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Mobilising Public Support for Policy Actions to Prevent Obesity

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Key Messages

- To mobilise policy action, bottom-up efforts are needed to increase citizen (political) demand for health.

- Strategies to increase popular demand include refining and streamlining public information, identifying effective frames of obesity, enhancing media advocacy, building citizen protest and engagement, and developing a receptive political environment.

- Public health research is needed to inform creative ways to truly integrate the public in policy action.

- An expanded coalition is needed at the global level and within countries, with change agents distributed throughout the system.

Summary

Public mobilisation is needed to enact obesity prevention policies and to mitigate backlash against their implementation. However, current approaches in public health focus primarily on dialogue between public health professionals and political leaders. Strategies to increase popular demand for obesity prevention policies include refining and streamlining public information, identifying effective frames for each population, enhancing media advocacy, building citizen protest and engagement, and developing a receptive political environment with change agents embedded across organisations and sectors. Long-term support and investment in collaboration among diverse stakeholders to create shared value is also important. Each actor in an expanded coalition for obesity prevention can make specific contributions to engaging, mobilising and coalescing the public. Shifting from a top-down to an integrated bottom-up and top-down approach would require an overhaul of current strategies and re-prioritisation of resources.

In response to the obesity epidemic, many expert panels—some convened by government agencies—as well as scientific societies and professional or advocacy organisations have called for a comprehensive approach designed to create health-promoting eating and physical activity environments. There is general agreement that policy actions taken by governments and private institutions are critical elements of such comprehensive strategies, although there is less agreement on the specific approaches or implementation strategies to be taken.[1-4] Despite repeated calls for societal action, progress in the relevant policy arenas has been limited. The political and institutional will in both the public and private sectors to take such action is often lacking and may not emerge without greater citizen demand for policy adoption and implementation.[5] The first paper of this series by *Roberto et al.* discusses several policy options. It also describes competing forces in society that often hinder progress toward policy adoption. Organising the public to confront and alter such hindering power dynamic is therefore an essential way to move forward. Interventions to prevent obesity date have not focused explicitly on the dynamic interaction between individuals and the political environment.[6]

The overall goal of this paper is to highlight the importance of mobilising popular demand for policy actions to prevent obesity. This effort requires change agents from all sectors in society. Public health can play a leadership role in organizing and coordinating actors from diverse sectors to shape public support for obesity prevention policies. We describe ways that popular demand for policy actions might be mobilised using frameworks from political science and sociology. We then discuss the roles of diverse actors in an expanded coalition to generate bottom-up impact and public health research opportunities around policy mobilisation.

Creating Political Demand: Frameworks to Inform Grassroots Mobilisation
The field of political science offers insights into the "political determinants of health" and the constraints and forces that shape public policy.[7] To enable the

adoption of policies for obesity prevention, three frameworks from the field of political science can inform strategies to increase the demand for these policies: the multiple streams framework,[8] the advocacy coalition framework,[9] and punctuated equilibrium theory.[10] In addition, social movement theory embodies elements of the political science frameworks and presents a process model for social change.[11]

The *multiple streams/windows of opportunity framework* proposes that the greatest potential for policy change – or windows of opportunity – emerges when three conditions or "streams" come into play: problem, policy, and politics. The problem stream refers to how a problem (or policy issue) is defined or framed and to what degree the problem could be addressed through policy. The policy stream refers to the different policy solutions being offered. The politics stream refers to the political climate, arrangement of stakeholders, and national mood. Windows of opportunity emerge at the confluence of at least two of these streams. Greater success is likely when three streams come together to create an opportune moment for change; the window is often not open for long as public attention and political support can quickly wane. The challenge in public health is both to create and sustain these windows of opportunity. Through the lens of the multiple streams framework, policy evaluation of 10 WHO-designated Healthy Cities showed the importance of building the capacity of social entrepreneurs or change agents in each city.[12] Similarly, the process of establishing a national food and nutrition policy in Slovenia was made possible by the triggering event of accession to the European Union and the availability of individuals with the right analytical, strategic and policy entrepreneurial skills who were put to work to enlist prior opponents and mobilise society for change.[13]

