

WHAT'S MISSING IN THE EU RESEARCH AGENDA: **RECOMMENDATIONS FROM THE EUROPEAN ASSOCIATION FOR THE STUDY OF OBESITY**



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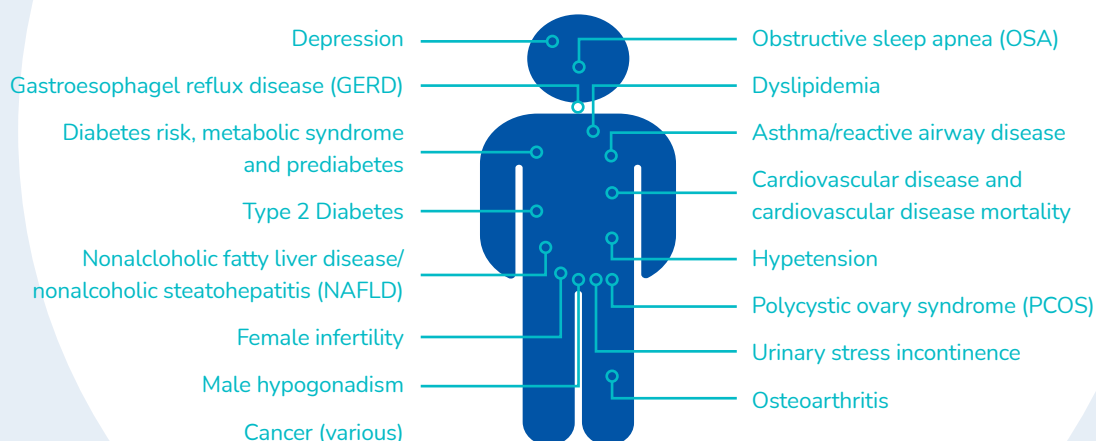
Introduction

In 2020, the European Association for the Study of Obesity (EASO) released a policy position statement entitled “**Obesity in Europe in the context of Covid-19: strategies for the “new reality” and resilient health systems**”¹. In the latter position statement, inter alia, we called for an alignment between scientific evidence and policy frameworks needed to ensure that obesity is addressed as a chronic disease within the same framework as other major NCDs in the EU.

We are encouraged by the amount of progress made in this direction, not least by the fact that the European Commission issued a brief in which it categorised obesity as a chronic relapsing disease:

“Pre-obesity (overweight) and obesity are medical conditions marked by an abnormal and/or excessive accumulation of body fat that presents a risk to health (WHO 2019). Obesity is a chronic relapsing disease, which in turn acts as a gateway to a range of other non-communicable diseases, such as diabetes, cardiovascular diseases and cancer.”²

Medical complications linked to obesity:



The pan-European obesity community appreciates how much has been achieved under very challenging circumstances during the ongoing COVID-19 crisis and recovery period. However, EASO and 32 other organisations across multi-stakeholder groups are aware of the fact that much more remains to be done to ensure that the EU Research Agenda priorities reflect the needs of the scientific, practitioner, policy, patient and end-user communities who are tasked with the realities of understanding, preventing, treating and managing obesity as a chronic relapsing disease.

Following a **broad consultation process amongst 32 different organisations including WHO Regional Office for Europe and OECD**, we stand ready to collaborate with all relevant actors within the EU institutions as well as related National Contact Points to ensure that we can bridge the research priority gaps for societal impact and better health outcomes.

The aim of the present set of recommendations is to inform EU institutions on research topics, and framing which should be prioritised/funded and provide the justification behind them. These recommendations are foundations set to achieve the translation of knowledge and evidence into policy and practice, ultimately benefitting EU citizens.

