



WHO guideline:

Integrated management of children in all their diversity with obesity.

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

Guideline Development Group Meeting (by invitation only)

6 - 7 December 2022

Virtual Zoom Meeting (Zoom link will be provided)

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 children 0-9 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 prioritized 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 recognized that primary health care brings people into first contact with the health system and is the most inclusive, effective and efficient approach to enhance people’s physical and mental health, as well as social well-being. The World Health Assembly also recognized 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 aims 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 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 possibly in person during 2021 through 2023. This scheduled meeting is virtual and will be held on two days for a duration of approximately three hours each day on 6 - 7 December 2022.

Objectives

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

1. Provide an update on the guideline development process activities up to December 2022;
2. Finalise the selection of components and the questions in PICO (population, intervention, comparator, outcome) format for interventions or PIT (population, index tests, target condition) format for diagnostic test accuracy that will be used to guide the evidence synthesis to inform the guideline development and the consensus decision-making process;
3. Determine the critical outcomes that will direct the guideline's research process and its final recommendations, prioritizing the values and preferences of the target population.

The expected outcome of the third Guideline Development Group meeting is consensus on the components and the questions and the methods to be used to inform the recommendations and a project plan for 2023.

The list of members of the guideline development group for this normative work is published alongside this announcement for public notice and comment.