



Hardwiring obesity into the NCD agenda: looking ahead

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In the final draft of the UN non-communicable disease (NCD) declaration, obesity was omitted. That indicates there is more work to be done.

At a recent Economist Impact **event** about obesity, sponsored by Novo Nordisk, on the sidelines of the UN General Assembly, one message came through clearly: tackling obesity will depend on embedding it firmly into the global NCD response. Without doing so, many will get left behind.

“We need to hardwire obesity into the NCD agenda”

Jagat Narula, President, World Heart Federation

Calls to action:

Advocating for obesity as an NCD

Enhancing co-operative advocacy efforts across the NCD community around obesity as a disease that needs a stronger health system response to prevention and management.

Put people with lived experience at the centre

People with lived experiences should have a core voice in the process of designing obesity prevention and management policies.

Lead with science

Incentivising obesity action as an economic, social and health “best buy”. Create a data lifecycle that uses existing data to inform policy, then uses data from implementation to further build an evidence base showing broad fiscal and health returns upon which to build future policy interventions.

As Jagat Narula, President of the World Heart Federation pointed out: “We won’t hit Sustainable Development Goal 3.4 without slowing obesity trends.” Doing so will require a multi-pronged approach—combining stronger prevention, treatment and governance within a unified whole of society response. As highlighted in our **National Obesity Action Plan Playbook**, success depends on embedding obesity into broader health and development strategies, backed by clear goals and shared accountability. It is and will be a **test of commitment** and political will.

The question, then, is how we ensure that the global momentum and conversations on obesity are turned into national and local action? How do we guarantee that obesity is not yet again left out of the policy agenda and ensure change for people living with obesity?

From disappointment to determination

For many advocates, this has been a familiar

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Charline Coquerel Couniot, Vice president of patient experience and advocacy, Novo Nordisk

struggle. Progress has been slow, recognition uneven, and optimism tested. Charline Coquerel Couniot, Vice president of patient experience and advocacy at Novo Nordisk cautioned against dwelling on this sentiment: “We shouldn’t dwell on the disappointment,” she said. “Obesity is a disease, and we must continue to say it, even when official documents don’t.”

That determination carries a strong conviction that will be the driving force for change. Continued advocacy will not only shift perceptions, but demand policy change. And when policy moves, so do the systems and recognition surrounding obesity.

An economy-first argument

Continuous articulation that obesity is not only a health challenge, but an economic and development issue, is important to turn recognition of obesity into policy action. Dr Narula argued that the next phase must move “from health-first to economy-first framing, to show why investment is needed and what returns it will generate.”

Communicating policies on obesity and related NCDs as economic “best buys,” grounded in evidence of both health and fiscal returns, can shift the conversation from cost to opportunity. It may even inspire other countries to follow suit. This was the case for Mexico, as Simón Barquera, Director at the Centre for Research in Nutrition and Health in Mexico’s National Institute of Public Health has observed: “In Mexico, one way to push policies is to demonstrate that they work,” he said. “It took 14 years to pass the soda tax, but once it happened, it inspired many other countries to follow. Policymakers act when they see results—and when they see an opportunity to have a legacy.”

Dr Barquera added that Mexico has reinvested sugar sweetened beverage tax revenues into obesity prevention and management. This direct reinvestment cycle generates funds and trust among the public.



“Policymakers act when they see results—and when they see an opportunity to have a legacy.”

Simón Barquera, Director, centre for research in nutrition and health, Mexico's National Institute of Public Health



“Knowing is not enough; we must apply. Willing is not enough; we must do.”

Jagat Narula, World Heart Federation

Galvanising public understanding of obesity

Deepening the understanding of the **science of obesity** remains one of the most powerful tools for achieving obesity policy prioritisation and improving people living with obesity's experiences of interacting with the health service. During the discussion, audience members called for lifelong public education on nutrition and health; not only in schools, but across communities, workplaces and health systems. Teaching people to read food labels, supporting peer-led coaching, and embedding obesity awareness, education and literacy into curricula were seen as galvanising mechanisms for change.

Education should also extend to reducing the stigma associated with obesity, by proactively promoting the science of obesity and correcting misconceptions across society. This includes initial medical training and continuing medical education.

Ultimately, education should go beyond awareness and help build advocacy from citizens to policymakers. Changing how societies think about obesity, pivoting to seeing it as a disease with complex biological, social and environmental causes, rather than an individual failure, will enable the general public to understand why policy action is needed and why particular approaches—from taxation to management—are needed.

“Incorporating lived experience is not ‘nice-to-have’—it’s central.”

Amber Huett-Garcia, Emeritus Director, Obesity Action Coalition

Putting lived experiences at the centre

Among the messaging and education, the most important is that the realities of those living with obesity are heard. Amber Huett-Garcia, lived-experience advocate and Emeritus Director of the Obesity Action Coalition, emphasised that this “Is not ‘nice-to-have’—it’s central.”

Involving people with lived experience, she elaborated, changes how policymakers understand and shape obesity prevention and management. “We need to educate them on what obesity really is—on the science, on stigma and on managing obesity as a disease benefits other NCD responses too,” she said. When those most affected by obesity shape the discussion, systems become more informed, tailored and equitable.



“We can do things, we just aren’t.”

Amber Huett-Garcia

Ms Huett-Garcia also reiterated the importance of citizen advocacy: “People change policy,” she said. “If you’re not satisfied, call your policymaker—and call a friend to call theirs.” Building such momentum is vital to build political will that translates into action by citizens holding political representatives to account.

Beyond the declaration and keeping momentum

Despite obesity’s omission from the final draft UN NCD declaration, there’s hope for the next high level meeting. Experts agreed that the path forward is clear. Dr Barquera said, “We know what we have to do. We have the evidence and the best buys.” This was echoed by Ms Huett-Garcia: “We *can* do things, we just aren’t.”

UNGA was one, but far from the only moment to get obesity on the broader health, political, economic and social agenda. Critical next steps will include identifying opportunities and mechanisms for getting obesity recognised and managed as an NCD and **integrating it into the NCD agenda**. Embracing an all of society approach to incorporate a broad range of stakeholders is one way, enhanced by proactively taking the conversation to them. Also identifying key policymaking moments where obesity policymakers and advocates can **raise the profile of obesity**, whether that be engaging financial leaders at **Davos**, broad health stakeholders at the **World Health Assembly**, or the **Universal Health Coverage High Level Meeting** in 2027.

As our post on the **systems around obesity** has shown, the system is not broken beyond repair. It simply needs to be rewired. Hardwiring obesity into the NCD agenda is not the end goal; it is where real change begins.

With thanks to those who contributed their insights at the UNGA side event via the panel and audience contributions.

Simón Barquera, Director, centre for research in nutrition and health, Mexico's National Institute of Public Health (INSP)

Charline Coquerel Couniot, Vice president of patient experience and advocacy, Novo Nordisk

Amber Huett-Garcia, Emeritus Director, Obesity Action Coalition

Jagat Narula, President, World Heart Federation

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