Trends, causes and consequences of overweight and obesity

Leo Nederveen
Advisor Food, Nutrition and Physical Activity in Schools
Department of Noncommunicable Diseases and Mental Health



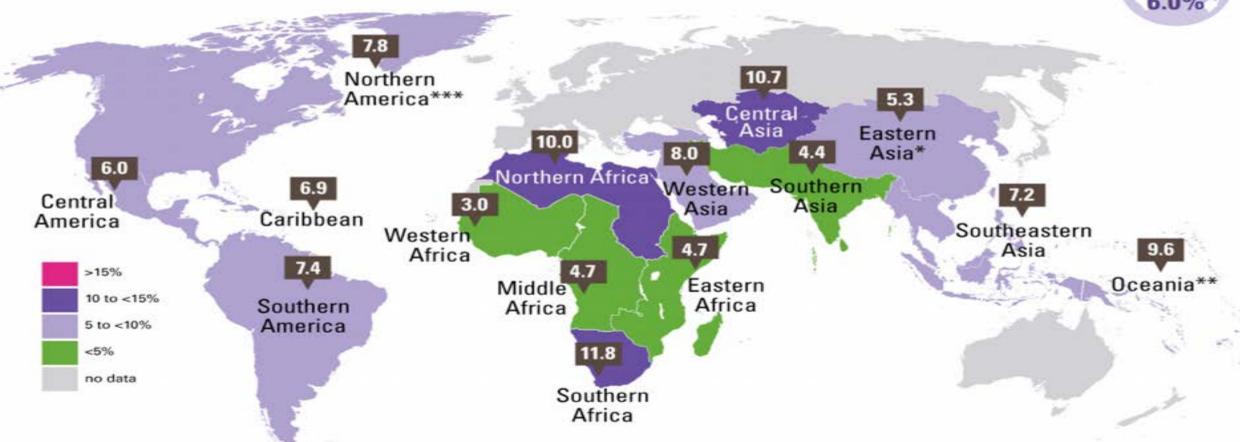
Trends of overweight and obesity



In three sub-regions, at least one in every ten children under five is overweight

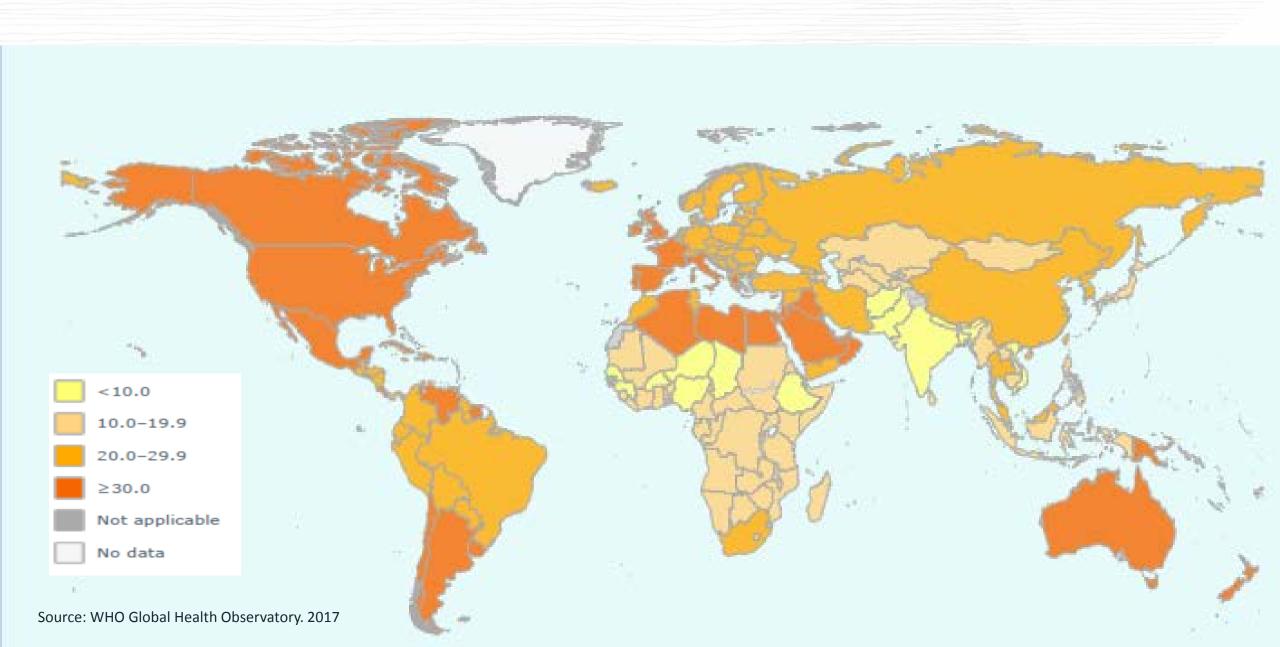
Percentage of overweight children under 5, by United Nations sub-region, 2016



