

WORLD OBESITY FEDERATION
(A Company limited by guarantee)

REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

Company No: 03802726
Charity No: 1076981

CONTENTS	Pages
Legal and administrative information	1
Trustees' report	2–19
Independent auditors' report	20–22
Statement of Financial Activities	23
Balance sheet	24
Notes forming part of the financial statements	25–33

WORLD OBESITY FEDERATION

LEGAL AND ADMINISTRATIVE INFORMATION

FOR THE YEAR ENDED 31 DECEMBER 2018

Chair	Professor Donna Ryan
Trustees	Professor Donna Ryan (President) Professor John Wilding (President-Elect) Professor Ian Caterson Professor Karine Clement Dr Victor Saavedra Gajardo Professor Terry Huang Professor Shiriki Kumanyika Professor I. MacDonald Professor Brian Oldfield Professor Joseph Proietto Professor Herman Toplak Professor David York
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Executive Director	Mrs Johanna Ralston
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Charity Registered Number	1076981
Auditors	Tudor John LLP Nightingale House 46–48 East Street Epsom Surrey KT17 1HQ
Principal Office Address	Charles Darwin 2 107 Gray's Inn Road London WC1 X8TZ
Principal Banker	HSBC Bank 156–157 Tottenham Court Road London W1P 9LJ
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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).

WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

Dear friends,

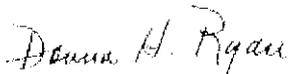
On behalf of the World Obesity Federation, I am pleased to present our annual report for 2018. It was an excellent year, filled with new initiatives and the growth of established programmes, and we were proud to be able to deliver impact at all levels.

Our signature training programme for health professionals, SCOPE, grew in size and reach, while our website and data section received over a million visits. Our work in understanding obesity in health systems resulted in report cards and new intelligence for 30 countries, which will help to tailor programmes and approaches, especially outside the United States and Europe.

In the area of advocacy, we served as the global partner on two new EU projects to address childhood obesity, ensuring that promising practices in the region could be shared with other parts of the world and vice versa. We are delighted that advocacy work towards the UN High-Level Meeting on Non-Communicable Diseases (NCDs), held for heads of state at the United Nations in September, led to inclusion of obesity language in the Political Declaration, which will have a positive effect on national policies and plans. This was complemented by on-the-ground work in Mexico, India and the UAE, where our growing partnerships include launching the Gulf Regional Network. We hosted advocates from four continents at our inaugural Patient Summit in October and set the groundwork for a joint World Obesity Day to combine and align the existing days and weeks, starting in 2020. We were also pleased to focus the theme of the 2018 World Obesity Day on ending weight stigma, and continue to prioritise this throughout our work.

We are delighted to welcome new members and to work more closely with the wider community of organisations across health that are engaged in addressing obesity. Thanks to your efforts, 2019 will be even better, and we look forward to working together to make this happen.

Sincerely,



Donna Ryan
President

WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

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 cover:

Membership – to create a global community of organisations dedicated to solving the problems of obesity.

Research – to collate, conduct and disseminate world-leading research into obesity, its impact, causes, treatment and prevention.

Policy – to influence the policies of professional bodies, businesses and governmental organisations at global, regional and national levels.

Education – to bring rigour, consistency and credibility to the field through educational programmes, practical training, publications, conferences and professional accreditation.

A strategic review in 2019 will result in a new Strategic Plan 2020–2025.

Activities and achievements

A wide range of activities are undertaken to support the strategic goals, including:

- Membership
- Partners and patients
- Journals
- Clinical education (SCOPE)
- Data portal
- Research collaboration
- MAPPS
- Policy and advocacy
- World Obesity Day
- Image Bank
- Healthy Venues Award

Further details on each of these activity areas are provided below.

Membership

Membership consists of national and regional organisations sharing World Obesity's aims and objectives.¹ Membership of World Obesity is an important resource and enabler of collaborations, partnerships and relationships. In 2018, 54 national organisations were voting members of World Obesity. The aim is to grow World Obesity's membership and develop new mechanisms to engage and support member organisations, and in 2018 a working group on membership was formed to begin the process of reviewing the membership structure and value proposition.

Member benefits

Individuals belonging to one of World Obesity's member organisations are entitled to a range of benefits, including:

- Discounted registration fees to World Obesity events
- Discounted subscription rates for the World Obesity journals
- World Obesity's International Awards for Scientific Excellence
- 50% discount on the SCOPE Core Learning Path
- 25% discount on the SCOPE Accreditation fee for members
- Members e-newsletters and webinars
- 20% Wiley publications
- 15% discount on medical books from Wisepress.com
- Opportunities for global networking with experts in the field of obesity

¹ Where no national member organisation exists, individuals may join as Individual Members and receive the same benefits.

WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

Partnership and patients

In 2018, World Obesity continued to run its Action Initiative (AI) programme, members of which receive quarterly newsletters and webinars and these can be viewed here. They were also invited to the annual Roundtable, which took place in April in London, entitled 'Obesity on the Agenda'.

World Obesity also took its first step towards developing a Global Patient Network, delivering a Global Patient Obesity Summit in Windsor, UK, in October. This brought together an international group of people living with obesity and patient advocacy groups, providing provide advocacy training for use on both a national and global platform, giving insights into the latest political, scientific and societal factors relating to obesity, exploring current perceptions, barriers and solutions to effective advocacy, and providing a networking opportunity for patient groups.



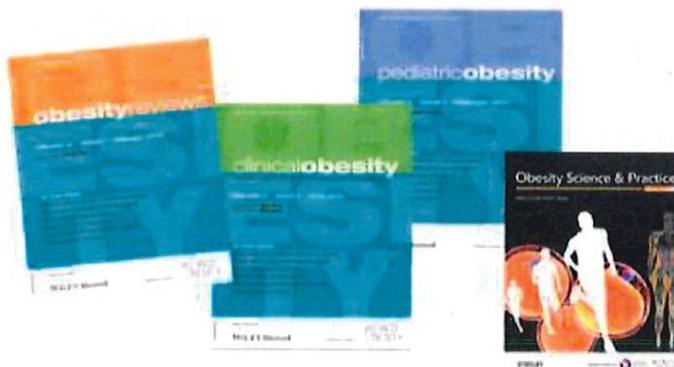
Journals

World Obesity publishes four scientific, peer-reviewed journals, each focusing on a different area of obesity research: systematic reviews, paediatrics, clinical treatment, and science and practice. The journals provide an excellent resource for those in the obesity field and raise the standing and reputation of World Obesity. The aim is to increase the journals' impact and visibility, and ensure high-quality submissions.

The table below shows the impact of World Obesity's three leading journals in recent years:

	2-year citations per paper in 2012	2-year citations per paper in 2017	Impact factor 2017	Impact factor 2018
<i>Obesity Reviews</i>	7.987	8.299	7.880	8.483
<i>Pediatric Obesity</i>	2.732	3.434	3.400	3.980
<i>Clinical Obesity</i>	--	1.636	n/a	n/a

Source: <http://www.scimagojr.com/journalrank.php> and Wiley



Obesity Reviews continued to be the highest ranked obesity journal by Impact Factor in 2018 (source: ISI *Journal Citation Reports*). Thirteen issues were published in throughout the year including a special supplement issue. *Pediatric Obesity* became a monthly, online-only journal in 2018, publishing thirteen issues including five themed special issues and an additional supplement issue. All journals saw an increase in articles downloaded in 2018, and the three subscription-based journals all increased their global reach.

