ECONOMIST IMPACT

An epidemic of inaction: assessing national responses to obesity

Findings from the Obesity Response Index

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About the report

An epidemic of inaction: assessing national responses to obesity is an Economist Impact report, supported by Eli Lilly and Company. It is based on the findings of the Obesity Response Index, which assesses obesity prevention and management policy in 20 countries. The Index identifies where policy intervention is needed globally and in each country. This report showcases findings from the Index, highlighting countries that lead in their obesity policy response and identifying where urgent action is needed to close policy gaps.

Economist Impact would like to thank the following experts—consulted during the development of the Index framework—for their time and valuable input:

- **Dr Deepika Anand,** nutrition specialist, Health, Nutrition & Population Global Practice, The World Bank
- **Dr María Eugenia Anselmi,** endocrinologist, Austral University Hospital
- **Professor Louise Baur,** chair of child and adolescent health, University of Sydney
- **Dr Bruno Halpern,** president-elect, World Obesity Federation; vice-president, Brazilian Association for the Study of Obesity
- **Dr Angie Jackson-Morris,** director of programme development and strategy, World Obesity Federation
- **Jaynaide Powis,** head of data and evidence, World Obesity Federation
- **Johanna Ralston,** chief executive officer, World Obesity Federation
- **Professor Sir Collin Tukuitonga,** associate dean Pacific and professor of public health, University of Auckland
- **Euan Woodward,** executive director, European Association for the Study of Obesity

Additionally, Economist Impact thanks the country and subject experts interviewed for helping to place our findings in context:

- **Dr Abdullah Alarifi,** director general of global health, Ministry of Health of the Kingdom of Saudi Arabia
- **Dr Amjad Alfaleh,** director general of primary health care, Ministry of Health of the Kingdom of Saudi Arabia
- **Dr Nasreen Alfaris,** founder of the Saudi Obesity Medicine Fellowship Programme, King Fahad Medical City
- **Dr Shaker Alomary,** director general, General Directorate for Health Programmes and Chronic Disease, Ministry of Health of the Kingdom of Saudi Arabia
- **Dr Deepika Anand,** nutrition specialist, Health, Nutrition & Population Global Practice, The World Bank
- **Professor Louise Baur,** chair of child and adolescent health, University of Sydney
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- **Professor Sébastien Czernichow,** professor of nutrition, Paris Cité University and Assistance Publique Hôpitaux de Paris
- **Jorge del Diego Salas,** senior adviser to the Directorate-General for Public Health and Health Equity, Ministry of Health of Spain
- **Dr Stuart Flint,** associate professor of the psychology of obesity, University of Leeds
- **Dr Mike Freelander MP,** federal member for Macarthur, House of Representatives, Parliament of Australia
- **Dr Bruno Halpern,** president-elect, World Obesity Federation; vice-president, Brazilian Association for the Study of Obesity
- **Professor Linong Ji,** director, Peking University Diabetes Centre; director of the Department of Endocrinology and Metabolism, Peking University People's Hospital
- **Professor Jeanne Lubbe,** consultant surgeon, Tygerberg Hospital and University of Stellenbosch
- **Federico Luis Moya,** vice president and patient advocate, European Coalition for People Living with Obesity; president, ANPObesidad (National Association of People Living with Obesity)
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- **Dr Sanjeev Sockalingam,** scientific director, Obesity Canada; professor, University of Toronto
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Economist Impact bears sole responsibility for the content of this report. The findings and views expressed do not necessarily reflect the views of the sponsor or the experts we consulted.

Experts consulted do not receive compensation for their participation.

Key findings

Most countries lack robust, inclusive obesity strategies. **Of the 20 assessed in the Obesity Response Index, just 13 have current, national obesity plans,** and many plans omit essential components. Only Brazil included the perspectives of people living with obesity in its policy development and only Germany, Serbia and South Africa allocate specific funds for implementation.

Although 16 of the 20 countries assessed have current, evidence-based obesity management guidelines, **only six—Australia, Brazil, Canada, Finland, the UAE and the UK—include a review of both the clinical and cost-effectiveness of recommended interventions.**

Access to nutritious and affordable food is essential for preventing and managing obesity and ensuring long-term health. Yet only **14 countries implement national programmes to provide nutritious food to low-income individuals.**

To promote healthier habits and encourage physical activity, **Brazil, Canada, Finland, Germany, South Africa and South Korea have implemented comprehensive plans that promote active travel (walking and cycling, for example) and reduced car use.**

Public health efforts must address weight stigma to empower and encourage individuals to seek care, and challenge stigmatised views among healthcare professionals.

Yet **only six countries—Finland, France, Germany, Mexico, Serbia and Spain—provide legal protections against weight-based discrimination.**

Only the UK covers all four forms of evidence-based obesity care—nutrition counselling, intensive behavioural therapy, obesity medication, and metabolic and bariatric surgery—under its public health service, yet access remains constrained even where coverage exists.

Eight countries—Brazil, India, Mexico, Saudi Arabia, South Africa, South Korea, Spain and the UK—have introduced mandatory regulations restricting the advertising of unhealthy foods and drinks to children, and seven others apply voluntary regulations.

Only Mexico taxes both foods and drinks classified as unhealthy, while ten other countries tax either foods or drinks.

Only Brazil, Canada and Mexico require front-of-package nutrition labelling of pre-packaged foods. The remaining 17 countries require some form of labelling but do not mandate that it be front of package.

As with many policies, obesity strategies can look stronger on paper than in practice. Limited funding, weak coordination and persistent stigma continue to hold back progress. Real impact will depend on countries turning pledges into action through sustained commitment and clear accountability.

Executive summary

One in six adults and one in ten children and adolescents live with obesity

Source: WHO, UNICEF

Since 1990, obesity rates have risen sharply. Adult prevalence has more than doubled, and childhood and adolescent obesity has quadrupled.[1] Today, one in six adults and one in ten children and adolescents live with obesity.[2,3] Without adequate policy intervention, the share of the population living with obesity could reach one in four by 2035.[4]

Obesity is a global issue. In 2020 the estimated global economic impact of overweight and obesity was 2.4% of GDP.[5] By 2035 this is projected to exceed US$4trn, representing nearly 3% of the world's GDP.[6] Much of this cost will come from managing obesity. Each year, close to US$1trn is spent on healthcare related to overweight and obesity, accounting for 13% of global healthcare spending.[7]

These impacts are not evenly distributed across regions. According to the World Obesity Federation, the Americas and the Eastern Mediterranean bear the highest economic costs as a proportion of GDP.[11] In contrast, countries in Africa and Southeast Asia report the lowest economic impacts, though rising trends suggest that costs in these regions may increase without intervention.[12] Differences in prevalence, incidence and levels of development account for much of this disparity—underscoring the need for region-specific strategies.

Understanding and recognition of obesity as a multifactorial, treatable chronic disease shaped by an interconnected web of factors—including biology, genetics, environment and society—is increasing. Yet persistent misconceptions around the role of personal responsibility mean that many national efforts tend to overemphasise individual behaviours like diet and exercise, overlooking the environments in

Defining obesity

Obesity, defined as the presence of excessive fat that can harm health, is a complex, progressive and relapsing chronic disease shaped by genetic, social, psychological and environmental factors.[8] Beyond its immediate health consequences, obesity significantly increases the likelihood of developing and worsening other chronic diseases, including type 2 diabetes, heart disease and certain cancers.[9] Of the 41m adults who die each year from non-communicable diseases, about 5m deaths are linked to high body mass (a body-mass index of 25 or more).[10]

which we live, work and grow. This narrow lens, suggests Stuart Flint, associate professor of the psychology of obesity at the University of Leeds, reflects "political pressure [that] makes leaders focus on individual agency instead of the multifaceted causes of obesity".

Most countries have yet to adopt comprehensive strategies that tackle both personal support needs and the wider structural drivers of obesity. Effective action demands bold, coordinated policies and sustained investment in systems that promote health and prevent obesity, while ensuring that individuals already affected can access holistic, evidence-based care.

This report examines how 20 countries globally are responding to the obesity challenge, using a set of indicators to assess the extent to which they embrace comprehensive, system-wide strategies.[13] It highlights areas of progress and critical gaps where further action is urgently needed.

What is the Obesity Response Index?

Economist Impact's Obesity Response Index, supported by Eli Lilly and Company, assesses national efforts to prevent and manage obesity. It utilises 30 indicators across four pillars to examine: the obesity policy landscape; the availability and affordability of holistic obesity management; access to affordable, nutritious food at home and in schools; and access to opportunities for physical activity for all ages. It highlights where policy intervention is needed globally and in each country, and how countries can learn from each other to close the gap between policy and practice.

Effective action demands bold, coordinated policies and sustained investment in systems that promote health and prevent obesity, while ensuring that individuals already affected can access holistic, evidence-based care.

The Index data show that:

There are many examples of effective obesity policy, but they are unevenly distributed within and across countries. On average, countries score just 56 out of 100, reflecting a lack of holistic action on obesity prevention and management. Serbia leads the Index with a score of 75, ahead of France (74) and Brazil (72). Serbia stands out, ranking in the top five on three of the four pillars: policy and governance, obesity management and physical activity. At the other end, Rwanda, India and Nigeria rank lowest. However, the Index also shows nuance. Despite no country achieving a perfect score, some lower-scoring countries have made notable progress in specific areas and can offer transferable lessons, while some high scorers lag behind in certain aspects. These variations reflect diverse starting points and resource constraints, underscoring the importance of context-specific approaches to obesity prevention and care.

