ECONOMIST ENTERPRISE

The Obesity Response Index: country profiles

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Australia

Obesity is becoming an increasingly urgent public health concern around the world. One in eight adults and one in ten children and adolescents live with obesity.[1,2] Without adequate policy intervention, the share of the population living with obesity could reach one in four by 2035.[3]

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively.

Economist Enterprise's Obesity Response Index, supported by Eli Lilly and Company, assesses national efforts to prevent and manage obesity. It uses 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. The Index highlights where policy intervention is needed globally and in each country, and where countries can learn from each other.

This profile highlights some of the actions Australia is taking to address obesity.

Score
58.8/100

Rank
10/20

Pillar scores:	
Policy and governance	57.9/100
Obesity management	75/100
Food quality and access	60.4/100
Physical activity	41.7/100

Background indicators:	
Adult obesity prevalence (estimated, %)	31.7[4,5]
Childhood obesity prevalence (estimated, %)	8.3[6,7]
GDP per capita (US$)	64,547[8]
Healthcare spending per capita (US$)	6,980[9]

Country overview

Obesity-related policy

Australia has a strong policy framework anchored by the *National Preventive Health Strategy 2021-2030* and the *National Obesity Strategy 2022-2032*.[10,11] Both define obesity as a chronic disease linked to cancer, diabetes and heart disease. The obesity strategy sets long-term targets to reduce adult obesity and cut childhood rates by 5% by 2030. It outlines comprehensive measures for prevention and management, addresses stigma, and focuses on vulnerable groups including Aboriginal and Torres Strait Islander peoples and LGBTQ+ communities.[12] However, it lacks a dedicated budget for implementation.

Obesity management and access to care

National clinical guidelines on overweight and obesity take a systematic, evidence-based approach, assessing both the clinical and cost-effectiveness of interventions.[13] Medicare, the public insurance scheme, covers three of the four main forms of obesity care: metabolic and bariatric surgery, nutrition counselling, and intensive behavioural therapy (obesity medications are not covered).[14]

Nutrition regulation and access to nutritious food

States enforce nutrition standards for school meals, and nutrition education is part of the national curriculum.[15,16] However, Australia lacks an up-to-date national nutrition policy. Front-of-pack nutrition labels under the voluntary Health Star Rating system remain optional, and food marketing restrictions for children are industry-led.[17,18] Fiscal tools such as a sugary-drinks tax have been debated but not adopted.[19,20]

Physical activity promotion

Promotion of physical activity rests largely with states. Most state strategies encourage activity but stop short of setting clear measures for obesity prevention and management.

Brazil

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This profile highlights some of the actions Brazil is taking to address obesity.

Score
72.4/100

Rank
3/20

Pillar scores:	
Policy and governance	52.9/100
Obesity management	91.7/100
Food quality and access	78.5/100
Physical activity	66.7/100

Background indicators:	
Adult obesity prevalence (estimated, %)	36.3[21,22]
Childhood obesity prevalence (estimated, %)	15.5[23,24]
GDP per capita (US$)	9,964[25]
Healthcare spending per capita (US$)	1,010[26]

Country overview

Obesity-related policy

Brazil's *Obesity Prevention Strategy 2024-2034* takes a whole-of-society approach, addressing food environments, breastfeeding, child nutrition and stigma. Developed through broad consultation, it is the only national plan assessed in the Obesity Response Index to include people with lived experience of obesity.[27] However, it lacks measures for obesity management, specific prevalence-reduction targets and a dedicated budget for its implementation. The Ministry of Health was also notably absent from its development.

Obesity management and access to care

The Ministry of Health has issued evidence-based protocols for adults and a primary care manual that set clear pathways for obesity diagnosis and referral, integrating obesity management into diabetes, hypertension and sleep apnoea care.[28,29] Brazil's public health system, the Sistema Único de Saúde (SUS), covers three of the four main forms of obesity care: metabolic and bariatric surgery, nutrition counselling, and intensive behavioural therapy (obesity medications are not covered).[30]

Nutrition regulation and access to nutritious food

Food and nutrition policy is well developed. Front-of-pack nutrition labels are mandatory, unhealthy food marketing to children is restricted and sugar-sweetened beverages are taxed.[31,32,33] However, menu labelling is not required, and taxes apply only to sugary drinks, not unhealthy foods.[34,35]

Physical activity promotion

Brazil promotes physical activity through *Bicicleta Brasil*, which encourages cycling; the *Health Academy Programme*, which integrates activity into SUS services; and the *Physical Activity Guide*, which links exercise to weight control.[36,37,38] Physical education is compulsory in all public schools, but there is no daily minimum for activity time.[39]

Canada

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This profile highlights some of the actions Canada is taking to address obesity.

Score
47.9/100

Rank
15/20

Pillar scores:	
Policy and governance	20/100
Obesity management	50/100
Food quality and access	63.2/100
Physical activity	58.3/100

Background indicators:	
Adult obesity prevalence (estimated, %)	33[40,41]
Childhood obesity prevalence (estimated, %)	11.1[42,43]
GDP per capita (US$)	53,558[44]
Healthcare spending per capita (US$)	6,187[45]

Country overview

Obesity-related policy

Health Canada recognises obesity as a chronic disease linked to type 2 diabetes, heart disease and cancer.[46] However, Canada has no dedicated obesity strategy; the last national plan, focused on childhood obesity, dates back to 2010.[47] Weight is not a protected category under discrimination law.[48]

Obesity management and access to care

Clinical guidance is strong: in 2020 Obesity Canada and the Canadian Association of Bariatric Physicians and Surgeons issued evidence-based clinical practice guidelines setting clear pathways and assessing both clinical and cost-effectiveness of interventions.[49] Insurance coverage for obesity care varies by province, with some excluding metabolic and bariatric surgery or obesity medications.

