



# International Obesity TaskForce

## STRATEGIC PLAN FOR IOTF

**Draft 2, August 2010**

### **1. Background**

The International Obesity TaskForce (IOTF) is comprised of leaders in the academic obesity community worldwide, and serves as the policy and advocacy ‘think tank’ arm on obesity prevention for the International Association for the Study of Obesity. IOTF works with the World Health Organisation (WHO), other NGOs and stakeholders to find prevention solutions to the growing health crisis threatened by soaring levels of obesity. Over the past decade, IOTF has established a formidable reputation as one of the most authoritative sources of information and novel strategic thinking on the obesity challenge, and has become a powerful influence in defining how the world should address the issue.

IOTF was originally convened in 1995 by Professor Philip James to prepare the first scientific research report on the global epidemic of obesity. This report served as a working draft for the first WHO expert consultation on obesity held in Geneva in 1997, and was distributed to all health ministers at the World Health Assembly in 1998. Its eventual publication as an official WHO Expert Technical Report in 2000 entitled ‘WHO TRS 894 Obesity: Preventing and Managing the Global Epidemic’ marked a turning point in governments' acceptance of what was described by WHO as "the biggest unrecognized public health problem in the world".

To cope with the numerous challenges this initial report revealed, IOTF established the following working parties in 1998: Communications, Childhood obesity, Medical education, Management, Economics, and Prevention. The activities and achievements of these groups are outlined below.

- **1998** - supported the new US National Institutes of Health Guidelines on Obesity; the Rio Consensus; the WHO European, Pan American, Middle East and Western Pacific offices to strengthen their focus on prevention; and a major discussion with 53 health ministers in Barbados at the Commonwealth Health Ministers Meeting, for which it was granted formal NGO status within the Commonwealth system.



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- **1999** – published a study demonstrating the need to better engage health professionals about the need for policy and environmental change approaches to obesity prevention<sup>1</sup>
- **1999** – set up the Asia-Pacific regional coordination office under the leadership of Dr Tim Gill in Sydney, followed by support for the launch of a regional task force initiative at the IV Latin American Congress Buenos Aires, Argentina.
- **2000** – backed the Federation of Latin American Societies of Obesity (FLASO) Rio Declaration at the Latin American Healthy Weight Summit in July, a Pacific Region policy workshop with WHO WPRO in Samoa in September, and an IOTF/PAHO Caribbean Region policy workshop in Barbados in October.
- **2000** – published a widely used international standard for estimating child obesity<sup>2</sup>.
- **2000** – brought to light the need for alternative obesity criteria for Asians and devised criteria assigning a lower BMI cut-off point for normal weights. IASO-IOTF-WHO WPRO Report, [Redefining Obesity in Asia-Pacific](#) was published.<sup>3</sup> This report provided background for a subsequent consultation convened by WHO Geneva on this issue; IOTF made major contributions to that effort.
- **2002** - published a comprehensive analysis of ‘Obesity and Metabolic Risk in Asians’.
- **2002** - contributed to the expert consultation for the WHO 916 report on Diet, Nutrition and the Prevention of Chronic Diseases.
- **2002** – established a core group to deal with WHO’s Millennium analyses of the global burden of disease; reported that by 2006 excess weight had become the 3<sup>rd</sup> largest cause of ill health in the affluent world.
- **2002** - published a case statement on the urgency of undertaking population approaches to obesity prevention; this article presented the widely cited IOTF Causal Web of Societal Influences on Obesity.<sup>4</sup>
- **2003** – gave a major presentation to EU health ministers in Milan in 2003, delivering the policy report ‘[Obesity in Europe 2 – Waiting for a green light for health](#)’.
- **2003** – unveiled the first phase of the IOTF SCOPE programme, to educate medical professionals on the latest obesity related research, treatments and policies.

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<sup>1</sup> Antipatis VJ, Kumanyika S, Jeffery RW, Morabia A, Ritenbaugh C. Confidence of health professionals in public health approaches to obesity prevention. *Int J Obes.* 1999 Sep;23(9):1004-6.

<sup>2</sup> Cole TJ, Bellizzi MC, Flegal KM, Dietz WH. Establishing a standard definition for child overweight and obesity worldwide: international survey. *BMJ.* 2000 May 6;320(7244):1240-3.

<sup>3</sup> WHO Expert Consultation. Appropriate body-mass index for Asian populations and its implications for policy and intervention strategies. *Lancet.* 2004 Jan 10;363(9403):157-63. Review. Erratum in: *Lancet.* 2004 Mar 13;363(9412):902.

