

World Obesity Federation 2025-27 Plan – DRAFT

Summary

In 2020, World Obesity Federation launched a new five-year plan which concludes at the end of this year. The last five years have been momentous on many fronts for the global obesity community. On the one hand, changes include a coordinated and unified World Obesity Day, transformative new therapies that are shifting the narrative and saving lives, a WHO Acceleration Plan to STOP obesity which recognises it as a disease and a driver of other diseases; and the spread of policy approaches to reduce consumption of health-harming products and include obesity in health systems. On the other, COVID-19 wreaked havoc with care and accelerated complications and death for many affected by obesity; global policies continued to seriously under-represent obesity and funding has failed to materialise; new data released in 2023 revealed that more than half the world will have obesity or overweight by 2035 with significant economic impact; nine of the ten countries with the largest number of people living with obesity will be in low- and middle-income countries; and prevention and treatment are far out of reach of the majority of the world due to cost and other systemic barriers.

So, there is much to celebrate and much to be done. The new draft three-year plan, developed in consultation with a wide range of members and stakeholders, retains the core strategic goals while proposing five areas of focus, described below. The external environment has helped to shape the priorities: at the UN level, there will be meetings of heads of state on NCDs in 2025 and on Universal Health Coverage in 2027, and the conclusion of the Sustainable Development Goals in 2030; all must be priorities for the obesity community and opportunities to shape agendas for years to come. At the same time, enormous gaps in access, policy, and training reinforce that an ambitious and coordinated response is essential to changing the trajectory of obesity and improving lives all over the world.

Background

In 2019, the **World Obesity Federation's [strategic plan for the period 2020-25](#)** was established following an extensive consultation of the Federation's members and key stakeholders. The consultation recommended that the Federation align its five-year plan around key WHO and UN targets, including the WHO target for zero increase in adult and childhood obesity prevalence by 2025, and the Sustainable Development Goals to achieve a one-third reduction in premature non-communicable disease (NCD) mortality by 2030 and to end malnutrition in all its forms. Four strategic goals were established for the Federation:

- to lead global advocacy for obesity
- to convene obesity stakeholders globally
- to train and build capacity in obesity
- to collect and disseminate knowledge on obesity

Progress to date

Key advancements were made by the Federation in achieving the KPIs set out in its 2020-25 plan. In the area of global advocacy, these included: working with members to establish a unified World Obesity Day on 4th March and achieving a World Obesity Day media reach of 65.1 billion for a one-year period from 4th March over 4 years; maintaining WHO Official Relations and delivering on targets of consecutive three-year plans centred around elevating obesity as a priority, advancing obesity education, and disseminating evidence through shared channels; and helping to establish the WHO Acceleration Plan and Global Obesity Coalition.

In the area of convening, accomplishments included: launching the Global Obesity Forum in 2019 as a way of bringing together diverse stakeholders representing different sectors and geographies to establish a common agenda; hosting high-level side events at the UN General Assembly and World Health Assembly for health ministers and other policymakers; launching a robust online series at the start of COVID which quickly established a central source of information on obesity and COVID; and hosting two in-person and one virtual International Congresses of Obesity for over 7,000 participants.

In education and capacity building, World Obesity expanded its SCOPE programme significantly, achieving 3,000+ SCOPE Certifications and 115,000 module enrolments, as well as establishing the Middle East and North Africa (MENA) Regional Working Group to develop the MENA Obesity Association.

Significant progress was also made in collecting and disseminating knowledge, with the Global Obesity Observatory achieving over 2.6 million page views, the journal, *Obesity Reviews* maintaining the highest impact factor among obesity journals, and World Obesity's economic impact data being widely cited and even integrated into WHO, UN and national policies.

The 2020-25 period presented several unexpected challenges along with new windows of opportunity. The COVID-19 pandemic altered life everywhere and was especially difficult for people living with overweight and obesity and for children during lockdown. However, the crisis also elevated recognition of obesity as a complex, multifactorial disease and driver of other NCDs. Virtual work contributed to inequities, but also reduced barriers to engagement by allowing for much greater participation and bidirectional information exchange with and from obesity stakeholders in low- and middle-income countries, which have been severely under-represented in research and policy.

