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INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY EDUCATIONAL RESEARCH
ISSN:2277-7881; IMPACT FACTOR :8.017(2023); IC VALUE:5.16; ISI VALUE:2.286
Peer Reviewed and Refereed Journal: VOLUME:12, ISSUE:5(1), May: 2023
Online Copy of Article Publication Available (2023 Issues)
Scopus Review ID: A2B96D3ACF3FEA2A
Article Received: 2nd May 2023
Publication Date:1st June 2023
Publisher: Sucharitha Publication, India
Digital Certificate of Publication: www.ijmer.in/pdf/e-CertificateofPublication-IJMER.pdf

DOI: http://ijmer.in.doi./2023/12.05.20.2.2
www.ijmer.in

INTERNATIONAL HEALTH PROBLEMS AND ISSUES

Dr. P. Yarram Reddy
Professor, Department of MBA, Royal School of Information & Management Sciences
Chandragiri, Andhra Pradesh - India

ABSTRACT

The scale-up and sustainability of social innovations for health have received increased interest in global health research in recent years. The nutrition transition towards refined foods, foods of animal origin, and increased fats plays a pivotal role in the current global epidemics of obesity, diabetes and cardiovascular diseases, among other non-communicable conditions. Sedentary lifestyles and the use of tobacco are also significant risk factors. The epidemics cannot be ended simply by encouraging people to reduce their risk factors and adopt healthier lifestyles, although such encouragement is undoubtedly beneficial if the targeted people can respond. Unfortunately, increasingly obesogenic environments, reinforced by many of the cultural changes associated with globalization, make even the adoption of healthy lifestyles, especially by children and adolescents, more and more difficult. The present paper examines some possible mechanisms for diseases and WHO's role in, the development of a coordinated global strategy on diet, physical activity and health. The situation presents many countries with unmanageable costs. At the same time, there are often continuing problems of under nutrition. A concerted multispectral approach, involving the use of policy, education and trade mechanisms, is dire necessary to address these matters.

KEYWORDS: Obesity, epidemiology, prevention and control, Physical Fitness, COVID – 19.

INTRODUCTION

The top ten health hazards at international level include Mental health, Cancer, Aids, Family planning, Mobile tech, Global health security and surveillance, War and unrest, Ebola, New sustainable development goals and people centered health systems and are spreading rampantly like wild fire men. World Health Organization (WHO) estimates that, within the next few years, non-communicable diseases will become the principal global causes of morbidity and mortality. The role of diet in the etiology of most non-communicable diseases is well recognised. The shifts towards highly refined foods and towards meat and dairy products containing high levels of saturated fats, *i.e*. the nutrition transition, now increasingly evident in middle-income and lower-income countries have, together with reduced energy expenditure, contributed to rises in the incidence of obesity and non-communicable diseases. Because of the global extent of the epidemic, the potential role of international legal mechanisms in promoting healthy diets and preventing over nutrition should be explored. These instruments need not be binding in nature to be effective.

Top 10 Global Health Issues

At the time, the global health community was focused on longstanding challenges such as HIV, family planning, maternal health all of which have been derailed in some way by Ebola this year. All seven billion of us will be affected in some way by at least one of these issues. They'll shape what Intra Health and other global development organizations do in 2015, and how we do it. Here are our top ten predictions.

1. MENTAL HEALTH

Maternal mortality, has dominated the global health spotlight for years. Along with depression, post-traumatic stress disorder, dementia, substance abuse and other mental health challenges that affect high and low-income countries alike. "Mental health and wellbeing are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life,"


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2. CANCER

Cancer and other communicable diseases will get all the attention and resources because Ebola will likely stunt global progress in addressing. Continue to be a growing challenge for us all, including frontline health workers around the world.

3. AIDS

In 2014, UNAIDS announced its new fast-track strategy to end the AIDS epidemic by 2030. That's partly because half of the 35 million people who live with HIV today don't even know they're HIV positive, so they don't know they're in danger of passing the virus on to others. This year will mark the first full year of a global strategy designed to avert 21 million deaths over the next 15 years.