¹ <https://cdn.easo.org/wp-content/uploads/2020/06/30110904/EASO-Policy-Position-Statement.pdf>

² https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/obesity_en

Pressing need to bridge the gaps between the biology of obesity and the impact of the physical and societal environment on the onset and progression of obesity

As part of the move towards a **more mission and impact-driven research agenda**, EASO welcomes the continued focus on addressing obesity within the research agenda in general and most recently within Horizon Europe and the EU4Health Programme. To support the development of meaningful policies, our community identified existing gaps between the status quo and the stated desired outcome for the various Research Programmes. The following recommendations can have a positive impact on addressing obesity as a chronic disease in line with the European Commission's updated briefing.

1. The basic science of obesity should be more fully addressed in future research calls in order to understand the biological underpinnings of obesity and its complications

There are at least 59% of adults in the EU living with pre-obesity or obesity (EUROSTAT). However, the EU maintains an **overemphasis on primary prevention of obesity** in isolation, primarily in terms of a “food and physical activity” perspective. The European obesity community strongly encourages the European Commission and other related funding bodies to **take a more holistic approach** which reflects the needs of all people at risk of developing obesity as well as those already living with this chronic disease. Thus, the focus should be on understanding disease etiology, primary prevention, treatment as well as long-term management of obesity. This holistic approach should be **in line with the frameworks already fully in operation for other major diseases categorised and therefore included within the EU NCD policy framework**.



Over 59% of adults in the European Union are living with pre-obesity or obesity

In the recently published Call text: **HORIZON-HLTH-2022-STAYHLTH-01-05-two-stage: Prevention of obesity throughout the life course**, we note that a very narrow definition of the biology of obesity is referred to, meaning that many important biological mechanisms underlying both the onset of obesity and disease progression are ignored. We therefore recommend **expanding on the current very specific definition of the biology of obesity** beyond (epi)genetics to include adipose tissue biology, inter-organ crosstalk/integrated physiology, and appetite regulation at a minimum for future calls.

2. Clearly defined and delineated research is needed making the evidentiary linkage where obesity acts as a gateway chronic disease to over 230 medical complications, including insulin resistance, type 2 diabetes, certain types of cancer, lung diseases and cardiovascular diseases.

In order to properly implement and meaningfully contribute to the Commission's priorities around **lowering the prevalence of obesity**, we recommend that significant attention is also paid to the **long-term disease progression and secondary preventative measures to reduce the medical complications of obesity** such as up to 20% of adult preventable cancers and up to 80% of type 2 diabetes. This would entail considering research on disease severity including **measurement criteria frameworks** above and beyond BMI as standardised within medical practice and population reporting (e.g. obesity disease staging frameworks).

The surveyed obesity community highlighted that **specific and appropriate policies** are essential which address obesity as a gateway disease, leading to more appropriate treatment pathways, more efficient health systems and better patient outcomes. Obesity is often simply hidden in general policies that focus solely on lifestyle.

It would improve understanding of the value that can be generated for Europe in terms of improving the resilience of society, the economy, and healthcare systems in properly managing obesity.

Industry Representative

Clarity of chronic disease narrative and structural research parameters is missing

The current challenge, as further exemplified in all currently published Research Calls, is that there are no clearly set out parameters for obesity as an NCD like for other major chronic diseases prioritised by the European Commission. This has major potential to cause confusion in both the setting of research questions to be addressed under a Call as well as crucially meaningful proposal evaluation. **Key to solving this challenge, the obesity community encourages the Commission to:**

1. Name Obesity Calls for all stages of the disease continuum and not only for primary prevention.

EASO is encouraged by the inclusion of the Call 'HORIZON-HLTH-2022-STAYHLTH-01-05-two-stage: Prevention of obesity throughout the life course', in the recently published Horizon Europe Work Programme 2021-2022.

We note however that **obesity appears to be treated differently to other similar chronic disease areas in this Work Programme**, in that the call text does not focus on an identifiable core topic. Rather, the call text includes a broad list of topics that must be covered in each proposal, and EASO is concerned that this may result in very limited attention to each topic, loss of focus and in-depth investigation of relevant areas of obesity research and, therefore, reduced long term scientific and societal impact.