Nutrition regulation and access to nutritious food

Canada mandates front-of-pack warning labels for foods high in sugar, salt and saturated fat.[50] Programmes such as *Nutrition North Canada* and *Market Greens* subsidise fresh produce for low-income and northern communities.[51,52] However, federal menu-labelling rules are absent, though some provinces require calorie counts. School food standards are advisory, and a federal bill to restrict marketing of unhealthy foods to children has stalled in Parliament.[53,54]

Physical activity promotion

Canada promotes physical activity through the *National Active Transportation Strategy 2021-2026* and a C$400m (US$287m) fund to promote walking and cycling.[55]

China

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This profile highlights some of the actions China is taking to address obesity.

Score
63.1/100

Rank
8/20

Pillar scores:	
Policy and governance	52.5/100
Obesity management	61.1/100
Food quality and access	63.6/100
Physical activity	75/100

Background indicators:	
Adult obesity prevalence (estimated, %)	16.4[56,57]
Childhood obesity prevalence (estimated, %)	7.9[58,59]
GDP per capita (US$)	13,687[60]
Healthcare spending per capita (US$)	763[61]

Country overview

Obesity-related policy

China's *Weight Management Years Campaign* sets measures promoting healthier diets, physical activity and weight control across the population.[62] It highlights the needs of vulnerable groups including pregnant women, young children and older adults. However, China has not allocated a dedicated budget for obesity policy and does not address stigma or weight-based discrimination.[63]

Obesity management and access to care

Evidence-based obesity management guidelines issued in 2024 define obesity as a chronic disease and integrate it into diagnosis and referral pathways for diabetes, heart disease and sleep apnoea.[64] China is also establishing weight management clinics across medical institutions to provide structured, multidisciplinary care for obesity, offering lifestyle-based support and medical supervision from teams of endocrinologists, nutritionists, psychologists and general practitioners.[65] However, public health insurance excludes obesity care unless linked to another disease, limiting access.[66]

Nutrition regulation and access to nutritious food

Public schools implement national nutrition standards for meals and provide compulsory nutrition education, while the *Healthy Weight-Management Action Plan* restricts the sale of foods high in sugar, salt and fat on school premises.[67,68,69] Beyond schools, the government provides meal support for low-income elderly groups under its *Action Plan for Developing Meal Assistance Services for the Elderly*.[70] However, fiscal tools such as taxes on unhealthy foods and drinks are absent, front-of-pack nutrition labels remain voluntary, and advertising of unhealthy foods to children is unregulated.[71,72,73]

Physical activity promotion

Through the *Healthy China Action Plan 2019-2030*, China encourages physical activity and sets goals to increase participation.[74] In addition, students must undertake one hour of physical activity during school and one hour after school every day—exceeding the WHO's daily 60-minute target.[75]

Finland

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This profile highlights some of the actions Finland is taking to address obesity.

Score
66.8/100

Rank
5/20

Pillar scores:	
Policy and governance	52.5/100
Obesity management	91.7/100
Food quality and access	73/100
Physical activity	50/100

Background indicators:	
Adult obesity prevalence (estimated, %)	28.3[76,77]
Childhood obesity prevalence (estimated, %)	12.6[78,79]
GDP per capita (US$)	54,163[80]
Healthcare spending per capita (US$)	5,515[81]

Country overview

Obesity-related policy

Finland names obesity a priority in the *2024 For Health—National Health and Wellbeing Programme*, which also includes measures to reduce stigma.[82] Discrimination based on "state of health" is banned under the *Non-discrimination Act*, though obesity is not listed explicitly.[83] Finland has no current obesity strategy; its last dedicated programme ended in 2018.[84,85]

Obesity management and access to care

Clinical management is a strength. The *Current Care Guideline*, issued by the Finnish Medical Association Duodecim in 2025, defines obesity as a chronic disease and sets evidence-based recommendations for lifestyle therapy, medications and surgery.[86] Obesity diagnosis and referral are integrated into care pathways for diabetes, hypertension and sleep apnoea, with publicly funded centres offering multidisciplinary services.[87,88,89,90]

Nutrition regulation and access to nutritious food

Food policy is strong: nearly all Finns can afford a healthy diet, free school meals are universal and nutritionally regulated, and nutrition education runs from preschool to secondary school.[91,92,93] Menu labelling is mandatory, and a soft-drink tax is in place.[94,95] However, front-of-pack nutrition labels remain voluntary.[96]

Physical activity promotion

Finland promotes physical activity through national policies encouraging active transport and reduced car use.[97,98,99] However, school activity requirements fall short of the WHO's 60-minute daily target for children.[100]

France

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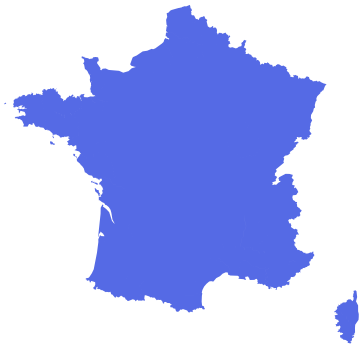
This profile highlights some of the actions France is taking to address obesity.



