National Obesity Action Plan Playbook

A policy guide by Economist Impact

Obesity
management

Public education
& awareness

Nutrition
& fiscal
policies

Whole-of-society
approach

Monitoring
& evaluation

Physical activity
promotion

Funding
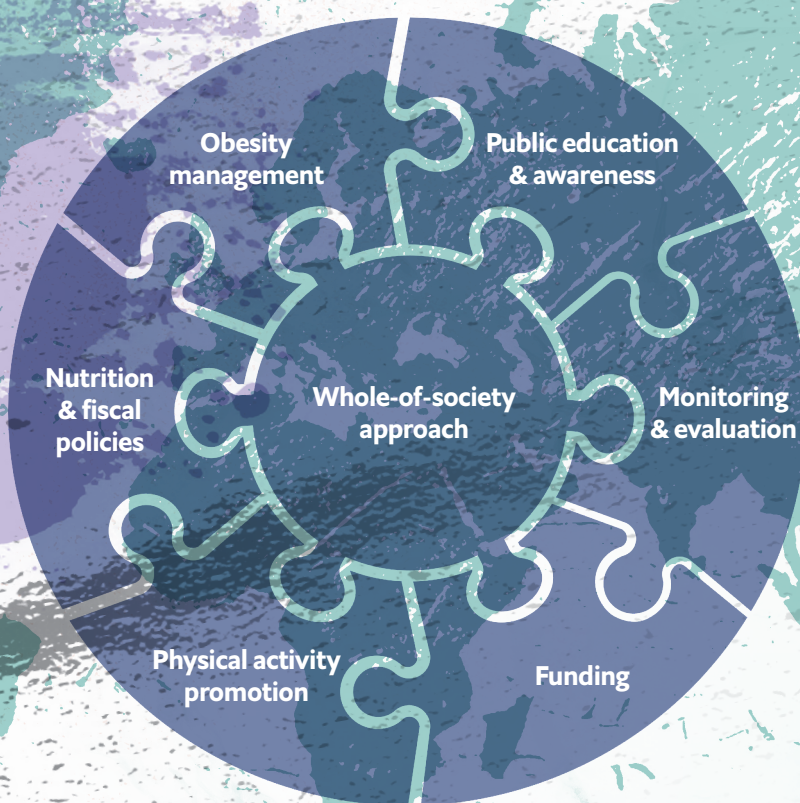
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About this Policy Playbook

The *National Obesity Action Plan Playbook* is produced by Economist Impact and sponsored by Novo Nordisk. The Playbook provides clear and actionable points to inspire policymakers to design and/or improve their national obesity action plans. Drawing on a research programme informed by guidance from key authorities on obesity prevention and management, including the World Health Organisation (WHO). The Playbook includes real-world examples from several countries and perspectives of an advisory panel of eight international obesity management experts and ten country-level experts.

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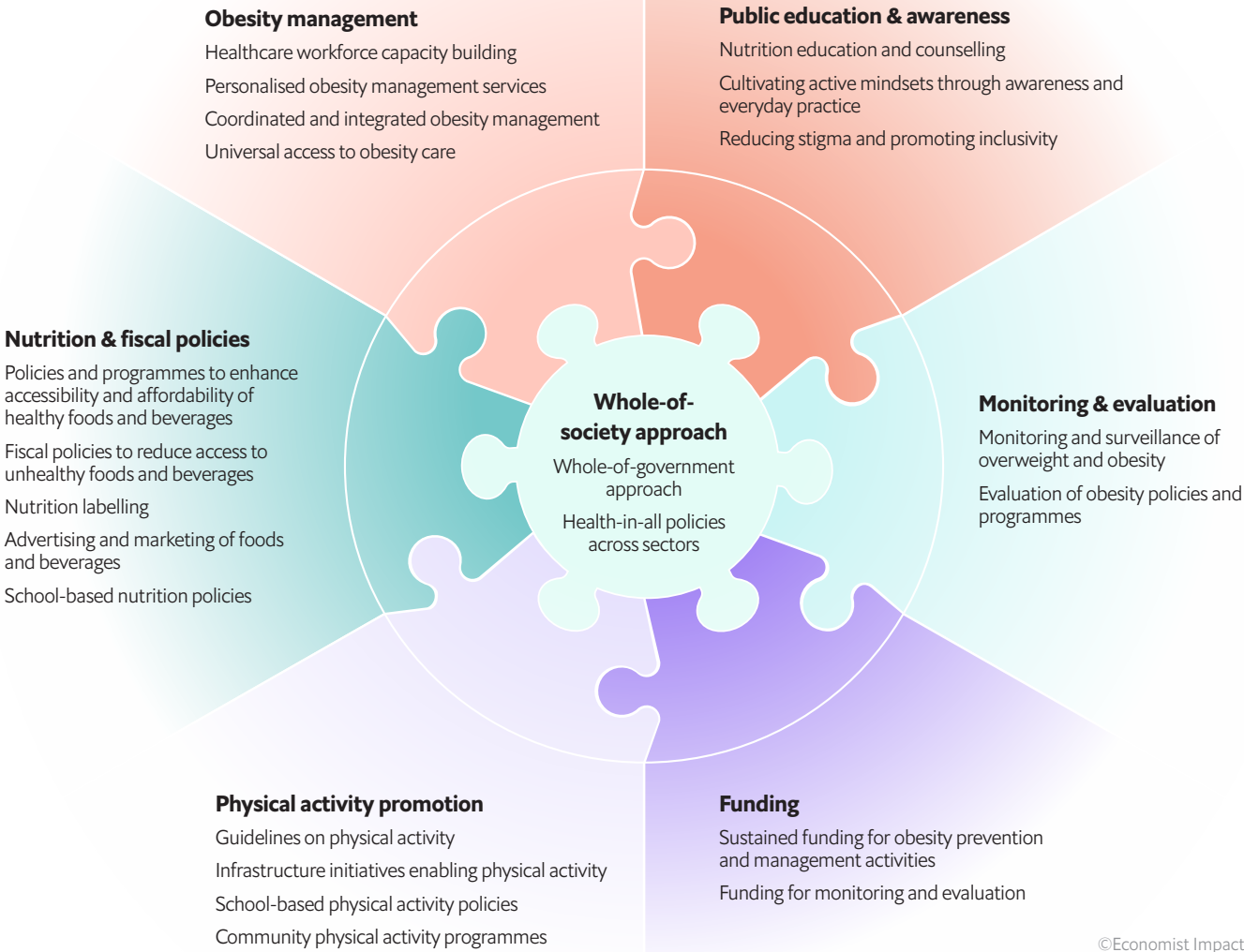
The findings and views expressed in this report are those of Economist Impact and do not necessarily reflect the views of the advisory panel, interviewees or the project sponsor.

Executive summary

Obesity is a disease with profound health, social, and economic consequences globally. By 2035, 3.3bn people are projected to be living with overweight or obesity.[1] Of these, 79% of adults and 88% of children with overweight or obesity will reside in low- and middle-income countries (LMICs).[2] Obesity contributes to 5m deaths annually, and accounts for 12% of deaths from non-communicable diseases (NCDs).[3] Beyond its health impact, obesity has a significant global economic impact, which is projected to more than double from US$1.96trn in 2020 to more than US$4trn by 2035.[4] Despite the global prevalence of this disease, no country is on track to meet targets set by the World Health Organisation (WHO) to halt the rise of obesity prevalence by 2030.[5]

Fig 1: Key elements of the National Obesity Action Plan Playbook Framework

Obesity management
Healthcare workforce capacity building
Personalised obesity management services
Coordinated and integrated obesity management
Universal access to obesity care

Public education & awareness
Nutrition education and counselling
Cultivating active mindsets through awareness and everyday practice
Reducing stigma and promoting inclusivity

Nutrition & fiscal policies
Policies and programmes to enhance accessibility and affordability of healthy foods and beverages
Fiscal policies to reduce access to unhealthy foods and beverages
Nutrition labelling
Advertising and marketing of foods and beverages
School-based nutrition policies

Whole-of-society approach
Whole-of-government approach
Health-in-all policies across sectors

Monitoring & evaluation
Monitoring and surveillance of overweight and obesity
Evaluation of obesity policies and programmes

Physical activity promotion
Guidelines on physical activity
Infrastructure initiatives enabling physical activity
School-based physical activity policies
Community physical activity programmes

Funding
Sustained funding for obesity prevention and management activities
Funding for monitoring and evaluation

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The National Obesity Action Plan Playbook equips policymakers with a practical framework for designing and strengthening national strategies to prevent and manage overweight and obesity. Drawing on WHO guidance, global expertise and case studies, it identifies key action areas and highlights best practices for tackling obesity's systemic drivers through a whole-of-government and whole-of-society approach.

Key action areas for national obesity action plans

By analysing national obesity action plans and other NCDs-related policy documents, Economist Impact identified the following key action areas (see Figure 1):

1. **Adopt whole-of-society and whole-of-government approaches**

   Embed health considerations into policies across government sectors beyond health, including education, urban planning, agriculture, economy, labour and transport.

   Foster collaboration among government sectors, civil society, academia and private

organisations to ensure accountability and inclusivity.

2. **Leverage fiscal policies and regulation to improve nutrition**

   Enhance access to affordable, nutritious foods through governmental subsidies and by taxing unhealthy food options, while ensuring clear food labelling to guide consumers.

   Transform food environments by enforcing marketing restrictions on unhealthy foods and standardising nutrition standards in schools to ensure access to healthier options.

3. **Promote physical activity**

   Redesign urban environments to support active mobility and community activities, as well as ensure equitable access to safe spaces to engage in regular physical activity.

   Implement school- and community-based education and initiatives that promote and facilitate physical activity into daily life, with a focus on inclusivity.
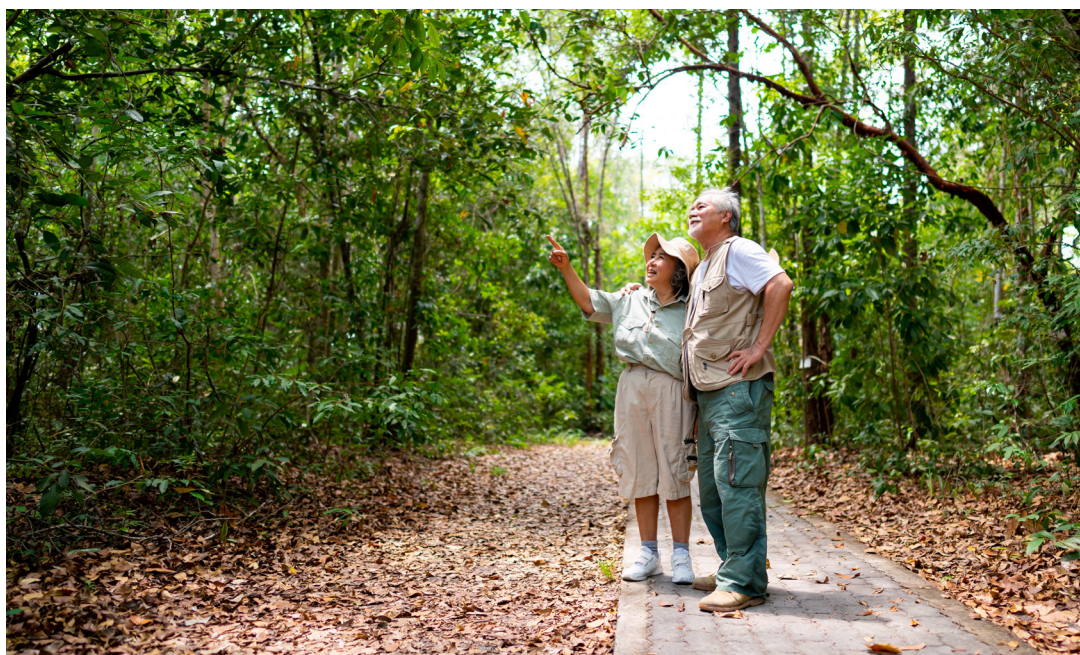
4. Bolster public awareness campaigns

Integrate tailored nutrition education across schools, workplaces, and healthcare systems to promote healthier eating habits.

Launch local community-driven initiatives and school-based programmes to encourage active lifestyles and reduce sedentary behaviour.

Counter weight stigma through public awareness campaigns, healthcare training, and inclusive policies that empower individuals and reduce discrimination.

5. Strengthen health systems to deliver obesity management services

Integrate obesity care into existing care pathways, ensuring care involves coordinated efforts across specialties.

Build capacity and resources in multidisciplinary care teams with focus on strengthening primary care and integrating obesity management across healthcare settings.

Improve access to equitable, stigma-free care and ensure continuity of care across the life-course.

6. Strengthen monitoring and evaluation of obesity rates and policies

Set goals for action on obesity and establish robust surveillance systems to track obesity trends and evaluate policy effectiveness.

7. Secure ongoing funding and commitment

Ensure sustained and dedicated funding for obesity prevention, management, and research, including financial support for programme implementation, monitoring, and evaluation.

Sustained investment and commitment to obesity prevention and management, backed by political will and stakeholder engagement, can drive long-term improvements in public health, economic outcomes and societal well-being. This Playbook offers policymakers a practical tool that identifies key action areas and best practices, to help guide the development of policies that address the immediate and long-term multi-faceted factors related to obesity.

