



SHORT OVERVIEW OF THE STOP STAKEHOLDERS  
METHODOLOGY, IDENTIFICATION PROCESS  
AND INITIAL ANALYTICAL OUTCOMES  
STOP WP10, D10.1

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## Executive summary

The STOP project (Science and Technology in childhood Obesity Policy) is a major initiative funded under the EU Horizon 2020 research programme launched this year (<http://www.stopchildobesity.eu/>). The aim of the STOP project is to find the most successful and effective approaches to reduce the incidence of childhood obesity, while helping children already suffering the disease to get the best support.

The evidence generated in all STOP work packages will feed into a final multi-stakeholder action work package, which will be aimed at bringing together key actors from health, health enhancing physical activity, food and the nutrition sector, together with other relevant actors. The aim of that work package is to promote a shared understanding of the challenges and necessity for joint actions to define and implement solutions for childhood obesity. Stakeholder platforms and individual stakeholders were identified by STOP project partners and examined according to the STOP WP10 stakeholders identification methodology (see Annexes).

A rapid assessment of the main (multi-) stakeholder platforms operating at European Union (EU) level has been produced as the first step. The assessment covered nine main EU-level platforms, which were described in accordance with five key characteristics, (1) namely platform aims, (2) working method, (3) types of outputs, (4) membership structure, and (5) level of evaluation. Special attention was given to the structure of platform membership. The overview made clear that the European Commission makes use of (multi-) stakeholder platforms and that several structural opportunities exist in the framework of these platforms to raise obesity-related issues. Most stakeholder platforms operate in a similar way, being based on moderated discussions and with consensus papers as a main output, with several exemptions. A limited number of organisations, namely profit-making private formal organisations, non-profit formal organisations and non-profit public formal organisations dominate the membership of the platforms. These organisations cover a significant, though not full, range of societal drivers of obesity, primarily those related to food production, food consumption, individual activity and societal influences.

While identifying and analysing individual stakeholders relevant to childhood obesity at EU level, we attributed the majority of stakeholders to the sphere of non-profit formal organizations, covering primarily the fields of biology and societal influences. Less than one third of the stakeholders are identified as belonging to any of the other societal spheres.

Comparing the membership structure of EU-level (multi-)stakeholder platforms with the identified individual EU-level stakeholders relevant to obesity, we can conclude that the existing platforms do generally include the main actors active at EU level. However, in terms of relative share, profit-making private formal organisations (organisations representing economic operators) appear to have a stronger presence in the platforms. Also, the societal influence field of biology, while strongly represented among the identified individual stakeholders, is less represented as a topic in multi-stakeholder platforms. This could be explained by the more policy-oriented nature of such platforms. Furthermore, not all types of stakeholders, in particular the non-formal ones, are represented at an EU level which means that certain views and approaches may be absent from EU debates.

The approach and methodology used in this document is giving promising rapid insights and results but should be thoroughly validated for a more generalized use.

## INTRODUCTION

The STOP project (Science and Technology in childhood Obesity Policy) is a major initiative funded under the EU Horizon 2020 research programme launched this year (<http://www.stopchildobesity.eu/>). The aim of the STOP project is to find the most successful and effective approaches to reduce the incidence of childhood obesity, while helping children already suffering the disease to get the best support.

The STOP project logic is addressing not just determinants of childhood obesity, exploration of the relevant sectoral policies to combat it and based on that production of the generalized policy tool with recommended main leverages addressing childhood obesity comprehensively, but also to address stakeholders<sup>4</sup> in a systematic manner and composition of the stakeholders' network. The evidence generated in all STOP work packages will feed into a final multi-stakeholder action work package, which will be aimed at bringing together key actors from health, health enhancing physical activity, food and the nutrition sector, together with other relevant actors. The aim of that work package is to promote a shared understanding of the challenges and necessity for joint actions to define and implement solutions for childhood obesity.

First step in the STOP stakeholders approach is to produce a rapid assessment of the main (multi-) stakeholder platforms operating at European Union (EU) level that can be considered particularly relevant for the prevention of childhood obesity. The assessment explores several key characteristics of such platforms, such as membership typology and working methods in order to act as reference for further activities under the WP, and to allow providing feedback to the European Commission on ways to improve the functioning of European stakeholder platforms following experience gained during the project (Chapter 2).

Secondly, we have linked the process of analysing existing stakeholders platforms to the methodological approach in identifying the individual STOP stakeholders. Structured in-depth mapping of relevant stakeholders, to assure everyone relevant is on board, with the use of the welfare mix logical framework (Figure 1) and obesity diagram (Figure 2) approach (see Annex 1) were implemented.

Welfare mix as a concept was developed to enable the identification of differences among the groups of the welfare states<sup>5</sup>. Since then, welfare mix was used and upgraded for the needs of understanding of different spheres of society in different contexts. For the purposes of the STOP project, we are using the welfare mix for identification of as many relevant stakeholders in the area of obesity as possible, not just usual suspects but also those who are more »in the shadow« or neglected at the moment. To achieve this, we are using a structured approach, identifying all potential main drivers of obesity on one hand and all the spheres of society, defined by the welfare mix, on the other.

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<sup>4</sup> Stakeholders in general are discussed in the report; they are reported as individual stakeholders or as stakeholders involved in platforms, where indicated so.

<sup>5</sup> Esping-Andersen G (1990) The three worlds of welfare capitalism. Princeton, New Jersey: Princeton University Press

Obesity diagram<sup>6</sup> was the first conceptual model to show obesity as a consequence of complex adaptive systems and has a structure centred on the individual, similar to the socioecological model. This structure is helpful in explaining differences between individuals but less helpful in explaining epidemics sweeping across entire populations and is not taking broader perspective of the global syndemic of obesity, undernutrition and climate change into account.

Stakeholders from the existing platforms were invited to get engaged in the STOP stakeholders network (Annex 2). According to GDPR, we are not allowed to report on the stakeholders list. Instead, we have produced an overview of the individual stakeholders, by welfare mix and obesity diagram groups (Chapter 3), being invited to join the STOP stakeholders network. We have analysed them using the same methodology (Annex 1) as for analyses of the existing platforms.

Stakeholders have been invited to participate in the stakeholders' survey, for the purpose of analysing the network – results of that exercise would be the outcome of the D10.2.

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<sup>6</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32822-8/fulltext?utm\\_campaign=tlobesity19&utm\\_content=83639620&utm\\_medium=social&utm\\_source=twitter&hss\\_channel=tw-27013292](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32822-8/fulltext?utm_campaign=tlobesity19&utm_content=83639620&utm_medium=social&utm_source=twitter&hss_channel=tw-27013292)

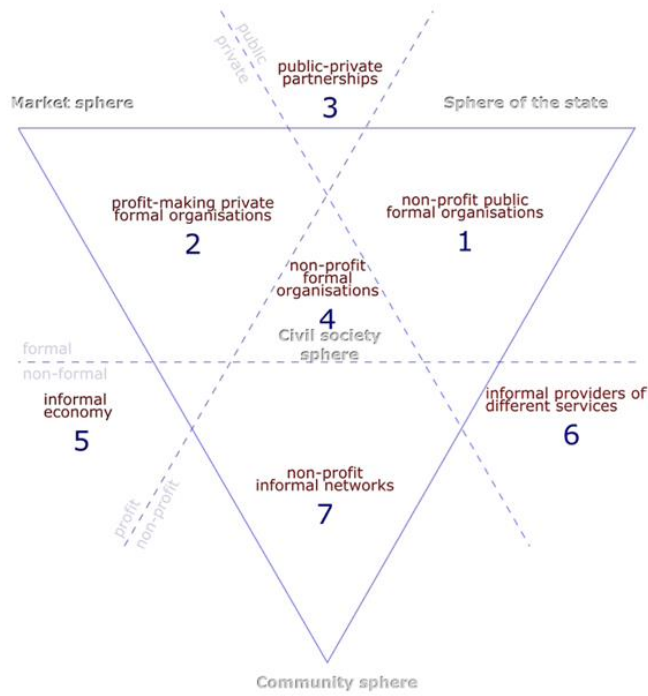


Figure 1: Welfare triangle (adapted from: Pestoff, 1992)