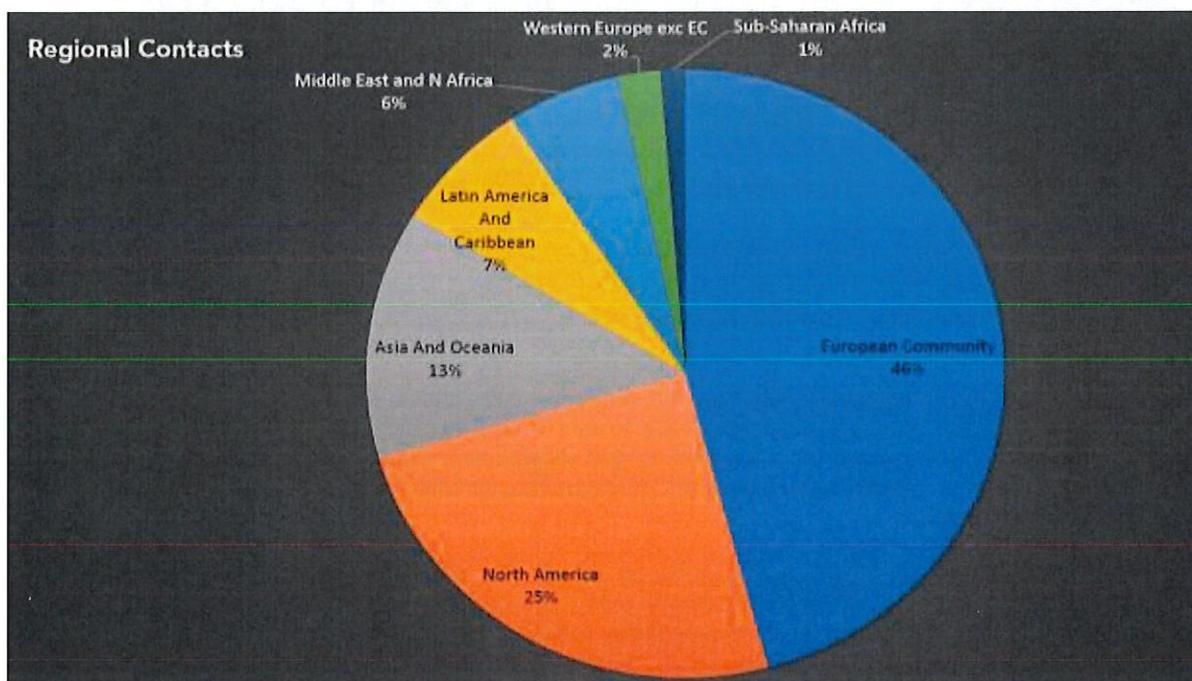
WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

Clinical Education (SCOPE)

2018 was a defining year for SCOPE e-learning as it migrated to a new and more modern platform while also reaching record levels of registration and certifications. During the past 12 months World Obesity also had the chance to look more closely at our audience and understand the profile of current SCOPE users. By reflecting upon current successes and obstacles World Obesity set up and implemented a strategy for enhancement of the programme, through marketing, partnerships, and module development and updates. In 2018, the stage was set for continued expansion and improvement in 2019 through the development of a more structured programme that is more closely linked to SCOPE Schools and has a wider geographic reach and audience.



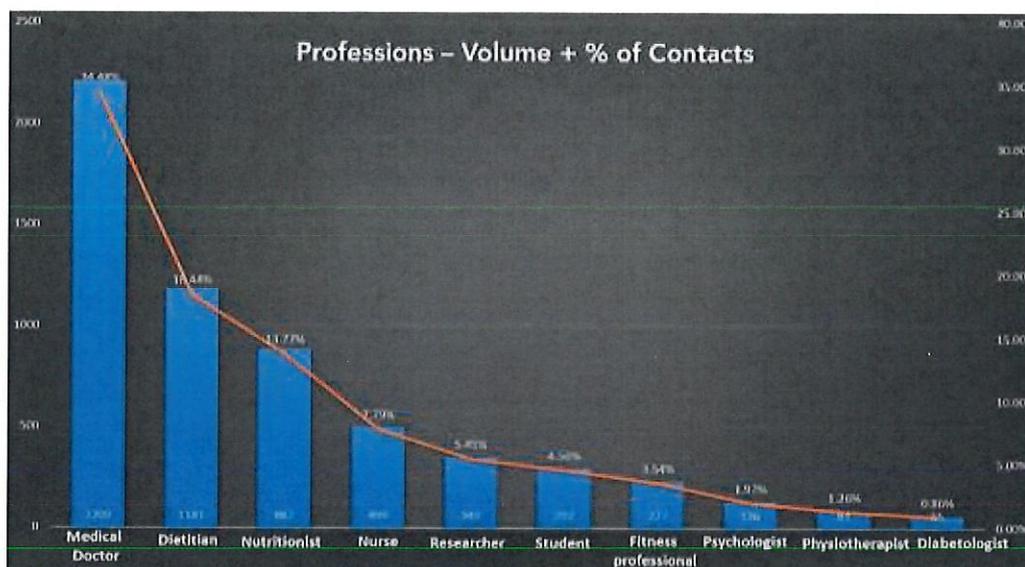
SCOPE's new online platform has: (i) advanced reporting capabilities, (ii) a more intuitive, user-friendly interface, (iii) full compatibility with all mobile devices, (iv) an offline player to allow learners to take modules on the go, and (v) a modern and attractive appearance. The platform migration also gave the chance to review all the educational content. All 43 existing SCOPE modules were reviewed by World Obesity staff, with input from the Clinical Care Committee, to assess whether their scientific content was up to date. Of these, 26 were judged to be up to date and 16 were highlighted as requiring an update, with one module being retired following the review. In addition to scientific updates other changes that were implemented during the redevelopment process include: adding interactive elements, updating text to people-first language, and adding and updating imagery where required, replacing any potentially 'stigmatising' imagery. All modules offered in the new platform are available in English, Portuguese, Spanish and French.

World Obesity decided to hire a marketing agency to assist in gaining deeper insights into the user base and to develop more attractive and relevant material to be distributed both online and at live events. The segmentation exercise carried out by the agency provided a breakdown of users, SCOPE's worldwide coverage, and professional and geographic distribution.

