



Integration with NCD management is the key to addressing obesity

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Jason is 53 and lives with obesity and related chronic diseases.

His general practitioner tells him to “lose weight” but without any services to refer to. His knee pain leads him to an orthopaedic referral,



“We have a cluster of diseases that interact together... but health systems are set up around organs and specialties. That’s part of why obesity is so hard to manage.”

Dr. Sara Suliman, Imperial College, Abu Dhabi

where surgery is suggested, but where he is not informed about how living with obesity links to developing other chronic diseases, such as knee osteoporosis, diabetes, liver or cardiovascular disease. And when he mentions feeling low, he is told to find mental health support elsewhere. Every appointment and conversation is disconnected. No one sees the full picture or treats obesity as a chronic disease that exists within a web of others. He doesn’t know where to go, or who can help.

Jason is exhausted because his care is fragmented, reactive and because there are no opportunities to get management for him as a whole person, only for each disease in isolation. He’s trying his best—but his health is getting worse.

Obesity connects the NCDs we treat in isolation

The human body is not built in silos. Rather, one area often affects another. But if many conditions rarely exist in isolation, why is care delivered as if they do?

The most effective initiatives for preventing and

“Obesity is really what connects NCDs. And you really need to think about how to tackle obesity in a holistic way if you really want to have impact in many other NCDs.”

Dr Simón Barquera, Director of the Nutrition and Health Research Centre at the National Institute of Public Health, Mexico



managing NCDs, the true “best-buys”, are those that target the shared drivers of ill health. One of the most common and consequential drivers is obesity. Obesity contributes to the onset and progression of many chronic diseases, including type 2 diabetes, cardiovascular disease, liver disease and certain cancers. Yet despite its reach, obesity is still treated mostly as a standalone risk factor, both in care pathways and in policy.

To tackle obesity—and therefore NCDs—effectively, we need to change **how we perceive obesity**, and how we manage it in a way that

acknowledges what we know about **the science of obesity**. First, obesity must be recognised as a disease in its own right, and as a strategic entry point for broader NCD prevention, care and policymaking. Second, addressing it requires an integrated, coordinated approach of policymaking and of care that spans across specialties, systems and stages of life. A failure to do both will not prepare us well for the serious economic and developmental consequences of this epidemic.

We’ve long known that integrated care is the answer. But knowing is not the same as doing. So where do we start?

The playbook for integrated obesity prevention and management is already available

In the **last policy insights post**, Francesca Celletti, Senior advisor in WHO’s Nutrition and Food Safety Department, said, “there is no one-size-fits-all solution to policymaking around obesity.” Each country will do it differently, but together they are paving the way.

Italy is already showing what bold leadership looks like. In a historic move, it became the first country in the world to legally recognise obesity as a chronic disease, setting a global precedent for shifting how obesity is understood, prioritised and addressed in policy. The landmark law enshrines provision for prevention and treatment. But above all it sends a powerful message of galvanising international attention and encouraging other governments to act.¹

Other countries have integrated obesity prevention and management. In France, for example, Centres Spécialisés Obésité (Specialist offer a dedicated, multidisciplinary model. These centralised hubs provide prevention,

¹ <https://temi.camera.it/leg19/provvedimento/disposizioni-per-la-prevenzione-e-la-cura-dell-obesit.html>

treatment and long-term management for people with severe or complex obesity, while also coordinating regional care pathways, supporting local providers, and contributing to national training and research.²

We can also learn from how other complex diseases are managed. As outlined in our **National Obesity Action Plan Playbook**, obesity shares many features with mental health and diabetes. All are shaped by a mix of biological, social and environmental factors. All have a legacy as being stigmatised and oversimplified diseases. And all can benefit from joined-up, long-term care that meets patients in the context of their daily lives.

Pages from diabetes and mental health prevention and management

Integrated care models from diabetes offer

valuable lessons. In Ontario, Canada, the *Primary Care Diabetes Prevention Program* provided structured lifestyle counselling for people with prediabetes or metabolic syndrome. As part of the province's broader diabetes strategy, it aimed to reduce disease onset—and succeeded: participants lost an average of 7.5% of body weight in nine months, with modelling suggesting one case of diabetes prevented for every 36 people enrolled.³ In Italy, *Diabetes Care Units* in the Emilia-Romagna region support long-term management through multidisciplinary hospital-based teams connected to general practice. These units coordinate care across nutrition, mental health, and complication screening, and have been shown to reduce avoidable complications and improve outcomes.⁴

Similar lessons can be drawn from mental health. Australia's *Headspace Centres* offer co-located mental health, physical health, substance use and vocational support for adolescents—all free of charge. Approximately one-third of young people showed significant gains in psychological distress, functioning or quality of life within 90 days of care over a 16-year evaluation period.⁵ Meanwhile, Brazil's Psychosocial Care Centres (CAPS) are part of a larger community mental health reform, offering multidisciplinary outpatient services and crisis support together. The increase of CAPS coverage from 2013–2019 is paralleled with increases in outpatient care and reductions in long-stay psychiatric hospitalisations.⁶

These models provide examples of how integrated, community-based systems for prevention and management may be adapted to help coordinate long-term, person-centred and



² <https://sante.gouv.fr/soins-et-maladies/prises-en-charge-specialisees/obesite/article/les-centres-specialises-obesite-cso>

³ <https://pubmed.ncbi.nlm.nih.gov/28621654/>

⁴ <https://pubmed.ncbi.nlm.nih.gov/31481267/>

⁵ <https://pubmed.ncbi.nlm.nih.gov/37390108/>

⁶ <https://pubmed.ncbi.nlm.nih.gov/39240960/>

Writing our own next chapter in obesity prevention and management

Integrating obesity into national health and development strategies requires **political commitment**, policy coherence and long-term investment. As countries recommit to frameworks like the **WHO Acceleration Plan**, they must ensure that obesity policy-making, prevention and management is no longer siloed or treated as an afterthought. Integration must be intentional and supported by robust monitoring and evaluation

“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.”

Martine Laville, Professor Emeritus, Lyon 1 University, France

from the outset to ensure it is sustained.

Imagine Jason again.

But this time, he lives in a world where obesity is taken seriously as a disease. As a result, its prevention and management is integrated into every day health promotion and health care services. He is included actively in his care plan, knows where to go and who to turn to. His care is connected between services and not scattered across them, and most potential complications are caught before they escalate. Jason no longer feels confused or blamed by the system. Instead, he feels supported, seen and in control of his health.

That is the kind of health care system people living with obesity deserve. And integrating obesity prevention and management into NCD care is one major step in that direction.

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