ECONOMIST ENTERPRISE

An epidemic of inaction: national responses to obesity

Key findings from the Obesity Response Index

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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]

Countries are increasingly exploring how to take evidence-based and comprehensive action to address obesity. Economist Enterprise's Obesity Response Index, supported by Eli Lilly and Company, assesses obesity prevention and management policy in 20 countries.[11] It identifies where policy intervention is needed globally and in each country. This summary presents key findings from the Index and highlights countries leading in their obesity policy response to enable others to learn and improve.

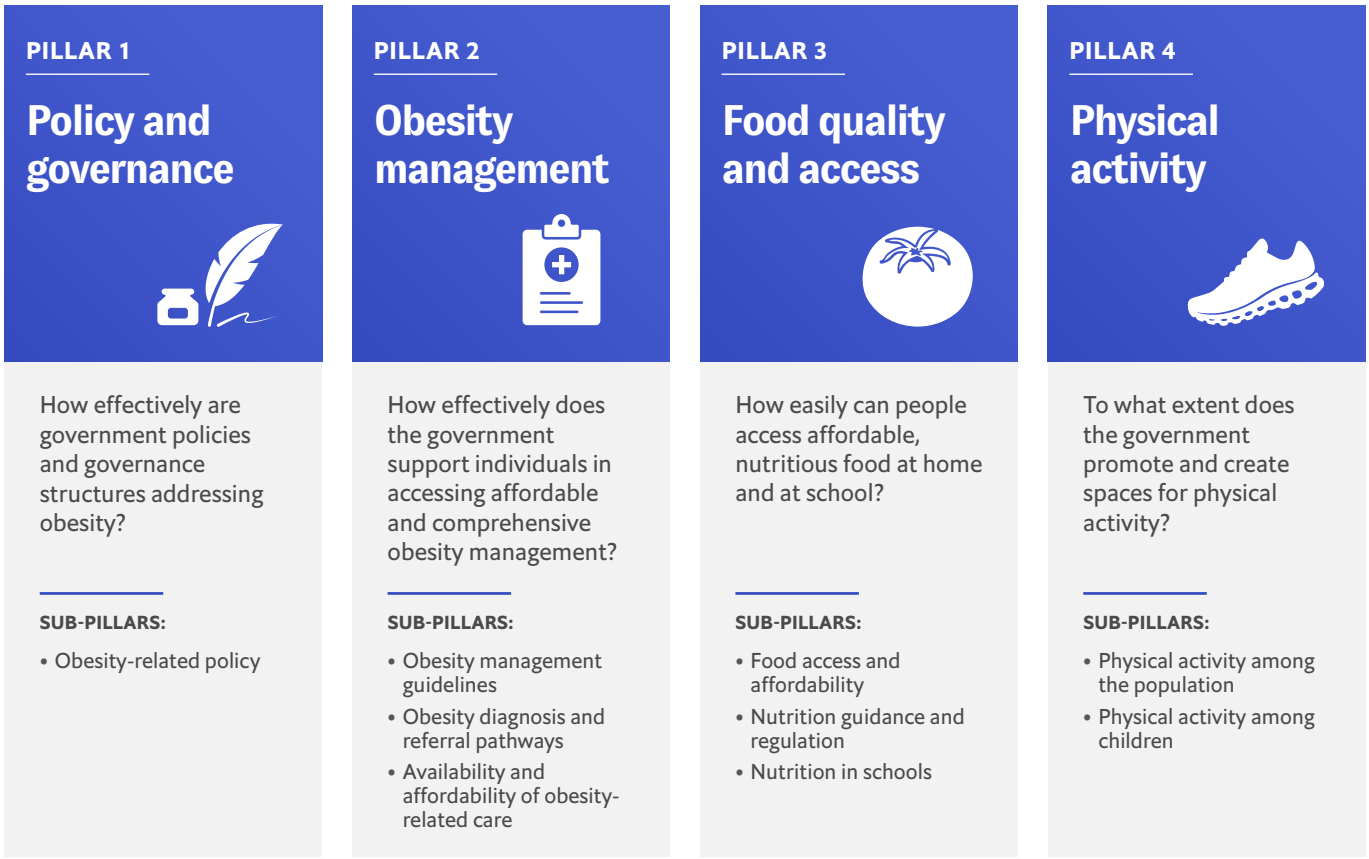
Defining obesity

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]

Measuring country-level action: the Obesity Response Index

The Obesity Response Index assesses countries' efforts to prevent and manage obesity. It uses 30 indicators across four pillars to assess 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 most and where countries can learn from each other.