Score
74.3/100

Rank
2/20

Pillar scores:	
Policy and governance	62.5/100
Obesity management	86.1/100
Food quality and access	82.1/100
Physical activity	66.7/100

Background indicators:	
Adult obesity prevalence (estimated, %)	18.1[101,102]
Childhood obesity prevalence (estimated, %)	4.1[103,104]
GDP per capita (US$)	46,792[105]
Healthcare spending per capita (US$)	5,149[106]

Country overview

Obesity-related policy

France's draft *National Health Strategy 2023-2033* defines obesity as a chronic disease linked to diabetes, cancer and heart disease.[107] Anti-discrimination law protects "physical appearance" and "health status", with a 2019 ruling extending this to obesity and "fatphobia".[108,109] However, France has no dedicated obesity strategy: the *Obesity Management Roadmap* expired in 2022 and lacked prevalence-reduction targets, broad prevention measures and a dedicated budget.[110] As of June 2025, the government has committed to publish a new roadmap to be rolled out over five years.

Obesity management and access to care

Clinical management is strong The French Health Authority has issued evidence-based guidelines for adults and children, with clear care pathways integrated into treatment for other chronic diseases such as diabetes and heart disease.[111,112] Public health insurance covers three of the four main forms of evidence-based obesity care: metabolic and bariatric surgery, nutrition counselling, and intensive behavioural therapy (obesity medications are not covered).[113]

Nutrition regulation and access to nutritious food

Nutri-Score, a voluntary front-of-pack label, is widely used and may become mandatory.[114] France levies a tiered tax on sugar-sweetened drinks and bans unlimited refills.[115] However, menu labelling is not required. Commercial advertising during programmes aimed at children under 12 is prohibited, but there is no mandatory ban on marketing unhealthy foods to children.[116]

Physical activity promotion

France promotes physical activity and active transport through national sport and health strategies that include explicit measures for obesity prevention and management.[117,118] Schools require 30 minutes of daily activity for children, half the WHO's 60-minute recommendation.[119]

Germany

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This profile highlights some of the actions Germany is taking to address obesity.

Score
64.9/100

Rank
6/20

Pillar scores:	
Policy and governance	60.8/100
Obesity management	77.8/100
Food quality and access	62.6/100
Physical activity	58.3/100

Background indicators:	
Adult obesity prevalence (estimated, %)	19[120,121]
Childhood obesity prevalence (estimated, %)	8.5[122,123]
GDP per capita (US$)	55,911[124]
Healthcare spending per capita (US$)	6,395[125]

Country overview

Obesity-related policy

Germany's main obesity framework, the *IN FORM National Initiative to Promote Healthy Diets and Physical Activity*, launched in 2013 and updated in 2021, sets out preventive measures with a focus on low-income groups, migrants and people with chronic conditions.[126] It is supported by a dedicated budget but lacks measurable prevalence-reduction targets, management provisions and references to stigma.[127,128] Parliament recognised obesity as a disease in 2020, yet the government has not formally adopted this definition.[129]

Obesity management and access to care

The *S3 Guideline on the Prevention and Treatment of Obesity* provides comprehensive, evidence-based recommendations and embeds obesity into referral pathways for chronic diseases such as diabetes, heart disease and sleep apnoea.[130] Statutory health insurance covers two of the four core forms of evidence-based obesity care: intensive behavioural therapy (delivered through digital health applications) and metabolic and bariatric surgery.[131] Obesity medications and nutrition counselling are not covered.

Nutrition regulation and access to nutritious food

The *Food and Nutrition Strategy* commits to nationwide nutrition education and mandatory school meal standards by 2030.[132] Marketing restrictions for unhealthy foods aimed at children under 14 are voluntary.[133] Packaged foods require nutrition labels, but front-of-pack and menu labelling remain optional.[134] No fiscal measures, such as taxes on sugary drinks or unhealthy foods, are in place.

Physical activity promotion

Germany promotes physical activity through the *National Cycling Plan 3.0* and measures under the *IN FORM* initiative.[135,136] Schools must provide opportunities for physical activity, but for less than the WHO's recommended 60 minutes a day.[137]

India

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This profile highlights some of the actions India is taking to address obesity.

Score
36.1/100

Rank
19/20

Pillar scores:	
Policy and governance	26.3/100
Obesity management	25/100
Food quality and access	51.6/100
Physical activity	41.7/100

Background indicators:	
Adult obesity prevalence (estimated, %)	5.2[138,139]
Childhood obesity prevalence (estimated, %)	3.4[140,141]
GDP per capita (US$)	2,878[142]
Healthcare spending per capita (US$)	85[143]

Country overview

Obesity-related policy

India formally recognises obesity as a chronic disease linked to diabetes, hypertension, sleep apnoea and cancer, though it is not prioritised in the *National Health Policy*.[144,145] The 2025 *Strategic Framework for Obesity Prevention* summarises existing initiatives such as *POSHAN Abhiyaan, Fit India* and *Khelo India*.[146] Yet the framework has no measurable targets or dedicated budget.[147] Obesity stigma remains unaddressed, and weight is not recognised as a protected category under law.[148]

Obesity management and access to care

Obesity diagnosis and referral are integrated into clinical pathways for diabetes and cardiovascular disease management.[149,150] However, India lacks national clinical guidelines for obesity care. Public insurance under the *Ayushman Bharat* scheme covers only metabolic and bariatric surgery, with no reimbursement for obesity medications, nutrition counselling or intensive behavioural therapy.[151]

Nutrition regulation and access to nutritious food

Nutrition policy shows progress. The Food Safety and Standards Regulations set robust school food standards, and mandatory menu labelling was introduced in 2020.[152,153] However, nutrition education is not compulsory, front-of-pack labelling remains voluntary and no fiscal measures, such as taxes on unhealthy foods or drinks, are in place.[154,155,156]

Physical activity promotion

Public physical activity campaigns such as *Fit India* promote cycling and other forms of active transport.[157] However, school activity requirements fall short of the WHO's 60-minute daily recommendation for children.[158]

Italy

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This profile highlights some of the actions Italy is taking to address obesity.