Background

The impact of obesity is rising

**Fig 2: Current and projected numbers of individuals living with overweight or obesity**

2.2 billion (2020)
Individuals were living with overweight or obesity

3.3 billion (2035)
Individuals will be living with overweight or obesity
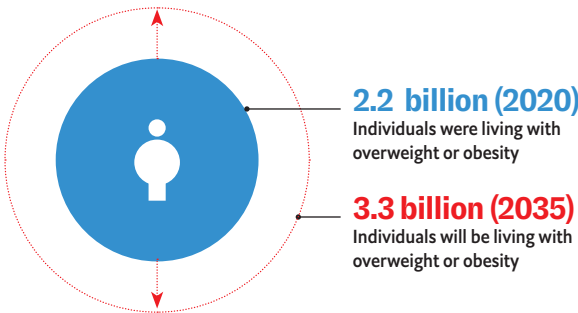
In 2020, an estimated 2.2 billion individuals were living with overweight (body mass index (BMI)$\geq$25kg/m^2) or obesity (BMI$\geq$30kg/m^2), and projections suggest that this could rise to 3.3bn by 2035 (see Figure 2),[6,7] representing a rise from 42% to 54% as a proportion of the global population (excluding children under five). In the same period, those living with obesity is expected to increase from 15% to 25%.[8]

Research indicates that the growing burden will not be evenly distributed. Children and adolescents aged 5-19 years are expected to be the most affected, experiencing highest increases in obesity rates. In 1975, 0.7% of girls were living with obesity compared to 7% in 2022, while boys experienced an increase from 1% to 9% in the same period.[9] This equates to approximately 65m girls and 94m boys living with obesity in 2022, as compared to 5m and 6m in 1975, respectively—an almost tenfold increase across all children.[10] Low- and middle-income countries (LMICs) will experience the highest increases in obesity numbers across children, adolescents and adults, while numbers in developed nations are expected to stabilise but remain high.[11]

Health implications and wider consequences of obesity

Fig 3: Annual deaths and years of healthy life lost

5 million
adult deaths annually

160 million
years of healthy life lost annually
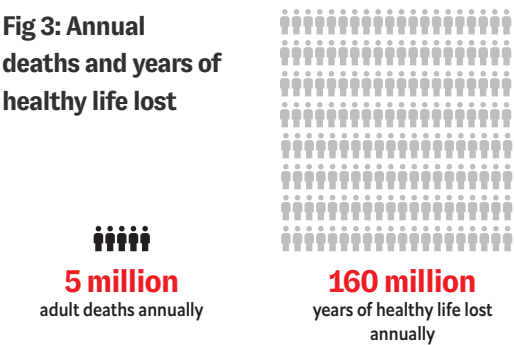
Rising obesity rates have broader health consequences. Obesity, a serious disease in and of itself, is a key risk factor for multimorbidity—the simultaneous presentation of multiple chronic diseases in a person. Obesity contributes significantly to the global burden of non-communicable diseases (NCDs), with high BMI responsible for 5m adult deaths annually, representing 12% of deaths from NCDs.[12] Additionally, it accounts for 160m years of healthy life lost annually (see Figure 3), with high BMI linked to 52% of diabetes-related healthy life years lost and 23% of coronary heart disease health life years lost.[13]

Fig 4: Current and estimated economic impact of obesity

US$1.96trn
The estimated economic impact of obesity (2020)

US$4trn
The projected economic impact of obesity (2035)
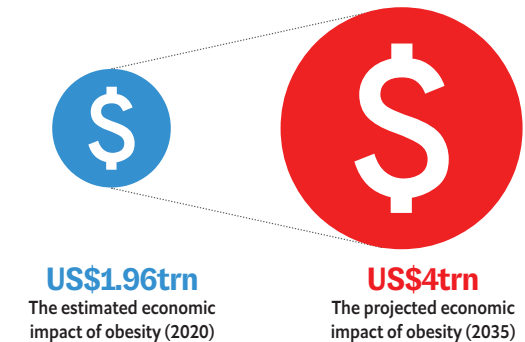
Additionally, obesity has wider socioeconomic consequences. The economic impact of obesity was estimated at US$1.96trn in 2020, with projections suggesting it could surpass **US$4trn** by 2035 if current global trends continue (see Figure 4).[14,15] In 2019, the global cost of overweight and obesity was estimated at 2.19% of global GDP. If current trends persist, these economic costs are projected to rise to 3.29% of global GDP by 2060.[16] The costs stem from direct medical expenses and indirect impacts such as productivity losses and premature mortality. The economic toll is expected to increase 12-25 times in LMICs by 2060, highlighting a disproportionate impact on these regions.[17]

A need for coordinated responses

The WHO has taken a leading role in combating obesity since it declared the condition a global epidemic in 1997. Its most recent plan, the *2023 Acceleration Plan to Stop Obesity*, underscores priority actions and reaffirms the Organisation's commitment to supporting countries in implementing evidence-based strategies to effectively tackle obesity.[18,19] The Plan takes a holistic approach, targeting the prevention of obesogenic environments—those that encourage unhealthy weight gain—while addressing structural and societal factors that contribute

"Obesity is not only the amount of weight that someone has; it is also a symptom of things that are not good in society. It highlights inequalities in unhealthy environments in our neighbourhoods. So focusing on obesity gives us the opportunity to also talk about other health issues at the same time. That's why we developed the obesity plan."

Pedro Gullón, General Director of Public Health and Health Equity, Ministry of Health, Spain

to obesity. It also calls for expanded access to obesity prevention and management services for all age groups across the life course. In doing so, it not only promotes healthier environments but also provides an opportunity to address broader health system issues.

In addition to the health benefits, tackling obesity offers significant economic opportunities. According to a 2021 article in the *British Medical Journal*, keeping obesity prevalence at 2019 levels could reduce average annual economic costs by 13.2% between 2020 and 2060.[20] These potential savings underscore the importance of investing in coordinated responses to this global challenge.

Addressing obesity will require substantial political will, yet concerns about over-regulation, economic impacts on low-income populations, and resistance from some industries often undermine decisive action.[21] Overcoming these challenges will take pursuing balanced, evidence-based strategies that are coordinated across stakeholders and cohesively addressing the various social determinants of health that contribute to obesity.

Obesity is a misunderstood disease

Societal stigma affects not only individuals living with overweight or obesity, but also hinders effective policymaking and government action.[22] A common misconception is that obesity stems from a lack of self-discipline, which fuels discrimination and negative perceptions towards those living with the disease.[23] This misconception overlooks the many physiological, biological, genetic, social, cultural and environmental factors that may affect someone's risk of developing obesity (see Box 1).. The stigma from framing obesity as an individual problem not only impacts mental health, but also discourages individuals from seeking help or engaging in healthy behaviours, perpetuating a cycle of poor health.[24,25] Simultaneously, it deters government action and policies to address the epidemic.

Box 1: What obesity is, its causes, and its solutions

Obesity is a complex disease defined by excessive fat accumulation that impairs health, influenced by genetic, social, psychological and environmental factors. While traditionally seen as an issue of personal responsibility, this misconception overlooks the role of obesogenic environments that make us more likely to develop obesity and biological mechanisms that make weight loss challenging. Sustainable solutions require addressing these systemic drivers, reducing stigma, and ensuring access to prevention and management services. The *Science of Obesity* series explores these misconceptions and highlights the need for a whole-of-society approach to obesity prevention and management.[26]

https://impact.economist.com/health/the-science-of-obesity/

In April 2024, Economist Impact produced The *Science of Obesity,* a series of multimedia articles that sought to counter commonly held misconceptions about obesity by explaining its underlying causes and drivers to inform evidence-based policy responses.

The current *National Obesity Action Plan Playbook* builds on this previous work by providing examples of best practice to help countries to design and strengthen their own national obesity prevention and management strategies.

Methodology overview

The National Obesity Action Plan Playbook (hereafter, "Playbook") contains three parts:

- A framework containing key action areas ("domains") to help countries create or improve their own national obesity action plans;

- Illustrations from selected countries showing how these domains are applied in practice – focusing on the *how* and *who* of obesity prevention and management;

- Lessons from other disease areas, such as diabetes and mental health, that can be applied to obesity prevention and management.

The full methodology is in Appendix 2 and summarised below.

Creating the framework

To construct the Playbook, Economist Impact relied on key WHO documents, including the *2023 Acceleration Plan to Stop Obesity*, the *WHO Discussion Paper on Obesity*, *Tackling NCDs: Best Buys and Recommended Interventions*, and the *Health Service Delivery Framework for Prevention and Management of Obesity*.[27,28,29,30] Analysis of these documents revealed critical policy domains for both obesity prevention and management. Specific indicators for each domain were developed and divided into core components—fundamental policy components of the domain—and best practices to create a provisional framework. Additionally, Economist Impact convened an expert panel to validate the provisional framework, thereby refining the domains and indicators.

Country examples and framework implementation

This Playbook features examples of policy implementation from several countries including, Australia, France, Mexico, Spain, South Africa, South Korea, United Arab Emirates (UAE) and the United Kingdom (UK).

Examples were selected based on four criteria: the presence of a comprehensive national obesity action plan, recency of updates (within the last decade), economic and geographical diversity, and the implementation of innovative approaches not observed in other countries (see Appendix 2). Each country's obesity policy was compared to the framework to identify examples of core components and best practices.

Learning from other disease areas

Leveraging insights from related disease areas can enhance the robustness and relevance of a framework. This principle guided the development of the current framework incorporating lessons from both diabetes and mental health policies. These conditions share notable similarities with obesity, including the stigma experienced by those diagnosed as well as systemic challenges in both prevention and management. A thematic analysis of national prevention and management documents from these areas informed the framework, highlighting overlooked strategies for obesity prevention and management.

National Obesity Action Plan Playbook

This Playbook consolidates prevention and management strategies across actionable domains, and provides an evidence-based, practical tool to holistically address the multi-faceted nature of obesity using a whole-of-society and whole-of-government approach (see Box 2 below).[31] In the short term, it offers actionable guidance for countries to create or refine their obesity policies and strategies. In the long term, it aims to inspire multi-sectoral collaboration, spark informed policymaking and contribute to progress in reducing global obesity numbers.

Box 2: Whole-of-society and whole-of-government approach

Whole-of-society approach: A collaborative strategy that engages diverse stakeholders, including the government, private sector, civil society and community actors, to collectively address societal challenges and achieve common goals.

Whole-of-government approach: A strategy that integrates and coordinates efforts across multiple government sectors and agencies to achieve unified policy outcomes.

Playbook summary

This table provides an overview of the National Obesity Action Plan Playbook framework; the unabridged Playbook framework is found in Appendix 1.

Domain	Domain summary
Whole-of-society approach	**Unite all sectors for impact** by embedding health into policies across government, academia, non-governmental organisations (NGOs) and the private sector to ensure coordinated action on obesity.
	Build accountability and sustainability in policies through early stakeholder buy-in, cross-sector collaboration and integrated strategies that address obesity's root causes.
Nutrition and fiscal policies	**Make healthy foods the easier option** by using subsidies, taxes, and clear labelling to improve access and affordability of healthy foods and beverages while discouraging unhealthy options.
	Transform food environments by restricting junk food marketing, integrating nutrition regulations into schools and tackling systemic barriers for equitable access to healthier diets.
Physical activity promotion	**Design cities for movement** by integrating active transport, safe public spaces and inclusive infrastructure to make physical activity a natural part of daily life.
	Embed activity in schools and communities through structured programmes, accessible facilities and partnerships with grassroots communities that foster lifelong healthy habits and inclusive participation.
Public education and awareness	**Encouraging healthier habits** by embedding nutrition and physical activity education and campaigns into varous settings.
	End weight stigma through inclusive policies, public awareness initiatives and healthcare training to recognise obesity as a complex disease, and not just a matter of personal responsibility.
Obesity management	**Build a skilled healthcare workforce** by training multidisciplinary teams to provide integrated, evidence-based obesity prevention and management.
	Ensure accessible, coordinated care by embedding obesity management into routine healthcare, expanding universal health coverage and reducing financial barriers to treatment.
Monitoring and evaluation	**Track obesity trends** using national surveys and medical records to better understand at-risk populations and improve interventions.
	Measure what works by evaluating policies regularly to ensure they are effective and adapted to emerging challenges.
Funding	**Commit to long-term investment** by securing dedicated funding for obesity research, prevention, treatment, and public health programmes to ensure lasting impact.
	Support evidence-based action by funding monitoring and evaluation activities to track progress and improve policies over time.

Findings

WHOLE-OF-SOCIETY APPROACH

> ### WHO recommendation ◎
>
> *Create inclusive, systemic actions, prioritising a whole-of-government and whole-of-society approach with safeguards against conflicts of interest, active inclusion of at-risk and marginalised populations, and a life-course focus starting in early childhood with parental involvement.[32]*

Key elements

- **Unifying collaboration:** Addressing obesity demands a whole-of-society approach, detailing and assigning stakeholders' responsibilities across government, academia, NGOs and the private sector to ensure accountability, efficiency and impact.

- **Integrating policy approaches:** A "health-in-all-policies" approach embeds health considerations into policies across sectors, such as urban planning, education, and agriculture. This is essential to tackle the underlying social and environmental drivers of obesity.

Why it matters

Obesity prevention and management is often fragmented and lacks inclusivity, failing to address the condition's complex, multisectoral root causes effectively. As obesity is not only a health issue, but an economic and national development one as well, looking beyond health systems is necessary for effective mitigation efforts.

Managing obesity thus requires a whole-of-society perspective that demands a unified approach that extends far beyond the health system, impacting areas such as education, urban planning, agriculture, and economic development, and emphasises the importance of getting buy-in early

"We involved 15 ministries, 18 scientific societies, 13 civil society organisations, and 25 economic sector associations. The idea was to create a country plan—something everyone could align with"

Pedro Gullón, General Director of Public Health and Health Equity, Ministry of Health, Spain

from all sectors. The alignment across government sectors and agencies, coupled with collaboration between national and local governments, enables the creation and implementation of consistent and effective strategies. As Heba Mamdouh, Research and Development Specialist at the Dubai Health Authority, UAE explains, "stakeholder pooling" ensures that local government voices are heard in national strategies, thereby strengthening policy design and implementation.

Equally important is coordination across different sectors beyond government. Multisectoral collaboration involving academia, NGOs and private organisations allows for innovative and evidence-driven solutions to obesity.

Such a multisectoral approach ensures that interventions are informed by diverse expertise and address the complex drivers of obesity holistically.

By embedding health considerations into broader policies and uniting stakeholders across levels and sectors, a whole-of-society approach fosters accountability, prevents duplication of efforts, secures early buy-in and ensures that resources are used effectively. This integrated strategy is essential for tackling obesity's root causes and driving sustainable, society-wide change.

Whole-of-government approach

The following policies focus on implementing a whole-of-government approach aimed at fostering collaboration across various sectors and relevant government stakeholders to drive obesity policy forward.

Australia outlined the roles of different sectors and the coordinated actions required across all levels of government for implementing nutrition policies, such as the Department of Health and Department of Climate Change, Energy, the Environment and Water. By not only specifying who should be involved, but also listing examples of involvement, this approach emphasises the importance of "shared actions for shared benefits."[33] **Spain** implemented a different classification system for government engagement. First, the national plan grouped all policies along "strategic lines", or "overarching goals".[34] To bring clarity and focus, each policy under a strategic line was grouped according to the environment in which it would be implemented—for example, whether in education, the economy or the digital sector. Within each of these environments, various government stakeholders were identified to play their part in advancing the policy. This structured approach was designed to foster collaboration across sectors and ensure that all relevant government actors were actively engaged in driving the policy forward.

Ensuring health-in-all policies across sectors

The following policies focus on implementing a health-in-all-policies approach, ensuring that health is considered across all sectors to address the multitude of factors that influence obesity, thereby coordinated action at all levels of society.

Australia provided an example of strong implementation, applying a health-in-all-policies lens in areas such as urban planning, education, and economic planning, led by the Department

"We knew that we had to put the social determinants of health and a health-in-all-policies approach at the centre of the plan. Obesity is not just a health issue; it's about urban planning, education, and creating environments where people can live healthier lives."

Pedro Gullón, General Director of Public Health and Health Equity, Ministry of Health, Spain

of Health. This ensured that the broader social determinants of health were considered in decision-making across government. This approach is mirrored by **Spain's** plan that incorporated health-in-all-policies as a central tenet of its obesity plan. Spain's plan also provided further details on the scientific, social, and economic stakeholders involved in the national obesity plan.

