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Trustees
Professor Louise Baur (President-Elect)
Professor Donna Ryan (Past President)
Professor Caroline Apovian (Treasurer)
Professor Karine Clement
Dr Victor Saavedra Gajardo
Professor Terry Huang
Professor Alafia Samuels
Professor Brian Oldfield
Professor Joseph Proietto
Professor Nathalie Farpour-Lambert
Professor David York
Mr Adam McCormack

Chair
Professor John Wilding (President)

Secretary
Mrs Johanna Ralston

CEO
Mrs Johanna Ralston

Company Registered Number
03802726

Charity Registered Number
1076981

Auditors
Tudor John Limited
Nightingale House, 46-48 East Street
Epsom, Surrey, KT17 1HQ

Principal Office Address
Unit 406, 107-111 Fleet Street, London EC4A 2AB

Principal Banker
HSBC Bank
156-157 Tottenham Court Road
London, W1P 9LJ

Solicitors
Penningtons Solicitors LLP
Da Vinci House, Basing View
Basingstoke, Hampshire, RG21 4EQ

The trustees have prepared this report and financial statements in accordance with the UK Companies Act 2006, the UK Charities Act 2011 and the Statement of Recommended Practice: Accounting and Reporting by Charities (FRS102). Reporting by Charities (FRS102).
A few words...

Dear friends,

On behalf of the World Obesity Federation, we are pleased to present our annual report for 2020.

If we did not understand the concept of a global challenge before, we certainly learned about it in 2020 as every single country in the world was affected by COVID-19.

And for all of us in the obesity community, the impact on people with obesity came early and was dire, with increased complications and death from COVID-19 a distressing trend that took its toll across the globe. At the same time, coordinated action was also quick and it has been a privilege to share information and experiences with so many of you, our members and friends. We had a tenfold increase in visits to our website and participation in webinars early on in the pandemic, and that elevated interest has been sustained throughout the year. Speakers ranging from the US, UK, Chile, Nigeria, Hong Kong, Singapore, Australia, Brazil, Mexico, Barbados, and many more countries reinforced how widespread the obesity-COVID-19 challenge is.

In the pivot to virtual, World Obesity launched SCOPE Schools online, with great results. We also saw significantly increased numbers of SCOPE e-learning certifications and managed to do virtually what had previously seemed only possible in person. Even the Global Obesity Forum, our annual gathering of a broad cross-section of obesity stakeholders, was effective in remote form, with a wider number of participants from outside of Europe and the US, and opening remarks from WHO DG Dr Tedros and Mike Bloomberg, WHO Global Ambassador for NCDs.

Our Global Obesity Observatory launched in July with excellent response and is the reference point for obesity data across countries and topics. We launched a new communications digest to capture and disseminate up to date information on obesity and COVID-19 in different parts of the world. For World Obesity Day 2020, the first to take place on March 4, the results were outstanding with widespread activity and dissemination including the Missing the Targets report showing how far off-track countries are in meeting UN global obesity targets.

In July we also had our first virtual – and best-attended – AGM meeting, where members agreed to changes to the articles of association which have allowed us to broaden the types and number of organisations that can be World Obesity members, and to change our governance from one Executive Committee to a larger Board with a smaller Executive Council. We are pleased with the new model of membership and governance that better align with our strategy and look forward to working with all of you for an even better and stronger 2021 and 2022.

Thanks to our fellow Board members, World Obesity volunteers and members, and the staff of World Obesity.

Yours Sincerely,

John Wilding, 
President

Johanna Ralston,  
CEO

Annual Review and Report 2020

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Aims and objectives

Strategic goals
In line with its professional membership and its charitable status.

World Obesity aims to lead and drive global efforts to reduce, prevent and treat obesity. World Obesity’s vision is to create and lead a global community of organisations dedicated to solving the problems of obesity.

The strategic goals of World Obesity are:
- Lead global advocacy for obesity
- Convene stakeholders globally
- Train and build capacity in obesity
- Collect and disseminate knowledge on obesity

Activities and achievements
A wide range of activities are undertaken to support the strategic goals, including:
- Global policy development and advocacy
- Convening leaders and experts including people with lived experience of obesity
- World Obesity Day
- Clinical Education (SCOPE)
- Building Capacity: Gulf and Lebanon Recommendations
- Journals
- Global Obesity Observatory
- Economic Impact of Obesity
Year in numbers

2 billion
press reach

54,280,000
reached through socials

5
new members

647
scope school certifications

13.1%
of adults live with obesity

1,090,400
website views

337 million
children and adolescents live with overweight or obesity

13,880
image bank downloads
COVID-19

Like many organisations around the globe, the World Obesity Federation had to adapt rapidly to the COVID-19 pandemic throughout 2020. As the extent of the pandemic’s impact became clear in Q1, so too did the potential implications for World Obesity’s plans. The challenges posed were numerous: in-person meetings would no longer be possible; the availability of the clinicians whose expertise is instrumental would be severely limited; and the health professionals to whom much of World Obesity’s work is targeted may lack the capacity or willingness to engage at such a critical time.

Early on, COVID-19 disrupted health and food systems. Lockdowns around the world led to sustained shifts in diets and levels of physical activity as well as worsening mental health, all of which may increase the risk of obesity and other NCDs. Associated with the root causes of obesity, the measures taken to curb the pandemic substantially increased the risk of exacerbating an already devastating problem. It also became clear early on in the pandemic that people living with obesity were more likely to experience complications and death due to COVID-19, and at younger ages.

Turning a moment of crisis into an opportunity for action on obesity...

