



May 2025

# OBESITY IN 2025: AT THE ROOTS OF HEALTH

[www.worldobesity.org](http://www.worldobesity.org)

# Background

In 2020, at the start of the recently completed **five year plan**, **members and partners** of World Obesity Federation developed a unified World Obesity Day event and theme.



**Arriving at a common theme that worked for all of the divergent stakeholders in obesity**, in Dubai, Detroit, Sydney and Sao Paulo, was not easy but with a shared commitment to a common goal the first unified World Obesity Day focused on roots: the many roots of obesity and the many solutions to addressing it. From this remarkable foundation, the global obesity community ensured that our common vision for addressing obesity is our North Star.

The strategic planning process had also emphasised that the overarching goals of the plan should be to support and drive global UN targets relevant to obesity. Despite some success in securing United Nations/WHO obesity targets to 2025 and placing obesity on the global agenda, obesity continued to be under-recognised as a priority. The targets had been approved in 2013 and 2015 as follows:

- **WHO targets adopted in 2013 and 2015:** zero increase in adult and childhood obesity prevalence by 2025.
- **Sustainable Development Goal (SDG) 3.4:** one-third reduction in premature non-communicable disease (NCD) mortality by 2030 – and role of obesity in achieving this.
- **Sustainable Development Goal 2.2:** to end malnutrition in all its forms.

While the zero increase target in particular was not met, World Obesity has been able to use the failure to meet the target as a starting point to call for greater action, including with WHO.

The 2020 plan itself focused on global advocacy, convening, education, and data and evidence, and these strategic pillars remain in place for the new plan. All KPIs were delivered well beyond targets, despite the unexpected challenges of COVID-19, and further results can be found in the appendix to this report.

# Background

2025 - 2027

The new plan, reduced from five to three years given how quickly external factors evolved, has been developed in consultation with a wide range of members and stakeholders.

It retains the **core strategic goals** central to the 2020-24 plan - global advocacy, convening, education and science and data - while proposing **five areas of focus**. The external environment has helped to shape the priorities: at the **UN level**, there will be meetings of **heads of state on NCDs in 2025** and on **Universal Health Coverage in 2027**, along with new therapies that may be recommended for a global population and the conclusion of the Sustainable Development Goals in 2030.

All must be priorities for the obesity community and opportunities to shape agendas for years to come. An ambitious and coordinated response is essential to changing the trajectory of obesity and improving lives all over the world.

## External Targets

The official UN/WHO 2030 goals recommended “north star” for this plan include:

- **By 2030, reduce by one-third premature mortality from non-communicable diseases** through prevention and treatment and promote mental health and well-being (UN Sustainable Development Goal 3.4, approved 2015)
- **Achieve Universal Health Coverage (UHC)** and provide access to affordable and essential medicine and services (UN SDGs, 2015)

World Obesity is also broadly supportive of SDG goal to “End all forms of malnutrition” and (UN SDGs, 2015) and the WHO Acceleration Plan aim to “halt the rise in obesity among children and adults.”, as approved in 2022.



# Thematic Priorities

Based on the need to continue to align around targets and the inputs from the working groups and consultations, the following thematic goals were identified.

- 1 The “obesity and...” approach, , launched for the 2024 World Obesity Day campaign, should continue to focus on the interrelationship of obesity with other comorbidities such as CVD, cancer, and diabetes. It must also focus on the role of obesity prevention in the systems that can exacerbate or reduce its burden, starting with food and agriculture, and extending to the built environment, resulting in healthier environments for all.
- 2 Recognising how little research in general there has been on obesity, and acknowledging the many barriers to inclusion and support of critical research from low-and-middle-income countries (LMICs), more studies are needed on how to **map and close critical gaps in our understanding** of obesity all over the world. For World Obesity itself, this will begin with an update to the first MAPPS study, published in 2020.
- 3 Efforts to address obesity are often undermined by under-resourcing and fragmented approaches, and these challenges should be overcome **through integration, financing, and alignment** across multiple sectors and organisations.
- 4 The need for obesity to be reframed, **with people with lived experience or those at particular risk at the centre of policies and care**, reinforcing the value of lived experience as a form of expertise, to address and overcome stigma and bias, and to connect real world evidence into systems and policies.
- 5 Finally, to ensure gains made in recognising the need for financing and a coordinated response to obesity, the importance of **strengthening and sustaining obesity organisations and networks** was emphasised. Areas of focus include financing, especially in 2025, and capacity building including expanded SCOPE modules on skills in developing organisations.