Figure 1: Welfare triangle

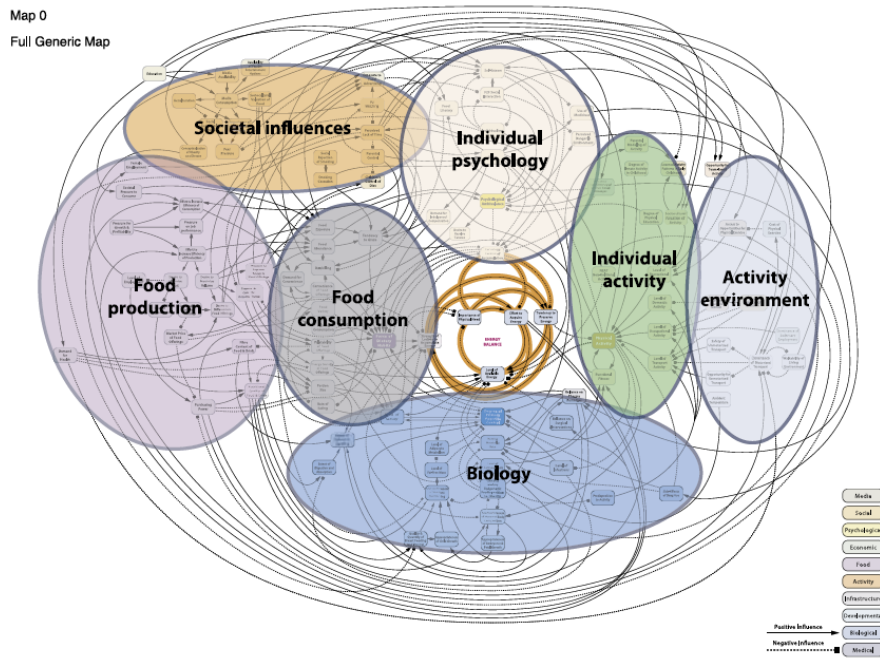


Figure 2: Obesity System Influence Diagram (FORESIGHT, 2007, page: 121)

Figure 2: Obesity system influence diagram



# 1 DESCRIPTION OF EU-LEVEL STAKEHOLDER PLATFORMS RELEVANT TO OBESITY

## 1.1 Introduction

This chapter provides a rapid assessment of the main stakeholder platforms operating at European Union (EU) level coordinated by the European Commission that can be considered particularly relevant for the prevention of childhood obesity. The overview, which reflects on several key topics such as membership typology and working methods, will act as reference for further activities under Work Package (WP) 10 on multi-stakeholder action. It will also allow providing feedback to the European Commission on ways to improve the functioning of European stakeholder platforms following experience gained during the project.

## 1.2 Stakeholder platforms covered by the assessment

The platforms included in the review are listed below. Platforms have been selected on the basis of the following aspects:

- Relevance to the topic of childhood obesity prevention – obesity is either included in the mandate or can be put forward as a topic within the normal functioning of the platform;
- Status of being anchored in EU institutional processes and being coordinated by the European Commission;
- Status of being (semi-)permanent;
- Nature of being a multi-stakeholder platform (with two notable exceptions of platforms that only include government representatives).

These selection criteria yielded a list of the following main EU-level platforms:

1. EU Platform on Diet, Physical Activity and Health
2. European Alcohol and Health Forum
3. EU Multi-stakeholder platform on SDGs
4. High Level Forum for a Better Functioning Food Supply Chain
5. Civil Dialogue Groups
6. EU Health Policy Platform
7. High Level Group on Nutrition and Physical Activity
8. European Union Physical Activity Focal Points Network
9. Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases

### 1.3 Description of each platform based on key characteristics

Each of the selected platforms is presented and described in accordance with several key characteristics. The selected characteristics are:

- Main aim(s) of the platform;
- Short characterisation of working method;
- The type of outputs the platform produces;
- Membership structure – the types of stakeholders represented;
- Whether the platform is evaluated.

The membership of each platform is described in accordance with two classification systems, the first being the 'welfare matrix' and the second the 'Obesity System Influence Diagram' (see figure 1 and 2 for a visual representation of each). The welfare matrix allows a systematic view on which types of societal actors and which spheres of society are represented in a platform. The obesity systems diagram allows a perspective on the types and content of activities carried out by involved actors in relation to the drivers of obesity. Both classification systems provide a structured view on the interests covered by the platforms and, in particular, which areas of society are effectively left out of stakeholder processes, despite having a potential stake in the debate.

Table 1: EU Platform on Diet, Physical Activity and Health

<b>EU Platform on Diet, Physical Activity and Health (est. 2005)<sup>7</sup></b>	
<i>Aim</i>	To provide a forum for all interested actors at European level to: <ol style="list-style-type: none"> <li>1. Discuss their plans to contribute concretely to the pursuit of healthy nutrition, physical activity and the fight against obesity</li> <li>2. Assemble evidence on best practices</li> </ol>
<i>Working method</i>	<ul style="list-style-type: none"> <li>• Members of the Platform introduce commitments that relate to the Platform’s overall theme and annually report on progress.</li> <li>• Moderated discussions.</li> </ul>
<i>Key outputs</i>	Commitments.
<i>Membership structure</i>	32 European organisations Main welfare matrix spheres: <ol style="list-style-type: none"> <li>2 (profit-making private formal organisations)</li> <li>4 (non-profit formal organisations)</li> </ol> Main obesity systems diagram fields: <ol style="list-style-type: none"> <li>b. Food production</li> <li>c. Food consumption</li> <li>d. Individual activity</li> <li>g. Societal influences</li> </ol>
<i>Evaluation</i>	<ul style="list-style-type: none"> <li>• Annual reports describing progress on commitments based on different criteria, but without reference to societal impact of commitments.</li> <li>• Since its inception, one evaluation report of the Platform itself (in 2010).</li> </ul>

<sup>7</sup> [https://ec.europa.eu/health/nutrition\\_physical\\_activity/platform\\_en](https://ec.europa.eu/health/nutrition_physical_activity/platform_en)

Table 2: European Alcohol and Health Forum

<b>European Alcohol and Health Forum (est. 2007)<sup>8</sup></b>	
<i>Aim</i>	Drawing on the model of the EU Platform for Diet, Physical Activity and Health, to support, provide input for and monitor the implementation of the “EU strategy to support Member States in reducing alcohol related harm”.
<i>Working method</i>	<ul style="list-style-type: none"> <li>• Members of the Forum introduce commitments that relate to the Forum’s overall theme and annually report on progress.</li> <li>• Moderated discussions.</li> </ul>
<i>Key outputs</i>	Commitments and reports.
<i>Membership structure</i>	<p>Initially over 60 organisations and individual academics. In 2015 all non-governmental organisations (NGO) and scientific partners left the Forum. The Forum is now dormant.</p> <p>Main welfare matrix spheres:</p> <ul style="list-style-type: none"> <li>2 (profit-making private formal organisations)</li> <li>4 (non-profit formal organisations)</li> </ul> <p>Main obesity systems diagram fields:</p> <ul style="list-style-type: none"> <li>b. Food production</li> <li>c. Food consumption</li> <li>d. Individual activity</li> <li>g. Societal influences</li> </ul>
<i>Evaluation</i>	<ul style="list-style-type: none"> <li>• Annual reports describing progress on commitments based on different criteria, but without reference to societal impact of commitments.</li> <li>• Several progress reports addressing methodological questions regarding the forum.</li> </ul>

<sup>8</sup> [http://ec.europa.eu/health/ph\\_determinants/life\\_style/alcohol/documents/alcohol\\_com\\_625\\_en.pdf](http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/alcohol_com_625_en.pdf)