WORLD OBESITY FEDERATION

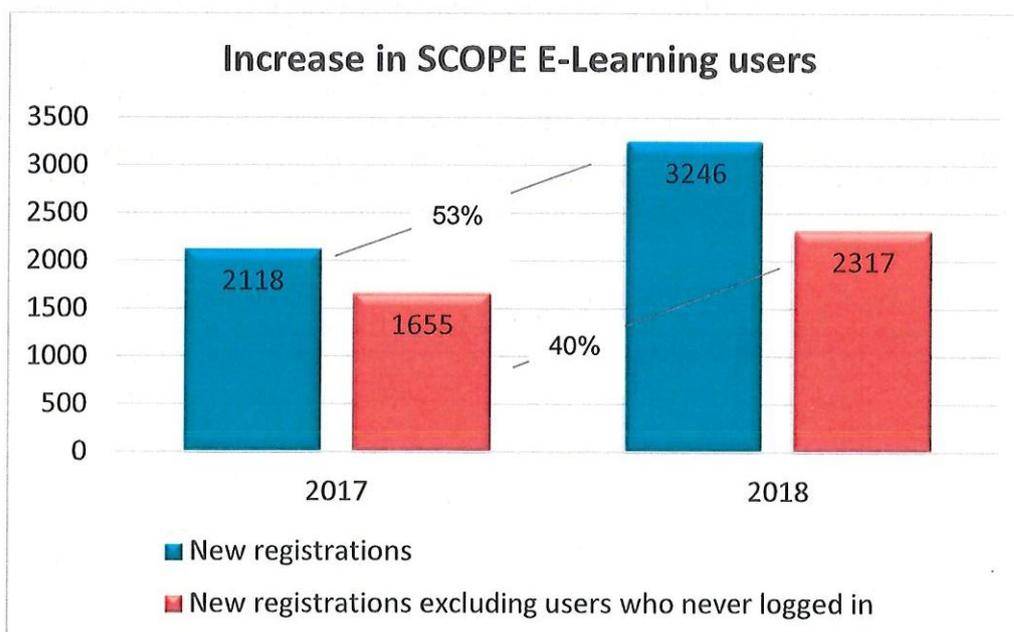
TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018



World Obesity has also started to explore partnerships with different universities around the world, which will help students and fellows in the fields of medicine, nutrition, public health, etc. to earn SCOPE Certification. We have signed an MoU with the Ibero-American University in Mexico and other universities have shown interest in this collaboration: World Obesity is currently exploring partnership opportunities with University College Dublin, the Maharashtra University of Health Sciences and the American University of Beirut.

World Obesity's goal for recruitment in 2018 was to increase by at least 10% the number of new users and certifications compared to the previous year. Following a focused enhancement plan – the implementation of which was successful thanks to a larger team dedicated solely to SCOPE – that included a marketing agency, strategic partnerships, greater involvement from Clinical Care Committee and increase of the programme's visibility through online and in-person events, **there was a record increase of 40% in new registrations compared to 2017.**



WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

A summary of the impact that SCOPE had in the last four years is shown below:

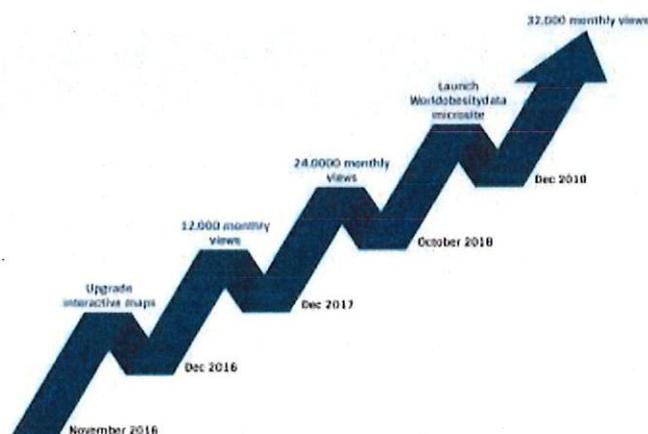
	2015	2016	2017	2018
Number of modules available	34	36	39	43
Number of SCOPE Schools run	3	3	2	5
Number of other SCOPE accredited courses	6	9	18	18
Number of SCOPE registered users	10,797	13,434	15,971	19,217
New SCOPE-Certified professionals	38	51	171	204
Number of SCOPE Fellows	161	162	165	165

Data portal

The data portal is one of the unique offerings of World Obesity and, with the aid of a European Commission operational grant, it has been expanded to provide a range of interactive maps, charts, tables and downloadable slides relating to obesity prevalence, secular trends, social determinants, drivers and data on co-morbidities.

All published information is freely available to download. During 2018 the data transitioned over to its new temporary home on the microsite www.worldobesitydata.org. Visitor rates were maintained throughout the year and, despite the move to the new site, visitor rates increased.

World Obesity Data Portal Views (snapshot for month of December)



WORLD OBESITY

Achievements during 2018 include:

- Over 850 objectively measured surveys included in the interactive maps, presenting prevalence % overweight and obesity by gender in adults and children.
- Interactive prevalence maps available for adults and children (males and female), providing trend data (1960s, 70s, 80s, 90s and 00s, to date)
- Over 1,000 charts prepared and available to download relating to social inequalities, education, age and regional variations.
- Over 100 graphics prepared and translated to cover all 24 official EU languages. All EU-related graphics are available in any EU language on request.

WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

- Over 950 national and regional obesity-related policies and local and national interventions worldwide, available through interactive maps, for both adults and children.
- 28 Country Profiles have been updated for EU Member States summarising data available on each country including translations in the appropriate languages.
- A revised EU Atlas has been compiled from the Country Profiles with additional regional data, and is freely available for download.
- Translated summary country cards are now available for both adults and children for all countries in the EU in their official language(s). These contain obesity prevalence data including socioeconomic data, and also outline progress towards actions being taken to prevent or treat obesity (an example is shown below).



Research collaboration

World Obesity has benefited from joining several European and international research consortia and providing specific services to these consortia, including hosting meetings to disseminate the findings of the research project and writing briefings and papers specifically to bring the results to the attention of policy-making bodies. In 2017 World Obesity completed its participation in the DAPHNE consortium which developed wearable technology and smartphone apps for use in clinically-supervised weight management. See <http://www.daphne-fp7.eu/>.

World Obesity has this year joined two Horizon 2020 consortia on childhood obesity, providing expertise and leading the global dissemination of project activities and outputs (for more on World Obesity's role, see 'Policy and advocacy', below).

- CO-CREATE (Confronting Obesity: Co-creating policy with youth) is a five-country project that takes a systems approach to obesity prevention, and will work with young people to develop policies that can address increasing obesity rates in Europe (<https://www.fhi.no/en/studies/co-create/>).
- STOP (Science and Technology in childhood Obesity Policy) is a 24-country project that will use novel metabolomic techniques to understand obesogenic environments based on population cohorts (<http://www.stopchildobesity.eu/>).

In 2018, World Obesity also participated in a project on inequalities in health and health determinants funded by the European Parliament to undertake a review of the evidence base and prepare a series of case studies. See https://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en#fragment1.

MAPPS – Health Systems (Management and Advocacy for Providers, Patients and Systems)

In 2018 World Obesity started implementing MAPPS, which aims to strengthen health systems for tackling obesity. Specifically, the MAPPS programme will develop and continuously update a comprehensive review of health systems across all countries and use this information to recommend guidelines and approaches for the treatment and management of obesity in different settings. MAPPS gathers intelligence from key local stakeholders on in-country healthcare systems and practices for obesity policy, prevention and treatment and compares countries based on their health systems performance.

Methods

1. Comprehensive literature review on local health systems and national obesity strategies for selected countries.
2. Identify key stakeholders (healthcare providers, economists, ministry of health representatives, academics, patients and World Obesity members) around the world to gain specific inside knowledge on obesity in local health systems.
3. Engage with stakeholders and start data collection through questionnaires and interviews.
4. Data analysis: the results will be recorded, analysed and reviewed to establish how each country is performing.
5. Dissemination.

