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Science & Technology in childhood Obesity Policy



Science & Technology in childhood Obesity Policy

Start date of project: 1st June 2018 Duration: 48 months

D1.1: Inception Report **Author: ICL**

Dissemination Level

PU	Public	<input checked="" type="checkbox"/>
PP	Restricted to other programme participants (including the Commission Services)	<input type="checkbox"/>
RE	Restricted to a group specified by the consortium (including the Commission Services)	<input type="checkbox"/>
CO	Confidential, only for members of the consortium (including the Commission Services)	<input type="checkbox"/>



Abbreviation	Definition
CA	Consortium Agreement
GA	Grant Agreement
DoA	Description of the Action
EC	European Commission
PC	Project Coordinator
PM	Project Manager
PSC	Project Steering Committee
SAC	Scientific Advisory Committee
SoA	State of Art
WP(s)	Work Package(s)



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1 Background and objectives

1.1 Summary of “project history”

STOP “*Science and Technology in childhood Obesity Policy*” is a four-year project aiming at expanding and consolidating the multi-disciplinary evidence base upon which effective and sustainable policies can be built to prevent and manage childhood obesity. STOP also aims at creating the conditions for evidence to translate into policy and for policy to translate into impacts on the ground. The primary focus of STOP is on the cumulative impacts of multiple and synergistic exposures in vulnerable and socially disadvantaged children and their families, which must be a priority target for the fight against childhood obesity in Europe to reach a tipping point and succeed. STOP will identify critical stages in childhood (starting from prenatal exposures) at which interventions can be most effective and efficient.

The project covers the research Topic “SFS-39-2017 - How to tackle the childhood obesity epidemic?”. The proposal was submitted via the Participant Portal on February 2017. Upon favourable evaluation by the European Commission services, the consortium was invited to enter into negotiation which was successfully concluded on May 2018.

Below some general information about the project:

- Starting date: 1st June 2018;
- Duration: 48 months;
- Estimated eligible costs: EUR 10,533,845.16
- Maximum financial contribution: EUR 9,600,862.88
- List of project beneficiaries:

No.	Name	Short Name
1	Imperial College Of Science Technology And Medicine	ICL
2	Istituto Superiore Di Sanità	ISS
3	Tervise Arengu Instituut	NIHD
4	Istituto Di Studi Per L'integrazione Dei Sistemi	ISINNOVA
5	Universitatea De Medicina Si Farmacie Victor Babes Timisoara	UMFT
6	Instituto De Saude Publica Da Universidade Do Porto	ISPUP
7	Institut National De La Recherche Agronomique	INRA
8	Universiteit Hasselt	UHasselt
9	European Public Health Alliance	EPHA
10	World Obesity Federation	WOF
11	Univerza V Ljubljani	UL FS
12	Karolinska Institutet	KI
13	Nacionalni Institut Za Javno Zdravje	NIJZ
14	Sveuciliste U Zagrebu Kinezioloskifakultet	KIFUNIZG
15	The University Of Auckland	UOA
16	Fundacion Privada Instituto De Salud Global Barcelona	ISGLOBAL
17	Università Degli Studi Di Torino	UNITO
18	Terveysten Ja Hyvinvoinnin Laitos	THL
19	World Health Organization	WHO
20	Consortio Centro De Investigacion Biomedica En Red M.P.	CIBER
21	Ministerio Da Saude – Republica Portuguesa	DGS
22	University Of Southern California	USC
23	Etablissement D'enseignement Superieur Consulaire Hautes Etudes Commerciales De Paris	HEC
24	Institut Des Sciences Et Industries Du Vivant Et De L'environnement - Agro Paris Tech	APT



1.2 Objectives of the inception report

This Inception Report is the first integrated basic document of the STOP project, which aims at:

- Summarise the scope of the project, the general methodological approach and the objectives of the twelve work packages as described in detail in the DoA;
- Point out all the modifications to the workplan agreed so far among the consortium;
- Report all the progress accomplished in each work package during the first six months.

According to the workplan, this document constitutes Deliverable 1.1. and it is submitted to the European Commission via the Research Participant Portal.

2 Progress so far and preliminary achievements

2.1 Kick-off meeting

The STOP Kick off meeting was organised in London on 4th and 5th June 2018 and hosted by the Coordinator, Imperial College London.

a. Attendance

All beneficiaries and third parties attended the kick off meeting in London, except EIT Health, who had to send their apologies. In addition, the coordinator of the Co-Create project was invited to foster synergies between the two projects.

b. Contents

The Kick off meeting included a general overview of the STOP project, with presentations on: project structure, expected impacts, project management, consortium agreement, ethics requirements and individual Work-Packages (WPs) in plenary sessions. The meeting included also breakout sessions in which the various WP groups had the opportunity to discuss next steps. The meeting also included a specific session for administrative staff. The Coordinator of Co-Create, prof. Knut-Inge Klepp presented an overview of the project to the audience- and Prof. Franco Sassi also presented the STOP project at the Co-Create kick off meeting in Oslo.

c. Available documents

An agenda is available in annex 1. A Summary Record was shared with the Project Officer, and is available on request from the Project Manager at Imperial College London, together with a list of key STOP contacts, also distributed at the meeting, and attendees register is also on file.



2.2 WP1 – Coordination and management

The STOP management team, composed of members of ICL (Project Coordinator – PC) and ISINNOVA (Project Manager – PM), work together closely on a daily basis to ensure the smooth running of the project.

2.2.1 Task 1.1 Scientific coordination

This task will ensure the coordination of all the scientific activities of the project and will, in particular:

- Ensure quality of deliverables, output and periodic reports
- Establish an internal quality control mechanism based on the Consortium Agreement provisions to ensure excellent quality of project deliverables
- Guarantee the appropriate level of consistency and integration of all project activities.

The scientific management of the project will be under the responsibility of the PC, together with the Project Steering Committee (PSC), a collegial body including all STOP WP leaders and the PM, and chaired by the PC.

The PSC will ensure that STOP has sound overall scientific management, ensuring timely and quality production of deliverables and other relevant documents, fluent coordination of all scientific activities, and seamless communication amongst the broad partnership; and it will be a suitable venue for the discussion of problems and opportunities facing the project, and for the exchange of operational and technical aspects relating to knowledge, progress and outputs produced by the work packages. It convenes twice a year in combination with the other main project events.

The scientific coordination benefits from the support of a Scientific Advisory Committee (SAC). The SAC will meet 2 times during the project lifetime in combination with the PSC meetings.

As planned in the workplan, the kick off meeting has been organised during the first month of the project.

2.2.2 Task 1.2 Administrative and operative management

This task concerns all the contractual and administrative issues required by STOP project.

The administrative and operative management of the project is carried out by the PM in close cooperation with the PC.

In addition to the day-to-day operational management and to support the PC in the operational implementation, monitoring and follow-up of all tasks foreseen in the project workplan, below are listed the main activities under task 1.2:

- Establishing, finalising and managing all contractual arrangements arising from the progressive implementation of the Workplan including preparation and submission of the Amendment requests;
- Draft, enforcement and maintenance of the Consortium Agreement;
- Coordinate and support the preparation of project deliverables and periodic reports, including financial statements;
- Administrating the financial resources of the project, in conformity with the rules and procedures set out by the Commission to this effect, and, in particular, ensuring that all payments, including reimbursement of travel and other expenses, are promptly forwarded to all involved.