The *advocacy coalition framework* helps to strengthen policy issues and expand windows of opportunity by emphasising the alignment of groups or individuals with the same core beliefs to coordinate and leverage their power to achieve shared goals. Coalitions comprise a diverse set of groups and individuals who

may diverge on non-core beliefs but are held together by commitment to core beliefs or primary goals. This framework also speaks to the importance of cultivating change agents and sharing resources across sectors to empower the politics stream. In the case of an expanded after-school program across five cities, the framework was used to not only map stakeholder assets but to address core values and conflicts and develop common goals among stakeholders within each city.[14] This framework has also been applied to the process of implementing soft drink policies in the Pacific.[15] Advocacy coalitions can bring about the right expertise and political alignment to exploit and trigger windows of opportunity.[16] The major challenge in the domain of obesity prevention is that the range of stakeholders (i.e., government agencies, NGOs, and companies directly related to health or food) remains limited and there lacks a sustained and coordinated infrastructure with resources for coalition building across diverse sectors.

The *punctuated equilibrium theory* contends that significant changes in policy can happen abruptly under the right conditions. Policy tends to remain constant (or in equilibrium), with rare periods of sudden, substantial change. The causes of these changes include new perceptions around the policy, an increase in media attention and public interest, economic crises, environmental changes, involvement by new groups and stakeholders, and increases in open support for change (or opposition to the status quo) from leaders, celebrities, and other public figures. The use of marketing, including media, to educate and emote the public and to exert pressure on politicians is also key to all three streams in the multiple streams framework to create the window of opportunity. In the case of tobacco policies, the use of health research in legal proceedings against tobacco companies, intense media campaigns showing the danger of tobacco use, and changing public opinion and social mores around smoking represented a window of opportunity for tobacco taxes, smoking bans in public spaces, and other policies.[17]

Sidney Tarrow's work defines social movements as "collective challenges, based on common purposes and social solidarities, in sustained interaction with elites, opponents, and authorities."[11] Tarrow's work provides a useful process model beginning with identifying political opportunity, then cohering around common goals, followed by developing frames, and ending with sustained collective interaction.[11] Once a common challenge and purpose are identified, building social networks and social solidarity sustain collective interaction.

Together, these frameworks illustrate some common demand-side strategies that can mobilise the public for policy change. As described below, these strategies include: reframing or redefining obesity and the policy issues; media advocacy to garner public support; influencing public opinion and mobilising the public to protest or vote for political change; and building a receptive political environment by developing relationships in government and industry, supporting political candidates, and placing pressure on incumbents as well as administrators.

Demand-Side Strategies to Mobilise Policy Actions

To date, there has been surprisingly little effort focused on creating popular demand for obesity prevention policies given the well-established precedents and analogies from other areas of public health policy and practice.[18-20] Perhaps this is because the arguments needed to address food issues in particular are so complex and often seem to lead to a dead end, and bottom-up pressure from communities has not been well coordinated (see *Hawkes et al.* in this series on the complexity of food politics, food policy, and consumer preferences).[20] Investing in strategies that increase citizen demand is critical for creating the political will and climate for change. In keeping with lessons from social science and with precedents in public health that have demonstrated the importance of building grassroots support for policy actions, we discuss four specific demand-side strategies that warrant greater attention in public health efforts to prevent and control obesity at the population level. In addition, we discuss the importance of an expanded coalition of diverse sectors with specific actions in each sector.

Figure 1 shows a combined top-down and bottom-up framework, where public pressure interacts with policy actions across the non-regulatory, regulatory (i.e., direct executive branch control), legislative domains as well as new areas of social innovation. **Panel 1** illustrates a case study that incorporated many of these strategies in the area of HIV/AIDS in South Africa. **Panel 2** describes a coalition of non-governmental organizations in Mexico that is utilising some of the strategies presented in this paper.