<sup>4</sup> Kumanyika S, Jeffery RW, Morabia A, Ritenbaugh C, Antipatis VJ. Public Health Approaches to the Prevention of Obesity (PHAPO) Working Group of the International Obesity Task Force (IOTF). Obesity prevention: the case for action. *Int J Obes.* 2002 Mar;26(3):425-36.



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- **2004** – published a comprehensive review on the public health crisis of child and adolescent obesity across the globe.<sup>5</sup>
- **2005** – established the EU Platform on Obesity, a collaboration with the Health Commission of Europe, the European Food Industry, and the IOTF.
- **2005** – published a report ‘Preventing Childhood Obesity’ with the British Medical Association, noting the need to address inequalities and the pervasive influence of marketing on children’s food choices.<sup>6</sup>
- **2005** – Contributed to the EU Platform on Diet, Activity and Health through the briefing paper ‘[Obesity in Europe 3](#)’.
- **2005** – published a framework to guide the use of evidence in identifying obesity prevention needs and interventions.<sup>7</sup>
- **2006** - collaborated with WHO Europe to prepare a 52 member state Ministerial Conference on Obesity in November, contributing chapters and the summary for a WHO Technical book on obesity in Europe, and arranged an NGO consultation for WHO Europe's ministerial development of a European Obesity Charter.
- **2006** - presented at the WHO forum and consultation on marketing to children in Oslo, following which an IOTF Working Group drafted a set of rights-based principles to protect children against exposure to commercial promotions of obesogenic foods and beverages.
- **2007** – provided advice and analyses for the main advisor to the Caribbean Prime Ministers, and presented the challenge of prevention and management at a CARICOM summit meeting in Trinidad in September 2007, resulting in the Port of Spain Declaration.
- **2008** – published of the Sydney Principles for reducing advertising of unhealthy foods and beverages to children.<sup>8</sup>
- **2008** – published a draft code, ‘Recommendations for an International Code on Marketing of Foods and Non-Alcoholic Beverages to Children’ was developed by IOTF and Consumers International.<sup>9</sup>

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<sup>5</sup> Lobstein T, Baur L, Uauy R; IASO International Obesity TaskForce. Obesity in children and young people: a crisis in public health. *Obes Rev.* 2004 May;5 Suppl 1:4-104.

<sup>6</sup> [http://www.bma.org.uk/health\\_promotion\\_ethics/child\\_health/ChildhoodObesity.jsp](http://www.bma.org.uk/health_promotion_ethics/child_health/ChildhoodObesity.jsp)

<sup>7</sup> Swinburn B, Gill T, Kumanyika S. Obesity prevention: a proposed framework for translating evidence into action. *Obes Rev.* 2005 Feb;6(1):23-33.

<sup>8</sup> Swinburn B, Sacks G, Lobstein T, Rigby N, Baur LA, Brownell KD, Gill T, Seidell J, Kumanyika S; International Obesity Taskforce Working Group on Marketing to Children. The 'Sydney Principles' for reducing the commercial promotion of foods and beverages to children. *Public Health Nutr.* 2008 Sep;11(9):881-6.

<sup>9</sup> <http://www.google.co.uk/#hl=en&q=Recommendations+for+an+International+Code+on+Marketing+of+Food+s+and+Non-Alcoholic+Beverages+to+Children&meta=&aq=f&oq=&fp=29e8dc7ea7568563>



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## Draft Strategic Plan 2010 – 2015

### 1. Introduction

This Strategic Plan will serve as a roadmap to: 1) foster accountability of what the IOTF aims to achieve and why; and 2) guide IOTF's sustainability and growth for the next five years. Through the development and implementation of the strategies outlined in this Plan, the IOTF has an opportunity to advance obesity prevention globally.

Four interrelated objectives with related key strategies have been identified to provide the framework for the IOTF agenda and organizational plan. Objectives relate to leadership, knowledge exchange, projects and training, and advocacy. The Plan focused on our current priorities; however, it retains the flexibility and adaptability to changing circumstances and new opportunities. As a 'living' document, it will continue to evolve as IOTF works collaboratively with its stakeholders, and it will be revised accordingly. Our annual plan of work will be aligned with the goals outlined in the Strategic Plan, and our Scientific Advisory Council (see Appendix 3) will monitor annual progress toward our desired outcomes.