The STOP management team has so far been active in ensuring a productive and efficient start to the project. With frequent communications to partners and WP leaders, we ensure that all administrative and contractual situations are resolved swiftly and ensure that the PO is consulted when necessary.



2.2.3 Task 1.3 Project Liaison

The STOP ICL Managing team (Ms. Cristina Romano, along with the Prof. Franco Sassi) are in regular contact with the consortium and the Project Officer to ensure we are communicating effectively within the project team and with the European Commission.

2.2.4 Task 1.4 Risk management

The STOP management team are in the process of updating and maintain the risk registry that was developed at the proposal stage to ensure that all risks are minimal and mitigated where possible.

ISINNOVA is in charge of maintaining and updating the registry and to support the PC and the partners concerned in quickly enact the mitigation plan to solve risks as early as possible.

2.2.5 List of deliverables and milestones

Deliverable title and number	Due date
D1.1: Inception report	30/08/2018
D1.2: Data Management Plan	30/11/2018
D1.3: Ethics report – period 1	30/11/2019
D1.4: Ethics report – period 2	31/05/2021
D1.5: Ethics report – period 3	31/05/2022

2.3 WP2 – Measuring childhood obesity, disparities and geographical variations

2.3.1 Review of the work package objectives

The original work-package objectives, as per DoA remain unchanged:

WP2 will leverage the NCD-RisC data pooling and analytical approach to estimate, for the first time ever, mean BMI and prevalence of BMI categories, including overweight and obesity in children and adolescents of different ages and sex in all European countries, based on measured data on height and weight, from at least 1975. The work will be further expanded in three key directions, by generating the following estimates:

- (a) mean BMI and prevalence of BMI categories for rural and urban children and adolescents, in all EU countries;
- (b) mean BMI and prevalence of BMI categories by socio-economic status, in all European countries; and,
- (c) mean BMI and prevalence of BMI categories for the full age 0-19-year age range to establish the age trajectories of BMI through the entire period of childhood and adolescence.

2.3.2 Progress so far

We have focused on mapping the potential and challenges of data pooling for analysing population-level trends in obesity, especially when population subgroups, e.g., in relation to rural and urban place of residence and socioeconomic status (SES) are considered, with emphasis on how we will complete each task as listed below.

Task 2.1: Development of data collection protocol

Task 2.2: Scoping and initial data collection on children under the age of 5

Task 2.3: Analysis of BMI, height and obesity over the entire childhood and adolescence age span

Task 2.4: Analysis of BMI and obesity by rural and urban place of residence

Task 2.5: Analysis of BMI and obesity by SES

Based on discussions with WP partner participants, we have decided that:



Task 2.1: A meeting of WP partners to be held in Year 1 to design a protocol for collating population-based data on anthropometric variables from European countries, including inclusions and exclusion criteria that will clarify the use of administrative sources. Work has begun on the draft protocol in anticipation of the meeting which will include explicit inclusion/exclusion criteria that are appropriate for Europe and a list of study meta-information to be collected together with the data.

Task 2.2: WHO European Office will scope access and analysis of administrative data on under-five children's height/length and weight from ministries of health, while also piloting kindergarten-based measurement in three countries.

Task 2.3: It was decided that that ICL concentrate the analysis of BMI, height and obesity for children over five years olds, and WHO will concentrate on under fives. We have begun updating the NCD-RisC databases for European countries which we will use for the analyses together with the data from Task 2.2. We have also begun modifying the Bayesian hierarchical model to be suitable for under-five children.

Task 2.4: We have begun collating data stratified on place of residence paying attention to the definitions of rural versus urban residence in original data sources and ensure that stratified estimates are consistent with the national ones.

Task 2.5: We have established that in population-based data, socioeconomic status can be measured with a variety of indicators including education (of parents for children), occupation (of parents), ethnicity (where relevant), income/wealth (of parents). Because this work package will rely on existing data sources, there will inevitably be a need for identification of variables measured in each source and selecting the most common variable or approaches for harmonising across them as a first step in the analysis. Stratified analysis will use the same approach as Task 2.4.

2.3.3 List of deliverables and milestones

Deliverable title and number	Due date
D2.1: Data collection protocol and meeting report	30/05/2019
D2.2: Report on availability of data among children under age five	30/05/2019
D2.3: Peer-reviewed publication on trends in BMI and height in children and adolescents from birth to 19 years of age	31/05/2020
D2.4: Peer-reviewed publication on trends in mean BMI and prevalence of BMI categories in children and adolescents by place of residence	31/05/2021
D2.5: Peer-reviewed publications on trends in mean BMI and prevalence of BMI categories in children and adolescents by SES	31/05/2022

Milestone title and number	Due date
MS1 First NCD-RisC collaborators' meeting	01/04/2019
MS2 Data collection completed	01/12/2019
MS3 Analyses by place of residence completed	01/04/2021
MS4 Second NCD-RisC collaborators' meeting	01/06/2021
MS5 Analyses by SES completed	01/12/2021

2.4 WP3 – Key determinants of childhood obesity

2.4.1 Review of the work package objectives

The original work-package objectives, as per DoA remain unchanged:

1. To assess the role of multiple environments and exposures in predisposing to children obesity, based on cohorts (including pre-birth and pre-conception), with emphasis on maternal and early life environments;



2. To use existing omics biomarkers measured in children cohorts to identify a molecular signature for obesity;
3. To feed robust causal models, including the identification of their weakest (actionable) segments, into policy work-packages;
4. To measure innovative markers of the food-to-obesity pathways, in particular gut hormones;
5. To understand implications of obesity for later life health events, through markers of ageing (telomere length and microcirculation).

2.4.2 Progress so far

From the WP3 technical session at the kick-off meeting, where all beneficiaries contributing were represented in the room or via Skype, a fruitful discussion evolved and resulted in the following conclusions:

- It has been suggested to create a WP Steering Board that meets on the phone once a month. That would include ICL, ISGlobal and selected cohort representatives. The goal of the SB is to organize the transfer and use of data first, and then monitor advancement.
- Are some cohorts immediately accessible (e.g. Helix? INMA, Rhea, Piccoli through Exposomics? Lifecycle?). It can be possible to have a first wave of analyses building upon existing initiatives. The Exposomics DB can be immediately accessed through IARC (we have a policy set). In the mean time we can address administrative issues concerning data transfer for the others.
- We can start to focalize on some early papers. Tentative proposals:
 - Exploration of pathways to obesity considering diet, SES, family environment.
 - GIS work by Daniela Fecht to start ASAP on available cohorts (for many of them GIS is already available).
 - Application of Oliver' Robinson's work on Urban Exposome.
 - Metabolomic pathways – to make sense of existing signals. Try to replicate them in other cohorts.
 - Epigenetic pathways – Akram Ghantous (IARC) is available to contribute. A suggestion is to start with existing cohorts (e.g. Exposomics) and then replicate in PACE.

In general, it is suggested to remain simple and focused. We need to deliver to policy WPs.

Some simple research questions:

- Can we find simple pathways that lead from family experiences/food to obesity? Can we find certain categories of food that epitomize this (eg Chris Millett is creating an “ultra-processed food score” from EPIC questionnaires).
- Does GIS/urban exposome work add to the findings above showing additional pathways?
- What pathways would be actionable?
- Is there a replicable biomarker signature?

If we have to select specific cohorts it is suggested to go to those with repeat samples and measurements

We need to organize the new lab analyses: Perez in 1,200 urines for the food signature (contact cohorts asap for MTAs); gut hormones in blood; telomere length and microcirculation data are already available in some cohorts. Measurements in saliva (CIBER) need to be clarified.