Refining and streamlining consumer information and identifying the appropriate frame for obesity

Refining and streamlining information to the public is an important strategy to improve popular knowledge and to galvanise populations around a common issue. For example, the field of climate change showed that people respond more positively to messages on the health benefits of mitigation policies than the health risks of climate change.[21] Similarly, efforts in the public health field may benefit from a change in emphasis away from the *risks* of obesity towards greater communication to consumers about the *benefits* of specific policies. Alternatively, co-framing obesity with other issues of importance to specific population groups may also increase their support for obesity prevention policies. One recent study in the US showed that conservative voters' support for government policies increased significantly when obesity was linked to military readiness.[22] A useful resource for framing health issues can be found at www.frameworksinstitute.org.

The framing of obesity issues can also incorporate how the cost of obesity is distributed. The costs of obesity are not entirely borne by individuals with obesity. Some of the medical care costs of obesity are paid by the non-obese in the form of higher health insurance premia (for private health insurance) and in the form of higher taxes (for public health insurance). Such external costs have the potential to lower social welfare, so economists recommend policies to internalize these external costs. These policies could take many forms, such as subsidies for physical activity and healthy diets, taxes on energy-dense foods,

and wellness programs that incentivize the maintenance of healthy weight. Support for such programs depends in part on whether they are framed or interpreted as increasing fairness by decreasing externalities and cross-subsidization of costs, or worsening inequalities by decreasing risk-sharing in insurance. Support may also depend on whether such taxes and subsidies are framed as rewards for healthy behavior or penalties for unhealthy behavior. See **Panel 3** for more discussion.

Another major challenge in public health communication to the public is the multitude and inconsistency of messages over the years. For example, the field has made recommendations from low-fat, low-carbohydrate, and low-glycaemic diets, among others, to now a total diet approach from the US Academy of Nutrition and Dietetics.[23] Likewise, nutrition labels and health claims on food packages have been equally wide-ranging and confusing, leading recently to a gradual adoption of front-of-package labelling with graphic displays that are more cognitively accessible than numeric information alone (though debates remain).[24] Another gap for the public relates to information on industry practices; tools such as the Access to Nutrition Index (www.accesstonutrition.org) can increase the transparency of industry practices and help consumers make more conscientious choices.

In addition, it is important to ascertain whether health should be the emphasis in public communication about obesity. For instance, studies in South African women and girls show a robust body size tolerance[25,26] and an influence of maternal body size and body image on those of the daughter.[27] Attitudes to weight loss and thinness are also informed by community perceptions that individuals who lose weight may be sick with HIV or TB.[26] While health may motivate the public in some countries (possible examples might include the frame of longevity in Japan and diabetes in Mexico), in other countries, people may be more attuned to messages about environmental sustainability, food security, animal rights, and national security, among others.[28] The most effective

messages are transformative in emotional appeal,[29] which is socio-culturally dependent. The use of storytelling and narratives have a theoretical and empirical basis for creating such transformations.[30] Recently, in countries such as Australia and the US, while the notion of equal protection and rights has yielded success for the gay rights movement in the courtroom,[31] it is the imagery and stories of loving gay couples that have had the greatest impact on positive changes in public opinion.[32] Alternate framing of the obesity issue can help not only reach target audiences more effectively but can expand the range of potential partners in the fight for policy change.

Media advocacy

Media advocacy refers to leveraging the power and access of all media channels to both frame obesity as a common challenge (as health or beyond health depending on context), as well as to market specific policies as in the common interest. Key goals for media advocacy include increasing popular attention to obesity as a political issue, educating the public about the relevance of the environment, generating public debate about the merits of different policy options, and persuading the public and the political elite to support specific policies. Media advocacy can elevate issues, set agendas, and engage and motivate citizens and politicians.[33-36] Below we discuss three aspects of media advocacy that public health should particularly strengthen to be more effective in mobilising policy action.

The success of media advocacy hinges on implementing on a sufficiently broad scale to successfully change the information environment and ensure sufficient exposure.[37] Obesity prevention messages must compete with pervasive marketing of unhealthy food and beverages.[37-39] Nutrition and physical activity social marketing campaigns with modest success exist,[40] but these campaigns could be more effective if resources were pooled nationally or globally to build more powerful public health brands.[41]

Media advocacy can benefit from the rapid growth and evolution of online digital media. Interactive social media platforms have altered the marketing and communication environment.[42-44] Research across various health issues that involve multi-media online platforms have shown positive results and an advantage of lower cost and higher reach.[45] However, to optimise results, these new platforms require a different conceptualization to systematically integrate messages rather than consider each as standalone elements.[46] Use of digital media is not mutually exclusive from traditional media, of course, particularly in low-to-medium income countries. However, even in these countries, the use of digital media among young people is rapidly rising.