Results

In 2018 World Obesity completed the mapping of 30 different countries and planned data collection for an additional 20 for 2019. Both a snapshot 'traffic light format' summary report card and a more extensive individual report card for each country were created, which provide a picture of each health system in a user-friendly format. The aim is to create an accessible and extensive database and a heat map showing how different health systems work with regard to obesity and to develop a set of Health System Indices to enable comparison between countries. The analysis will provide a foundation from which to draw up guidelines and approaches for the treatment and management of obesity in different settings.



Obesity Health System Country Report Card

Economic Classification – Upper Middle Income¹
The economy is coming out of a prolonged recession with high levels of inequality, however it is showing signs of rejuvenation.

Health System Summary

The public health system covers approximately 75% of the Brazilian population and it is known as the Sistema Único de Saúde (SUS). The SUS is funded by taxes and contributions from government (federal, state and municipal). The private sector currently services approximately 25% of the population and individuals have the option to purchase an insurance plan or scheme via employer or individually with many receiving tax relief on these payments. There is a wide discrepancy between availability and quality between public and private healthcare.

Where is your country's GOVERNMENT in the journey towards defining 'Obesity as a disease'?	Defined as disease (Green), Partial (Yellow), No (Red), Not known (Grey)	Green
Where is your country's healthcare provider in the journey towards defining 'Obesity as a disease'?	Defined as disease (Green), Partial (Yellow), No (Red), Not known (Grey)	Yellow
Do obesity treatment financing mechanisms facilitate equitable access to care? e.g. Is obesity treatment largely covered by out of pocket expense, insurance or government health provision?	Government (Green), Insurance (Yellow), Out of pocket expense (Red), Not known (Grey)	Yellow
At what level of obesity are people usually eligible access healthcare?	BMI ≥30 (Green), ≥ 25 (Yellow), ≥30 + co-morbidities or ≥ 40 kg/m ² (Red), not defined or not known (Grey)	Red
Is there a system for training health professionals in recognising obesity its prevention and management?	Yes (Green), Partial (Yellow), No (Red), Not known (Grey)	Grey
Are there adequate numbers of trained health professionals in specialities relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)?	Yes (Green), Partial (Yellow), No (Red), Not known (Grey)	Red
Are there adequate numbers of trained health professionals in specialities relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)?	Yes (Green), Partial (Yellow), No (Red), Not known (Grey)	Red

¹ Economics by pet sapra GSI in 2018
https://www.oas.sam.gov/development/ssa/policy/hspp/hspp_current/2018hspp_country_classification.pdf

Have any fiscal measures been put in place to protect/assist/vorm the population around obesity?	Yes (Green), Partial (Yellow), No (Red), Not known (Grey)	Green
Has any government body published any obesity-related treatment recommendations or guidelines for adults?	Yes (Green), Partial (Yellow), No (Red), Not known (Grey)	Green
Has any government body published any obesity-related treatment recommendations or guidelines for children?	Yes (Green), Partial (Yellow), No (Red), Not known (Grey)	Green

Interview Synopsis

Experts suggest the following are currently the top barriers to obesity treatment in Brazil?

1. Cost
2. Discrepancies between healthcare providers
3. Long waiting times
- 4.

Overview of expert feedback

Bariatric surgery available to those with BMI ≥ 40 kg/m² means patients can have up to a 2-year waiting time, costs for private care are prohibitive to the general population so only the wealthy can afford obesity related treatments. Out of pocket expenses are high as cost for medicines are high. For those that do manage to enter the system they can fall out due to inconsistencies in the referral system and poor communication between health providers.

Countries included in MAPPS as of December 31, 2018:

WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018



Policy and advocacy

World Obesity continues its high-profile public health policy and advocacy work by contributing to high-level policy development internationally and collaborating with its members and a large number of local, national and international organisations to drive the global obesity agenda (with a particular focus on World Health Organisation (WHO) and United Nations (UN) targets), and therefore to achieve World Obesity's aims and objectives.

Global policy development and advocacy

World Obesity's advocacy priority in 2018 was to ensure that obesity was included in the NCD agenda in the Political Declaration of the UN High-Level Meeting on NCDs (UNHLM) in September. World Obesity's UNHLM advocacy campaign was called 'obese planet' (www.obeseplanet.org) and focused on three key political asks:

- 1) recognise obesity as a disease and include it in universal health coverage (UHC);
- 2) reaffirm commitment to childhood obesity; and
- 3) prioritise action to address social and commercial determinants of health.

A key highlight for 2018 was the inclusion of obesity in both the report of WHO's NCD Commission on NCDs (*Time to Deliver*) and in the Political Declaration of the UNHLM. This was the result of World Obesity and its members coming together and advocating around a common set of asks and using the same language. World Obesity was represented at both the UN Civil Society Hearing in July and the UNHLM itself, with high-profile speaking roles on panel discussions and delivering statements relating to obesity. World Obesity was joined at the non-state actor consultation by members from the United States, Brazil and India. World Obesity also continues to be in official relations with WHO.

Throughout 2018 World Obesity was invited to join a number of key groups, including the UN Civil Society Working Group established prior to the UNHLM, the NCD Expert Group for the WHO Commission on NCDs, the Bloomberg–WHO NCD Business Case Expert Group, and the WHO/WDF NCD Financing Meeting.



WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

World Obesity also participated in the 140th meeting of the WHO Executive Board and the 71st World Health Assembly, delivering statements covering a range of issues relevant to obesity and NGO participation in policymaking, including on NCDs, climate change, UHC, physical activity and nutrition. World Obesity also participated in the annual meeting of the WHO's Global Coordination Mechanism and in a meeting of the Global Foreign Policy initiative focused on nutrition, and provided consultation and expert advisory services to regional WHO offices, including an extended expert meeting on childhood obesity for WHO EMRO in Sharjah, UAE.

Given the importance of recognising obesity as a disease within health systems, World Obesity worked with members in an initiative led by EASO (the European Association for the Study of Obesity) to change language in the draft version of ICD-11 (currently under review), as providing an accurate code for diagnostic purposes will support the standard of obesity as a disease. World Obesity also began working more closely with UNICEF to align efforts around childhood obesity and is launching a new training programme for health providers as part of ensuring that childhood obesity is addressed within health systems including UHC. This complements World Obesity's work in two new EU-supported consortia (see below).

Building on previous work with the WHO Commission on Ending Childhood Obesity (ECHO), World Obesity has this year started to map national-level implementation of the ECHO recommendations across a range of areas. We worked with WHO to publish a briefing on progress globally, making a series of recommendations for priority actions for achieving global targets. This briefing was launched at a side event of the UNHLM in conjunction with Portugal and WHO EURO. A more comprehensive report is due out in 2019. See the report here <https://www.who.int/end-childhood-obesity/publications/taking-action-childhood-obesity-report/en/>

World Obesity was a founding member and remains an active participant in the European Platform for Diet, Physical Activity and Health, reporting World Obesity activities and speaking on issues relating to members' interests.

Convening leaders and experts

World Obesity hosted breakfast side events at the World Health Assembly and UNHLM, bringing together individuals and organisations with an interest in obesity from all over the world. Both discussed the importance of changing the obesity narrative, focusing more on societal and collective responsibility, and away from individual blame, which perpetuates stigma. These two meetings were used to inform a comment in *The Lancet*, available here: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32537-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32537-6/fulltext) In addition, World Obesity organised a series of roundtables during 2018, bringing together a range of stakeholders, including members, partners, health professionals, civil society, patients and academics. These were held in the United Arab Emirates (UAE), Mexico and the United Kingdom (Chatham House) and provided a platform to discuss obesity, obesity as a disease and other priorities relating to obesity prevention and management in different countries/regions. Further meetings are planned in 2019.