Score
63.1/100

Rank
8/20

Pillar scores:	
Policy and governance	52.1/100
Obesity management	69.4/100
Food quality and access	72.3/100
Physical activity	58.3/100

Background indicators:	
Adult obesity prevalence (estimated, %)	10.4[159,160]
Childhood obesity prevalence (estimated, %)	9.8[161,162]
GDP per capita (US$)	41,091[163]
Healthcare spending per capita (US$)	3,283[164]

Country overview

Obesity-related policy

Italy's *National Prevention Plan 2020-2025* identifies obesity as a major driver of chronic disease and promotes prevention across sectors.[165] The *National Policy for the Prevention of Overweight and Obesity*, set out in the *Guidelines for the Prevention and Control of Overweight and Obesity*, defines obesity as a chronic, multifactorial disease and integrates it into diagnostic and therapeutic care pathways, with tailored measures for vulnerable groups such as children, older adults and low-income groups.[166] Parliament approved a motion to recognise obesity as a chronic disease in 2019, and an Obesity Fund was established in 2025 to support future action.[167,168] However, Italy has no specific obesity prevalence-reduction targets and no legal protection against weight-based discrimination.

Obesity management and access to care

Italy's national obesity management guidelines provide evidence-based pathways, with referral systems linking obesity to diabetes, hypertension, cardiovascular disease and sleep apnoea.[169] However, only metabolic and bariatric surgery is reimbursed under the national health system.[170] Nutrition counselling, intensive behavioural therapy and obesity medications are excluded, limiting access to comprehensive care.

Nutrition regulation and access to nutritious food

Italy performs well on food access, with high levels of food security and affordability.[171,172] The *Food Income* programme redistributes surplus food to low-income households, while school nutrition standards and mandatory nutrition education promote healthy diets.[173,174] However, menu and front-of-pack labelling rules are absent, and implementation of a sugar tax has been delayed until 2026.[175]

Physical activity promotion

Italy encourages physical activity through the *National Prevention Plan* and national *Physical Activity Guidelines*.[176,177] School requirements for daily physical activity remain below the WHO's 60-minute recommendation for children.[178]

Japan

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This profile highlights some of the actions Japan is taking to address obesity.

Score
54.4/100

Rank
13/20

Pillar scores:	
Policy and governance	**30/100**
Obesity management	**77.8/100**
Food quality and access	**59.7/100**
Physical activity	**50/100**

Background indicators:	
Adult obesity prevalence (estimated, %)	**26**[179,180]
Childhood obesity prevalence (estimated, %)	**3.1**[181,182]
GDP per capita (US$)	**33,956**[183]
Healthcare spending per capita (US$)	**3,638**[184]

Country overview

Obesity-related policy

Japan's *Health Japan 21* strategy, now in its third term (2024-2032), names obesity reduction as a national priority, with goals to raise the share of adults at a healthy BMI and lower childhood obesity.[185] The *Basic Policy for Comprehensive Promotion of National Health* sets further targets on nutrition and physical activity, though addressing obesity is only one element.[186] Japan recognises 11 obesity-related diseases, including diabetes, heart disease and sleep apnoea, but treats obesity as a risk factor rather than a chronic disease.[187] There is no dedicated budget in place to address obesity, no legal protection against weight-based discrimination and no standalone obesity strategy with measurable targets.

Obesity management and access to care

The *Obesity Management Guidelines 2022*, issued by the Japan Society for the Study of Obesity, provide evidence-based clinical pathways covering diet, behavioural therapy, medication and surgery.[188] National health insurance reimburses obesity medications and metabolic and bariatric surgery but excludes nutrition counselling and intensive behavioural therapy, limiting access to comprehensive care.[189,190]

Nutrition regulation and access to nutritious food

Nutrition education is compulsory in schools and delivered by trained nutrition teachers, while the *School Lunch Intake Standards* ensure meals meet age-specific dietary needs.[191,192] Packaged foods must carry nutrition labels, though front-of-pack and menu labelling are not required.[193] Japan has no taxes on unhealthy foods or drinks.

Physical activity promotion

Physical activity is built into *Health Japan 21*, which sets daily step targets and encourages active transport through urban planning. However, schools require only 24-30 minutes of physical activity per day—about half the WHO's 60-minute recommendation for children.[194,195]

Mexico

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This profile highlights some of the actions Mexico is taking to address obesity.