We therefore recommend that **future calls are split into smaller focussed areas to allow targeted research that will generate real, lasting impact.**

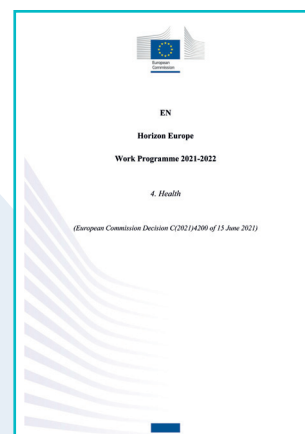
EASO notes that the call is centred around (pre-)obesity prevention, meaning that the successful proposals will have minimal impact on the lives of European citizens who are already living with pre-obesity (overweight) and obesity. These citizens represent 59% of the European population. The joint Research Centre has recently updated the definition and related categorisation of obesity to confirm that it is a chronic relapsing disease. EASO therefore recommends that future obesity calls give specific attention **to prevention of obesity-related complications as well as treatment, including treatment outcomes and personalised treatment.**

2. Adopt, embed and incentivise a clear and scientifically accurate vocabulary classification and usage of obesity as a chronic disease.

Stakeholders surveyed have repeatedly requested clarity on vocabulary and concepts that allow them to make meaningful policies to address obesity as a chronic disease in line with the European Commission briefings and priorities (prevention, treatment, management and control along the life course).

However, no such lexicon exists and as such, the impact on health outcomes (and related economic and societal impact) remains high.

We recommend that not only is such a lexicon established, but that it is mainstreamed across all research programmes which can impact obesity and other NCDs.



<https://bit.ly/3hzQjHe>

3. Prioritise the development or adaptation of an existing umbrella framework through the lens of disease staging of obesity and clear commissioning responsibilities.

Most NCDs, except obesity, have disease staging systems to determine severity and thereby tailor everything from basic research through to physical environment, treatment and long-term management interventions based on needs. Various examples already exist, which could form the basis for investigating potential adaptation of models used in comparable health systems such as Canada or those geared towards health outcomes. Prioritising such research would give clear parameters within which to base research questions to be addressed for any given Call.

A need for meaningful data

As with other chronic diseases prioritised by the European Commission, it is imperative that **appropriate data** is collected, harnessed and leveraged for better health outcomes. Currently, the main data collected for EU level as well as **Member State National surveys** is purely on the prevalence of obesity (by BMI as opposed to known better biological predictors of health outcomes in people living with (pre-)obesity). As a result, and in light of the Commission's stated **strategic foresight approach** to addressing obesity in a post-COVID reality, we cannot recommend strongly enough the following:

1. A comprehensive mapping and gap analysis of what kinds of obesity data is currently available and missing, which could be useful to measuring obesity-related health and societal outcomes.

Evidence generation is crucial through the collection of meaningful and accessible data on a large scale. Enhancement of understanding and data literacy amongst policy makers, decision makers, clinicians, and people in general is critical to enable such developments.



The **candidate European Partnerships in Health** will all have an impact on obesity health outcomes and how addressing obesity as a chronic disease will impact health systems resilience.

These include European Partnership on Health and Care Systems Transformation, European Partnership for Innovative Health (Initiative), European Partnership for Chemicals Risk Assessment, European Partnership - ERA for Health Research, European Partnership for Personalised Medicine and European Partnership on Pandemic Preparedness.

Bridging this gap will help to increase the effectiveness and uptake of these interventions.

International Organisation

2. Implementation research is needed around “organisational readiness assessments” to use relevant data for clinical decision-making as well as for research purposes.

The role of digitalisation is central to increasing access to obesity care but the safety and liability of ‘artificial intelligence’ in digital health services requires clarification and regulation. Greater understanding and data literacy is essential amongst policy makers, decision makers, clinicians, and people in general.