4. FAMILY PLANNING

Family Planning 2020, a global partnership to make family planning more widely available and it's already reported some amazing global results, 77 million unintended pregnancies averted, for example, and 125,000 women's and girls' lives saved. It also highlights Senegal's impressive progress, including a new method of contraceptive distribution called the Informed Push Model, which completely eliminated contraceptive stock outs in all public health facilities in Pikine, Senegal, in just six months. Now the government is expanding the model nationwide. Family Planning has yet to take hold in West Africa, but change is coming Family Planning 2020 Progress Report Highlights Intra Health's Informed Push Model of Contraceptive Distribution. This type of progress is possible everywhere.

5. MOBILE TECH

In the hands of trained, connected health workers, mobile technology has the power to transform health care. It can help a lone health worker in even the most remote, isolated village getup-to-date training and provide high-quality care. It can help patients avoid quacks. And it can help connect health workers to one another and to information that can save lives.

6. GLOBAL HEALTH SECURITY AND SURVEILLANCE

Polio persisted as some 350 cases were reported in eight countries. These are vaccine-preventable illnesses. Their resurgences not to mention the far more dangerous outbreaks of Ebola in West Africa are all threats to our global health security. But it needs international cooperation to create better disease surveillance systems, establish laws and policies that bolster health systems, and prevent violent conflicts that is, to ultimately make a healthier and safer world.

7. WAR AND UNREST

War, civil unrest, and acts of terrorism can hinder or even reverse progress in all aspects of global development, including health, education, and gender equality. The international community continues trying to resolve these conflicts and prevent hospitals and health workers from becoming targets of violence. Last year in a landmark resolution, the United Nations stepped up to lead the global effort to protect health workers and hold accountable those who perpetrate violence against them.

8. EBOLA

Ebola killed over 8,000 people in 2014, including hundreds of health workers. In 2015, West Africa and the world will continue struggling to contain the epidemic. People encounter Ebola's devastating ripple effects: setbacks in HIV and maternal health progress, traumatized communities, and thousands of children orphaned by the disease and abandoned by their remaining family members. Ebola has made clear the global need to invest in health systems for the long term and in health workers.

9. NEW SUSTAINABLE DEVELOPMENT GOALS

This year marks target date for reaching the Millennium Development Goals, which have led to massive worldwide improvements in health and well-being over just 25 years. Now global leaders are finalizing a new set of objectives for global development: the sustainable development goals. These new goals could unite countries on the path toward one of

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the international community's most ambitious goals: universal health coverage. To achieve it, we'll need a greater focus on the global health workforce than the world has ever seen.

10. PEOPLE-CENTERED HEALTH SYSTEMS

Perhaps more than any crisis in living memory, Ebola has shown a spotlight on the importance of people in health systems. Take away the people as Ebola has done by killing 500 health workers in West Africa and beyond and the system crumbles. Each part of the health system requires people to make health care work and not just clinicians, but statisticians, finance experts, technologists and of course, all of us who seek health care services.

COVID-19 pandemic

Millions of deaths and ongoing illnesses caused by the COVID-19 pandemic have prompted scientists to seek new ways of understanding how viruses so skillfully enter and reprogram human cells.

GLOBALIZATION, FOOD AND DIET

Food has been traded since the advent of settled agriculture. Today, however, a qualitative change has occurred in this field because of unprecedented quantitative change. The global value of the food trade grew from US$ 224 billion in 1972 to US$ 438 billion in 1998. Food now accounts for 11% of global trade, a proportion higher than that of fuel. This increase has accompanied the consolidation of agricultural and food companies into large transnational corporations, which have developed global brand names and marketing strategies with adaptation to local tastes. These corporations are characterized by the global sourcing of supplies, the centralization of strategic assets, resources and decision-making and the maintenance of operations in several countries to serve a more unified global market. An important strategy for these corporations when penetrating into new markets involves the purchase of large, often majority, shareholdings in local food producers, wholesalers or retailers. In China, transnational corporations have invested significantly in local companies in order to produce, distribute, and retail both global and locally adapted products.