The pandemic exposed vulnerabilities in our current systems and surrounding environments, and the absence of processes to protect the health of the vulnerable populations. The World Health Organization recognised obesity as a key independent risk factor for the worst outcomes of COVID-19. This opened up a new dialogue as the evidence quickly became incontrovertible that obesity had been neglected and dismissed for far too long.
Membership

World Obesity Federation cannot work in isolation; to achieve its objectives it is essential to work with numerous different stakeholders. This includes members - of which there are a number of different types depending on the size and type of organisation.

Membership consists of national and regional organisations sharing World Obesity’s aims and objectives. Membership of World Obesity is an important resource and enabler of collaborations, partnerships, and relationships. In 2020, 60 national organisations were full voting members of World Obesity. In order to deliver the new strategy and harness the expertise and commitment of its members and wider network, the General Council approved changes to its Articles of Association on 7th July 2020. This ensured a greater diversity of members engaged in obesity research, prevention and advocacy, including organisations, patients, public health groups and to achieve a broader and balanced geographical representation across the world with representation by people living with obesity as members, stakeholders and within the Board and Committees.

With the approval of new members through a newly formed Membership Committee and with clear governance and financial management, a much wider membership base is being formed consisting of organisations with a strong commitment to addressing obesity and by mentoring and partnering with those obesity societies and professions who do not yet have established organisations. A new membership fee structure was also approved, opening membership of World Obesity Federation to a much wider audience, and a less complicated model offering two types of membership: full membership or associate membership.

World Obesity welcomed the Iran Nutrition Society, Wellness for Greatness (Kenya), Mongolia Association for the Study of Obesity, Obesity Action Coalition (USA) and Kayl Association for Combating Obesity (Saudi Arabia) as new members in 2020.

Member benefits

World Obesity Federation’s greatest strength is the commitment of its members. Organisations and individuals in turn benefit from being part of a global community.

Specific benefits include access to the most up to date information on obesity activities and priorities around the world, including through partnership with the World Health Organization and other UN agencies; opportunities to help shape obesity evidence and policy through serving on standing committees and ad hoc councils; access to colleagues all over the world, including professionals, patients, policymakers and funders through events and online platforms. And most importantly, the opportunity to share expertise and commitment to addressing obesity with colleagues and friends all over the world!

- World Obesity provides an international umbrella of members, including public health specialists, clinical and scientific communities all working towards a common goal. This in turn enables World Obesity Federation to provide multiple approaches to building knowledge in fostering networks and organisations committed to addressing obesity.
- World Obesity will help to build capacity in countries where there is no current obesity association and provide guidance where needed.
- World Obesity provides a trusted platform to speak with one voice – a trusted voice.
LEADING GLOBAL ADVOCACY FOR OBESITY

Now the halfway point for the Decade of Action on Nutrition has passed, there is a chance to reframe issues and initiate global action.

As World Obesity continues to advocate to reframe the obesity narrative, it will strive to coordinate, and drive action on obesity globally in 2021 and beyond. By leveraging key moments in the health and political sphere to get obesity on the agenda of high-level political events, World Obesity will streamline priority initiatives, empower patients, and support national health systems as they recover from the COVID-19 pandemic. The window of opportunity to fund and implement actions to ensure better, more resilient, and sustainable health for all is now.

World Obesity continues its high-profile public health policy and advocacy work. By contributing to global policy development and collaborating with its members and many local, national, and international organisations, World Obesity and its members and networks are driving the global obesity agenda. In 2019, recognising the ever-widening gap between the obesity challenge and the political will to support it, World Obesity committed to galvanising support for the WHO and UN targets on obesity, and to organising all of its work to support them, through advocacy, education, evidence and convening.

In March 2020, WHO declared COVID-19 a pandemic and people living with obesity have been shown to be among those made most vulnerable by inadequate health systems and policies. The ongoing state of the global health emergency has shaped most of World Obesity’s policy and advocacy work over the past twelve months, serving as a galvanising force in placing obesity at the centre of the narrative about how governments and society can build back better from COVID-19, and as a hook for advancing the agenda at the World Health Assembly in 2022. This would include galvanizing action on the WHO 2025 targets on obesity and the WHO Triple Billion goals. Obesity is often considered in isolation of other major problems which are facing similar policy implementation challenges, leading to slow inadequate responses. 2020 has provided a new urgency – and opportunity – for global action on obesity which will require political engagement at all levels of society.

Global policy development and advocacy

World Obesity’s advocacy priorities continue to be focused on the recognition of obesity as both risk factor and disease, and the need to prioritise obesity within health systems and food systems. Childhood obesity is an ongoing priority area, which World Obesity works closely with WHO, UNICEF and young people on.

337 million children or adolescents are living with obesity
World Obesity participated in the 146th meeting of the WHO Executive Board, the 73rd World Health Assembly and the Special Session of the WHO Executive Board, delivering statements on several globally relevant issues, including COVID-19, in collaboration with other civil society organisations. World Obesity also participated in the WHO Regional Committee meetings and delivered several statements including for the region of the Americas, Europe, the Western Pacific, and the Eastern Mediterranean.

On March 4th, 2020, World Obesity held its first unified World Obesity Day, working with obesity groups and colleagues across the globe to acknowledge the complexity of obesity and to develop the ROOTS framework, which sets out an integrated, equitable, comprehensive, and person-centred approach to addressing obesity, aimed at serving as a model for a WHO obesity roadmap. A few months later, acknowledging the urgency of the situation due to COVID-19, the global obesity community came together at the Global Obesity Forum and revisited the ROOTS framework developed earlier in the year. Together, these stakeholders drafted a Declaration that sets out recommendations for immediate action across the obesity spectrum from prevention to treatment within the context of COVID-19.