South Korea initiated a multisectoral approach by outlining engagement across different institutions across the life-course. By creating different programmes across schools, work and business places, and senior centres, South Korea uses an exemplary multisectoral approach that targets people at all stages of their life-course. In the **UAE**, a multi-sectoral executive committee, led by the Ministry of Health and Prevention under the Prime Minister's Office, was formed in 2022 to combat childhood obesity. The committee brought together key stakeholders to integrate obesity prevention strategies into different agencies' programmes, thereby ensuring coordinated and effective implementation.

Box 3: Using technology to bring together individual obesity policies in Canada

The countries included in this report all have a consolidated national obesity action plan. Canada, however, offers an alternative approach to organising obesity prevention and management efforts. Rather than a single unified strategy, Canada has a comprehensive website that houses its policies across various domains, including nutrition, physical activity and broader public health initiatives. This interactive platform consolidates all available obesity-related measures, offering an accessible and dynamic way to showcase policies and engage the public. This alternative model highlights how digital tools can be leveraged to create transparency and foster integration in public health strategies.

NUTRITION AND FISCAL POLICIES

WHO recommendation

Policies should improve access to, and affordability of, healthy diets through measures such as reshaping food environments with fiscal policies, regulating marketing of unhealthy foods, implementing clear nutrition labelling, and ensuring healthy food procurement in public institutions.[35,36]

Key elements

- **Improving access to healthy foods:** Government subsidies and fiscal measures increase the affordability and availability of nutritious options, while curbing unhealthy options.

- **Enabling healthier options:** Clear labelling, advertising regulations, and school-based interventions create environments that support healthier dietary behaviours across all age groups.

- **Addressing systemic barriers:** Policies must tackle food affordability and security, while reducing health disparities to ensure equitable access to healthier diets.

Why it matters

Overweight and obesity are escalating globally, in part due to poor nutrition, unhealthy dietary practices, and inadequate early life interventions; this reality requires urgent action to ensure healthier diets, particularly for children and adolescents.[37]

Effective nutrition policies are essential to tackling obesity by creating environments that make healthier options more accessible and easier to adopt, whether in terms of cost, convenience or availability. These policies

> **"We have been able to show that a sugar tax has decreased sugar intake or sugary beverage purchase, particularly amongst poorer people, which is really important because they often bear the brunt of the epidemic of obesity and diabetes."**

Susan Goldstein, Professor, SAMRC/WITS Centre for Health Economics and Decision Science -PRICELESS SA, South Africa

address the dual challenge of improving access to nutritious foods, while curbing the availability of unhealthy options. Fiscal measures such as government subsidies for fruits and vegetables and taxes on sugary drinks have proven particularly effective, especially for low-income populations who are often disproportionately impacted by the consequences of unhealthy diets.[38,39]

Fiscal nutrition policies are thus one way to reduce health disparities, by addressing systemic barriers to healthier eating, which in turn benefits the whole-of-society.[40] Development and implementation of such policies will require safeguarding against conflicts of interest.[41]

Equally important are policies that promote clear labelling, regulate advertising to protect children, and embed healthy eating into schools. Together, these strategies create enabling environments that promote long-term shifts in consumption patterns.

Policies and programmes to enhance accessibility and affordability of healthy foods and beverages

The following policies focus on fiscal strategies, including financial investments, government programmes, and community-driven approaches, which improve both access to healthy foods and address the broader issue of food security.

Australia has implemented policies to enhance the accessibility and affordability of healthy foods, including waiving the Goods and Services Tax (GST) on essential items like fruits, vegetables and dairy, and offering financial incentives to encourage their purchase.[42] Investments in community leadership and targeted initiatives have further supported equitable access, particularly in remote and underserved areas. For example, supporting initiatives in Aboriginal and Torres Strait Islander communities has been central to fostering self-determination and culturally appropriate solutions.

> **"We worked with Aboriginal communities and introduced things like free freight on fruit and vegetables and doubled the cost of tobacco to fund healthier food options. Everything they asked for, we supported, and it worked. It's proof that local empowerment and tailored interventions can lead to success."**

Amanda Lee, Emeritus Professor, School of Public Health, The University of Queensland, Australia

Similarly, the **UK** has programmes such as Healthy Start and School Fruit and Vegetable Schemes to support low-income families access to healthier options and improve equity in food access. Programmes like the School Fruit and Vegetable Scheme are shown to be effective in increasing healthy food intake so long as they are in place.[43] **Mexico** took a community-oriented approach, promoting school and family gardens to increase the availability of locally grown produce while supporting local farmers in cultivating culturally significant foods.

Broader issues of food security also play a critical role in ensuring access to healthy foods. In **Australia**, natural disasters such as floods and bushfires have disrupted food supply chains and, negatively impacted food availability. This highlights the importance of not only providing healthy food options, but also ensuring a stable and secure food supply chain to support equitable access to diverse food options across populations.

Fiscal policies to reduce access to unhealthy foods and beverages

The following policies focus on fiscal tools, such as taxes on sugar-sweetened beverages (SSBs) and unhealthy foods, aimed at reducing consumption and prompting positive changes in consumer behaviour.

Many countries have implemented fiscal policies to reduce access to unhealthy foods, particularly through taxation and price controls. Table 1 highlights examples of taxes or levies on SSBs and their impact on reducing sugary drink purchases, thus reflecting a shared commitment to curbing the consumption of unhealthy beverages.

Table 1: Examples of food and beverage fiscal policies for obesity prevention and management

Country	Measure	Tax rate	Impact on consumption
France	Incorporated in French budget bill 2012 (Law No. 2011-1977)	Levy of 7.16 eurocents per litre (7.55 eurocents including 5.5% VAT) on manufacturers, processors, and importers.[44]	By December 2012, there was a reduction in soft drink purchases (about half a litre per capita per year), with higher decrease among heavy purchasers.[45]
Mexico	Law of Special Tax on Production and Services (2014)	1 peso per litre[46]	By December 2014, purchases of taxed beverages decreased by an average of 6% (~12 mL/capita/day), with highest decreases seen in lower socio-economic groups.[47]
South Africa	Health Promotion Levy (2018)	0.021 ZAR per gram of sugar, in drinks with over 4g of sugar per 100 mL[48]	By March 2019, household purchases of carbonated drinks fell by an average of 29%, and the amount of sugar purchased in these drinks fell by 51%.[49] In the same period, there was a 57% drop in the grams of sugar purchased in taxed drinks by people in lower socioeconomic urban households.[50]
UAE	Cabinet Decision No. 52 of 2019 on Excise Goods, Excise Tax Rates and the Methods of Calculating the Excise Price (2019)[51]	50% excise tax on carbonated drinks 100% on energy drinks 50% on any product with added sugar or other sweeteners.[52]	No official impact evaluation has been conducted to date.
UK	Soft Drinks Industry Levy (2018)*	24p per litre of drink if it contains 8g of sugar per 100mL 18p per litre of drink if it contains between 5 – 8g of sugar per 100mL[53]	There was a 46% average reduction in sugar in soft drinks in scope of the levy between 2015 and 2020.[54]

*There is an uprate planned for 1 Apr 2025[55]

"Our society has become so fast that we now rely on a quick soundbite or a message phrased in a certain number of characters to receive our information. We've drifted away from taking the time to think through our decisions when it comes to food purchases. As a result, we default to the convenient and easy, which is often not the healthiest choice. Novel strategies that could streamline it to be more consumer-friendly could, well, be a gentle nudge to help people make healthier choices."

David Sarwer, Director, Center for Obesity Research and Education, Temple University, USA

The **UK's** Soft Drinks Industry Levy, passed in 2018, levies a tax on SSBs depending on the quantity of sugar, in order to reduce sales and consumption of the most sugary beverages.[56] Similarly, **Mexico** implemented an SSB-tax that showed decreased spending on SSBs and increased spending on water.[57] They also introduced other innovative measures, including incentives for reducing portion sizes in industrial and restaurant settings, alongside gradual reductions in sugar, sodium and saturated fats in processed foods.

Often, in implementation, there are potential conflicts of interest that must be carefully safeguarded against. It is essential to establish clear risk assessment and management processes to ensure that decision-making remains independent and aligned with public health priorities. While collaboration with various stakeholders can support policy goals, certain safeguards—such as transparency, disclosure mechanisms, and accountability measures—are necessary to prevent undue influence. Proactively addressing these potential conflicts ensures that policies and programmes are effectively implemented while maintaining public trust and achieving the intended health outcomes.[58]

Nutrition labelling

The following policies focus on food-labelling systems as a key strategy to combat obesity, by providing consumers with clear, easy-to-understand nutritional information that can guide healthier eating.

Several countries have already implemented food-labelling systems aimed at increasing consumers' awareness of the nutritional content of their food purchases. **Australia's** Health Star Rating system provides front-of-pack labelling that helps consumers evaluate the healthiness of a food on a simple scale of one to five (with five being the healthiest). The labels are derived by comparing certain product types against key nutritional components, such as salt, sodium and calories. One evaluation has shown that 23% of surveyed consumers were influenced by the scheme to change purchase to a healthier, higher starred alternative. [59] Another evaluation has also shown that the Health Star System resulted in reformulation of the nutrition content of foods.[60] **Mexico** has comprehensive labelling regulations, which mandate front-of-pack labels displaying caloric content, portion sizes and nutritional quality. This approach includes a nutritional certification for producers who meet high health standards, in line with international best practices. In the **UK**, enhancements to the "traffic light" labelling system—a simple colour coded system that rates the nutritional quality of food—are part of ongoing efforts to make food information clearer and more accessible to consumers.

Spain not only emphasises the need for improved labelling of processed foods to promote healthier eating, but also connects this discussion to the broader food system. Specifically, it aligns with the European "Farm to Fork" strategy which aims to make food systems "fair, healthy, and environmentally-friendly." [61]

Collectively, these initiatives highlight the role of labelling in empowering consumers to make healthier dietary decisions.

Advertising and marketing of foods and beverages

The following policies focus on regulating the marketing of unhealthy foods and beverages, especially to children, to reduce their attractiveness and encourage healthier eating habits.

The advertising and marketing of foods and beverages often focus on children as a key audience. The **UK** implemented restrictions on the placement for high-fat, sugar and salt food promotions,[62] banning advertisements during children's airtime and mandating strict content guidelines.[63] This ban has led to a decrease in the expenditure on foods high in fat, sugar and salt.[64] **Mexico** introduced child-specific viewing hours and restricted advertisements for foods and beverages that do not meet certain nutritional criteria. Additionally, the newly elected president, Claudia Sheinbaum Pardo, has launched a campaign to curb the sale of junk food in and around schools. In March 2025, new guidelines for the General Food Law will be introduced, prohibiting junk food from being included in school meals and making its sale near school facilities illegal.[65] The **UAE** reinforced restrictions on advertising by taking a legal approach that reviews advertising legislation to evaluate its effectiveness and implementing strict enforcement mechanisms to ensure compliance.

School-based nutrition policies

The following policies focus on increasing the availability of nutritious foods and healthy drink options, such as water, to create an environment where school-aged children have easy access to healthier options throughout the school day.

Australia integrated healthy eating into school curricula and implemented zoning policies to reduce the number of fast-food outlets near schools. In **Spain**, national regulations were developed to ensure the availability of nutritious food options in schools, such as by standardising national obligations for foods in schools or providing free healthy meals. Additionally, the country is dedicated to the promotion of nutrition and physical activity in schools.[66] Similarly, in the **UAE**, mandatory nutrition standards were established for both public and private schools, with legal measures to ensure food quality and nutrition standards are met by school catering services. In middle income countries, or in lower socioeconomic neighbourhoods, nutrition in schools is often not only about food, but access to water.

Mexico promoted potable water in schools and encouraged the creation of school gardens to foster food literacy. In addition, as of November 2023, the Mexican Senate also approved to reform Mexico's General Education Law to mandate healthy school food environments for all levels of education.[67] These initiatives underscore the role of schools as critical settings for instilling lifelong healthy eating habits.

PHYSICAL ACTIVITY PROMOTION

WHO recommendation

Engage city-level governments to promote active mobility, implement guidelines on physical activity and sedentary behaviour, and adopt the Global Action Plan to ensure safe spaces, equitable access, and tailored programmes for physical activity across all ages and abilities.[68]

Key elements

- **Changing urban design for daily activity:** Effective physical activity policies embed movement into daily life through urban planning, active transport, and community programmes.

- **Engaging at the school and community levels:** Schools and community-based initiatives are critical in fostering lifelong physical activity habits, promoting inclusivity and reducing barriers to participation.

- **Pairing nutrition and physical activity:** Nutrition and physical activity must be addressed together as complementary strategies to prevent obesity and improve public health outcomes.

Why it matters

Globally, physical inactivity remains high, driven by urbanisation and unequal access to safe activity spaces. Worldwide, one in four adults, and three in four adolescents (aged 11–17 years), do not currently meet the recommendations for physical activity set by the WHO, which leads to significant health, social and economic costs.[69]

Physical activity is a cornerstone of public health, offering significant benefits for both physical and mental well-being, while also helping to reduce the burden of NCDs. Effective policies create environments where movement becomes a natural part of daily life, thereby empowering individuals to stay active through accessible spaces, active transport options, and inclusive community programmes. As **Juan Rivera**, Emeritus Professor-Researcher, National Institute of Public Health, Mexico confirms, by integrating physical activity into daily routines, these policies ensure that staying active is both achievable and sustainable for all.

Transforming physical activity into a daily habit requires not only policies but also strong community engagement. This involves integrating physical activity into schools to foster healthy habits from an early age and creating opportunities that galvanise local participation. Coordinated community activities,

"Public transportation improvements increase physical activity during daily commutes. When people walk to take public transport, they naturally engage in more physical activity, creating health benefits beyond the transportation system itself."

Juan Rivera, Emeritus Professor-Researcher, National Institute of Public Health, Mexico

such as walking groups and neighbourhood fitness events, demonstrate how grassroots efforts can drive meaningful change and promote sustainable opportunities for regular movement. Such initiatives highlight the value of collaboration and inclusivity in building active and healthier communities. At the same time, physical activity and nutrition should be seen as complementary pillars of health, ensuring that efforts to promote movement are reinforced by supportive dietary policies (see Box 4 below)."

By embedding physical activity into schools, urban planning, and community programmes, these policies go beyond encouraging exercise—they transform daily habits and environments. This integrated approach supports not only individual well-being but also environmental sustainability, reflecting a commitment to healthier and more active populations.

Box 4: Avoiding the "false dichotomy" of nutrition and physical activity policies

Nutrition and physical activity can be framed as competing solutions to obesity prevention, creating a false dichotomy that diminishes the importance of each. The idea of "exercising more" to offset poor dietary habits or "eating less" without incorporating movement are common pitfalls of this divide. In reality, both domains are essential and complementary—they must coexist to create a comprehensive approach. As Prof Lee reiterates, *"You can't outrun a bad diet."*

"Active transport is a powerful public health tool because it cuts across health, air pollution, and climate change."