Integrating science and policy

World Obesity plays a key role in the Lancet Commission on Obesity, co-sponsored by World Obesity, the University of Auckland (New Zealand) and George Washington University (Washington DC, USA). The Lancet Commission was launched in 2015, with 26 Commissioners and 15 Fellows from across the globe. The final report of the Commission, *The Global Syndemic on Obesity, Undernutrition and Climate Change*, is due in January 2019 and will be launched at a side event of the Prince Mahidol Award Conference in Bangkok, with other events planned in Sydney, Auckland, Geneva and Brussels. The main report will be supported by a policy briefing that will identify policy priorities and action areas. More information is available here: <https://www.worldobesity.org/what-we-do/projects/lancet-commission-on-obesity>



WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

Disseminating policy and practice

a) EU projects

World Obesity has this year joined two Horizon 2020 consortia on childhood obesity, as noted above ('Research collaboration'), providing global expertise and leading the dissemination of project activities and outputs.

- **CO-CREATE:** Following analysis of existing policies and literature, young people in each country will develop systems maps to analyse obesity in the wider context, before specially created 'Youth Alliances' will use this information to work with experts to develop effective policies, which will then be evaluated. Throughout the project, partners will ensure meaningful youth participation and engagement. World Obesity will use its global reach to assist on the dissemination strategy and implementation, alongside other civil-society partners World Cancer Research Fund International and Save the Children.
- **STOP:** generate policy-relevant evidence to inform effective and sustainable solutions through multi-stakeholder action as well as translating evidence into policy, and policy into impact to tackle childhood obesity in Europe. World Obesity will use its global reach to ensure dissemination and to assist in generating reviews of policy and interventions to tackle childhood obesity.

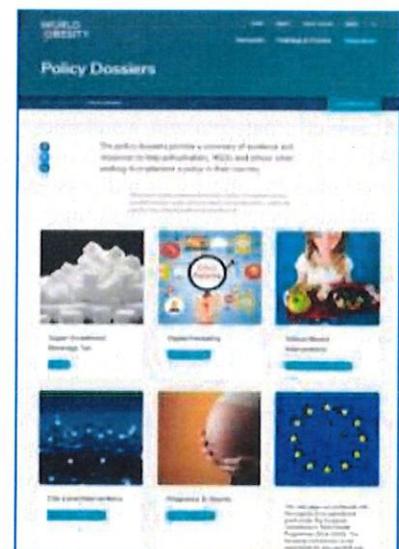


Science and Technology in
childhood Obesity Policy

b) Policy Dossiers/Briefings

With funding from the European Union's Third Health Programme, WOF has launched a new policy resource on the website, consisting of a series of Policy Dossiers bringing together systematic reviews, cost-effectiveness studies, case studies, position papers and reports on a range of different policy areas related to obesity. Policy areas covered to date are sugar-sweetened beverage (SSB) taxes, digital marketing to children, pregnancy, city-level interventions and school-based interventions. Additional dossiers will be added in 2019. The relevant webpages were the second-highest viewed section of the World Obesity website, receiving over 25,000 views in the two months since publication. The dossiers are freely available here <https://www.worldobesity.org/resources/policy-dossiers>.

The Policy Dossiers are supported by Policy Briefings, which highlight the key issues and considerations for implementing policies at a national level. In addition, World Obesity ran two webinars (on SSB taxes and digital-marketing restrictions) to support the respective dossiers. These focused on implementation case studies, with an emphasis on experience and learnings for others. Both are available to view on YouTube.



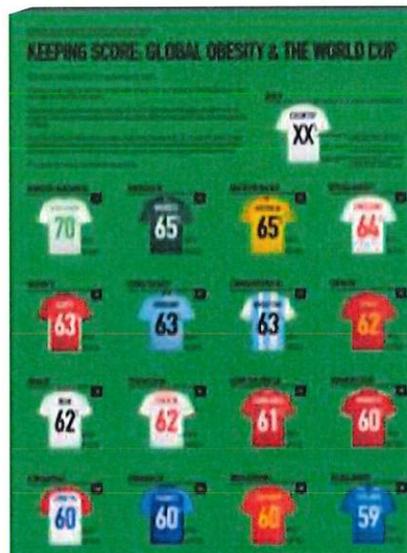
WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

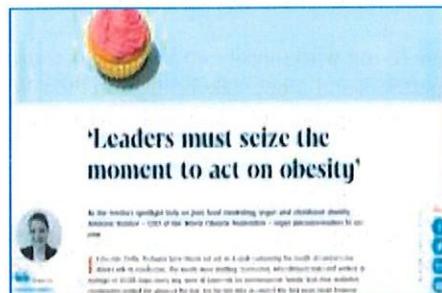
c) Opportunities for advocacy

Throughout the year, World Obesity uses key opportunities such as World Health Day and UHC Day to raise the profile of obesity and associated policies in the global health arena. In 2019, World Obesity used the opportunity of UHC Day to launch and disseminate scorecards published as part of the MAPPs research. In addition, the FIFA World Cup was an opportunity to highlight obesity around the world and to raise concerns about sponsorship agreements of sporting events. Coverage of the scorecard was seen all over the world, from the United Kingdom to Saudi Arabia and Nigeria.



d) Media

World Obesity also uses online and traditional print media, particularly op-eds and other editorial opportunities, to raise the profile of obesity on the global health agenda, particularly focusing on shifting the narrative away from personal blame and individual responsibility towards the social and commercial determinants of obesity. In 2018, World Obesity received coverage in the *New York Times*, *The Guardian*, *Devex*, *El Pais*, *The Lancet*, *Positive News*, *The Hindu*, *The Telegraph*, Thomson Reuters and *BMJ Opinion*, among others.



WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

e) INFORMAS

World Obesity continues to be an active partner in INFORMAS (International Network for Food and Obesity / non-communicable Diseases Research, Monitoring and Action Support) which is a collaboration of scientific and non-governmental organisations concerned with collecting and advocating on the environmental and policy-related drivers of diet and nutrition. More information is available here www.informas.org



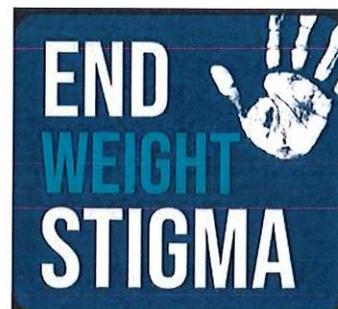
f) Presentation opportunities

World Obesity is frequently invited to speak at meetings, events and conferences around the world. In 2018 these included:

- 'People's food – people's health: towards healthy and sustainable European food systems' – conference of the Austrian presidency of the EU (Vienna)
- 'Best practices in nutrition in the fight against NCDs' – Foreign Policy and Global Health Initiative
- UN High-Level Meeting on NCDs panels (preparatory Civil Society Hearing and UNHLM itself)
- International Diabetes Federation conference
- General meeting of the WHO's Global Coordination Mechanism
- NCD Alliance Cafe at FIGO World Congress
- WHO EMRO consultation on childhood obesity
- EU-funded Health Equity Pilot Project

World Obesity Day

The 2018 World Obesity Day campaign focused on ending weight stigma. The key aims were to raise awareness of weight stigma, shift the narrative on obesity and provide practical steps for shifting behaviour and perceptions of weight. All the information and materials relating to the 2018 campaign are available at <https://www.obesityday.worldobesity.org/>.



