EDITORIAL

Who is listening to WHO?

There have been numerous attempts by the WHO (World Health Organization) to recognize and support actions to fight obesity. However, it was not until 1995 that the WHO identified overweight as the most significant cause of ill health rather than underweight in many developing countries. In the first special obesity consultation in 1997 the escalating medical costs globally were highlighted [1].

The conclusion was that overweight and obesity were replacing more traditional problems such as undernutrition and infectious diseases as the most significant causes of ill-health [2]. Obesity comorbidities such as coronary heart disease, hypertension and stroke, certain types of cancer, non-insulin-dependent diabetes mellitus, gallbladder disease, dyslipidaemia, osteoarthritis and gout, pulmonary disease including sleep apnoea were given as examples in the 1997 special obesity consultation. Furthermore, individuals with obesity suffered from social bias, prejudice and discrimination, by both the general public and health professionals [2].

In spite of this awareness neither local governments nor the WHO have been successful in changing the societal framework to promote routine spontaneous physical activity and transforming the food system. Low energy-density food of high nutrient quality has not become the norm [1].

There was an interesting attempt in Istanbul to engage the broad European political level [3]. The Swedish government presented 79 steps to engage different parts of the society with actions divided into different political areas [4]. The different responsible bodies in the Swedish proposals were the national government, local governments, different authorities (national board of health, national board of public health, regulator authority for buildings, national school authority, traffic authority, food authority, agriculture authority, consumer authority etc.), national sports associations, health care etc. The principle to point out specific parts of the society as responsible, regardless if it was a state authority or an association, gave a good possibility to plan future actions. However, no financial support was given, and no specific actions were ever taken.

The WHO Commission on Ending Childhood Obesity has proposed an implementation plan [5], which was approved by the 70th World Health Assembly on 31 May 2017. It pointed out that almost three quarters of the 42 million children under 5 years who are overweight...
and obese live in Asia and Africa. Furthermore, in those countries where overweight and obesity is plateauing on the general population level, the rates of obesity continue to increase among people with low socioeconomic status and minority ethnic groups. The Commission on Ending Childhood Obesity started in 2014 to build upon and address gaps in existing mandates and strategies in order to prevent infants, children and adolescents from developing obesity. In 2016 the work with the implementation plan started also involving consultation with Member States. Firstly, aim, scope and guiding principles of the implementation plan were discussed. It was pointed out that a whole-of-government approach is needed in which policies across all sectors systematically consider health outcomes, but also that a whole-of-society approach is needed involving parents, carers, civil society, academic institutions, philanthropic foundations and the private sector. Secondly, specific actions needed to end childhood obesity were described.

The commission proposed six sets of recommendations to tackle the obesogenic environment.

(1) Actions to implement comprehensive programmes that promote the intake of healthy foods
(2) Actions to implement comprehensive programmes that promote physical activity and reduce sedentary behaviours in children and adolescents and reduce the intake of unhealthy foods and sugar-sweetened beverages by children and adolescents
(3) Actions to integrate and strengthen guidance for non-communicable disease prevention with current guidance for preconception and antenatal care, to reduce the risk of childhood obesity
(4) Actions to provide guidance on, and support for, healthy diet, sleep and physical activity in early childhood to ensure children grow appropriately and develop healthy habits
(5) Actions to implement comprehensive programmes that promote healthy school environments, health and nutrition literacy and physical activity among school-age children and adolescents
(6) Actions to provide family-based, multicomponent services on lifestyle weight management for children and young people who are obese

The implementation plan of the WHO includes detailed suggestions. One example is in section 5 where recommendations are given in Table 1.

In addition to the current plan of the WHO there have been several other plans for different parts of the world, in 2014 in the EU and by the WHO and the Pan American Health Organization but also a later developed plan in 2017 in the UK [6–8].
The WHO European Childhood Obesity Surveillance Initiative (COSI) is a protocol that during the 5\textsuperscript{th} round of measurements will collect data from 40 countries in primary school aged children [9]. Furthermore, there have been several publications with country and regional data [9]. They were set up in 2007 as an initiative after the WHO conference in Istanbul in 2006 [3].

Thus, we are seeing more actions against childhood obesity from many perspectives, where the WHO has been at the frontline for many years.

However, more knowledge is needed and within the aims and scope of this new childhood obesity journal is an ambition to enhance the communication between the scientific field, politicians and policy makers. Also it gives advice for practitioners, useful for day-by-day clinical work with children with overweight or obesity.

*Child and Adolescent Obesity* is a multi-disciplinary journal where research and knowledge is shared quickly and widely through its open access publication model, facilitating a global scientific exchange of ideas and a new systems approach.

We are still in the beginning of taking actions against childhood obesity and your contribution to this journal could be of major importance to the field and the fight to combat child and adolescent obesity.
References

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