The landscape changed dramatically with the approval of the WHO Acceleration Plan on Obesity in 2022, representing the first-ever global coordinated response, as well as with the launch of new therapies to treat and manage obesity. For World Obesity, funding challenges associated both with limited amounts allocated to obesity [see financing appendix], and with the unexpected withdrawal of committed funding in 2023, led to a prioritisation exercise for 2023 and 2024 in drawing attention to the investment case for obesity and calling for greater resource for the entire obesity community.

As a membership federation, World Obesity can only succeed if all members benefit and are better able to address obesity in their community. Among the top-level accomplishments achieved by and through members were:

- Recognition of obesity as a disease by the European Commission
- Adoption of people-first language by WHO, many journals and a widening range of stakeholders
- Recognition of the need for integrated approaches through the WHO Acceleration Plan
- Elevation of childhood obesity as a priority by many governments including Seychelles, where it was declared a Presidential emergency.
- Advancement of the Treat and Reduce Obesity Act in US Congress
- Adoption of front-of-pack labelling and other measures to curb unhealthy food and beverages by increasing number of countries as new evidence demonstrates long term population benefits
- Expansion of World Obesity membership
- Spain agreed to be one of 32 frontrunner countries in the WHO Acceleration Plan thanks in particular to advocacy and diplomacy efforts by members including GASOL Foundation, along with SEEDO and other stakeholders in Spain.
- Venice Declaration led by Italian members and the European Association for the Study of Obesity
- South African publication written by over 50 leaders including World Obesity members, HIV leaders, and the wider South African medical community calling out the links between HIV and obesity, "Obesity is South Africa's New HIV"
- High member-led media and social media reach on World Obesity Day (WOD), with activities including youth focused policy event with UNICEF and WHO, "Walk for WOD", monument and building illuminations around the world, and obesity and women's health SCOPE event.

The 2025-2027 Planning Process

With the current plan due to expire at the end of 2024, the World Obesity Board decided to establish a three-year, rather than five-year plan for the subsequent period. The shift to a three-year plan is driven by the need to respond more effectively to emerging issues, such as the rising obesity rates in LMICs and allows the organisation to be more responsive and adaptable to global health trends and challenges.

It was determined at the outset that the Federation should retain the four strategic goals established for the 2020-2025 plan: to lead global advocacy for obesity; to convene obesity stakeholders globally; to train and build capacity in obesity; and to collect and disseminate knowledge on obesity.

The strategic plan for 2025-27 has been developed through a series of virtual and in-person meetings involving World Obesity members and other key stakeholders from April to August 2024. To facilitate focus on key areas, three workgroups were developed: public health and policy, health service delivery, and resourcing and membership. Each group was chaired by a Board member and included other Board members, topic experts, people with lived experience, and others. Feedback was also solicited via a survey sent to members and partners, in-person sessions at the European Congress of Obesity (ECO), and breakout discussions at the World Obesity Federation's Annual General Meeting (AGM). The timeline for the process is outlined below:

- April 2024: Virtual working group meetings focusing on public health and policy, health service delivery, and resourcing and membership. Survey issued to members and partners.
- 13th-16th May: In-person member and partner meetings held at ECO in Venice, Italy.
- 2nd and 4th July: Final virtual working group meetings focusing on the three key themes.
- 17th July: Breakout sessions at World Obesity AGM.
- 16th August: Final consultation shared with members and stakeholders.

Participants were asked to propose priorities for the next three years of World Obesity's work and to consider three questions in relation to each suggestion: why the topic is important, why World Obesity should be responsible, and what can be achieved within three years.

Thematic Goals

Five thematic goals subsequently emerged.

1. The “**obesity and...**” approach, launched for the 2024 World Obesity Day campaign, should be continued to focus on the interrelationship of obesity with other issues. This will include CVD, diabetes and cancer as well as obesity and food, obesity and stigma, equitable access to care, and other topics.
2. Recognising how little research has been carried out on obesity, especially in the area of implementation and LMICs, the second theme is the need to **map and close critical gaps**, including addressing obesity in low-and-middle income countries and in national policies via better understanding of health and other systemic barriers and enablers.
3. Efforts to address obesity are often undermined by under-resourcing and fragmented approaches, and these challenges should be overcome through **integration, financing, coordination and alignment** across multiple sectors and organisations
4. The need for obesity to be reframed, with **people with lived experience at the centre** of narratives and policies to reinforce the value of lived experience as a form of expertise, to address and overcome stigma and bias, and to orient systems with appropriate incentives to benefit individuals at risk of and those living with obesity and its complications.
5. Finally, in order to ensure gains made in recognising the need for financing and a coordinated response to obesity, the importance of **strengthening and sustaining obesity organisations and networks** was emphasised.