Table 3: EU Multi-stakeholder platform on SDGs

<b>EU Multi-stakeholder platform on SDGs (est. 2017)<sup>9</sup></b>	
<i>Aim</i>	<p>Support and advise the European Commission and all stakeholders involved in the implementation of the SDGs at EU level.</p> <p>Provide a forum for exchange of experience and best practice on the implementation of the SDGs across sectors and at local, regional, national and EU level.</p> <p>Overweight has been explicitly highlighted as a concern in the framework of EU's implementation of the SDG agenda.</p>
<i>Working method</i>	Moderated discussions, including in thematic sub-groups.
<i>Key outputs</i>	Consensus policy papers (such as the " <a href="#">SDG multi-stakeholder platform contribution to the Commission's Reflection Paper "Towards a sustainable Europe by 2030"</a> ")
<i>Membership structure</i>	<p>31 European organisations, selected individuals and 9 observer organisations</p> <p>Main welfare matrix spheres:</p> <ul style="list-style-type: none"> <li>1 (non-profit public formal organisations)</li> <li>2 (profit-making private formal organisations)</li> <li>4 (non-profit formal organisations)</li> <li>5 (informal economy)</li> </ul> <p>Main obesity systems diagram fields:</p> <ul style="list-style-type: none"> <li>b. Food production</li> <li>c. Food consumption</li> <li>d. Individual activity</li> <li>g. Societal influences</li> </ul>
<i>Evaluation</i>	N/A

<sup>9</sup> [https://ec.europa.eu/info/strategy/international-strategies/global-topics/sustainable-development-goals/multi-stakeholder-platform-sdgs\\_en](https://ec.europa.eu/info/strategy/international-strategies/global-topics/sustainable-development-goals/multi-stakeholder-platform-sdgs_en)

Table 4: High Level Forum for a Better Functioning Food Supply Chain

<b>High Level Forum for a Better Functioning Food Supply Chain (new mandate: 2015-2019)<sup>10</sup></b>	
<i>Aim</i>	<p>Assist the Commission with the development of a solid industrial policy in the agri-food sector with due regard for other policy areas such as food safety, nutrition and health, environment, trade, financial markets, research and innovation.</p> <p>No specific reference to obesity, but can be considered covered by nutrition and health angle. The forum is semi-permanent with a four-year mandate, but with considerable likelihood of continuation.</p>
<i>Working method</i>	Moderated discussions, including in thematic sub-groups.
<i>Key outputs</i>	Consensus policy papers.
<i>Membership structure</i>	<p>22 European organisations and Member States representatives</p> <p>Main welfare matrix spheres:</p> <ul style="list-style-type: none"> <li>1 (non-profit public formal organisations)</li> <li>2 (profit-making private formal organisations)</li> <li>4 (non-profit formal organisations)</li> </ul> <p>Main obesity systems diagram fields:</p> <ul style="list-style-type: none"> <li>b. Food production</li> <li>c. Food consumption</li> </ul>
<i>Evaluation</i>	No evaluation, but activity report at the end of the Forum mandate.

<sup>10</sup> [https://ec.europa.eu/growth/sectors/food/competitiveness/supply-chain-forum\\_en](https://ec.europa.eu/growth/sectors/food/competitiveness/supply-chain-forum_en)

Table 5: Civil Dialogue Groups

<b>Civil Dialogue Groups (est. 1962, new format: 2014)<sup>11</sup></b>	
<i>Aim</i>	<p>Assist the Commission, in particular the Directorate General for Agriculture and Rural Development, and help to hold a regular dialogue on all matters relating to the common agricultural policy, including rural development, and its implementation.</p> <p>No specific reference to obesity, but individual civil dialogue groups of potential relevance include “Quality and promotion”, “Horticulture, olives and spirits”, “Animal products”, “CAP”, “International dimensions of agriculture” etc.</p>
<i>Working method</i>	Moderated discussions.
<i>Key outputs</i>	No clearly identifiable output. Some processes involve data and input gathering from stakeholders.
<i>Membership structure</i>	<p>Approximately 40 European organisations and sometimes Member State representatives</p> <p>Main welfare matrix spheres:</p> <ul style="list-style-type: none"> <li>2 (profit-making private formal organisations)</li> <li>4 (non-profit formal organisations)</li> </ul> <p>Main obesity systems diagram fields:</p> <ul style="list-style-type: none"> <li>b. Food production</li> <li>c. Food consumption</li> </ul>
<i>Evaluation</i>	Tender for an Evaluation of Civil Dialogue Groups launched in 2018.

<sup>11</sup> [https://ec.europa.eu/agriculture/civil-dialogue-groups\\_en](https://ec.europa.eu/agriculture/civil-dialogue-groups_en)

Table 6: EU Health Policy Platform

<b>EU Health Policy Platform (est. in current format: 2016)<sup>12</sup></b>	
<i>Aim</i>	<p>To provide an interactive IT tool to boost discussions about public health concerns, share knowledge and best practices.</p> <p>This can encompass obesity-related activities.</p>
<i>Working method</i>	<p>The tool provides among others</p> <ul style="list-style-type: none"> <li>• “AGORA” – an online space to boost discussion on health-related issues, publish news and events;</li> <li>• “Thematic Networks” – collaborative networks to bring together organisations to produce joint statements on health-related developments.</li> </ul> <p>Also, one physical meeting per year and one bi-annual conference are previewed.</p>
<i>Key outputs</i>	News updates and joint statements.
<i>Membership structure</i>	<p>Over 3500 registered members</p> <p>Main welfare matrix spheres:</p> <ol style="list-style-type: none"> <li>1 (non-profit public formal organisations)</li> <li>2 (profit-making private formal organisations)</li> <li>3 (public private partnerships)</li> <li>4 (non-profit formal organisations)</li> </ol> <p>Obesity systems diagram fields:</p> <ol style="list-style-type: none"> <li>a. Biology</li> <li>b. Food production</li> <li>c. Food consumption</li> <li>d. Individual activity</li> <li>e. Activity environment</li> <li>f. Individual psychology</li> <li>g. Societal influences</li> </ol>
<i>Evaluation</i>	Will be evaluated at the end of the trial period.

<sup>12</sup> <https://webgate.ec.europa.eu/hpf/>



Table 7: High Level Group on Nutrition and Physical Activity

<b>High Level Group on Nutrition and Physical Activity (est. 2007)<sup>13</sup></b>	
<i>Aim</i>	<ul style="list-style-type: none"> <li>• Enables governments to share health and economic analysis, policy ideas and best practices and develop common approaches;</li> <li>• Works on priorities such as improving food products recipes, reducing children's exposure to marketing of foods high in fat, salt and sugars, physical activity, labelling and public procurement of food;</li> <li>• Enhances contact between governments and the EU platform for action on diet, physical activity and health, so that relevant collaboration with and between stakeholders can take place.</li> </ul>
<i>Working method</i>	Moderated discussions.
<i>Key outputs</i>	Guidance documents such as the <a href="#">Framework for national initiatives on selected nutrients</a> , including <a href="#">EU Framework for national salt initiatives</a> , and framework on <a href="#">Added sugars</a> .
<i>Membership structure</i>	<p>Representatives of EU Member States and EFTA</p> <p>Main welfare matrix spheres:</p> <p style="padding-left: 40px;">1 (non-profit public formal organisations)</p> <p>Main obesity systems diagram fields:</p> <p style="padding-left: 40px;">c. Food consumption</p> <p style="padding-left: 40px;">d. Individual activity</p> <p style="padding-left: 40px;">g. Societal influences</p>
<i>Evaluation</i>	N/A

<sup>13</sup> [https://ec.europa.eu/health/nutrition\\_physical\\_activity/high\\_level\\_group\\_en](https://ec.europa.eu/health/nutrition_physical_activity/high_level_group_en)

Table 8: European Union Physical Activity Focal Points Network

<b>European Union Physical Activity Focal Points Network (est. 2013)<sup>14</sup></b>	
<i>Aim</i>	<p>Established by the EU Council “Recommendation on promoting health-enhancing physical activity [HEPA] across sectors” and co-led by the WHO Regional Office for Europe the aim of the national HEPA focus points is:</p> <ul style="list-style-type: none"> <li>• To coordinate the process of making data on physical activity available for the monitoring framework on HEPA;</li> <li>• To cooperate closely among themselves and with the Commission by engaging in a process of regular exchange of information and best practices on HEPA promotion.</li> </ul>
<i>Working method</i>	Moderated discussions.
<i>Key outputs</i>	<ul style="list-style-type: none"> <li>• Data;</li> <li>• Best practice sharing.</li> </ul>
<i>Membership structure</i>	<p>Representatives of EU Member States</p> <p>Main welfare matrix spheres:</p> <p style="padding-left: 40px;">1 (non-profit public formal organisations)</p> <p>Main obesity systems diagram fields:</p> <p style="padding-left: 40px;">d. Individual activity</p> <p style="padding-left: 40px;">g. Societal influences</p>
<i>Evaluation</i>	A short report by the European Commission on the implementation of the Council Recommendation on promoting health-enhancing physical activity across sectors.