Timely, accurate and consistent recording of health data in digital records will benefit patients with obesity; as they receive information about their health transition between services from primary care to secondary or tertiary based care. It will also apprise healthcare professionals of an individual’s obesity history, leading to more personalised treatment and more optimal outcomes for patients. Data sovereignty: digital health will benefit patients, research and policy.

An opportunity for personalised pathways that take the broader physical and social environments into account along the obesity continuum

Although the European Commission has strongly encouraged cross-fertilisation of research results by enabling the establishment of overarching networks such as the European Human Exposome Network, we are very aware that there remain gaps between the direct linkages between the biological underpinnings of obesity for onset and disease progression and the related impact of the physical and societal environment on the disease and its progression.

1. A review of population level research and implementation strategies with a view to correctly allocating to a particular point on the disease onset and progression continuum.

Very little population level research has been conducted into the linkages between the physical and sociological environment (human exposome) for the onset or disease progression of obesity along the life course.

In order to support meaningful personalised pathways for prevention, treatment and long-term management of obesity and obesity-related complications, this approach is urgently needed.



What are common barriers and bottlenecks in the implementation of proven interventions e.g. strengthening of health systems to address prevention of NCDs (including obesity and associated diseases)

Healthcare professional

Greater understanding of the biological underpinnings and the role of precision and personalised medicine is essential. Public-private partnerships are optimally placed to conduct such work.

Implementation research is required to identify the most effective approaches for obesity treatment and ongoing management and which outcome measures are best evaluated in line with economic costs. This would require significant funding to produce accurate and meaningful findings. The collaboration of a public private partnership could adequately address these crucial topics.

2. Health ecosystems need to be optimised for health outcomes by generating knowledge on outcomes-based and value based healthcare for obesity. As well as cultivating an understanding on how this will also support the sustainability and resilience of health systems and economics. This requires support and incorporation with obesity policy.

Many survey respondents stressed the need for resilient health systems that translate to more resilient societies. Implementation research is required to uncover effective solutions that can easily facilitate adaptation and improvement of current health systems.

Outcomes should focus on health, not on weight. Weight is just a symptom

Patient Representative

Communication and outreach amongst all research agenda stakeholders are lacking

One of the fundamental gaps which has been highlighted by all parties is an ongoing lack of transparency and accessibility of stakeholders who are forming the research priorities. This has consistently put the ability to make meaningful priorities at risk at national level and across EU institutions alike.

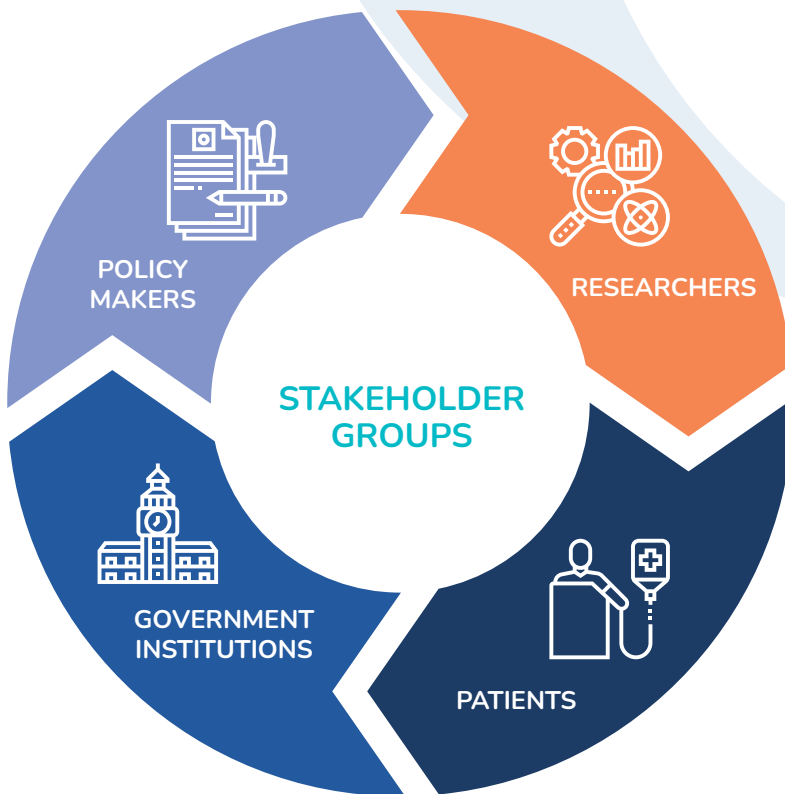
1. National contact points need to enhance and encourage engagement of potential researchers through proper outreach and utilising connections.