The draft three-year plan has therefore been structured according to these five key themes, in addition to the four strategic goals established in the 2020-25 strategic plan. Proposed activities and draft KPIs are included; suggestions for additional comments or KPIs are welcome.

Plan by Strategic Goal

Global Advocacy	Activities	Proposed KPIs
Core Activities incl. WHO advocacy and World Obesity Day (WOD) messaging		
Address obesity through the “obesity and...” horizontal approach. Key topics include CVD, cancer, diabetes, UPF, and UHC.	<ul style="list-style-type: none"> At WHO and through the Global Obesity Coalition, advance national action through the WHO Acceleration Plan and obesity recommendations. Focus WOD messaging on obesity’s role in NCD targets in advance of the UN High-Level Meeting (UN HLM) on NCDs 2025 and in health systems for UN HLM on Universal Health Coverage (UHC) 2027. Integrate key topics into global policy: UHC, ultra-processed foods (UPFs), stigma, obesity in LMICs, financing, equitable access to care (including GLP-1s and other obesity therapies), integration of obesity into primary care, physical activity, and coordinated action. 	<ul style="list-style-type: none"> WOD impact numbers 2025. SCOPE modules on “obesity and” topics. Impact on Acceleration Plan and priority countries, policies affected, resources mobilised. Obesity referenced in UHC plans for 2027. WOD resources being used in a range of countries and throughout the year (i.e., not just during WOD period). Add more!
Map and close critical gaps including obesity and equity in LMICs and in national policies	<ul style="list-style-type: none"> Building on MAPPS (Management & Advocacy for Providers, Patients and Systems) health systems assessments and WHO Acceleration Plan work, advance national policies with a particular focus on underrepresented regions and populations, including patients. 	<ul style="list-style-type: none"> Completion of MAPPS II report cards. Successful incorporation of MAPPS II findings into national plans. Add more!

<p>Overcome fragmented and under-resourced approaches through integration, financing, coordination and alignment</p>	<ul style="list-style-type: none"> ● Intersectoral and multisectoral approaches including coordination/shared platform(s). ● Advance national action on the WHO Acceleration Plan and obesity recommendations, including partnering with other societies and formalising partnerships. ● Advocate for the integration of prevention and treatment strategies. ● Increase social media presence and collaborate with members and other national and international organisations in public-facing communications. ● Aim for unified and transparent funding with increased sources from non-corporate sectors. 	<ul style="list-style-type: none"> ● Action towards effective and integrated national action and plans including prevention and treatment. ● Aligned public messaging. ● Number of countries with investment cases and plans. ● Number of World Obesity meetings that accommodate the different time-zones for people outside Europe and the Americas. ● Approval of a public Partnerships Policy. ● Add more!
<p>Reframe obesity with people at the centre</p>	<ul style="list-style-type: none"> ● WHO Acceleration Plan support and advocacy for UHC incorporating lived experience. ● Advance policies to address the harms of stigma and bias. ● Advocate for involving individuals with lived experiences of obesity in governance and policy-making processes. ● Expand and promote Image Bank, ensuring diversity. 	<ul style="list-style-type: none"> ● Number and quality of policies that include people with lived experience from the start. ● Representation from and in LMICs. ● Increase in the number of publications focusing on stigma and barriers in LMICs. ● Increase the number of represented regions and

		<p>populations in the image bank.</p> <ul style="list-style-type: none"> ● Add more
<p>Strengthen and sustain obesity organisations and networks</p>	<ul style="list-style-type: none"> ● Ensure effective three-year plan with WHO and diversified funding. ● Establish more members in LMICs, particularly in areas with high obesity prevalence or high population numbers. ● Advocate for funding and financing for obesity. 	<ul style="list-style-type: none"> ● Approval of WHO three-year plan. ● Diversified funding for all World Obesity members. ● Number of additional regional or national groups established.