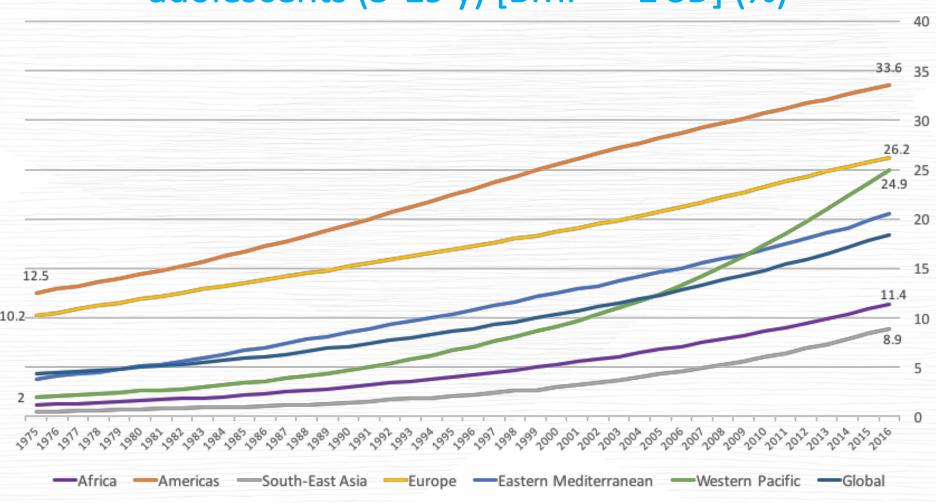


Source: UNICEF, WHO, World Bank Group joint malnutrition estimates, 2017 edition. Note: *Eastern Asia excluding Japan; **Oceania excluding Australia and New Zealand,
***Northern America regional average based on United States data. These maps are stylized and not to scale and do not reflect a position by UNICEF, WHO or World Bank Group on
the legal status of any country or territory or the delimitation of any frontiers. The legend contains a category for >15 per cent (pink) but there is no sub-region with a rate this high.

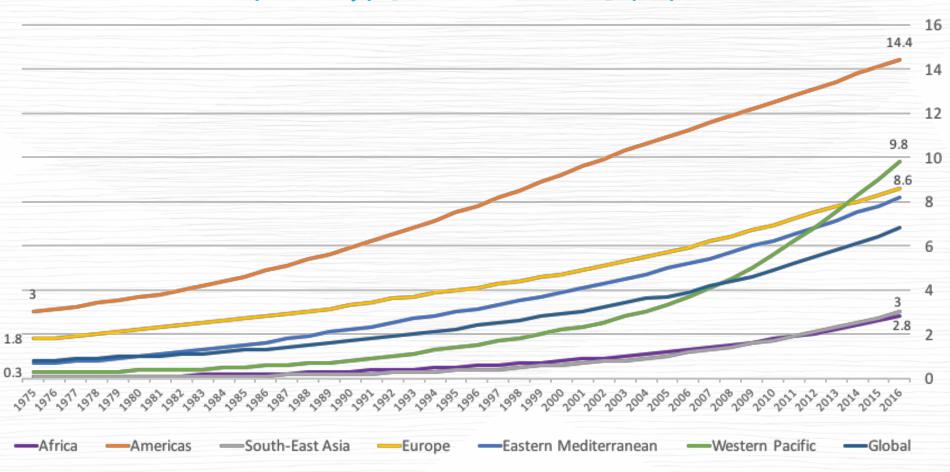
Prevalence of overweight in children and adolescents aged 5-19 years