Alison Cox, Policy & Advocacy Director, NCD Alliance, Switzerland

Guidelines on physical activity

The following policies focus on encouraging physical activity as a key strategy to combat obesity, recognising that regular exercise and daily movement are essential for maintaining a healthy weight and preventing obesity-related health issues.

Australia integrated its national physical activity guidelines into its national obesity action plan, and provides specific recommendations tailored to different age groups, while also linking physical activity initiatives to reduced screen time.[70] **Spain** also prioritised physical activity in its policies, standardising the recommended duration with WHO's physical activity guidelines. The plan focuses particularly on vulnerable populations, including children with disabilities, thus ensuring an inclusive approach.

Infrastructure initiatives enabling physical activity

The following policies focus on infrastructure initiatives designed to support physical activity as a key way to combat obesity by expanding public transport and creating safe, accessible spaces for exercise, such as parks, walking paths, and recreational facilities.

Australia's policy includes urban planning strategies to build connected and safe community spaces that encourage regular physical activity for all ages and abilities. Initiatives include designing neighbourhoods that promote walking, cycling and other active forms of transport. **Spain** meanwhile has targeted measures to improve urban spaces, specifically for children and adolescents. These policies aim to create safe, accessible, and climate-adapted spaces in vulnerable neighbourhoods and rural areas, including sports facilities, play zones and green spaces that align with the needs of families. Spain also supports active transport through urban mapping initiatives around schools, which identify green spaces, sports facilities and active transport routes. **Mexico** focuses on

"In South Africa, the struggle is access to a street where you can walk and not get shot, so having safe spaces to exercise is a challenge. This really highlights the need for infrastructure development in a country where basic necessities like running water in schools are still lacking."

Jeanne Lübbe - Associate Professor, Tygerberg Hospital and Faculty of Medicine and Health Sciences, Department of Surgical Sciences, Division of Surgery, Stellenbosch University, South Africa

diversifying public spaces for physical activity in cities like Mexico City, Puebla, and Guadalajara, by pedestrianising streets and building bike lanes. Prof Rivera describes how these programmes often originate at the local level through NGOs and involve collaboration with government leaders who champion these efforts, further highlighting the need for multisectoral collaboration that includes local stakeholders.

Infrastructure changes are not just about enhancing urban planning or expanding public transport; in some countries, they are about addressing fundamental issues like public safety and access to basic resources, which tie into physical activity and nutrition.

School-based physical activity policies

The following policies focus on encouraging physical activity in schools as a strategy to combat obesity by integrating regular exercise into the school day and promoting active play.

In **Spain**, initiatives have been implemented to adapt school spaces and facilities to meet the physical activity needs of all students—considering factors such as age, gender, and disability—to promote participation in sports and reduce sedentary behaviour. This includes "activating" these spaces for use outside of school hours and non-term periods. The **UAE** prioritised

providing adequate facilities in schools to support recreation time for all children, including those with disabilities, with an emphasis on gender-friendly spaces. **South Africa** outlined a budget for training physical activity educators and enhancing school facilities to create a school environment that supports regular exercise. The **UK** took a different approach, introducing the Healthy Schools Ratings Scheme, incentivising schools to promote physical activity and food education through a voluntary awards system.

Community-based physical activity programmes

The following policies focus on encouraging community-led programmes, tailored to address the unique needs and realities of local populations, which ultimately promote sustainable solutions for obesity prevention and management.

Australia emphasised community-driven programmes to encourage mass participation in physical activities. These initiatives focused on creating fun, inclusive, and accessible events in public spaces. One such example is work by The Heart Foundation of Australia, a health promotion charity, which uses grassroots organisers, such as local community leaders and volunteers, to plan and organise events in the community. By mobilising organisers at the local level, the foundation ensures programmes are tailored to the unique needs and preferences of each community, fostering ownership and

guaranteeing long-term sustainability of health-promoting behaviours at the community- level.

Mexico prioritised partnerships with organisations like Queremos Mexicanos Activos (We Want Active Mexicans) and Dar La Vuelta (Take a Stroll) to promote mass participation in physical activities. Efforts included creating safe public spaces, integrating physical activity into schools with support from the Ministry of Education, and coordinating initiatives with the National Sports Commission to raise awareness about active lifestyles.

In **South Africa**, programmes like the Indigenous Games Festival and the National Golden Games promote physical activity while simultaneously fostering inclusivity and celebrating cultural heritage. The Festival features traditional games that highlight the nation's diversity and bring together people of all ages and backgrounds. The Golden Games event, organised for senior citizens, encourages active lifestyles and provides a platform for social interaction and addressing shared challenges, reinforcing inclusivity across generations.

South Korea's local municipalities introduced multipronged initiatives to encourage active living among children. Efforts included transforming parks and streets into play spaces, introducing school programmes like "Moving Classrooms" with height-adjustable desks and exercise ball chairs, and supporting healthy food environments through projects like "Break Time" healthy canteens that only sell healthy foods, and fruit vending machines during snack periods.

"**The Heart Foundation's walking programme stands out nationally because it's backed by significant federal funding to be implemented in all states and territories. It leverages local walking coordinators to lead local walking groups in their communities.**"

Judy Nean – Senior Director of Health Promotion, Health and Wellbeing Queensland, Australia

PUBLIC EDUCATION AND AWARENESS

WHO recommendation

Launch tailored campaigns to promote healthy lifestyles and address obesity stigma through culturally relevant messaging, advocacy, and education initiatives.[71,72]

Key elements

- **Creating healthier habits on nutrition:** Integrating tailored nutrition education into schools, workplaces and healthcare supports the development of healthier eating habits.

- **Increasing physical activity campaigns at the local level to maintain active lifestyles:** Launching local, community-driven initiatives and education campaigns promotes active lifestyles, reduces sedentary behaviours, and encourages long-lasting healthier habits for different groups in the population.

- **Dismantling weight stigma:** Reducing weight stigma through targeted campaigns, inclusive policies, and medical workforce training could shift the conversation from personal responsibility to recognising obesity as a multifaceted disease. This approach not only alleviates bullying and discrimination, but also empowers individuals living with overweight or obesity to seek care and support without fear of judgment.

Why it matters

The absence of effective campaigns on nutrition and physical activity limits health literacy, while entrenched stigma around obesity hinders efforts to empower individuals and tackle root causes.

Public education and awareness policies and campaigns are critical to combatting obesity by empowering individuals with knowledge, fostering inclusivity and inspiring healthier behaviours. Such awareness strategies aim to equip individuals with the tools to make informed decisions about their health while addressing cultural and societal barriers that discourage positive change. They are often implemented through a mix of general and targeted messaging.

Countries have made great strides in embedding education on nutrition and physical activity into schools, workplaces and healthcare settings; however, more can be done on coordinating these awareness efforts.

Equally important is the focus on reducing stigma around obesity, an area that requires collaboration across multiple sectors. Sanjeev Sockalingam, Professor of Psychiatry at the University of Toronto and Scientific Director at Obesity Canada, also highlights how professional societies such as Obesity Canada have taken on leadership roles in addressing stigma and training healthcare providers to be more inclusive. Specifically, Obesity Canada has developed a national competency framework that includes addressing weight stigma, and are collaborating with universities to embed it in their healthcare curricula.

This approach exemplifies how multisectoral collaboration, and bringing together professional societies, universities and healthcare providers, can create supportive environments that empower individuals to adopt healthier behaviours free from judgment or discrimination.

> **"There are many excellent local initiatives, but they are scattered, small, and not sustainable. The future objective should be to gather all these efforts into a general plan while allowing local communities to organise and execute them effectively."**

Martine Laville, Professor Emeritus Lyon 1 University, France

Nutrition education and counselling

The following policies focus on providing nutrition education and counselling to help individuals make healthier food choices, prevent obesity, and manage weight-related issues, with the help of tools, such as nutrition-sensitive school curricula, digital platforms, family involvement and creative public outreach programmes.

Countries like **Australia**, **Spain** and **South Korea** focused on different audiences and methods of delivery. **Australia** included strategies tailored to schools, workplaces, and healthcare providers, alongside digital tools for accessibility. These strategies emphasise nutrition education and counselling by embedding healthy eating into school curricula, providing tailored guidance for families through healthcare services, and offering resources like meal planning guides, cooking workshops, and budgeting tools to support healthier eating habits. Digital tools, such as online platforms and personalised dietary advice, are utilised to enhance accessibility and engagement. Evidence from previous campaigns such as Western Australia's "Go for 2&5" campaign for increasing fruit and vegetable consumption indicate that sustained, well-executed social marketing improves nutrition knowledge, attitudes and consumption behaviour. [73],[74]

Spain emphasised family involvement and targeting vulnerable groups, while simultaneously aligning nutrition education with sustainable and healthy living. Strategies included developing accessible resources for families on portion sizes, meal planning and promoting healthy habits, as well as encouraging breastfeeding as a cornerstone of maternal and child health. Collaborations with media and public-private partnerships further amplified messages of sustainable nutrition, while digital tools provided updated guidelines on physical activity, screen time and emotional wellbeing tailored to each stage of development.

South Korea focused on interventions for a wide audience using diverse media platforms and public engagement programmes. The country focused on targeted interventions using creative programmes like puppet theatre performances for toddlers and the "Planting Health Buds", an initiative aimed at preschoolers, which taught them about balanced diets and healthy snacking. For older children, the "Healthy Caring Playground" initiative offered playful nutrition and physical activity programmes, while public lectures engaged adults in obesity prevention and healthy lifestyle practices. These initiatives underscore the importance of embedding nutrition education across multiple age groups

and settings, demonstrating a holistic approach to foster lasting behavioural change.

Cultivating active mindsets through awareness and daily practice

The following policies focus on implementing physical activity campaigns to educate the public on the importance of regular exercise and combat obesity by promoting the maintenance of active lifestyles for various age groups.

Spain prioritised public-private partnerships, collaborating with leaders in sports, food, gastronomy and the media to promote active and healthy lifestyles. Campaigns targeted diverse audiences with age- and gender-sensitive messaging, highlighting the risks

"One of the biggest challenges we face is encouraging more people to seek obesity treatment. Many patients feel ashamed to discuss their weight with their general practitioners, which prevents them from accessing the care they need."

Marie Cecile-Blanchet, Bariatric Surgeon, Specialized Obesity Centre Sauvegarde, Lyon Digestive Surgery Centre, France, Vice President of SOFFCOMM (French Society for the Study and Surgery of Obesity and Metabolic Diseases)

of sedentary behaviour and the benefits of physical activity. School-based programmes educated children and families on healthy habits, fostering awareness and encouraging active recreation, such as walking, and cycling. **South Africa** engaged local community leaders as role models to promote healthy lifestyles, supported by multimedia campaigns designed to improve public knowledge and self-efficacy in obesity prevention. These efforts focus on fostering grassroots-level engagement to ensure community ownership and sustainability of physical activity habits.

Reducing stigma and promoting inclusivity

The following policies focus on reducing discrimination, particularly in vulnerable populations, by shifting societal perceptions of obesity to recognise it as a multifaceted disease rather than solely a matter of personal responsibility.

Australia prioritised tackling weight stigma by implementing social marketing campaigns that used inclusive language and imagery. The plan also recognises the need to carefully test and evaluate social marketing and communications materials on their use of appropriate language, imagery and messages to avoid weight stigma and potential for adverse impacts while encouraging healthy eating and physical activity. **Spain** focused these campaigns on schools, introducing programmes to prevent bullying and promote body positivity among children. Initiatives included developing anti-bullying protocols tailored to address weight-related stigma, and fostering inclusive participation in sports and active leisure regardless of physical or socio-economic conditions. The **UK** integrated stigma reduction into its broader health strategies, addressing disparities and the social impacts of obesity, such as low self-esteem and bullying. These efforts highlight the need to create supportive cultural and social environments that empower individuals to adopt healthier behaviours or seek care without fear of judgment.

"The biggest message that came out from people living with obesity was the **stigma and the lack of access to treatment.** There's extremely limited access to treatment in South Africa, both in public and private healthcare systems."

Jeanne Lübbe - Associate Professor, Tygerberg Hospital and Faculty of Medicine and Health Sciences, Department of Surgical Sciences, Division of Surgery, Stellenbosch University, South Africa

OBESITY MANAGEMENT

WHO recommendation

Integrate obesity prevention and management into existing service delivery frameworks with multidisciplinary teams to ensure continuum of care, improve [healthcare] workforce training in nutrition and obesity care, and ensure equitable access to quality care and essential resources.[75,76]

Key elements

- **Building healthcare workforce capacity:** Expanding the healthcare workforce and resources for obesity prevention and management involves training a wide range of healthcare providers—including, but not limited to physicians, nutritionists, and psychologists—on obesity education and practical service delivery to ensure a holistic, multidisciplinary approach.

- **Integrating obesity into existing service delivery frameworks:** Integrating services into existing chronic care pathways to provide comprehensive obesity care, including prevention, early diagnosis, screening for complications, treatment, rehabilitation, and long-term management to halt progression and reduce related health risks.

- **Improving access to universal health coverage for obesity care:** Providing comprehensive and affordable preventive, curative and rehabilitative healthcare services

guarantees that individuals can access the necessary care and support for treatment they need.

Why it matters

Many healthcare systems struggle to provide comprehensive obesity management due to limited access to multidisciplinary care, gaps in healthcare workforce training, and a lack of integration into routine health services. Addressing these issues will not only improve obesity management but also streamline overall healthcare delivery.

Obesity management requires healthcare systems to better coordinate multidisciplinary teams to address its complex, multifaceted causes. This approach requires the joining of expertise from physicians, nutritionists, psychologists, specialists, and other professionals, thereby ensuring comprehensive and personalised care. These multidisciplinary efforts not only mitigate the risks of obesity progression but also strengthen the prevention and management of other NCDs.

Integrating a strong obesity management plan into the broader healthcare system shifts the focus from reactive to proactive solutions. By incorporating management options—such as behavioural counselling, lifestyle interventions, and obesity medications—alongside prevention-focused strategies, care plans provide a holistic approach to tackling obesity.

Embedding obesity management into routine healthcare, fostering collaboration across multidisciplinary teams, and ensuring seamless

"You can't triple bypass your way out of an obesity epidemic"

Amanda Lee, Emeritus Professor, School of Public Health, The University of Queensland, Australia

referral pathways contribute to consistent, accessible, and coordinated care, ultimately enhancing patient experience. These efforts improve patient satisfaction, optimise health outcomes, and create a more efficient and effective healthcare system.

Healthcare workforce capacity-building

The following policies focus on building the capacity of healthcare professionals through training programmes, educational campaigns and upskilling to effectively address obesity using multi-disciplinary approaches.