WP3 held a remote meeting on 9 July 2018.

2.4.3 List of deliverables and milestones

Deliverable title and number	Due date
D3.1: Report on the role of multiple environments and exposures in predisposing to children obesity, based on cohorts	31/03/2020
D3.2: Report on completion of analyses for the molecular signature for obesity and its validation, including microcirculation and telomere length	30/11/2019
D3.3: Report on urinary metabolomics assessment of diet	31/03/2020
D3.4: Report on gut hormone measurements	30/11/2019



D3.5: Report on causal models, including the identification of their weakest (actionable) segments, into policy work packages	30/11/2020
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Milestone title and number	Due date
MS6 Identification of potential areas for technological innovation for WP6 pilot project	01/02/2019
MS7 Environmental and exposure data, omics data, microcirculation and telomere length data, urinary metabolomics assessment, and gut hormones data fed into database	01/04/2020
MS8 Causal models fed into policy WPs	01/12/2020

2.5 WP4 – Regulation and fiscal policies

2.5.1 Review of the work package objectives

The original work-package objectives, as per DoA remain unchanged:

The first objective of the WP will be to compile a comprehensive inventory of the effects of regulatory and fiscal policies. Second, simulation-modelling analysis will be conducted to assess fiscal and nutritional labelling policies on children consumption, weight loss and health by focusing on socio-economically disadvantaged children, in different European countries.

2.5.2 Progress so far

The objectives and the roles of each WP4 partners are expected to play were recalled during the kick-off meeting. The different outcomes for each task were the following:

Task 1: Systematic review and evidence synthesis

Tim Lobstein (WOF) is the task leader, and ICL, WOF, ISS, HEC will contribute to the task. As specified in the Grant Agreement, the focus of the systematic review in WP4 will be threefold, including fiscal policies (food and non-alcoholic beverages); regulation of food labelling; and regulation of the marketing of food products to children. In areas in which systematic reviews have been undertaken previously, STOP will update these reviews and compile “reviews of reviews”, as appropriate.

The reviews will focus specifically on the effectiveness of policy options relating to childhood obesity, and will consider evidence relating specifically to differential effects according to socio-economic status (or other measure of disadvantage or deprivation) in the European region.

Task 4.1 will be initiated following the workshop on conducting systematic reviews to be organised under Work Package 9 (Task 9.1 includes a workshop on systematic review methodology, aimed at supporting all project partners who will be conducting systematic reviews).

Tasks 2 Comparative analysis of the impacts of fiscal policies on food and non-alcoholic beverages in Europe

Olivier Allais (INRA Aliss) is the task leader and INRA will perform the tasks. The objective of first year is to compare the effects of three fiscal policies on children overall diet: Sugar-Sweetened beverages tax, fruit and vegetable subsidy and the combination of the two policies (Deliverable D4.2). A specific attention will be paid to socio-economically disadvantaged children using household’s income as marker.

We started to collect the data needed. Food group elasticities data from ERA-Net SUSFOOD Consortium SUSDIET and EFSA individual children consumption data were obtained. We still need to get EFSA socio-economic data. A request was sent to EFSA.

The assessments will be undertaken for five European countries: Finland, France, Italy, Spain, and Sweden. UK was removed from the original list. It turns out that children consumptions were not collected by EFSA.

The policy effects on the quantities consumed will be the inputs of a micro-simulation epidemiological model that will be developed in WP9.



Tasks 3 and 4 Assessment of parents' food price elasticities and sensitivity to nutritional information; Assessment of the potential impacts of new fiscal and regulatory policies on added sugar in Europe

Olivier Allais (INRA Aliss) is the task leader and INRA will perform the tasks. The overall objective is to simulate the effects of a tax on added sugar and a mandatory labelling policy requiring an added sugar-content label on the FOP of food products specifically marketed to children, and almost exclusively consumed by children (e.g. breakfast cereals, sweetened biscuits and compotes). The main output will be to estimate the variations in the quantity of added sugar purchased from these specific products (Deliverable D4.3). The methodology employed in Allais et al. (2015) will be used for each selected food product category and country.

Our estimations will be based on home scanner data from several European countries. The data need to be disaggregated at both the household and product levels. These data must cover different food categories from several countries. The high cost of this type of data may limit the number of food category and countries for which empirical assessments will be conducted. Our minimal food product category set includes: breakfast cereals, sweetened biscuits and compotes for at least UK and France and preferably Portugal and Spain as well, over one year (2015 or 2016).

After several meetings with home scanner data providers, it turns out that the best source for this type of data in Europe is Europanel (Kantar, GFK). Nielsen only recently started collecting nutrition information on panel purchases in Europe, and BMI data is still not collected. All this information is collected by Europanel. A feasibility study was carried out by Europanel for UK, France, and Spain. Price negotiations will be held in next September.

Task 5 Assessment of government fiscal and regulatory policy implementation in comparison with international best practice

Stefanie Vandevijvere (UOA, Sciansano, INRA-Aliss) is the task leader, and Public health agencies NIJZ, NIHD, THL, CIBER, and DGS will contribute to the task. A meeting of public health national agencies participating in stop will be held in next October at the OECD, Paris. The objectives will be to identify the sources of data to benchmark policies aimed at improving food environments. This work will be based on the INFORMAS Food-EPI module.

2.5.3 List of deliverables and milestones

Deliverable title and number	Due date
D4.1: Systematic review and evidence synthesis report (WP4)	30/05/2019
D4.2: Report on the comparative assessment of fiscal policies in Europe	31/05/2020
D4.3: Report on the Assessment of the potential impacts of new fiscal and regulatory policies on added sugar in Europe	31/08/2021
D4.4: Report on Food-EPI implementation in selected EU countries	31/08/2021

Milestone title and number	Due date
MS9 Fiscal policy evaluation results	01/12/2019
MS10 Home scanner database formatted	01/02/2020
MS11 Added sugar tax and mandatory front of pack added sugar content labelling policies estimations	01/03/2021
MS12 Parents' price elasticity and sensitivity to nutritional information modelling and estimations	01/08/2021

2.6 WP5 – Consumer Behaviour: creating Demand for Healthy Lifestyles

2.6.1 Review of the work package objectives

The original work-package objectives, as per DoA remain unchanged:

1. To evaluate how national and local governments have created and promoted demand for health through social marketing and behavioural insights;



- To provide governments with the tools and knowledge required to lead multi-stakeholder initiatives promoting healthy behaviours.

2.6.2 Progress so far

From the WP5 technical session at the kick-off meeting, where all beneficiaries contributing were represented, a fruitful discussion evolved. Karen Watson, L. J. Shrum and Tina M. Lowrey met with about 10 potential collaborators to discuss issues dealing with, primarily, the case study component (Task 5.2, to be completed by Karen) and the experimental component (Task 5.3, to be completed by L. J. & Tina). We felt this was the best use of the time, given that Task 5.1 (systematic review) will be led by ICL, and Task 5.4 (long-term impact of Drink Up campaign) will be led by INRA.

We met three very strong potential collaborators:

- There may be an opportunity to cooperate with a Portuguese grocery store chain that can connect individual-level parent/child consumption attitudes with actual ICU-level consumption and has been working with both schools and retailers. Retailers have been identified as an important component to success;
- EIT, representing industry, discussed the potential for combining the work of WP6, in which there will be industry-led pilot projects, with the behavioural experiments of WP5;
- The team from INRA that focuses on food reformulations, who see a feasible connection between our expertise in consumer behaviour and their access to experimental participants.