### 2. Vision

The IOTF vision is one of declining global obesity burden and narrowing of its related inequalities in children and adults through effective and sustainable policy and environmental changes

### 3. Mission

The mission of IOTF is to catalyse evidence-informed policy actions for the effective prevention of obesity at national, regional and global levels

### 4. Objectives and key strategies

#### **4.1. Leadership: To articulate the policy directions needed for obesity prevention and inspire their translation into policy, research and practice**

- Identify policy and research priorities and best practice approaches
- Convene periodic Obesity Policy think tanks to define policy directions for the present and future
- Create and disseminate IOTF positions on key issues



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- Facilitate the engagement of leaders from societal sectors that influence obesity development or prevention, especially outside the health domain

### **4.2. Knowledge exchange: To create and maintain effective knowledge exchange systems between individuals and organisations working in obesity prevention**

- Develop a network system for connecting researchers, advocates, and others working in the field
- Provide training sessions and presentations for those interested in obesity prevention policy research and advocacy
- Upgrade the IOTF website with networking capacity
- Facilitate collaborative links across major research centres
- Provide quality peer review systems through the Scientific Advisory Council and policy experts

### **4.3. Projects and training: To undertake research, training and other projects to further obesity prevention**

- Develop and conduct training programs and courses for building skills and knowledge in obesity prevention
- Undertake policy-relevant research, evaluation and other projects
- Identify and disseminate high-quality, practical policy ‘tools’ (or ‘products’) for obesity prevention

### **4.4. Advocacy: To advocate for effective, evidence-informed policy actions for obesity prevention at national, regional and global levels**

- Provide strategic input into formal policy-making processes of global, regional and national governance bodies
- Work proactively with key policy-makers and organisations across all relevant sectors on specific policy issues
- Respond to important issues raised by governments, international or regional organisations, the private sector, NGOs or the media



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### 5. Key assumptions

These assumptions were first articulated for IOTF in 1996 and remain largely unchanged and relevant 10 years later.

- 5.1. Education alone is not sufficient to change weight-related behaviours. Environmental, policy and societal intervention is also required to promote and support individual behavioral changes.
- 5.2. Action must be taken to integrate physical activity into daily life, not just to increase leisure time exercise.
- 5.3. Sustainability of programs is crucial to enable positive changes in diet, activity and obesity levels over time.
- 5.4. Political support, intersectoral collaboration and community participation are essential for success.
- 5.5. Acting locally, even in national initiatives, allows programs to be tailored to meet real needs, expectations and opportunities.
- 5.6. All parts of the community must be reached—not just the motivated healthy.
- 5.7. Programs must be adequately and sustainably resourced.
- 5.8. Where appropriate, programs should be integrated into existing initiatives.
- 5.9. Programs should build on existing theory and evidence, but take a broad perspective on evidence and act on the best available rather than the best possible evidence.
- 5.10. Programs should be properly monitored, evaluated and documented. This is important for dissemination and transfer of experiences.

### 6. Strategies for ‘Leadership’

The policy agenda for obesity prevention is currently being heavily influenced by commercial interests and many of the policies being implemented are not evidence-informed or being



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evaluated. It is essential that IOTF take a leadership role in helping to define the agenda for obesity prevention and provide an independent, science-based assessment of the priorities for policy action and policy research, monitoring, and evaluation.

- 6.1. Identify policy and research priorities and best practice approaches:** Through the think tanks and other mechanisms, IOTF will identify priority policy and research priorities and best practice approaches to implementing them. These will be disseminated widely to researchers and policy makers.
- 6.2. Convene periodic Obesity Policy think tanks:** A regular policy ‘think tank’ is planned on major policy topics related to obesity prevention. The purpose of these meetings is to bring together experts on the chosen topic so that they can clearly articulate the future directions for policy action in that area. The inclusion of emerging investigators and experts from low and middle income countries will be important at these think tanks. The outcome document will be reviewed by scientific and policy experts, published in a peer-reviewed journal and widely promoted to policy-makers. This think tank could be a collaboration between IOTF and a host research centre with an interest in the topic. Potential policy issues will be based on the identified IOTF priorities but could include: Human Rights and Food Marketing to Children; Obesity Impact Assessment of Agricultural Policy; Taxation of Foods and Beverages for Obesity Prevention; Healthy Food Service Policies within Government; Priority Urban Design Policies for Obesity Prevention.
- 6.3. Create and disseminate IOTF positions on key issues:** For major policy issues, IOTF (with IASO) will create a policy position statement and disseminate this position to network members and policy-makers.
- 6.4. Facilitate the engagement of leaders from societal sectors that influence obesity development or prevention, especially outside the health domain:** it is critical to pursue obesity prevention from a “health in all policies” approach to obesity prevention. Many of the drivers of the obesity epidemic are unintended effects of policies in other areas, e.g., agriculture and food, community development, education, social welfare, transportation, technology, or commerce. Engagement can be through think tanks, IOTF presence at meetings convened within these other sectors, or partnership arrangements.