Along with the changes in the food supply, the marketing of food has clearly influenced dietary change. As urbanization proceeds, people's preferences are clearly being shaped by the introduction of consumers to aggressive marketing techniques and by increased supplies of domestic and imported goods. Global marketing and the systematic moulding of taste by giant corporations is a central feature of the globalization of the food industry. The food industry in the USA spends over US$ 30 billion each year on direct advertising and promotions more than any other industry. Smaller amounts are devoted to food advertising in developing countries, but advertising is increasing as incomes rise in these countries. In South-east Asia, food advertising expenditures increased from US$ 2 billion to US$ 6 billion between 1984 and 1990. Mexicans now drink more Coca Cola than milk.

WORLD HEALTH ORGANIZATION (WHO) STRATEGY

At the Fifty third World Health Assembly in May 2000, the Director General of WHO presented a global strategy for the prevention and control of non-communicable diseases. It focuses on the following major areas of risk in an integrated way: tobacco use, unhealthy diets and inadequate physical activity. Over nutrition is one piece of this strategy. Two years later, the Fifty fifth World Health Assembly considered a report by the WHO Secretariat which explored a framework for action on diet and physical activity as part of the integrated prevention and control of non-communicable diseases. The report noted that international issues with a major influence on nutrition and physical activity would be identified and addressed, including advertising, mass communication, world trade agreements, food labeling, novel foods, urban planning, and transport. WHO is planning a public consultation process with a view to the creation of a global strategy on diet, physical activity and health. It is intended that an expert committee will produce a report on diet, nutrition, and the prevention of chronic diseases. There will then be extensive consultation with Member States, UN agencies and private and public organizations, after which a reference group will advise WHO on the development of a global strategy.

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WHO's Global Strategy on Diet, Physical Activity and Health recognizes the need for private as well as public sector involvement to address relevant public health issues. Although WHO is a public international organization with the aims of protecting and promoting public health, it shares certain goals with the private sector and believes that both public and private sectors can agree on certain issues such as adding fruits and vegetables to diets, increasing physical activity, more availability and affordability of health foods, and encouraging the maintenance of healthy body weights. The Global Strategy endorses personal choice, and aims to ensure "that these choices are made by fully informed consumers" and that choices are "made in an environment in which it is easy for people to make healthy decisions about what to eat and how much physical activity they get". The WHO Process for a Global Strategy on Diet, Physical Activity and Health draws distinctions between tobacco and food, noting that unlike tobacco, which kills half its regular users if consumed as intended, "foods are not deadly products.

GLOBALIZATION OF PUBLIC HEALTH

Globalization the process of increasing economic, political and social interdependence, which takes place as capital, traded goods, persons, concepts, images, ideas and values diffuse across national boundaries occurring at ever increasing rates. The roots of globalization can be traced back to the industrial revolution and the laissez-faire economic policies of the late 19th century. However, the globalization of the late 20th century is assuming a magnitude and taking on patterns unprecedented in world history. Globalization includes many interconnected risks and phenomena that affect the sustainability of health systems and the well-being of populations in rich and poor countries alike. Recently, Yach & Bettcher identified many of the health-related features of global change and observed that the negative health repercussions associated with increasing global interdependence for example, in international trade and communication and financial liberalization cannot be overlooked.

The globalization of modern information technologies carries the risk of advancing the worldwide trade and consumption of harmful commodities, such as tobacco. At the same time, however, if modern information technologies become accessible and affordable to developing countries, the potential benefits are extensive including telemedicine, interactive health networks, communication services between health workers, and distance learning. As a further example, the globalization of advances in biomedical science raises the possibility of genetics-based discrimination by the public and private sectors in all countries with access to the new technology in genetics. However, advance in genetics can also lead to dramatic progress against diseases in both rich and poor countries, provided that these technologies become available and affordable worldwide.

