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Commission on Ending Childhood Obesity
World Health Organization
Geneva, Switzerland
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Re: Comments on the Draft Final Report of the Commission on Ending Childhood Obesity

The Commission on Ending Childhood Obesity (ECHO) has issued a Draft Final Report (DFR) that proposes key policy actions to address childhood obesity. The Commission is seeking comments on the DFR from relevant stakeholders.

The Drinking Water Research Foundation (DWRf) is an independent, not-for-profit, foundation that sponsors scientific research that addresses the production of safe and affordable drinking water, including bottled water, tap water, and filtered water. We appreciate the opportunity to provide the following comments on the importance of prominently promoting water consumption in the DFR in order to help reduce the prevalence of childhood obesity.

DWRf commends the Commission for including the increased promotion of water in its proposed policy actions and directions. We agree that it is important to reduce the consumption of unhealthy foods and drinks by children. However, recommendations that focus on affirmative actions that can be taken to help reduce the prevalence of childhood obesity (e.g., drinking more water) will be more effective than issuing statements about what people should not do. We therefore urge the Commission to include additional positive messages about water consumption in its final report.

Global obesity levels are on the rise

As noted in the DFR, in 2013, “[a]n estimated 42 million children were affected by overweight or obesity.”¹ Global obesity levels are on the rise and studies have shown that the occurrence of obesity and being overweight has risen significantly in the past three decades. More than 50% of the 671 million obese individuals in the world live in ten countries (listed in order of number of obese individuals): United States, China, India, Russia, Brazil, Mexico, Egypt, Germany, Pakistan, and Indonesia. The United States accounted for 13% of obese people worldwide in

¹ World Health Organization, Draft Final Report on Childhood Obesity, WHO/NMH/PND/ECHO/15.2, p.7, 2015.

2013, with China and India jointly accounting for 15%.^{2,3} One third of American adults are overweight, and one-third of American Adults are obese.⁴

Water consumption promotes a healthy weight and avoidance of many prevalent health conditions

Water, whether tap, bottled, or filtered, can help achieve and maintain a healthy weight and promote health in children and adults. Drinking plain water, instead of sugar-sweetened drinks is often noted as a means to avoid excess calorie consumption and a key component of avoiding weight gain and establishing a more healthful lifestyle. Research has found that increasing plain water consumption is inversely associated with weight gain, and the substitution of sugar-sweetened beverages or fruit juices by non-caloric beverages, like plain water, is related to less weight gain. Data such as this support current recommendations to limit consumption of sugar-sweetened beverages and reduce consumption of fruit juices and increase consumption of water for the prevention of obesity.⁵

Obesity is linked to many prevalent health conditions, including coronary heart disease, high blood pressure, type 2 diabetes and high total cholesterol levels. As stated in the Nutrition Reviews' paper (2010 August; 68(8): 439–458), Water, Hydration and Health, “Water’s importance for prevention of nutrition-related non-communicable diseases has emerged more recently because of the shift toward large proportions of fluids coming from caloric beverages.”⁶

The US Centers for Disease Control’s (CDC) National Health and Nutrition Examination Survey IV (NHANES) data show that older adults are not consuming enough water and neither are children.⁷ Research shows that water accounts for only 29% of children’s total fluid intake; the majority coming from soda, sports drinks and teas. Of children 4-8 years, 75% failed to satisfy the Dietary Reference Intakes (DRI) for water. Drewnowski et al., of the Center for Public Health Nutrition at the University of Washington, who conducted this study of NHANES data concluded, “Increasing total water consumption can be achieved through various means, though promotion and encouragement of non-caloric beverages is likely to be the most successful avenue for increasing water consumption.”⁸

² Ng M et al., “Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study.” *The Lancet* 2014, 384, 945:766 - 781 [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60460-8/fulltext#bib11](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60460-8/fulltext#bib11)

³ Popkin B et al, “Global nutrition transition and the pandemic of obesity in developing countries,” *Nutr Rev* 2012; 70: 3-21 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3257829/>

⁴ May AL et al, Obesity — United States, 1999–2010. <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a20.htm>

⁵ Pan et al., “Changes in water and beverage intake and long-term weight changes: results from three prospective cohort studies,” *Int J Obes (Lond.)* 2013, 37(10): 1378–1385.

