



WHO guideline:

Integrated management of adolescents with obesity in all their diversity.

A primary health care approach for improved health, functioning and reduced obesity-associated disability

Eighth Guideline Development Group Meeting (by invitation only)

5-6 February 2025

Virtual Zoom Meeting

SCOPE AND PURPOSE

Obesity in children, adolescents and adults is a public health concern in almost all regions of the world. As of 2020 it was estimated that 38.9 million children under 5 years of age had moderate or severe overweight. There has been no progress to stem the rate of overweight in children under 5 years of age in nearly 20 years. In order to respond to current global epidemiology and to complement existing prevention-focused guidelines, the World Health Organization (WHO) is currently developing a practice and science-informed, people-centred guideline on the integrated management of adolescents 10–19 years of age in all their diversity with obesity using a primary health care approach¹.

As part of its commitment to address global and country-level needs, this normative work has been prioritised as a technical normative product by WHO. The proposed line of work is aligned with the 2030 Agenda for Sustainable Development 3: “Ensure healthy lives and promote well-being for all at all ages”. In 2018, the World Health Assembly recognised that primary health care brings people into first contact with the health system and is the most inclusive, effective and efficient approach to enhancing people’s physical and mental health, as well as social well-being. The World Health Assembly also recognised that primary health care is the cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals, as was declared in the Declaration of Alma-Ata and reaffirmed in the Declaration of Astana. Universal health coverage entails a people-centred approach.² Relatedly, WHO’s thirteenth general programme of work 2019–2023 also aimed to achieve one more billion people enjoying better health and well-being, an effort within WHO’s Strategy for Healthier Populations 2020–2030.

¹ Primary health care is a whole-of-society approach to health that aims to maximize the level and distribution of health and well-being through three components: (a) primary care and essential public health functions as the core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities.

² People-centred care is an approach to care that consciously adopts the perspectives of individuals, carers, 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.

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 adolescents*”

WHO's International Classification of Functioning, Disability and Health (ICF) allows for the assessment of the 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).

Guideline Development Group meetings for this guideline will be held virtually and, if possible, in person from 2021 through 2025. This eight scheduled meeting is virtual and will be held on two days for a duration of approximately three hours each day on 5-6 February 2025.

Objectives

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

1. Provide an update on the guideline development process activities up to February 2025;
2. Present and discuss evidence advances of select systematic reviews commissioned through a call for authors to research the availability and effectiveness of (1) behavioural interventions and (2) multimodal lifestyle interventions for the management of adolescent obesity;
3. Discuss and draft potential guideline recommendations.

The expected outcome of the eighth Guideline Development Group meeting is consensus on the wording, strength, and direction of recommendations based on the content of the associated evidence-to-decision frameworks.