Investment in public health and coordinated, international action to tackle the root causes of obesity is one of the best ways for countries to build resilience in health systems post-pandemic: we urge all countries to seize this moment.”

Dr Tedros Ghebreyesus,
Dir Gen. WHO

World Obesity continued to work closely with several UN institutions, including WHO (MOU), UNICEF and FAO (MOU).

Roots

R Recognise that obesity is a disease in its own right as well as a risk factor for other conditions, including significantly worsening the outcome of COVID-19 infection

O Obesity monitoring and surveillance must be enhanced to strengthen effective strategies for preventing and treating obesity

O Obesity preventions strategies must be developed, tested and implemented across the life course, from preconception, through childhood, and into older age

T Treatment of obesity – including behavioural, pharmacological, digital, nutritional, physical activity based and surgical

S Systems-based approaches should be applied to the treatment and prevention of obesity. In the recovery from COVID-19, we call for action across health, food, transport, and other systems
Knowledge sharing

In 2018, World Obesity started to release a series of policy dossiers to provide a ‘one-stop shop’ for evidence and resources to help policymakers, NGOs and other relevant obesity stakeholders seeking to implement obesity policy in their countries. Each dossier contains links to systematic reviews, cost studies and case studies, and for each topic World Obesity provides a short plain-English summary. The dossiers also include advocacy reports, recommendations, stakeholder position statements and other resources. In 2020, in light of the clear evidence early on that people living with obesity were more likely to experience complications and death due to COVID-19, and at younger ages, World Obesity launched a new policy dossier on the topic which also includes a policy statement and policy brief.

World Obesity released its Obesity: Missing The 2025 Targets Report on World Obesity Day 2020, demonstrating that no country was likely to meet the WHO obesity target of no increase in the prevalence of adult obesity between 2010 and 2025, while also presenting data on the costs and comorbidities of obesity as well as country reports for over 200 countries.

World Obesity continued its work to address childhood obesity, one of its priority initiatives, and launched a series of policy dossiers on a range of topics including the need to maintain momentum on childhood obesity within the context of the COVID-19 pandemic, and in line with WHO’s ECHO Plan, as well as on disparities in paediatric weight management.

In parallel, as part of the CO-CREATE project, World Obesity was actively involved in the drafting and launching of the CO-CREATE Youth Declaration, calling for action from policymakers and stakeholders to address the global challenge of childhood and adolescent overweight and obesity. World Obesity hosted a webinar to support the launch of the WCRF MOVING database of policy actions from around the world which are implemented on a national level, and which are currently in effect to encourage people to get more active. Plans for next year include creating a youth advocacy toolkit focused on obesity.

“I joined the Youth Task Force and we wrote a Declaration with four demands that, if put in practice, will decrease obesity among youth (and among the entire population in the future). My experience has been great. I’ve learned so much about obesity and youth empowerment.”

Pedro Gonçalves, Portugal (19 years old)

World Obesity started a weekly dissemination of a newsletter to its network, including credible news stories and latest research on the COVID-19 pandemic and its links to obesity. This continued throughout 2020 and is due to continue at a lower frequency in 2021.
World Obesity Day

The first ever unified World Obesity Day was held on 4th March 2020, bringing together the world’s leading obesity organisations and the wider obesity community on one shared day. Seven prominent obesity organisations - the European Association for the Study of Obesity (EASO), the Obesity Action Coalition (OAC), The Obesity Society (TOS), Obesity Canada (OC), Obesity Medicine Association (OMA), Asia Oceania Association for the Study of Obesity (AOASO) and World Obesity Federation (WOF) aligned separate days and weeks around a single date which also served as the launch of a new National Obesity Care Week in the US.

The theme of World Obesity Day, ‘The Roots of Obesity Run Deep’, was broad enough to enable tailored activation in different markets. The message ‘Together we can create a healthier future’ highlighted the importance of a united global response to the disease. Audience-specific calls to action were created to maximise support. The campaign was hugely successful with the hashtag #worldobesityday reaching 470 million on Twitter and Facebook alone. A popular public facing action was launched with celebrities, patients, health leaders all making an “O” shape with their hands to reflect the common bond of concern for obesity.

Online news reach of 1.3bn globally
CONVENING OBESITY STAKEHOLDERS GLOBALLY

Addressing obesity is a complex, global problem that demands a systems-based approach across the whole of government and whole of society.

Events, from small-scale expert meetings through to global congresses, raise the profile of obesity globally and encourage engagement within and beyond World Obesity’s membership.

Global Obesity Forum

Despite changes forced upon convening due to the pandemic, World Obesity successfully delivered two virtual Global Obesity Forums. World Obesity’s overarching role in this important pillar of work became focused on thought leadership while ensuring that obesity was and is elevated on the global agenda. The first Global Obesity Forum took place at the start of the joint European Congress on Obesity and International Congress on Obesity, which was itself shifted from an in-person event in Dublin to a virtual meeting that took place in early September. It focused on how COVID-19 is elevating obesity as a matter of urgent priority. Speakers included WHO DG Dr Tedros Ghebreyesus, WHO Ambassador and former New York City mayor Mike Bloomberg, Social entrepreneur Maggie Baird, founder with her daughter Billie Eilish of Support and Feed, and speakers from around the world. A second follow up during the Obesity Society meeting brought together stakeholders to update the ROOTS strategy for the COVID-19 world. Together, these stakeholders drafted a Declaration that sets out recommendations for immediate action across the obesity spectrum from prevention to treatment within the context of COVID-19.