In addition to these three strong potential partners, we also talked with others from various work packages that may be able to consider future collaborations, depending on the designs we develop post-systematic review (or potentially during systematic review).

Since the kick-off meeting, we have completed the following:

- Had a 5-hour meeting with Karen Watson to suggest format for the case study outline she'll finalize by September (we will be meeting again in September);
- Had a 1-hour meeting with HEC to determine how best to move forward with Karen Watson's consulting contract;
- Made initial contact with the following potential collaborators: WP2, Majid Ezzati; WP4, Olivier Allais; WP6, Boyd Swinburn; WP7, Maroje Soric; WP8, Paulina Nowicka; and WP9, Francesco Branca;
- Had a 2-hour meeting with AgroParisTech (Julien Delarue & Patricia Gurvey) and Vivons en Forme (Caroline Dailly) to discuss details about future collaboration. We will be meeting again in September;
- Communicated with Franco Sassi regarding the possibility of hiring doctoral students for the systematic review component of WP5 (still to be resolved);
- Had a 2-hour Skype meeting with David W. Evans & Dr. Agnes Electra Chlabinska, of London, who have a successful school-based intervention about possible collaboration.

In sum, valuable contacts have been made with future collaborators, Karen Watson's contract is in progress (and she will be finalizing her deliverable by the due date), and assistance with the systematic review component needs to be finalized.

2.6.3 List of deliverables and milestones

Deliverable title and number	Due date
D5.1: Systematic review and evidence synthesis report (WP5)	30/05/2019
D5.2: Case study report	31/08/2020
D5.3: Peer-reviewed publications on quasiexperimental field studies	31/08/2021
D5.4: Peer-reviewed publication on long term impact of Drink Up campaign	31/08/2021

Milestone title and number	Due date
MS13 Acquisition of data for evaluation of the impacts of the Drink Up campaign	01/02/2019



MS14 Site identification and design of quasi- experimental field studies	01/09/2019
MS15 Submission of journal article on long term impact of Drink Up campaign	01/06/2021

2.7 WP6 – Healthy food and food choice environments

2.7.1 Review of the work package objectives

The original work-package objectives, as per DoA remain unchanged:

WP6 will seek to identify ways of effectively promoting the supply and delivery of healthy foods through appropriate food reformulation and formulation programmes and through a redesign of key aspects of food environments to make them conducive to healthy food choices.

A key goal of the WP will be to leverage the strengths of the STOP partnership with the EIT Health Consortium in promoting and supporting industry-led pilot projects aimed at improving key dimensions of children's food environments, to be designed, rolled out and evaluated during the course of the STOP project.

WP6 also aims at applying key INFORMAS tools, particularly the Business Impact Assessment – Obesity and Population-level Nutrition (BIA-Obesity) tool, to generate comparisons across countries, stimulate industry engagement and ensure accountability.

2.7.2 Progress so far

The teams involved in WP6 had excellent discussions and clarified a number of aspects of the tasks within this WP. In particular, some priority-setting was achieved based on the need for the work in this WP to be highly policy relevant to the European context.

Task 6.1 Systematic reviews (led by ICL)

The focus of these reviews was reiterated as the effectiveness and impact of reformulation interventions. In particular, it was recognised that the UK 'structured reformulation' for sugar was the international benchmark approach to focus on and systematic reviews which will support such initiatives more broadly should be defined. Discussions are needed with policy-makers such as in Public Health England or government agencies in other countries ahead of defining the most policy-relevant systematic reviews to conduct. The plan is to undertake consultations with engaged policy-makers in a few European countries which are undertaking or considering structured reformulation approaches. The aim is to understand which systematic reviews would help them the most in policy development. This will then inform the development of the review questions. Teleconferences are being organised for September to achieve this.

Task 6.2 Secondary analyses of food formulation (led by INRA)

- Public health benefits of reformulation: Breads and breakfast cereals are high volume products consumed by children with wide nutritional compositions and sensory properties. A multi-criteria mapping study will be done for these products within the constraints of technical feasibility and consumer acceptability.
- Private sector reformulation initiatives: Two datasets (GNPD-Mintel and the French Observatory of Food Quality) will be used to conduct these analyses.
- Best policy instruments for reformulation: This sub-task will draw together the outcomes from 6.1, 6.2A, and 6.2B.

Discussions on these sub-tasks is underway with a planned face-to-face meeting on December 14th to review progress.

Task 6.3 Industry-led projects (led by ICL but managed by EIT Health)

This task has a €600k budget, but it was considered that this would be used to attract matching funding. Since the major challenge in improving the diets of children was to shift them from processed to natural



foods (rather than one type of processed food to another), this could potentially be the focus of these projects. The details of the call and the timelines are to be worked out over the next 6 months.

Task 6.4 Evaluation of the industry-led projects (led by University of Auckland)

The details of the nature of the evaluation (qualitative, quantitative) will need to be worked through in concert with the development of the details of the call (above).

Task 6.5 Business Impact Assessment on Obesity (led by the University of Auckland)

Phase 1 focuses on company commitments and disclosures. A PhD scholarship position has been advertised to make a start on this sub-task. Euromonitor data has been accessed to provide the mapping of companies across Europe and the decisions will then need to be made about which countries and which types of companies (manufacturers, quick serve restaurants, retailers) to include. The STOP funding will provide mapping analysis, protocols, support and training but the participating countries will need to find some other funding or capacity (e.g. a Masters student) to support the actual data collection and within country engagement. Phases 2 and 3 will occur in the later years of the project and will take the lead from the INFORMAS group based in New Zealand and Australia which are developing these approaches.

In order to provide leadership and support for WP6, Prof Swinburn will be applying for NZ funding to cover his role within the STOP project.

2.7.3 List of deliverables and milestones

Deliverable title and number	Due date
D6.1: Report on systematic review and evidence synthesis (WP6)	30/05/2019
D6.2: Peer-reviewed publication on secondary data analysis of the benefits and challenges of food reformulation initiatives	31/05/2020
D6.3: Report on Business Impact Analysis in selected EU countries	31/05/2021
D6.4: Publication of journal articles evaluating industry-led pilot projects	31/05/2022

Milestone title and number	Due date
MS16 Construction of the database describing the nutritional quality of products, and evaluation of food policies on nutritional quality of food products	01/04/2019
MS17 Release of call for industry-led pilot projects	01/02/2019
MS18 Commissioning of industry-led pilot projects	01/06/2019
MS19 Pilot projects fully implemented and evaluated	01/12/2021

2.8 WP7 – Physical activity

2.8.1 Review of the work package objectives

The original work-package objectives, as per DoA remain unchanged:

- To collate evidence on strategies to increase energy expenditure and investigate why present physical activity interventions have had such a small effect on children’s physical activity level;
- To compare the effect of policies aimed at physical activity, physical fitness and sedentary behaviours on obesity prevention;
- To examine and compare policies on design and use of urban space in 3 specific areas: a) policies for sustainable urban mobility, b) policies for the built urban environment, and c) policies for the integration of urban mobility and land use planning;
- To examine the effectiveness and efficacy of the Healthy Lifestyle intervention, a focused, large-scale, school- based physical activity intervention;
- To assess the barriers and costs to implementing the Healthy Lifestyle intervention in 5 other EU countries (Italy, Finland, Spain, Portugal, Estonia).



