Distinguished guests, friends and colleagues,

Good evening.

Allow me first to thank the European Association for the Study of Obesity and the Swiss Association for the Study of Obesity and Metabolism for inviting WHO to speak at such an important gathering and in particular Dr. Golay, the President of the Congress.

Dr. Alwan, the Assistant Director General, has been called by the Director General to deal with urgent matters and he has then asked me to address you instead.

It may seem a little strange for us to be discussing obesity and the issue of over-nutrition when - if you open a newspaper or turn on the news - the headlines are dominated by the global food crisis. A crisis, we are told, that will plunge an extra 100 million people into poverty. A crisis that the head of the UN's World Food Programme described as "a silent tsunami which knows no borders, sweeping the world".

Could the same be said about obesity? (pause)
Obesity is a critical public health problem that affects many lives, many communities and many nations.

We are all familiar with the facts. There are over 1.5 billion overweight people in the world today with around a third - 500 million of them - obese.

Obesity has also reached epidemic proportions here in Europe. Between 30% and 80% of adults are overweight in this part of the world. And overweight causes 1 million deaths each year in the region. Even in countries with traditionally low rates of obesity - such as France, the Netherlands and Norway - the situation is worsening.

If current trends continue there will be an estimated 150 million obese adults and 15 million obese children and adolescents in the WHO European Region by 2010.

But it's young people - traditionally at the most active, vibrant and carefree stage of their lives - who are the ones most at risk.

More and more of them are developing what were previously considered "adult diseases" - high blood pressure, type II diabetes and heart disease. What kind of future will these children have?

Obesity and its related diseases are also more prevalent among the poor. Those on lower incomes tend to consume more higher energy density foods, that are usually more affordable and more accessible to them. In addition, poorer groups usually have less access to sports and fitness facilities, which limits the exercise they can take.

In France, for example, a 100-kilocalorie portion of fruit and vegetables contains around five times more nutrients but is five times more expensive than the equivalent quantity (in terms of energy) of other foods. What kind of health choice does that offer a family on a low-income?
Blaming only individuals for their obesity is no longer appropriate or acceptable. The problem is societal and government response is needed.

The way we live today - with more people living in towns and cities, travelling by car, sitting in front of a computer at work, buying more processed foods and drinks has been described as an “obesogenic environment”. This coupled with policies on agriculture; transport; urban planning; the environment; food processing, distribution and marketing; and education all impact a nation's obesity levels

The future of health systems is also seriously affected by obesity. Not only does obesity create a major economic strain through loss of productivity and income, but it also guzzles a sizeable chunk of scarce health care budgets. Let's take the example of Spain, where over 2.5 billion euros is spent each year on obesity-related illnesses - 2.5 billion euros.

Despite tremendous progress made in approaches to the prevention and management of obesity - often highlighted at gatherings like this one - the prevalence continues to grow.

People are eating more and exercising less. They're eating more foods rich in salt and sugar, and less fruits and vegetables. However, tools exist to turn the situation around quickly and effectively. We know, for example, that increasing physical activity and consumption of healthier, balanced diets in populations can have major health impacts.

WHO has been very active in supporting public health strategies for many years, but particularly since the 1997 Expert Consultation on Obesity. With the Global Strategy on Diet, Physical Activity and Health, WHO has been working in many countries to develop national action plans on diet and physical activity. We have held technical meetings and developed a wide range of guidance for countries,
such as a framework to monitor and evaluate implementation and a framework for promoting physical activity at the national level.

Recent research in Denmark and the United Kingdom has shown that regular moderate physical activity can extend a person's life by 3–5 years. That's a great marketing tool for us.

WHO is working on a number of fronts. In adopting the resolution on the prevention and control of noncommunicable diseases at the World Health Assembly last May, a clear signal has been sent out on the need for action.

Chronic diseases, including heart disease, stroke, diabetes and cancer are by far the leading cause of death in the world: 35 million people died from noncommunicable diseases in 2005 - almost 60% of the total number of annual deaths. As requested by WHO Member States, the global strategy will be discussed next week at the World Health Assembly.

Ladies and gentlemen. Good diet, good exercise and good health is our foundation stone.

Let me take this opportunity to acknowledge the important work and vital role of our partners in tackling obesity.

The Food and Agricultural Organization, for example, has been a strong and long-standing collaborator on the WHO Global Strategy, and was key to developing a number of important components, including the development of Food Based Dietary Guidelines and of food intake goals and the promotion of fruit and vegetable.
 WHO has been working closely with FAO, WFP and UNICEF on the development and implementation of the Nutrition Friendly School Initiative, that is now being scaled up in about 20 countries.

The International Alliance of Nongovernmental Organizations has also done tremendous advocacy work to mobilize governments on the need to strengthen implementation of the Global Strategy.

Similarly, the Nordic Countries have always strongly supported the Global Strategy through endorsement and implementation. Norway is leading an action network on the reduction of marketing foods to children.

At the European level, this work has been reinforced by the release of the *European Charter on Counteracting Obesity* that sets the ultimate goal of curbing the epidemic and reversing the current trend. And the 2nd Action Plan for Food and Nutrition Policies is indicating a detailed series of actions that countries can implement.

We can reverse the obesity epidemic. Healthy food options must be made cheaper and more available in shops, work places and school canteens. Energy-dense foods and drinks should not be promoted, should not be widely available and should be replaced by new, better nutritional products.

WHO applauds initiatives like the recent one in French schools - actively taking out energy dense foods from vending machines and putting in healthier food options.

Opportunities for physical activity in everyday life, such as through active transport, should be made available and accessible to all as well.
All these endeavours are aimed at coordinating efforts by international actors, NGOs, and the private sector, as well as ministries and experts in health, nutrition, education, physical activity, urban planning, economics, trade and transport.

Some of the influential actors in this are also from the private sector.

WHO has been in dialogue with many of the world’s largest food and non-alcoholic beverage producers and retailers to address, in particular, the problem of childhood obesity. The EU has also had a similar process. In our experience, talks have been fruitful, but we would like to see more done, and we will continue to work towards that goal.

This conference will allow us all to look at the myriad research efforts associated with obesity. The more we know about obesity, the more we will know about how to prevent and treat it. And the more we can help overweight and obese people improve their health.

Before I finish, one final statistic. WHO projects that by 2015 approximately 2.3 billion adults will be overweight and more than 700 million will be obese.

We, all of us in this room, have a role to play in trying to reverse that trend and restore health, dignity and longevity to millions. This is a epidemic that we have to stop. We cannot afford to allow it to spread silently across the world. We can only do this - parents, policymakers, and the private sector - by working together.

Thank you and I look forward to your presentations and deliberations over the coming three days.