Most countries lack comprehensive obesity strategies to guide evidence-based action to prevent and manage the disease. Only 11 countries prioritise obesity within broader health policies, and just 13 have an up-to-date national obesity strategy—many of which omit essential components. Only six of these strategies—those of Australia, Nigeria, Rwanda, Serbia, South Africa and South Korea—include specific interventions and evaluation metrics for obesity prevention, and just four—Australia, Serbia, South Africa and South Korea—do the same for management. Cross-sector consultation also remains limited: only ten countries involved multiple government sectors in drafting their strategies, and Brazil is the only one that included the perspectives of people living with obesity. Just six countries set measurable targets for reducing obesity prevalence, and only Nigeria combines both short- and long-term goals. Above all, poor implementation can render strategies void. Unless strategies are paired with measurable outcomes and consistent monitoring, progress cannot be tracked, accountability fades and implementation stalls.

Dedicated funding to support the implementation of obesity prevention and management policy remains limited. Although several countries have obesity strategies in place, they often lack dedicated funds for implementation, limiting their effectiveness and impact. Only Germany, Serbia and South Africa allocate specific funds for their obesity strategies, with amounts varying based on budget constraints. Other countries have set aside money to address obesity but not tied it to their national obesity strategies. For example, Italy established an "obesity fund" in December 2024 and allocated €1.2m (US$1.4m) in 2025, €1.3m in 2026 and €1.7m in 2027.[14] Without sustained funding, even well-designed plans, programmes and initiatives may fail to translate into action and deliver lasting change.

Despite some progress, obesity-related stigma remains widespread and largely unaddressed. Worldwide, people living with obesity often face stigma and discrimination in the workplace, where bias affects hiring and promotion; in healthcare settings, where weight-based assumptions can lead to dismissive or inadequate care; and in personal relationships, where negative attitudes can fuel social isolation, depression and anxiety.[15,16] This stigma not only undermines wellbeing but also hinders effective management and care.[17] Positively, 13 of the 20 countries in the Index recognise obesity as a chronic disease, an important step towards challenging harmful stereotypes and facilitating access to care. But recognition alone does not guarantee action on obesity-related stigma. Only five countries acknowledge stigma in their obesity plans, and just Australia and Brazil set out measures to address it. Legal protections are also rare: only six countries—Finland, France, Germany, Mexico, Serbia and Spain—prohibit weight-based discrimination. Yet the existence of anti-stigma policy measures and laws does not guarantee that they are enforced. Without stronger, well-enforced safeguards, millions remain vulnerable to unchecked bias, entrenching a cycle of poor health, marginalisation and missed opportunities for care.

On average, countries in the Index score just 56 out of 100

Countries are taking steps to integrate obesity management into their health systems. National guidelines for obesity management are crucial for responding to obesity, as they provide standardised, evidence-based frameworks for prevention and care. Sixteen of the 20 Index countries have current, evidence-based obesity management guidelines. However, only six—Australia, Brazil, Canada, Finland, the UAE and the UK—include a review of both the clinical and cost-effectiveness of recommended interventions. Without this, healthcare providers and insurers lack the information that they need to evaluate the value and impact of obesity management interventions. And guidelines alone are not enough: to ensure access to effective care, countries must back them with funding, implementation support and monitoring, and clinician uptake.

Countries are making progress in establishing clinical pathways that deliver tailored care for people living with obesity. Clinical care pathways for obesity transform management guidelines into structured care, organising diagnosis, personalised interventions, referral decisions and long-term management within health systems. Of the 16 countries in the Index with current obesity management guidelines, 15 provide a clear clinical pathway. Given obesity's link to chronic diseases such as diabetes, heart disease and sleep apnoea, integrating obesity diagnosis and referral into the clinical pathways for related diseases is crucial. Encouragingly, 15 countries have mechanisms to detect people living with obesity through pathways for multiple chronic diseases, while Rwanda and South Africa have such mechanisms for one associated disease. The implementation of these mechanisms is critical to closing care gaps and ensuring that health systems provide comprehensive and coordinated management.

Coverage for comprehensive obesity care remains fragmented, limiting access for vulnerable groups. Public insurance coverage is essential to ensure equitable access to evidence-based obesity interventions. Among the countries analysed in the Index, only the UK covers all four forms of evidence-based obesity care—nutrition counselling, intensive behavioural therapy, obesity medications, and metabolic and bariatric surgery—through its National Health Service. Seven countries cover three forms of care, while another six cover only one or two. Six countries (Canada, China, Mexico, Nigeria, Rwanda and South Africa) offer no national-level coverage, although some provide coverage at the state or provincial level, reflecting decentralised health systems. Looking at different care services, 14 countries cover surgery, eight fund nutrition counselling and behavioural therapy, and only four cover medications. Even where coverage exists, variation in eligibility criteria and other access issues mean that many are left without access to comprehensive care. Expanding coverage would help countries to tackle obesity in a way that recognises and addresses broader, persistent health inequalities.

Many countries still struggle to make healthy food accessible and affordable for all. Nutritious diets are essential for preventing and managing obesity and ensuring long-term health. Yet millions of people worldwide—particularly in low-income or geographically isolated communities—face barriers to accessing nutritious food. In 2022 around 2.8bn people globally could not afford healthy diets.[18] Even in wealthy countries, food insecurity—which is usually driven by a web of structural and environmental factors—may affect lower-income and vulnerable populations.[19] In Australia, for example, 13% of the population is food insecure, with Indigenous and remote communities especially affected owing to economic hardship, geographic isolation and climate-related disruptions.[20,21] Despite the scale of the problem, only 14 countries in the Index have national programmes to improve food access for low-income individuals. Every country faces some degree of food insecurity and should act. Introducing or expanding non-stigmatising financial support and targeted assistance is key to embedding equity into obesity prevention efforts and strengthening long-term health.

Countries can influence dietary habits by regulating the marketing of unhealthy foods. To address rising childhood obesity, many governments are introducing rules to limit children's exposure to advertising for foods high in sugar, salt and fat, owing to its negative influence on children's food choices.[22,23] Although some progress has been made, the degree of implementation is uneven. Eight countries in the Index—Brazil, India, Mexico, Saudi Arabia, South Africa, South Korea, Spain and the UK—have introduced mandatory regulations restricting the advertising of unhealthy foods and drinks to children, while seven others apply only voluntary regulations. Five countries—China, Japan, Nigeria, Rwanda and the UAE—have yet to introduce any regulations. Enforcing such restrictions is critical to creating healthier food environments for children and protecting them from harmful marketing tactics.

Countries can support healthier dietary decisions by strengthening requirements for clear nutrition labelling. Labels on packaged foods and menus provide consumers with information on calorie, sugar, fat and salt content, helping them to make informed choices. Only Brazil, Canada and Mexico require front-of-package labels—the other 17 Index countries mandate some form of labelling, but not on the front of packaging, making it harder for consumers to make quick decisions. Menu labelling can also encourage healthier choices and prompt food outlets to reformulate their offerings. But progress is limited here too: only five countries—Finland, India, Saudi Arabia, South Korea and the UK—require nutrition labelling on menus. Strengthening labelling laws is a tool for empowering consumers to make choices to improve their diet.

Taxes on unhealthy foods and drinks are an effective but underused policy tool. Excise taxes on unhealthy products can curb consumption, encourage product reformulation and generate public revenue for health initiatives.[24,25] However, implementation remains limited: of the 20 Index countries, only Mexico taxes both foods and drinks classified as unhealthy, ten apply taxes to either unhealthy food or drinks, and nine impose neither at the national level. In some countries, such as Canada, local governments have adopted such measures in place of national action. By discouraging the purchase of products that are high in calories, sugar, fat and salt, these taxes can help to shift consumer behaviour towards healthier choices.

Countries are increasing efforts to encourage exercise and active living. Regular physical activity supports physical and mental health, reduces the risk of chronic diseases like type 2 diabetes and heart disease, and has potential benefits for preventing and managing obesity.[26] The World Health Organisation (WHO) recommends that adults engage in at least 150 minutes of moderate or 75 minutes of vigorous physical activity weekly, along with muscle-strengthening activities on two or more days.[27] Yet in 2022, nearly one in three adults worldwide did not meet these targets.[28] To promote healthier habits, six countries in the Index—Brazil, Canada, Finland, Germany, South Africa and South Korea—have implemented comprehensive physical activity plans that encourage both active travel (such as walking and cycling) and reduced car use. Another eight countries have narrower plans that address only one of these aims, five have plans that do neither, and one has no plan at all. Countries have an opportunity to further embed physical activity into daily life, easing the burden of obesity-related disease and creating healthier societies.

Countries could expand physical activity in schools to better support children's health and development, in line with WHO recommendations. Regular physical activity fosters healthy growth, builds strong bones and muscles, enhances cardiovascular fitness and plays a role in preventing childhood obesity.[29] Beyond physical health, it boosts concentration, academic performance and emotional wellbeing.[30,31,32] The WHO advises that children engage in at least 60 minutes of physical activity each day.[33] Although 17 countries in the Index mandate some form of physical activity in schools, only China meets the WHO recommendation. Nigeria, Saudi Arabia and the UK lack any national mandates for school-based exercise. By fully harnessing the role of schools, which often have the space and equipment to support daily physical activity, countries could instil lifelong healthy habits and ensure fair access to exercise for children who lack safe or affordable opportunities to be active outside of school.

The state of obesity policy today

The Index revolves around a central question: what should a holistic approach to preventing and managing obesity look like?

Understanding how countries around the world are responding to obesity can be complex. From policy and healthcare to nutrition and physical activity programmes, governments take diverse approaches to managing the systems that are key to tackling the issue.

At the core of understanding strengths and weaknesses across countries is an assessment of the extent to which governments embrace a holistic approach to addressing obesity.