2.8.2 Progress so far

Please outline progress so far. Expand, if applicable from the kick-off meeting session – summary below for your convenience:

As a part of the kick-off meeting, a 2-hour session devoted to WP 7 was held where all representatives from all the organisations participating in the respective WP were present. After the overview of the aims of the WP and each of the planned tasks, a fruitful discussion evolved and resulted in the following conclusions:

- It was concluded that the timing of the tasks outlined in the grant agreement is slightly misaligned with the planned dates of the deliverables (D) and milestones (M). More precisely:
 - T7.2. that will contribute to D7.1. and 7.2. starts at the same time as the planned publication of D7.1, and ends 6 months after D7.2.;
 - The beginning of the T7.3. is too close to the M7.1;
 - Task 7.4. starts after the M7.2. related specifically to this task.

Consequently, all the partners involved in the respective tasks agreed on the immediate start of task 7.2, and earlier beginning of the T7.3. and T7.4. This will lead to more timely publication of the deliverables and mitigate the risk of any postponement of deliverables planned within this WP.

- A roadmap to each of the five deliverables planned was devised, with clear milestones and associated timeline set and responsible persons assigned.
- To align with the focus of other WP's, it was agreed that in T7.1 and T7.2 a clear emphasis will be put on preadolescent period, supposing that the extent of the evidence collected within the task will allow this. Regarding T7.2., a possibility that little direct evidence exists on the direct effect of the policies evaluated within this task on the indices of obesity. Accordingly, a contingency plan was devised, and two possible mitigating measures were proposed:
 - a switch of focus, to more indirect effects, such as the increase in physical activity/energy expenditure
 - a link with the T3.1.3 that examines the effects of urban exposome on child obesity and could offer evidence on the direct link between urban environment and weight status.

In line with the conclusions made at the kick-off meeting, the team has immediately started working on T7.1 and T7.2 within which we will systematically review the efficiency of existing policies on fitness, physical activity and sedentary behaviour. More specifically, T7.1. led by KIFUNIZG has started with a systematic review of review articles on related topics. In parallel, we have started devising a protocol for the future literature review, study selection and data extraction. The roles of two independent data extractors are assigned to specific team members, and the WP leader has been given the responsibility of checking the two sets of extracted data. The start of the data extraction has been set in M4.

Next, in accordance with an earlier start of the T7.2. agreed at the KOM, ISSINOVA as task leader is currently undertaking a review of the accessible body of knowledge (policies, projects, studies) focussing on the effects that mobility and land use planning/provisions (and integration thereof) have on physical activity and fitness. Particular attention is going to be given to evidence of indirect impacts (such as the increase in physical activity/energy expenditure), consistently with T7.1, and direct impacts (direct link between urban environment and weight status) on preadolescent obesity, consistently with T3.1.3. The analysis will carry on through M8.

In addition, during M3 a coordinated effort from ISSINOVA and KIFUNIZG will take place through conference calls and e-mail correspondence and will ultimately result in the alignment of the protocols for literature review, study selection and data extraction in the two tasks that will feed into D7.1.

The other two tasks within WP7 (T7.3. and T7.4.) are expected to begin in the second half of the Y1 of the Project.

Finally, during the first months of the project WP5 and WP7 leaders have started exploring the possibilities of collaboration between these two WP's through e-mail correspondence. Initially, the prospect of including physical activity in T 5.3. was examined. More details on the links between WP5 and WP7 are expected by the end of M4.

2.8.3 List of deliverables and milestones

Deliverable title and number	Due date
D7.1: Report on systematic review and evidence synthesis (WP7)	30/05/2019
D7.2: Peer-reviewed publication on the relative effectiveness of interventions on physical activity, physical fitness and sedentary behaviour	30/11/2019
D7.3: Peer-reviewed publication on the effectiveness of the Healthy Lifestyle intervention in Slovenia	30/11/2020
D7.4: Peer-reviewed publication on the cost-effectiveness of the Healthy Lifestyle intervention in Slovenia	31/05/2021
D7.5: Report on the requirements and barriers to implementation of the Healthy Lifestyle intervention model in 5 countries	31/08/2021

Milestone title and number	Due date
MS20 The costs and the effects of PA intervention calculated	01/06/2020
MS21 Data on the requirements and possible barriers to the implementation of PA intervention in five local settings gathered	01/02/2021

2.9 WP8 – Health Care

2.9.1 Review of the work package objectives

The original work-package objectives, as per DoA remain unchanged:

- The objective of this WP is to examine the limitations shown by approaches to addressing childhood obesity in health care settings in large scale experimental studies, and build on the elements that have shown the greatest promise, such as the importance of parental involvement, consistent with the role played by parental lifestyles and choices from early childhood, and the value of selecting children at higher risk (especially from vulnerable groups such as migrants and socioeconomically disadvantaged households).
- Specific objectives include:
- To perform and to document the effectiveness of an early childhood obesity intervention using a mixed-method approach in three diverse sites: Sweden, Spain and Rumania. The intervention will originate in an already developed family-based approach and strengthened with a digital follow up phase. The focus of the evaluation will be on recruitment, attrition, acceptability, as well as patient and care giver satisfaction. Qualitative assessment will be conducted with parents and health care providers about the acceptability of the intervention as well as potential barriers.
- To test effectiveness of the mixed method approach in comparison control group (written lifestyle information or available standard treatment). Primary outcome will be change in BMI z-score in children, secondary outcomes include standard measures such as food habits, eating behaviour, physical activity and novel, not previously used in young children assessment battery - epigenetics, metabolomics, gut hormones and microbiota.
- To evaluate generalisability dimensions to ensure that findings are applicable or adaptable to a wide range of local settings with specific focus on socioeconomically disadvantaged households. Specifically, based on the evidence generated during the study and on available literature, to map best practice management strategies at the critical window of opportunity for an obesity intervention (the preschool age) and propose health care toolkits (universal and country or region- specific across health systems in European countries).

2.9.2 Change with respect to the text of the DoA

With regard to measurements in the trial, we have decided not to include microbiota (because of the financial constrains) and epigenetics as similar assessment can be obtained from blood or urine.

2.9.3 Progress so far

- WP leader went through the plan for the budget for the personal months per site.
- All sites have personnel in mind for the study and will hire staff needed during the summer.
- Ethical application will be ready by September.
- Recruitment is vital and we share experiences from the More and Less study in Stockholm for how this could be set up.
- We discussed and agreed on the inclusion and exclusion criteria for the study.
- Training for parent group leaders will be provided in Timisoara 2nd to 5th of December
- We go through practicalities to think about for the parent groups to be successful.
- Regarding the control group and considering the differences in standard care in the three countries we discuss what to offer.

Measures and time points for evaluation:

- a. Measures
 - i. Weight, height (BMI z-score primary outcome), waist circumference
 - ii. Questionnaires (web based):
 - 1. Sociodemographic variables.
 - 2. FFQ or food diary – depending on validation of metabolomics.
 - 3. Child physical activity and sedentary behavior.
 - 4. Child Eating Behavior Questionnaire (CEBQ).
 - 5. Comprehensive Feeding Practices Questionnaire (CFPQ).
 - iii. Urine (metabolomics/metabolites)
 - iv. Saliva
 - v. Blood (only if financed by WP3)
 - vi. Accelerometers
- b. Time points and measures carried out:
 - i. baseline (all measures),
 - ii. 3 months (post parent groups) (weight and height, waist circumference),
 - iii. 9 months (post app intervention) (all measures),
 - iv. Last measures after 15 or 18 months (6 or 12 months post booster).