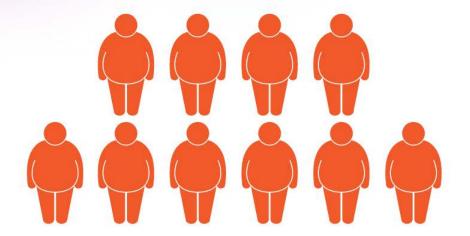


Prevalence of overweight among children and adolescents (5-19 y) [BMI > +1 SD] (%)



Prevalence of obesity among children and adolescents (5-19 y) [BMI > +2 SD] (%)





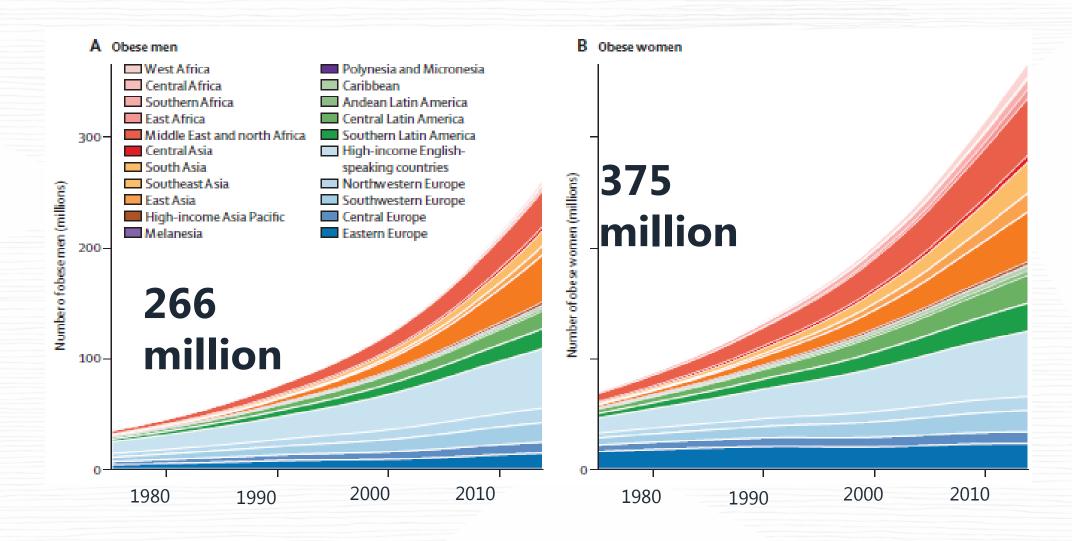


Over 10 times
more children
and adolescents were obese
in 2016 (124 million)
compared to 1975 (11 million).