EMERGING AND RE-EMRGING INFECTIOUS DISEASES

In the early 1970s, it was widely assumed that infectious diseases would continue to decline: sanitation, vaccines and antibiotics were at hand. The subsequent generalized upturn in infectious diseases was unexpected. Worldwide, at least 30 new and re-emerging infectious diseases have been recognized since 1975 (Weiss and McMichael, 2004). HIV/AIDS has become a serious pandemic. Several ‘old’ infectious diseases, including tuberculosis, malaria, cholera and dengue fever, have proven unexpectedly problematic, because of increased antimicrobial resistance, new ecological niches, weak public health services and activation of infectious agents (e.g. tuberculosis) in people whose immune system is weakened by AIDS. Diarrhoeal disease, acute respiratory infections and other infections continue to kill more than seven million infants and children annually (Bryce *et al.*, 2005). Mortality rates among children are increasing in parts of sub-Saharan Africa (Horton, 2004).

The recent upturn in the range, burden and risk of infectious diseases reflects a general increase in opportunities for entry into the human species, transmission and long-distance spread, including by air travel. Although specific new infectious diseases cannot be predicted, understanding of the conditions favouring disease emergence and spread is improving. Influences include increased population density, increasingly vulnerable population age distributions and persistent poverty (Farmer, 1999). Many environmental, political and social factors contribute. These include increasing encroachment upon exotic ecosystems and disturbance of various internal biotic controls among natural ecosystems (Patz *et*

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al., 2004). There are amplified opportunities for viral mixing, such as in 'wet animal markets'. Industrialized livestock farming also facilitates infections (such as avian influenza) emerging and spreading, and perhaps to increase in virulence. Both under- and over-nutrition and impaired immunity (including in people with poorly controlled diabetes and obesity-associated disease now increasing globally) contribute to the persistence and spread of infectious diseases. Large-scale human-induced environmental change, including climate change, is of increasing importance.

GLOBAL ENVIRONMENTAL CHANGE

Sustainable population health depends on the viability of the planet's life-support systems (McMichael *et al.*, 2003a). For humans, achieving and maintaining good population health is the true goal of sustainability, dependent, in turn, on achieving sustainable supportive social, economic and environmental conditions. Today, however, human-induced global environmental changes pose risks to health on unprecedented spatial and temporal scales. These environmental changes, evident at worldwide scale, include climate change, biodiversity loss, downturns in productivity of land and oceans, freshwater depletion and disruption of major elemental cycles.

We currently extract 'goods and services' from the world's natural environment about 25% faster than they can be replenished (Wackernagel *et al.*, 2002). Our waste products are also spilling over (e.g. carbon dioxide in the atmosphere). Hence, there is now little unused global 'bio capacity'. We are thus bequeathing an increasingly depleted and disrupted natural world to future generations. Although the resultant adverse health effects are likely to impinge unequally and, often, after time lag, this decline could eventually harm, albeit at varying levels, the entire human population. Global climate change now attracts particular attention. Fossil fuel combustion, in particular, has caused unprecedented concentrations of atmospheric greenhouse gases. The majority expert view is that human-induced climate change is now underway (Oreskes, 2004). The power of storms, long predicted by climate change modelers to increase (Emanuel, 2005), appears (in combination with reduced wetlands and failure to maintain infrastructure) to have contributed to the 2005 New Orleans flood. WHO has estimated that, globally, over 150 000 deaths annually result from recent change in the world's climate relative to the baseline average climate of 1961–1990 (McMichael *et al.*, 2004a). This number will increase for *at least* the next several decades.