The More and Less manual for group leaders and parents

- c. Translation need to be done by mid-November before the training in December.

The MINISTOP app is offered as the follow-up treatment for six months post intervention.

- d. The text in the app will have to be translated by December.

Time plan until intervention starts:

- e. Ethical application submitted mid-September
- f. SOPs – ready by late August
- g. Translation of manual in October
- h. Interventionists employed by September/October
- i. Translation of MINISTOP app ready by December 1st
- j. Intervention starts either 2nd week of January or 1st week of February
- k. Translation of questionnaires during the autumn

Aim 1 – A systematic review on barriers to best practice management of obesity

- l. Possible research questions: What are the characteristics of the successful interventions in health care settings? To whom? By who? Barriers (for inclusion and adherence)? Reasons for drop-out?
- m. Suggestions for filters to use when extracting data (to be mentioned during the first Skype meeting with Louisa Ells from the Cochrane team on 11 June):
 - i. Only made in health care settings
 - ii. Age 0-11 yrs
 - iii. Drop-out
 - iv. Treatment (not prevention)
 - v. Who delivered the treatment
 - vi. To whom was treatment delivered
 - vii. Outcomes of treatment.

WP8 held a technical meeting on 6 June 2018.

2.9.4 List of deliverables and milestones

Deliverable title and number	Due date
D8.1: Report on systematic review and evidence synthesis	30/05/2019
D8.2: Report on design of the RCT, recruitment, measurements, staff training, intervention delivery	31/05/2020
D8.3: Report on the evaluation of the RCT	31/01/2022
D8.4: Peer-reviewed publication on the outcomes of the intervention	28/02/2022

Milestone title and number	Due date
MS22 Experimental intervention designed and staff trained	01/12/2018
MS23 Experimental intervention fully delivered and assessed	01/06/2019
MS24 Experimental intervention follow-up	01/12/2021

2.10 WP9 – Policy analysis methodology and knowledge translation

2.10.1 Review of the work package objectives

The original work-package objectives, as per DoA:

The objectives of this work package are (a) to harmonize the methodology of the policy analysis work packages; (b) to scope interventions and define cost-effectiveness; and (c) to provide tools to enable policy makers to establish and implement policy options.

2.10.2 Progress so far

We discussed WP9 task specification, timeline and involvement of different partners. For Task 9.1 WHO will convene methodological discussions on how to define the research questions (through PICOT format), how to select data sources (published vs. grey literature, structured evaluations vs. more informal assessments), and how to assess the strength of evidence (using GRADE). This will happen through a workshop in Geneva in October 2018. Representatives from WP4-8 are invited. WHO will also prepare a paper containing methodological guidelines for the systematic analysis of policy evaluation and will provide methodological assistance for the design of systematic reviews to WP 4-8.

ICL will assess the effectiveness and cost-effectiveness of scaling up key interventions to the national level through a microsimulation model capturing the main socio-demographic and epidemiologic characteristics of each European country. Policy areas will be the ones considered by WP 4-8 as well as potential other areas reviewed by OECD and WHO (Trade and investment; active transportation; physical activity by prescription).

WHO will then work with the STOP Network of National Public Health Agencies to develop protocols for research on factors influencing successful policy establishment and implementation policies investigated by WP 4-8 (in collaboration with the respective WP leaders). The stakeholder analysis part of this work will be done in collaboration with WP10. The network includes Italy (ISS); Estonia (NIHD); France (INRA); Slovenia (NIJZ); Finland (THL); Spain (CIBER); Portugal (DGS). It will meet once a year, hosted by OECD. The network meetings will also be opened to other Public Health Agencies that are not partners of the STOP project.

Based on the findings of such analyses, WHO will develop policy briefs in the areas covered by WP 4-8, including policy implementation considerations (cost, human resources, link to existing legislation, need for regional agreements, implications for discussions in Codex Alimentarius, implications for trade) in collaboration with the respective WP leaders and members of the STOP Network of National Public Health Agencies.

The systematic review workshop is being organised by WHO, and it will take place in early Autumn 2018.



A meeting of the Public Health Agencies is being organized by OECD in Paris on 17 October 2018.

2.10.3 List of deliverables and milestones

Deliverable title and number	Due date
D9.1: Peer-reviewed publication on methods for the systematic review and synthesis of evidence of the effectiveness of policies	30/11/2018
D9.2: Report on implementation of simulation model developments	31/05/2020
D9.3: Report on results of simulations of policy options	31/05/2021
D9.4: Policy briefs and toolkits (one for each of the policy areas in WPs4-8)	31/01/2022

Milestone title and number	Due date
MS25 Workshop on systematic review methodology	01/11/2018
MS26 Simulation model developments completed	01/02/2020
MS27 Meetings of national public health agencies	01/04/2022

2.11 WP10 – Multi-stakeholder action

2.11.1 Review of the work package objectives

The original work-package objectives, as per DoA remain unchanged:

Overall objective of the WP 10 is to contribute to the improvement of obesogenic environments by structuring stakeholders mobilization and participatory involvement, sharing knowledge, using whole-of-society approach, promoting shared understanding of ‘health in all policies’ drivers, challenges and solutions of the obesitogenic environment in which children live.

The evidence generated in WP4 – WP8 and the policy evidence synthesis and toolkits (WP9) will feed into the final multi-stakeholder action network package, with the following specific objectives which remain unchanged:

- to compose a comprehensive and all-inclusive list of STOP stakeholders, relevant for childhood obesity;
- to provide better understanding of the stakeholders social networks, their power, orientation and drivers for actions and cooperation;
- to provide insights in perspectives and interests of stakeholders, including their cognitive processes, and put it in the perspective of the STOP policy work packages and real life situations;
- to provide the accountability framework, including monitoring actions;
- to provide a sustainability plan.

2.11.2 Progress so far

The WP10 approach with stakeholders was presented to project partners and opened questions were debated at the kick off meeting. The proposed approach was new for some of the partners and some clarifications were needed. We agreed to additionally consider how to engage specific groups of stakeholders, especially from the private sector.

The goal of WP 10 is to build a forum in which multiple and diverse stakeholders can work together to improve children’s environments.

To reach that goal we have implemented the following actions so far:

- conceptualization of the welfare mix to identify stakeholders, based on the nutrition framework;
- guideline document for stakeholder identification was prepared which was pre-tested;
- the national list for WP4 to WP8 topics was prepared as a guiding example;
- guidelines for the identification of the content topics and to compose differentiation statements was prepared, needed to perform segmentation of stakeholders;
- WP4 to WP8 leaders were invited to compose the stakeholders lists for the respective work packages 4 to 8 and to define the diversifying statements.
- we have considered how to approach stakeholders in line with GDPR.



Partners were urged to participate in two tasks during summer (all partners):

1. indicating relevant stakeholders according to the welfare mix and
2. composing diversifying statements for the stakeholder survey (work lead by NIJZ in cooperation with UL-FSS and with participation of EPHA), Finnish National Institute has expressed the interest to participate in the testing phase.

STOP stakeholder list composition – testing phase

NIJZ, together with UL-FSS, prepared testing protocol and technical template with the guidance for the composition of the stakeholders list and sent it on 13th July 2018 to the ICL, World Obesity and EPHA to search for the stakeholders at the EU level and THL to search for stakeholders at the national level. For supporting their work, NIJZ has produced a testing national STOP stakeholders list for Slovenia. All listed partners were asked to identify 10 - 20 STOP stakeholders by using testing protocol and technical template and come back with comments and improvement proposals on the methodology and approach by 18th July 2018. That has allowed us to improve the protocol and the template on time and sent them out to the WP4 - WP8 leaders by 25th July, with the deadline 30th September 2018 for respond.