Figure 1: The Obesity Response Index framework



Key findings

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 parts of obesity policy response. 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—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

Figure 2: Index rankings
Scores 0-100 where 100 = strongest obesity response

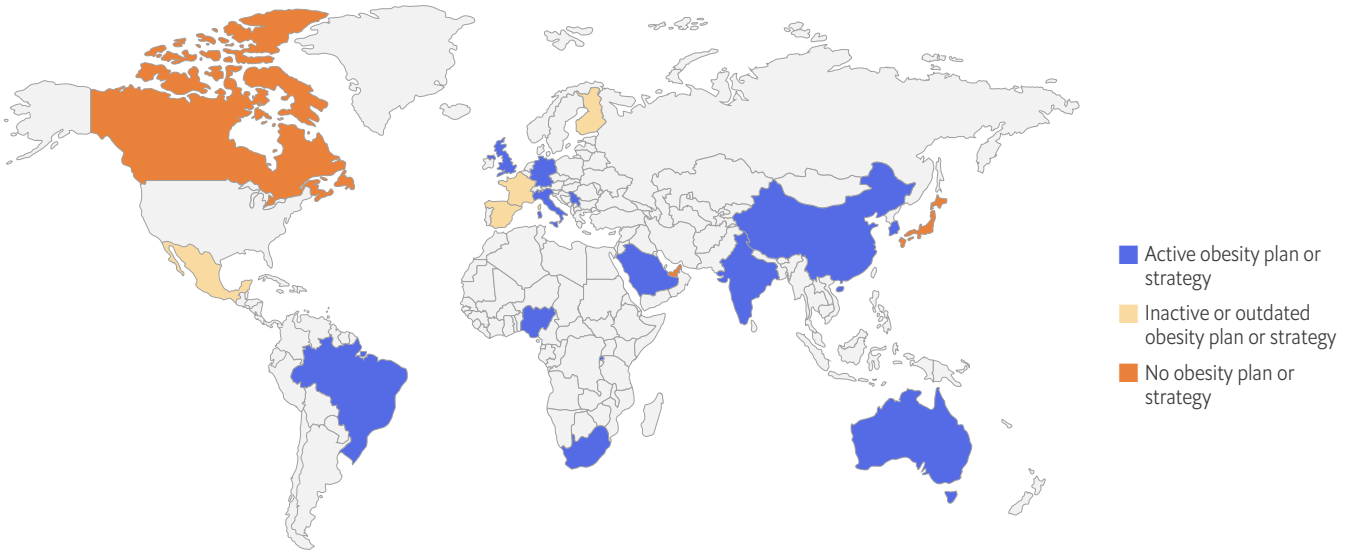
OVERALL			PILLAR 1 Policy and governance			PILLAR 2 Obesity management			PILLAR 3 Food quality and access			PILLAR 4 Physical activity		
Rank	Country	Score	Rank	Country	Score	Rank	Country	Score	Rank	Country	Score	Rank	Country	Score
1	Serbia	74.8	1	Serbia	95	1	United Kingdom	100	1	United Kingdom	90.2	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 Enterprise

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. Italy, for example, 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.[12] Without sustained funding, even well-designed plans, programmes and initiatives may fail to deliver lasting change.

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



Source: Economist Enterprise

Country spotlight: Serbia

Serbia leads the Index and ranks highest on the "policy and governance" pillar, scoring 95 out of 100. In 2018 Serbia launched the *National Programme for the Prevention of Obesity in Children and Adults*, which sets out clear actions focused on obesity prevention and management; long-term targets to reduce obesity prevalence; a focus on vulnerable groups such as children, adolescents and the elderly; recognition of weight-related stigma; and funding for its implementation.[13] 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.

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.[14,15] This stigma not only undermines wellbeing but also hinders effective management and care.[16] Positively, 13 of the 20 countries in the Index recognise obesity as a chronic disease, an important step towards challenging harmful stereotypes. But recognition alone does not guarantee action. 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.