The 2018 campaign had a number of key components:

- a survey of image use in the media in over 20 countries (undertaken with Deakin University, Melbourne), which scored images based on the presence of stigmatising attributes. The results were used:
 - to inform a paper in *Clinical Obesity* (see <https://onlinelibrary.wiley.com/doi/10.1111/cob.12282>),
 - to develop a series of scorecards, and
 - to compile a report on weight stigma in the media, building on the research and making recommendations on appropriate image use and language to use in the media and other settings;
- a set of media guidelines;
- a survey of the general public in Brazil, South Africa and the United Kingdom to capture data on perceptions relating to obesity;
- a series of case studies and videos of people living with obesity and their experiences of weight stigma throughout society;
- an advocacy toolkit to support members, partners and other stakeholders in their World Obesity Day activities; and
- the launch of a new Twitter handle (@endweightstigma) and continued work reacting to inappropriate image use in the media.

The Day was very successful:

- large estimated worldwide reach of more than 1,100 million;
- 1,160+ pieces of media coverage mentioning World Obesity Federation, World Obesity Day or weight stigma;
- 57,000 Twitter impressions for @endweightstigma, with 377 new followers and 400 post likes;
- 124,000 Twitter impressions for @worldobesity, including 500+ new followers; and
- 2,000 active website users on World Obesity Day.

WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

Image Bank

In 2016, World Obesity launched a library of images promoting better understanding of people challenged by excess weight. Images used to accompany online or print news stories frequently depict people with obesity from unflattering angles, often inactive or consuming unhealthy food. World Obesity's Image Bank provides alternative photographic images to promote understanding of the importance of appropriate, respectful images of people and the significance of the environmental drivers of weight gain. By the end of 2018 over 160 images were available for free use by media, with three additional shoots planned for 2019 (with the intention of more than doubling the size of the Image Bank).

By the end of 2018 the Image Bank was receiving over 800 users per month, with this trend increasing up to 1,000 a month by early 2019. Of these, 29% of visitors were referrals from social media, 16% from member websites, with the majority of users (55%) as new visitors to the site. Most visitors are from the United Kingdom and United States, followed by Australia, Canada and Brazil.

Healthy Venues

World Obesity continues to work with conference venues big and small around the world to help create healthier meeting experiences. World Obesity launched a 'Healthy Venue' Award in 2015 to promote healthy conference venues and meetings. The Award is based around a set of criteria covering catering, promoting physical activity and workplace health.



The current list of accredited venues includes:

- MiCo Milano Congressi – Silver
- The Forum South Africa – Silver
- Convention Centre Dublin – Silver
- Scottish Events Campus – Silver
- Vancouver Convention Centre – Bronze
- Messe Wien Vienna – Bronze

In addition, World Obesity is supporting a number of venues working towards bronze, silver and gold and anticipate having our first Gold Venues accredited in early 2019.

World Obesity also works with conference associations to help support healthy meetings. This year World Obesity partnered with IACC to produce a guide for venues to support it in managing conference delegate dietary requirements, a part of which focused on the Healthy Venues award and delivering healthy meetings.

WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

Legal status of the World Obesity Federation

The World Obesity Federation (hereinafter World Obesity) was incorporated in the United Kingdom on 8 July 1999 and is a private company limited by guarantee (company registration number 03802726).

World Obesity is governed by its Memorandum and Articles of Association, as updated most recently on 3 May 2016. World Obesity is a registered charity (charity number 1076981) and is not empowered to make financial distributions to its members.

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 Executive Committee 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 feed back 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.

WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

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. The Scientific Programme and the ICO Liaison Committee reports directly to the Executive Committee.

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.

Management

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

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 at 31st December 2018 is enough to cover two years' operating expenses of the charity. 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 takes into account the commitments of the charity such as rental and legal expenses relating to the occupation of the premises at Charles Darwin House, salaries of employees and other similar liabilities, plus programmes and projects that the charity is committed to completing.

The total funds at the end of 2018 were £883,377. The trustees have reviewed the circumstances of World Obesity and consider that adequate resources continue to be available to fund the activities of World Obesity and group for the foreseeable future.

WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

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 taken into account when the reserves policy was agreed, and reserves are held to cover two 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.

WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

Financial Overview

At the end of the year to 31 December 2018 the total funds of the charitable group were £883,377. The overall position of the charity has changed from £537,249 in 2017 to £883,377 in 2018.

The net position for the charity was a surplus of £346,128 in 2018 compared to a deficit of £17,219 in 2017.

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 £844,114 at the year end.

The principal income sources for the charity in 2018 were as follows:

	£
European Commission	199,389
Journals	54,050
Clinical Education (SCOPE)	972,665
Policy activities	601,247
Events	411,919

Appointment of auditors

A resolution to re-appoint Tudor John LLP as auditors for the World Obesity Federation will be proposed at the Annual General Meeting.

This report was read and approved by the Trustees on 30th April 2019, and signed on their behalf by the President and Chair of Trustees, Professor Donna Ryan.

WORLD OBESITY FEDERATION

AUDITORS REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

Report of the Independent Auditors to the Members of the World Obesity Federation (Registered number: 03802726)

Opinion

We have audited the financial statements of The World Obesity Federation (the 'charitable company') for the year ended 31 December 2018 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 2018 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 the provisions available for small entities, in the circumstances set out in note 25 to the financial statements, 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.

WORLD OBESITY FEDERATION

AUDITORS REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

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

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.

WORLD OBESITY FEDERATION

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 DECEMBER 2018

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 LLP
Chartered Accountants
and Statutory Auditors
Nightingale House
46-48 East Street
Epsom
Surrey
KT17 1HQ

Date: 30 April 2019

WORLD OBESITY FEDERATION

STATEMENT OF FINANCIAL ACTIVITIES CHARITY (Incorporating Income and Expenditure account)

FOR THE YEAR ENDED 31 DECEMBER 2018

	Notes	Restricted Funds £	Unrestricted Funds £	2018 Total Funds £	2017 Total Funds £
INCOMING RESOURCES					
Incoming resources from generated funds:					
<i>Voluntary income</i>					
Donations and legacies	2	-	70,000	70,000	90,469
Activities for generating funds:					
Congress and Events		-	-	-	-
Royalties and other income	3	-	89,284	89,284	98,275
Investment income					
Investment income		-	2,773	2,773	74
Incoming resources from Charitable Activities:					
Policy		-	601,246	601,246	32,619
Education		154,612	1,438,634	1,593,246	367,296
Research		44,777	-	44,777	832
Membership		-	34,100	34,100	32,572
Total incoming resources		199,389	2,236,037	2,435,426	622,137
RESOURCES EXPENDED					
Costs of generating funds					
Voluntary income	4	-	88,060	88,060	105,769
		-	88,060	88,060	105,769
Charitable activities:					
Policy	4	-	601,009	601,009	72,931
Membership Services		-	28,632	28,632	25,070
Education		280,909	1,034,603	1,315,512	435,585
Research		39,821	16,264	56,085	-
Total charitable expenditure	4	320,730	1,680,508	2,001,238	533,586
Total resources expended	4	320,730	1,768,568	2,089,298	639,355
Net incoming resources before transfers between funds	5	(121,341)	467,469	346,128	(17,219)
Transfers between funds	11	118,825	(118,825)	-	-
Net movement in funds		(7,516)	348,644	346,128	(17,219)
Funds at 1 January	11	7,472	529,777	537,249	554,468
Funds at 31 December	11	4,956	878,421	883,377	537,249

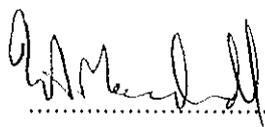
All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in note 12 to the financial statements. The notes on pages 25 to 34 form part of these financial statements.