The Index revolves around a central question: *what should a holistic approach to preventing and managing obesity look like?*

To identify areas for targeted intervention, the Index evaluates 20 countries across four pillars: policy and governance, obesity management, food quality and access, and physical activity. Within these pillars, it includes a set of indicators to assess whether countries have developed systems, policies and programmes in line with a holistic approach.

The Index reveals patchy progress. While there are examples of effective obesity policy, significant gaps remain. On average, countries score just 56 out of 100, showing that most still fall short of integrated, holistic action on prevention and management.

Figure 1: A holistic approach to preventing and managing obesity
The Obesity Response Index framework

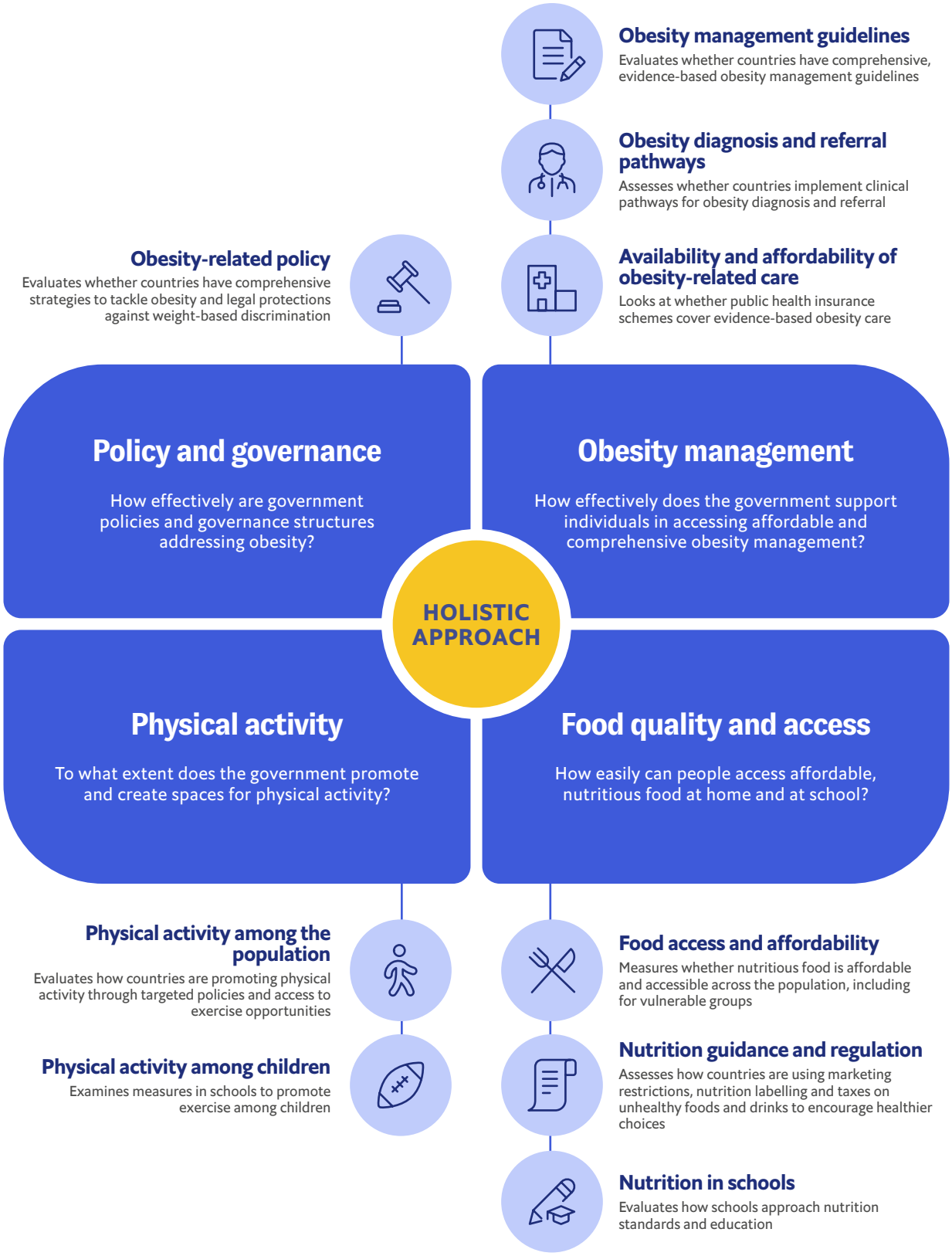


Figure 2: Index rankings

Scores 0-100 where 100 = strongest obesity response

OVERALL			PILLAR 1 Policy and governance			PILLAR 2 Obesity management			PILLAR 3 Food quality and access			PILLAR 4 Physical activity		
Rank	Country	Score	Rank	Country	Score	Rank	Country	Score	Rank	Country	Score	Rank	Country	Score
1	Serbia	74.8	1	Serbia	95	1	United Kingdom	100	1	United Kingdom	90.2	1	China	75
2	France	74.3	2	France	62.5	2	Brazil	91.7	2	Mexico	84.1	1	South Korea	75
3	Brazil	72.4	2	Spain	62.5	2	Finland	91.7	3	Spain	82.7	3	Brazil	66.7
4	South Korea	71.2	4	Germany	60.8	2	United Arab Emirates	91.7	4	France	82.1	3	France	66.7
5	Finland	66.8	5	Australia	57.9	5	France	86.1	5	Brazil	78.5	5	Canada	58.3
6	Germany	64.9	6	South Korea	53.8	5	Serbia	86.1	6	South Korea	78.4	5	Germany	58.3
7	United Kingdom	64.4	7	Brazil	52.9	7	Germany	77.8	7	South Africa	75.5	5	Italy	58.3
8	China	63.1	8	China	52.5	7	Japan	77.8	8	Finland	73	5	Serbia	58.3
8	Italy	63.1	8	Finland	52.5	7	South Korea	77.8	9	Italy	72.3	9	Finland	50
10	Australia	58.8	10	Italy	52.1	10	Australia	75	**AVERAGE**		**66.1**	9	Japan	50
AVERAGE		**55.9**	**AVERAGE**		**45.1**	11	Italy	69.4	10	United Arab Emirates	65.3	9	South Africa	50
11	Mexico	55.3	11	South Africa	42.9	11	Saudi Arabia	69.4	11	China	63.6	**AVERAGE**		**48.3**
12	United Arab Emirates	54.7	12	Mexico	42.5	**AVERAGE**		**63.9**	12	Canada	63.2	12	Australia	41.7
13	Japan	54.4	12	United Kingdom	42.5	13	China	61.1	13	Germany	62.6	12	India	41.7
13	Spain	54.4	14	Saudi Arabia	32.1	13	Mexico	61.1	14	Australia	60.4	12	Rwanda	41.7
15	Canada	47.9	15	Japan	30	15	Canada	50	15	Serbia	59.9	12	Spain	41.7
16	Saudi Arabia	44.5	16	India	26.3	16	Rwanda	47.2	16	Japan	59.7	12	United Arab Emirates	41.7
17	South Africa	44.2	17	Nigeria	22.5	17	Spain	30.6	17	India	51.6	17	Mexico	33.3
18	Rwanda	39.1	18	Rwanda	21.7	18	India	25	18	Rwanda	46	17	Saudi Arabia	33.3
19	India	36.1	19	Canada	20	19	South Africa	8.3	19	Saudi Arabia	43.3	19	United Kingdom	25
20	Nigeria	13.1	19	United Arab Emirates	20	20	Nigeria	0	20	Nigeria	29.7	20	Nigeria	0

Source: Economist Impact

Comprehensive obesity strategies—with clear targets, dedicated funding and mechanisms for monitoring and implementation—are the foundation for effective prevention and management

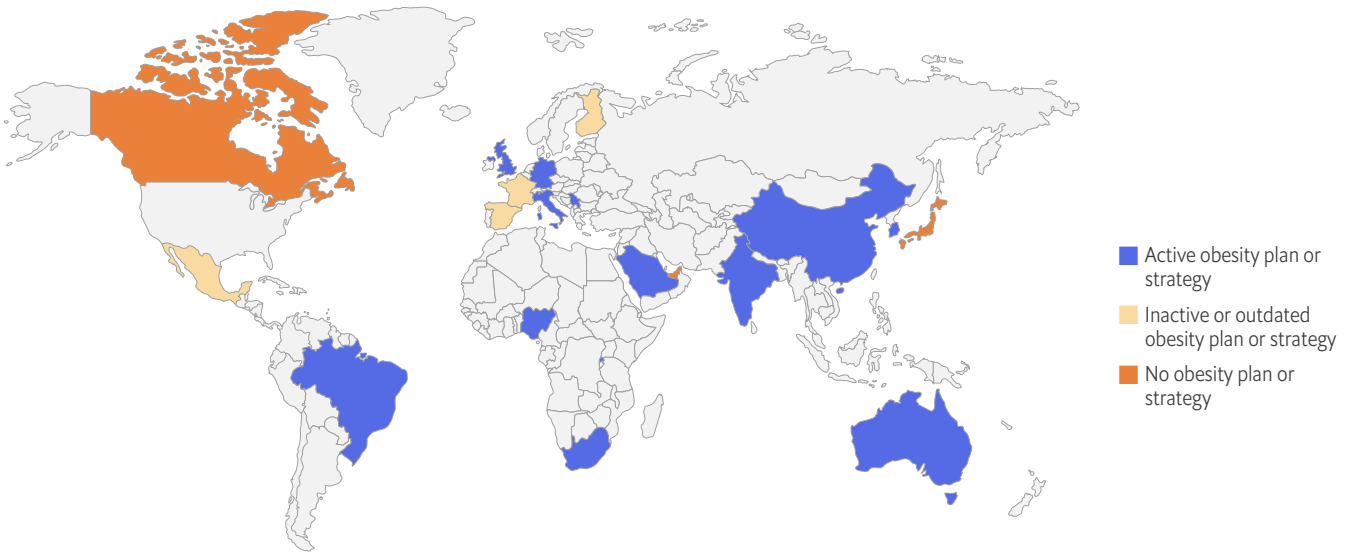
A strong policy base is the first step toward meaningful progress in preventing and managing obesity. Yet in most countries, policy efforts remain inconsistent and fragmented. On the "policy and governance" pillar of the Index, countries score an average of just 45 out of 100—the lowest among the four pillars—underscoring the need for stronger frameworks and sustained implementation.