Score
55.3/100

Rank
11/20

Pillar scores:	
Policy and governance	42.5/100
Obesity management	61.1/100
Food quality and access	84.1/100
Physical activity	33.3/100

Background indicators:	
Adult obesity prevalence (estimated, %)	37.1[196,197]
Childhood obesity prevalence (estimated, %)	15.7[198,199]
GDP per capita (US$)	12,692[200]
Healthcare spending per capita (US$)	761[201]

Country overview

Obesity-related policy

Mexico recognises obesity as a chronic disease linked to diabetes, heart disease and cancer.[202,203] However, its *National Strategy for the Prevention and Control of Overweight, Obesity and Diabetes*—last updated in 2013—has lapsed.[204] The 2025 *National Healthy Living Strategy* mentions childhood obesity but lacks wider population measures.[205,206] Legal protection against weight-based discrimination exists under the *Federal Law for the Prevention and Elimination of Discrimination*, which prohibits bias based on "physical or mental health" and "physical appearance", indirectly covering obesity.[207]

Obesity management and access to care

National clinical guidelines for adult obesity management were issued in 2024, offering evidence-based care pathways for managing obesity-related conditions.[208] However, no forms of obesity care are covered under public insurance, limiting access.[209]

Nutrition regulation and access to nutritious food

The *General Law on Sustainable and Adequate Nutrition* mandates nutrition education, regulates food sales in schools and restricts marketing of unhealthy products.[210] Mexico's mandatory front-of-pack warning labels are a global benchmark, and taxes apply to sugary drinks and high-calorie foods.[211,212] School nutrition standards are enforced, while programmes such as *Food for Wellbeing*, *Liconsa* and *Prospera* improve food access for low-income households.[213,214]

Physical activity promotion

Physical activity programmes like *Ponte Pila* and *Muévete* promote sport but do not encourage active transport or reduced car use.[215] Physical education is compulsory in schools but lacks a daily minimum time requirement.[216]

Nigeria

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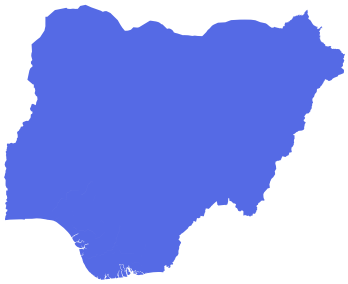
This profile highlights some of the actions Nigeria is taking to address obesity.



Score
13.1/100

Rank
20/20

Pillar scores:	
Policy and governance	22.5/100
Obesity management	0/100
Food quality and access	29.7/100
Physical activity	0/100

Background indicators:	
Adult obesity prevalence (estimated, %)	14[217]
Childhood obesity prevalence (estimated, %)	3.8[218,219]
GDP per capita (US$)	807[220]
Healthcare spending per capita (US$)	62[221]

Country overview

Obesity-related policy

Nigeria's *National Multi-Sectoral Action Plan for the Prevention and Control of Non-Communicable Diseases 2019-2025* identifies obesity as one of four key metabolic risk factors and aims to cut obesity prevalence by a quarter by 2025.[222] The plan calls for reformulation of processed food to reduce salt content, stronger labelling on packaged foods and promotion of physical activity. However, no policies address stigma or protect against weight-based discrimination, and no dedicated budget supports obesity programmes.

Obesity management and access to care

Nigeria has no national obesity management guidelines, clinical pathways or insurance coverage for obesity care. The *Clinical Practice Guidelines for Diabetes Management in Nigeria* note that "weight loss is recommended for all overweight or obese individuals who have or are at risk for diabetes", but they include no diagnosis or referral pathway for obesity.[223]

Nutrition regulation and access to nutritious food

The *National Strategic Plan of Action on Nutrition 2021-2025* recognises rising obesity and sets targets to halve rates among adolescents and adults.[224] Nutrition access is supported by the *National Social Investment Programme*, which provides free school meals and cash transfers.[225] A tax applies to all non-alcoholic, carbonated and sweetened drinks.[226] Nutrition labelling is required on packaged foods, but front-of-pack and menu labelling are not mandated, and marketing of unhealthy foods to children remains unregulated.[227]

Physical activity promotion

There is insufficient evidence of policies promoting physical activity among the general population, and no national requirements for daily physical activity in schools.

Rwanda

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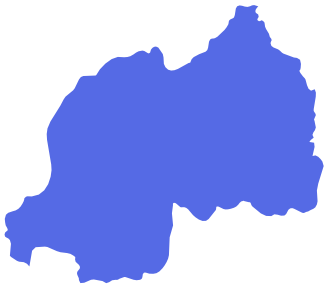
This profile highlights some of the actions Rwanda is taking to address obesity.



Score
39.1/100

Rank
18/20

Pillar scores:	
Policy and governance	21.7/100
Obesity management	47.2/100
Food quality and access	46/100
Physical activity	41.7/100

Background indicators:	
Adult obesity prevalence (estimated, %)	4.3[228,229]
Childhood obesity prevalence (estimated, %)	1.6[230,231]
GDP per capita (US$)	1,043[232]
Healthcare spending per capita (US$)	53[233]

Country overview

Obesity-related policy

Rwanda's *National Strategy and Costed Action Plan for the Prevention and Control of Non-Communicable Diseases 2020-2025* recognises obesity as a risk factor for hypertension, diabetes and cancer, with a goal to keep obesity prevalence at 2.8%.[234] The plan sets out preventive measures including restrictions on trans fats and sugary drinks, public awareness campaigns and promotion of physical activity. However, it lacks a dedicated budget, specific management measures and actions to address stigma or discrimination.