Nearly two-thirds or 64.9% (n=24) of survey respondents stated that there has been no dialogue or exchanges with national contact points of the scientific steering committees for their EU research projects. By establishing workable frameworks for national plans and implementation calls of Obesity Centres of Excellence to implement obesity as an NCD that is interconnected with other NCDs, resilient health systems are more likely to become a reality. Although such action is unlikely to happen in the near future without giving obesity priority status as an EU mission.



2. Greater communication efforts and ongoing exchanges amongst the research community, policymakers and national contact points is required to establish connections and link actions and resources.

Obesity is not a compartmental problem and thus requires unity and the inclusion of scientists, investigators, patient groups, all stakeholders and clear messages from governmental institutions to deliver and achieve successful outcomes. A multi-stakeholder approach is fundamental to activating policies on the ground and to enable the development of sustainable and resilient health systems.



These knowledge gaps are important because they could hold answers or evidence that could enable us to better direct resources, create policies, etc. that benefit public health in all population

**International
Organisation**

Conclusion

Despite recent advances by the EU in officially categorising obesity as a chronic disease, EU level strategies are yet to prioritise obesity in more immediate actions to address it as such. Obesity needs to be the next health mission starting with a Joint Action or as a Partnership candidate. Building on the recommendations outlined in this report will ensure the necessary approaches are pursued to ultimately change the ill health effects of obesity and enable individuals and societies to live with a more person-centred and unbiased narrative around this chronic disease with major consequences for society.

Surveyed organisations:

- ANDOP ○ Boehringer Ingelheim ○ Chu Toulouse France ○ Croatian Society of Obesity
- Danish Association for the Study on Obesity ○ European Association for the Study of Diabetes (EASD)
- Erasmus MC ○ Fakenham Medical Practice ○ Fakenham Weight Management Programme
- FFO, Iceland ○ Hanzehogeschool Groningen ○ Higher colleges of technology
- Hungarian Society for the Study of Obesity ○ Malta Obesity Association
- Medical University of Vienna, Center for Public Health, Department of Social and Preventive Medicine
- Medtronic ○ Moires Medical Centre ○ Netherlands Association for the Study of Obesity (NASO)
- Nederlandse Obesitas Kliniek ○ Novo Nordisk ○ Obesity and Work Center Milano Italy
- Organisation for Economic Co-operation and Development (OECD) ○ Polyclinic of Olympic Village
- PsyQ ○ Service of Pediatrics, Lausanne University Hospital (CHUV) ○ Université De Paris, AP-HP
- University of Padova (Department of Medicine) ○ University of Navarra Clinic
- Vestfold Hospital Trust, Tønsberg ○ Vestische Kinder Klinik, University of Witten/Herdecke
- Veszprém County Hospital – Hungary ○ World Health Organisation- Europe (WHO-Europe) NCD Office

About EASO

EASO (European Association for the Study of Obesity) Established in 1986, EASO is a federation of professional membership associations from 36 countries, with a network of over 130 specialist Collaborating Centres for Obesity Management across the region. EASO's mission is to reduce the burden of unhealthy weight, and it promotes action through collaboration in research, education and policy. EASO is in official relations with the WHO Regional Office for Europe, and represents scientists, health care practitioners, physicians, public health experts and patients.

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