<sup>14</sup> <https://eur-lex.europa.eu/legal-content/GA/TXT/?uri=celex%3A32013H1204%2801%29>

Table 9: Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases

<b>Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (est. 2016)<sup>15</sup></b>	
<i>Aim</i>	To provide advice and expertise to the Commission on developing and implementing activities in the field of health promotion, disease prevention and the management of non-communicable diseases (including obesity). It also fosters exchanges of relevant experience, policies and practices between the Member States.
<i>Working method</i>	Moderated discussions.
<i>Key outputs</i>	Best practice policy interventions whose implementation will be facilitated across Member States, including with support of EU financing.
<i>Membership structure</i>	Representatives of EU Member States and EFTA Main welfare matrix spheres: 1 (non-profit public formal organisations) Main obesity systems diagram fields: c. Food consumption d. Individual activity g. Societal influences
<i>Evaluation</i>	N/A

<sup>15</sup> [https://ec.europa.eu/health/non\\_communicable\\_diseases/steeringgroup\\_promotionprevention\\_en](https://ec.europa.eu/health/non_communicable_diseases/steeringgroup_promotionprevention_en)

## 1.4 Main observations from the rapid assessment

Several main observations can be made from this rapid assessment of EU-level (multi-)stakeholder platforms.

1. Next to ad-hoc meetings and consultations related to specific policy files, several structural platforms exist at the EU level coordinated by the European Commission where selected stakeholders can raise and (potentially) pursue obesity-related concerns.
2. In most cases, multi-stakeholder platforms operate on the basis of moderated discussions where stakeholders can provide their views and inputs. The main outputs of such platforms, if available, usually take the shape of consensus-based strategic policy papers or joint statements that aim to be acceptable to members of a given platform. The EU Platform on Diet, Physical Activity and Health and the EU Health and Alcohol Forum are notable exceptions as they operate on the basis of commitments introduced by members. Also, platforms where membership is limited to representatives of public authorities function on a different basis. Such platforms focus on activities such as the sharing of information, ideas and best practices and developing common policy approaches.
3. While policy platforms include different organisations, members are overwhelmingly composed of:
  - profit-making private organisations (commercial stakeholders)
  - non-profit formal organisations (public interest non-governmental organisations)
  - public formal organisations (public authorities).

Several organisations representing commercial stakeholders and public interest non-governmental organisations are members of multiple policy platforms.

They primarily cover obesity diagram fields:

- b. Food production
- c. Food consumption

And also, though to a lesser extent:

- d. Individual activity
- g. Societal influences

The relatively concentrated composition of organisations and the limited participation of less-formalised parts of society may reflect the conditions for membership of EU-level platforms, the lack of resources for other organisations to take part, but also the relatively specific nature of interactions and topics covered.

4. A regular and consistent approach towards evaluating EU policy platforms based on a core set of criteria appears to be lacking, which makes it difficult to assess and compare the platforms' contribution to the aims pursued as well as their overall impact on the policy-making environment.

## 1.5 Main categories of stakeholders represented and societal spheres covered

The table below provides a general mapping of member organisations of European stakeholder platforms in accordance with welfare matrix spheres and obesity systems influence diagram fields.

Table 10: Main categories of stakeholders represented and societal spheres covered

Name of policy platform	Welfare matrix spheres	Obesity systems influence diagram fields
EU Platform on Diet, Physical Activity and Health	2 (profit-making private formal organisations) 4 (non-profit formal organisations)	b. Food production c. Food consumption d. Individual activity g. Societal influences
European Alcohol and Health Forum	2 (profit-making private formal organisations) 4 (non-profit formal organisations)	b. Food (alcohol) production c. Food (alcohol) consumption d. Individual activity g. Societal influences
EU Multi-stakeholder platform on SDGs	1 (non-profit public formal organisations) 2 (profit-making private formal organisations) 4 (non-profit formal organisations) 5 (informal economy)	b. Food production c. Food consumption d. Individual activity g. Societal influences
High Level Forum for a Better Functioning Food Supply Chain	1 (non-profit public formal organisations) 2 (profit-making private formal organisations) 4 (non-profit formal organisations)	b. Food production c. Food consumption
DG AGRI Civil Dialogue Groups	2 (profit-making private formal organisations) 4 (non-profit formal organisations)	b. Food production c. Food consumption
EU Health Policy Platform	1 (non-profit public formal organisations) 2 (profit-making private formal organisations) 3 (public private partnerships) 4 (non-profit formal organisations)	a. Biology b. Food production c. Food consumption d. Individual activity e. Activity environment f. Individual psychology g. Societal influences
High Level Group on Nutrition and Physical Activity	1 (non-profit public formal organisations)	c. Food consumption d. Individual activity g. Societal influences
European Union Physical Activity Focal Points Network	1 (non-profit public formal organisations)	d. Individual activity g. Societal influences
Steering Group on Health Promotion, Disease Prevention and Management of Non Communicable Diseases	1 (non-profit public formal organisations)	c. Food consumption d. Individual activity g. Societal influences