Country spotlight: France

France prohibits discrimination on the grounds of "physical appearance" and "state of health" under Law No. 2001-1066 on the Fight Against Discrimination.[17] In its Framework Decision No. 2019-205 on discrimination in employment based on physical appearance, the Defender of Civil Rights held that the principle of non-discrimination extends to obesity, fatphobia, clothing, hairstyles, beards, tattoos and piercings.[18]

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 management. Sixteen of the 20 countries have current, evidence-based obesity management guidelines. However, only six—Australia, Brazil, Canada, Finland, the UAE and the UK—include a review of the clinical and cost-effectiveness of recommended interventions. Without this, healthcare providers and insurers lack the information 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.

Country spotlight: United Kingdom

The UK scores 100 out of 100 on the "obesity management" pillar of the Index. The National Institute for Health and Care Excellence published new guidelines in January 2025 on preventing and managing overweight and obesity in children, young people and adults, replacing various guidelines first published in 2006.[19] These guidelines are based on a review of evidence, expert input, and assessments of the clinical and cost-effectiveness of interventions to help practitioners make informed choices for their patients. How they shape clinical practice remains to be seen.

Country spotlight: Australia

Unlike other countries, Australia's *Clinical Practice Guidelines for the Management of Overweight and Obesity for Adults, Adolescents and Children in Australia* avoid setting a prescriptive clinical pathway.[20] Instead, they emphasise flexibility, placing responsibility on healthcare professionals to interpret evidence and tailor interventions with patients according to their needs.

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, 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.

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.

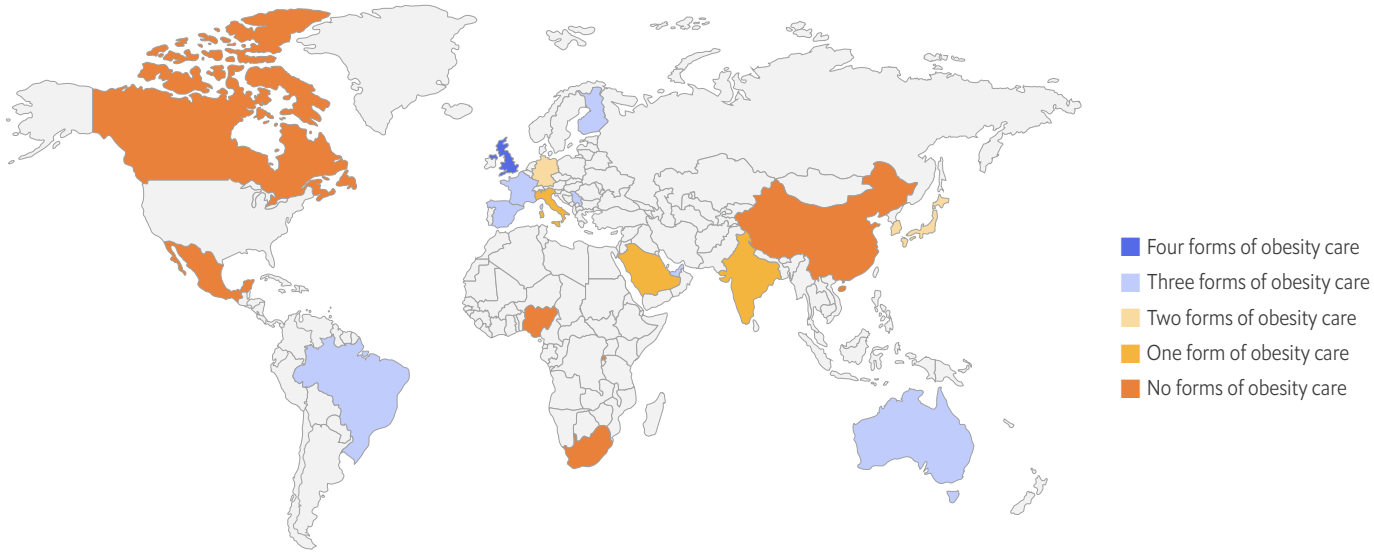
Obesity medications

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.

