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Editorial

The global challenge to stop the childhood obesity pandemic: facts, questions and solutions

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Growing childhood obesity in most parts of the world is a fact. So are the large public health consequences. The determinants of the growth of childhood obesity are multiple, and successful solutions to curb the trend call for many profound changes. Throughout history mankind has strived to ensure that there would be enough food without the need to work hard. Now that we are there, how do we turn the wheel?

The biological basis of weight control is a fact. It is the balance between energy in and energy out. The question is, on which side is the major problem. Regardless, the solution must come from targeting both sides. To influence both diets and physical activity, the question for policy is, should we use a stick or a carrot — restrictions or positive incentives? Again the answer is — both are needed, but with the right balance!

For diet, restrictions mean measures to reduce the pressures for energy dense and unhealthy foods. Positive solutions mean measures to increase consumption of healthy, less energy dense foods and drinks at schools, public facilities and at homes. For physical activity, we should restrict TV watching, computer games, staying indoors, motorized transport, etc. — and increase outdoor playing, sports, physical activities at school etc.

Discussions on health related lifestyles often touch the question whose responsibility are healthy lifestyles: individual or societal? While we are always mindful of the individual's own responsibility, we have to recognize the strong environmental influences on people's lifestyles. There is public

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responsibility that should lead to policy initiatives. Particularly, when the question is about children, we cannot put the responsibility on them. The responsibility is in the homes, schools and society at large.

Determinants of lifestyles and behaviours range from global to local influences, and there is a close interaction between the different levels. In the current world there are strong and growing global influences on lifestyles. These include global marketing, trade agreements, various communication channels etc. This relates to issues of social consequences of globalization.

On the global level, WHO should lead global actions, in collaboration with other UN agencies and in interaction with international organizations, industry and media. We have the pioneering example of the Framework Convention on Tobacco Control (FCTC), where for the first time international law is systematically applied to a major public health problem. The early success of FCTC should be an encouraging example to take further advantage of strong international instruments — in the case of obesity, based on the WHO Global Strategy on Diet, Physical Activity and Health.

Historically international politics has dealt in particular with relations between countries, over security and wars. During the last few decades international trade and commerce have become an important part of international politics. Hopefully in the next stage, environment, health and other ''human issues'' will also become strong issues for international politics.

During the last few years we have seen a proliferation of global health initiatives, also in the field of chronic disease prevention and control. This is most positive, but there are great challenges concerning their implementation with needed resources, concerted actions and the existence of needed public health infrastructures. Recently an International Association of National Public Health Institutes (IANPHI) has been established with the aim of helping low and middle income countries to establish or strengthen their national public health institutes to serve the national public health infrastructure.

At the same time, national policies still have a major role in the lives of the people. Governments have a basic responsibility for public health! In addition to national and local governments, increasingly private sector and civil society have a significant role. Governments need to find ways to support and guide effectively developments in healthier directions, following the principles outlined earlier.

On a global level, there is a proliferation of strategies and program plans. The emphasis should move from identification of priorities to implementing them. Thus clearly stronger emphasis should be on providing support for sustainable interventions.

For planning and deciding on policies, a strong evidence-base is needed. Because of extensive research, our evidence on chronic disease risk factors and possibilities for prevention is strong. However, for complex health promotion and policy interventions, issues pertaining to the evidence-base become more complicated. Background research is important, but we must remember that evidence is not the only driver of health policy. Policy is also driven by values and the democratic wish of people.

Today economic issues are important drivers of prevention and health policy. The ultimate issue is that prevention is the most cost effective way to promote public health. Resources for prevention and health promotion should not be seen only as costs, but also as investments — investments for the labor force, for healthier elderly and ultimately for the national economy. For the private sector, health is also increasingly a business argument.

When we face the great problems of obesity and of other chronic disease prevention challenges, we have reasons for both pessimism and optimism. Pessimism is caused by the fact that there are strong forces undermining health needs and pushing obesity. Optimism is caused by the fact that people are increasingly interested in health. We have strong evidence, health is higher on the public agenda and we do have an increasing number of partners in our health work.

We should not only make forecasts for the future, but also make the future. Lifestyles can be changed and public health improved. One of the most dramatic examples is the experience from Finland starting with the North Karelia Project. With comprehensive actions, diets have changed dramatically. The average blood cholesterol and blood pressure levels have decreased and smoking has greatly diminished. As a consequence the annual mortality of coronary heart disease in the working age population has been reduced by 80%, all cause mortality greatly reduced, life expectancy and healthy years greatly increased and subjective health much improved.

Historically, health promotion was to a large extent based on health education to direct people to change their lifestyles. Later this approach was often criticized as a ''blame the victim'' approach. Currently, with the emphasis on environments and policies, many meetings discuss what kind of policies the policy makers should undertake. This emphasis raises the question, have we moved from ''blame the patient'' to ''blame the politicians''?

Perhaps the next phase should be how to influence policies — as well as the private sector? It could be argued that major lifestyle changes in society are possible only as a part of social change. Political decisions, as well as the actions of the private sector, are in a complex way interrelated with and dependent on social change. Thus the ultimate role of public health is one of driving social change for health, as change agents for the diffusion of health innovations.

The key and the challenge here is to mobilize people for social change that leads to effective policies and responses by industry that in turn support the needed changes. In this regard, the simple guidelines are to do the right things, but also enough of them. Strong and sustained health leadership is also needed, combined with broad partnership.

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