THE FALTERING DEMOGRAPHIC AND EPIDEMIOLOGICAL TRANSITIONS

Both the demographic and epidemiological transitions are less orderly than predicted. In some regions, declining fertility rates have overshot the rate needed for an economically and socially optimal age structure. In other countries, population growth has declined substantially because of the reduced life expectancy discussed earlier (McMichael *et al.*, 2004b). Relatedly, the future health dividend from recent reductions in poverty may be lower than that once hoped because of the emergence of the non-communicable 'diseases of affluence', including those due to obesity, dietary imbalances, tobacco use and air pollution. In the 1960s, there was widespread concern over imminent famine, affecting much of the developing world. This problem was largely averted by the 'Green Revolution' during the 1970s and 1980s. Meanwhile, the earlier view that unconstrained population growth had little adverse impact upon environmental amenity and other conditions needed for human wellbeing gained strength. However, in the last few years, this position has been re-evaluated (United Nations Department of Economic and Social Affairs Population Division, 2005). Some argue that unsustainable regional population growth is characterized by age pyramids excessively skewed to young age, high levels of under- and unemployment and intense competition for limited resources. These circumstances jeopardize public health. Where there is also significant inequality and/or ethnic tension, catastrophic violence can result (André and Platteau, 1998; Butler, 2004).

EMERGING HEALTH ISSUE

In sum, global and regional inequality, narrow and outdated economic theories and an ever-nearing set of global environmental limits endanger population health. On the positive side of the ledger, there have been some gains (e.g. literacy, information sharing and food production, and new medical and public health technologies continue to confer large health benefits). Overall, though, reliance on economic, especially market-based, processes to achieve social goals and to set priorities and on technological fixes for environmental problems is poorly attuned to the long-term improvement of

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global human well-being and health. For that, a transformation of social institutions and norms and, hence, of public policy priorities is needed (Raskin *et al.*, 2002). Population health can be a powerful lever in that process of social change, if health promotion can rise to this challenge.

Many of these contemporary risks to population health affect entire systems and social–cultural processes, in contrast to the continuing health risks from personal/family behaviours and localized environmental exposures. These newly recognized risks to health derive from demographic shifts, large-scale environmental changes, an economic system that emphasizes the material over other elements of well being and the cultural and behavioural changes accompanying development. Together, these emerging health risks present a huge challenge to which the wider community is not yet attuned. The risks fall outside the popular conceptual frame wherein health is viewed in relation to personal behaviours, local environmental pollutants, doctors and hospitals. In countries that promote individual choice and responsibility, there are few economic incentives for the population's health. Health promotion must, of course, continue to deal with the many local and immediate health problems faced by individuals, families and communities. But to do so without also seeking to guide socio-economic development and the forms and policies of regional and international governance is to risk being 'penny wise but pound foolish'. Tackling these more systemic health issues requires multi-sectoral policy coordination (Yach *et al.*, 2005) at community, national and international levels, via an expanded repertoire of bottom-up, top-down and 'middle-out' approaches to health promotion.

CONCLUSIONS

The prohibitive costs of treating the consequences of over nutrition require that increased attention be given to preventive measures. Parallels exist between these requirements and the initiatives taken to control tobacco consumption, from which important lessons can be learnt, especially with respect to the use of international legal instruments. However, because some of the largest multinational companies are heavily involved in the creation and marketing of unhealthy foods, the control of these activities presents a formidable challenge. There is a growing recognition that prevention demands public health actions at both the national and global levels, ranging from more health education to improved food labelling and controls on the marketing of certain foods and soft drinks. This will require innovative and committed collaboration by all concerned.

Although numerous existing international legal measures have direct or indirect implications for public health, international law-making is a largely uncharted area for the public health community. However, the development and negotiation of the WHO Convention will require us to move into this area. In fact, it can well be argued that the scientific evidence base is much firmer for an international legal agreement on tobacco than, for example, in many areas of environmental law-making where ''scientific uncertainty'' has been a dominant issue. Tobacco control is one of the most rational, evidence-based policies in health care. Moreover, the recent economic data released by the World Bank strengthens immeasurably this bedrock of scientific evidence. On these grounds, the World Bank recommends that ''international organizations such as the United Nations agencies should review their existing programs and policies to ensure that tobacco control is given due prominence and that they should address tobacco control issues that cross borders, including working with the WHO's proposed Frame-work Convention on Tobacco Control ''.

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