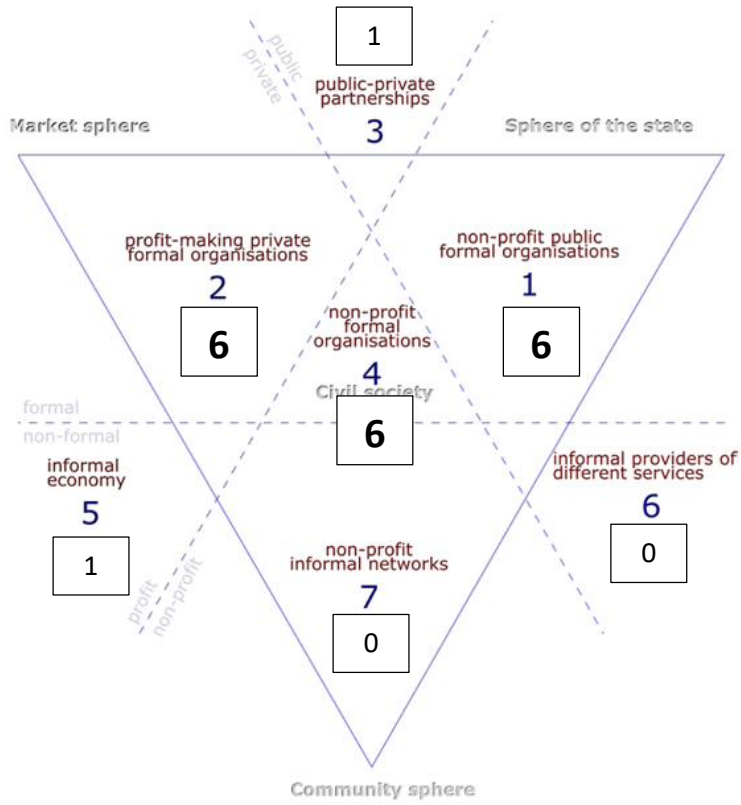


Figure 3: No. of policy in spheres in welfare triangle

Map 0  
Full Generic Map

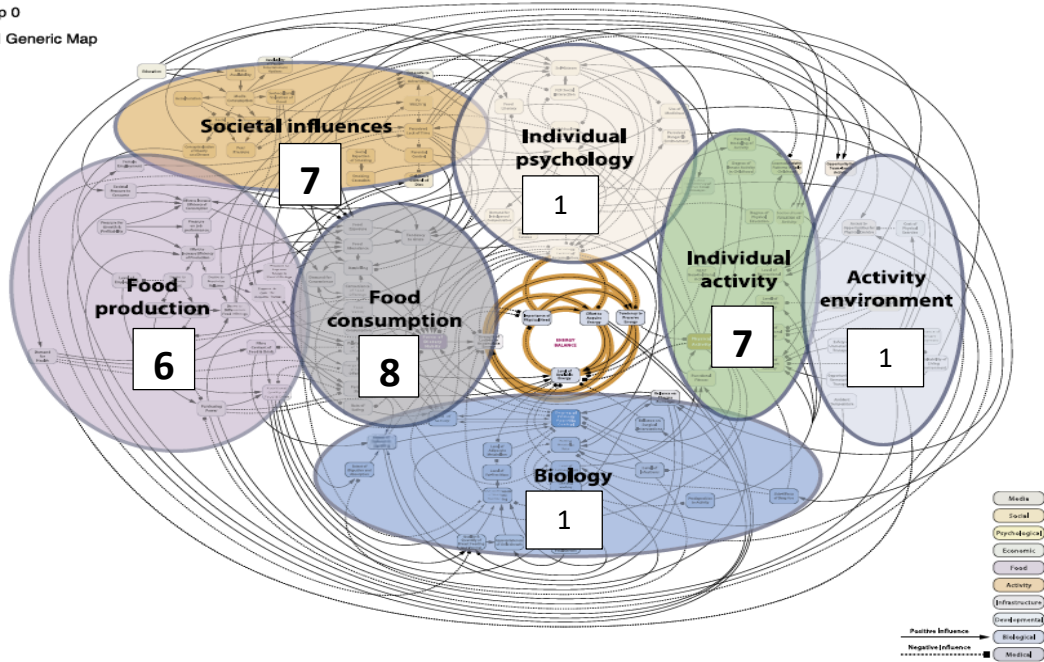


Figure 4: No. of policy of total fields

## 1.6 Conclusions on stakeholder platforms

The assessment covered nine main EU-level platforms which were described in accordance with five key characteristics, namely platform aims (1), working method (2), types of outputs (3), membership structure (4), and level of evaluation (5). Special attention was given to the structure of platform membership. Members organisations were mapped in accordance with two classification systems – the ‘welfare matrix’ and the ‘Obesity systems diagram’, which yielded an overview of the dominant types of organisations that are part of the stakeholder platforms and which societal areas are covered by the platforms, while establishing the gaps in coverage.

The overview made clear that the European Commission makes use of (multi-) stakeholder platforms and that, at least theoretically, several structural opportunities exist in the framework of these platforms to raise obesity-related issues. The overview also showed that most stakeholder platforms operate in a similar way, being based on moderated discussions and with consensus papers as a main output. Several notable exceptions exist however, with two platforms being focused on commitments by members, and two others, the membership of which is limited to Member State authorities, also produce different outputs including policy guidance, data and best practices.

The overview also showed that a limited number of organisations dominate the membership of the platforms and that these organisations represent a significant, though not full number of societal drivers of obesity. This can be due to different reasons, including membership requirements, available resources and the specificity of the debates and topics covered within such European-level platforms.

While providing an overview of different characteristics of existing platforms, the assessment did not go further into assessing the degree of political relevance or effectiveness of the outcomes of such platforms for addressing childhood obesity, or their role in the wider policy-making environment.



## 2 OVERVIEW OF THE IDENTIFIED INDIVIDUAL EU LEVEL STAKEHOLDERS RELEVANT TO OBESITY

### 2.1 Introduction

According to GDPR, we could not compose the STOP stakeholders database and stakeholders list. For the initial addressing of stakeholders we have created the stakeholders e-mailing list. Stakeholders were identified in a structured process, methodologically defined by STOP WP10 partners (Annex 1, Protocol at page 2). Colleagues from WP4, WP5, WP6, WP7 and WP8 were actively participating in the stakeholders identification in period of July to September 2018.

Instead of presenting the whole stakeholders list we have analysed the individually identified stakeholders, relevant for childhood obesity at the EU level and presented them in two tables (Tables 11 and 12), showing the numbers of identified stakeholders, by seven welfare mix spheres (Figure 1) and by six areas of obesity diagram (Figure 2).

### 2.2 Individually identified stakeholders and main observations

We noted that most of the identified stakeholders by the welfare triangle (Table 11) come from already known spheres (Non-profit public formal organisations, Profit-making private formal organisations, Public-private partnership and Non-profit formal organisations). Less or no stakeholders were identified from spheres like informal economy, informal providers of different services and non-profit informal networks. Those types of stakeholders are more commonly identified in national, regional or, most relevant, in local contexts. Informal status “stakeholders” like TTIP (Transatlantic Trade and Investment Partnership) civil action and response as the EU initiative are seen less often. Non-formal social media platforms could be considered as potential players but they are difficult to define and monitor.

Some of the stakeholders have been characterised as borderline and have been attributed with two different spheres.

Most of the stakeholders, according to the classification by the Obesity system influence Diagram fields, are coming from Biology and Societal influences fields, while the minority are from the Individual psychology field (Table 12).

Table 11: No. of stakeholders by welfare triangle

No.	Name of sphere	Description of sphere	Societal sphere	No. of stakeholders	Examples of STOP stakeholders on individual sphere.
1.	Non-profit public formal organisations	Non-profit public formal organisations provide public service activities.	1	1	European Parliament
			1,3	13	
2.	Profit-making private formal organisations	Profit-making private formal organisations which conceptually correspond to the market are based on the search for profit and market prices.	2	22	Energy Drinks Europe
			2,3	1	
			2,4	15	
3.	Public-private partnership	Public-private partnerships can cover different types of long-term con- tracts with a wide range of risk allocations, funding arrangements and transparency requirements.	3	10	EAT Foundation
			3,4	1	
4.	Non-profit formal organisations	Non-profit formal organisations are common concepts for public administration, for social activities and voluntary organizations, operating mainly by public funding without or with profits.	4	163	European Social Action Network
			4,1	7	
			4,2	30	
			4,3	13	
5.	Informal economy	Non formal economy players are difficult to address and engage, but there are a number of stakeholders which are dealing with informal economy challenges such as labour unions and labour organizations and possibly others.	5	0	
6.	Informal providers of different services	Informal providers of different services like alternative strands of organising life can be "organized" but do not necessarily have physical, legal or financial structures	6,4	1	International Union of European Guides and Scouts
7.	Non-profit informal networks	Networked citizens are increasingly involved in partnerships with governments and businesses, and are engaged in official consultation processes.	7	0	

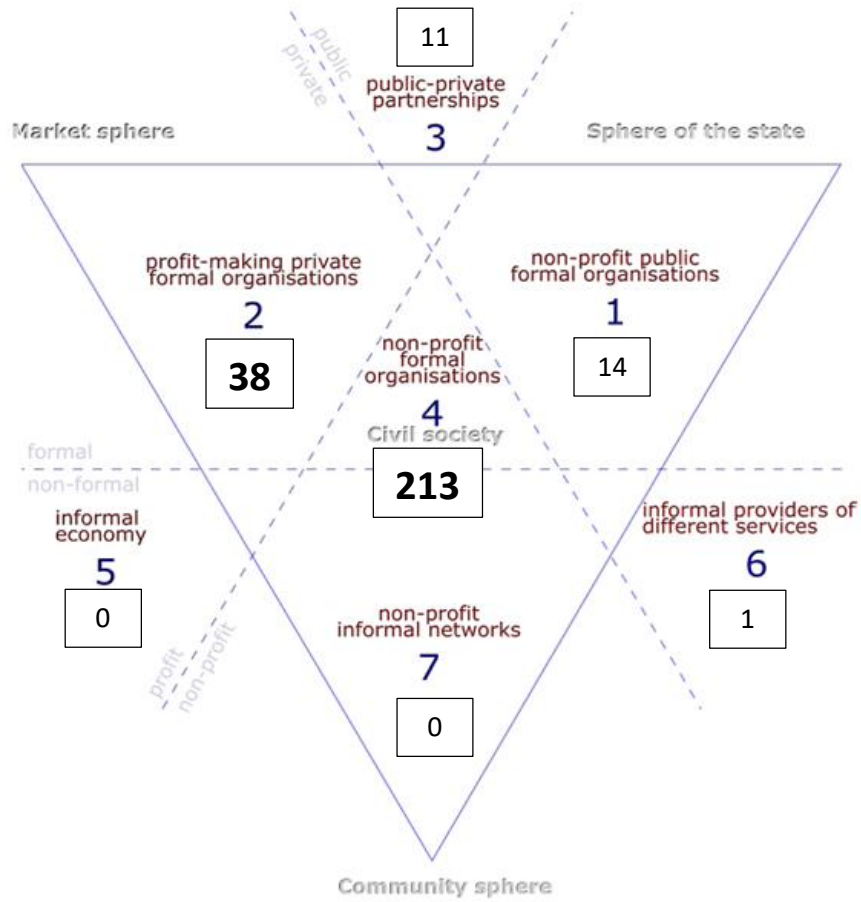


Figure 5: No. of recognized stakeholders in different spheres of welfare triangle, some of them are borderline, identified in two spheres