500+ signed the declaration
Convening leaders and experts

The European and International Congress on Obesity (ECOICO) successfully took place in September 2020. The first ever virtual ECOICO was attended by over 3000 delegates from five continents across four days for over 250 virtual presentations in 77 congress sessions. Popular sessions included the workshop ‘Addressing Obesity Stigma & Weight Bias - A Socio-Ecological Approach’ and the Topic Session ‘Energy Expenditure and Metabolic Adaptation’.

For World Obesity Day 2020, World Obesity hosted a breakfast side event in Geneva, introducing the ROOTS framework to 40 Mission representatives. Participants were invited from governments with an interest in nutrition and chronic disease, as well as from civil society, WHO and private sector. Sixteen missions were represented on the day from all regions.

In June 2020, as new evidence emerged on the link between obesity and worst outcomes in cases of illness due to COVID-19, World Obesity convened a group of experts and stakeholders including people living with obesity to send an open letter to WHO’s Director General. Subsequently, WHO recognised obesity as a key independent risk factor for the worst outcomes of COVID-19.

In October 2020, World Obesity held a series of virtual meetings with over 60 key childhood obesity stakeholders, focused on assessing the implementation of ECHO’s six key areas of action. The overarching aim of the meetings was to identify cross-cutting and shared opportunities, learning and concrete actions to help drive forward policies to address childhood obesity in-line with WHO’s ECHO plan. These meetings led to the development of a policy brief which contributed to the idea of building a Global Obesity Coalition.
TRAINING AND BUILDING CAPACITY IN OBESITY

Clinical Education (SCOPE)

Obesity is a global health crisis – but it is a disease that is often overlooked in medical training. HCPs around the world feel that they have received insufficient training to be able to diagnose, advise and treat patients living with obesity. SCOPE, which was first established in 2003, now represents a global network of experts who deliver each of the online modules and who participate in the SCOPE Schools. HCPs with a real understanding of obesity are well placed to influence policymakers – for example, on calling for obesity to be classified as a disease.

Due to the COVID-19 pandemic, World Obesity had to transition to online events which made attendance more affordable and accessible, resulting in record numbers of SCOPE School attendees. 647 new health professionals were awarded SCOPE Certification in 2020, representing more than double the previous year’s total. With each SCOPE Certified health professional treating an estimated 200 patients, this expansion of SCOPE engagement has the potential to positively impact the lives of around 130,000 patients globally.

SCOPE Certification by year

<table>
<thead>
<tr>
<th>Year</th>
<th>SCOPE Certified</th>
</tr>
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<tbody>
<tr>
<td>2018</td>
<td>204</td>
</tr>
<tr>
<td>2019</td>
<td>247</td>
</tr>
<tr>
<td>2020</td>
<td>647</td>
</tr>
</tbody>
</table>

Engagement with the SCOPE E-Learning platform skyrocketed. This increase in engagement may be attributed, in part, to improved marketing efforts around SCOPE yet it is also indicative of a broader trend of an increased recognition of obesity as a disease requiring effective treatment and management. The emergence of obesity as a major risk factor for severe COVID-19 complications, as discussed in the new SCOPE module outlining the links between these two pandemics, has only highlighted the urgent need for effective and compassionate obesity treatment.

In January, the six-module learning path Childhood Obesity: From Diagnosis to Treatment was made available on the SCOPE E-Learning platform. The course was developed to help health professionals around the globe to effectively treat and manage obesity and overweight in children and adolescents.

Work continued mapping all SCOPE E-Learning modules against the Obesity Medicine Education Collaborative competencies. A mechanism has been established for
assigning the competencies to modules on the online platform (translated into Spanish, French and Portuguese). The project, to be finalised in early 2021, will allow health professionals to identify the skills they are developing and select the resources most relevant to their professional development.

World Obesity hosted its second Global Obesity Medical Education Roundtable. With 31 stakeholders, the virtual event allowed participants to better understand existing medical education programmes, identify potential gaps in reach or content, and explore the opportunity for enhanced collaboration. Colleagues from the World Heart Federation, Public Health Foundation of India and World Obesity members presented their initiatives for discussion.

In response to the COVID-19 pandemic, World Obesity and colleagues launched a series of webinars on COVID-19 & Obesity under the WOF Live sub-brand. Each webinar was CPD and SCOPE accredited. To date, World Obesity has organised 11 webinars with a total of 4900 delegates across 125 countries in attendance.

In 2021, World Obesity will increase the reach of SCOPE training by targeting new markets in Brazil and the Gulf region and exceed the record number of certifications and new user registrations witnessed in 2020. World Obesity will release new modules under the EU OBTAINS project and six modules on obesity and cardiovascular disease developed in collaboration with the World Heart Federation. The Obesity and COVID-19 module will also be updated to incorporate recent research and data on vaccine efficacy in patients with obesity.

9,502 new user accounts were created on the SCOPE E-Learning platform

“SCOPE helped immensely in my learning of obesity management and taught me aspects I would never have thought about before. I found it extremely useful to understand how to converse with patients living with obesity and the type of language that should be used. Overall, a very useful website.”

Kacey Jackson, Assistant Clinical Psychologist, UK
Gulf and Lebanon Recommendations

Efforts to address the soaring obesity challenge in the region have been stifled by several factors including inconsistent political will and fragmented and siloed approaches. Furthermore, much of the region lacks formal guidelines in the prevention and treatment of obesity and, although some countries are currently trying to prioritise obesity, they often work in isolation.

