No increase in childhood overweight
Outline

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  – Data availability

• Proposed process indicators
  – Strengths
  – Limitations
  – Data availability
Background

Definition

- weight-for-height in children <5 years of age defined as >+2 SD of the WHO Child Growth Standards median

- The target implies that the global prevalence of 6.7% (95% CI 5.6-7.7) estimated for 2010 should not rise to 9.1% (in 2020) as per current trends and that the number of overweight children under 5 should not increase from 43 to approximately 60 million as forecasted.

Rationale

- In 2012, globally 44 million children were estimated to be overweight and obese. The prevalence of overweight in children under 5 years has been steadily growing in the past 20 years, with relative increases from 3% to 5% per year.

- Overweight/obese children are likely to be overweight or obese in adulthood and also have risk of suffering from NCDs at younger age.

- Increased risk of obesity and incidence of metabolic syndrome later in life has been observed in stunted children in different regions of the world. Interventions to correct moderate malnutrition may lead to increased obesity if the focus is only to achieve weight gain. Thus the two conditions can no longer be dealt separately.
Actions to prevent overweight in infants and young children

• Improved maternal nutrition and health during pregnancy

• **Appropriate infant and young child feeding**
  – Exclusive breastfeeding for 6 months
  – Continued breastfeeding for 2 years and beyond
  – Timely introduction of complementary feeding
  – Adequate complementary food
  – Avoid consumption of energy-dense micronutrient poor foods, particularly sugar sweetened beverages
  – Adequate feeding in kindergartens
  – Review of current programme practices around IYCF and programmes on MAM

• **Increased level of physical activity**
  – limiting children's TV viewing and other sedentary behaviours
  – Increase physical activity in young children

• **Age-appropriate sleep duration**

• **Marketing of foods**
  – Adequate marketing of complementary foods
  – Marketing of foods and beverages to young children
Primary outcome indicator

Prevalence of weight-for-height in children <5 years of age defined as >+2 SD of the WHO Child Growth Standards median (PO4)

Data availability

• Most nutrition surveys (e.g., MICS, DHS, SMART and other national/sub-national surveys)

• School based surveys

Challenges

• Quality of measurements in routine data
Intermediate outcome indicators

Proposed:
• proportion of overweight and obese adults (IO10)

Optional:
• Proportion of overweight school-age children and adolescents (5-19 years) (IO11)

Data availability
• Most nutrition surveys (e.g. DHS and other national/sub-national surveys)
• School surveys

Challenges
• Quality of measurements in routine data
Process indicators

Infant and young child feeding

- Proportion of children (6-23 months) receiving a minimum acceptable diet (PR1)
- Continued breastfeeding for 2 years and beyond (NEW)
- Soft drink consumption in children (NEW)

Community and social factors

- Marketing regulations (NEW)