Table 12: No. of stakeholders by Obesity System Influence Diagram

No.	Name of fields	Description of cluster	No. of stakeholders	Examples of STOP stakeholders
A.	Biology	The physiology cluster comprises a mix of metabolic, genetic, epigenetic, endocrinal and neurological variables that constitute the biological foundation of body weight management.	<b>92</b>	European Childhood Obesity Group
B.	Food production	There are 17 variables in this cluster, the (contextual) anchor of which is pressure for growth and profitability on industrial actors. This drives a group of variables that encapsulate the governing business model	<b>23</b>	European Liaison Committee for Agricultural and Agri-Food Trade
C.	Food consumption	There are 15 variables in this cluster. One group of three variables characterises the food market in which consumers operate: <ul style="list-style-type: none"> <li>• food abundance (absolute amount of food available on the market)</li> <li>• food exposure (pervasiveness of food products)</li> <li>• food variety (range of products available on the market).</li> </ul>	<b>45</b>	European Dairy Association
D.	Individual activity	The individual activity cluster revolves around the '(the level of) physical activity' of an individual or a group of people. This consists of different activity components, all obviously positively connected to 'physical activity'	<b>31</b>	European Region of the World Confederation for Physiotherapy
E.	Activity environmental	This cluster contains 12 variables, almost all of which reflect environmental enablers/disablers (cost, safety, presence of infrastructure) of physical activity.	<b>29</b>	European Cyclists' Federation

F.	Individual psychology	This cluster contains 12 variables that refer to psychological attributes of individuals.	<b>8</b>	European Association for Developmental Psychology
G.	Societal influences	This cluster contains 16 variables reflecting the environmental factors that affect the psychology of groups of people. Two variables form a contextual mini-cluster (meaning that these variables are at the edge of the system map, with no inward-pointing arrows) <ul style="list-style-type: none"> <li>• (level of) education</li> <li>• (level of) acculturation</li> </ul>	<b>67</b>	European Youth Forum

Map 0  
Full Generic Map

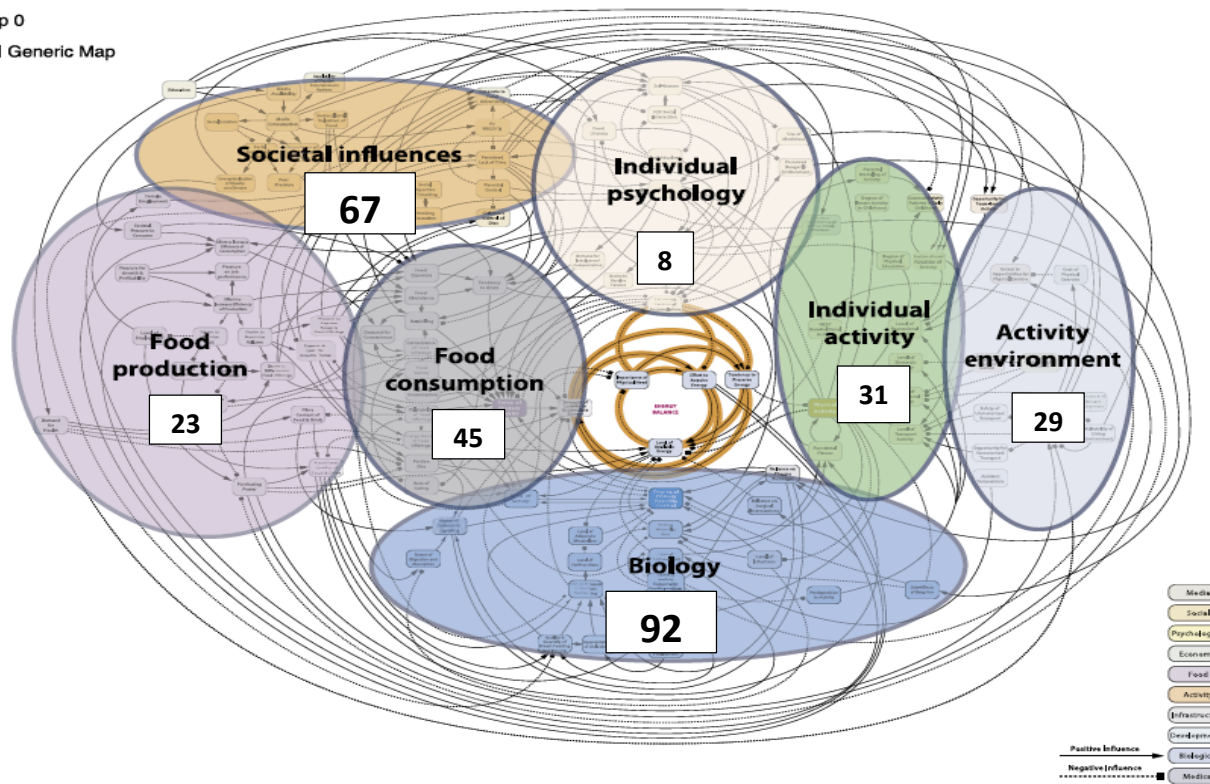


Figure 6: No. of recognized stakeholders in different fields of Obesity System Influence Diagram, some of them are borderline, identified in two fields

## 2.3 Conclusions on individually identified stakeholders

While identifying and analysing individual stakeholders we could attribute the majority of the stakeholders to the sphere of non-profit formal organizations. Less than one third of the stakeholders are identified as belonging to any of the other spheres, where the most frequent are the profit making private formal organizations, followed by the organizations of the public- private partnership type.

Stakeholder distribution among the categories influencing obesity is more even than the distribution among the societal spheres. Anyway, most of stakeholders identified by project partners, we can find in the biology field, covering the health sector, too. Societal influences field at the second place is followed by food consumption stakeholders fields, individual activity and active environment fields. Stakeholders from the individual psychology field were least often identified by project partners as the key stakeholders of the STOP project.

### 3 REPORT CONCLUSIONS

Stakeholder platforms and individual stakeholders were identified by STOP project partners and examined according to the STOP WP10 stakeholder identification methodology (see Annexes).

Using the same stakeholder identification methodology we compared the membership structure of EU-level (multi-)stakeholder platforms with individual EU-level stakeholders identified by project partners as being relevant to obesity.

Based on the Obesity System Influence Diagram, members of the (multi-)stakeholder platforms, were identified as having their main interests in the fields of Food consumption, Individual activity, Societal influences and Food production. In comparison, individually identified stakeholders were most often identified as having their main interest in the fields of Biology (including health), Societal influences and Food consumption.

Based on the Welfare Matrix, we could observe that the majority of the identified individual stakeholders were in the non-profit formal organization sphere, while membership of (multi-)stakeholder platforms was predominantly composed of profit-making private formal organisations, non-profit formal organisations and non-profit public formal organisations.

We can conclude that the existing (multi-)stakeholder platforms do generally include the main actors active at EU level. However, in terms of relative share, profit-making private formal organisations (organisations representing economic operators) appear to have a stronger presence in the platforms. Also, the societal influence field of biology, while strongly represented among the identified individual stakeholders, is less represented as a topic in multi-stakeholder platforms. This could be explained by the more policy-oriented nature of such platforms. Furthermore, not all types of stakeholders, in particular the non-formal ones, are represented at an EU level which means that certain views and approaches may be absent from EU debates.

The approach and methodology used in this document provide promising rapid insights and results but should be thoroughly validated for the more generalized use.



## 4 ANNEXES

### 4.1 STOP STAKEHOLDERS CONTACT COLLECTION PROTOCOL

### 4.2 DEFINING STOP STATEMENTS GUIDELINE

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 774548





# STOP STAKEHOLDERS

## Contact collection protocol

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July 2018

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2 UL-FSS - University of Ljubljana – Faculty of Social Sciences

3 EPHA – European Public Health Alliance

4 ICL – Imperial College London





Dear partners,

We are jointly composing the STOP stakeholders list. We would like to address as many relevant stakeholders as possible. We would like to explore not just the usual suspects but also those who are more *in the shadow*, or neglected at the moment. To achieve this, we are using structured approach, that identifies all potential main drivers of obesity on one hand and all the spheres of society on the other.

