GENEVA ¦ 6 June 2013 – Many low- and middle-income countries are neglecting overweight and obesity as major health threats, with policies in place to tackle undernutrition, but lack policies to halt the growing burden of diseases due to the rise of overweight , and obesity, according to new information released by WHO today.

More than 75% of overweight children live in developing countries with the prevalence in Africa almost doubling in the last 20 years. Obese children are more likely to be obese as adults, with an increased risk of diabetes and other diseases.

To help countries close these policy gaps, WHO has issued a consolidated package of 24 Essential Nutrition Actions, which outline the most effective ways countries can improve their peoples' nutritional status by preventing both undernutrition and overweight. There are many factors during pregnancy and infancy that can affect an older child's and an adult's weight.

Interventions include:

- improve nutrition of pregnant and breastfeeding women
- encourage early initiation of breastfeeding, exclusive breastfeeding for the first 6 months, then continued breastfeeding up to 2 years
- promote appropriate solid foods for young children
- provide micronutrient supplements and fortified foods, when needed.

"Increasingly, we find overweight children living in countries where undernutrition is also still an issue," says Dr Francesco Branca, Director of WHO's Department of Nutrition for Health and Development. "While it is vital to maintain efforts to reduce undernutrition, the world needs to do much more to prevent and care for the growing numbers of people that are overweight or obese and living in low- and middle-income countries."

These conditions – undernutrition, obesity and overweight - are forms of malnutrition with their causes and consequences closely linked to inadequacies in the food system. A food system that does not deliver a sufficient amount of quality food can lead both to poor growth and to excess weight gain. A child who has grown poorly in his first years of life may turn into a short but overweight adolescent and then later in life, develop chronic disease as an adult.

"To avoid a massive explosion of nutrition problems in the next generation, policymakers urgently need to give more attention to improving the nutritional status of pregnant women and

adolescent girls who will become mothers of the next generation," adds Dr Branca.

Many policies to address the other half of the "double burden" of malnutrition—obesity and diet-related diseases such as diabetes, heart disease and stroke—are much further behind, especially in Africa and South-East Asia. And even when policies to address obesity exist at a national level, they are often not implemented at provincial or district level. Only one third of surveyed countries regulate the marketing of foods to children, and only a few have taken measures to reduce salt or transfats in foods.

Focusing on these essential nutrition actions, countries can reduce infant and child mortality, improve growth and development, and improve productivity. Countries such as Brazil, Ethiopia, and Peru and India's second most populous state, Maharashtra, have achieved such successes as a result of implementing these actions .

Worldwide, more than 100 million children under 5 years of age are underweight; 165 million are stunted i.e. have a low height for their age (which is a better indicator of chronic undernutrition). An estimated 35% of all deaths among children under 5 are associated with undernutrition. At the same time, some 43 million children under 5 are overweight or obese.

"With the 2015 deadline for the Millennium Development Goals less than 1000 days away, these reports provide countries and development partners with urgently needed analysis of what still needs to be done and consolidated guidance on how to get there," says Dr Branca.

Also today, a **Lancet Series on Maternal and Child Nutrition** is being published. It includes an analysis of the impact of various nutrition interventions on the health of women and children. The Series also gives an estimate of what it would cost to fill some of the gaps identified in the Global Nutrition Policy Review ($12.6 billion per year including all supplies and staff costs).