The draft three-year plan has therefore been structured according to these five key themes, in addition to the four strategic goals established in the 2020-25 strategic plan. *Please find the summary below.*

WORLD OBESITY FEDERATION THREE YEAR PLAN 2025 - 2027				
2030 UN and WHO targets approved by Member States	Reduce by one third premature mortality from non-communicable diseases through prevention and treatment (UN SDGs)	Halt the rise in obesity among children and adults (WHO Acceleration Plan)	End all forms of malnutrition (UN SDGs, 2015)	Universal Health Coverage (UHC) and ... affordable & essential medicines and services (UN SDGs, 2015)
Goal	Drive global targets by preventing and managing obesity to save and improve lives			
We serve	People living with or at risk of overweight and obesity at the centre			
Barriers to global targets	<ul style="list-style-type: none"> <li>Fragmented and siloed response and narrative.</li> <li>Lack of updated evidence, funding and training</li> </ul>	Stigma, commercial determinants	Lack of updated evidence and adequate training	
Enablers: 3YP Response	"Obesity and...", mapping, coordinated responses	People at the centre social movement), training	Mapping and coordination	
World Obesity Pillars	Advocacy	Convening	Education and Training	Data and Evidence
Key activities 2025-2027	UNGA HLM 2025 + 27, common voice and social	Global agenda at key meetings, Global Obesity Forum	SCOPE, integration	MAPPS II, GOO, Atlas, journal publications

# Workplan 2025

## Strategic Framework for Achieving Core Objectives

### Executive Summary

The 2025 Workplan outlines key activities and objectives for the current years, based on the four strategic pillars of global advocacy, convening, education and capacity building, and science and data.

	"Obesity and ..."	Map & Close Gaps	Integration & Financing	People at the Centre	Strong Obesity Organisations & Networks
<b>Global Advocacy</b>	<ul style="list-style-type: none"> <li>Advance WHO Acceleration Plan</li> <li>World Obesity Day</li> <li>UN High-Level Meeting</li> <li>Global summits</li> </ul>	<ul style="list-style-type: none"> <li>Identify policy barriers and enablers in</li> <li>MAPPS II</li> <li>World Obesity Atlas</li> </ul>	<ul style="list-style-type: none"> <li>Multisectoral platform and partnership</li> <li>Investment cases</li> </ul>	<ul style="list-style-type: none"> <li>People-centred representation</li> <li>MAPPS II</li> <li>Research on stigma</li> </ul>	<ul style="list-style-type: none"> <li>More members including in LMICs and lived experience</li> <li>Advocate for funding and financing</li> </ul>
<b>Convening</b>	<ul style="list-style-type: none"> <li>Obesity and NCDs Event at 2025 World Health Assembly</li> <li>Thought leadership publications at existing obesity and NCD meetings</li> </ul>	<ul style="list-style-type: none"> <li>Convene and galvanise global members</li> <li>Meetings outside of Europe and North America</li> </ul>	<ul style="list-style-type: none"> <li>Global Obesity Coalition Coordinate action through Global Obesity Forum</li> <li>Relevant sessions at key meetings including ECO, TOS</li> </ul>	<ul style="list-style-type: none"> <li>Multistakeholder platform.</li> <li>People-centred representation at WOF and NCD events</li> </ul>	<ul style="list-style-type: none"> <li>Cross-participation across established obesity and related meetings</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>Support and train national coalitions through SCOPE Schools and existing and new training modalities.</li> </ul>	<ul style="list-style-type: none"> <li>Expand SCOPE language, content and delivery mechanisms</li> <li>Focus on training in key geographies</li> </ul>	<ul style="list-style-type: none"> <li>With members, lead on education for HCPs within WHO Acceleration Plan</li> <li>Multistakeholder platform</li> <li>Employer-based training</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen capacity of patient organisations and networks.</li> <li>Support advocacy led by people with lived experience</li> </ul>	<ul style="list-style-type: none"> <li>Build capacity of member orgs to secure diverse funding</li> <li>Training tailored to national health systems and data</li> </ul>
<b>Science and Data</b>	<ul style="list-style-type: none"> <li>Collect obesity and comorbidities data.</li> <li>Build evidence on UHC, UPFs, obesity in LMICs</li> </ul>	<ul style="list-style-type: none"> <li>MAPPS II on obesity in health systems.</li> <li>Expand Global Obesity Observatory</li> <li>Investment cases</li> <li>World Obesity Atlas</li> </ul>	<ul style="list-style-type: none"> <li>Align data across obesity and health agendas.</li> <li>Partner with others on the data collection and dissemination of cross-cutting issues.</li> </ul>	<ul style="list-style-type: none"> <li>Better global research and data on lived experience including on stigma and in low resource settings.</li> <li>Strengthen patient skills &amp; organisations</li> </ul>	<ul style="list-style-type: none"> <li>Expand and strengthen journals</li> <li>More LMIC submissions</li> <li>Bidirectional data share across networks.</li> </ul>