STOP stakeholders list and STOP statements composition

NIJZ, together with UL-FSS, prepared STOP Stakeholders Contact Collection Protocol and sent it to the partners (WP4 - WP8 leaders) on 25th July 2018. WP leaders are expected to follow the protocol, to identify and enter relevant stakeholders for their WP at the EU level in the template. WP leaders are expected to work on the task together with the partners at their work package. The due date for finalization of task is the 30th September 2018.

We also prepared the guidelines for the statements composition “Defining STOP statements guideline” and sent it to partners (WP4 - WP8 leaders) on 25th July 2018. WP leaders are expected to read the guidelines and think about the possible statements by 10th September 2018 – the main aim is to diversify groups of stakeholders with similar positions, for analysing the stakeholder’s network. We do intend to discuss the statements with each individual WP4 - WP8 leader from the end of August on. In September 2018 we will check and finalize proposed statements together. The due date for finalization of that task is the 10th October 2018.

STOP GDPR protocol - addressing the stakeholders

We were researching how to compose STOP stakeholders list and address the potential stakeholders in line with GDPR. GDPR is restricting the approach to stakeholders and increasing the burden for successful implementation of the WP10 action plan. We would like to overcome that by strongly motivating potential stakeholders to join when approaching them for the permission to put them on the STOP list. We tried, together with the WP4 - WP8 leaders' help, to identify motivational ideas, drivers and opportunities for engagement of relevant stakeholders.

We prepared the first draft address for the stakeholders to inform them that since 1st June 2018, the four-years STOP project has been launched, that we have recognized them as stakeholders in the project and that, due to the project participatory approach, we will contact them several times in the next four years. We will finalize the address together with all of the WP leaders in October 2018.

2.11.3 List of deliverables and milestones

Deliverable title and number	Due date
D10.1: Report with the list of stakeholders and short overview of the methodology and process	31/03/2019
D10.2: Social network analysis report	31/05/2020
D10.3: Web questionnaire, comparative final report	31/10/2021
D10.4: Accountability framework, final report with recommendations	31/12/2021

Milestone title and number	Due date
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MS28 Analytical approach developed	01/04/2019
MS29 Accountability framework and recommendations developed	01/01/2022

2.12 WP11 – Dissemination and exploitation

2.12.1 Review of the work package objectives

The original work-package objectives, as per DoA, remain unchanged. The objective of this WP is to maximise the impact of the project. The WP will develop a strategy for the dissemination and exploitation of the project's outputs and will implement this strategy throughout the period of the project.

Specific objectives include:

- To promote the STOP project widely and effectively within Europe and internationally, through dissemination plans involving all partners, and business plans identifying potential commercial opportunities for exploitation of the project outputs;
- To provide an attractive project website, utilise social media channels, and disseminate project results at international conferences and in targeted scientific publications, in public media and stakeholder-related media;
- To ensure that knowledge created in the project is fully transferred to stakeholders with practical guidance for relevant professionals in health, education, advertising, marketing, research and policy development;
- To coordinate the research effort through clustering meetings with other research projects and workshops and conferences bringing together researchers, policy-makers and relevant civil society organisations and other stakeholders.

2.12.2 Progress so far

1. *Kick-off meeting.* At the kick-off meeting, WP11 provided guidance to all partners in respect of the expectations for their role in dissemination and exploitation. This is in advance of the Dissemination and Exploitation Strategy being finalised. The guidance given at the kick-off meeting included:

- the need to develop webpages on all partners' organisational websites
- the need to communicate with WP11 leader about any papers, presentations, abstracts etc expected to be published
- the need to include EU-recommended hashtags/handles in social media
- the need to include accreditation to the European Union in all formal statements
- the project logo
- the project website

2. *Launch media statements.* A media statement was issued by all partners at the time of the kick-off meeting. The World Obesity Federation media statement is available here

https://content.worldobesity.org/site_media/filer_public/9b/26/9b26e42e-fa25-432f-8215-d0fb16cf2fff/stop_child_obesity_project_media_release.pdf

Additional social media messages were issued, including at the kick-off meeting itself, and in a follow-up (with a group photo of the participants).

The project launch dissemination was also publicised in partners' organisations' web news pages and newsletters – see for example

- <https://www.imperial.ac.uk/news/186587/10m-project-tackle-europes-childhood-obesity/>
- <https://epha.org/e/10m-project-launches-to-tackle-europes-childhood-obesity/>
- <http://myemail.constantcontact.com/World-Obesity-Monthly-Newsletter--June-2018.html?soid=1101267849538&aid=MVTYvrEWLYc>



- <http://ispup.up.pt/news/internal-news/ispup-participates-in-project-to-prevent-childhood-obesity-in-europe/663.html/>
- <https://ki.se/en/news/three-questions-to-paulina-nowicka-coordinator-of-kis-participation-in-europes-biggest-research>
- <http://www.hec.edu/News-Room/News/HEC-Paris-Joins-Europe-s-Largest-Project-to-Tackle-Childhood-Obesity>
- <https://cpo.it/en/articles/show/stop-to-childhood-obesity/>

3. *Project logo*. A designer was commissioned to provide a range of options for the project logo, and one has been selected. It has been disseminated to project partners in a variety of formats suitable for different purposes.

4. *Project website*. This is under development, with its own URL proposed for 'www.stopchildobesity.eu'. It will contain project-facing pages for collaborative work between partners, as well as public-facing pages which will provide a summary of the project and describe the objectives, tasks and work-packages, links to partner organisations, and links to the outputs from the project. It will also include accreditation to the European Union for financial support.

5. The project is now listed in the European Commission's CORDIS database at https://cordis.europa.eu/project/rcn/214762_en.html

and in the European Commission's OpenAIRE database at https://www.openaire.eu/search/project?projectId=corda_h2020::e0274b7071f9a58cb0ee5cb9e28c68a3

2.12.3 List of deliverables and milestones

Deliverable title and number	Due date
D11.1: Dissemination and Exploitation Strategy including operational plan and standard practices for the STOP project	30/11/2018
D11.2: Project website with capacity for interactive tools, public engagement and library of materials	30/11/2018
D11.3: First batch of practice abstracts	31/05/2020
D11.4: Child obesity website providing information and resources for the public and for media use	30/09/2021
D11.5: Evidence of scientific output (at least 20 presentations and papers)	31/05/2022
D11.6: STOP intellectual property strategy for managing IP ownership and exploitation of in-project and postproject output	30/11/2019
D11.7: Second batch of practice abstracts	31/05/2022

Milestone title and number	Due date
MS30 Project website developed	01/12/2018
MS31 First issue of eNewsletter developed	01/02/2019
MS32 Symposia organized as satellite events at major conferences	01/04/2022

2.13 WP12 – Ethics requirements

2.13.1 Review of the work package objectives

This work package is composed entirely of five deliverables all due within the first three months of the project start date.

2.13.2 Progress so far

All five ethics deliverables have been submitted.