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



Source: Economist Enterprise

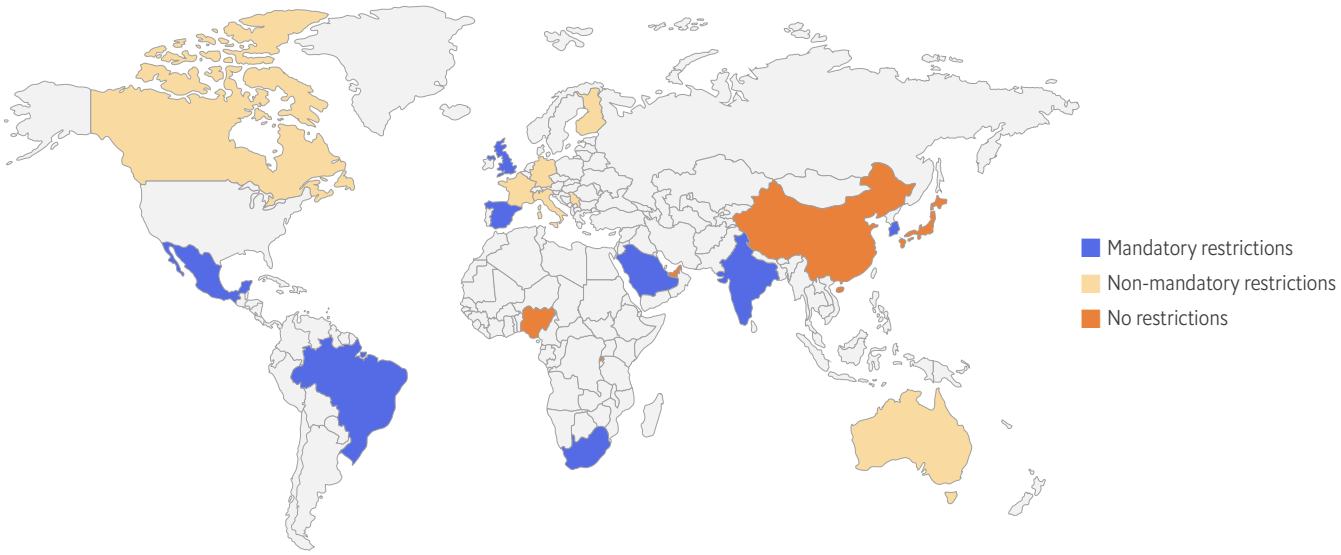
Many countries still struggle to make healthy food accessible and affordable for all. Nutritious diets are essential for preventing and managing obesity and ensuring long-term health. Yet millions of people worldwide—particularly in low-income or geographically isolated communities—face barriers to accessing nutritious food. In 2022 around 2.8bn people globally could not afford healthy diets.[21] Even in wealthy countries, food insecurity may affect lower-income and vulnerable populations, driven by a web of structural and environmental factors.[22] 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.[23,24] Despite the scale of the problem, only 14 countries in the Index have national programmes to improve food access for low-income individuals. Introducing or expanding non-stigmatising financial support and targeted assistance is key to embedding equity into obesity prevention efforts and strengthening long-term health.

Country spotlight: 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. Almost all Germans are food secure (96%) and can afford nutritious food (98%).[25,26] 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.[27]

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.[28,29] Although some progress has been made, implementation is uneven. Eight countries—Brazil, India, Mexico, Saudi Arabia, South Africa, South Korea, Spain and the UK—have introduced mandatory regulations

Figure 6: Healthy starts
Restrictions on the marketing of unhealthy foods and drinks to children