France focuses on workforce training within its Centres Spécialisés de l Obésité (Specialist Centres for Obesity), equipping healthcare professionals with multidisciplinary skills in nutrition, physiotherapy, and mental health, while prioritising professional development in therapeutic education, integrated care and paediatric obesity management. These centres prioritise professional development through structured training programmes, and foster expertise in therapeutic education, integrated care approaches and paediatric obesity management, while also offering technical support and guidance to local healthcare teams to strengthen obesity care pathways nationwide. **Australia** emphasises professional development and vocational training to build a culturally competent and well-equipped healthcare workforce. This includes targeted education on obesity prevention and management, cultural safety training for diverse populations, and the expansion of professional networks and quality improvement programmes to support patient-centred care, regardless of weight. **Mexico** supports a network of health educators by developing educational campaigns, online courses, and procedural manuals to enhance the skills of healthcare personnel in promoting healthy eating and disease prevention. This approach equips professionals at all levels of the healthcare system with the tools to address obesity and related conditions, using social marketing and evidence-based guidelines to drive effective communication and intervention strategies.

Personalised obesity management services

The following policies focus on personalised healthcare approaches to managing obesity, tailoring interventions to individual needs, lifestyle factors and health conditions, while also emphasising community-based support.

Australia incorporates integrated care models tailored to Aboriginal and Torres Strait Islander communities, which address mobility issues, comorbidities and socioeconomic factors. The models prioritise culturally safe healthcare practices, improving referral pathways and enabling health professionals to develop comprehensive obesity management plans that consider individual circumstances such as age, financial challenges and coexisting health conditions. Similarly, **South Korea** provides structured management plans for individuals with severe obesity, while also emphasising the importance of management around lifestyle factors such as stress, sleep and alcohol use (see Box 5). These plans include tailored education on reducing high-calorie diets, managing sugar and sodium intake, and addressing challenges like skipping breakfast or overeating. Practical strategies, such as meal planning, daily physical activity, and self-monitoring via health apps, are encouraged, with regular follow-ups and counselling from nutritionists and exercise specialists to support lasting lifestyle changes. The UK's National Health Service (NHS) Long Term Plan combines medical treatment with community-based support, offering targeted services for individuals with type 2 diabetes or hypertension, tailored by ethnicity.[77] This includes access to weight management programmes in primary care for those with a BMI$\geq$30kg/m^2 or higher, along with a commitment to expand the NHS Diabetes Prevention Programme, including digital options, to address inequalities. These comprehensive plans highlight a growing emphasis on personalised, whole-of-person approaches to healthcare.

Box 5: Managing obesity in the context of modern life

Obesity management goes beyond simply focusing on weight. It requires a comprehensive approach that considers the many facets of everyday life. As Terry Huang, Distinguished Professor and Chair, Health Policy & Management and Director, Center for Systems & Community Design, CUNY Graduate School of Public Health and Health Policy, USA, explains, "Obesity interventions need to consider the broader context of modern life—mental health, sleep, and the burdens people face daily. Without addressing these interconnected facets, it is unlikely that nutrition or physical activity policies can achieve their full potential in creating lasting behaviour change."

This includes recognising the impact of major life events when people are at higher risk of weight change. As David Sarwer, Director of the Centre for Obesity Research and Education at Temple University, USA, highlights, "Periods like starting a new relationship, having a baby, or coping with the loss of a spouse or job are times when people are at higher risk for weight gain. Clinically, we often don't pay enough attention to those things." Understanding obesity as a chronic and relapsing condition means that interventions must provide sustained care that supports individuals during these transitions, ensuring they have the tools to maintain long-term health.

Coordinated and integrated obesity management

The following policies focus on integrating obesity prevention and management into all levels of the healthcare system through coordinated, multidisciplinary care models, which ensure that all individuals receive comprehensive, accessible, and personalised care throughout the life-course.

France's Specialist Centres for Obesity coordinate and integrate care for individuals with obesity, offering tailored support at every stage of the disease. These centres provide a three-tiered care model: local primary care providers for early intervention, specialist centres for complex cases, and regional hubs for severe or refractory obesity. They ensure comprehensive management through multidisciplinary teams, structured care pathways, pre- and post-bariatric surgery education, and enhanced access to services such as behavioural therapy, physical activity programs, and dietary counselling.

Routine integration of obesity management into healthcare systems is evident in countries like **Mexico**, where comprehensive care models align obesity management with the prevention of NCDs, contextualising within the broader healthcare conversation. Integrating obesity management into routine healthcare ensures that obesity care is embedded into existing pathways, enhancing their accessibility and efficiency. In the **UAE**, multi-professional teams deliver coordinated care for obesity management, aligned with existing clinical guidelines. These teams implement multi-component protocols that include tailored diet plans, physical activity programmes, and

psychosocial support, focusing on family-based interventions for children and adolescents. Primary healthcare providers are trained to identify and manage childhood obesity. **Australia** provides psychosocial support through primary care and community programmes by embedding prevention-focused care into clinical workflows, such as routine screenings, chronic disease management plans, and health assessments. This is the only country observed to adopt this approach. In general, counselling is often overlooked in many national obesity action plans, and much more work is needed to integrate this type of support into obesity management strategies.

Universal access to obesity care

The following policies focus on improving the access to, and affordability of, obesity care and ensuring that health services are culturally appropriate and timely, especially for under-served groups.

France emphasises improving care access by implementing structural measures, for example, bariatric transportation for patients with reduced mobility and specialised imaging for severe obesity. The Specialist Centres for Obesity also play a key role in offering comprehensive care services at the local level, and addressing the specific needs of individuals in different regions.

Australia invests in locally responsive and culturally sensitive care for minority groups, particularly for Aboriginal and Torres Strait Islander peoples. A key aspect of these efforts includes expanding digital health technologies to improve access to health services and supporting early intervention and long-term weight management for individuals at risk of, or living with, overweight or obesity.

Mexico takes a comprehensive approach to obesity care by focusing on equitable health service delivery for NCDs more broadly. Key measures include strengthening health infrastructure, ensuring the timely access to medications and laboratory tests, and monitoring patients at home and in their communities to

provide personalised care – all of which are applied to obesity.

Despite progress in providing services, no country studied explicitly addresses financial protection for accessing obesity care. Without measures like government subsidies, lower out-of-pocket costs, or nationalised healthcare, affordability remains a significant barrier (see Box 6). Policymakers must address this financial protection gap to ensure universal access to care is not only available but also affordable for all.

Box 6: Universal health coverage and obesity care

Universal health coverage (UHC), as defined by the WHO, encompasses the *provision* of essential health services and *financial protection* when accessing them to ensure everyone has health care protection.[78] Adhering to these principles is critical for obesity care. Without affordable access to comprehensive care—including counselling, behavioural and medical interventions— patients face significant barriers to achieving optimal health outcomes. Integrating UHC principles into obesity care systems ensures that individuals can access necessary obesity-related services without the burden of financial hardship. This approach not only improves health outcomes, but also strengthens healthcare equity and sustainability.

MONITORING AND EVALUATION

WHO recommendation

Establish surveillance systems to monitor weight, height, dietary intake, and physical activity across all age groups, while also evaluating policy and programme implementation, including access to care, quality of care, nutrition, and physical activity interventions.[79, 80]

Key elements

- **Building disease surveillance:** Leveraging national surveys, surveillance systems and electronic medical records to track obesity across subpopulations enables data-driven, targeted interventions and policy adjustments.

- **Evaluating policies for improvement:** Integrated evaluation frameworks assess policy performance and ensure evidence-based improvements in obesity prevention and management.

Why it matters

Many countries lack robust monitoring and evaluation systems for obesity prevalence and related societal impacts of related policies, hindering their ability to track progress, tailor interventions, and adapt policies to the needs of

"**Dietitian and psychological follow-up is not reimbursed by French insurance, which poses a significant issue for many patients who don't have the financial means to afford these essential services.** It's a real gap in the system that affects post-surgery care and overall outcomes."

Marie Cecile-Blanchet, Bariatric Surgeon, Specialized Obesity Centre Sauvegarde, Lyon Digestive Surgery Centre, France, Vice President of SOFFCOMM (French Society for the Study and Surgery of Obesity and Metabolic Diseases)

> **"Without someone responsible for tracking progress, we had no idea which strategic objectives were met and which weren't, so this time we wrote in specific responsibilities to ensure accountability and implementation."**

Jeanne Lübbe - Associate Professor, Tygerberg Hospital and Faculty of Medicine and Health Sciences, Department of Surgical Sciences, Division of Surgery, Stellenbosch University, South Africa

diverse populations and emerging challenges.

Robust monitoring systems provide accountability by tracking obesity prevalence and outcomes over time. These systems generate data that benchmark how scientifically grounded policies are, ensuring that interventions are evidence-based and adaptable to emerging challenges. Building these systems will require better data collection and policy coordination. Discussions about reconsidering standard measures of obesity will be needed to ensure they reflect diverse populations and health outcomes. Accurate data is the foundation of evidence based policymaking, and informs global best practice and future scientific research.

Sub-population analyses further enhance the effectiveness of these systems by addressing the unique needs of different age groups, genders and socioeconomic contexts. When aligned with cohesive evaluation frameworks, monitoring efforts enable governments to comprehensively track progress and make evidence-based adjustments. By combining robust surveillance, tailored sub-group analysis, and thorough evaluations, countries can develop more effective, equitable, and sustainable strategies to combat obesity.

Monitoring and surveillance of overweight and obesity

The following policies focus on monitoring obesity prevalence, health status, risk factors and related impacts across different population groups, life stages and settings to better tailor interventions for diverse populations.

Monitoring systems in countries like **Australia** and the **UK** are consistently updated, with the National Child Measurement Programme and the Health Survey for England offering detailed insights into obesity trends by age, gender and deprivation levels. **France** incorporates mandatory tracking of weight and height from childhood in its shared medical record system nationally. Similarly, in other countries with more advanced electronic medical record systems, basic indicators, like height and weight, are often monitored during routine hospital visits.

These measures demonstrate a commitment to understanding the distribution and determinants of obesity, and ensure that interventions can be tailored to specific sub-populations and life stages.

> **"Most hospitals in the UAE now have electronic medical records that automatically calculate BMI and flag health risks. National health surveys, conducted regularly, also provide standardised and representative data on obesity indicators like BMI and waist-to-hip ratios."**

Heba Mamdouh, Research Specialist, Dubai Health Authority, Dubai, United Arab Emirates

Evaluation of obesity policies and programmes

The following policies focus on setting ambitious outcomes and progress targets for obesity, and integrating evaluation systems to assess and refine policies and efforts, ensuring impact, guiding corrective actions, and informing future strategies.

South Africa's plan is notable for explicitly incorporating monitoring and evaluation to ensure policies remain on-track and are effective. It includes mid- and end-term evaluations to assess the effectiveness of interventions, by using output indicators to measure progress toward strategic objectives. The mid-term evaluation allows for corrective actions and realignment of the strategy to address gaps, while the end-term evaluation informs updates for the next planning cycle, ensuring continuous improvement and adaptation to evolving contexts.

Australia has set targets for 2030 using current national obesity data as a baseline, leveraging datasets such as the Australian Bureau of Statistics' National Health Survey and the National Nutrition and Physical Activity Survey. These datasets provide critical insights into metrics like height, weight, food consumption and physical activity, thereby enabling regular monitoring, predictive analytics and evidence-based decision-making for obesity prevention.

Mexico integrates evaluation mechanisms into its strategy to monitor policy performance and outcomes. For instance, the National Institute of Public Health, a government institution that functions as a quasi-think tank, has been "one of the key institutions in generating the evidence to justify these [obesity] policies," according to

Prof Rivera. These data are then used to "advise the government in collaboration with sectors like education and finance to design and implement these measures."

FUNDING

WHO recommendation

Secure predictable and sufficient funding for obesity prevention and management, integrating these efforts into all policies, and building global alliances to support research, advocacy, health workforce capacity-building and equitable, stigma-free care.[81,82]

Key elements

- **Establishing commitment and accountability through sustained funding:** Long-term financial resources for monitoring and evaluation, as well as for prevention, health system strengthening, and universal coverage, demonstrates country commitment, enhances transparency, ensures accountability, and guarantees the effectiveness of obesity prevention policies.

Why it matters

Many obesity prevention and management strategies lack sufficient and sustained funding, limiting their implementation and scalability. Transparent financial commitments and dedicated budgets are essential to ensure that policies are effective in the long term.

"Obesity is a long-term trend; you don't have success in minutes, or even in years. You need at least 10 years of sustainability to see significant changes. But the problem is that a politician's timeline is often just three months."

Martine Laville, Professor Emeritus Lyon 1 University, France

"In Australia, investment in prevention is less than 2% of the overall health budget."

Judy Nean – Senior Director of Health Promotion, Health and Wellbeing Queensland, Australia

Consistent financial support that results in long-lasting and impactful interventions demonstrates a nation's commitment to tackling obesity and prioritising public health. Whether through care plans, public education or access to essential treatments, robust funding mechanisms provide the foundation for equitable and effective policies.

Equally important, funding should be coupled with monitoring and evaluation efforts to track progress and assess impact. By investing in comprehensive monitoring and evaluation tools, governments can ensure that resources are efficiently allocated and interventions remain evidence-based and adaptable. Transparent funding mechanisms further enhance accountability, by linking financial investments to measurable outcomes, thereby fostering trust in public health initiatives.

Without adequate funding, policies risk being short-lived or incomplete, as well as limited in their ability to achieve meaningful change. By integrating financial planning into obesity strategies, countries can create scalable and sustainable solutions that address the root causes of obesity, while also enabling research and innovation to inform future efforts.

Sustained funding for obesity prevention and management activities

The following policies focus on the commitment to, and allocation of, earmarked, adequate,

sustainable funding for obesity prevention and management efforts through national healthcare programmes, including support for research, advocacy and cross-sector collaboration.

Australia funds obesity management through its Medicare Benefit Scheme and National Health Reform Agreement, which allocate resources for obesity care plans, covering essential services such as sessions with dietitians, psychologists and exercise physiologists. In the **UK**, the Health and Social Care Act 2012 transferred responsibility for public health services, including obesity management programmes, from the NHS to local authorities through grants. This decentralised model gives local authorities the capacity to commission tailored public health initiatives, including weight management groups.

Funding for monitoring and evaluation

The following policy focuses on outlining resource needs, assigning responsibilities, and setting a monitoring plan for obesity policies.

South Africa offers a well-defined breakdown of resource requirements for each policy measure, effectively ensuring transparency. This monitoring and evaluation plan is also listed for mid- and end-term evaluations for the 2023-

2028 period. Notably, it is the only country of study with a detailed budget by policy area, specifying the budget for the policy and assigning responsibility to a stakeholder for executing each section of the plan. However, in general, funding details for obesity policies are often lacking or absent, highlighting a gap in supporting long-term impact assessments.

LEARNING FROM SIMILAR DISEASE AREAS

Key findings

- **Expanding research priorities:** Prioritising research on obesity's biological, genetic, and socio-environmental determinants is essential for designing effective interventions.

- **Empowering communities:** Community-based and peer-led initiatives promote self-management, reduce stigma, and foster culturally sensitive and inclusive environments for behavioural change.