Perhaps the most important consideration is how an obesity coalition can control media messages rather than letting these messages be controlled by industry or be diluted or muddled by multiple, uncoordinated organisations. A useful strategy is to create a centralised strategic platform to design and manage the messages. Although achieving agreement among stakeholders will always be challenging, one way to avoid paralysis and ensure at least partial progress is to set issue-specific buffer zones that allow stakeholders to agree on some messages even if not necessarily others. Such a platform can also provide communication-related technical assistance to partner organisations and lead the strategic planning of press releases, press conferences, government hearings, and media appearances by representatives of the coalition, among other events. An example is the Movement Advancement Project (www.lgbtmap.org).

Citizen protest and engagement
Citizen protest driven by a common cause is a powerful trigger for the spread of a social movement.[47] At the height of protest against US health care reform, a counter protest was mounted by the group Health Care for America Now (HCAN), a broad coalition of stakeholders, to highlight harmful actions by the insurance industry, which helped put pressure on local elected officials.[48] The obesity prevention movement often looks to the tobacco control movement for

strategies to break a political impasse in the face of an international health crisis.[49] But while the tobacco control movement is built on a strong foundation of demonizing a harmful industry, the obesity prevention movement has to contend with the reality that food, unlike tobacco, is necessary for life and that stigmatizing obesity itself is unacceptable from an ethical perspective.[50] However, issues such as food safety or deceptive food advertising (e.g., false health claims) can potentially be capitalised as cause for protest.[51,52] The challenge is finding how ideas and imagery mobilise the public toward engaged citizen protest. One interesting example is how a group cleverly and successfully thwarted the efforts of an anti-tax movement to close the public library in Troy, Michigan, USA by using powerful imagery and metaphor (book burning) that led to dramatic increase in voter turnout.[53] The logic is that tax reduction would lead to a decrease in public funding and public services such as libraries, which happen to be greatly valued by residents of most U.S. communities. A parallel example in the obesity context was a controversial YouTube video from Australia that equated feeding junk food to children with giving children heroin.[54] The video, since removed from the Internet, led to a significant backlash, with much of the criticism on the video's inadvertent blame on parents for child obesity. The powerful imagery might have led to greater change if the perceived target of the video had been food companies rather than parents.

Citizen engagement is key to any political campaign.[55] Direct interaction with citizens by obesity prevention advocates is important, as in the case of US President Barack Obama crisscrossing the country at the same time as the HCAN protest to save the American health care reform bill.[48,56] In addition to grassroots organising and canvassing, established machinery and advocacy audiences online can be cost-effectively leveraged. For example, online forums such as MoveOn.org and MomsRising.org in the US have reconfigured methods and strategies for political mobilisation. These forums can assist in organising offline events, revive and reconfigure organisational networks, distribute trust through visible signs of open deliberation, and foster a cultural fusion with politics

via the creation of subversive messages and campaigns using new media.[57] For instance, MomsRising.org has launched large-scale education and engagement campaigns to improve the school food quality, generating broad national coverage in traditional and social media, and increasing the numbers of parent bloggers and policy makers educated on school food issues. Public mobilisation at the outset of policy change can also increase public understanding and ownership of the issues, thus limiting public backlash or unintended consequences when policies are implemented.

