

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.

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## 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

thereby improve their health. It is a core function of public health and contributes to the work of tackling communicable and noncommunicable diseases and other threats to health.

Today, in order to manage the challenges and opportunities of globalization, collaboration across all sectors of society is required. The Bangkok Charter for Health Promotion in a Globalized World, adopted at the 6th Global Conference on Health Promotion (Bangkok, Thailand, 7–11 August, 2005) identifies the actions, commitments and pledges required to address the determinants of health in a globalized world through health promotion. The Bangkok Charter complements and builds upon the values, principles and action strategies of health promotion established by the Ottawa Charter, setting out four new commitments.

1. **To make the promotion of health central to the global development agenda:** Strong inter-governmental agreements that increase health and collective health security are needed. Governments and international bodies must act in order to close the health gap between rich and poor. Effective strategies are required to address the harmful effects of trade, products, services and marketing strategies.
2. **To make the promotion of health a core responsibility for all of government:** All governments, at all levels, must tackle poor health and inequalities as a matter of urgency because health is a major determinant of socioeconomic and political development.
3. **To make the promotion of health a key focus of communities and civil society:** Communities and civil society often lead in initiating, shaping and undertaking health promotion. They need to have the rights, resources and opportunities to enable their contributions to be amplified and sustained. In less developed communities, support for capacity-building is particularly important.
4. **To make the promotion of health a requirement for good corporate practices:** The corporate sector has a direct impact on the health of people and on the determinants of health through its influence on local settings, national cultures, environments and wealth distribution.

Social injustice and inequity must be overcome. It is necessary to address the root causes of health inequalities. This requires the involvement of all sections of society at all levels, from local to global. Nongovernmental organizations and civil society have a vital role to play in harnessing

globalization for the health, social justice and well-being of all.

A consultative workshop, held on 23 February 2006 at WHO Headquarters in Geneva, aimed to bring nongovernmental organizations together to create a joint action plan, with WHO, to implement the Bangkok Charter. The workshop was organized by the NGO Ad Hoc Advisory Group on Health Promotion and the WHO Department of Chronic Diseases and Health Promotion (HPR/CHP/NMH). It was intended to develop and strengthen NGO action for health promotion at a local, national, regional and global level, promoting greater awareness among nongovernmental organizations and civil society. Through focused workshop groups, nongovernmental organizations also identified strategies to address the challenges of implementing the Bangkok Charter. Nongovernmental organizations felt strongly that strategic pathways are required to implement the Charter. Such pathways require commitment from nongovernmental organizations, donors and WHO in order to guarantee concerted and collaborative action.

The root causes of health inequalities must be addressed so that individuals can gain more control over their health. Stakeholders need to be identified and partners beyond the health sector involved in order to target these root causes. Partners within the health sector need to expand their efforts and should form wider alliances to strengthen existing health promotion initiatives and facilitate outreach.

According to WHO, nongovernmental organizations continue to play a very important role in health promotion at all levels; provide unique contributions; and attain autonomy at the highest levels of government. Their contributions in the area of health promotion are likely to be underestimated. As health promotion is a cross-cutting issue, nongovernmental organizations have various entry points for action, as well as valuable specialist knowledge and experience. However, their experience and knowledge are best utilized and accessed through the documentation, monitoring and sharing of best practices. It was agreed by participants that a network and a technical group for WHO and nongovernmental organizations would be necessary to achieve this and to catalyse collaborative action in health promotion.

Nongovernmental organizations and WHO will develop an action plan on health promotion in line with the outcome of the consultation workshop, and will further examine specific plans for developing strategies to implement the Bangkok Charter.