Obesity management and access to care

The *National Non-Communicable Diseases Management Guidelines* include a section on obesity classification, assessment and management, covering lifestyle interventions, medications and surgery.[235] However, the guidelines do not assess the clinical or cost-effectiveness of interventions, and the *Community-Based Health Insurance* scheme does not cover any form of evidence-based obesity care.[236]

Nutrition regulation and access to nutritious food

Rwanda mandates nutrition labelling on packaged foods (though not on the front of packaging) and applies higher taxes on sugary drinks than on natural juices. Programmes such as the *Vision 2020 Umurenge Programme* and the *Home-Grown School Feeding Scheme* improve food access for vulnerable households.[237,238,239,240] Yet Rwanda lacks a current nutrition strategy, has no menu-labelling requirements and does not regulate the marketing of unhealthy foods to children.

Physical activity promotion

Rwanda promotes physical activity through car-free days and transport reforms that encourage walking and cycling.[241] However, schools are required to allocate only 8-16 minutes of physical activity per day—below the WHO's 60-minute benchmark for children.[242]

Saudi Arabia

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This profile highlights some of the actions Saudi Arabia is taking to address obesity.

Score
44.5/100

Rank
16/20

Pillar scores:	
Policy and governance	32.1/100
Obesity management	69.4/100
Food quality and access	43.3/100
Physical activity	33.3/100

Background indicators:	
Adult obesity prevalence (estimated, %)	23.1[243,244]
Childhood obesity prevalence (estimated, %)	14.6[245,246]
GDP per capita (US$)	30,099[247]
Healthcare spending per capita (US$)	1,825[248]

Country overview

Obesity-related policy

Saudi Arabia has two national strategies addressing obesity. The *Obesity Control and Prevention Strategy 2020-2030* takes a life-stages and socio-ecological approach, while the *National Strategy for Diet and Physical Activity 2014-2025* sets measurable targets to reduce overweight, obesity and inactivity.[249,250] Obesity is formally recognised as a chronic disease linked to diabetes, heart disease, stroke, sleep apnea and cancer, among other conditions.[251] However, neither strategy has a dedicated budget for implementation, and stigma and discrimination linked to obesity are not addressed in policy.

Obesity management and access to care

National clinical guidelines issued in 2022 integrate obesity management into chronic disease pathways and set structured algorithms for pharmacological and surgical care.[252] Public insurance covers only metabolic and bariatric surgery, excluding nutrition counselling, intensive behavioural therapy and obesity medications, limiting access to care.[253]

Nutrition regulation and access to nutritious food

School nutrition standards are in place; marketing of unhealthy food to children under 12 is restricted; and menus must display calorie, salt, caffeine and physical activity equivalents.[254,255,256] Saudi Arabia also levies an excise tax on carbonated and sweetened drinks.[257] However, no state-led nutrition programmes support low-income households, and nutrition education is not mandatory in schools.

Physical activity promotion

The Ministry of Education follows WHO guidance recommending 60 minutes of daily activity for students and muscle- and bone-strengthening exercise three times a week.[258] However, schools are not required to implement these standards.

Serbia

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This profile highlights some of the actions Serbia is taking to address obesity.

Score
74.8/100

Rank
1/20

Pillar scores:	
Policy and governance	**95/100**
Obesity management	**86.1/100**
Food quality and access	**59.9/100**
Physical activity	**58.3/100**

Background indicators:	
Adult obesity prevalence (estimated, %)	**20.8**[259,260]
Childhood obesity prevalence (estimated, %)	**12.9**[261,262]
GDP per capita (US$)	**14,174**[263]
Healthcare spending per capita (US$)	**984**[264]

Country overview

Obesity-related policy

Serbia's *National Programme for the Prevention of Obesity in Children and Adults* defines obesity as a chronic disease and aims to raise the share of people with normal bodyweight by 10% by 2025.[265] The strategy takes a life-course approach, including preventive measures like promoting breastfeeding, reforming school and workplace meals, limiting food marketing to children, and setting physical activity targets across age groups. It also strengthens early diagnosis, integrates obesity into primary care and establishes clear clinical pathways. The programme acknowledges social and biological risk factors such as age, race, early-life environment and income, and includes tailored actions for at-risk groups. The *Law on Prohibition of Discrimination* bans discrimination based on health status and appearance, indirectly covering obesity.[266]

Obesity management and access to care

National clinical guidelines issued in 2022 cover lifestyle and pharmacological and surgical care, based on evidence review and expert input.[267] Public health insurance reimburses three forms of obesity care—metabolic and bariatric surgery, certain obesity medications, and nutrition counselling (intensive behavioural therapy is not covered).[268]

Nutrition regulation and access to nutritious food

Nutrition labelling is required on packaged foods, though front-of-pack and menu labelling are not mandated.[269] Marketing restrictions on unhealthy foods for children are voluntary under the *Law on Advertising*, and Serbia levies no taxes on unhealthy foods or drinks.[270] Nutrition support for low-income households is limited to general social protection and Red Cross initiatives.[271]

Physical activity promotion

The National Programme for the Prevention of Obesity in Children and Adults sets measurable goals for physical activity.[272] Schools must provide opportunities for physical activity through classes and sports programmes but for less than the WHO's 60-minute daily recommendation for children.[273,274]

South Africa

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This profile highlights some of the actions South Africa is taking to address obesity.