In response to calls for more collaborative working across the region, and in recognition of the need for recommendations that are sensitive to local needs, World Obesity is working with regional stakeholders to facilitate the development and adoption of prevention, treatment and management recommendations for the Gulf region. It is hoped that these recommendations will be a guide to local governments in their efforts to prevent and treat obesity. In this region obesity rates are among the highest in the world yet there is no regional or national obesity organisation to support and align efforts. It is therefore essential to build capacity and develop a regional network focused on obesity care and prevention, as well as supporting patients.

This is a two-year project that is made up of two distinct phases:
1. Development of regional recommendations
2. Facilitation of in-country adoption and implementation of the recommendations

Global Gulf and Lebanon Recommendations Expert Group and a select group of international experts were convened to develop the regional recommendations for the treatment and management of adult obesity published in October 2020. World Obesity created a report, available in both English and Arabic, at the virtual SCOPE School in October 2020 to all 817 attendees.

44% of adults in Kuwait are living with obesity
The second phase of the project involves the running of local workshops in each country to help facilitate the adoption of the recommendations and to determine national next steps for improved treatment and management of adult obesity. The intended output for each of these meetings is a country-specific ‘implementation plan’ or ‘toolkit’ that outlines next steps to improve adult obesity treatment and management in line with the recommendations.

Countries are using the momentum following the publication of the recommendations to drive national efforts. World Obesity’s Lebanese partners created a national committee of obesity stakeholders and are in conversation with their Ministry of Health to drive change while Saudi Arabian partners are now leading a “National Multi-sectoral Task Force Committee for Combating Obesity in the KSA” that sits within the Ministry of Health, it is hoped that this task force will push for the implementation of the recommendations.

**WHO Eastern Mediterranean: Obesity prevalence**

![Diagram showing obesity prevalence in different countries]

Different methodologies have been used to collate this data and so it is not strictly comparable.

Unless otherwise noted, overweight refers to BMI between 25kg and 29.9Kg/m², obesity refers to a BMI greater than 30Kg/m².
COLLECTING AND DISSEMINATING KNOWLEDGE ON OBESITY

Journals

World Obesity publishes four peer-reviewed journals, which underpin its reputation for high-quality science and evidence. Each journal focuses on a different aspect of obesity research: systematic reviews, pediatrics, clinical treatment, and science and practice.

The table below shows the impact of World Obesity’s three subscription-based journals in recent years:

<table>
<thead>
<tr>
<th>Journal</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity Reviews (Impact Factor)</td>
<td>7.880</td>
<td>8.483</td>
<td>8.192</td>
<td>7.310</td>
</tr>
<tr>
<td>Pediatric Obesity (Impact Factor)</td>
<td>3.400</td>
<td>3.980</td>
<td>3.713</td>
<td>3.429</td>
</tr>
<tr>
<td>Clinical Obesity (Impact Factor)</td>
<td>1.65</td>
<td>1.55</td>
<td>2.6</td>
<td>4.0 (predicted, TBC)</td>
</tr>
</tbody>
</table>

Source: Wiley

The importance of World Obesity’s journals was made clear in 2020 as all published vital research on the connections between obesity and COVID-19. A Virtual Issue on COVID-19 and Obesity was published in Clinical Obesity, compiling research on the connections between COVID-19 and obesity from across the four journals. All articles relating to COVID-19 were made free to access to support global efforts to understand the developing pandemic.

All three subscription-based journals saw an increase in article downloads in 2020. Clinical Obesity and Pediatric Obesity both increased their global reach.

Obesity Reviews continued to be the highest ranked obesity journal by Impact Factor (source: ISI Journal Citation Reports). Twelve standard issues of the journal were published throughout 2020, in addition to a supplement issue compiling the abstracts from the ECO/ICO congress.

Twelve issues of Pediatric Obesity were published in 2020 including a special issue on Parenting and the Development of Eating Behaviours in the Growing Child. The article ‘Sleep and obesity among children: A systematic review of multiple sleep dimensions’ received the Journal’s most downloads. Pediatric Obesity was the thirteenth highest-ranked journal in the field of Pediatrics (source: ISI Journal Citation Reports).
Six issues of Clinical Obesity were published throughout the year, in addition to the compilation issue of COVID-19 research. The journal published numerous widely cited studies on COVID-19, increasing its article downloads. This increased the journal’s predicted CiteScore. Work continued on preparing to reapply for an impact factor for the journal.

Obesity Science and Practice, the open access journal co-owned with The Obesity Society, published six issues throughout the year. High profile articles included ‘Weight-related lifestyle behaviours and the COVID-19 crisis: An online survey study of UK adults during social lockdown’ and ‘Effects of a novel combination of orlistat and acarbose on tolerability, appetite, and glucose metabolism in persons with obesity’. The journal witnessed an increase in submissions and a decrease in accepted articles, representing an improvement in the overall quality of accepted manuscripts. The number of article downloads remained high.

Over the next year, the aim is to attract more high-quality submissions from outside of Europe, North America and Australia, ensuring the journals provide a platform for crucial obesity research from around the world.
Global Obesity Observatory

The Global Obesity Observatory (www.worldobesitydata.org) is an online library of data and materials on obesity, which is constantly updated and is presented on an interactive World Obesity microsite. It is established as an essential resource for obesity-related data: between January 2020 and May 2021, there was a year on year increase of 215%.

2020 saw the development of a new and improved data website for the World Obesity Federation. This new faster site is generally ‘crisper’ in its appearance and feedback states it is more user friendly. New features include a summary overview page, available by country or region. This overview page links to the general prevalence, population breakdown, trends, drivers, comorbidities, health system (where data exists) and action pages.

