

WHO guideline: Management of adolescents 10 - 19 years of age with obesity for improved health, functioning and reduced disability: a primary health care approach

Guideline Development Group Meeting (by invitation only)

28 – 29 September 2021

Virtual Zoom Meeting

SCOPE AND PURPOSE

The global prevalence of obesity for children 5 to 19 years old for both sexes was 6.8% in 2016 compared to 2.9% in 2000.^{1,2} In order to respond to current global epidemiology and to complement existing prevention-focused guidelines, the World Health Organization (WHO) is currently developing a science-informed, people-centred guideline on the integrated management of adolescents with obesity using a primary health care approach.

As part of its commitment to address global and country level needs, this normative work has been prioritized as a global public health good by WHO. The proposed line of work is aligned with the 2030 Agenda for Sustainable Development, target 3.4, to reduce premature mortality from noncommunicable diseases.³ In the context of the Sustainable Development goals, WHO's thirteenth general programme of work 2019–2023 highlights the need for achieving universal health coverage for one billion more people.⁴ Universal health coverage entails a people-centred health system with primary care at its foundation. Relatedly, WHO's thirteenth general programme of work 2019–2023 also aims to achieve one more billion people enjoying better health and well-being, an effort within WHO's Strategy for Healthier Populations 2020–2030.

The International Classification of Diseases 11 (ICD-11) defines obesity as “*a chronic complex disease defined by excessive adiposity that can impair health. It is in most cases a multifactorial disease due to obesogenic environments, psycho-social factors and genetic variants. In a subgroup of patients, single major etiological factors can be identified (medications, diseases, immobilization, iatrogenic procedures, monogenic disease/genetic syndrome). Body mass index (BMI) is a surrogate marker of adiposity calculated as weight (kg)/height² (m²). The BMI categories for defining overweight vary by age and gender in infants, children and*

¹ Global Health Observatory. Geneva: World Health Organization; 2020 (<https://www.who.int/data/gho>, accessed 28 October 2020).

² NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. *Lancet*. 2017; 390: 2627–42.

³ Transforming our world: the 2030 Agenda for Sustainable Development. New York: United Nations; 2015. (<https://sustainabledevelopment.un.org/post2015/transformingourworld>, accessed 2 December 2019).

⁴ Thirteenth General Programme of Work 2019–2023. Geneva: World Health Organization; 2018 (<https://www.who.int/data/gho>, accessed 28 March 2021).

adolescents”.⁵ WHO's International Classification of Functioning, Disability and Health (ICF) allows for the assessment of individual's level of functioning as well as for the development of policy and guidelines for needs assessment for the design and evaluation of interventions. The ICF contains considerations for impairment of body functions (e.g., functions of the endocrine system, including weight maintenance), impairments of body structures (e.g., structure related to movement), and activity limitations (e.g., mobility and interpersonal interactions).⁶

A primary health care approach includes three components: 1) meeting people's health needs throughout their lives; 2) addressing the broader determinants of health through multisectoral policy and action; and 3) empowering individuals, families and communities to take charge of their own health.⁷ People-centred care is an approach to care that consciously adopts the perspectives of individuals, caregivers, families and communities as participants in and beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centred care also requires that people have the education and support they need to make decisions and participate in their own care.

Given the ongoing COVID-19 pandemic, all meetings for this Guideline Development Group will be held virtually during 2021. Each of the scheduled online meetings will be held on two consecutive days for a duration of approximately four hours each day.

Objectives and expected outcomes of the second Guideline Development Group meeting

The objectives of the second Guideline Development Group meeting are to:

1. Examine, discuss, and interpret the results of the preliminary work conducted by the Working Group Team;
2. Finalise the selection of the components of the guideline and the questions in PICO (population, intervention, comparator, outcome) format that will be used to guide the evidence synthesis and inform the guideline development process;
3. Determine the critical outcomes that will direct the guideline's research process and its final recommendations.

The expected outcome of the second Guideline Development Group meeting is consensus on the components and the questions in PICO (population, intervention, comparator, outcome) format for this guideline that will be used to guide the evidence synthesis to inform the guideline development process according to the standards and methods for all WHO guidelines.

⁵ International classification of diseases for mortality and morbidity statistics (11th Revision). Geneva: World Health Organization; 2020 (<https://icd.who.int/browse11/l-m/en>, accessed on 23 Oct 2020).

⁶ Towards a common language for functioning, disability and health – ICF. Geneva: World Health Organization; 2002 (https://cdn.who.int/media/docs/default-source/classification/icf/icfbeginnersguide.pdf?sfvrsn=eead63d3_4, accessed on 28 Mar 2021)

⁷ Technical series on primary health care: Quality in primary health care. Geneva: World Health Organization; 2018. (<https://apps.who.int/iris/handle/10665/326461>, accessed 17 December 2020).