Convening	Activities	Proposed KPIs - Add more!
<i>Core Activities include ICO, Global Obesity Forum</i>		
<p>Address obesity through the “obesity and...” horizontal approach.</p> <p><i>Key topics include CVD, cancer, diabetes, UPF, and UHC.</i></p>	<ul style="list-style-type: none"> ● Forum at 2025 World Health Assembly on obesity and NCDs in lead up to UN HLM 2025 and UHC 2027. ● Thought leadership publications with volunteers, members and key stakeholders. ● “Obesity and” in existing obesity meetings and other NCD and health gatherings. 	<ul style="list-style-type: none"> ● Number and impact of “obesity and” in different meetings. ● Number and profile of op eds and other publications.
<p>Map and close critical gaps including obesity and equity in LMICs and in national policies</p>	<ul style="list-style-type: none"> ● Wider involvement of international membership to galvanise action. ● Hold meetings outside of Europe and North America. ● Hold virtual meetings at times to accommodate people in LMICs, including the Pacific. ● Support people with lived experience (PwLE) as advocates for change. 	<ul style="list-style-type: none"> ● Meeting attendance.

<p>Overcome fragmented and under-resourced approaches through integration, financing, coordination and alignment</p>	<ul style="list-style-type: none"> ● Support and convene coalitions. ● Annual convening of Global Obesity Coalition/Global Obesity Forum to highlight different regions and coordinate action. ● Support and engage in multisectoral, multistakeholder partnerships to coordinate action on obesity. ● Strengthen ICO capacity building role and propose other relevant congresses – TOS, ECO, NCDA, WCC, etc. – have sessions on global obesity. 	<ul style="list-style-type: none"> ● World Obesity members with shared targets and policies. ● Effective multisectoral coordination mechanism and action. ● Congresses with global programming and participation.
<p>Reframe obesity with people at the centre</p>	<ul style="list-style-type: none"> ● Multistakeholder platform. ● Ensure people-centred representation at World Obesity events and meetings, including at ICO, SCOPE Schools and on panels. 	<ul style="list-style-type: none"> ● Number of events with PwLE at centre, policies to support this (“nothing about us without us”).
<p>Strengthen and sustain obesity organisations and networks</p>	<ul style="list-style-type: none"> ● Cross-participation across established obesity and related meetings, aligned rather than duplicated efforts at congresses. 	<ul style="list-style-type: none"> ● Sustainable MENA group supported by MENA congress(es). ● Congresses and meetings within other meetings and/or in Asia, Africa, Lat Am, other geographies.

EDUCATION AND CAPACITY BUILDING	Activities	Proposed KPIs - Add more!
Core Activities include SCOPE, Capacity Building		
<p>Address obesity through the “obesity and...” horizontal approach.</p> <p><i>Key topics include CVD, cancer, diabetes, UPF, and UHC.</i></p>	<ul style="list-style-type: none"> ● Support national coalitions to deliver the aims of the WHO Acceleration Plan, including funded national plans. ● Educate and build capacity to address NCDs, UHC, UPFs, and obesity, especially in LMICs. ● Advance knowledge on integrated approaches in health service delivery, including within primary care. 	<ul style="list-style-type: none"> ● Coalitions supported. ● Number of individuals and organisations trained. ● Training in primary care via SCOPE and other World Obesity member assets.
<p>Map and close critical gaps including obesity and equity in LMICs and in national policies</p>	<ul style="list-style-type: none"> ● Build capacity for obesity management and education based on assessments of gaps in health and other systems. ● Expand SCOPE languages and content by geography/health system, with a focus on LMICs and underrepresented regions. ● Incorporate more training for non-physicians into the SCOPE curriculum. ● Advance the MENA association and create the foundation for an African regional association. 	<ul style="list-style-type: none"> ● Languages in which training is offered. ● MENA Association launch. ● Development of SCOPE advocacy module(s). ● Progress on the establishment of groundwork for other regional associations.
<p>Overcome fragmented and under resourced approaches through integration, financing, coordination and alignment</p>	<ul style="list-style-type: none"> ● Advance national action on the WHO Acceleration Plan and obesity recommendations. ● Multistakeholder platform or mechanism including employers. 	<ul style="list-style-type: none"> ● Strategic goals and alignment across obesity organisations. ● Effective sectoral action.