The next phase of the website is to translate key graphics and country reports into 24 EU official languages with wider reach planned.

Visitors from 197 countries and territories
Economic Impact of Obesity

While the root causes of obesity and its consequence are known, new strategies to reach and persuade policymakers are needed. Calculating economic impacts - especially in resource-strapped countries - is one way to broaden understanding of the conditions’ impact, reiterate the urgency for action, and emphasise the costs of inaction.

This project, developed in collaboration with Research Triangle Institute, aims to develop, refine, and test a sound methodology that can be used to calculate the current and projected economic impact of overweight and obesity starting with eight pilot countries around the world: Brazil, Mexico, Thailand, South Africa, India, Australia, Saudi Arabia and Spain. Better evidence on the economic and social costs of obesity is likely to provide impetus for stronger action to prevent and manage overweight, obesity, and its disease sequelae across the world.

In 2020, World Obesity launched a second phase to expand the methodology to the rest of the world and do additional modelling (including a COVID-19 model). This new phase of work will be undertaken in 2021.

A manuscript detailing the methodology and the findings from the pilot countries was drafted to be published in summer 2021, with the results also available on the Global Obesity Observatory.

Funding has been secured for phase two of this project and will also involve the expansion of the methodology to all countries around the world, the development of a COVID-19 model, some equity modelling and the start of investment case building. To complement this work on the economic impact of obesity World Obesity is planning to publish an academic manuscript on the contextual factors of obesity in summer 2021.
Structure, governance and management

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Charitable objectives of World Obesity

World Obesity is registered in the United Kingdom. World Obesity’s charitable objectives are “to promote the preservation and protection of health and relief of sickness for the public benefit in the field of obesity and its related disorders by (i) promoting research, the dissemination of the results of such research, and exchange of scientific information in the field of obesity internationally, (ii) developing a deeper understanding of how to achieve and maintain a healthy bodyweight, and managing and preventing obesity and its related conditions by those engaged in the study of obesity, healthcare professionals, health related organisations, governments and the international community”.

Public benefit

World Obesity’s activities continue to give identifiable benefits to the public. The trustees confirm that they have complied with duty under section 17 of the Charities Act 2011 to have due regard to the Charity Commission’s general guidance on public benefit and seek to meet World Obesity’s charitable purposes in following its objectives.

Structure, governance and management

The Trustees (Executive Committee)

The directors of the company are also trustees of the charity for the purpose of charity law, and, under the Articles of Association, are also known as members of the Executive Committee. The President and President-Elect are elected by General Council and serve for a term of two years in each position. The Treasurer and the Secretary are elected by the General Council to serve for a maximum period of two terms, each four years in duration. The Vice-Presidents for each region are elected by their respective regional bodies.

When a new trustee is appointed, the charity will provide a copy of the Trustees Pack which includes information on:

- role and responsibilities of a trustee;
- mission and objectives of the organisation;
- legal status and governance;
- organisational structure and staffing;
- finance including expense claim rules;
- list of professional advisors;
- Memorandum and Articles of Association

The Charity’s current Board is comprised of 13 members, responsible for the strategic direction and policies of the charity as delegated by the General Council. The Executive Committee holds regular meetings and teleconference calls to discuss relevant issues and make final decisions to feedback to the sub-committees and task forces. Relevant senior staff members are invited to attend certain meetings in order to facilitate operational details.

The Executive Committee, with support from the relevant sub-committees, considers organisational risk that World Obesity may face, the strategic position and any difficulties the organisation may have in achieving its goals.
General Council

The General Council is the governing body of World Obesity. Members of World Obesity are entitled to send one representative per member organisation to attend general meetings personally or by proxy, and to vote on behalf of their organisation.

Nominations Committee

The Nominations Committee consists of the President, the President-Elect, the Past-President and three co-opted members. The Nominations Committee manages the nomination process of the President-Elect. The Nominations Committee reports directly to the Executive Committee.

Finance Committee

The Finance Committee collates the yearly budgets for approval by the Executive Committee and monitors the performance against that budget during regular meetings through the year. The Finance Committee also considers the financial risk World Obesity may encounter and recommends strategies to mitigate any identified risk. The Finance Committee reports directly to the Executive Committee.

Publications Committee

The Publications Committee manages the journal portfolio of World Obesity. The Publications Committee meets at least twice a year and focuses on increasing the impact of World Obesity’s journals. The Publications Committee reports directly to the Executive Committee.

Clinical Care Committee

The Clinical Care Committee focuses on management of the charity’s educational programmes for healthcare professionals. The Clinical Care Committee reports directly to the Executive Committee.

Policy and Prevention Committee

The Policy and Prevention Committee focuses on public health policy and advocacy work. It is supported in an advisory capacity by a Scientific and Technical Advisory Network (STAN) of 54 expert members, including 10 early-career professionals. The Policy and Prevention Committee reports directly to the Executive Committee.

The Scientific Programme and ICO Liaison Committee

The Scientific Programme and ICO Liaison Committee provides leadership on conference programmes, speaker invitation and other event-related strategy issues.
Health Systems Committee

In 2017 the Executive Committee agreed to establish a working committee to promote obesity treatment and prevention services through a Health Systems approach. The Committee launched in 2018 and is currently inactive.

Management

The day-to-day management and decision making of World Obesity is delegated by the trustees to the CEO.