Some progress is emerging. Eleven countries now list obesity as a priority in their national health strategies, signalling recognition of it as a public health crisis. With the exception of Japan, all have paired this with a dedicated obesity plan, though few obesity plans are comprehensive. Others—Germany, India, Mexico, Nigeria, Rwanda, Saudi Arabia and South Africa—have adopted stand-alone strategies despite not naming obesity a priority in broader health policy. Only three of the 20 countries assessed—Canada, Japan and the UAE—lack a national strategy.

Yet the absence of a national plan does not necessarily mean inaction. Some preventive measures sit outside formal plans. Japan, for example, mandates nationwide screening for metabolic syndrome as a measure to prevent obesity. Plans are also only useful insofar that they are implemented. "Policies may look good on paper, but that does not mean they will be put into practice," says Bruno Halpern, president-elect of the World Obesity Federation and vice-president of the Brazilian Association for the Study of Obesity. Time-bound targets, robust evaluation measures and funding are essential to turn commitments into action.

> **"Policies may look good on paper, but that does not mean they will be put into practice."**
>
> Bruno Halpern, president-elect of the World Obesity Federation and vice-president of the Brazilian Association for the Study of Obesity

Figure 3: Planning for obesity response
Existence of dedicated obesity plans or strategies



Source: Economist Impact

Effective strategies are grounded in real-world perspectives that reflect the drivers of obesity. Robust stakeholder engagement—across sectors such as health, education and urban planning, and including the voices of people living with obesity—is vital for designing policies that are practical, culturally tailored, inclusive and evidence-based. Ten of the 13 countries with active strategies consulted government, industry or expert stakeholders from at least three sectors, helping to shape more rounded policies. Yet only one plan, Brazil's *Obesity Prevention Strategy for Brazilians 2024-2034*, directly incorporates input from people living with obesity.

Four countries—Finland, France, Mexico and Spain—have outdated strategies, missing opportunities to incorporate new evidence and best practice. Among those with current plans, most prioritise prevention over a balanced approach that includes management. Twelve of the 13 include prevention measures, but only eight include actions on management. Fewer still turn these priorities into actionable steps. Only six countries—Australia, Nigeria, Rwanda, Serbia, South Africa and South Korea—set clear actions *and* evaluation metrics for prevention, and just four—Australia, Serbia, South Africa and South Korea—do the same for management. Without an integrated focus on both prevention and management, countries risk falling short in reducing obesity rates and supporting those already living with the disease.

Targets are also rare. Time-bound goals for reducing or managing obesity are essential for policy implementation, tracking progress, identifying gaps, ensuring accountability and directing resources where they are needed most. Yet only six countries have set either short- or long-term targets, and only Nigeria has both. Without measurable benchmarks, progress goes unevaluated, resources risk being misallocated and accountability weakens.

Taking an inclusive approach: Brazil

Brazil's *Obesity Prevention Strategy for Brazilians 2024-2034* is among the most participatory national strategies to address obesity in recent years. Led by the Ministry of Development and Social Assistance, Family, and Fight Against Hunger, the development of the plan brought together a coalition of experts from health, academia, agriculture, culture, education and social protection. However, the Ministry of Health was notably absent from its development. Crucially, the process went beyond institutions: a public consultation in September 2024 gave citizens and civil-society groups—including the Brazilian Obesity Panel and, uniquely, representatives of people living with obesity—a voice in shaping priorities.[34,35]

Leading the way on obesity policy: Serbia

Serbia offers an example of strong policy action. It ranks first on the Index and leads the "policy and governance" pillar with a score of 95 out of 100. Its *National Programme for the Prevention of Obesity in Children and Adults*, launched in 2018, outlines clear actions for both prevention and management, long-term targets for reducing obesity prevalence, and measures to support vulnerable groups such as children, adolescents and the elderly. It also recognises weight-related stigma and includes a dedicated budget for its implementation.[36] The programme calls for regular monitoring and evaluation by the Institute of Public Health to assess the impact of interventions. However, no reports have yet been made publicly available—limiting visibility into implementation and outcomes.

Funding remains a persistent gap. Without dedicated budgets, even the best-designed plans struggle to deliver. Many countries, including high-income ones, have yet to allocate resources for implementing their obesity strategies. As Professor Heli Viljakainen, principal investigator at the Folkhälsan Research Centre, notes, competing priorities and strained public finances often stand in the way. Only Germany, Serbia and South Africa have earmarked specific budgets. For instance, Serbia allocated RSD1m (US$10,000) for its *National Programme for the Prevention of Obesity in Children and Adults* when it launched in 2018, noting that RSD2m would be needed the following year. Some countries fund obesity-related initiatives without linking them directly to national strategies. Italy, for example, established an "obesity fund" in December 2024, allocating €1.2m (US$1.4m) for 2025, €1.3m for 2026 and €1.7m for 2027.[37] Budgets are a cornerstone of accountability, ensuring that commitments translate into action and results. But ultimately, overcoming fiscal constraints is a matter of governance and political will—the capacity to prioritise amid competing needs. Progress does not always depend on large, new budgets, but on making small, strategic commitments to best buys while finding synergies within existing resources.

Progress does not always depend on large, new budgets, but on making small, strategic commitments to best buys.

Developing comprehensive strategies is only the first step; implementation determines their impact. To translate ambition into measurable progress, countries must ensure that plans are regularly updated, adequately funded and monitored through clear performance indicators. Inclusive policymaking, time-bound targets and transparent reporting can turn strategies from paper commitments into real-world progress.

Tackling stigma is essential to reducing discrimination and advancing equity

People living with obesity face stigma and discrimination in every part of daily life—from workplaces and schools to doctor's offices.[41,42,43] "Weight stigma remains a socially accepted prejudice, and people are blamed," says Dr Halpern. Stigmatising attitudes can isolate people, fuel shame and deter them from seeking care. They also reduce access to jobs and career advancement, worsening the physical, emotional and economic impact of

Enshrining obesity prevention and care in law: Italy

In October 2025 Italy became the first country to pass a law recognising obesity as a progressive and relapsing disease.[38] The law, focused on the prevention and treatment of obesity, establishes a national observatory for the study of obesity, funds awareness campaigns and aims to include obesity care—such as specialist visits, therapies and surgery—under Italy's Essential Levels of Assistance, ensuring public coverage.[39,40] It requires the Ministry of Health to publish a National Plan to Combat Obesity within 90 days of its approval, and allocates €400,000 (US$468,000) a year for education and training on obesity for university students, general practitioners, paediatricians and health staff. By framing obesity as a medical rather than moral issue, the law seeks to expand access to care and curb stigma. Its impact, though, will rest on steady funding, coordinated delivery and equal access across the country.

Note: Research for the Index took place between April and July 2025, before the law's passage, so this development is not reflected in Italy's scores.

obesity. Change must begin in healthcare. "Many people, particularly those with severe obesity, speak of the stigma they experience in the health system", says Louise Baur, professor of child and adolescent health at the University of Sydney. "It's the job of clinicians to open their arms and say, 'We're here to help'."

There are signs of progress. Thirteen of the 20 countries in the Index now recognise obesity as a chronic disease—an important step towards challenging stereotypes. "When obesity is not recognised as a disease, it creates moral and ethical problems for clinicians treating severely ill patients who cannot afford care", says Kathryn Williams, endocrinologist and conjoint senior lecturer at the University of Sydney. But recognition alone does not bring change. Only five countries—Australia, Brazil, Italy, Serbia and South Africa—acknowledge stigma in their obesity strategies, and just two—Australia and Brazil—set out specific actions to address it. Even so, bias remains widespread. A 2022 survey by the Brazilian Association for the Study of Obesity and Metabolic Syndrome and the Brazilian Society of Metabolism and Endocrinology found that 85% of Brazilians living with obesity had faced discrimination because of their weight.[44] The gap between awareness and action remains wide, leaving millions without the understanding and support that they need.

"When obesity is not recognised as a disease, it creates moral and ethical problems for clinicians treating severely ill patients who cannot afford care."

Kathryn Williams, endocrinologist and conjoint senior lecturer at the University of Sydney

Addressing stigma and discrimination: Australia

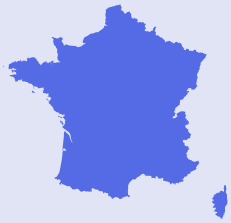
Australia's *National Obesity Strategy 2022-2032* sets out a decade-long plan to prevent and reduce overweight and obesity, placing strong emphasis on tackling weight stigma and discrimination. The strategy calls for "respectful and positive discussions about weight," shifting focus from individual blame to the broader social drivers of obesity.[45] Combating weight stigma is one of its four guiding principles. Actions include ensuring that social marketing and communications use appropriate, non-stigmatising language and imagery, and that initiatives to promote healthy eating and physical activity are carefully developed, tested and co-designed to avoid harmful impacts.

