



Don't fix the person, fix the system: a new vision for tackling obesity

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As the world prepares for the United Nations General Assembly's fourth high-level meeting on non-communicable diseases (NCDs) in September, one omission stands out: **obesity is not on the agenda**. It is an oversight with far-reaching consequences.

Obesity is more than a risk factor. The World Health Organization (WHO), global health authorities and the science of obesity tells us it is a complex, chronic, relapsing and multifactorial disease in its own right. Obesity is also a central node in the web of other NCDs. It drives the incidence of type 2 diabetes, cardiovascular conditions, musculoskeletal disorders and certain cancers. As pointed out by WHO: If the global community is serious about curbing NCDs, obesity cannot be peripheral to that cause.

And yet, in most health systems, obesity is largely addressed once complications have set in. The prevailing model focuses on rescue and repair, rather than foresight and prevention. What if the system were designed differently?

The case for rethinking systems, not individuals

Imagine a car that is solid, reliable and built to last, but only with regular maintenance—regular oil changes, brake checks, and the occasional new set of tyres. Look after it, and it will keep running for years.

This is the metaphor for obesity. Dr. Sara Suliman from Imperial College, Abu Dhabi, offered at the recent panel discussion on *The economic imperative: policy solutions for tackling non-communicable diseases*, an Economist Impact event sponsored by Novo Nordisk on the sidelines of Abu Dhabi Global Health Week.

But unlike machines, human bodies are not all manufactured to identical specifications. Not all cars start from the same blueprint. Some have built-in vulnerabilities—genetic predispositions, early-life exposures, or structural disadvantages—that require more than routine care.

Which is why the metaphor must go one step further. We need to stop fixing parts in isolation and start looking at the whole vehicle and its environment to optimise function. Health systems should be designed with the same mindset: to support the body more holistically, across time and circumstance, integrating care across different disease areas.

“We can’t work alone and we can’t achieve or tackle obesity or NCDs by one sector. So all of us are responsible for that.”

Professor Haleama Al Sabbah, Associate professor in public health and nutrition at Abu Dhabi University



“We tell people to eat better and walk more, but we do not give them the tools or environment to do those things.”

Dr. Shereena Khamis Al Mazrouei, Director of health promotion and public health programmes, Abu Dhabi Public Health Centre

Obesity requires a health system rethink

For decades, obesity was framed as a personal failure. Its multifactorial nature requires changing systems to effectively prevent and manage the disease. Doing so would also ensure early prevention of related diseases such as diabetes and cardiovascular disease. But most health systems are not built for that. Most health systems are designed to fix people once they're already ill.

To return to the car metaphor, this means treating breakdowns rather than regular, holistic maintenance to ensure long-term performance. For obesity, a multisectoral approach—as recommended by WHO—is needed, where prevention and management of obesity follows a chronic care approach whereby it is integrated into existing service delivery frameworks across the healthcare system.¹

It's not about willpower—it's about redesigning the system

Many people want to live healthier lives, but the systems around them do not always make that easy. It is not a lack of motivation—it is a lack of support. Tackling obesity and NCDs means addressing the broader environments that shape how people live and the range of choices they are able to make.

We need to give people the tools and environment to live healthier for longer. If our surroundings are working against us, even the best intentions of action cannot be realised. This involves looking at other sectors as well. Take urban design: if neighbourhoods are not built with safe pavements, nearby parks or affordable leisure activities, then opportunities for physical activity disappear. We tell people to move, but what if there is nowhere safe or affordable to go?

¹ <https://iris.who.int/server/api/core/bitstreams/73129124-2c25-4b67-941f-ff826b5978bb/content>

That is why intersectoral policy and planning at the system level matters. People need environments that make healthy choices not just possible, but easier, to live their healthiest lives.

“Health in all policies is the trigger to make things happen. It is an accelerator. The health sector worked hard for many years; they cannot do it alone.”

Dr. Shereena Khamis Al Mazrouei, Director of health promotion and public health programmes, Abu Dhabi Public Health Centre



“We need to take a step back and speak together. Starting with the problem, treating inequities and managing disease at their origin. If we look long term, we save more.”

Dr. Sara Suliman, Imperial College, Abu Dhabi

Putting equity at the heart of rethinking health systems and beyond

As we reshape environments to support health, equity must be the compass guiding system reform. A whole-of-society approach to obesity should involve *and* benefit everyone.

When equity is embedded, systems meet people where they are, not where we assume they should be. Dan Beety reflected on how we can use data to support policymaking so that it is not a one-size-fits-all solution, but reflects the different needs across populations. Buthaina Abdulla Bin Belaila, Head of NCDs and mental health from the Ministry of Health and Prevention echoes this: “We are not just looking at disease; we are tackling risk factors across the life course, starting early and continuing throughout life.”

Policy solutions need to reflect the realities of different lives. This means making healthier choices easier, more accessible and sustainable for everyone—not just the few with the best starting conditions. It also means ensuring that health services and management approaches should be universally available, accessible and affordable.



The need to prioritise obesity

Obesity may not be on the official UN agenda this year, but it cannot remain absent from the global response. If countries are serious about achieving their health and development goals, tackling obesity must be treated as a strategic priority.

Audience key take aways

Position obesity at the heart of NCD prevention—progress on obesity unlocks progress across other major health targets.

A shift in narrative around health system funding to reflect the investment in keeping populations in good health rather than the cost of treating ill health.

That means moving beyond rhetoric and investing in policies and programmes that address obesity at every level—from food systems and education, to urban design and health service delivery. It means moving away from acute episodic care to better primary care to ensure early prevention of obesity and other chronic diseases. Real progress will require countries to start paving the way, through policies and programmes that work across different levels of access and need.

Economist Impact's **National Obesity Action Plan Playbook** offers a practical starting point. It equips policymakers to strengthen current action plans or create new ones to match the scale and complexity of obesity prevention and management.

Because preventing and managing obesity not just a health issue—it is an economic and social imperative. When we stop blaming people and start evolving our systems, health becomes not just possible—but inevitable.

There is a need for all-of-society action on obesity—the solutions do not just lie in the healthcare system.

We would like to thank the panellists and audience who took part in the discussion at *The economic imperative: policy solutions for tackling non-communicable diseases*, an Economist Impact event sponsored by Novo Nordisk on the sidelines of Abu Dhabi Global Health Week.

- **Buthaina Abdulla Bin Belaila**, Head of non-communicable diseases and mental health, Ministry of Health and Prevention, UAE
- **Haleama Al Sabbah**, Associate professor, Abu Dhabi University
- **Sara Suliman**, Clinical lead for obesity,

genetics of diabetes and endocrinology, Imperial College London, Abu Dhabi

- **Shereena Khamis Al Mazrouei**, Director of health promotion and public health programmes, Abu Dhabi Public Health Centre
- **Dan Beety**, Senior director, global obesity policy and public affairs, Novo Nordisk

We will be continuing the conversation at upcoming events around the World Health Assembly and UN General Assembly, and welcome policymakers, advocates and changemakers to join us in advancing obesity on the global health agenda.

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