⁶ Popkin B, “Water, Hydration and Health,” *Nutr Rev.* 2010 August; 68(8): 439–458. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2908954/>

⁷ Drewnowski A et al., *BMC Public Health* 2013, 13:1068 – Water and beverage consumption among adults in the United States: cross-sectional study using data from NHANES 2005–2010. <http://www.biomedcentral.com/content/pdf/1471-2458-13-1068.pdf>

⁸ Drewnowski et al., *Nutr J.*, 2013; 12 (1): 85. Water and beverage consumption among children age 4-13y in the United States: analyses of 2005-2010 NHANES data. <http://www.nutritionj.com/content/12/1/85>

A paper published in the *Clinical Obesity Journal* by an interdisciplinary group of experts in medicine, nutrition, physiology, and public health addresses issues surrounding healthy-hydration practices. The paper concludes that “[g]iven the rapid increase in the prevalence of overweight, obesity and type 2 diabetes across the world, it is now essential that public health authorities and health care providers impart evidence-based guidance and advice to the general public, to prevent overweight and obesity-related health care costs and societal burdens from escalating. The Expert Working Group calls for better hydration practices to be more widely adopted, specifically for all management guidelines regarding prevention and management of overweight and obesity.”⁹

A 2015 study of US children and adolescents found that the prevalence of inadequate hydration was 54.5%. The study states that “Public health efforts to alleviate inadequate hydration should focus on increasing access to drinking water and promoting consumption of water rather than other beverages such as sugar-sweetened beverages, given that water is a low-cost, no-calorie beverage with no negative effects on weight and health, whereas SSB consumption causes worse health, including increased risk of obesity, type 2 diabetes mellitus, and cardiovascular disease.”¹⁰

The appeal of sugar-sweetened beverages (other than soda) that has developed in children via the advertising of fruit drinks, sports drinks and flavored/sweetened waters, which are high in sugar and have little to no nutritive value, cannot be overlooked. A study from the University of Connecticut’s Rudd Center for Food Policy and Obesity found that 96 percent of the approximately 1,000 parents they surveyed for a study had given their children ages 2 through 17 sugary drinks within the past month.¹¹

These drinks often use the terms “fruit” and “natural” to describe the beverage and this can often mislead parents who are making the decisions on what to serve their children. In addition, the growth in sales of these beverages can be linked to the marketing of these drinks which has an instant appeal to children with the use of animation, linking to popular television and movie characters, and popular music. The study concluded, “...the majority of children’s drinks remained high in sugar and their packaging featured nutrition-related messages that could mislead parents into believing that these products are healthier choices for children. Further, children’s fruit drinks are less likely to contain juice and more likely to contain artificial sweeteners than other fruit drinks....” Thus, although soda consumption has declined among many age groups including children, parents and caregivers still need to have their first thought be to reach for water to serve their children and to encourage their children to drink water.

⁹ Armstrong LE et al., Recommendations for healthier hydration: addressing the public health issues of obesity and type 2 diabetes. *Clinical Obesity* 2 (5-6): 115-124, 2013

¹⁰ Kenney E, et al., *Am J Public Health*. 2015 Aug;105(8):e113-8. doi: 10.2105/AJPH.2015.302572. Epub 2015 Jun 11. <http://www.ncbi.nlm.nih.gov/pubmed/?term=Prevalence+of+Inadequate+Hydration+among+US+Children+and+Disparities+by+Gender+and+Race%2FEthnicity%3A+National+Health+and+Nutrition+Examination+Survey%2C+2009%E2%80%932012>

¹¹ Rudd Center for Food Policy and Obesity, November, 2014, “Sugary Drink FACTS 2014-Some progress but much room for improvement in marketing to youth.” http://sugarydrinkfacts.org/resources/SugaryDrinkFACTS_Report.pdf

Increased promotion of water consumption is a key element in reducing childhood obesity

Water, whether from a tap, bottle, or filter, is the most important beverage that parents and caregivers can provide to children. It is an essential part of a healthy diet and can help eliminate or reduce their sugar-sweetened beverage consumption. Thus, it is important that water consumption (of all types) be encouraged. Moreover, it should be readily available in the home, in schools, at sporting events, and at any other places where children are present.

As mentioned above, DWRF commends the Commission for including the increased promotion of water in its proposed policy directions. We agree that it is important to reduce the consumption of unhealthy foods and drinks by children. However, recommendations that focus on what affirmative actions can be taken to help reduce the prevalence of childhood obesity (e.g., drink more water) will be more effective than issuing statements about what people should not do. As a result, we urge the Commission to enhance the positive messages about water consumption in the final report.

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Thank you for considering these comments. If we can provide any additional information, please contact me.

Sincerely,



Jack C. West
Chairman