Score
44.2/100

Rank
17/20

Pillar scores:	
Policy and governance	42.9/100
Obesity management	8.3/100
Food quality and access	75.5/100
Physical activity	50/100

Background indicators:	
Adult obesity prevalence (estimated, %)	32.1[275,276]
Childhood obesity prevalence (estimated, %)	7.1[277,278]
GDP per capita (US$)	6,397[279]
Healthcare spending per capita (US$)	537[280]

Country overview

Obesity-related policy

South Africa's *Strategy for the Prevention and Management of Obesity 2023-2028* sets six objectives covering food environments, physical activity, education, healthcare management, monitoring and evaluation, and policy and legislation.[281] Developed with input from academia, NGOs, civil society and the food industry, the strategy is costed, with actions tied to departmental budgets and additional funding needs. However, it lacks specific prevalence-reduction targets and tailored measures for vulnerable groups.[282] There are no legal protections against weight-based discrimination, and obesity is still described in government framing as a "disease of affluence" rather than a chronic disease.[283]

Obesity management and access to care

National clinical guidelines for obesity management do not yet exist, though their development is a stated policy goal.[284] Obesity care is not integrated into wider chronic disease management beyond diabetes, and the emerging *National Health Insurance* scheme offers no reimbursement for obesity care.[285]

Nutrition regulation and access to nutritious food

The *Health Promotion Levy on Sugary Beverages* introduced a tax on sweetened drinks.[286] Nutrition facts are required on packaged food, and draft regulations would, if passed, make front-of-pack labelling mandatory.[287,288] Marketing of unhealthy foods to children is restricted by law.[289] Nutrition education is embedded from early years through secondary school, and the *National School Nutrition Programme* provides meals meeting clear nutrition standards for low-income pupils.[290,291]

Physical activity promotion

Physical activity policies encourage active and non-motorised transport, but school requirements fall short: pupils receive only one hour of mandatory physical education a week—below the WHO's 60-minute daily recommendation.[292,293,294,295]

South Korea

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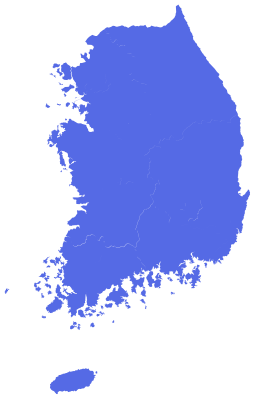
This profile highlights some of the actions South Korea is taking to address obesity.



Score
71.2/100

Rank
4/20

Pillar scores:	
Policy and governance	53.8/100
Obesity management	77.8/100
Food quality and access	78.4/100
Physical activity	75/100

Background indicators:	
Adult obesity prevalence (estimated, %)	38.4[296,297]
Childhood obesity prevalence (estimated, %)	13.8[298,299]
GDP per capita (US$)	34,642[300]
Healthcare spending per capita (US$)	3,044[301]

Country overview

Obesity-related policy

South Korea defines obesity as a chronic disease and, in 2025, published the *Community Integrated Health Promotion Project Guide* to help local governments deliver obesity prevention and management programmes.[302] This complements the *5th Comprehensive National Health Promotion Plan*, which includes long-term obesity reduction targets.[303] However, stigma is acknowledged only indirectly, and there are no legal protections against weight-based discrimination.[304]

Obesity management and access to care

The *Clinical Practice Guidelines for Obesity 2022* outline complete clinical pathways, including diagnosis, referral, nutrition therapy, medications and surgery, with integration into chronic disease care.[305] Public insurance reimburses metabolic and bariatric surgery, intragastric balloon insertion, and some obesity medications for patients meeting BMI thresholds and comorbidity criteria.[306] Intensive behavioural therapy and nutrition counselling are not covered.

Nutrition regulation and access to nutritious food

Marketing of unhealthy foods to children is restricted across television, radio and online platforms.[307] Menu labelling is mandatory in some food outlets, and nutrition labels are required on packaged foods, though front-of-pack labelling remains voluntary.[308,309] Schools are required to teach nutrition and apply detailed nutrition standards for meals based on calorie and micronutrient content.[310,311] However, South Korea lacks a national nutrition strategy and levies no taxes on unhealthy foods or drinks.

Physical activity promotion

Physical activity policies promote active transport and reduced car use, with obesity-related indicators built into programme evaluations.[312] Schools are required to provide pupils with 24-36 minutes of daily activity, below the WHO's 60-minute standard for children.[313]

Spain

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This profile highlights some of the actions Spain is taking to address obesity.

Score
54.4/100

Rank
13/20

Pillar scores:	
Policy and governance	62.5/100
Obesity management	30.6/100
Food quality and access	82.7/100
Physical activity	41.7/100

Background indicators:	
Adult obesity prevalence (estimated, %)	15.2[314,315]
Childhood obesity prevalence (estimated, %)	7.1[316,317]
GDP per capita (US$)	36,192[318]
Healthcare spending per capita (US$)	3,107[319]

Country overview

Obesity-related policy

Spain's current national obesity strategy focuses on childhood obesity.[320] It sets ambitious prevalence-reduction targets and prioritises vulnerable groups such as Roma and migrant children but does not prioritise adults. Funding commitments for obesity measures remain vague, relying on EU resources and future operational plans rather than earmarked budgets.[321] Nonetheless, national public health strategies recognise obesity as a chronic disease with multiple comorbidities, and anti-discrimination protections under *Law 17/2011* extend to weight-based bias.[322,323]

Obesity management and access to care

Spain's most recent national clinical guidelines on obesity management, covering only children, date to 2009.[324] However, the Spanish Society for the Study of Obesity (SEEDO), working with 38 scientific societies and 12 patient organisations, has developed new guidelines for adult obesity management.[325] The National Health System funds bariatric surgery and some therapeutic interventions, though obesity medications are not covered.[326]

