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TERMS OF REFERENCE

DEVELOP A TEMPLATE FOR A MODEL TOOL FOR MEMBER STATES TO DETERMINE AND IDENTIFY PRIORITY AREAS FOR ACTION IN THE FIELD OF POPULATION BASED PREVENTION OF CHILDHOOD OBESITY.

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BACKGROUND

By the end of 2010, an estimated 43 million children under five will be overweight. Population based prevention will be a vital part of the effort to stem this rising tide of childhood obesity, described by some as having reached epidemic proportions. Strategic investment is urgently required to implement effective and culturally appropriate population-based childhood obesity prevention programmes and initiatives, and to ensure that they include vulnerable groups, such as children with disabilities.

The World Health Organization (WHO) Forum and Technical Meeting on Population-based Prevention Strategies for Childhood Obesity was held in December 2009 to identify priorities for population-based strategies to prevent childhood obesity and to define roles and responsibilities for various stakeholders. It is generally accepted that comprehensive and coordinated interventions which support and facilitate physical activity and healthy diets in the context of a social-determinants-of-health approach represent the best way forward for obesity prevention in childhood. It is essential that such interventions occur across the whole population – in a variety of settings and through multiple strategies. Action must span policy, programmes and advocacy. Guiding principles for interventions to support behaviour change include policy support, equity, inclusivity, multisectoral engagement, transparency and environmental change. Surveillance, monitoring and evaluation are also critical to support effective action.

Primary stakeholders are WHO, whose key role is to provide technical support, tools and resources to support action, and national governments of Member States, whose responsibility it is to provide leadership, undertake monitoring and surveillance, and implement interventions appropriate to their context. Nongovernmental organizations, civil society, academia and the private sector contribute, as appropriate, by developing and
implementing interventions, monitoring progress, disseminating information on best practice and by advocating for change. Future challenges include identification of appropriate and cost-effective interventions, priority setting, minimizing conflicts of interest and ensuring programme sustainability. For all stakeholders, the critical next steps for prevention are the scaling up of monitoring and surveillance efforts, improved coordination of preventive action, and the creation of more formal platforms for information sharing and exchange, especially in terms of ‘best practice’ interventions.

THE PERFORMANCE OF WORK WILL BE:

To provide a template for a model tool for Member States to determine and identify priority areas for action for the prevention of childhood obesity, while taking into consideration that the template should:

a. Be based on the discussions and the conclusions of the World Health Organization (WHO) Forum and Technical Meeting on Population-based Prevention Strategies for Childhood Obesity and integrate the guiding principles for the development of population-based policies to prevent childhood obesity identified by the meeting participants.

b. Draw on the background papers for the meeting and in particular chapter 2 of the paper "Frameworks for the major population-based policies to prevent childhood obesity" and, while taking account of the considerations outlined here, further develop section 2.6 which sets out frameworks and processes for prioritization (detailed explanation of process, e.g. including questions that must be addressed).

c. Draw on the framework for implementing the Global Strategy on Diet, Physical Activity and Health (see section 2.3 of the meeting report) and adopt the framework to be childhood obesity prevention specific (build on section 2.4 in the background paper).

d. Incorporate the approach that action must be taken in multiple settings through a variety of approaches and involving all stakeholders.

e. Take into account socioeconomic, cultural, ethnic and religious diversities.

Cost:

US$ 14,950 - see attached annex.