- **Leveraging technology in the digital age:** Digital tools and telehealth solutions enhance accessibility and facilitate adaptable and scalable obesity prevention efforts.

- **Ensuring policy flexibility:** Obesity prevention and management strategies must remain accessible and resilient during public health crises by adopting virtual platforms and adaptable care models to maintain continuity.

Why it matters

Drawing lessons from parallel disease areas

Obesity, like diabetes and mental health conditions, is a complex, multifaceted relapsing disease shaped by behavioural, genetic, environmental and social factors.[83] Despite their significant societal and economic impact, all three conditions have historically been overlooked due to the heavy social stigma they carry. This stigma not only undermines the development of prevention strategies, but also limits access to medical care, with resources and services for these conditions remaining scarce.[84,85] Moreover, these diseases reflect broader societal challenges, tied to social determinants of health, such as inequality and inequitable access to resources. They are also intricately linked to other NCDs, such as cardiovascular disease and cancer, underscoring the need for comprehensive multisectoral approaches.[86] By examining prevention and management strategies for diabetes and mental health (see Table 2), valuable lessons can be drawn from established best practices, broadening perspectives and enhancing efforts to combat obesity.

Table 2: List of analysed plans for the prevention and management of diabetes and mental health

Policy name	Country		Year of publication
Australian National Diabetes Strategy 2021 – 2030	Australia	🇦🇺	2021
Diabetes: A National Public Health Priority, A National Strategy for Diabetes (2016-2020)	Malta	🇲🇹	2016
Changing Directions, Changing Lives: The Mental Health Strategy for Canada	Canada	🇨🇦	2018
National Mental Health Strategy and Programme for Suicide Prevention 2020-2030	Finland	🇫🇮	2020

Expanding obesity research themes

Investing in research to understand obesity's biological, genetic and environmental determinants is critical for designing effective interventions. **Finland's** mental health strategy underscores the importance of building a robust knowledge base through consistent data collection on mental health trends.[87] Meanwhile, **Canada** emphasises the need to approach mental health in a culturally sensitive manner, while also recognising its connection to other chronic diseases; both these elements can be applied to obesity care.[88]

Australia's diabetes strategy emphasises the importance of researching genetic predispositions and environmental risk factors.[89] Similarly, **Malta's** strategy emphasises the importance of local research on genetic predispositions

and interactions with environmental factors.[90] Obesity prevention efforts can benefit from this approach, prioritising studies on metabolic and genetic influences and research into the social determinants of health. Robust evaluation mechanisms, such as those espoused by Malta and recommended by our Playbook, are necessary to monitor the effectiveness of interventions, and help ensure that policies and programmes remain evidence-based and can be refined based on emerging findings.[91]

Building community-based and peer support programmes

Community-driven approaches play a significant role in both mental health and diabetes strategies and can be adapted for obesity prevention. **Canada's** mental health strategy highlights peer support as a cornerstone of care, while **Australia's**

diabetes framework prioritises community-led initiatives to engage rural and Indigenous populations.[92,93] **Malta's** diabetes strategy similarly underscores the importance of patient empowerment and education through community and peer-led initiatives to build self-management skills.[94] Obesity prevention frameworks can draw from these approaches to empower individuals as advocates for their health and broader community change. Peer-led initiatives that provide tools for self-management and foster confidence can help individuals navigate stigma while promoting inclusive environments where their voices are valued. Empowering individuals to share their experiences and advocate for solutions also helps ensure that programmes are culturally sensitive, reduces stigma and fosters local leadership to drive sustained behavioural change and policy progress.

Leveraging technology and data for prevention

The integration of technology and real-time data collection is central to strategies for both diabetes and mental health. **Australia's** diabetes strategy highlights the use of digital tools to support self-monitoring and personalised care.[95] Meanwhile, **Finland** and **Canada's** mental health plans emphasise e-health solutions to enhance the accessibility of mental health services, particularly for underserved populations.[96,97] For obesity prevention and management, technology can serve as a powerful tool to promote equity by reaching vulnerable and marginalised populations, such as those living in rural areas or with limited access to traditional healthcare services. Mobile apps that track nutrition and physical activity can empower individuals to take control of their health, while telehealth counselling services can provide continuous support for managing obesity. Additionally, real-time data systems can monitor programme outcomes and population health metrics, thus ensuring that interventions are adaptable, scalable and effective in meeting the needs of diverse communities.

Policy flexibility during public health crises

Both diabetes and mental health strategies underscore the importance of adaptability during public health crises. **Australia's** diabetes plan emphasises the need to ensure continued provision of care when healthcare services shift to address emergencies, like the covid-19 pandemic, and the importance of ensuring that chronic conditions remain managed despite resource constraints.[98] Similarly, **Finland's** mental health strategy focuses on maintaining continuity of care, recognising that mental health can be especially vulnerable to disruptions during crises, as observed during the pandemic. Obesity prevention and management policies can draw from these approaches by recognising obesity as a disease requiring sustained care.[99] Virtual platforms, such as telehealth counselling, and innovative partnerships with community organisations can provide consistent support, particularly during disruptions. Such measures ensure that prevention and management efforts remain accessible, equitable and resilient during shocks.

References

1 World Obesity Federation. World Obesity Atlas 2024. [Internet]. London: World Obesity Federation; 2024. Available from: https://data.worldobesity.org/publications/WOF-Obesity-Atlas-v7.pdf.

2 World Obesity Federation. World Obesity Atlas 2024: No area of the world is unaffected by the consequences of obesity. [Internet]. London: World Obesity Federation; 2024. Available from: https://www.worldobesity.org/news/world-obesity-atlas-2024.

3 WHO. Obesity and overweight. [Internet]. Geneva: World Health Organization; [Last updated 1 March 2024]. Available from: https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight.

4 World Obesity Federation. World Obesity Atlas 2024. [Internet]. London: World Obesity Federation; 2024. Available from: https://data.worldobesity.org/publications/WOF-Obesity-Atlas-v7.pdf.

5 Ibid.

6 World Obesity Federation. Obesity Classification. [Internet]. London: World Obesity Federation; [n.d.]. Available from: https://www.worldobesity.org/about/about-obesity/obesity-classification.

7 World Obesity Federation. World Obesity Atlas 2024. [Internet]. London: World Obesity Federation; 2024. Available from: https://data.worldobesity.org/publications/WOF-Obesity-Atlas-v7.pdf.

8 Ibid.

9 World Obesity Federation. Prevalence of Obesity. [Internet]. London: World Obesity Federation; [n.d.]. Available from: https://www.worldobesity.org/about/about-obesity/prevalence-of-obesity#:~:text=In%201975%2C%200.7%25%20of%20girls,6%20million%20boys%20in%201975.

10 NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population-representative studies with 222 million children, adolescents, and adults. Lancet. 2024;403(10431):1027-1050.

11 World Obesity Federation. World Obesity Atlas 2024. [Internet]. London: World Obesity Federation; 2024. Available from: https://data.worldobesity.org/publications/WOF-Obesity-Atlas-v7.pdf.

12 Nyberg ST, Batty GD, Pentti J, Virtanen M, Alfredsson L, Fransson EI, Goldberg M, Heikkilä K, Jokela M, Knutsson A, Koskenvuo M, Lallukka T, Leineweber C, Lindbohm JV, Madsen IEH, Magnusson Hanson LL, Nordin M, Oksanen T, Pietiläinen O, Rahkonen O, Rugulies R, Shipley MJ, Stenholm S, Suominen S, Theorell T, Vahtera J, Westerholm PJM, Westerlund H, Zins M, Hamer M, Singh-Manoux A, Bell JA, Ferrie JE, Kivimäki M. Obesity and loss of disease-free years owing to major non-communicable diseases: a multicohort study. Lancet Public Health. 2018;3(10):e490-e497. doi: 10.1016/S2468-2667(18)30139-7.

13 World Obesity Federation. World Obesity Atlas 2024. [Internet]. London: World Obesity Federation; 2024. Available from: https://data.worldobesity.org/publications/WOF-Obesity-Atlas-v7.pdf.

14 Okunogbe A, Nugent R, Spencer G, Ralston J, Wilding J. Economic impacts of overweight and obesity: current and future estimates for eight countries. BMJ Glob Health. 2021;6(10):e006351. doi: 10.1136/bmjgh-2021-006351.

15 Okunogbe A, Nugent R, Spencer G, Powis J, Ralston J, Wilding J. Economic impacts of overweight and obesity: current and future estimates for 161 countries. BMJ Glob Health. 2022;7:e009773. doi: 10.1136/bmjgh-2022-009773.

16 Ibid.

17 Okunogbe A, Nugent R, Spencer G, Powis J, Ralston J, Wilding J. Economic impacts of overweight and obesity: current and future estimates for 161 countries. BMJ Glob Health. 2022;7:e009773. doi: 10.1136/bmjgh-2022-009773.

18 WHO. WHO discussion paper: Draft recommendations for the prevention and management of obesity over the life course, including potential targets. [Internet]. Geneva: World Health Organization; 2021. Available from: https://cdn.who.int/media/docs/default-source/obesity/who-discussion-paper-on-obesity---final190821.pdf?sfvrsn=4cd6710a_24&download=true.

19 WHO. WHO acceleration plan to stop obesity. [Internet]. Geneva: World Health Organization; 2023. Available from: https://iris.who.int/bitstream/handle/10665/370281/9789240075634-eng.pdf?sequence=1.

20 Okunogbe A, Nugent R, Spencer G, Ralston J, Wilding J. Economic impacts of overweight and obesity: current and future estimates for eight countries. BMJ Glob Health. 2021;6(10):e006351. doi: 10.1136/bmjgh-2021-006351.

21 Mahase E. Obesity: politicians' fears over "nanny-statism" have contributed to failed strategies, says report. BMJ. 2023;381:900. doi: 10.1136/bmj.p900.

22 Rubino F, Puhl RM, Cummings DE, Eckel RH, Ryan DH, Mechanick JI, et al. Joint international consensus statement for ending stigma of obesity. Nat Med. 2020;26:485-497. doi: 10.1038/s41591-020-0803-x.

23 Westbury S, Oyebode O, van Rens T, Barber TM. Obesity stigma: causes, consequences, and potential solutions. Curr Obes Rep. 2023;12(1):10-23. doi: 10.1007/s13679-023-00495-3.

24 Emmer C, Bosnjak M, Mata J. The association between weight stigma and mental health: A meta-analysis. Obes Rev. 2020;21(1):e12935. doi: 10.1111/obr.12935.

25 Thedinga HK, Zehl R, Thiel A. Weight stigma experiences and self-exclusion from sport and exercise settings among people with obesity. BMC Public Health. 2021;21:565. doi: 10.1186/s12889-021-10565-7.

26 Economist Group. The science of obesity. [Internet]. London: The Economist Group; [n.d.]. Available from: https://impact.economist.com/health/the-science-of-obesity/.

27 WHO. WHO acceleration plan to stop obesity. [Internet]. Geneva: World Health Organization; 2023. Available from: https://iris.who.int/bitstream/handle/10665/370281/9789240075634-eng.pdf?sequence=1.

28 WHO. WHO discussion paper: Draft recommendations for the prevention and management of obesity over the life course, including potential targets. [Internet]. Geneva: World Health Organization; 2021. Available from: https://cdn.who.int/media/docs/default-source/obesity/who-discussion-paper-on-obesity---final190821.pdf?sfvrsn=4cd6710a_24&download=true.

29 WHO. Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed. [Internet]. Geneva: World Health Organization; 2024. Available from: https://www.who.int/publications/i/item/9789240091078.

30 WHO. Health service delivery framework for prevention and management of obesity. [Internet]. Geneva: World Health Organization; 2023. Available from: https://www.who.int/publications/i/item/9789240073234.

31 Ortenzi F, Marten R, Valentine NB, Kwamie A, Rasanathan K. Whole-of-government and whole-of-society approaches: call for further research to improve population health and health equity. BMJ Glob Health. 2022;7:e009972. doi: 10.1136/bmjgh-2022-009972.

32 WHO. WHO discussion paper: Draft recommendations for the prevention and management of obesity over the life course, including potential targets. [Internet]. Geneva: World Health Organization; 2021. Available from: https://cdn.who.int/media/docs/default-source/obesity/who-discussion-paper-on-obesity---final190821.pdf?sfvrsn=4cd6710a_24&download=true.

33 Commonwealth of Australia. National Obesity Strategy 2022–2032. [Internet]. Canberra: Commonwealth of Australia; 2022. Available from: https://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032_0.pdf.

34 Presidencia del Gobierno de España. Plan Estratégico Nacional para la Reducción de la Obesidad Infantil (2022-2030)-En Plan Bien [The National Strategic Plan for the Reduction of Childhood Obesity (2022-2030)]. Madrid: Presidencia del Gobierno de España; 2022. Available from: https://www.comisionadopobrezainfantil.gob.es/sites/default/files/2023-01/Plan_obesidad_Completo_DIGITAL_paginas_1_0.pdf.

35 WHO. WHO discussion paper: Draft recommendations for the prevention and management of obesity over the life course, including potential targets. [Internet]. Geneva: World Health Organization; 2021. Available from: https://cdn.who.int/media/docs/default-source/obesity/who-discussion-paper-on-obesity---final190821.pdf?sfvrsn=4cd6710a_24&download=true.

36 Ibid.

37 WHO. Global nutrition targets 2025: childhood overweight policy brief (WHO/NMH/NHD/14.6). [Internet]. Geneva: World Health Organization; 2014. Available from: https://www.who.int/publications/i/item/WHO-NMH-NHD-14.6.

38 Colchero MA, Popkin BM, Rivera JA, Ng SW. Beverage purchases from stores in Mexico under the excise tax on sugar-sweetened beverages: observational study. BMJ. 2016;352:h6704. doi: 10.1136/bmj.h6704.

39 Andreyeva T, Marple K, Moore TE, Powell LM. Evaluation of economic and health outcomes associated with food taxes and subsidies: a systematic review and meta-analysis. JAMA Netw Open. 2022;5(6):e2214371. doi: 10.1001/jamanetworkopen.2022.14371.

40 WHO. WHO launches new guideline on fiscal policies to promote healthy diets. [Internet]. Geneva: World Health Organization; [Last updated 14 June 2024]. Available from: https://www.who.int/news/item/14-06-2024-who-launches-new-guideline-on-fiscal-policies-to-promote-healthy-diets.

41 WHO. Safeguarding against possible conflicts of interest in nutrition programmes. [Internet]. Geneva: World Health Organization; 2017. Available from: https://iris.who.int/bitstream/handle/10665/274165/B142_23-en.pdf?sequence=1&isAllowed=y.

42 Commonwealth of Australia. GST-free food. [Internet]. Canberra: Commonwealth of Australia; [Last updated 31 July 2023]. Available from: https://www.ato.gov.au/businesses-and-organisations/gst-excise-and-indirect-taxes/gst/in-detail/your-industry/gst-and-food/gst-free-food.