Youth advocacy can be an important strategy for obesity prevention.[58] A model of youth organising that intertwines aspects of youth development, community development, and social change provides a unique opportunity for policy adoption and implementation.[59] Youth organizations, networks and leaders can uniquely elicit the attention of adults and can seed change through long-term ownership of the problem and its solutions as advocates for their life-long health prospects.[60] In an ongoing initiative in a Latino community in the American Midwest, youth advocacy coupled with social marketing and community engagement has led to a doubling in community readiness from vague awareness of childhood obesity as a problem at the community level to a preparatory stage for community action.[61] Youth engagement around voting initiatives is also a strategy to promote civic engagement and shift attitudes around policy formation and political processes.[62]

Building partnerships to create a receptive political environment
Various mechanisms exist for building relationships to influence policy change at the political level. Messages about obesity policies need to be refined and streamlined for legislators and government administrators as well as for the general public. Lobbying is more effective when policymakers are "sympathetic" to the policy position.[63] Compelling stories should be relayed to legislators where it matters most – in the constituencies they represent. Strong constituent-

representative relationships have led to policy advances in the area of veteran affairs[64] and reversals of gun control.[65]

Placement of issue advocates across legislative bodies, political parties, lobbying groups, and other interested organizations have also been shown to be critical to policy adoption.[66,67] To increase the political pressure to act, the infrastructure for building relationships across sectors needs to be strengthened and better integrated, from local to global networks. In addition, public health advocates can better train students for positions in legislative bodies, lobbying groups, industry, media firms, and think tanks. Think tanks provide much expertise to the legislative arena[68] and increase the potential for overcoming policy impasse.[69] The technical expertise from think tanks can also improve the implementation of policies. The diffusion of public health advocates across sectors improves organisational readiness to respond with policy solutions during windows of opportunity.

As part of a multi-stakeholder approach, there is increasing interest in the execution of public-private partnerships to build human, financial, and regulatory capacity for change;[70] this is not necessarily mutually exclusive of industry regulations. The goal is to create shared value among different public health groups and between public health and other sectors. Multi-stakeholder approaches that include public-private partnerships are recognised as common among several successful obesity prevention programmes.[4]

Globally, there may be value for an international coalition so that actions of governments and multi-national companies can be held accountable in all regions. Opportunities also exist working across policy regimes, such as between obesity prevention and environmental sustainability, to limit policy monopoly and allow for multiple entrances into the policy arena.[28]

Distributed Responsibility through an Expanded Coalition

Mobilising policy action means increasing public awareness and stimulating coordinated, complementary actions among diverse sectors and constituencies -- mobilising *demand* for healthy public policies. A central premise of this article is that given the wealth of obesity prevention policy recommendations that exist, the missing elements are ways to bring these policies to fruition. There is no single responsible person or sector that will make this happen automatically. Indeed, windows of opportunity are broadened with the expansion of coalitions. We must find ways to activate leadership and pool existing resources to drive the process. *Panel 4* shows recommended actions for diverse sectors in an expanded coalition, where actions working in concert can create the greatest policy impact. Note that these recommendations are bottom-up and differ from prior recommendations of top-down strategies. The actions outlined in *Panel 4* are meant to work in synergy and, when undertaken, optimise the demand-side strategies described earlier.

When problems are complex, it is essential to present a package of policy solutions rather than single policies.[2,71] This helps distribute the responsibility so that it is everyone's problem and everyone can play a role to fix it. At the same time, a clear governance and accountability structure must also be present to ensure policy implementation (see *Swinburn et al.* in this series). Although the specifics of a solution package may differ, a combined top-down and bottom-up approach that engages the public in policy intervention applies to both the developed and developing contexts. One recent study from North Africa draws three important conclusions: first, there is consensus that some policies are needed to address obesity; second, policy feasibility and costs are as important as the question of effectiveness; and finally, citizen and policymaker engagement is seen as crucial for any policy mobilisation.[72]

As part of an expanded coalition, we need change agents across organizations and sectors to realise "health-in-all-policies." These change agents can be cultivated with strategic training and placement of individuals, and distributed

action and decision-making in this network of actors. Besides rethinking formal training of the next generation of public health students, an interesting example involved strategies to enhance workforce capacity to translate research evidence into policymaking in Fiji.[73] In addition, if we adopt a multi-stakeholder approach, it must be recognised that efforts to build trust across sectors take time and that sometimes a neutral buffer zone is needed for divergent interests to start working together toward a common goal without parties having to agree on everything outside the buffer zone.

