

WMA STATEMENT ON OBESITY IN CHILDREN

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PREAMBLE

Childhood obesity is a serious medical condition and a major public health concern affecting many children. Childhood obesity is emerging as a growing epidemic and is a challenge in both developed and developing countries. Due to its increasing prevalence and its immediate and long-term impact on health, including predisposition to diabetes and cardiovascular abnormalities, childhood obesity should be viewed as a serious concern for public health. The increase in childhood obesity may be attributed to many factors:

- Recent studies show that marketing targeted at children has a wide influence on the shopping trends and food preferences of households all over the world. Special offers, short-term price reductions and other price promotions and advertising on social as well as traditional media all play a role in increasing product demand.
- Many advertisements are in conflict with nutritional recommendations of medical and scientific bodies. TV advertisements for food and drink products with little or no nutritional value are often scheduled for broadcast hours with a large concentration of child viewers and are intended to promote the desire to consume these products regardless of hunger. Advertisements increase children's emotional response to food and exploit their trust. These methods and techniques are also used in non-traditional media, such as social networks, video games and websites aimed at children.
- Unhealthy dietary patterns, together with a sedentary lifestyle and lack of exercise, contribute to childhood obesity. The sedentary lifestyle is the most predominant one in the developed world today. Many children typically spend more time than ever in front of screens, rarely engaging in physical activities.
- International corporations and conglomerates that manufacture foods and beverages are not always subject to regional regulations that govern food labeling. Concern for profits may come at the expense of corporate responsibility for environmental and public health issues.
- Products containing large amounts of added sugar, fat, and salt can be addictive, especially when combined with flavor enhancers. In some countries, not all ingredients are required to be listed on food labels and manufacturers often refuse to release data on methods employed to maximize consumption of their products. Governments should require that all ingredients in food and beverages be clearly labeled, including those proprietary ingredients intended to increase consumption of the product.
- Socioeconomic disparities also correlate with increasing rates of childhood obesity. The link between living in poverty and early childhood obesity continues to negatively affect health in adult life.[1] Exposure to environmental contaminants, sporadic medical checkups, insufficient access to nutritious foods and limited physical activity lead to obesity and other chronic illnesses that are all more prevalent among children living in poverty.

RECOMMENDATIONS

1. A comprehensive program is needed to prevent and address obesity in all segments of the population, with a specific focus on children. The approach must include initiatives on price and availability of nutritious foods, access to education, advertising and marketing, information, labeling and other areas specific to regions and countries. An approach similar to that on tobacco in the WHO Framework Convention on Tobacco Control is advocated.
2. International studies stress the importance of adopting an integrated approach to education and health promotion. Investment in education is key to minimizing poverty, improving health and providing economic benefits.
3. Quality education offered in formal settings to children aged 2 to 3 years, combined with enrichment

activities for parents, and sufficient supply of nutritious food and beverages may help to reduce the rate of adolescent obesity and reduce its health implications throughout the life course. Developing early healthy eating practices and experiencing flavors of healthy food when very young appear to be positive factors in prevention of childhood obesity.

4. Governments should invest in education related to menu design, food shopping including budget setting, storage and preparation so that people are better equipped to plan their food intake.
5. Governments should seek to regulate the availability of food and beverages of poor nutritional value, by a range of methods including price. Attention should be paid to the availability close to schools of establishments selling products of poor nutritional quality. Governments should seek to persuade manufacturers to reformulate products to reduce their obesogenic effects. Where possible government and local authorities should seek to manage the density of such establishments in the area.
6. Governments should consider imposing a tax on non-nutritious foods and sugary drinks and use the additional revenue to fund research and epidemiological studies aimed at preventing childhood obesity and reducing the resulting disease risk.
7. Ministries of health and education should regulate food and beverages that are sold and served at educational and healthcare facilities.
8. Given the scientifically proven link between the extent of media consumption and adverse effects on body weight in children, the WMA recommends that the advertising of non-nutritious products be restricted during television programming and other forms of media that appeal to children. Regulators should be aware that children access television programs designed for adults and ensure that legislation and regulation also limits marketing associated with such programs.
9. Governments should work with independent health experts to produce sound guidance on food and nutrition, with no involvement of the food and drink industry.
10. Governments and local authorities should subsidize and encourage activities that promote good health among their residents, including providing safe spaces for walking, bike riding and other forms of physical activity.
11. Parents have a crucial role in fostering physical activity in their children. Schools should incorporate daily physical activity into their daily routine. Participation in sport activities should be possible for everyone regardless of their economic situation.
12. National Medical Associations should support or develop guidelines and recommendations to ensure that they reflect current knowledge of prevention and treatment of childhood obesity.
13. National Medical Associations should work to raise public awareness on the issue of childhood obesity and highlight the need to tackle the rising prevalence of obesity and its health and economic burden.
14. Clinics and Health Maintenance Organizations should employ appropriately trained professionals to offer classes and consultation in selecting appropriate amounts of nutritious foods and beverages and attaining optimal levels of physical activity for children. They should also ensure that their premises are exemplars in the provision of healthy food options.
15. Educational facilities should employ appropriately trained professionals who educate for healthy lifestyles from an early age and allow all children, whatever their social environment, to practice regular physical activities.
16. Physicians should guide parents and children in how to live healthy lives and emphasize the importance of doing so, and must identify as soon as possible obesity in their patients, particularly children. They should direct patients suffering from obesity to the appropriate services at the earliest possible stage, and conduct regular follow-ups.
17. Physicians and health professionals should be educated in nutrition assessment, obesity prevention and treatment. This could be accomplished by strengthening CME activities focused on nutritional medicine.