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## Performance indicators for Leadership

- Published priorities for obesity prevention.
- Number of products from think tanks and their impacts.
- Number of publications, reports and dissemination activities for policy statements, priority lists and position papers.
- Uptake of IOTF policy statements by others.
- Number and outcomes of substantive interactions with leaders from non-health sectors.
- Regional representativeness of engagement.

## 7. Strategies for ‘Knowledge Exchange’

The amount of information and knowledge about obesity prevention is rapidly escalating and there is a need to link researchers, practitioners, policy-makers and advocates in the area together so that they are able to learn from each other. There are many electronic and face-to-face mechanisms for this and these will be developed and trialled to identify the most useful approaches.

- 7.1. Develop a network system for connecting researchers, advocates, and others working in the field:** The obesity field needs a strong e-network (starting as a list-serve but building to a system similar to the Globalink service that has networked tobacco control experts). This would eventually be a moderated service and serve to place documents in password protected areas.
- 7.2. Provide mentoring opportunities for those interested in obesity prevention policy research and advocacy.** This strategy is to identify, mentor and support interested people to become up-skilled and equipped to work in an ongoing manner with their governments. Presentations/ symposia/ satellites etc will be planned at key obesity conferences.
- 7.3. Upgrade IOTF website with networking capacity.** The general IASO website is being upgraded and the IOTF website will provide central resources for researchers, policy-makers and advocates, including a networking capacity.



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**7.4. Facilitate collaborative links across major research centres.** The major academic centres working on policy-relevant research need to be linked to IOTF in a way that recognises the contribution and relationship between them and IOTF. Existing academic centres with a substantial critical mass of policy orientated obesity researchers will be invited to form the foundation of a network of IOTF Policy Research Hubs (similar to the WHO Collaborating Centres system). These Hubs would become organisational agents of change by inspiring innovation, producing policy-relevant products for IOTF endorsement, creating partnerships and collaborations, and helping to stimulate coherent research and policy advocacy. The foundation hubs will develop the systems needed to expand, support and monitor the IOTF network of policy research hubs. Regional hubs may also be needed where there is the potential for strong regional cohesion and collaboration.

**7.5. Provide quality peer review systems through the Scientific Advisory Council and policy experts.** The SAC will provide an international peer review system for IOTF to ensure that its products, position statements and strategic directions are grounded in the current scientific evidence. The Policy Reference Experts will be individuals with a close working knowledge of government policy-making who can critique the policy statements and products for their utility and value for creating evidence-informed policy making.

### **Performance indicators for Knowledge Exchange**

- List serve and e-network launched and subsequent upgrades
- Number of events and number of emerging policy researchers and advocates mentored
- Number of collaborative activities between major policy research centres in relation to IOTF
- Number of SAC and PRE reviews

## **8. Strategies for ‘Projects and Training’**

Currently IOTF does not offer prevention and public health oriented training programs but this is recognised as an urgent need. IOTF has secured funding for a number of research and evaluation projects and these will continue to be an important part of IOTF’s activities. The development of policy-relevant ‘products’ such as definitions, databases and frameworks was



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a very important part of the early IOTF work. There is a need to continue (and re-vitalise) that work and in addition undertake other projects and training programs in obesity prevention. Establishing a system of developing and endorsing policy-relevant ‘products’ is one way to harness the wider resources and expertise internationally to further IOTF’s aims. This also complements IASO’s other work on clinical management, the obesity knowledge website, and convening the International Congress on Obesity.

- 8.1. Increase the training opportunities and courses for building skills and knowledge in obesity prevention.** An early priority would be to develop a module on obesity prevention to be offered to existing courses within programs/courses run by universities and other organisations (eg CDC, IUHPE) on international health, health promotion, policy etc. Specific training courses in obesity prevention could be developed for government bureaucrats, researchers and public health practitioners. The IOTF ‘products’ (existing and planned) would provide some of the tools needed. These could link in with other organisations (eg WHO).
- 8.2. Undertake policy-relevant research, evaluation and other projects.** IOTF/IASO has been involved in a number of policy-relevant research and evaluation projects and will continue to do so in response to funding opportunities, strategic priorities, and capacity to implement the projects. Hubs could also undertake specific projects on behalf of IOTF.
- 8.3. Identify and disseminate high-quality, practical policy ‘products’ for obesity prevention.** The proposed definitions, the potential benefits and risks of developing an inventory of IOTF products and the criteria for acceptance are in Appendix 1 and examples of potential IOTF products are outlined in Appendix 2. The IOTF SC and SAC will review the list and prioritisation of potential IOTF products and circulate these widely through its networks inviting collaborators to submit expressions of interest for developing the potential products. The IOTF products will be disseminated and promoted through publications, conference and workshop presentations, the website, networks, training programs, media and so on.