BALANCE SHEET

AS AT 31 DECEMBER 2018

	Notes	2018 £	2017 £
FIXED ASSETS			
Tangible fixed assets	8	39,263	11,574
Investments		-	-
		<u>39,263</u>	<u>11,574</u>
CURRENT ASSETS			
Debtors	9	187,846	312,399
Cash at bank and in hand		2,439,948	2,127,165
		<u>2,627,794</u>	<u>2,439,564</u>
CREDITORS: amounts falling due within one year	10	(1,783,680)	(1,913,889)
NET CURRENT ASSETS		<u>844,114</u>	<u>525,675</u>
NET ASSETS		<u>£883,377</u>	<u>£537,249</u>
FUNDS			
Restricted funds	11	4,956	7,472
Unrestricted funds – general fund	11	878,421	529,777
	11	<u>£883,377</u>	<u>£537,249</u>

The financial statements were approved and authorised for issue by the Board of the Trustees on ~~30 April 2019~~ and were signed below on its behalf by:



Trustee
Professor Ian MacDonald



Trustee
Dr Donna Ryan

The notes on pages 25 to 34 form part of these financial statements.

CASH FLOW STATEMENT

AS AT 31 DECEMBER 2018

	2018	2017
Cash flows from operating activities	359,810	1,653,740
Purchase of tangible fixed assets	(47,027)	(13,291)
Sale of tangible fixed assets	0	0
Interest received	0	0
	<hr/>	<hr/>
Change in cash and cash equivalents in the reporting period	312,783	1,640,449
Cash and cash equivalents at the beginning of the reporting period	2,127,165	486,716
Cash and cash equivalents at the end of the reporting period	<u>2,439,948</u>	<u>2,127,165</u>
Net income/expenditure for the reporting period (as per the statement of financial activities)	346,128	(17,219)
Adjustments for:		
Depreciation charges	19,338	5,571
Profit on disposal of fixed assets	-	488
Interest received		
Decrease/(increase) in debtors	124,553	(5,554)
(Decrease)/increase in creditors	(130,209)	1,670,454
	<hr/>	<hr/>
	<u>359,810</u>	<u>1,653,740</u>

WORLD OBESITY FEDERATION

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2018

1. ACCOUNTING POLICIES

a) Basis of accounting

The financial statements of the charitable group, which is a public entity under FRS 102, have been prepared in accordance with the Charities SORP FRS 102 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to the Charities Act 2011 and the Companies Act 2006. The financial statements have been prepared under the historical cost convention with the exception of investments which are included at market value, as modified by the revaluation of certain assets.

The reporting currency for the financial statements is GBP.

b) Income resources

Donations and grants

Income from donations and grants are included in incoming resources when these are receivable except as follows:

- When donors specify that donations and grants given to the charity must be used in future accounting periods, the income is deferred until those periods.
- When donors impose conditions which have to be fulfilled before the charity becomes entitled to use such income, the income is deferred and not included in incoming resources until the pre-conditions for use have been met.

When donors specify that donations and grants are for particular restricted purposes, which do not amount to pre-conditions regarding entitlement, this income is included in incoming resources of restricted funds when receivable.

Membership dues, advertising and publishing royalties

Income from membership dues, advertising and publishing royalties are included in the SOFA when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy.

Investment income

Investment income, including interest receivable, is included when receivable by the charity.

Project Income

Income from projects is recognised on an accruals basis as the work on that project progresses.

c) Resources expended

Resources expended are included in the SOFA on an accruals basis.

Certain expenditure is directly attributable to specific activities and has been included in those cost categories. Shared and indirect costs are apportioned on the basis of staff time and the number of full-time equivalent staff. Costs which are attributable to more than one activity, are apportioned across cost categories on the basis of an estimate of the proportion of time spent by staff on those activities.

Fundraising costs are those costs incurred in seeking voluntary contributions and publicity costs associated with raising the profile of the charity.

Governance costs are those incurred in connection with enabling the company to comply with external regulation, constitution and statutory requirements and in providing support to the trustees in the discharge of their statutory duties.

WORLD OBESITY FEDERATION

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 DECEMBER 2018

1. ACCOUNTING POLICIES (continued)

d) Tangible fixed assets

All assets purchased for over £350 will be capitalised. Depreciation is provided on all tangible fixed assets at rates calculated to write off the cost of each asset over its expected useful economic life at the following rates:

Fixtures, fittings and equipment	25% & 33% reducing balance
Computer equipment	25% & 33% reducing balance

e) Investments

Investments are stated at market value at the balance sheet date. The SOFA includes the net gains and losses arising on revaluations and disposals throughout the year.

f) Pensions

The charity operates a defined contribution scheme for the benefit of its employees. The costs of contributions are charged to the income and expenditure account in the year they are payable.

g) Finance and operating leases

Rentals payable under operating leases are charges to the SOFA as incurred over the term of the lease.

h) Foreign currencies

Transactions in foreign currencies are recorded at the rate ruling at the date of the transaction. Monetary assets and liabilities are retranslated at the rate of exchange ruling at the balance sheet date. All differences are taken to the SOFA.

i) Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the company and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors which have been raised by the company for particular purposes. The cost of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

j) Critical Accounting Judgements and Key Sources of Estimation Uncertainty

In the application of the Charity's accounting policies which are described above, trustees are required to make judgements, estimates and assumptions about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of revision and future periods if the revision affects both current and future periods.

The key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements are described below:

Depreciation

Assets are written down over their estimated useful lives. The actual lives of the assets may differ from those estimates. The lives of the assets are kept under review and adjusted as appropriate.

WORLD OBESITY FEDERATION

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 DECEMBER 2018

2. VOLUNTARY INCOME		Restricted Funds	Unrestricted Funds	Total funds	Total funds
		£	£	2018	2017
				£	£
Donations		-	70,000	70,000	90,469
		-	£70,000	£70,000	£90,469
3. ACTIVITIES FOR GENERATING FUNDS		Restricted Funds	Unrestricted Funds	Total funds	Total funds
		£	£	2018	2017
				£	£
Publishing royalties		-	89,284	89,284	98,275
Other income		-	2,773	2,773	74
		-	£92,057	£92,057	£98,349
4. TOTAL RESOURCES EXPENDED	Staff Costs	Direct Costs	Support Costs 2018	Total Costs 2018	Total Costs 2017
	£	£	£	£	£
Membership	6,251	1,614	20,767	28,632	25,070
Policy	148,065	376,796	76,148	601,009	72,931
Education	339,417	785,727	190,368	1,315,512	435,585
Research	28,589	3,268	24,228	56,085	-
Voluntary income	25,799	27,648	34,613	88,060	105,769
	£548,121	£1,195,053	£346,124	£2,089,298	£639,355
SUPPORT COSTS COMPRISE OF:	Governance Costs	Staff Costs	Other Costs	Total Costs 2018	Total Costs 2017
	£	£	£	£	£
Membership	8,080	2,732	9,955	20,767	5,413
Policy	29,627	10,020	36,501	76,148	15,157
Education	74,065	25,049	91,254	190,368	66,041
Research	9,426	3,188	11,614	24,228	-
Voluntary Income	13,467	4,554	16,592	34,613	21,652
	£134,665	£45,543	£165,916	£346,124	£108,263

WORLD OBESITY FEDERATION

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 DECEMBER 2018

5. NET INCOMING RESOURCES FOR THE YEAR	2018	2017
	£	£
This is stated after charging:		
Depreciation	19,338	5,571
Loss on disposal of fixed assets	-	487
Auditors remuneration	8,763	7,380
Operating lease rentals – Land and buildings	19,623	19,623
Other	-	-
	<u> </u>	<u> </u>

During the year, no Trustees received any benefits in kind (2017 - £Nil).