- I. We are looking for the following **societal spheres**<sup>1</sup> where an individual organisation acts as a (see Figure 1):
1. Non-profit public formal organisations (e.g., National Institute of Public Health: 1)
  2. Profit making private formal organisations (we would not like to engage individual organisations but umbrella organisations like Food-DrinkEurope, which are borderline: 2, 4)
  3. Public private partnerships (like to some extent European Innovation Partnership – EIP FOOD: 3)
  4. Non-profit formal organisations (e.g., European Public Health Alliance: 4)
  5. Informal economy (e.g., Ombudsman: 5)
  6. Informal providers of different services (e.g., scouts: 6, 4)
  7. Non-profit informal networks (e.g., associations of parents in local communities: 7, 4)

For more detailed descriptions of the societal spheres see the descriptions below.

- II. The pool for searching the stakeholders/right-holders is based on **7 fields defined in the Obesity System Influence Diagram** (see Figure 2):
- a. Biology (research institutions and labs performing clinical studies, pharmaceutical industry, etc.)
  - b. Food production (Agrifood chain)
  - c. Food consumption (nutrition, dietetics, behavioural drivers, etc.)
  - d. Individual activity (socialization & education, etc.)
  - e. Activity environment (urban planning, facilities in communities, etc.)
  - f. Individual psychology (psychology, psychiatry, patients NGOs, etc.)
  - g. Societal influences (traditional and digital media, youth organisations, etc.)

<sup>1</sup>Some organisations are at the borderline of societal spheres. Thus, when we attribute them with the descriptive sphere, we could attribute them with more than one of the seven spheres (up to three).





## Protocol

1. Please, consider the contents of your respective work packages and choose the relevant fields from the Obesity System Influence Diagram (a-g).
2. By using the welfare mix (triangle), we are encouraging you to identify and add at least one potential stakeholder/right-holder per societal spheres (1-7).

If you chose one relevant field try to provide contact information for at least 7 stakeholders.

- We are encouraging you to enter as many stakeholders as possible into the form.
- Do not mind if the stakeholder contact is already listed in the spreadsheet. The data will be checked and cleaned by STOP staff.
- According to GDPR, the provided list of stakeholders should only include official contact information of institutions. Information on the existence of informal contact is provided in separate column. Informal contacts will be managed separately by work-package representatives.

By using this process we will try to engage stakeholders that are not the usual suspects to hopefully bring new views, ideas and solutions to childhood obesity policies and solutions.





## Entering the data

The data is entered into spreadsheet available on a Box platform of a STOP project

<https://imperialcollegelondon.box.com/s/vquuw0p6tgtorie39nz0wezbrsf165pb>

Info provider - STOP partner	About organisation							Contact					Nonformal contact (yes/no)	societal spheres
	Acronym	Organisation name	Website	Address 1	Address 2	City	Country	First name	Surname	position	Email	Telephone number		
WP10 - UL-FSS	NIJZ	National Institute Of Public Health	<a href="http://nijz.si">http://nijz.si</a>	Trubarjeva 2		Ljubljana	Slovenia	Nina	Pirnat	director	<a href="mailto:info@nijz.si">info@nijz.si</a>	+386 1 2441 400	Yes	1

We present an example of researcher from University of Ljubljana entering data of Slovenian National Institute of Public Health as relevant stakeholder:

Use the first column to identify yourself: enter the work package number which forms the base for the stakeholder identification and add additional identifiers so WP10 staff will be able to contact you if needed.

Info provider - STOP partner	About organisation	
	Acronym	Orgar
WP10 - UL-FSS	NIJZ	Nationa

Enter the information on stakeholder, Acronym, Name, Web-page, Address...

About organisation	
Acronym	Organisation name
NIJZ	National Institute Of Publ

Provide the contact information. To be GDPR compliant, provide only generic contact address of organisation (e.g. info@...), PR office or other office that is relevant and eligible to communicate with STOP project. If you have informal contacts with organisation that could be used during the project please indicate this in a dedicated column. If we will need this contact in future (in line of GDPR), we will ask you for help.

Contact			
First name	Surname	position	Email
Nina	Pirnat	director	<a href="mailto:info@nijz.si">info@nijz.si</a>

Telephone number	Nonformal contact (yes/no)	Org
		societal spheres
<a href="tel:+38612441400">+386 1 2441 400</a>	Yes	

Considering chosen relevant field(s), enter the societal sphere(s) to which identified stakeholder belongs (1-7).

Nonformal contact (yes/no)	societal spheres
Yes	1





## Typology of STOP stakeholders and welfare mix

Welfare mix as a concept was developed to enable the identification differences among the groups of the welfare states (Esping-Andersen, 1990). Since then, welfare mix was used and upgraded for the needs of understanding of different spheres of society in different contexts. In the case of AHA.SI project ([www.staranje.si](http://www.staranje.si)) it was used to identify the project stakeholders, operating in social spheres in different areas of active and healthy ageing in Slovenia (Kobal Tomc, 2014). For the purposes of the STOP project, we are using the welfare mix for identification of as many relevant stakeholders in the area of obesity as possible, not just usual suspects but also those who are more “in the shadow” or neglected at the moment. To achieve this, we are using a structured approach, identifying all potential main drivers of obesity on one hand and all the spheres of society, defined by the welfare mix, on the other.

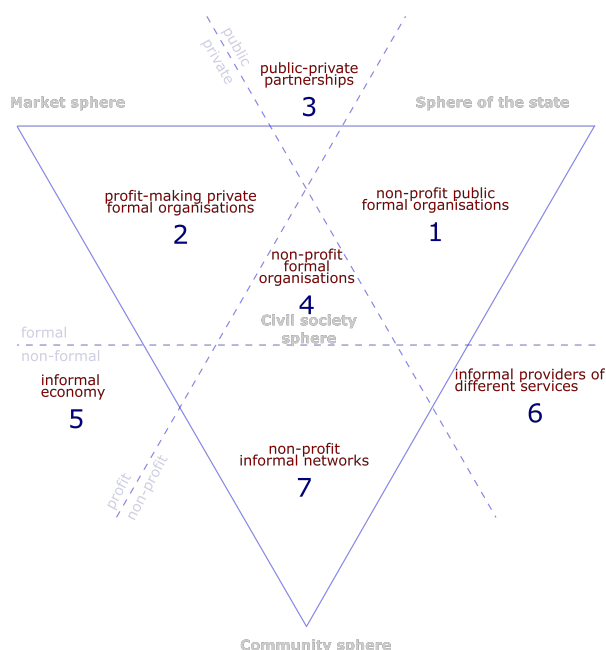


Figure 1: Welfare triangle (adapted from: Pestoff, 1992)

The typology:

### 1. Non-profit public formal organisations

*E.g., governmental sectors and structures, public institutes and universities, chambers, public companies, parties.*

Non-profit public formal organisations provide public service activities. They are regulated and appear in different legal forms (Pukšič, 2006), which conceptually covers the sphere of state, is based on a hierarchy in formal rights, it is financed from (predominantly) public resources (Kobal Tomc, 2014).





Public provision of social welfare services depends upon political decision (Pestoff, 1992).

## 2. Profit-making private formal organisations

*E.g., food processing industry, leisure time industry, cooperatives.*

Profit-making private formal organisations which conceptually correspond to the market, are based on the search for profit and market prices. Profit-making private formal organisations are considering the economic power providing significant funding (WHO, 2001). Private provision is undertaken on an economical basis (Pestoff, 1992).

## 3. Public-private partnership

Public-private partnerships can cover different types of long-term contracts with a wide range of risk allocations, funding arrangements and transparency requirements. Infrastructure public-private partnerships as a phenomenon can be understood at five different levels: as a particular project or activity, as a form of project delivery, as a statement of government policy, as a tool of government, or as a wider cultural phenomenon. Common themes of public-private partnerships are the sharing of risk and the development of innovative, long-term relationships between the public and private sectors (Pestoff, 1992). In the health sector, public-private partnership commonly refers to any partnership in (global) health involving government and/or inter-governmental institutions and industry (Asante and Zwi, 2007). The public private partnerships have to be public health driven, transparent, without conflict of interests and independently monitored.