Trends in the number of obese people, by region

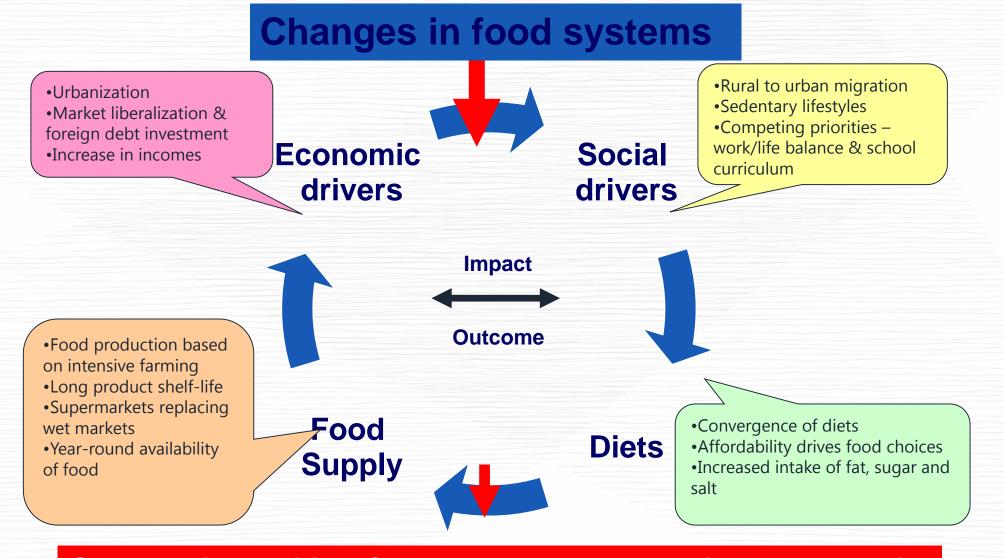


Lancet 2016; 387: 1377-96

Causes of overweight and obesity

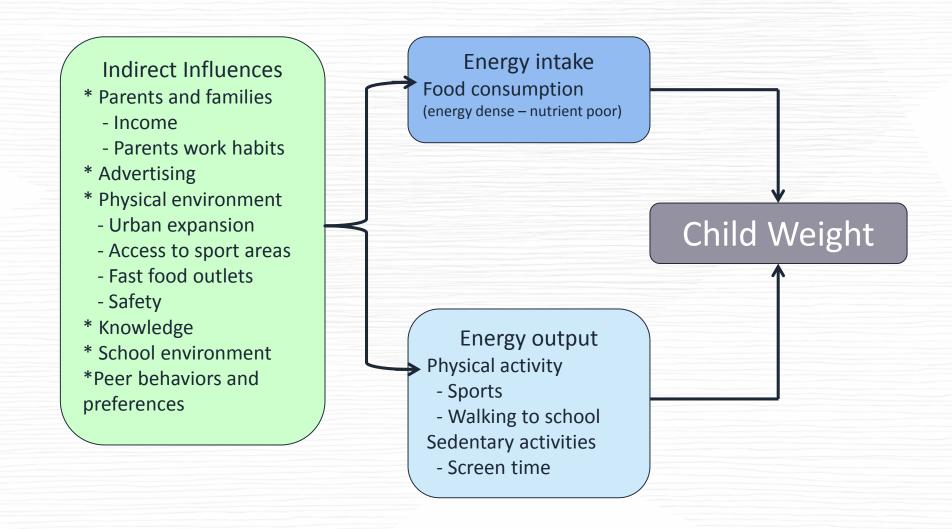


So why is it happening?

