased consumption of the kinds of foods and beverages that are contributing to rising obesity levels.

The adoption of the new WHO growth standards must be accompanied by the vigorous implementation of more effective strategies to ensure that we do not push the world's infants and young children ever faster along the path towards overweight and obesity and its associated chronic diseases.

## References

- [1] Global Alliance for the Prevention of Obesity and related Chronic Diseases.
- [2] Garza and de Onis for the WHO Multicentre Growth Reference Study Group. Rationale for developing a new international growth reference. *Food and Nutrition Bulletin*, vol. 25, no. 1 (suppl. 1) © 2004, The United Nations University.
- [3] Cole et al. International Obesity TaskForce Childhood Working Group. Establishing a standard definition for child overweight and obesity worldwide: international survey. *BMJ* 2000;320:1240–3.
- [4] Lobstein, Baur and Uauy for the IASO International Obesity TaskForce. Obesity in children and young people: a crisis in public health. *Obesity Reviews* (2004) 5 (Suppl. 1), 4–85.
- [5] Wang and Lobstein, Worldwide trends in childhood overweight and obesity. *International Journal of Pediatric Obesity* 2006, 1: 11–25.

doi:10.1016/j.precon.2006.06.003

## Bangkok Charter for Health Promotion in a Globalized World

The context of health promotion has changed markedly since the Ottawa Charter for Health Promotion was adopted in 1986. There are increased inequalities within and between countries, new patterns of consumption and communication, commercialization, global environmental change and urbanization.

Health promotion offers a positive and inclusive concept of health as a determinant of quality of life, encompassing mental and spiritual well-being. It is the process of enabling people to increase control over their health and its determinants, and