43 Fogarty AW, Antoniak M, Venn AJ, Davies L, Goodwin A, Salfield N, Stocks J, Britton J, Lewis SA. Does participation in a population-based dietary intervention scheme have a lasting impact on fruit intake in young children? Int J Epidemiol. 2007;36(5):1080–1085. doi: 10.1093/ije/dym133.

44 Capacci S, Allais O, Bonnet C, Mazzocchi M. The impact of the French soda tax on prices and purchases: an ex post evaluation. PLoS One. 2019;14(10):e0223196. doi: 10.1371/journal.pone.0223196.

45 Ibid.

46 Mexico, Secretaría de Hacienda y Crédito Público. Impuesto a bebidas saborizadas con azúcares añadidas y alimentos con alta densidad calórica - Ley del impuesto especial sobre producción y servicios: documento técnico - investigación [Tax on sugar-sweetened beverages and high-calorie foods - Special Tax on Production and Services Law: technical document - research]. [Internet]. Mexico City: Secretaría de Hacienda y Crédito Público; 2013. Available from: https://www.gob.mx/cms/uploads/attachment/file/65261/IEPS_Bebidas_Azucaradas_y_Comida_Chatarra.pdf.

47 Colchero MA, Popkin BM, Rivera JA, Ng SW. Beverage purchases from stores in Mexico under the excise tax on sugar-sweetened beverages: observational study. BMJ. 2016;352:h6704. doi: 10.1136/bmj.h6704.

48 Hofman KJ, Stacey N, Swart EC, Popkin BM, Ng SW. South Africa's Health Promotion Levy: excise tax findings and equity potential. Obes Rev. 2021;22(9):e13301. doi: 10.1111/obr.13301.

49 Stacey N, Mudara C, Ng SW, van Walbeek C, Hofman K, Edoka I. Sugar-based beverage taxes and beverage prices: Evidence from South Africa's Health Promotion Levy. Soc Sci Med. 2019;238:112465. doi: 10.1016/j.socscimed.2019.112465.

50 Stacey N, Edoka I, Hofman K, Swart EC, Popkin B, Ng SW. Changes in beverage purchases following the announcement and implementation of South Africa's Health Promotion Levy: an observational study. Lancet Planet Health. 2021;5(4):e200-e208. doi: 10.1016/S2542-5196(20)30304-1.

51 UAE Government. Excise tax. [Internet]. Abu Dhabi: UAE Government; [Last 10 Jun 2024]. Available from: https://u.ae/en/information-and-services/finance-and-investment/taxation/excise-tax.

52 Ibid.

53 HM Treasury. Soft Drinks Industry Levy comes into effect. [Internet]. London: HM Treasury; [Last updated 6 April 2018]. Available from: https://www.gov.uk/government/news/soft-drinks-industry-levy-comes-into-effect.

54 HM Treasury. Policy paper: HMT-HMRC Soft Drinks Industry Levy review. [Internet]. London: HM Treasury; [Last updated 30 October 2024]. Available from: https://www.gov.uk/government/publications/soft-drinks-industry-levy-review/hmt-hmrc-soft-drinks-industry-levy-review.

55 HM Treasury. Policy paper: Soft Drinks Industry Levy uprating. [Internet]. London: HM Treasury; [Last updated 30 October 2024]. Available from: https://www.gov.uk/government/publications/increasing-the-rates-of-the-soft-drinks-industry-levy/soft-drinks-industry-levy-uprating

56 Office for Health Improvement and Disparities. Research and analysis-Sugar reduction programme: industry progress 2015 to 2020. [Internet]. London: Office for Health Improvement and Disparities; [Last updated 1 December 2022]. Available from: https://www.gov.uk/government/publications/sugar-reduction-programme-industry-progress-2015-to-2020.

57 Colchero MA, Molina M, Guerrero-López CM. After Mexico implemented a tax, purchases of sugar-sweetened beverages decreased and water increased: difference by place of residence, household composition, and income level. J Nutr. 2017;147(8):1552-1557. doi: 10.3945/jn.117.251892.

58 WHO. Safeguarding against possible conflicts of interest in nutrition programmes. [Internet]. Geneva: World Health Organization; 2017. Available from: https://iris.who.int/bitstream/handle/10665/274165/B142_23-en.pdf?sequence=1&isAllowed=y.

59 mp Consulting. Health Star Rating System five-year review report. [Internet]. Canberra: Health Star Rating Advisory Committee; 2019. Available from: http://www.healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/D1562AA78A574853CA2581B-D00828751/$File/Health-Star-Rating-System-Five-Year-Review-Report.pdf

60 Bablani L, Ni Mhurchu C, Neal B, Skeels CL, Staub KE, Blakely T. The impact of voluntary front-of-pack nutrition labelling on packaged food reformulation: a difference-in-differences analysis of the Australasian Health Star Rating scheme. PLoS Med. 2020;17(11):e1003427. doi: 10.1371/journal.pmed.1003427.

61 EC. Farm to fork strategy. [Internet]. Brüssels: European Commission; [n.d.]. Available from: https://food.ec.europa.eu/horizontal-topics/farm-fork-strategy_en.

62 Great Britain. The Food (Promotion and Placement) (England) Regulations 2021. Statutory Instrument 2021 No. 1368. [Internet]. London: The Stationery Office; 2021 Available from: https://www.legislation.gov.uk/uksi/2021/1368/introduction.

63 Ofcom. Television advertising of food and drink products to children: final statement. [Internet]. London: Ofcom; 2007. Available from: https://www.ofcom.org.uk/siteassets/resources/documents/consultations/uncategorised/8574-foodads_new/statement/television-advertising-of-food-and-drink-products-to-children-final-statement-.pdf?v=332816.

64 Silva A, Higgins LM, Hussein M. An evaluation of the effect of child-directed television food advertising regulation in the United Kingdom. Can J Agric Econ. 2015;63(4):505-526. doi: 10.1111/cjag.12078.

65 NCD Alliance. Bold action in Mexico leads the way for diet-related diseases. [Internet]. Geneva: NCD Alliance; [n.d.]. Available from: https://ncdalliance.org/why-ncds/video-stories-of-change/mexicos-junk-food-bans.

66 Ministerio de Sanidad, Servicios Sociales e Igualdad del Gobierno de España. Criterios para la autorización de campañas de promoción alimentaria, educación nutricional o promoción del deporte o actividad física en escuelas infantiles y centros escolares, cuyo objetivo sea promover una alimentación saludable, fomentar la actividad física y prevenir la obesidad [Criteria for the authorization of food promotion campaigns, nutrition education, or promotion of sports or physical activity in preschools and schools, aimed at promoting healthy eating, encouraging physical activity, and preventing obesity]. [Internet]. Madrid: Gobierno de España; 2015. Available from: https://www.aesan.gob.es/AECOSAN/docs/documentos/nutricion/educanaos/criterios_autorizacion.pdf.

67 Senado de la República (México). Miércoles 08 de noviembre de 2023 / dictámenes a discusión y votación / gaceta: LXV/3PPO-48/138416 [Wednesday, November 8, 2023 / rulings for discussion and voting / gazette: LXV/3PPO-48/138416]. [Internet]. Mexico City: Senado de la República (México); [Last updated 8 November 2023]. Available from: https://www.senado.gob.mx/66/gaceta_del_senado/documento/138416.

68 WHO. WHO discussion paper: Draft recommendations for the prevention and management of obesity over the life course, including potential targets. [Internet]. Geneva: World Health Organization; 2021. Available from: https://cdn.who.int/media/docs/default-source/obesity/who-discussion-paper-on-obesity---final190821.pdf?sfvrsn=4cd6710a_24&download=true.

69 WHO. Global action plan on physical activity 2018–2030: more active people for a healthier world. [Internet]. Geneva: World Health Organization; 2018. Available from: https://iris.who.int/bitstream/handle/10665/272722/9789241514187-eng.pdf?sequence=1.

70 Commonwealth of Australia. Physical activity and exercise guidelines for all Australians. [Internet]. Canberra: Commonwealth of Australia; [Last updated 7 May 2021]. Available from: https://www.health.gov.au/topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians.

71 WHO. WHO acceleration plan to stop obesity. [Internet]. Geneva: World Health Organization; 2023. Available from: https://iris.who.int/bitstream/handle/10665/370281/9789240075634-eng.pdf?sequence=1.

72 WHO. WHO discussion paper: Draft recommendations for the prevention and management of obesity over the life course, including potential targets. [Internet]. Geneva: World Health Organization; 2021. Available from: https://cdn.who.int/media/docs/default-source/obesity/who-discussion-paper-on-obesity---final190821.pdf?sfvrsn=4cd6710a_24&download=true.

73 Pollard CM, Miller MR, Daly AM, Crouchley KE, O'Donoghue KJ, Lang AJ, Binns CW. Increasing fruit and vegetable consumption: success of the Western Australian Go for 2&5 campaign. Public Health Nutr. 2008;11(3):314-20. doi: 10.1017/S1368980007000523.

74 Carter OB, Pollard CM, Atkins JF, Milliner JM, Pratt IS. 'We're not told why – we're just told': qualitative reflections about the Western Australian Go for 2&5® fruit and vegetable campaign. Public Health Nutr. 2011;14(6):982-8. doi: 10.1017/S1368980010003381.

75 WHO. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases: report by the Director-General. Geneva: World Health Organization; 2022. Available from: https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_7-en.pdf.

76 WHO. WHO discussion paper: Draft recommendations for the prevention and management of obesity over the life course, including potential targets. [Internet]. Geneva: World Health Organization; 2021. Available from: https://cdn.who.int/media/docs/default-source/obesity/who-discussion-paper-on-obesity---final190821.pdf?sfvrsn=4cd6710a_24&download=true.

77 NHS. Creating a new 10-Year Health Plan. [Internet]. London: National Health Service; [n.d.]. Available from: https://www.longtermplan.nhs.uk/.

78 WHO. Universal health coverage. [Internet]. Geneva: World Health Organization; [n.d.]. Available from: https://www.who.int/health-topics/universal-health-coverage.

79 WHO. WHO discussion paper: Draft recommendations for the prevention and management of obesity over the life course, including potential targets. [Internet]. Geneva: World Health Organization; 2021. Available from: https://cdn.who.int/media/docs/default-source/obesity/who-discussion-paper-on-obesity---final190821.pdf?sfvrsn=4cd6710a_24&download=true.

80 WHO. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases: report by the Director-General. Geneva: World Health Organization; 2022. Available from: https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_7-en.pdf.

81 WHO. WHO acceleration plan to stop obesity. [Internet]. Geneva: World Health Organization; 2023. Available from: https://iris.who.int/bitstream/handle/10665/370281/9789240075634-eng.pdf?sequence=1.

82 WHO. WHO discussion paper: Draft recommendations for the prevention and management of obesity over the life course, including potential targets. [Internet]. Geneva: World Health Organization; 2021. Available from: https://cdn.who.int/media/docs/default-source/obesity/who-discussion-paper-on-obesity---final190821.pdf?sfvrsn=4cd6710a_24&download=true.

83 Economist Impact. The science of obesity: a collection of articles by Economist Impact. London: The Economist Group; n.d. Available from: https://cdn.vev.design/private/BCwBc9ZFZyVz8yQQKr9VeLxSnjf1/iofj6-economist-impact-scienceof-obesity-booklet.pdf.

84 Sánchez-Carracedo D. Obesity stigma and its impact on health: a narrative review. Endocrinol Diabetes Nutr (Engl Ed). 2022 Dec;69(10):868-877. doi: 10.1016/j.endien.2021.12.007.

85 Ryan L, Coyne R, Heary C, Birney S, Crotty M, Dunne R, Conlan O, Walsh JC. Weight stigma experienced by patients with obesity in healthcare settings: a qualitative evidence synthesis. Obes Rev. 2023;24(10):e13606. doi: 10.1111/obr.13606.

86 WHO. Obesity. [Internet]. Geneva: World Health Organization; [n.d.]. Available from: https://www.who.int/health-topics/noncommunicable-diseases/obesity#tab=tab_1.

87 Ministry of Social Affairs and Health. National Mental Health Strategy and Programme for Suicide Prevention 2020–2030. [Internet]. Helsinki: Ministry of Social Affairs and Health; 2020. Available from: https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162234/STM_2020_15.pdf?sequence=1&isAllowed=y.

88 Mental Health Commission of Canada. Changing directions, changing lives: The mental health strategy for Canada. [Internet]. Calgary: Mental Health Commission of Canada; 2012. Available from: https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/MHStrategy_Strategy_ENG.pdf.

89 Commonwealth of Australia. Australian National Diabetes Strategy 2021-2030. [Internet]. Canberra: Commonwealth of Australia; 2021. Available from: https://www.health.gov.au/sites/default/files/documents/2021/11/australian-national-diabetes-strategy-2021-2030_0.pdf.

90 Diabetes: a national public health priority – a National Strategy for Diabetes, 2016-2020. [Internet]. Canberra: Commonwealth of Australia; 2015. Available from: https://health.gov.mt/wp-content/uploads/2023/04/Diabetes_A_National_Public_Health_Priority_A_National_Strategy_for_Diabetes_2016-2020_EN.pdf.

91 Diabetes: a national public health priority – a National Strategy for Diabetes, 2016-2020. [Internet]. Canberra: Commonwealth of Australia; 2015. Available from: https://health.gov.mt/wp-content/uploads/2023/04/Diabetes_A_National_Public_Health_Priority_A_National_Strategy_for_Diabetes_2016-2020_EN.pdf.

92 Mental Health Commission of Canada. Changing directions, changing lives: The mental health strategy for Canada. [Internet]. Calgary: Mental Health Commission of Canada; 2012. Available from: https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/MHStrategy_Strategy_ENG.pdf.

93 Commonwealth of Australia. Australian National Diabetes Strategy 2021-2030. [Internet]. Canberra: Commonwealth of Australia; 2021. Available from: https://www.health.gov.au/sites/default/files/documents/2021/11/australian-national-diabetes-strategy-2021-2030_0.pdf.

94 Diabetes: a national public health priority – a National Strategy for Diabetes, 2016-2020. [Internet]. Canberra: Commonwealth of Australia; 2015. Available from: https://health.gov.mt/wp-content/uploads/2023/04/Diabetes_A_National_Public_Health_Priority_A_National_Strategy_for_Diabetes_2016-2020_EN.pdf.

95 Commonwealth of Australia. Australian National Diabetes Strategy 2021-2030. [Internet]. Canberra: Commonwealth of Australia; 2021. Available from: https://www.health.gov.au/sites/default/files/documents/2021/11/australian-national-diabetes-strategy-2021-2030_0.pdf.

96 Ministry of Social Affairs and Health. National Mental Health Strategy and Programme for Suicide Prevention 2020–2030. [Internet]. Helsinki: Ministry of Social Affairs and Health; 2020. Available from: https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162234/STM_2020_15.pdf?sequence=1&isAllowed=y.

97 Mental Health Commission of Canada. Changing directions, changing lives: The mental health strategy for Canada. [Internet]. Calgary: Mental Health Commission of Canada; 2012. Available from: https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/MHStrategy_Strategy_ENG.pdf.