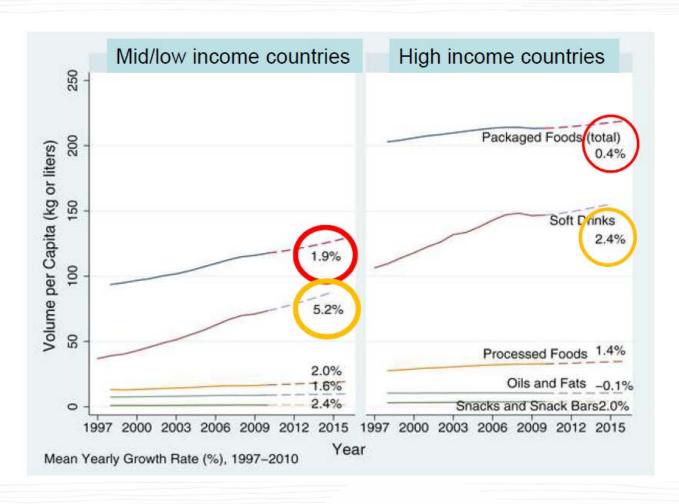


Changes in nutritional status towards overweight and obesity

Potential factors in the rise of child obesity

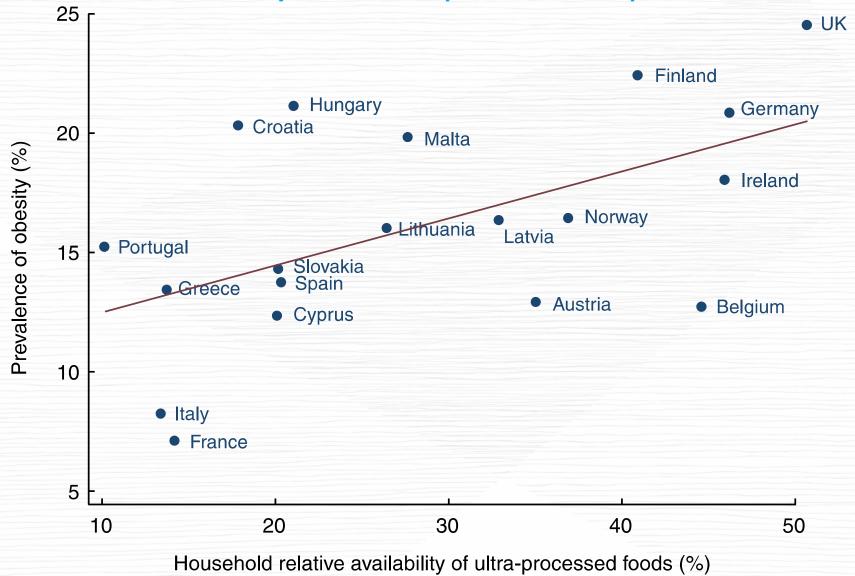


Ultra-processed food markets



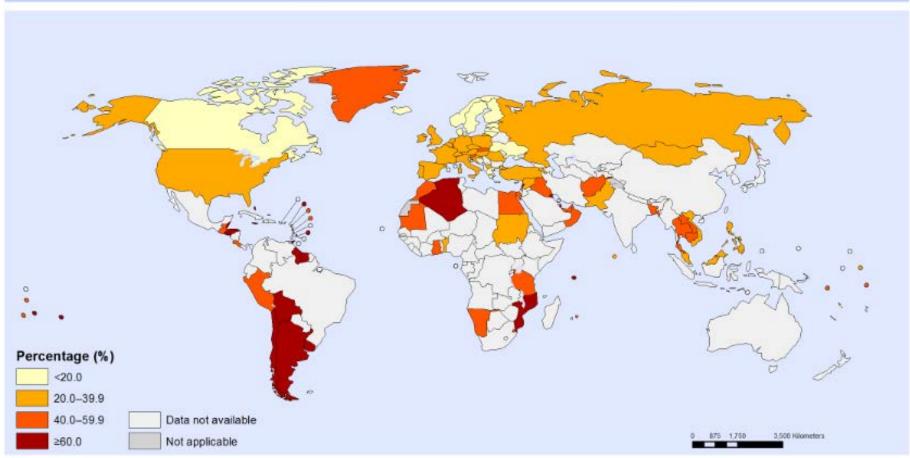
Stuckler D, McKee M, Ebrahim S, Basu S (2012) Manufacturing Epidemics: The Role of Global Producers in Increased Consumption of Unhealthy Commodities Including Processed Foods, Alcohol, and Tobacco. PLoS Med 9(6): e1001235. doi:10.1371/journal.pmed.1001235