Inequities further compound the challenge. Obesity does not affect all populations equally. In diverse societies, obesity rates are often higher among ethnic and racial minorities. In the UK, for instance, Black Britons are more likely to live with obesity than White Britons—a pattern echoed in Australia, Canada, Germany and other high-income countries.[46,47,48,49,50]

Some countries are beginning to recognise these disparities in their obesity strategies. Of the 13 in the Index with active plans, 11 include a focus on vulnerable groups such as children, low-income populations and ethnic or racial minorities. Yet only eight set out specific, actionable measures to address the needs of vulnerable groups. South Korea's *2025 Community Integrated Health Promotion Project Guide* stands out for identifying high-risk groups and tailoring interventions—such

as home-visit services and partnerships with local health providers—to support them.[51] Embedding equity into obesity strategies allows governments to target resources effectively and strengthen the systems that support the communities most affected by the disease.

A handful of countries have taken institutional steps to address stigma more directly. Six countries in the Index now prohibit weight-based discrimination and recognise weight as a protected characteristic. Such legal safeguards, together with the recognition of obesity as a chronic disease, are also vital to shaping the forms of care available to people living with obesity, says Luca Busetto, vice president of the European Association for the Study of Obesity.



Tackling weight-related discrimination: France

France prohibits discrimination on the grounds of "physical appearance" and "state of health" under Law No. 2001-1066 on the Fight Against Discrimination.[52] In its 2019 Framework Decision on discrimination in employment based on physical appearance, the Defender of Civil Rights ruled that the principle of non-discrimination extends to obesity, fatphobia and other appearance-based characteristics such as clothing, hairstyles, beards, tattoos and piercings.[53]

Six countries—Finland, France, Germany, Mexico, Serbia and Spain—now prohibit weight-based discrimination.

Training healthcare professionals, enforcing anti-discrimination laws and educating the public can help shift the narrative on obesity from one of personal choice to one of complex, multifactorial disease. "Knowledge is power," says Nasreen Alfaris, founder of the Saudi Obesity Medicine Fellowship Programme at King Fahad Medical City. "Once you start educating primary care physicians, it filters through to patients and families. Education changes the conversation from 'move more and eat less' to understanding obesity as a disease." Broader cultural attitudes must change too. "We still see newspaper coverage and television shows portraying obesity as a personal choice and using highly stigmatising language and images," says Mr Busetto, reflecting on Italy's cultural climate. "But I think things are changing in a positive direction." Sustained change is essential to dismantle stereotypes and ensure that people living with obesity are met with dignity and empathy while accessing evidence-based care for their disease.

Reducing stigma and addressing inequities must go beyond recognition and regulation. Legal protections, inclusive strategies and cultural change matter only if they are backed by well-resourced, measurable implementation. Enforcing anti-discrimination laws, supporting vulnerable groups through tailored interventions and equipping health professionals with the skills to deliver compassionate, evidence-based care are all critical steps.

Stigma often deters people living with obesity from seeking care. Confronting it is therefore essential to ensuring fair, equitable access to care. Creating safe, respectful settings where individuals feel able to seek help is key to lasting change. Embedding equity at every stage of implementation turns obesity strategies from statements of intent into fair, inclusive healthcare delivery.

Actionable steps to strengthen obesity policy

To strengthen obesity policy and governance, countries should:

- adopt and update comprehensive national obesity prevention and management strategies that define obesity as a chronic disease, draw on multistakeholder input and include the voices of individuals with lived experience;
- set clear targets and evaluation methods for both prevention and management to enable implementation; and
- acknowledge and address stigma and discrimination, focusing on vulnerable groups where intersectional social and economic factors can alienate people living with obesity and hinder access to care.

Strengthening health systems to deliver integrated, equitable obesity care

Countries are taking steps to embed obesity management within their health systems

The management of obesity can differ across health systems, depending on structure, decentralisation and funding. However, effective integration in every context depends on clear national guidelines that provide consistent, evidence-based frameworks for both prevention and care.

Of the 20 countries assessed in the Index, 16 have current evidence-based obesity management guidelines. India is developing its first national obesity guidelines as of August 2025; Nigeria and South Africa lack any guidance; while Spain's guidance, last revised in 2009, is outdated. Among those with up-to-date guidelines, only six—Australia, Brazil, Canada, Finland, the UAE and the UK—go further by assessing the clinical and cost-effectiveness of the interventions that they recommend. Without such evaluations, healthcare providers and insurers lack the evidence needed to determine the true value and impact of obesity care.

High-quality guidelines should define diagnosis clearly, recognising obesity as a chronic disease and using measures beyond body-mass index. They should promote integrated treatment plans that combine behavioural, pharmacological and surgical options, and are grounded in current evidence and collaboration across health services to ensure comprehensive, patient-centred care.[54]

The role of international obesity management guidelines

International guidelines play a vital role in disseminating best practice in obesity care. They provide a common, evidence-based framework for diagnosing and managing obesity, helping to ensure consistent care across countries and guiding national health policy and system planning.

In 2024 the European Association for the Study of Obesity issued a new framework outlining key principles for clinicians to take a holistic, personalised approach to prevention and management.[55,56] It calls for recognising obesity as a disease, aligning treatment with associated chronic diseases, establishing clear referral pathways and focusing on health outcomes rather than weight-specific goals.[57,58]

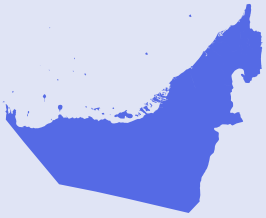
Effective obesity care should draw on all evidence-based options—from psychological and behavioural therapies to bariatric surgery and medications. As new management interventions emerge, international bodies help to shape how they are used. The WHO, for example, issued guidance on the use of GLP-1 drugs in December 2025 to help clinicians and public health officials treat patients more effectively.[59]

Guiding practitioners: United Kingdom

The UK scores 100 out of 100 on the "obesity management" pillar of the Index. In January 2025 the National Institute for Health and Care Excellence issued new guidelines on preventing and managing overweight and obesity in children, young people and adults, replacing various guidelines first published in 2006.[60] Care is delivered through tiered overweight and obesity management services commissioned by 42 Integrated Care Systems.[61] However, a perfect score does not mean that implementation is complete. Access remains uneven: funding is not ringfenced, and services are often cut when budgets tighten, creating regional gaps and inequalities.[62,63] Only a few ICSs have made obesity a strategic priority.[64] Although new treatments and guidance show promise, consistent investment and equitable implementation are needed to turn policy into practice.

Countries are also making progress in establishing clinical pathways that turn management guidelines into structured, patient-centred care. These pathways cover diagnosis, personalised interventions, referral decisions and long-term management—ensuring consistency across providers and coordination across the healthcare system. Of the 16 countries with current obesity management guidelines, 15 provide a clear clinical pathway. Australia is the exception. Its *Clinical Practice Guidelines for the Management of Overweight and Obesity for Adults, Adolescents and Children* avoid setting a prescriptive approach, emphasising flexibility instead.[65] The guidelines place responsibility on healthcare professionals to interpret the evidence and tailor interventions with patients according to their needs.

Given obesity's link to chronic diseases such as diabetes, heart disease and sleep apnoea, integrating diagnosis and referral into related care pathways is essential. Encouragingly, 15 countries have mechanisms to detect people living with obesity through pathways for multiple chronic diseases, while Rwanda and South Africa do so for a single condition. Such integration helps to close care gaps and ensures coordinated management. However, in several cases, obesity guidance is embedded in other disease frameworks rather than in dedicated obesity guidelines. For example, in India and South Africa obesity management recommendations sit within diabetes care guidelines. Although this extends reach, it stops short of treating obesity as a chronic disease in its own right.



Integrating obesity care into NCD pathways: United Arab Emirates

The UAE ranks second on the Index's "obesity management" pillar, standing out for embedding obesity diagnosis and management within broader care pathways for non-communicable diseases. The *National Clinical Guidelines for Weight Management and Prevention of Adulthood Obesity* set out clear, evidence-based guidance on assessment, nutrition, physical activity, psychological support, medication and surgery.[66] Developed by a national taskforce of medical and academic experts, the guidelines draw on local and international research to assess the clinical and cost-effectiveness of key interventions. They also link obesity care to the diagnosis and management pathways of related conditions such as type 2 diabetes, cardiovascular disease and sleep apnoea, promoting more coordinated, whole-person care.

To strengthen care, countries need obesity-specific, evidence-based guidelines that are regularly updated and include clear referral pathways. They must be backed by funding, practical support for implementation, monitoring and strong uptake among clinicians.

Access to comprehensive obesity care remains uneven

As countries confront rising obesity rates, a range of evidence-based treatments are available—from medications and surgical interventions to therapies that address the psychological dimensions of prevention and management. These approaches can improve outcomes, but only if access is equitable for those who need them.

Four main forms of obesity care are recognised: nutrition counselling, intensive behavioural therapy, obesity medications, and metabolic or bariatric surgery. For some people living with obesity, tailored approaches such as nutrition support and behavioural therapy aid prevention and management. For others, combining diet, physical activity, medications and surgery can be transformative. The "right" interventions depend on individual circumstances and risk factors.

Figure 4: The primary forms of obesity care

Nutrition counselling

Nutrition counselling is a collaborative process in which a registered dietitian or nutritionist works with individuals to create tailored nutrition plans that support healthy weight management and improve overall wellbeing. It includes assessing eating habits, setting goals and providing ongoing support to facilitate lasting lifestyle changes.

Behavioural therapy

Behavioural therapy for obesity supports individuals in changing their eating and exercise habits through guided support, with the goal of achieving weight loss and sustaining long-term lifestyle changes.

Obesity medications

Obesity medications are prescription drugs that aid individuals in weight loss and management through various mechanisms, such as appetite suppression, enhancing feelings of fullness, reducing fat absorption and increasing energy expenditure.