In Mexico, Bloomberg Philanthropies (BP) started a pilot programme on obesity prevention, modelled after previous initiatives in tobacco control, road safety and maternal health (www.bloomberg.org/initiative/obesity_prevention). BP funds academic institutions, non-governmental organizations, and government agencies and, in turn, creates networks of actors. Academic institutions are funded for the generation of evidence to inform policy and programme design and for monitoring and evaluation. Non-governmental agencies are funded to advocate for the implementation of evidence-based strategies for the prevention and control of obesity, and government offices are funded to improve implementation of such policies and programmes. Such funding helps support an expanded coalition and helps create a social environment that is conducive to policy action.

Public Health Research Agenda

Several new research avenues arise from this discussion. First, much research is needed to develop the science of social mobilisation, including formative and public opinions research on social values and concerns pertinent to each population. We need to document the methods and link mechanistic strategies with observable changes in the community, so that we can scale up social mobilisation efforts across communities.[3] As part of this research, the recommendations in Panel 3 can also be examined more closely to determine what works in each particular context. In addition, we need timely and

longitudinal population surveillance data on changes in social norms and attitudes,[74] such as perceptions of obesity and support for various interventions, as well as prevailing issues of concern and cultural trends (see discussion on public perceptions and norms as intervention targets in *Hawkes et al.* in this series). Efforts to document the cost-effectiveness of policies should continue to expand as such evidence can help to create public demand for change.[75] Because these data are difficult to obtain through conventional experiments, evaluation of natural experiments and the use of computer simulations will be important. Finally, we also need to better understand the potential unintended consequences or by-products of different policy options as this knowledge may further help refine the demand-side strategies. This can be done through a variety of approaches such as scenario planning and simulations.

Conclusions

Although strategic and wide-scale efforts to mobilise the public as citizens and consumers have not been emphasised in obesity prevention, these can be perhaps one of the most important vehicles for change.[76] To date, the strategies recommended for public mobilisation have been minimally studied, implemented and coordinated in the context of obesity prevention. This paper is, therefore, a call to action and the intent of our proposal is to both reorient public health efforts and to alter the natural attention cycle of public interest.[77] Retrospective lessons from the fields of political science and sociology can be parlayed into prospective and proactive strategies to enhance the popular demand for policy change.

Our bottom-up call for action aligns with that of the WHO Framework Convention on Tobacco Control (FCTC),[78] which set a precedent for worldwide actions targeting the supply-and-demand feedback on tobacco use. Our recommendations also align with those of the WHO report on population-based approaches to childhood obesity prevention in calling attention to government structures, population-wide policies, and community-based programmes.[4] These recommendations, however, would require reprioritization within public health.

The public health field needs to assume new leadership and provide the infrastructure for a cohesive multi-stakeholder approach to creating public demand for policy actions to prevent obesity. By investing in public engagement and mobilisation, more windows of opportunities can be created and sustained.

Public health advocates need to re-examine their approach and use of resources to address obesity. New research should inform how best to strategically align citizens with policy goals. Evaluation of ongoing and future policy actions should also be a top priority to create practice-based evidence as an integral part of the knowledge loop.

Contributors

TH conceptualized and led the writing of the manuscript. JC, MA, SC, LF, LZ, JR and SK drafted sections of the manuscript. All authors critically reviewed and helped revise successive drafts of the manuscript.

Conflicts of Interest

We declare that we have no conflicts of interest.

Figure Legend

Figure 1. A top-down and bottom-up framework for obesity policy mobilisation. Policies shape the demand, but the demand also enables policy action. Demand-side interventions are also necessary to optimise popular response to implementation of policies.