### **Performance indicators for Projects and Training**

- Development of training programs
- Delivery of training programs
- Project income and outputs



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- Number of products developed and disseminated

### 9. Strategies for ‘Advocacy’

**9.1. Provide strategic input into formal policy-making processes of global, regional and national governance bodies.** IOTF will continue to be a strong global voice for policy action at an international level (eg WHO, World Bank, WTO, FAO), regional levels (eg European Union, Commonwealth), and selected national levels (where capacity allows). Wherever possible, IOTF will work to strengthen the advocacy capacity within the countries for the national level advocacy.

**9.2. Work proactively with key policy-makers and organisations on specific policy issues.** Building coalitions and collaborations with other organisations or working with groups and individuals on specific policy issues will continue to be an important advocacy strategy and IOTF will contribute where capacity allows.

**9.3. Respond to important issues raised by governments, international or regional organisations, the private sector, NGOs or the media.** In addition to the proactive strategies above, IOTF will need to respond reactively to issues as they arise. A process for agreeing on public stances or speaking on behalf of IOTF will need to be developed to allow a fairly rapid, yet considered, response to issues as they arise.

#### Performance indicators for Advocacy

- Number of inputs (presentations, submissions, attendance at meetings etc) into formal policy-making processes.
- Number and outcomes of proactive work to influence policy related to obesity prevention.
- Number of key issues responded to.

### 10. IOTF structures, functions, processes and capacity

**10.1. IOTF structures and functions.** The structures and functions of IOTF are outlined in appendix 3. The SC and SAC will be appointed for a period of 2 years in the first instance. This will allow IOTF to get its systems up and running quickly and effectively and take it through the endorsement of its new structures and systems at



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ICO 2010. The SC and SAC will be charged with developing a process for the future which provides transparent and widely consultative processes for determining the composition of future SCs and SACs.

**10.2. Systems for communication and interaction between the SC, SAC, IASO Executive and Secretariat.** Including the IASO Vice-President on the IOTF SC and the IOTF co-chairs on the IASO Executive will ensure strong links between IOTF and IASO. Having representatives from the Secretariat on the IOTF SC will strengthen links with the Secretariat. Coordination between the co-chairs and Secretariat, especially on matters which need a quick turnaround and IOTF position will be critical. Having SAC members nominated as focal points for regional organisations will increase coordination between IOTF and the regions.

**10.3. Funding for IOTF activities.** The Strategic Plan will need to be costed and funding will need to be sought to provide the capacity to implement this plan. Applications to research funding agencies and philanthropic organisations will be made. The strategic plan also needs to be summarised and disseminated via the website, newsletters and so on.



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## Appendix 1

### **IOTF Policy products: definitions, benefits, risks and criteria**

**A. Definitions:** An ‘IOTF Product’ is an item (or collection) of intellectual property that is considered suitable to carry the IOTF brand and which would contribute to promoting policy action to reduce obesity internationally. The criteria for what is considered ‘suitable’ for an IOTF Product are listed below.

**B. Potential Benefits to IOTF and to the field:**

- Greater harnessing of international expertise towards IOTF’s aims
- Higher engagement and commitment of lead researchers in the work of IOTF
- Greater uptake and application of evidence and tools in formulating policy
- Higher level of consistency and international standards in research, practice and policy
- Greater knowledge about obesity issues amongst policy-makers
- Broader base of expertise internationally for IOTF to draw upon
- Wider recognition of IOTF

**C. Potential benefits for contributors:**

- Direct access to IOTF analyses and thinking on key issues
- International recognition and IOTF endorsement of their products and their organisation
- Wider dissemination and uptake of products they produce
- Enhanced contribution towards reducing obesity internationally
- Demonstration of the impact of their research and intellectual work

**D. Potential risks:** There are a number of risks, especially to the integrity of IOTF (and thus IASO), and these need to be considered in the development of the IOTF endorsement program with a Risk Management plan and Ethical Code of Conduct put in place to manage these risks. Some of the foreseeable risks include:

- Appearance of commercial influence in IOTF work (explicit guidelines needed around private sector involvement)



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- IOTF brand being inappropriately used
- Lack of alignment with IOTF priorities (proactive defining of IOTF priorities)
- Poor scientific quality of the Products or associated work of a contributor
- Lack of international inclusiveness (ensure wide international input through SAC)
- Products going out of date (regular review needed)
- Costs of maintaining the network and unnecessary bureaucracy (minimise paperwork)
- Managing intellectual property issues (prospective IOTF involvement)

### **E. Criteria for an IOTF endorsement of a Product**

- Promotes the aims of IOTF
- Policy relevant
- Scientifically sound
- Internationally relevant
- User friendly including open access where possible
- No commercial conflicts of interest
- Intellectual property issues are agreed including recognition for IP creation and IOTF endorsement
- Approval by the IOTF Scientific Advisory Council



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## Appendix 2

### **Examples of potential IOTF policy products**

- A. Databases:** These would be databases which would be regularly be updated as evidence continues to emerge and which would serve as the standard reference databases for research and advocacy. Examples could include:
- A.1. Prevalence:** This has been an important IOTF product which has been widely used and cited. There is an opportunity for this to be managed and updated by a collaborating organisation and possibly converted into an open access journal.
  - A.2. Relative risks:** These are important for determining the impact of an elevated BMI and are used in burden of disease models and intervention impact models.
  - A.3. Cost burdens of obesity:** Burden of disease estimates of overweight and obesity in economic terms are regularly being published and would form an important advocacy database.
  - A.4. Case studies:** Many good ideas and good practice programs are being tested internationally. Some of these have been compiled but others could be submitted into a searchable database which is regularly updated.
  - A.5. Maps:** Global or regional maps (similar to the CDC maps of adult prevalence) are useful advocacy tools for showing the progression of various obesity-related indicators in different countries internationally.
  - A.6. Others:**
- B. Monitoring tools and indicators:** These would provide a degree of standardised assessment tools and procedures that would, over time, allow comparisons to be made overtime and between countries/populations. Examples could include:



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- B.1. Obesity prevalence:** For children and adults
  - B.2. Marketing to children:** This could include levels of exposure, government policy and industry policies and actions
  - B.3. Obesogenic environments:** Audits of the food and physical activity environments
  - B.4. Others:**
- C. Frameworks and models:** These would provide the constructs for conceptualising, assessing, and analysing different aspects of obesity. Examples could include:
- C.1. Policy:** Identifying policy barriers, gaps and solutions at all levels of jurisdiction – local, state/national, international, and corporate
  - C.2. Evidence:** Classifying and defining different levels and types of evidence as they apply to obesity
  - C.3. Economic:** Conceptualising the economic determinants of obesity and how they might be influenced.
  - C.4. Socio-cultural:** Conceptualising the socio-cultural determinants of obesity and how they might be influenced.
  - C.5. Intervention modelling:** Logic models and other models which can be used to predict the impact of obesity intervention policies and programs.
  - C.6. Sustainable and healthy food supply and transport environments:** Models for linking policies on obesity prevention and sustainability outcomes.
  - C.7. Systems for solutions:** Models for conceptualising the systems influencing obesity and systems for driving solutions
  - C.8. Others:**



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**D. Tools:** These are practical systems and assessments used for a variety of policy and advocacy purposes. Examples could include:

**D.1. Nutrient profiling:** A system for determining the healthfulness of foods and meals is needed for a variety of purposes including marketing restrictions, front of pack labelling, food claims, nutrition education, food service guidelines and so on.

**D.2. Report cards:** A common advocacy tool is the report card of government or corporations on their progress towards reducing obesity.

**D.3. Taxes/subsidies:** Tools for analysing the impacts of taxes and subsidies in particular countries.

**D.4. Others:**

**E. Definitions:** The IOTF definitions of childhood overweight and obesity have been very important in standardising reporting. Examples of other definitions could include:

**E.1. Waist measurements:** These would include waist circumference and waist for height in children.

**E.2. Others:**

**F. Principles and guidelines:** IOTF has endorsed some principles, such as the Sydney Principles for reducing food marketing to children. Others could include:

**F.1. Best practice principles for intervention programs:** These could guide practitioners, funders and evaluators towards higher quality interventions.

**F.2. Trade and health:** These could guide decision-making in the context of reconciling competing tensions between trade (especially internationally) and health.