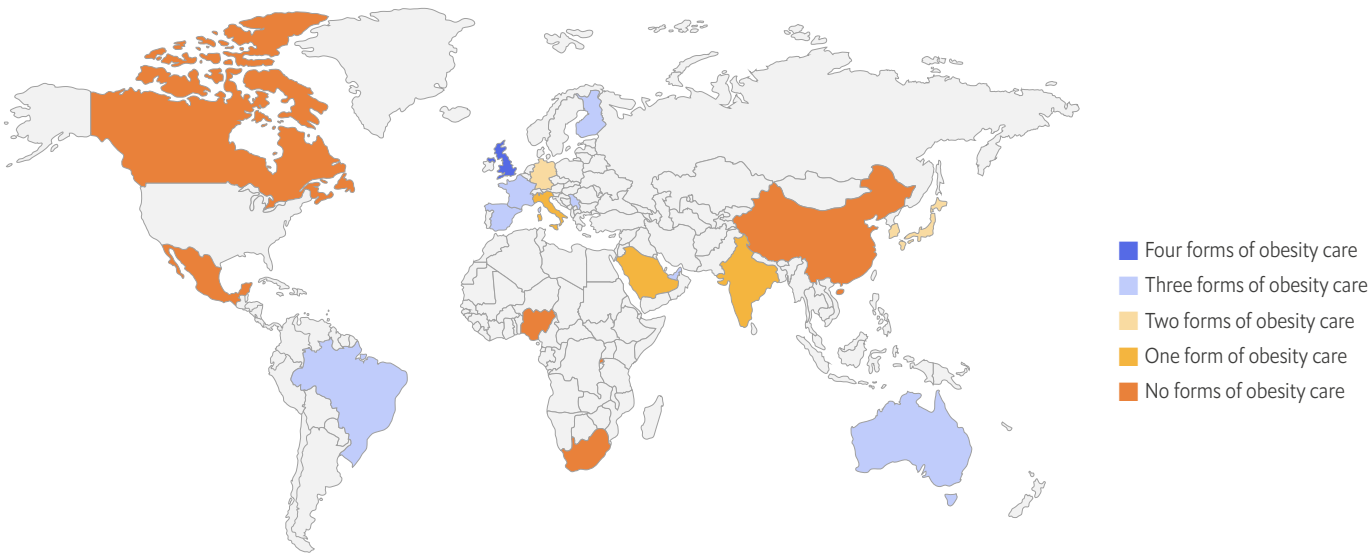
Bariatric surgery

Bariatric surgery (also known as weight-loss or metabolic surgery) encompasses a range of procedures that help individuals with obesity to lose weight by altering the digestive system—typically by limiting food intake, reducing nutrient absorption, or modifying hormonal signals related to hunger and satiety. Common procedures include gastric sleeve, gastric bypass and adjustable gastric band.

Public insurance coverage helps to make care affordable, but it does not guarantee availability and accessibility. Only the UK covers all four forms of care through its public insurance scheme, the National Health Service, giving patients no- or low-cost access to management interventions. Yet coverage on paper differs from access in practice. For example, between 2007 and 2020 only 3% of adults living with overweight or obesity in England received a referral to weight management services.[67] Elsewhere, seven countries cover three forms of obesity care, while six cover only one or two. Another six—Canada, China, Mexico, Nigeria, Rwanda and South Africa—lack national-level coverage altogether, although some offer support at state or provincial levels in decentralised health systems. Looking at types of care, 14 countries cover metabolic or bariatric surgery, eight fund nutrition counselling, eight cover intensive behavioural therapy, and only four fund obesity medications.

Even where coverage exists, practical barriers remain. Long waits, staff shortages and limited facilities mean that many patients miss out on timely care. Rising treatment costs also deter access, particularly where insurance systems are underfunded or medications are not widely available or publicly negotiated. For example, in South Africa four in five people depend on public healthcare, yet no form of obesity care is fully covered.[68] Access is mostly confined to those with private insurance, often at prohibitive prices. Innovation holds great promise for improving obesity care, but it also risks deepening inequality

Figure 5: Lacking coverage
Obesity care coverage through public health insurance schemes



Source: Economist Impact

because of high prices and limited reach—particularly in lower-income countries.[69] To ensure that progress benefits everyone in need, policymakers must tackle these barriers and find scalable, affordable ways to make effective obesity care accessible worldwide.

Expanding specialist training can strengthen capacity to deliver up-to-date care, but investment and planning take time. "The public healthcare system [in South Africa] is under a lot of strain financially and in terms of resources," says Jeanne Lubbe, consultant surgeon at Tygerberg Hospital and University of Stellenbosch. "But in the last five years we have trained and accredited three academic centers to perform bariatric surgery."

Broader, better-funded public insurance coverage—paired with efforts to shorten waits and train specialists—would help countries to reduce entrenched health inequalities and support national efforts to narrow obesity-related disparities, particularly among low-income and minority populations.

Actionable steps to strengthen obesity care and coverage

To build more integrated and equitable systems for obesity management, countries should:

- adopt obesity management guidelines developed through evidence-based reviews and expert input;
- assess the cost- and clinical-effectiveness of recommended interventions within obesity management guidelines to ensure value for patients and health systems;
- map clear clinical pathways within obesity management guidelines that link obesity care with related chronic diseases; and
- expand public insurance coverage to include comprehensive obesity care, ensuring that cost is not a barrier to access.

Closing the global nutrition gap: addressing hunger and promoting healthier habits

In 2022 an estimated 2.8bn people worldwide could not afford a healthy diet

Source: FAO

Many countries still face challenges in making healthy food accessible and affordable for all

Ensuring universal access to healthy, affordable food remains a major public health and equity challenge. Nutritious diets are essential not only for preventing and managing obesity but also for supporting long-term physical, cognitive and social wellbeing. Yet millions of people still struggle to access such diets, particularly in low-income and remote communities where financial hardship, weak infrastructure and environmental pressures combine to drive food insecurity.

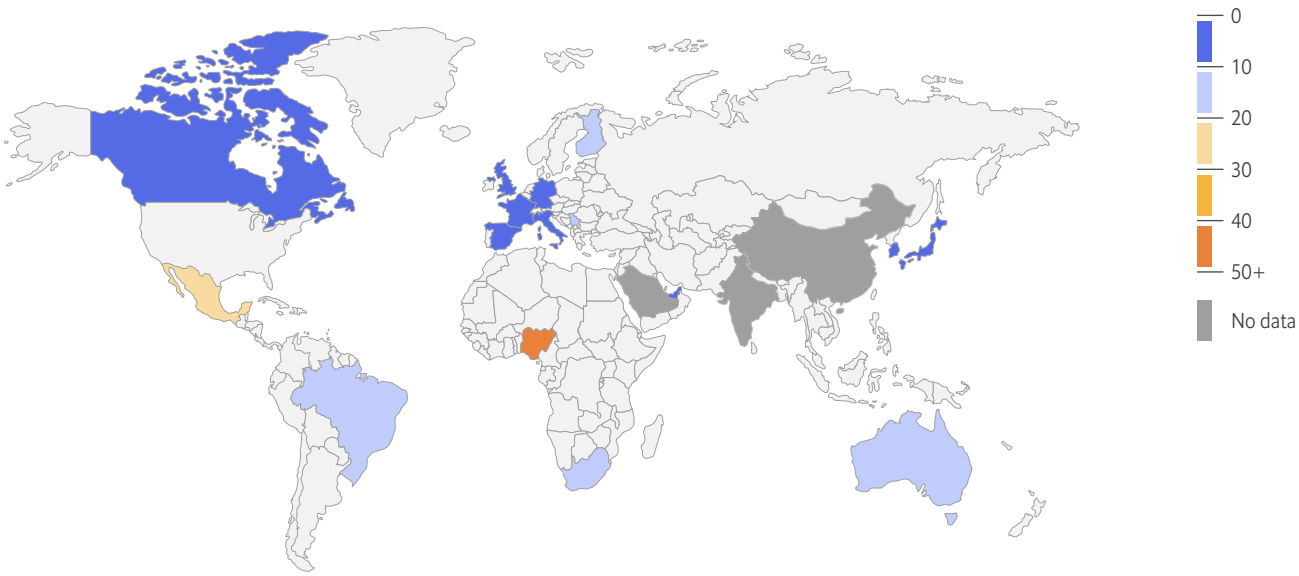
The scale of the challenge is stark. In 2022 an estimated 2.8bn people worldwide could not afford a healthy diet, revealing a deep gap between food production and fair access.[70] This problem is not limited to developing countries; even in high-income nations, food insecurity persists among vulnerable groups.[71]

"It's often cheaper to buy highly processed foods," says Mike Freelander MP, federal member for Macarthur in Australia's House of Representatives. "People in lower socioeconomic groups simply can't afford fresh food."

Structural and environmental drivers—including income inequality, volatile food prices, climate change and urban-rural divides—compound the problem. In Australia, for example, around 13% of the population faces food insecurity.[72] Indigenous Australians and people in remote areas are disproportionately affected, with economic hardship, geographic isolation and climate shocks worsening their vulnerability.[73]

Governments are increasingly acting to close these nutrition gaps. Fourteen of the 20 Index countries assessed have introduced national programmes to improve food access for low-income groups through subsidies, targeted nutrition support and community-based interventions. These efforts reflect growing recognition that equitable access to healthy food is not a matter of individual responsibility, but a collective priority that requires structural solutions.

