

Prioritising obesity can't wait

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This year's global non-communicable disease (NCD) conversation is missing a critical piece. Without urgent action on obesity, the opportunity to meet the targets on tackling NCDs may slip away again.

In September, governments will gather in New York to review progress on non-communicable diseases (NCDs) at the UN General Assembly

“Without action, we’re leaving half the world behind - 4 billion people will be affected by overweight and obesity by 2035, with economic costs reaching nearly 3% of global GDP by 2030”

World Obesity Federation

(UNGA). A new political declaration will follow. But obesity, a disease affecting over one billion people worldwide, is barely mentioned in the **draft of the current agenda.**

This silence is an oversight that does not recognise that obesity carries serious consequences for health, development and equity. Obesity remains framed as a modifiable risk factor and a matter of lifestyle, addressed mainly through prevention at an individual level rather than systemic change. **The science of obesity** tells a different story. Obesity is a **complex, chronic condition** that is the result of an interplay of **genetic, biological, psychological, social and environmental** factors as recognised by the WHO. Leaving obesity out of the conversation as a disease risks undermining the entire NCD agenda.

Policy suggestion

Recently, The Lancet Global Health published a comment by several leading obesity experts on priority actions for the global obesity response. The first priority action is adopting The World Health Organisation's (WHO) definition of obesity as a disease, and embedding it in national and global health frameworks, including the UNGA NCD High Level Meeting (HLM) Political Declaration. Doing so would help shift policy focus beyond prevention to include long-term care, while unlocking funding and accountability mechanisms on par with other NCDs.

No progress on NCDs without preventing and managing obesity

Obesity is a common thread running through much of the NCD burden. It contributes to type 2 diabetes, cardiovascular disease, musculoskeletal disorders, several cancers and more. Its impacts are **economic as well as physical**, deepening health inequalities and further straining health budgets.

By 2035, **more than half the world's population is expected to be living with overweight or obesity**. Countries that are off track to meet Sustainable Development Goal

3.4 (SDG 3.4)—to reduce premature mortality from NCDs—will fall even further behind unless obesity is prioritised. Tackling obesity unlocks progress across the board.

Yet most policies treat obesity as a risk factor and focus on prevention efforts that are important, but insufficient on their own. There is still limited holistic management for people living with obesity today, or system-level action to prevent and manage the disease. Few health systems are set up to provide the kind of long-term, person-centred support that's needed. The result is that people living with obesity are left unsupported by health systems and society, and even blamed.

Policy suggestion

National NCD strategies can integrate the prevention and management of obesity. This includes integrating obesity into existing care pathways for other chronic conditions, developing person-centred care pathways, updating clinical guidelines and training providers in holistic obesity management.

Laying a foundation towards a breakthrough

Countries are beginning to recognise obesity as a serious, chronic disease. National strategies are emerging, new models of care and clinical care guidelines are being piloted. **Experts describe** how some governments have even taken the important step of granting obesity official disease status, which in turn supports the prioritisation and funding of obesity prevention and management. These are early signals of change, and they reflect growing momentum that addressing obesity is an important mechanism in the broader response to NCDs.

The WHO has also outlined a foundation from which momentum can build. Global frameworks

such as the **WHO Acceleration Plan on Obesity** and the **WHO Service Delivery Framework** provide roadmaps for countries to integrate obesity action across sectors and systems. Our **National Obesity Action Plan Playbook** highlights the work of several countries that have integrated obesity action across sectors and systems, so that other countries can either build or enhance their own obesity prevention and management plans.

The health, social and economic impacts of obesity make a compelling case for action, but that action is not materialising quickly or extensively enough to hit **SDG 3.4** or the WHO's target to **halt the rise in obesity by 2025**. The momentum from existing commitments on the ground must be met with **political will** from the top. Without strong leadership, or a declaration, early progress will stall and the opportunity to scale solutions for people to live healthier for longer will be lost.

“Reducing global rates of obesity and NCDs won't be about individual willpower—it will be about collective political will to act.”

World Obesity Federation

Policy suggestion

Policymakers recognising obesity as a disease is a priority, but it is also important to recognise how obesity impacts development, economic and equity. Framing the prevention and management of obesity in this broader context enables interministerial collaboration across government to address the underlying drivers of the disease.

A call to act now

The current draft declaration falls short. Framing obesity as a risk factor underestimates its potential role in broader NCD prevention and management, and fails to reflect the reality that there are ~1 bn people globally living with obesity already in need of support. As it stands, countries may fail to meet the scale and urgency of the challenge ahead.

Policymakers, civil society, the private sector, international institutions must come together to demand better. Obesity should be reinstated as a priority to ensure long-term prevention, so that people living with obesity can receive care for their disease on equal footing with other major NCDs.

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