Employee participation

World Obesity is committed to employee engagement. A motivated and committed team ensures that all avenues to further the work of World Obesity are explored. World Obesity works hard to promote interaction and trust between the leadership and employees, and to promote collaborative relationships through team building, cross-functional projects and training. World Obesity seeks to understand and appreciate different perspectives and to address employee concerns and issues. In addition, World Obesity encourages, celebrates and recognises the excellence of the team and actively solicits employee feedback and evaluates and recommends strategies for improving employee engagement.

Reserves policy

The trustees have agreed to maintain an annually reviewed reserve policy. The trustees consider that the ideal level of reserves as of 31st December 2020 is enough to cover one year of operating expenses of the charity. The trustees have agreed an increased level of expenditure for 2021 to invest in income generation and reduce reliance on external donors. This investment is expected to lead to a reduction of the free reserves. The current reserves plus pledged income is expected to result in the free reserves of the charity being in line with this policy. This reserves policy considers the commitments of the charity such as rental and legal expenses relating to the occupation of the premises at Ludgate House, salaries of employees and other similar liabilities, plus programmes and projects that the charity is committed to completing.

Risk management

Management has assessed the major risks to which World Obesity is exposed as including too few sources of income and the impact of losing one or more sources of income, loss of key employees from the team, the potential losses from unsuccessful congresses.

The Board and management have reviewed these areas of potential risk and concluded that, operationally, these risks are significantly mitigated. Financial and legal record keeping is performed by World Obesity which has adequate internal controls, insurance cover is reviewed every year, and a lawyer is on hand when needed. The exposure to a loss of income was considered when the reserves policy was agreed, and reserves are held to cover one year’s net expenditure on programmes operated by the direct employees of World Obesity. Long-term commitments are not made without having the cash in hand. Work has been done to understand the environment in which World Obesity operates and initiatives and programmes have been put in place based on the findings of this research.

Investment policy

The trustees periodically review the policy for investing the funds of the charity. It has been decided that in the current phase of the World Obesity Federation’s development, funds will be retained as cash to ensure that the activities of the federation will be adequately funded.
Fiduciary responsibilities

The trustees, who are also directors of the World Obesity Federation for the purposes of company law, are responsible for preparing the Trustees’ report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period.

In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time of the financial position of the charitable company and group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company’s website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

In so far as we are aware:

- There is no relevant audit information of which the charitable company and group’s auditor is unaware; and
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.
Financial Overview

At the end of the year to 31 December 2020 the total funds of the charitable group were £986,693. The overall position of the charity has changed from £994,054 in 2019 to £986,693 in 2020.

The net position for the charity was a deficit of £7,361 in 2020 compared to a surplus of £110,677 in 2019.

At the end of the year a review of our reserves was undertaken. This resulted in a total free reserve (excluding net book value of fixed assets and designated funds) of £975,717 at the year end.

The principal income sources for the charity in 2020 were as follows:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Commission</td>
<td>108,547</td>
</tr>
<tr>
<td>Journals</td>
<td>128,000</td>
</tr>
<tr>
<td>Clinical Education (SCOPE)</td>
<td>561,149</td>
</tr>
<tr>
<td>Policy activities</td>
<td>766,954</td>
</tr>
<tr>
<td>Events</td>
<td>332,045</td>
</tr>
</tbody>
</table>
Report of the Independent Auditors to the Members of the World Obesity Federation (Registered number: 03802726)

Opinion

We have audited the financial statements of World Obesity (the ‘charitable company’) for the year ended 31 December 2020 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- Give a true and fair view of the state of the charitable company’s affairs as at 31 December 2020 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC’s Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- The trustees’ use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- The trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company’s ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.
Other information

The trustees are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our Report of the Independent Auditors thereon.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinion on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Report of the Trustees for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Report of the Trustees has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Trustees.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees’ remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The trustees were not entitled to take advantage of the small companies exemption from the requirement to prepare a Strategic Report or in preparing the Report of the Trustees.

Responsibilities of Trustees

As explained more fully in the Statement of Trustees’ Responsibilities, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.
Our responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a Report of the Independent Auditors that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council’s website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our Report of the Independent Auditors.

Use of our report

This report is made solely to the charitable company’s members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company’s members those matters we are required to state to them in an auditors’ report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company’s members as a body, for our audit work, for this report, or for the opinions we have formed.

Hazel Day, BSc, FCA DChA (Senior Statutory Auditor)
for and on behalf of Tudor John Limited
Chartered Accountants and Statutory Auditors
Nightingale House
46-48 East Street
Epsom
Surrey
KT17 1HQ

Date: 13 June 2021
Financial statements

World Obesity Federation 35
Statement Of Financial Activities Charity

World Obesity Federation 36
Balance Sheet

World Obesity Federation 37
Cash Flow Statement
Statement Of Financial Activities Charity
(Incorporating Income And Expenditure Account)

