



Obesity and COVID-19 policy statement

27th March 2020

World Obesity Federation commends the WHO and most governments around the world for their leadership and rapid and comprehensive action to control this pandemic.

The WHO has highlighted non-communicable diseases (NCDs) as a risk factor for becoming seriously ill with COVID-19 [1]. Based on emerging data and the patterns of infection we have seen in other viral infections, overweight and obesity are also likely to be risk factors for worse outcomes in those who are infected by COVID-19. In the UK, a report suggests that two thirds of people who have fallen seriously ill with coronavirus were overweight or had obesity [2]. Meanwhile, a report from Italy suggests 99% of deaths have been in patients with pre-existing conditions, including those which are commonly seen in people with obesity such as hypertension, cancer, diabetes and heart diseases. [3]

The COVID-19 pandemic and the measures that have had to be taken to help curb COVID-19 are likely to have a number of impacts for people living with obesity, as well as on the health of the general population. A number of these also represent underlying root causes of obesity and thus risk exacerbating the challenge of obesity. This includes:

- Strained food systems and supply chains due to concerns of food shortages, as well as an increased reliance on processed, long-life foods and a reduction in fresh fruit and vegetables and unprocessed meat
- Food insecurity amongst the most vulnerable who have reduced access to shops and may have reduced access to normal food assistance programmes e.g. due to school closures
- Reduced opportunities for people to be physically active as movement is restricted
- An impact on mental health, due the seriousness of the emerging situation and challenges faced from isolation, reduced physical activity, social engagement and employment changes
- Impacts on health systems and exacerbated challenges for treatment access for people living with obesity, including potential reductions in elective surgical procedures (e.g. bariatric surgery), and modifications to or curtailment of multidisciplinary team management, group weight loss programs and other forms of ambulatory care

We therefore encourage governments around the world to embed the following considerations in their strategies for monitoring and reducing COVID-19 in the short- and long-term to ensure that the wider health of populations is maintained, and the negative impact minimised at this challenging time:

- **Ensure that nutritionally adequate food is made available for all**, particularly for vulnerable populations such as those with existing health conditions, the elderly, people with disabilities and low-income households
- **Ensure that any policies and restrictions that are put in place to limit the spread of COVID also allow for people to be physically active in open spaces**, while still maintaining adequate social distancing
- **Provide information to the population through the media and social media which provides clear and transparent guidance**, dispels myths and promotes mental and physical health during periods of isolation
- **Recognise the risk that the present situation has on mental health**, and promote strategies to improve and manage this during this challenging time

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- **Provide helplines and other virtual support services as appropriate for people with existing diseases** to ensure they have access to the most up to date information on their care as well as access to the medications required to manage their disease
- **Recognise that obesity, and other NCDs appear to increase risk and likely worsen the outcomes of COVID-19** and as such ensure that those people living with these diseases are provided advice if they have symptoms, and where possible tested and provided care early.

[1] <https://www.who.int/internal-publications-detail/covid-19-and-ncds>

[2] <https://www.icnarc.org/About/Latest-News/2020/03/22/Report-On-196-Patients-Critically-Ill-With-Covid-19>

[3] https://www.epicentro.iss.it/coronavirus/bollettino/Report-COVID-2019_20_marzo_eng.pdf