The overarching three-year goal of **driving global targets by preventing and managing obesity to improve and save lives** will focus in 2025 on coordinated action towards the 2025 UN meeting as well as building a foundation for the 2027 UHC meeting. The plan focuses on advancing global and national actions to address obesity. Central to this is the WHO Acceleration Plan and obesity recommendations, targeting underrepresented regions and populations while addressing key global topics like universal health coverage (UHC), stigma, ultra-processed foods (UPFs), and equitable access to obesity care.

# Workplan 2025

## Strategic Framework for Achieving Core Objectives

Efforts will build on tools like **MAPPS health system assessments** and prioritise regions with high obesity prevalence or significant populations. The goal is to establish more members in low- and middle-income countries (LMICs), support WHO's UHC efforts, and secure financing for comprehensive obesity care. By coordinating these strategies, the plan aims to drive equitable progress and impactful outcomes in global obesity management.

To strengthen impact, the plan **emphasises intersectoral and multisectoral collaboration**, formalising partnerships, and amplifying public communications through social media and broader networks. The outlined plan aims to enhance global coordination and advocacy for obesity and non-communicable diseases (NCDs) through thought leadership, inclusive events, and stakeholder engagement. A forum at the 2025 World Health Assembly will spotlight obesity and NCDs ahead of the UN High-Level Meetings on NCDs in 2025 and UHC in 2027.

**Key initiatives include engaging individuals with lived experiences of obesity in policy-making.**

Advocacy for transparent and diversified funding from non-corporate sectors is also prioritised to ensure sustainability.

Publications, coalition-building, and regional meetings outside Europe and North America will further broaden participation and galvanise international action. A key focus is fostering inclusivity by holding virtual meetings to accommodate participants in low- and middle-income countries (LMICs), engaging people with lived experience (PwLE) as advocates, and ensuring people-centered representation at World Obesity events like ICO and SCOPE Schools. Partnerships with coalitions and international congresses (e.g., TOS, ECO, NCDA) aim to strengthen capacity-building and align global obesity efforts.

Cutting across the strategic pillars is national action in support of the WHO Acceleration Plan's aims, including creating funded national strategies and building capacity of coalitions, particularly in low- and middle-income countries (LMICs). The new MENA Association is an example of this, and the next step would be a regional association in Africa. Central to this will be the new MAPPS II project, which will strengthen research and data collection related to obesity and updating information on where obesity sits within systems in different countries.

## Funding

**Central to an effective plan is predictable and transparent income to fund it.** The previous strategy plan aimed to increase unrestricted income and diversified funding from a range of sources, including membership income, philanthropic and earned income through sales of journals and SCOPE training. Private sector support and partnership is also an essential component, with specific parameters around levels and types of engagement set out in the attached partnership plan.

# Workplan 2025

## Strategic Framework for Achieving Core Objectives

### Membership and Governance

**The countries with the highest prevalence of obesity and those with the most rapidly growing rates** – mainly small island developing states (SIDS) and LMICs – have not been adequately represented in World Obesity membership and this continues to be a priority. For governance, roles have been formalised with terms of reference, term limits, and clear delegated authority. No major changes to the Articles of Association are anticipated in the near future.

### Multistakeholder Engagement

In light of the changing landscape for obesity, with new therapies dramatically changing the landscape and the WHO Acceleration Plan providing a framework for all countries to develop integrated obesity strategies, **there is need for a multisectoral, multistakeholder approach.** To date, efforts have been siloed and fragmented, and countering this requires shared commitment and coordination.

This includes multisectoral approaches and coalition building at the national level, work with large employers through the World Economic Forum, and a shared focus on obesity in UN meetings.