Panel 1. Treatment Action Campaign (TAC), South Africa 1998-2008:[79,80]

The aim of the TAC was to redress the inequitable access to health care among the poor and HIV-infected individuals in particular. It began as a small contingent of activists in 1998 and grew to a nation-wide movement drawing mainly from the urban and rural poor. The TAC sought to 1) reframe the notion of equitable access to healthcare in moral, political and legal terms as a right guaranteed under the South African constitution; 2) redress the inequitable access to health care by casting it as a violation of constitutional and human rights, namely pharmaceutical industry profiteering through costly anti-retroviral therapy (ARV); 3) broaden the movement through a mix of education through "treatment literacy" – a practice of empowering individuals by learning about HIV/AIDS, current treatment options, obstacles to treatment, and needed research – and mobilization of newly "treatment literate" advocates. TAC created coalitions with anti-apartheid networks and LGBT and AIDS activist groups, namely Gay Men's Health Crisis (GMHC) and ACT-UP, who provided training to TAC on treatment literacy techniques. In addition, TAC connected with anti-apartheid networks to gain wider leverage in South Africa and internationally, as well as connecting with allies in the science community, politicians, and government bureaucrats. By 2007, there were over 200 Treatment Literacy Practitioners (TLPs) providing information to over 100,000 people per month. The TAC used powerful symbols for branding, visibility and group coherence (e.g., the red HIV-Positive t-shirts). The TAC gradually attracted media attention. It gained a national audience through its compelling stories based on the experience of real people – not abstract "complaints of inequality."

From 1999 to 2008, TAC won at least 5 legal challenges. The courts ruled in favor of TAC by expanding implementation of pregnant mother-to-child HIV transmission programmes, ARV therapy rollouts, and ARV treatment access for prisoners. Success in the courts inspired marches, increased visibility and media attention, and more recruitment at the grassroots level which compounded the

overall success of the TAC. The expansion of health services led to fewer incidences of opportunistic infections, deaths, and number of orphans. The expansion of the national ARV programme saved about 400,000 lives. Government resistance was ultimately overpowered by pressure from TAC, its coalitions and allies. In 2008, South African President Thabo Mbeki, an AIDS denialist and a source of resistance to a national ARV programme, was removed from office.

Panel 2. Alianza por la salud alimentaria (Alliance for nutritional health), Mexico.[81]

In Mexico, civil society organizations (CSOs) are playing an important advocacy role in the demand for obesity policy action. The Alianza por la salud alimentaria (ASA) is a consortium of academicians and more than 20 CSOs in different fields, from consumer groups to children's rights organizations. ASA has garnered much media attention. It carries out activities from imaginative stunts, such as the capture of the "Junk Food Cartel" [brand name characters Tony the Tiger (frosted flakes cereal), Melvin (the elephant for Cocoa Krispies), Ronald McDonald and the Coca Cola polar bear] for threatening public health, to formal academic forums in which national and international experts provide policy recommendations. The ASA has also launched a communications campaign to raise public awareness of the risks of soda and the link to diabetes, using mass media such as billboards on main thoroughfares and publicity on buses and in the subway, which is used daily in Mexico City by 5.4 million people. Through an on-line strategy, the ASA also spreads messages and information on the Internet and social media through web content, videos and radio spots. The ASA has positioned the need for public health policy free of conflict of interest.

The ASA has not only increased public debate regarding the need of immediate actions to address obesity, but has also been a referent for social pressure in the executive and legislative bodies. As a result of ASA's efforts, soda and junk food taxes were passed in Mexico in 2013 and went into effect in 2014, despite a politically conservative government.

Panel 3. Examples of Shifting the Cost of Obesity to the Obese

The elevated medical costs of poor diets and sedentary lifestyles are not paid solely by those with poor health habits but are also borne more generally by society. In private health insurance plans, the costs of treating obesity-related illness are subsidised by the non-obese enrolees who pay the same premium but incur fewer costs. In public health insurance, which is funded by taxes, the higher costs of those who engage in risky behaviours are subsidised by taxpayers. There is an economic rationale for internalizing these external costs (i.e., ensuring that they are borne solely by the individuals who generate them) in order to ensure that the health care system does not unintentionally subsidize poor diets and physical inactivity. Communicating the magnitude of these external costs to the public may make taxpayers more supportive of government actions aimed at promoting healthy behaviours.