Reframe obesity with people at the centre	<ul style="list-style-type: none"> ● Strengthen the capacity of patient organisations and networks. ● Ensure true representation of LMIC people with lived experience in patient networks including GOPA. ● Train people with lived experience to speak about their experiences and to advocate for obesity-related policies. ● SCOPE Schools incorporate lived experience in capacity building for HCPs. 	<ul style="list-style-type: none"> ● Number of PwLE trained and engaged - especially those from LMICs/under-resourced settings. ● Effective patient networks including GOPA.
Strengthen and sustain obesity organisations and networks	<ul style="list-style-type: none"> ● Build the capacity of member organisations to attract more and diversified resources. ● Building on assessments of gaps in the healthcare system (MAPPS) and WHO Acceleration Plan work, advance training on national policies with a particular focus on underrepresented regions including MENA, Africa and the Asia-Pacific region. ● Increase income from SCOPE. 	<ul style="list-style-type: none"> ● New and different sources of funding for obesity ● New organisations working in obesity. ● Expansion of obesity training. ● SCOPE income.
DATA AND EVIDENCE		
Core Activities include Global Obesity Observatory, MAPPS, Journals		Proposed KPIs - Add more!
Address obesity through the “obesity and...” horizontal approach. Key topics include CVD, cancer, diabetes, UPF, and UHC.	<ul style="list-style-type: none"> ● Collect obesity and comorbidities data. ● Build evidence on UHC, UPFs, gender, stigma, obesity in LMICs, financing and coordinated action to support the WHO Acceleration Plan. ● Cost of inaction and investment cases. ● Encourage journal submissions on “obesity and...” research, including from LMICs. 	<ul style="list-style-type: none"> ● Identification and implementation of priority topics. ● Expansion of “obesity and...” data on the Global Obesity Observatory. ● Data collected including through MAPPS II. ● Number of investment cases by credible source with government engagement.

<p>Map and close critical gaps including obesity and equity in LMICs and in national policies</p>	<ul style="list-style-type: none"> ● Develop new research and data, including MAPPS update to inform a better understanding of health systems and obesity policy. ● Enhance research on financing gaps through investment cases. ● Improve understanding of stigma and barriers in low-resource settings. ● Support scientific outputs from and about LMICs and build capacity for submissions from LMICs to obesity-related journals. ● Expand the Global Obesity Observatory to include smaller territories and islands, particularly those susceptible to obesity. 	<ul style="list-style-type: none"> ● Completion of MAPPS update with these updates available online. ● Number or impact of investment cases by credible source with government engagement. ● LMIC research on stigma. ● Support for LMIC research and publications. ● Number and type of World Obesity publications on obesity management specifically in LMICs. ● Number of smaller territories and islands available on the Observatory to be increased.
<p>Overcome fragmented and under-resourced approaches through integration, financing, coordination and alignment</p>	<ul style="list-style-type: none"> ● Identify data alignment across obesity and health agendas. ● Explore opportunities to partner on the data collection and dissemination of cross-cutting issues. ● Work across sectors including employers to align efforts. 	<ul style="list-style-type: none"> ● Member assets documented and efforts made to align (e.g., SCOPE and Collaborating Centres for Obesity Management (COMs)). ● Formalise data-sharing partnership with at least one organisation (e.g. NCD-RisC, IDF). ● Secure funding for employment-related activities.

Reframe obesity with people at the centre	<ul style="list-style-type: none"> ● Better global research and data on lived experience. ● Strengthen patient skills and organisations through research (including MAPPS) and capacity building. ● Improve understanding of stigma and barriers in low-resource settings. 	<ul style="list-style-type: none"> ● Increased number of publications with lived experience, especially through LMIC lens. ● Expansion of PwLE input into MAPPS update. ● Increased number of scientific and non-scientific outputs on stigma in low-resource settings and LMICs.
Strengthen and sustain obesity organisations and networks	<ul style="list-style-type: none"> ● Increase income from and strengthen journals. ● Resource mobilisation for GOO and tailored data. ● Enhance bidirectional sharing of data between World Obesity and networks. 	<ul style="list-style-type: none"> ● Impact and income of journals. ● Expansion of GOO. ● Increase in use of networks' data on the Global Obesity Observatory and increase in permissions for reproduction.