### Priority Geographies

**Much of the focus of the previous plan was on global action.** Now the plan requires a shift to national and regional action. While the World Obesity Federation has member organisations in more than 100 countries and data for over 200 countries and territories, a focus on a handful of countries is the best way to learn, leverage resources, and support approaches that can serve as models for other countries, as in the MENA countries.

Other geographies include WHO Acceleration Plan Frontrunner countries such as Brazil, Mexico, South Africa, Saudi Arabia and the Philippines. It is hoped that frontrunner countries in Europe including UK and Spain can also offer opportunities for further collaboration, including with EASO. Thanks to the enormous unmet need and strong member demand, China and India are also priorities.

# Workplan 2025

## Pathway to Impact Contributions

	Activities	Measurable outputs	Intermediate indicators of impact	Expected long-term impact	Ultimate impact
<b>Policy and Advocacy</b>	<ul style="list-style-type: none"> <li>World Obesity Day campaign</li> <li>Advocacy events at UN High-Level Meeting, World Health Assembly, major obesity / NCD / health forums</li> <li>Thought leadership publications</li> <li>Increase membership</li> <li>Advocacy for financing</li> <li>Promote &amp; support WHO Acceleration Plan (WAP) implementation</li> </ul>	<ul style="list-style-type: none"> <li><b>Reach:</b> <ul style="list-style-type: none"> <li>Numbers</li> <li>Range of countries</li> <li>Audiences (PLWO, HCP, policymakers; global/national civil society)</li> <li>multisectoral diversity</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>National advocacy campaigns, events, media</li> <li>PLWO involvement – global and national (ladder of participation)</li> <li>Knowledge, skills &amp; self-efficacy among advocates</li> <li>Knowledge, skills &amp; self-efficacy among Health Care Professionals, and wider stakeholders</li> <li>Multisectoral mechanisms at country level on NCDs identify / address obesity as a priority</li> <li>Obesity prevention/ health system development projects funded</li> <li>Obesity prevention / management within core HCP training</li> <li>Use / citation of WOF data in global reports / national strategies / research</li> </ul>	<ul style="list-style-type: none"> <li>Evidence-based prevention policies (obesogenic environment &amp; health system)</li> <li>Provision of obesity care</li> <li>Obesity inclusion in Universal Health Coverage</li> <li>Reduced complications for PLWO</li> <li>Governments allocate budget to obesity</li> <li>Inclusion in global / national funder priorities</li> <li>National obesity strategies and implementation</li> <li>Integrated approaches: obesity, other NCDs, conditions, issues</li> <li>Increased use of non-stigmatising media imagery / language</li> <li>Reduced experience of weight stigma PLWO</li> <li>Reduced obesity-related health inequalities</li> </ul>	<p>Improved quality of life for people living with obesity</p> <p>Plateauing of obesity</p> <p>Reduced obesity</p>
<b>Convening</b>	<ul style="list-style-type: none"> <li>Develop multistakeholder platform and action</li> <li>MAPPSh multi-country mapping project</li> <li>World Obesity Atlas</li> <li>Global Obesity Observatory development</li> <li>Bi-directional data share across networks / partners</li> </ul>	<ul style="list-style-type: none"> <li><b>Engagement / participation:</b> <ul style="list-style-type: none"> <li>views (media, report, research article, position statement)</li> <li>event / discussion</li> <li>research contribution</li> <li>advocacy / representation</li> <li>learning (course / event)</li> </ul> </li> </ul>			
<b>Capacity Building</b>	<ul style="list-style-type: none"> <li>Enhance lived experience data</li> <li>Increase LMIC journal submissions</li> <li>Build obesity evidence (UHC,UPFs, LMICs)</li> </ul>	<ul style="list-style-type: none"> <li>Country-tailored evidence developed</li> </ul>			
<b>Science and Data</b>	<ul style="list-style-type: none"> <li>Cross-cutting PLWO representation</li> <li>SCOPE training for national coalitions</li> <li>SCOPE Schools (LMICs)</li> <li>Global HCP education under WAP</li> <li>Policy/advocacy training</li> <li>PLWO advocacy training</li> <li>Financing capacity building for members</li> <li>SCOPE School partner co-delivery model</li> </ul>	<ul style="list-style-type: none"> <li>New data types / examples</li> <li>Examples of co-production with national / regional partners</li> </ul>			



[www.worldobesity.org](http://www.worldobesity.org)