2.13.3 List of deliverables and milestones

Deliverable title and number	Due date
D12.1: H - Requirement No. 1	31/08/2018
D12.2: HCT - Requirement No. 2	31/08/2018
D12.3: POPD - Requirement No. 3	30/06/2018
D12.4: NEC - Requirement No. 4	30/06/2018
D12.5: GEN - Requirement No. 5	31/08/2018

2.14 Summary of proposed changes / adjustments to the DoA

Under WP8, due to financial constraints, the team decided to do not include in the measurements in the trial microbiota and epigenetics as similar assessment can be obtained from blood or urine.



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2.15 Annexes

Annex 1 –Kick Off Meeting Agenda

Annex 2 –STOP Promotional Leaflet

Day One 4th June

Start time	End time	Item	Session leader	Location
09:30	10:00	Registration & Refreshments		Main Reception / LT2
10:00	10:30	Introductions & welcome addresses	Franco Sassi, Francisco Veloso, Deborah Ashby & Jack Olney	LT2
10:30	11:00	Overview of STOP: project structure	Franco Sassi	LT2
11:00	11:30	Overview of STOP: expected impacts	Franco Sassi	LT2
11:30	12:15	The COCREATE project, presentation and Q&A	Knut-Inge Klepp	LT2
12:15	12:30	H2020 Framework & CA	Megan Coombs	LT2
12:30	13:00	Project management and Q&A	Jack Olney, Andrea Ricci	LT2
13:00	13:15	Ethics requirements	Jack Olney	LT2
13:15	13:45	Lunch		LGS foyer
13:45	14:30	WP11 Plenary – Dissemination & Exploitation	Tim Lobstein	LT2
13:45	(parallel session)	Support session for administrative staff	Megan Coombs, Loredana Marmora	LG19B
14:30		Coffee available in LG foyer		LGS foyer
14:30	16:00	WP Breakout Sessions: WP3, WP4, WP5 (see below for participant allocation)		LT2 / LG19B / CAGB664
16:00	16:30	WP3 session report and Q&A	Paolo Vineis	LT2
16:30	17:30	WP10 Plenary - Multi-stakeholder action	Mojca Gabrijelcic	LT2
17:30		End of day one		
From 18:00		Drinks Reception & Dinner		170 Queen's Gate

Day Two 5th June

Start time	End time	Item	Session leader	Location
08:30		Coffee & Meeting Start		LT2
08:30	08:45	Summary of day 1 and plan for day 2		LT2
08:45	09:15	WP4 session report and Q&A	Olivier Allais	LT2
09:15	09:45	WP5 session report and Q&A	Tina Lowrey	LT2
09:45	10:45	WP2 Plenary – Measuring childhood obesity, disparities and geographical variations	Majid Ezzati	LT2
10:45		Coffee available outside LT2		Outside LT2
10:45	12:30	WP Breakout Sessions: WP6, WP7, WP8 (see below for participant allocation)		LT2 / CAGB664 / CAGB300
12:30	13:00	Lunch		Outside LT2
13:00	13:30	WP6 session report and Q&A	Boyd Swinburn, Franco Sassi	LT2
13:30	14:00	WP7 session report and Q&A	Maroje Soric	LT2
14:00	14:30	WP8 session report and Q&A	Paulina Nowicka	LT2
14:30	14:45	Coffee available outside LT2		Outside LT2
14:45	15:45	WP9 Plenary – Policy analysis methodology and knowledge translation	Francesco Branca	LT2
15:45	16:30	Summary of outcomes, next steps and final Q&A	Franco Sassi	LT2
16:30		Meeting closes		

Required participants in breakout sessions (other partners can choose what session to join):

WP3 session - Key determinants of childhood obesity	ICL, UMFT, ISPUP, UHASSELT, ULFS, KIFUNIZG, ISGLOBAL, UNITO, IARC, CIBER, USC, HARVARD
WP4 session - Regulation and fiscal policies	INRA, WOF, ICL
WP5 session - Consumer behaviour: creating demand for healthy lifestyles	HEC, WOF, ICL, INRA
WP6 session - Healthy food and food choice environments	UOA, ICL, INRA, APT, ISINNOVA, EIT Health, EIT Food, BCFN, EAT
WP7 session - Physical activity	KIFUNIZG, ULFS, ISINNOVA
WP8 session - Health care	KI, CIBER, UMFT, IARC, WOF



Science and Technology in
childhood Obesity Policy

What are the drivers of childhood obesity in Europe?

With four years and
€10M from the European
Commission, we will identify
policy changes to address
childhood obesity across
Europe

Can the right mix of policy initiatives help us STOP the spread of
childhood obesity in Europe?

Our approach:

- Use novel metabolomic techniques to understand obesogenic environments using population-based cohorts
- Through multi-stakeholder action, generate policy-relevant evidence to inform effective and sustainable solutions
- Translate evidence into policy, and policy into impact to tackle childhood obesity in Europe

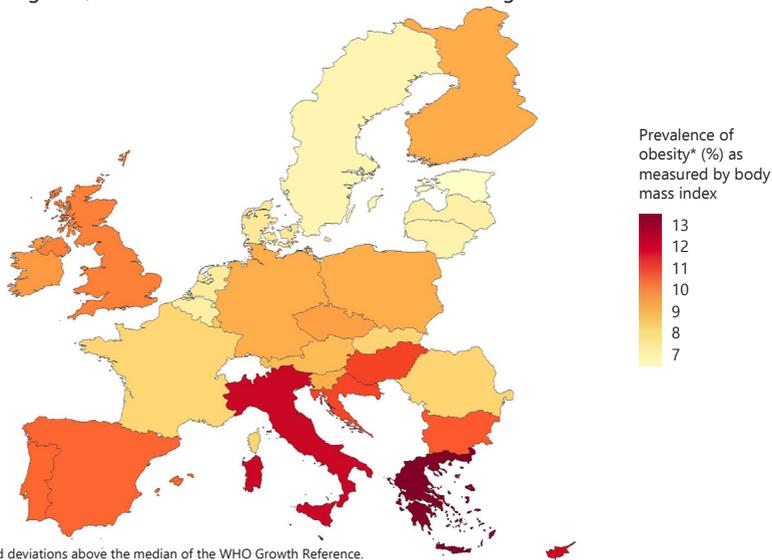
Potential areas of intervention:

1. **Epigenetic and biological mediators of obesity risk**
2. **Clinical interventions with children and families**
3. **Taxes and marketing restrictions on foods and beverages**



Obesity in Europe: a growing crisis

Europe is becoming more obese, with negative impacts on life expectancy, quality of life, and health care costs. By intervening now, we can ensure healthier habits for the next generation.



* Obesity was defined as more than 2 standard deviations above the median of the WHO Growth Reference.

Figure taken from: NCD-RisC et al. (2017) Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. Lancet. 2017 Dec 16; 390(10113): 2627-2642.



Project duration: 48 months (June 2018 – May 2022)

Consortium:

Imperial College of Science Technology And Medicine (UK - Coordinator)
Istituto Superiore di Sanità (Italy)
Tervise Arengu Instituut (Estonia)
Istituto di Studi per l'Integrazione dei Sistemi (Italy)
Universitatea de Medicină și Farmacie "Victor Babeș" din Timișoara (Romania)
Instituto de Saúde Pública da Universidade do Porto (Portugal)
Institut National de la Recherche Agronomique (France)
Universiteit Hasselt (Belgium)
European Public Health Alliance (Belgium)
World Obesity Federation (UK)
Univerza v Ljubljani (Slovenia)
Karolinska Institutet (Sweden)
Nacionalni inštitut za javno zdravje (Slovenia)
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