Figure 6: Unequal access
Population living with food insecurity (%, 2021-23)



Source: FAO, IFAD, UNICEF, WFP and WHO

Providing targeted nutrition support: Germany

Germany has taken steps to ensure its population has sufficient nutrition, scoring 98 out of 100 on the "food access and affordability" sub-pillar of the Index. Almost all Germans are food secure (96%) and can afford nutritious food (98%).[74,75] To close remaining gaps, the government launched cash-assistance programmes in the 2024 *Good Food for Germany—Federal Government Food and Nutrition Strategy* to help children from low-income families access healthy meals.[76]

Linking nutrition to national development: India

Obesity prevention in India is largely integrated into national nutrition planning, reflecting the country's dual challenge of undernutrition and rising obesity. Experts note that India's nutrition reforms are closely tied to its broader development vision—recognising that better nutrition underpins human capital and progress towards achieving the goals of *Viksit Bharat 2047*, India's plan to become a developed country by 2047.[77]

Building healthier, more resilient societies will require sustained investment in inclusive food systems and stronger social protections. Expanding financial support and targeted assistance for disadvantaged populations can ensure that everyone can afford and access nutritious food, embedding equity at the core of obesity prevention and reducing the wider burden of diet-related disease.

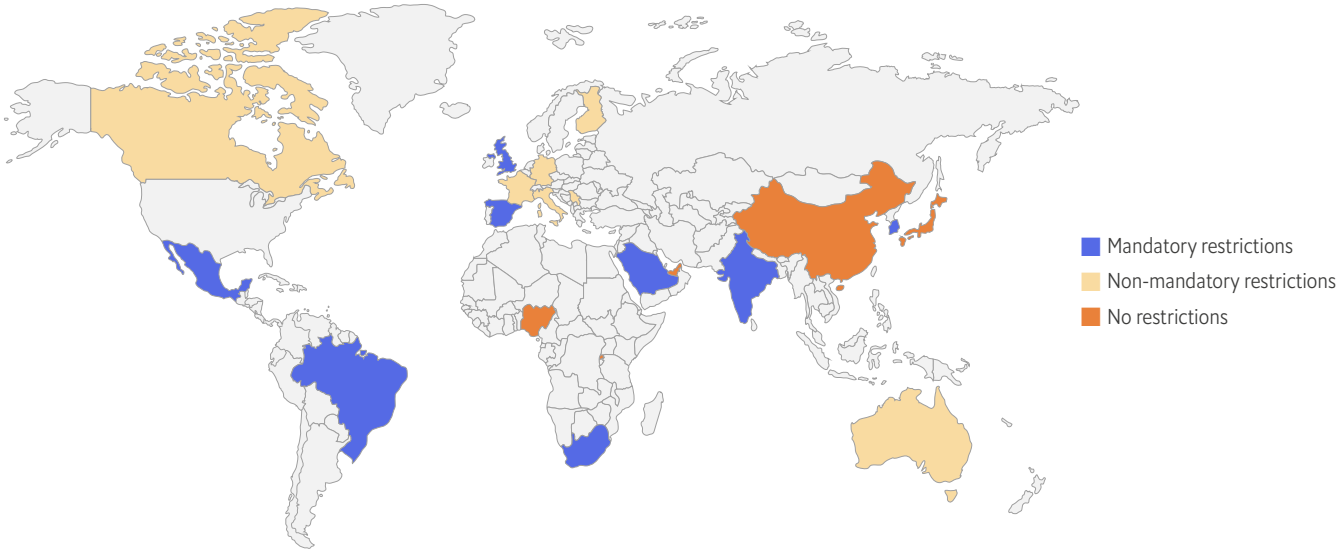
Governments can shape dietary choices by restricting the marketing of unhealthy foods

Regulating how unhealthy foods are marketed—particularly to children—is one of the most powerful ways that governments can influence diets. With childhood obesity rising globally, policymakers are recognising the impact of advertising for foods high in sugar, salt and fat The WHO warns that children are especially vulnerable to persuasive marketing, which can shape eating habits early and increase the risk of lifelong health problems.[78]

Curbing junk food marketing to children: South Africa

South Africa has introduced wide-ranging restrictions on the marketing of unhealthy foods to children. Through the Advertising Regulatory Board's Food and Beverage Code, the country enforces mandatory limits on how food and drink are advertised to young audiences. The Code, introduced in 2018, bans advertisements that encourage poor nutritional habits or unhealthy lifestyles and prohibits the marketing of unhealthy foods to children aged 12 and under.[79] Despite these efforts, exposure to junk food advertising remains high. *The Strategy for the Prevention and Management of Obesity in South Africa 2023-2028* reports that children continue to see far more marketing for unhealthy foods than for nutritious options during peak viewing hours.[80] Rising concern has prompted 22 civil-society organisations to call for stronger enforcement.[81]

Figure 7: Healthy starts
Restrictions on the marketing of unhealthy foods and drinks to children



Source: Economist Impact

"Schools need curricula that destigmatise obesity and build health literacy. We've done it for mental health; obesity care is still far behind."

Sanjeev Sockalingam, scientific director at Obesity Canada

In response, many governments have introduced restrictions on unhealthy food marketing. Progress, though, remains uneven. Eight countries in the Index (Brazil, India, Mexico, Saudi Arabia, South Africa, South Korea, Spain and the UK) have adopted mandatory rules limiting the marketing of unhealthy foods and drinks to children. Another seven countries rely on voluntary, industry-led approaches, while five—China, Japan, Nigeria, Rwanda and the UAE—have yet to implement any restrictions.

This variation reveals both policy momentum and major gaps. Evidence shows that voluntary codes are inconsistently applied and less effective than mandatory regulation.[82] Criticism of tighter rules often appeals to consumer choice, yet, as Kathryn Williams, endocrinologist and conjoint senior lecturer at the University of Sydney notes, "We do need some protection from the food industry because it's got a lot to answer for." Strong, enforceable marketing restrictions are essential to create healthier food environments, protect children from harmful advertising and prevent the early formation of unhealthy habits. Ultimately, regulating food marketing is not about limiting consumer freedom—it is about protecting children's health and shaping a fairer food system for future generations.

Starting early with nutrition education: Japan

Japan shows what can happen when food education is treated as a national priority. Nutrition and health are woven through the school curriculum and taught by trained professionals such as licensed nutrition teachers or school nurses. From early childhood onwards, students learn about balanced diets, hygiene and physical wellbeing through an approach rooted in the *shokuiku* (food education) philosophy, which aims to build practical knowledge and positive habits early, linking classroom learning to applicable skills for life.[83]

Teaching good food habits early pays lifelong dividends

Schools play a vital role in teaching healthy behaviours from a young age—whether in the classroom, playground or lunchroom. The habits that children form often continue into adulthood, influencing long-term health outcomes. Encouragingly, 16 of the 20 countries assessed require public schools to teach nutrition. Yet what students learn, and how much they learn, varies greatly between countries. "Schools need curricula that destigmatise and build health literacy in obesity. We've done it for mental health; obesity care is still far behind," says Sanjeev Sockalingam, scientific director at Obesity Canada. Many students still leave school with little understanding of the relationship between nutrition and health—a missed opportunity to strengthen nutrition literacy and build healthier futures for the next generation.

Nutrition labelling remains a key way to educate consumers about their choices, but many countries have yet to mandate front-of-package regulations

Clear nutrition labelling is one of the simplest tools for helping consumers make healthier dietary choices. By displaying calories and levels of sugar, salt and fat, labels allow people to compare products and make informed decisions at a glance.

According to the Global Food Research Programme, "Front-of-package (FOP) labels are an evidence-based policy tool, backed by decades of research showing that they can effectively nudge consumers towards healthier foods and drinks while also encouraging industry to improve the nutritional profile of the products they sell."[84] Yet among the countries included in the Obesity Response Index, only Brazil, Canada and Mexico require FOP labels. All other countries mandate some form of nutrition labelling but place it less prominently, limiting its impact.

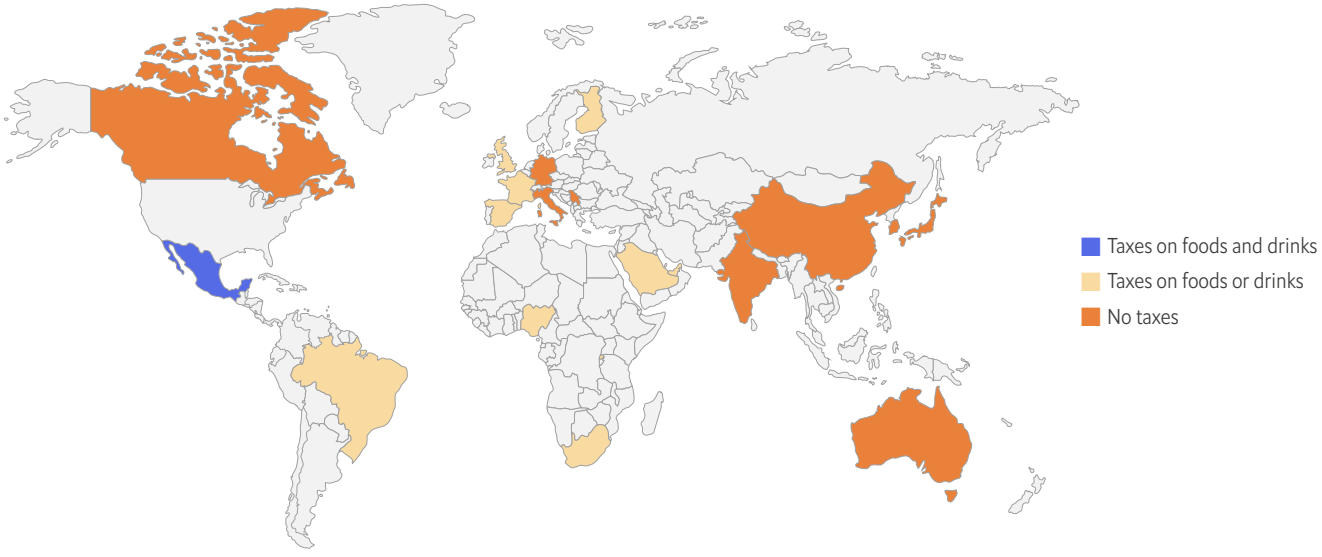
The same is true for menus. Labelling in restaurants can guide healthier choices and encourage meal reformulation, but only five countries—Finland, India, Saudi Arabia, South Korea and the UK—require it.