Household availability of ultra-processed products and obesity



Global consumption of SSBs in adolescents

Percentage of adolescents who drink soft drinks daily



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

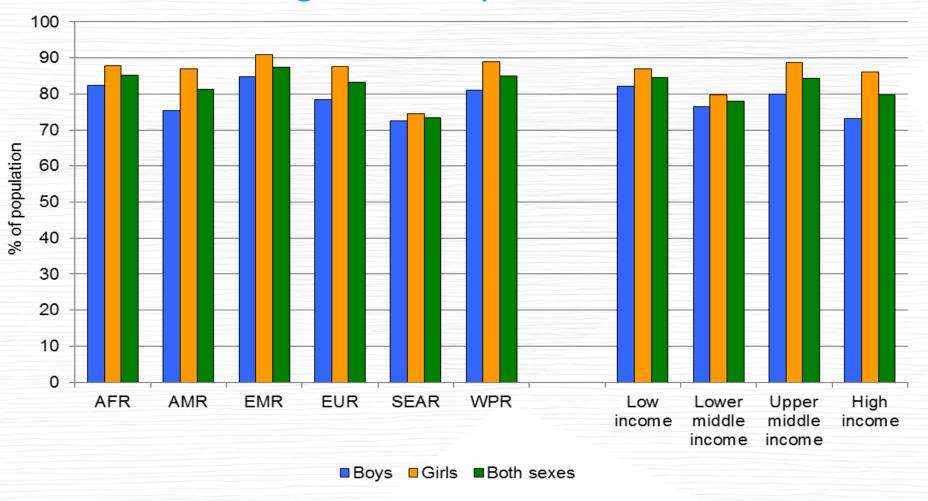
Data Sources: Global School-based Student Health Survey, Health Behaviour in School-aged Children (HBSC) Study: International Report from the 2009/2010 Survey.

Map Production: Information Evidence and Research (IER) World Health Organization

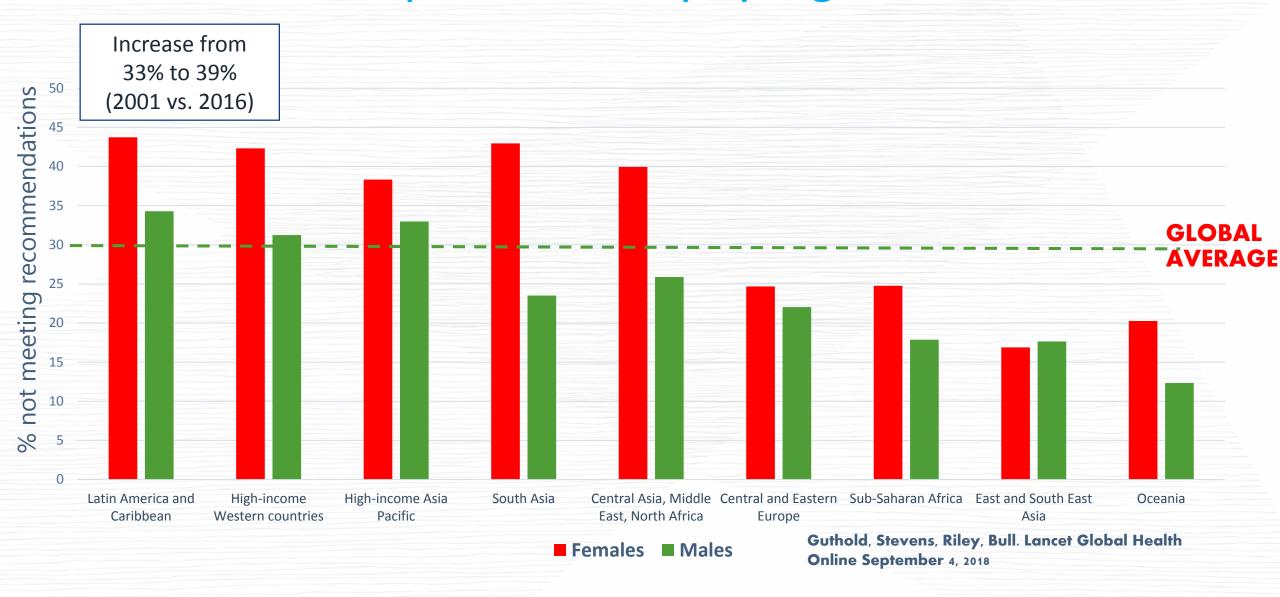


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% of < 60 min of PA daily among school going adolescents aged 11-17 years, 2010