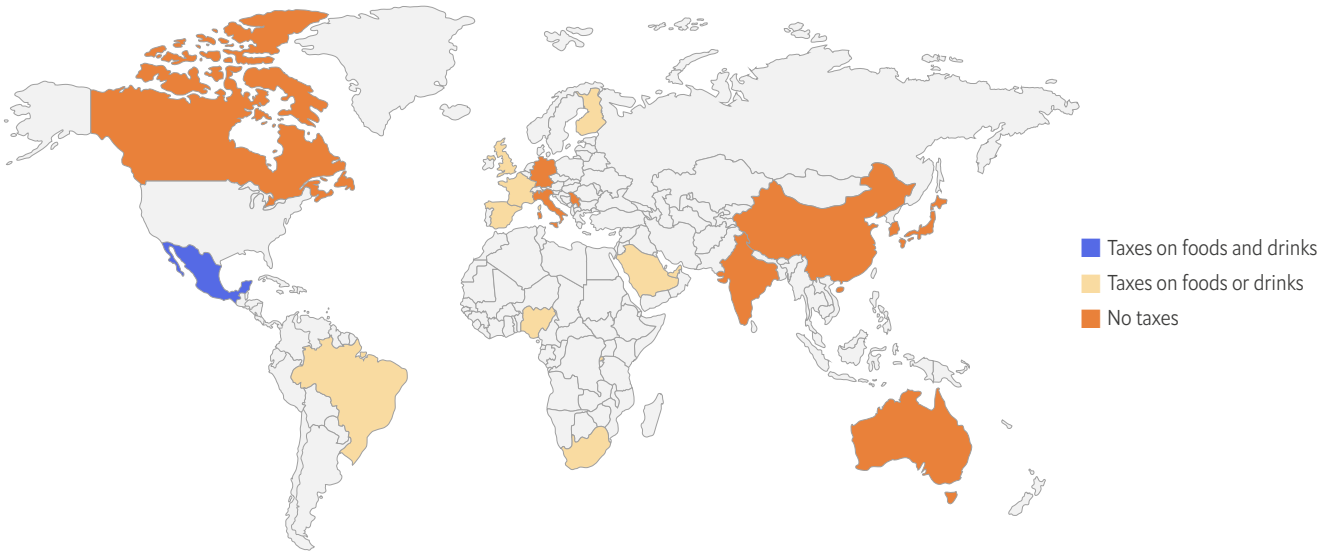
Source: Economist Enterprise

restricting the advertising of unhealthy foods and drinks to children, while seven others apply 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 unhealthy offerings. But progress is limited: 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.[30,31] Implementation, however, remains limited: of the 20 countries, only Mexico taxes both foods and drinks classified as unhealthy, ten countries apply taxes to either food or drinks, and nine impose neither at the national level. In some countries, 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.

Figure 7: Taming the sugar rush
Taxes on unhealthy foods and drinks



Source: Economist Enterprise

Country spotlight: 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.[32] 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%.[33,34]

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.[35] 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.[36] Yet in 2022, nearly one in three adults worldwide did not meet these targets.[37] To promote healthier habits, six countries—Brazil, Canada, Finland, Germany, South Africa and South Korea—implement comprehensive physical activity plans that encourage active travel (such as walking and cycling) *and* reduced car use. Another eight countries have introduced more limited plans, focusing on either promoting active travel or reducing car dependence. Countries have an opportunity to further embed physical activity into daily life, easing the burden of obesity-related disease and creating healthier societies.

Country spotlight: 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, South Korea 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, from building activity-friendly environments such as pavements and bike paths to encouraging active travel and reducing car usage.[38]

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.[39] Beyond physical health, it boosts concentration, academic performance and emotional well-being.[40,41,42] The WHO advises that children engage in at least 60 minutes of physical activity each day.[43] Although 17 countries 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 instill lifelong healthy habits and ensure fair access to exercise for children who lack safe or affordable opportunities to be active outside school.

Country spotlight: China

China requires students to perform one hour of physical activity during school and another hour after school each day, exceeding the WHO recommendation of 60 minutes per day.[44]

Conclusion: from awareness to action

Obesity is not a personal health issue. It is a complex, relapsing chronic disease, and a growing epidemic rooted in structural, economic and environmental inequalities. The Obesity Response Index shows that many countries, regardless of region or income, are falling short in protecting their populations from the increasing impacts of obesity. Even where obesity strategies exist, many omit essential components and lack funding, limiting their implementation and effectiveness. Physical activity requirements, regulation of food marketing and nutrition labelling mandates remain inconsistent. Inadequate access to evidence-based obesity care, persistent weight stigma and widespread food insecurity mean that the systems meant to protect and promote health are leaving millions behind.

The real challenge is implementation. Strong frameworks are a necessary starting point, but effective obesity prevention and management depend on how well these policies are enacted. To move from awareness to action, governments must recognise obesity as a public health crisis needing comprehensive and coordinated solutions. This requires a whole-of-society approach: developing comprehensive national strategies with clear targets and sufficient funding; ensuring access to comprehensive, evidence-based obesity care; reshaping food environments to support access to nutritious, affordable food; and promoting daily physical activity through urban planning, education systems and national strategies. Although some countries have made progress, overall implementation remains fragmented.

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 action is needed, but whether countries will act with the urgency and consistency this global challenge demands.

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Economist Enterprise 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.

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