## 4. Non-profit formal organisations

*E.g., professional associations and counselling, charitable organizations, faith-based organizations.*

Non-profit formal organisations are common concepts for public administration, for social activities and voluntary organizations, operating mainly by public funding without or with profits. They invest profits back into the business, for expanding or raising the quality of services. Non-profit formal organizations are goals oriented, social, open, dynamic and composite systems. Their role is to identify and meet the needs of various stakeholders (Evers, 1995), promoting accountability and transparency, raising awareness, building knowledge and other capacities, sharing good practices of experience shaped programmes, policies and strategies, incubating solutions, encouraging citizens engagement and representation of marginalized groups, including solidarity support (World Economic Forum, 2013).

## 5. Informal economy

*E.g., labour unions and labour organizations representing workers, different inspectorates, ombudsmans.*

From public health perspective informal economy has multiple damaging effects on individuals and families with children. (Precarious) workers have no formal contract with employers, no systematically formalized working conditions, gets irregularly and unevenly paid, have no forum to







express their grievances, have less fixed hours of work and mostly earn hand to mouth, are not covered by any kind of social security system and have poor knowledge about the need to protect themselves socially and economically in the sense of health promotion and disease prevention (FundsforNGOs, 2018). Thus, precarious workers with less formalised and less regular incomes stay in social distress of bad healthy habits, and if young parents, together with their children. Non formal economy players are difficult to address and engage, but there are a number of stakeholders which are dealing with informal economy challenges such as labour unions and labour organizations representing workers, different inspectorates, ombudsmans and possibly others.

#### 6. Informal providers of different services

*E.g., entrepreneurs employing innovative and/or market-oriented approaches for social and environmental outcomes, grassroots associations and activities at local level, cooperatives owned and democratically controlled by their members, voluntary organisations.*

Informal providers of different services like alternative strands of organising life can be “organized” but do not necessarily have physical, legal or financial structures (WHO, 2001). They are not well settled and institutionalised, facing plurality of freely organised interests (Evers, 1995). For instance, there is a growing need for voluntary actions in daily life (Pestoff, 1992), including also the need for supporting parents and children, especially the parental role in first 1000 days, as one of the key drivers for decreasing the effects of obesogenic environment. In such cases, the success of voluntary organisations, incorporated into respective hierarchical social order and “mixed” economy depends on their capacity to bridge the different rationales of bureaucracies, market and economy (Evers, 1995). It might be the case that states or the private for-profit sector may play a key role in the establishment of some informal providers of different services or provide significant funding, which is calling into question their independence from the state and private sectors (WHO, 2001).

#### 7. Non-profit informal networks

*E.g., informal social networks and community building, online groups and activities including social media communities, social movements of collective action and/or identity, which can be online or physical, personal relationships.* (World Economic Forum, 2013)

Networked citizens are increasingly involved in partnerships with governments and businesses, and are engaged in official consultation processes. They have started to change the interface and expectations of civil society empowerment. The scale of social networks and the speed of information transfer, through increasing access to the Internet, social media and mobile phone technology has shifted the paradigm of citizen expression (WHO, 2001). Informal networks and civil (resistance) movements, enabled by mobile and social technologies, signpost a new era of citizen engagement, traditional institutions of “organized” civil society have played critical roles as supporters, facilitators and funders. Development and implementation of technology became a social tool with different functions





to express ideas and visions, for policy consultation and empowerment. Proliferation of voices online is a new way of raising knowledge, forming attitudes and initialising action and thus gains a major political, societal and technological / scientific impact (Danish Board of Technology Foundation, 2018).

Map 0  
Full Generic Map

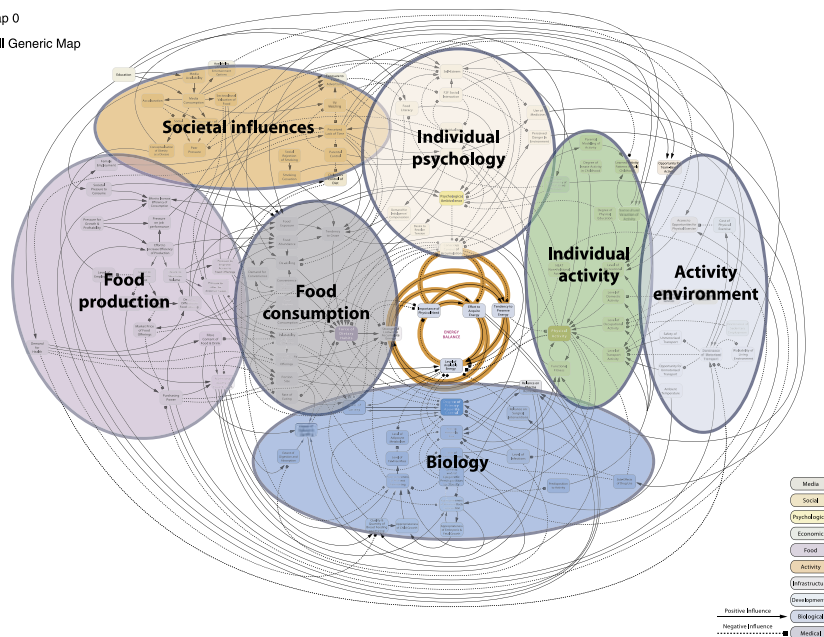


Figure 2: Obesity System Influence Diagram (FORESIGHT 2007 page: 121)





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# DEFINING STOP STATEMENTS GUIDELINE

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July 2018

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## STOP WP10 statements/“claims”

In the STOP WP10 we are composing a list of STOP stakeholders (GDPR<sup>1</sup>). The protocol used for identification of stakeholders is used to engage stakeholders and right-holders which are, and those that may not be in the first plan, when discussing the drivers of childhood obesity.

We hope that a comprehensive list of STOP stakeholders would help us to identify a facilitatory and inhibitory factors for stakeholders engagement and activation. We would also like to increase our understanding of the need to change the paradigm on obesitogenic environment among stakeholders. The participatory engaged stakeholders might more actively participate in the formulation, implementation and use of a specific policy, since they might better embrace the policy cycle process.

After compiling the list, we are going to invite stakeholders to express their attitudes towards specific statements in the form of a questionnaire. We do not want to compose plain and straightforward statements, but would like to compose the statements, which would help us to better and more in depth understand different positions of stakeholders and overcome the present positive or negative attitudes towards specific “obesogenic” issues. Stakeholders answers will hopefully enable us to group stakeholders by their position and attitude toward a specific statement and will help us understand how the alliances among stakeholders and right-holders regarding a specific statement are composed.

**We are asking partners of STOP WPs 4 – 8 to help us with formulation of these statements. The goal is to compose 2 – 3 statements per WP.**

### How to start?

As an example, here is a proposed claim for the WP4 topic on regulation and fiscal policies.

*“It is important to maintain consumer’s privilege to choose the differently sweet beverages.”*

This “indicative” statement for a WP4 is based on a set of identified incentives and dis-incentives, defined in a WHO document titled “[Incentives and disincentives for reducing sugar in manufactured foods](#)”. The idea when searching for the statements is to find the *indicators* (or indicating positions towards a specific statement) that will help us at segmentation of the stakeholders.

**The instruction for the stakeholder representative** regarding the response will be formed in a following way:

*Please, indicate whether the specific statement are relevant for your organization. If the statement is relevant, please assess the standpoint for your organization, on the scale from 1 to 5, where 1 represents strong disagreement and 5 strong agreement with the statement. Number 3 represents a neutral standpoint of your organisation towards a statement.*

Bellow you could find a template for a structured response.

Not relevant for my organization	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Don't know
0	1	2	3	4	5	9

Dear colleague, if you wish to discuss the preparation of suitable statements, or need any kind of assistance on the task, do not hesitate to contact us at: [mateja.juvan\(at\)nijz.si](mailto:mateja.juvan@nijz.si).

<sup>1</sup>In line with GDPR as described in the stakeholders identification protocol