**F.3. Human rights:** The relevant human rights (Rights of the Child, Right to Food, and Right to Health) could be translated into their practical applications in relation to food marketing to children.



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### **F.4. Others:**

**G. Training programs:** IASO has training programs for clinicians (SCOPE) and other public health training programs are needed and these could include:

**G.1. Programs/workshops for policy-makers:** Policy-makers are a key target audience and workshops could potentially be organised in conjunction obesity conferences to use the gathering of experts to contribute.

**G.2. Training programs on advocacy:** Training of academics, especially young emerging researchers, in advocacy would be an important role for IOTF.

**G.3. Others:** Examples include slide sets, videos, recorded seminars etc.

**H. Position statements:** Background evidence and summary position statement for IOTF endorsement and promotion and these could include:

**H.1. Positions on key policy issues:** These are myriad and it would be best to start with a few key ones which create significant debate such as marketing to children and front of pack labelling.

**H.2. Others:** Statements in relation to ethics matters, food industry engagement etc could be useful.

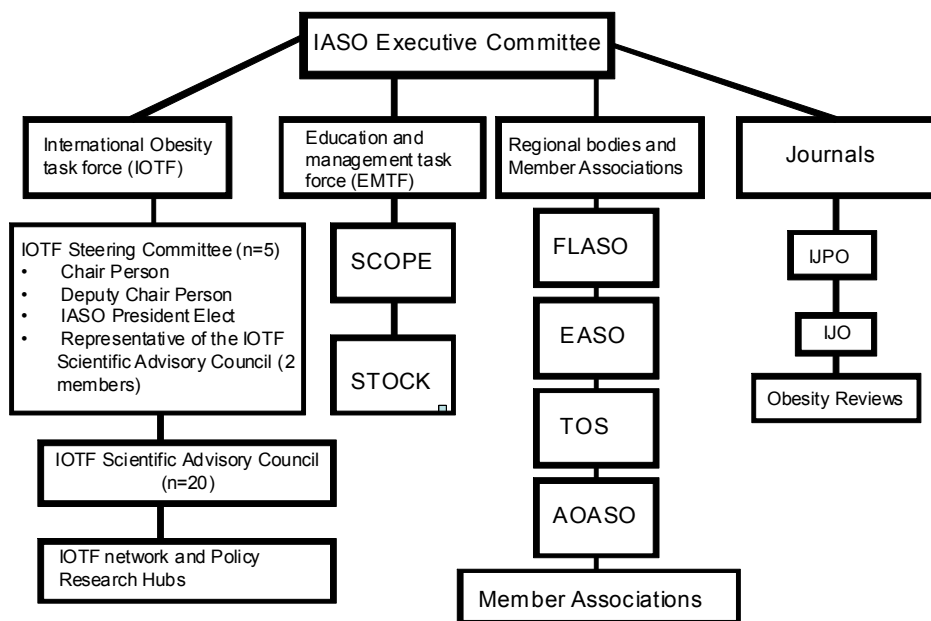


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## Appendix 3

### IOTF structures and functions

#### Organisation chart



#### Steering Committee

##### Roles and responsibilities

- Governance
- Allocation of resources
- Budget approval
- Final approval and issuing of policy statements and documents
- Establishing and renewing the criteria of membership for the Scientific Advisory Council



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- Be responsible for appointing and terminating membership of the Scientific Advisory Council
- Ensuring that individuals who are appointed to the Scientific Advisory Council do not have any conflicts of interest
- Be responsible for appointing the Policy Reference Experts
- Providing the IASO Executive Committee and IASO General Council a written annual statement of activities
- Providing the IASO Financial committee with an annual work plan (to include financial statement)

### **Appointment of the Chair and Deputy Chair (or Co-Chairs)**

The posts will be held for a four year period with a one term renewal – such that one individual can hold the post of either chair or deputy chair for a maximum of 8 years. In the first instance, the posts will be held for 2 years (or other time period determined by IASO Executive Committee) while the new IOTF structure and activities get established.

- The Steering Committee will ask for nominations for the position of chair and deputy chair of the IOTF
- These nominations will then be sent to the Scientific Advisory Council
- The SAC will be asked to vote – one peer review member one vote (for each position)
- The results of these elections will be reported to the IASO Executive Committee for final approval

### **Representation of the IOTF Scientific Advisory Council (2 members) at the Steering Committee**

Two members of the SAC will be selected to sit on the Steering Committee. These posts will be for a four year period and renewable for two further terms. The chair and the deputy chair will select these two individuals from the SAC.