For the year ended 31 December 2020

<table>
<thead>
<tr>
<th>Note</th>
<th>Restricted Funds</th>
<th>Unrestricted Funds</th>
<th>2020 Total Funds</th>
<th>2019 Total Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Notes</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INCOMING RESOURCES FROM GENERATED FUNDS:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and legacies</td>
<td>2</td>
<td>-</td>
<td>553</td>
<td>553</td>
</tr>
<tr>
<td>Activities for generating funds:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congress and events</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Royalties and other income</td>
<td>3</td>
<td>-</td>
<td>386,452</td>
<td>386,452</td>
</tr>
<tr>
<td><strong>Investment income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>-</td>
<td>116</td>
<td>116</td>
<td>3,858</td>
</tr>
<tr>
<td><strong>Incoming resources from Charitable Activities:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy</td>
<td>-</td>
<td>301,454</td>
<td>301,454</td>
<td>693,533</td>
</tr>
<tr>
<td>Education</td>
<td>-</td>
<td>936,950</td>
<td>936,950</td>
<td>1,430,909</td>
</tr>
<tr>
<td>Research</td>
<td>122,842</td>
<td>500,500</td>
<td>623,342</td>
<td>143,687</td>
</tr>
<tr>
<td>Membership</td>
<td>-</td>
<td>7,783</td>
<td>7,783</td>
<td>12,700</td>
</tr>
<tr>
<td><strong>Total incoming resources</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>122,842</td>
<td>2,133,808</td>
<td>2,256,650</td>
<td>2,426,707</td>
<td></td>
</tr>
<tr>
<td><strong>RESOURCES EXPENDED</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs of generating funds</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary income</td>
<td>-</td>
<td>329,133</td>
<td>329,133</td>
<td>272,710</td>
</tr>
<tr>
<td><strong>Charitable activities:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy</td>
<td>-</td>
<td>310,339</td>
<td>310,339</td>
<td>597,257</td>
</tr>
<tr>
<td>Membership services</td>
<td>-</td>
<td>21,788</td>
<td>21,788</td>
<td>10,989</td>
</tr>
<tr>
<td>Education</td>
<td>-</td>
<td>820,883</td>
<td>820,883</td>
<td>1,272,543</td>
</tr>
<tr>
<td>Research</td>
<td>122,842</td>
<td>659,026</td>
<td>781,868</td>
<td>162,531</td>
</tr>
<tr>
<td><strong>Total charitable expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>122,842</td>
<td>1,812,036</td>
<td>1,934,878</td>
<td>2,043,320</td>
<td></td>
</tr>
<tr>
<td><strong>Total resources expended</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>122,842</td>
<td>2,141,169</td>
<td>2,264,011</td>
<td>2,316,030</td>
<td></td>
</tr>
<tr>
<td><strong>Net incoming resources before transfers between funds</strong></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfers between funds</td>
<td>11</td>
<td>8,321</td>
<td>8,321</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net movement in funds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8,321)</td>
<td>960</td>
<td>(7,361)</td>
<td>110,677</td>
<td></td>
</tr>
<tr>
<td>Funds at 1 January</td>
<td>11</td>
<td>8,321</td>
<td>985,733</td>
<td>994,054</td>
</tr>
<tr>
<td><strong>Funds at 31 December</strong></td>
<td>11</td>
<td></td>
<td>986,693</td>
<td>986,693</td>
</tr>
</tbody>
</table>

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in note 12 to the financial statements. The notes on pages 25 to 34 form part of these financial statements.
World Obesity Federation Balance Sheet

Company Number: 03802726

As at 31 December 2020

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Tangible fixed assets</td>
<td>8</td>
<td>10,976</td>
<td>12,467</td>
</tr>
<tr>
<td>Investments</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td>10,976</td>
<td>12,467</td>
</tr>
<tr>
<td>Debtors</td>
<td>9</td>
<td>562,282</td>
<td>684,781</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td></td>
<td>3,204,686</td>
<td>2,849,625</td>
</tr>
<tr>
<td><strong>CREDITORS: amounts falling due within one year</strong></td>
<td>10</td>
<td>(2,791,251)</td>
<td>(2,552,819)</td>
</tr>
<tr>
<td><strong>NET CURRENT ASSETS</strong></td>
<td></td>
<td>975,717</td>
<td>981,587</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td>£986,693</td>
<td>£994,054</td>
</tr>
<tr>
<td>Funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted funds</td>
<td>11</td>
<td>-</td>
<td>8,321</td>
</tr>
<tr>
<td>Unrestricted funds – general fund</td>
<td>11</td>
<td>986,693</td>
<td>985,733</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td>£986,693</td>
<td>£994,054</td>
</tr>
</tbody>
</table>

The financial statements were approved and authorised for issue by the Board of the Trustees on 9th June 2021 and were signed below on its behalf by:

Trusted  Professor Caroline Apovian

Trusted  Professor John Wilding
### World Obesity Federation Cash Flow Statement

**Company Number: 03802726**

As at 31 December 2020

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash flows from operating activities</td>
<td>364,821</td>
<td>433,379</td>
</tr>
<tr>
<td>Purchase of tangible fixed assets</td>
<td>(9,759)</td>
<td>(23,703)</td>
</tr>
<tr>
<td>Sale of tangible fixed assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Interest received</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Change in cash and cash equivalents in the reporting period</td>
<td>355,061</td>
<td>409,676</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the reporting period</td>
<td>2,849,625</td>
<td>2,439,948</td>
</tr>
<tr>
<td>Cash and cash equivalents at the end of the reporting period</td>
<td>3,204,686</td>
<td>2,849,624</td>
</tr>
<tr>
<td>Net income/expenditure for the reporting period (as per the statement of financial activities)</td>
<td>(7,361)</td>
<td>110,677</td>
</tr>
<tr>
<td>Adjustments for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation charges</td>
<td>11,251</td>
<td>20,779</td>
</tr>
<tr>
<td>Profit on disposal of fixed assets</td>
<td>-</td>
<td>29,719</td>
</tr>
<tr>
<td>Interest received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease/(increase) in debtors</td>
<td>122,499</td>
<td>(496,935)</td>
</tr>
<tr>
<td>(Decrease)/increase in creditors</td>
<td>238,432</td>
<td>769,139</td>
</tr>
<tr>
<td></td>
<td>364,821</td>
<td>433,379</td>
</tr>
</tbody>
</table>