During the year, 1 Trustee received reimbursement of expenses of £2,333 (2017 – £1,419).

6. STAFF COSTS	2018	2017
	£	£
Staff costs were as follows:		
Wages and salaries	565,753	321,880
Social security costs	41,356	23,102
Pension costs	60,633	51,638
	<u> </u>	<u> </u>
	£667,742	£396,620
	<u> </u>	<u> </u>

The number of employees whose emoluments fell within the following bands was:	2018	2017
£60,001 - £70,000	0	2
£90,001 - £100,000	0	1
£110,101 - £120,000	1	0

The average number of employees (full-time equivalent) during 2018 was as follows:

	Number	Number
Charity objectives and projects trading activity	18	9
Fundraising and publicity	1	1
Management and administration	1	1
	<u> </u>	<u> </u>
	20	11
	<u> </u>	<u> </u>

The total number of people employed, both full and part time in the course of the year was 9 (2017: 8).

7. TAXATION

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

WORLD OBESITY FEDERATION

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 DECEMBER 2018

8. TANGIBLE FIXED ASSETS	Office and Computer
	£
Cost	
At 1 January 2018	39,477
Additions	47,027
Disposal	-
	<hr/>
At 31 December 2018	86,504
	<hr/>
Depreciation	
At 1 January 2018	27,903
Charge for the year	19,338
Disposal	-
	<hr/>
At 31 December 2018	47,241
	<hr/>
Net Book Value	
At 31 December 2018	£39,263
	<hr/>
At 31 December 2017	£11,574
	<hr/>

9. DEBTORS	2018	2017
	£	£
Due within one year		
Trade debtors	8,608	197,396
Prepayments and accrued income	175,486	106,231
Amount due from subsidiary company	-	-
Other debtors	3,752	8,772
	<hr/>	<hr/>
	£187,846	£312,399
	<hr/>	<hr/>

WORLD OBESITY FEDERATION

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 DECEMBER 2018

10. CREDITORS: amounts falling due within one year	2018	2017
	£	£
Trade creditors	113,034	16,102
Social security and other taxes	16,330	3,534
VAT	2,890	4,203
Other creditors	1,767	1,848
Accruals and deferred income (see below)	1,649,659	1,888,202
	<u>£1,783,680</u>	<u>£1,913,889</u>

Pension contributions totalling (£3,752) (2017: -£4,506) were payable at the year end and are included within other creditors.

DEFERED INCOME

	2018	2017
	£	£
Amounts brought forward	1,873,132	200,462
Released in the year	(1,873,132)	(200,462)
Deferred during the year	1,528,414	1,873,132
Balance as at 31 December 2017	<u>£1,528,414</u>	<u>£1,873,132</u>

Charity deferred income of £1,528,414 related to income received in 2018 in advance of projects and future conferences.

11. STATEMENT OF FUNDS

Restricted Funds

EU projects:

This part of the restricted funds is received from the EU Commission for carrying out research related EU projects. Through collecting obesity related information and analysis, the projects assist the policy makers throughout Europe to implement appropriate obesity strategies. EU normally only provides partial funding for the projects therefore the remaining balances are covered by the World Obesity Federation's general funds.

Designated Fund

Capital Fund:

This fund has been set up for the charity to build up funds to acquire office premises in the future. However WOF's priority is to increase its free reserve in order to support its charitable operations.

SUMMARY OF FUNDS

	Brought Forward	Incoming Resources	Resources Expended	Transfers in/(out)	Carried Forward
	£	£	£	£	£
Unrestricted Funds	529,777	2,236,037	(1,768,568)	(118,825)	878,421
Restricted Funds	7,472	199,389	(320,730)	118,825	4,956
Total of Funds	<u>£537,249</u>	<u>£2,435,426</u>	<u>£(2,089,298)</u>	<u>£-</u>	<u>£883,377</u>

WORLD OBESITY FEDERATION

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 DECEMBER 2018

12. OPERATING LEASE COMMITMENTS

The following payments are committed to be paid within one year:

	Land and buildings		Other	
	2018	2017	2017	2016
	£	£	£	£
Expiring:				
Within one year	17,578	17,578	-	-
Between one and five years	9,814	27,392	-	-
	<u>£27,392</u>	<u>£44,970</u>	<u>£-</u>	<u>£-</u>

13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Restricted Funds	Unrestricted Funds	Total Funds
	£	£	£
Tangible fixed assets	-	39,263	39,263
Investments	-	-	-
Current assets	4,956	2,622,838	2,627,794
Current liabilities	-	(1,783,680)	(1,783,680)
Net assets	<u>£4,956</u>	<u>£878,421</u>	<u>£883,377</u>

WORLD OBESITY FEDERATION

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 DECEMBER 2018

14. Comparative for the SoFA

INCOMING RESOURCES	Notes	Restricted Funds £	Unrestricted Funds £	2017 Total Funds £
Incoming resources from generated funds:				
<i>Voluntary income</i>				
Donations and legacies	2	-	90,469	90,469
Activities for generating funds:				
Congress and Events		-	-	-
Royalties and other income	3	-	98,275	98,275
Investment income				
Investment income		-	74	74
Incoming resources from Charitable Activities:				
Policy		-	32,619	32,619
Education		155,907	211,389	367,296
Research		832	-	832
Membership		-	32,572	32,572
Total incoming resources		<u>156,739</u>	<u>465,398</u>	<u>622,137</u>
RESOURCES EXPENDED				
Costs of generating funds				
Voluntary income	4	-	105,769	105,769
		-	<u>105,769</u>	<u>105,769</u>
Charitable activities:				
Policy	4	-	72,931	72,931
Membership Services		-	25,070	25,070
Education		159,368	276,217	435,585
Research		-	-	-
Total charitable expenditure	4	<u>159,368</u>	<u>374,218</u>	<u>533,586</u>
Total resources expended	4	<u>159,368</u>	<u>479,987</u>	<u>639,355</u>
Net incoming resources before transfers between funds	5	(2,629)	(14,590)	(17,219)
Transfers between funds	13	(7,482)	7,482	-
Net movement in funds		(10,111)	(7,108)	(17,219)
Funds at 1 January	13	17,583	536,885	554,468
Funds at 31 December	13	<u>7,472</u>	<u>529,777</u>	<u>537,249</u>