98 Commonwealth of Australia. Australian National Diabetes Strategy 2021-2030. [Internet]. Canberra: Commonwealth of Australia; 2021. Available from: https://www.health.gov.au/sites/default/files/documents/2021/11/australian-national-diabetes-strategy-2021-2030_0.pdf.

99 Ministry of Social Affairs and Health. National Mental Health Strategy and Programme for Suicide Prevention 2020–2030. [Internet]. Helsinki: Ministry of Social Affairs and Health; 2020. Available from: https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162234/STM_2020_15.pdf?sequence=1&isAllowed=y.

100 Capacci S, Allais O, Bonnet C, Mazzocchi M. The impact of the French soda tax on prices and purchases: an ex post evaluation. PLoS One. 2019;14(10):e0223196. doi: 10.1371/journal.pone.0223196.

101 Ibid.

102 Mexico, Secretaría de Hacienda y Crédito Público. Impuesto a bebidas saborizadas con azúcares añadidas y alimentos con alta densidad calórica - Ley del impuesto especial sobre producción y servicios: documento técnico - investigación [Tax on sugar-sweetened beverages and high-calorie foods - Special Tax on Production and Services Law: technical document - research]. [Internet]. Mexico City: Secretaría de Hacienda y Crédito Público; 2013. Available from: https://www.gob.mx/cms/uploads/attachment/file/65261/IEPS_Bebidas_Azucaradas_y_Comida_Chatarra.pdf.

103 Colchero MA, Popkin BM, Rivera JA, Ng SW. Beverage purchases from stores in Mexico under the excise tax on sugar-sweetened beverages: observational study. BMJ. 2016;352:h6704. doi: 10.1136/bmj.h6704.

104 Hofman KJ, Stacey N, Swart EC, Popkin BM, Ng SW. South Africa's Health Promotion Levy: excise tax findings and equity potential. Obes Rev. 2021;22(9):e13301. doi: 10.1111/obr.13301.

105 Stacey N, Mudara C, Ng SW, van Walbeek C, Hofman K, Edoka I. Sugar-based beverage taxes and beverage prices: Evidence from South Africa's Health Promotion Levy. Soc Sci Med. 2019;238:112465. doi: 10.1016/j.socscimed.2019.112465.

106 Stacey N, Edoka I, Hofman K, Swart EC, Popkin B, Ng SW. Changes in beverage purchases following the announcement and implementation of South Africa's Health Promotion Levy: an observational study. Lancet Planet Health. 2021;5(4):e200-e208. doi: 10.1016/S2542-5196(20)30304-1.

107 UAE Government. Excise tax. [Internet]. Abu Dhabi: UAE Government; [Last 10 Jun 2024]. Available from: https://u.ae/en/information-and-services/finance-and-investment/taxation/excise-tax.

108 Ibid.

109 HM Treasury. Soft Drinks Industry Levy comes into effect. [Internet]. London: HM Treasury; [Last updated 6 April 2018]. Available from: https://www.gov.uk/government/news/soft-drinks-industry-levy-comes-into-effect.

110 HM Treasury. Policy paper: HMT-HMRC Soft Drinks Industry Levy review. [Internet]. London: HM Treasury; [Last updated 30 October 2024]. Available from: https://www.gov.uk/government/publications/soft-drinks-industry-levy-review/hmt-hmrc-soft-drinks-industry-levy-review.

111 HM Treasury. Policy paper: Soft Drinks Industry Levy uprating. [Internet]. London: HM Treasury; [Last updated 30 October 2024]. Available from: https://www.gov.uk/government/publications/increasing-the-rates-of-the-soft-drinks-industry-levy/soft-drinks-industry-levy-uprating

112 WHO. WHO acceleration plan to stop obesity. [Internet]. Geneva: World Health Organization; 2023. Available from: https://iris.who.int/bitstream/handle/10665/370281/9789240075634-eng.pdf?sequence=1.

113 WHO. WHO discussion paper: Draft recommendations for the prevention and management of obesity over the life course, including potential targets. [Internet]. Geneva: World Health Organization; 2021. Available from: https://cdn.who.int/media/docs/default-source/obesity/who-discussion-paper-on-obesity---final190821.pdf?sfvrsn=4cd6710a_24&download=true.

114 WHO. Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed. [Internet]. Geneva: World Health Organization; 2024. Available from: https://www.who.int/publications/i/item/9789240091078.

115 WHO. Health service delivery framework for prevention and management of obesity. [Internet]. Geneva: World Health Organization; 2023. Available from: https://www.who.int/publications/i/item/9789240073234.

116 Verma S, Hussain ME. Obesity and diabetes: an update. Diabetes Metab Syndr. 2017;11(1):73-79. doi: 10.1016/j.dsx.2016.06.017.

117 Rubino F, Puhl RM, Cummings DE, Eckel RH, Ryan DH, Mechanick JI, et al. Joint international consensus statement for ending stigma of obesity. Nat Med. 2020;26:485-497. doi: 10.1038/s41591-020-0803-x.

118 Rössler W. The stigma of mental disorders: a millennia-long history of social exclusion and prejudices. EMBO Rep. 2016;17(9):1250-3. doi: 10.15252/embr.201643041.

Appendix 1:
Detailed Playbook framework

Domain	Core component	Done	Best practice	Done
Whole-of-society approach				
Whole-of-government approach	Mentions the inclusion of different stakeholders across governments		Includes breakdown about the different roles and responsibilities of stakeholders across government	
Health-in-all policies across sectors	Mentions the importance of developing multi-sectoral policies or actions		Includes specific guidance in implementation of health-in-all policies across multiple sectors	
Nutrition and fiscal policies				
Policies and programmes to enhance accessibility and affordability of healthy foods and beverages	Mentions policies or programmes related to nutrition designed to enhance the accessibility and affordability of healthy foods and beverages		Includes fiscal policies designed to enhance accessibility or affordability of healthy foods and beverages	
Fiscal policies to reduce access to unhealthy foods and beverages	Mentions fiscal policies related to nutrition that reduce access to unhealthy foods		Includes specific fiscal policies relating to nutrition that reduce access to unhealthy foods (e.g., taxes or levies)	
Nutrition labelling	Mentions the importance of measures providing consumers with information about the nutritional content of food products		Develops or explains measure(s) that provide(s) consumers with easy-to-understand information on nutritional content of food products	
Advertising and marketing of foods and beverages	Includes regulations on advertising/marketing of foods and beverages		Includes regulations that protect children from the impact of food advertising/marketing	
School-based nutrition policies	Establishes clear nutrition standards for schools		Includes regulations on the quality of food served or sold around schools	

Domain	Core component	Done	Best practice	Done
Physical activity promotion				
Guidelines on physical activity	Includes guidelines on physical activity		Includes guidelines on physical activity that apply to different age groups or settings.	
Infrastructure initiatives enabling physical activity	Includes policies or initiatives that improve the accessibility or safety of spaces for physical activity		Includes policies or initiatives on comprehensive infrastructure to enhance opportunities for physical activity (e.g., large urban planning initiatives or active transport policies)	
School-based physical activity policies	Includes physical activity programmes for schools, promoting regular participation during school hours		Includes school-based physical activity programmes complemented by initiatives to improve infrastructure and expand opportunities for activity outside of school (e.g., promoting active travel to-and-from school)	
Community-based physical activity programmes	Mentions existing community programmes that promote and enable physical activity		Outlines a framework for building more inclusive physical activity programmes, encouraging stakeholders to create accessible, sustainable and community-driven initiatives	
Public education and awareness				
Nutrition education and counselling	Includes policies on nutrition education and counselling to support healthier eating habits.		Includes information on nutrition education and counselling policies in different settings to support healthier eating habits. (e.g., schools, workplaces, senior homes)	
Cultivating active mindsets through awareness and daily practice	Includes implementation of population-based campaigns that encourage physical activity		Focuses on integrating physical activity into multiple sectors (e.g., education, transportation, workplaces) to create an environment for long-term, habitual movement	
Reducing stigma and promoting inclusivity	Mentions the importance of stigma and weight bias		Implements campaigns that help address the stigma surrounding obesity and reduce weight bias.	

Domain	Core component	Done	Best practice	Done
Obesity management				
Healthcare workforce capacity-building	Mentions the importance of investing in health workforce capacity for obesity prevention and management		Launches dedicated initiatives to support the development and expansion of the health workforce for obesity prevention and management	
Personalised obesity management services	Includes an obesity management plan		Includes an obesity management plan that considers vulnerable populations (e.g., older persons, ethnic minorities)	
Coordinated and integrated obesity management	Mentions ways to incorporate obesity prevention and management within routine healthcare services		Outlines or incorporates the integration of obesity prevention and management within existing care pathways	
Universal access to obesity care	Commits to expanding the availability and access of essential obesity care services (e.g., counselling, behavioural interventions, medical treatments) to all individuals		Integrates financial protection into obesity care, ensuring that individuals can access necessary services without experiencing financial hardship	
Monitoring and evaluation				
Monitoring and surveillance of overweight and obesity	Includes the monitoring and surveillance of overweight and obesity		Includes monitoring and surveillance that allow for sub-population/sub-group analysis (e.g., children/youth, pregnant women, older persons)	
Evaluation of obesity policies and programmes	Has plans to evaluate and track the impact of implemented policies		Conducts evaluations on the impact of policy or programmes in the respective sectors	
Funding				
Sustained funding for obesity prevention and management activities	Mentions funding to support obesity prevention and management policy and programmes		Outlines or allocates funding mechanisms or budgets for the proposed policies and programmes	
Funding for monitoring and evaluation	Mentions funding to measure policy implementation and impact of implemented policies		Outlines or allocates funding for evaluations that assess the impact of implemented policies either across diverse populations, or over time (either short or long-term)	

Appendix 2: Methodology

Distilling the framework

The process began with an initial review of key WHO documents. The team examined the 2023 *Acceleration Plan to Stop Obesity*, the *WHO Discussion Paper on Obesity*, the *Tackling NCDs: Best Buys and Recommended Interventions*, and the *Health Service Delivery Framework for Prevention and Management of Obesity*.[112,113,114,115] This review narrowed down critical policy domains relevant to both obesity prevention and management.

Once the initial policy domains were established, the next step involved developing specific indicators for each domain. These indicators were divided into two categories: core components and best practices. Core components represented essential elements needed for the domain, while best practices highlighted "stretch" targets that would strengthen the impact of the domain on obesity prevention and management.

The culmination of this process was a preliminary framework. To validate the framework, an expert panel reviewed and provided feedback on the domains and indicators based on their knowledge.

Country examples and illustrating framework implementation

Several criteria guided the selection of the examples featured in The Playbook. The first was the presence of a consolidated national obesity action plan. While many countries had a patchwork of related policies, few had a unified strategy outlining a clear direction in the fight against obesity. The second criterion was recency. Some plans were more up-to-date than others, with regular updates signalling an active government commitment to prioritising obesity as a policy focus. The third was regional diversity. Obesity is no longer confined to wealthy nations—it is a global challenge. Economist Impact therefore sought to include examples from different regions and levels of economic development, reflecting the universal nature of the issue. The fourth was novelty. Plans that excelled in specific areas were included to highlight the diverse and innovative approaches needed to tackle obesity. The policies included in the Playbook represent a core set of national obesity action plans, but do not encompass all that exist.

The framework tested how even relatively high-performing countries could strengthen their efforts. No country has fully implemented the complete set of measures needed to address obesity comprehensively. This exercise demonstrates how the framework can actively guide countries in strengthening their plans, and for those starting from scratch, it will serve as a collaborative tool to build a national obesity strategy from the ground up.

Beyond obesity: bridging disease areas and filling framework gaps

In developing this Playbook, we not only analysed obesity policy documents, but also drew insights from policies in other disease areas. The selection of diabetes and mental health was deliberate, guided by their parallels with obesity. Diabetes, for instance, is closely intertwined with obesity, with the two often described as parallel epidemics due to their shared risk factors and interconnected health outcomes.[116] Similarly, like mental health, people living with obesity face significant stigma and bias, which may hinder

progress in prevention, treatment, and policy development.[117,118] These shared challenges made them ideal analogues, offering valuable lessons on overcoming societal misconceptions, building comprehensive care systems and fostering policy innovation.

For each disease area, we picked national prevention documents and conducted a thematic analysis to identify key strategies and approaches that could inform and enhance our obesity framework. By explicitly highlighting these areas, we not only demonstrated the value of looking beyond obesity-specific policies, but ultimately built a more robust and holistic framework.

Uniting for action against obesity

The short-term goal of this initiative was to create a comprehensive, evidence-based guide that integrates obesity prevention and management across multiple sectors. This guide serves as a practical tool, bringing together best practices and insights to address the complex and multifaceted nature of obesity. By ensuring that it is rooted in data and inclusive of diverse perspectives, it is a resource that countries can use to develop or refine their own obesity strategies.

The long-term goal extends beyond the Playbook itself. We hope it will spark informed discussions among stakeholders, foster collaboration among policymakers, and inspire unified efforts across multiple sectors. By providing actionable strategies, the guide seeks to empower countries to take meaningful steps toward combating obesity. Our broader ambition is for this work to contribute to tangible progress, not only guiding policies but also making a measurable dent in the global obesity epidemic.

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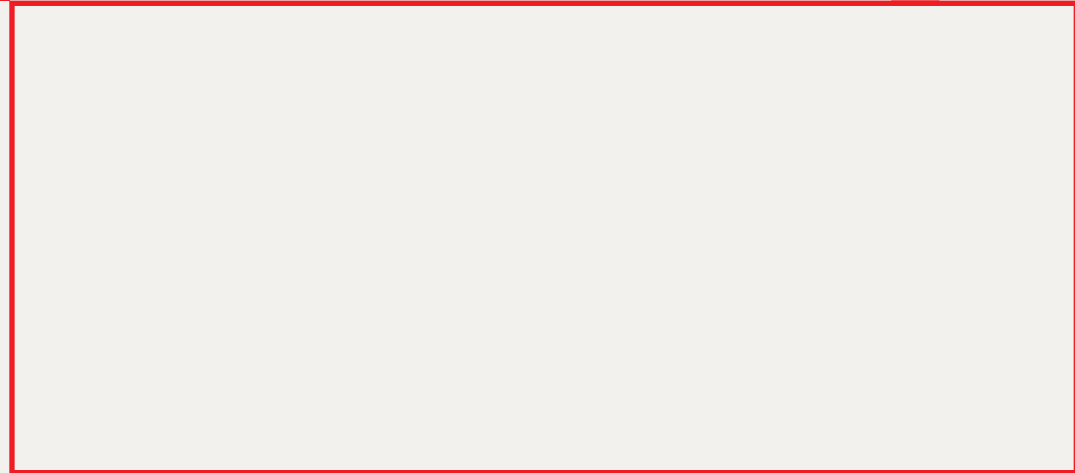
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