Physical inactivity by region



Consequences of overweight and obesity



Effects of childhood overweight and obesity



Poorer health in childhood, including hypertension and metabolic disorders



Lower self-esteem



Higher likelihood of being bullied



Poorer school attendance levels and poorer school achievements



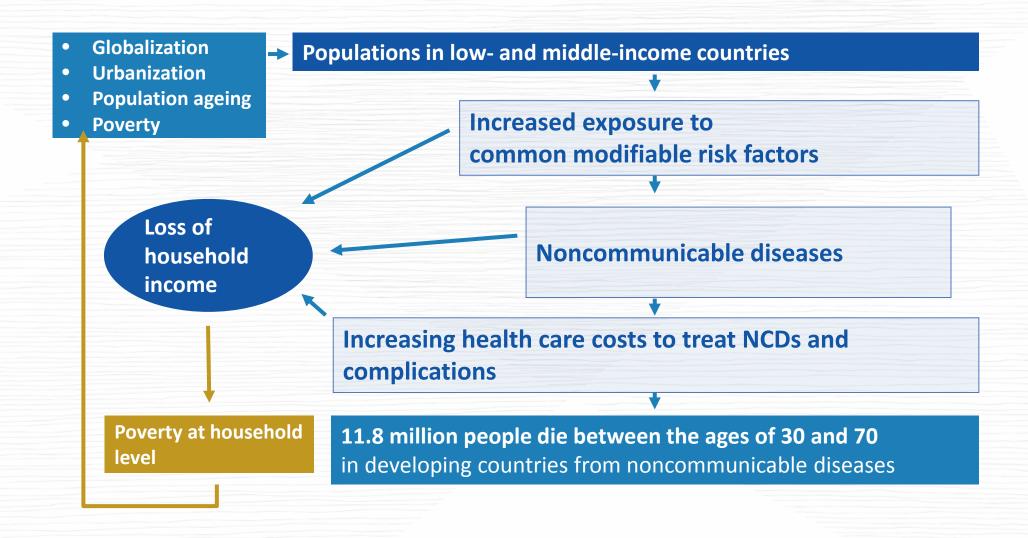
Poorer health in adulthood, including a higher risk of obesity and cardiovascular disease



Poorer employment prospects as an adult, and a lower-paid job



NCDs worsens poverty, while poverty contributes to rising rates of NCDs



Recommendations Commission on Ending Childhood Obesity



REPORT OF THE COMMISSION ON







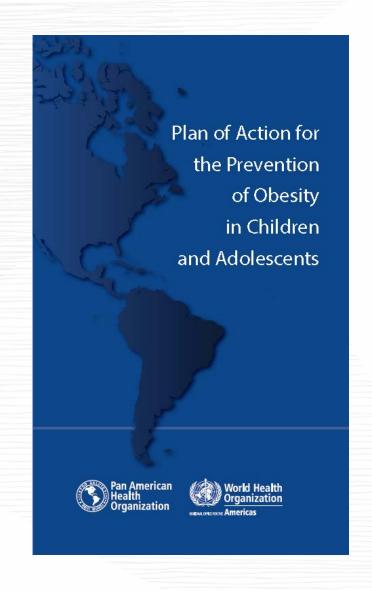
Plan of Action for the Prevention of Obesity in Children and Adolescents (2014-2019)

Goal:

To halt the rise of the rapidly growing obesity epidemic in children and adolescents

5 strategic lines of action:

- 1. Primary health care and promotion of breastfeeding and healthy eating
- 2. Improvement of school nutrition and physical activity environments
- 3. Fiscal policies and regulation of food marketing and labelling
- 4. Other multisectoral actions
- 5. Surveillance, research, and evaluation



THANK YOU