The US government, through the 2010 healthcare reform legislation (i.e., Affordable Care Act or ACA), now allows group health insurance plans to charge 30% higher premiums to enrolees who are overweight and refuse to participate in qualifying wellness plans. The Federal Register gives a hypothetical example of an acceptable plan: an insurance company can give a 30% premium discount to those with a BMI of 26 or less. To get the same discount, those with a BMI over 26 must walk 150 minutes per week (unless they have a medical condition that would make that requirement unreasonable, in which case they must be offered a substitute programme)[82]

Another way of limiting external costs is to provide health insurance coverage for treatments of obesity-related illness conditional upon health behaviours. For example, in the US State of West Virginia, Medicaid (a single-payer public health insurance programme) does not cover nutrition education, bariatric surgery or weight loss management in its "basic" plan, but enrolees who sign an agreement outlining their responsibilities for meeting health goals receive an "enhanced"

plan with expanded coverage for such services.[56] These enhanced benefits can be taken away if enrolees fail to adhere to the agreement, for example, by missing a doctor's appointment.

Policies that seek to internalize the external costs of obesity must be designed to avoid creating loopholes that allow health insurance companies to discriminate based on pre-existing conditions. The Medical Schemes Act (1998) in South Africa stipulates that discrimination on the past or present state of health of the applicant is prohibited for the receipt of relevant health services. Likewise, the ACA states that health insurers may not discriminate based on pre-existing conditions. Some programs seek to achieve this balance by rewarding program participation (e.g., enrolling in the weight loss program) but not program outcomes. Another challenge is determining when medical exceptions should be allowed; e.g. if morbid obesity makes an exercise programme risky.

Other responses to the external costs of obesity include New Zealand's immigration ban on individuals whose BMI is in the obese range because they are considered to be a potential burden on the health system[83] and airline pay-as-you-weigh price schemes to offset the cost of additional fuel from increasing passenger weight.[84,85]

Panel 4. Recommended actions for diverse sectors in an expanded coalition to mobilise obesity prevention policies

Media
- Facilitate vigorous debate about obesity prevention policy options and issues
- Inform the public about positive or negative consequences for various sectors or stakeholders
- Break down the complexities of obesity prevention policy in ways the average citizen can understand
- Draw comparisons to other policy areas
- Educate the public about the impact of obesity on national security, workforce productivity, economy, national competitiveness and other areas.

Educators
- Cultivate wellness as a social value
- Connect health to sustainable ways of living, employability, productivity, population fitness, and individual and collective well being
- Emphasise the value of civic engagement as a way of improving living conditions for all people
- Embed advocacy skills into training of students
- Advocate for creating and sustaining school environments that exemplify and support healthy living

Food Industry
- Become more transparent about challenges aligning core business practices with population food and nutrition needs from a public health perspective, e.g., reporting information assessed by the Access to Nutrition Index.
- Place more consumer research data in the public domain
- Conduct scenario planning with the public and other non-business stakeholders to identify shared values
- Sign on to agreements that create a level playing field among competitors
- Create public performance benchmarks for managers on social responsibility indicators
- Invest in growing a consumer base for healthy products

Health Care Providers and Associations
- Use authority and credibility to generate and support professional and civic engagement around obesity prevention policy
- Advocate for societal policy action
- Sensitise patients and families to the role of the environment in shaping obesity

Entertainment and Recreation Industries
- Create a dialogue within the industry about ways to foster obesity prevention policies and practices
- Find creative ways to associate recreation with pleasurable experience (i.e., not only sports participation)
- Solicit celebrity role models committed to obesity prevention

Financial Sector
- Use or create new financial instruments that reward businesses for policies that support healthy living
- Promote the practice of value investing

Employers
- Find out what employees want and need to support healthy and productive lives
- Advocate for conditions that promote healthy workplaces and employees
- Use competition and collaboration (among companies and/or employees) to stimulate innovations in policy and practice to promote obesity prevention

Technology Sector
- Leverage the Internet and social media to mobilise citizens
- Work with public health scientists and marketers to develop messages and goals
- Create non-financial incentives for users to engage and act

Public Health Scientists, Educators and Practitioners
- Train students to become agents of change in different sectors
- Help build a cadre of youth advocated in educational and community settings
- Enhance communication to the public about research findings and policy debates
- Conduct research on public opinion, norms and engagement
- Adapt methods from other fields to understand how we can impact culture and innovate solutions

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