Funding and Financing

Central to an effective plan is predictable and transparent income to fund it. The previous strategic plan aimed to increase unrestricted income, and this remains the top priority to ensure World Obesity is able to deliver on core activities including advocacy, coordination, World Obesity Day, data, and education. Like all global disease federations in official relations with WHO, it is also essential to have diversified funding from a range of sources, including membership income, philanthropic and earned income through sales of journals and SCOPE training. Private sector support and partnership is also an essential component, with specific parameters around levels and types of engagement set out in the partnership plan, which is being updated alongside this plan.

Since 2018, World Obesity Federation annual budgets have fluctuated between £600,000 and close to £3 million, reflecting the limited and often difficult-to-predict nature of funding for obesity which in turn impacts the ability to provide expertise and continuity. Larger project grants are welcome but bring restrictions that place further pressure on the organisation's core resources, and independent and unrestricted income is a vital component of World Obesity's ability to ensure independence and transparency in its delivery. While the 2020-2025 plan set out to increase membership income via a wider group of members and increased support from existing members in higher income settings, the number of member organisations more than doubled but increased support did not. While the Federation currently has more than 100 member organisations in 101 countries, some from poorer countries are unable to pay more than the minimum £100 entry fee, some smaller organisations as well as regional members

do not pay any dues, and there are not the larger types of organisations found in other NCD federations able to support the core advocacy work. Thus, income from other streams - including journal sales, SCOPE licensing, overhead on grants and limited core funding from Champions - supply the unrestricted income which is essential to delivering on policy and global efforts while also ensuring the continued approval of WHO Official Relations.

Central to its mission of elevating the obesity agenda globally, World Obesity also focuses on the three-pronged strategy outlined in the previous plan, of increasing its own resources, increasing the efficiency of resources through strategic alignment, and advocating for overall increased resources from philanthropy and governments for obesity-related programs to benefit the wider community. Thus, funding has focused on encouraging a wider range of donor organisations while overcoming the bias against supporting integrated obesity initiatives that continues to impede progress. To date, the largest sources of World Obesity income have been the EU and private sector partners. To manage the complex interests of a variety of funders, World Obesity is updating its partnerships principles.

In order to fully deliver on the proposed areas of activity over the next three years, multi-year funding, diversified income, and coordinated activities across the membership and among stakeholders are essential.

Membership and Governance

In order to deliver on its commitment to elevating obesity and fostering a unified response to obesity, in 2020 World Obesity Federation members approved a change to the Articles of Association to allow a wider range of organisations to become members. This included patient-facing organisations as well as organisations engaged in diabetes or other NCDs in countries where there is not yet an obesity organisation in place. It was observed that the countries with the highest prevalence of obesity and those with the most rapidly growing rates – mainly small island developing states (SIDS) and LMICs – were not represented in World Obesity membership and this continues to be a priority. For governance, roles have been formalised with terms of reference, term limits, and clear delegated authority. No major changes to the Articles of Association are anticipated in the near future.

Multistakeholder Engagement and Conclusion

The multifactorial and often fragmented nature of a global response to obesity prevention and management calls for multistakeholder platforms and mechanisms to coordinate action on obesity. In the case of the Global Obesity Coalition, founded by WHO, World Obesity and UNICEF in 2022 to coordinate action on obesity, the main area of focus in the WHO Acceleration Plan is around encouraging and helping to build coalitions to support national action. Other initiatives which aim to bring together a range of stakeholders include the World Economic Forum Healthy Metabolism Initiative, aimed in particular at convening and engaging large employers in addressing obesity (World Obesity and WHO serve on the steering committee). Research on different options will be incorporated into the final plan.



What is clear is that the global obesity community is at a crossroads, with new innovations and levels of political will against a backdrop of rising rates and growing inequities. A coordinated response with all stakeholders playing their part can mean the difference between a world in which obesity is addressed, managed and prevented, or one of continued and increasing illness and preventable death. The choice is clear.