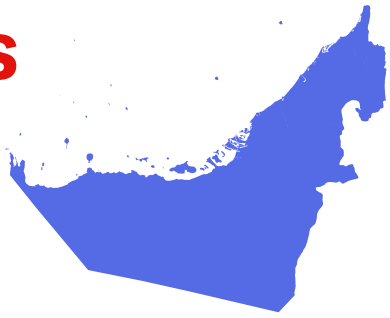
Nutrition regulation and access to nutritious food

Nutrition education is mandatory across primary and secondary schools.[327,328,329] New school food standards under *Royal Decree 315/2025* set caps for salt, sugar and saturated fat content, and favour seasonal and organic products.[330] Marketing of unhealthy foods to children is tightly regulated, and fiscal measures include a higher VAT rate on sugary drinks.[331,332] Nutrition labels are required on packaged foods, though front-of-pack labelling remains voluntary.[333] Food security is high, with 93% of households secure, and affordability is reinforced by wallet card subsidies and food distribution programmes for low-income families.[334,335]

Physical activity promotion

Spain mandates physical education in schools but sets no daily minimum for physical activity.[336]

United Arab Emirates



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This profile highlights some of the actions the United Arab Emirates is taking to address obesity.

Score
54.7/100

Rank
12/20

Pillar scores:	
Policy and governance	20/100
Obesity management	91.7/100
Food quality and access	65.3/100
Physical activity	41.7/100

Background indicators:	
Adult obesity prevalence (estimated, %)	22.4[337,338]
Childhood obesity prevalence (estimated, %)	16.1[339,340]
GDP per capita (US$)	49,498[341]
Healthcare spending per capita (US$)	2,402[342]

Country overview

Obesity-related policy

The *National Clinical Guidelines for Weight Management and Prevention of Adulthood Obesity* define obesity as a chronic disease.[343] The UAE's non-communicable disease plan and childhood obesity plan ran until 2021, and updated policies are not currently publicly available.[344,345] Information about related initiatives such as the National Nutrition Strategy 2030 suggest progress in key areas around nutritional education and food access, but these are not publicly available in full.[346] There are no legal protections against weight-based discrimination.

Obesity management and access to care

The *National Clinical Guidelines for Weight Management and Prevention of Adulthood Obesity* integrate obesity diagnosis and management into clinical care pathways for type 2 diabetes, heart disease, sleep apnoea and other conditions.[347] Developed by a national obesity taskforce of medical and academic experts, the guidelines provide evidence-based recommendations. Public insurance under the *Thiqa* scheme covers three of the four main forms of evidence-based obesity care: metabolic and bariatric surgery, nutrition counselling, and intensive behavioural therapy.[348] Some emirates also reimburse obesity medications.[349]

Nutrition regulation and access to nutritious food

Nutrition standards for school meals apply in all public schools, which must teach nutrition from kindergarten through Grade 12 and ban foods high in salt, sugar, saturated fat and artificial flavouring in canteens.[350,351] Fiscal measures include excise taxes on sweetened and carbonated drinks.[352] However, nutrition labelling on packaged foods is currently voluntary, marketing of unhealthy foods to children remains unrestricted and no national programme supports food access for low-income households.[353]

Physical activity promotion

The *National Policy to Promote Healthy Lifestyles* promotes physical activity and active transport but does not include specific explicit obesity-related goals in this regard.[354] Schools must provide 60–120 minutes of physical education per week and at least 30 minutes of physical activity daily, falling short of the WHO target of 60 minutes per day.[355]

United Kingdom

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This profile highlights some of the actions the United Kingdom is taking to address obesity.

Score
64.4/100

Rank
7/20

Pillar scores:	
Policy and governance	42.5/100
Obesity management	100/100
Food quality and access	90.2/100
Physical activity	25/100

Background indicators:	
Adult obesity prevalence (estimated, %)	26.5[356,357]
Childhood obesity prevalence (estimated, %)	15[358,359]
GDP per capita (US$)	54,949[360]
Healthcare spending per capita (US$)	5,407[361]

Country overview

Obesity-related policy

Britain's *Fit for the Future: The 10 Year Health Plan for England* pledges a "moonshot to end the obesity epidemic", outlining wide-ranging prevention and management measures shaped by consultations with clinicians, trade unions, charities, economists and patient groups.[362] However, there is no dedicated budget for its implementation, and it sets no specific prevalence-reduction targets. Obesity is not formally defined as a chronic disease, and weight is not recognised as a protected characteristic under equality law.[363,364]

Obesity management and access to care

The National Health Service provides all four core forms of evidence-based obesity care—nutrition counselling, intensive behavioural therapy, obesity medications, and metabolic and bariatric surgery—guided by comprehensive national clinical guidelines with a clear pathway, most recently updated in 2025.[365,366]

Nutrition regulation and access to nutritious food

Nutrition education is mandatory in public schools, which follow strict nutrition standards.[367] Britain restricts the marketing to children of foods high in fat, sugar and salt; requires calorie labelling on menus; and levies a tax on high-sugar drinks.[368,369,370] However, there is no tax on other unhealthy foods, and while nutrition labels are mandatory on packaged products, front-of-pack labelling remains voluntary.[371]

Physical activity promotion

Physical activity policy promotes walking and cycling but does not require daily activity in schools.[372] The government recommends at least two hours of physical education per week—below the WHO's 60-minute daily benchmark for children.[373]

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