Strengthening labelling laws, both on packaged foods and menus, is a cost-effective step that empowers consumers to make choices to improve their diet and supports healthier food environments.

Taxation on unhealthy foods and beverages remains underused

Fiscal policy can play a powerful role in shaping food environments. In guidelines published in 2022, the WHO recommends taxing sugar-sweetened beverages (SSBs) to discourage their consumption, describing SSB taxes as "a win-win-win strategy: a win for public health (and averted healthcare costs), a win for government revenue, and a win for health equity".[85] In 2024 the WHO issued further guidance on using taxes and incentives to address unhealthy foods.[86] By raising the cost of products high in sugar, fat, salt or calories, excise taxes can discourage consumption, prompt companies to reformulate products and generate public revenue for public health programmes.[87,88]

Figure 8: Taming the sugar rush
Taxes on unhealthy foods and drinks



Source: Economist Impact

Using fiscal policy to shift consumer behaviour: Mexico

Since 2014, Mexico has levied a tax on sugary drinks (initially of one peso—US$0.05—per litre) and an 8% tax on calorie-dense, non-essential foods.[89] Evidence shows impact: purchases of sugary drinks fell by an average of 7.6% in the first two years, and purchases of taxed foods dropped by 6%.[90,91] The tax on sugary drinks was raised from Ps1.64 to Ps3.08 (US$0.17) per litre in the 2026 budget. Tax revenue will go to a health fund that supports several initiatives, such as a media campaign to discourage consumption of sugary drinks and promote healthier habits.[92]

Adoption, however, remains limited. Of the 20 countries assessed, only Mexico has introduced national taxes on both unhealthy foods and drinks. Ten countries tax one or the other, while nine have no such measures in place at the national level. In some cases, local governments have introduced regional or municipal taxes where national action is absent.

When well designed and enforced, such fiscal measures can shift consumer behaviour, support healthier industry practices and provide funding for programmes in other public health initiatives. However, without wider adoption their potential to reduce obesity and diet-related disease will remain largely untapped.

Actionable steps to build healthier food environments

To improve food quality and access, countries should:

- increase food security by implementing targeted nutrition programmes for vulnerable populations and by building more robust food systems;
- update national nutrition policies to address both rising obesity rates and malnourishment, with a focus on equity and vulnerable communities;
- restrict the marketing of unhealthy foods and drinks to children and integrate nutrition education into school curricula;
- mandate front-of-package labelling and require nutrition information on menus to help consumers make informed choices; and
- adopt evidence-based fiscal measures—such as taxes on unhealthy foods and drinks—to discourage consumption and fund public health initiatives.

Getting moving: bridging the global physical activity gap

Countries are stepping up efforts to promote exercise and active living as part of a broader strategy to improve public health

Daily physical activity is one of the most effective ways to maintain a healthy weight and live a longer, healthier life. Regular movement improves cognitive function, cardiometabolic health and mental health, and reduces the risk of developing conditions like heart disease, stroke, diabetes, obesity and dementia.[93,94]

Global health authorities stress the importance of weaving movement into everyday life. The WHO recommends that adults engage in at least 150 minutes of moderate or 75 minutes of vigorous physical activity each week, along with muscle-strengthening activities on two or more days.[95] Yet in 2022 nearly one in three adults worldwide failed to meet these guidelines, underscoring the urgent need for supportive environments that make active living easier and more accessible.[96]

Some countries in the Index are leading the way. Brazil, Canada, Finland, Germany, South Africa and South Korea have launched comprehensive physical activity strategies that go beyond individual behaviour change to reshape daily routines. These plans promote active travel—such as walking, cycling and public transit—while seeking to reduce car dependence. Another eight countries have taken steps in this direction, though their efforts are narrower, focusing on either encouraging active travel or discouraging car use.

But strategies alone are not enough. Success depends on embedding physical activity into the systems that shape people's lives—urban planning, transport, education and work. Implementation requires investment in safer cycling and walking infrastructure, coordination across ministries, and ongoing monitoring to ensure impact. In India, for instance, the Ministry of Housing and Urban Affairs is investing in infrastructure that supports active mobility, notes Deepika Anand, nutrition specialist for the Health, Nutrition & Population Global Practice at the World Bank. In Rwanda, Kigali's car-free days on the first and third Sunday of each month have boosted community engagement and awareness.[97] By promoting safe, accessible pathways for active travel, countries can make cities more safe and liveable while nudging citizens towards physical activity. In turn, these improvements could yield broader health benefits, including for cardiovascular health. Together, these co-benefits underscore that obesity prevention through physical activity is most effective when embedded within broader urban and public health goals.

Putting change in motion: South Korea

South Korea scores 100 out of 100 on the "physical activity among the population" sub-pillar of the Index. To promote physical activity, the country has taken steps to encourage the population to be more active and integrate physical activity into daily life. The *2025 Community Integrated Health Promotion Project Guide—Physical Activity* sets out strategies to make daily movement easier by improving pavements, bike paths and other activity-friendly infrastructure, while encouraging active travel and reducing car use.[98]

Countries are taking steps to get students moving but mandates remain limited and uneven

Regular exercise supports healthy growth, strengthens bones and muscles, enhances cardiovascular fitness and reduces body fat.[99] Beyond its physical benefits, it also boosts concentration, academic performance and emotional wellbeing.[100,101]

Schools are central to shaping healthier futures by embedding movement into children's daily routines. The WHO recommends at least 60 minutes of physical activity a day for children, yet China is the only country in the Index to meet this standard through national school mandates.[102] Although 17 countries require some form of school-based exercise, others—including Nigeria, Saudi Arabia and the UK—have no national requirement, leaving many students without guaranteed opportunities to be active.

Building healthier habits and providing more supportive infrastructure: China

China is the only country assessed that meets the WHO's recommendation of at least 60 minutes of daily physical activity for children. Government policy mandates one hour of physical activity during school and another hour after school each day, embedding activity in daily routines from an early age.[103] The government's Weight Management Year campaign, launched in 2024, extends that focus across society.[104] Led by the National Health Commission and 16 other government departments, it seeks to create supportive settings for healthier living at school, at work and at home. Families are encouraged to join "10,000 Steps Challenge" and "Healthy Towns, Healthy Weight" activities, and workplaces must offer time and space for exercise.

Expanding and enforcing school-based physical activity is one of the most effective ways to ensure that all children—regardless of background—have access to regular exercise. Implementation must go beyond mandates: schools need to protect time for physical activity so that it is not sidelined by academic pressures. Making movement a daily part of education helps to build healthier habits, sharper minds and stronger learning outcomes.

Actionable steps to expand access to physical activity

To promote active living and expand access to physical activity, countries should:

- encourage active mobility by adopting policies that prioritise walking, cycling and other forms of daily movement while reducing car dependence; and
- mandate and enforce daily physical activity in schools, ensuring that students receive at least 60 minutes of exercise a day, in line with WHO recommendations.

Conclusion: from policy to action

"Through education and greater awareness, we can begin to shape how people think about obesity."

Linong Ji, director of the Department of Endocrinology and Metabolism at Peking University People's Hospital and head of the Peking University Diabetes Centre

Obesity has become one of the century's most urgent health and economic challenges. Its prevalence has more than doubled among adults and quadrupled among adolescents since 1990, with over 1bn people worldwide living with the disease.[105] Without decisive action, the human and financial costs will keep rising, undermining health systems.

The Obesity Response Index reveals a stark truth: even where sound policies exist on paper, action often remains fragmented, underfunded and uneven, limiting progress in reducing obesity prevalence. Few countries have comprehensive strategies for prevention and management with clear targets and stable funding. Many still lack coordination across sectors or measurable outcomes. Stigma continues to limit equitable access to holistic care; nutritious food remains unaffordable for billions; and opportunities for physical activity—especially in schools—go untapped.

The challenge lies not only in awareness but in implementation. Strong frameworks are a start, but progress depends on how well they are put into practice. Governments must recognise obesity as a public health priority to be tackled via comprehensive national strategies, sustained investment and accountability. This means ensuring access to evidence-based obesity care, reshaping food environments to make nutritious food more affordable and accessible, and promoting daily physical activity through schools, transport and urban design. "Through education and greater awareness, we can begin to shape how people think about obesity," says Linong Ji, director of the Department of Endocrinology and Metabolism at Peking University People's Hospital and head of the Peking University Diabetes Centre.

There are lessons to follow. Brazil draws on lived experience in its obesity strategies; the UK leads on coverage of evidence-based obesity care; India and Saudi Arabia restrict the marketing of unhealthy foods to children and require nutrition labelling on menus; Brazil, Canada and Mexico mandate front-of-package nutrition labels; Mexico also levies a tax on both unhealthy foods and drinks; and China alone meets the WHO recommendation of 60 minutes of daily activity for children.

Yet no country has a complete response. Now is the time for countries to use the Obesity Response Index to identify gaps, share best practices and prioritise a holistic, inclusive response to obesity. The question is no longer whether to act, but whether countries will do so with the urgency and consistency that this global challenge demands.

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