### **Secretariat**

The Steering Committee will be supported by the IASO secretariat and a member of the secretariat will be present at meetings/conference calls. This is a non voting position.

### **Operations**



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The Steering Committee will undertake decisions by majority vote – if for any reason there is a tied vote then the Chairperson will have a second and casting vote. Quorum is defined as a 50% attendance at any meeting of the voting members – if voting members are not to be present at the meeting they may provide a proxy. The proxy should be a member of the IOTF Scientific Advisory Council. The Minutes of the IOTF Steering Committee will be reported to both the IASO Executive Committee and the IOTF SAC by the chair or co chair of the IOTF.

### Scientific Advisory Council

#### Roles and responsibilities

- Provide advice on priorities for IOTF strategic and annual work plan and priorities for policy and research
- Peer review of proposed IOTF products, publications, policy statements, and major communications
- Engagement with key stakeholders nationally and internationally
- Support the general work of IOTF
- Nomination of IOTF chair and deputy chair

One of the main functions of the Scientific Advisory Council would be to peer review policy documents and statements. It is envisaged that the IOTF will produce its own policy statements and briefs. In addition, it will endorse/support other statements and documents produced by other organisations. Either individual council members or external bodies could submit documents for endorsement by the IOTF. In addition, members of the SAC would communally draft IOTF documents or statements. Such documents would be submitted to the council for peer review (usually by 2-3 council members that were not the original authors) and the results of this peer review process discussed with the steering committee (see appendix). The chair and the deputy chair will perform the role of “editor” and “deputy editor” undertaking final editorial control – taking into consideration the results of the peer review.

The number of members of the council will not exceed 20 in the first instance but may be expanded with up to 5 extra members to fill identified gaps in expertise or geographical representation. Members will be appointed via the submission of a written application to the IOTF Scientific Advisory Council. New members must be proposed and seconded by existing voting members of the council and the chair and deputy chair that will make the final decision on the appointment. The proposed new member will be required to declare any conflicts of interest that may preclude them from becoming a member of SAC.



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The term of appointment to the Scientific Advisory Council will be for a period of 4 years. An individual will be allowed to serve for two consecutive terms. Extensions of this are at the discretion of the Steering Committee.

### **Current Members of the Steering Committee:**

Prof. Shiriki Kumanyika (co-chair), USA  
Prof. Boyd Swinburn (co-chair), Australia  
Prof. Kelly Brownell, USA  
Prof. Walmir Coutinho (Executive representative), Brazil  
Dr. Tim Lobstein (secretariat representative), UK  
Dr. Aileen Robertson, Denmark

### **Current Members of the Scientific Advisory Council:**

Prof. Shiriki Kumanyika (co-chair), USA	Prof. Jiang Jingxiong, China
Prof. Boyd Swinburn (co-chair), Australia	Prof. Estelle Lambert, South Africa
Prof. Narendra Arora, India	Prof. Albert Lee, China Hong Kong
Prof. Simon Barquera, Mexico	Dr. Tim Lobstein, UK
Prof. Louise Baur, Australia	Prof. Carlos Monteiro, Brazil
Prof. Kelly Brownell, USA	Prof. Barry Popkin, USA
Prof. Johannes Brug, The Netherlands	Dr. Mike Rayner, UK
Prof. Martin Caraher, UK	Prof. Barbara Riley, Canada
Prof. Walmir Coutinho, Brazil	Dr. Aileen Robertson, Denmark
A/Prof. Tim Gill, Australia	Prof. Thomas Robinson, USA
Dr. Corinna Hawkes, France	Prof. Jaap Seidell, The Netherlands
Prof. Susan Jebb, UK	Prof. Marc Suhrcke, UK
	Prof. Ricardo Uauy, Chile
	Prof. Emorn Wasantwisut, Thailand
	Prof. Lei Zhenglong, China

### **Policy Reference Experts**

IOTF recognises the need to have access to policy advice and critiques but also recognises that people directly involved in policy-making are usually in government positions and not able to formally be involved in an NGO advisory body. IOTF will seek to engage with people closely involved in the policy processes on an individual basis to



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provide critiques on IOTF products and positions. The Steering Committee will approach individuals recommended by the SAC to undertake these specific tasks.

### **Annual Meeting**

The IOTF will hold an Annual Meeting once in each calendar year. The meeting would usually coincide with an international congress (for example; ICO or TOS) the Steering Committee will be responsible for arranging the time and venue of the meeting. The IOTF Scientific Advisory Council would be responsible for the program.