AN ECONOMIC IMPERATIVE: CATALYSING FUNDING TO ADDRESS OBESITY
Discussion paper, Global Obesity Forum, September 2023

DRAFT VERSION
CONTENTS

- Abbreviations 1
- Summary 2
- The state of play 3
  - Increasing prevalence and ill health...
  - ... and increasing cost
  - ... but action can improve lives and protect economies 3
- If the benefits would be so profound, why is financing not a priority? 5
  - Addressing perceived barriers to financing
  - Framing obesity at the heart of many agendas 6
- Why now? 8
- What should we do? 11
- Menu of options: putting resources to effective use 14
  - In-country level 16
  - At global level 16
- References 17
- Acknowledgements 19

ABBREVIATIONS

DAH
- development assistance for health

frontrunner countries
- 26 countries that are taking forward the WHO’s recommendations on obesity (figure 6)

GDP
- gross domestic product

NCDs
- non-communicable diseases

PHC
- primary health care

PPPR
- pandemic prevention, preparedness and response

SDGs
- Sustainable Development Goals

UHC
- universal health coverage

WDF
- World Diabetes Foundation

WHO
- World Health Organization
1. SUMMARY

Financing for obesity is nowhere near reflective of the level of impact of obesity on health and economies worldwide: sustainable, effective funding is urgently needed.

This paper draws on desk research and expert interviews to make the case for funding to catalyse action by:

- setting out the empirical evidence on the human and financial cost of inaction and the benefits of action;
- clearly addressing the reasons why more is not being done to translate this knowledge into the resourcing that is needed for effective policy and action on obesity and interconnected agendas;
- taking advantage of the current unique set of circumstances to appeal to the ‘heads, hearts and pockets’ of those who hold the purse strings; and
- suggesting ways in which money could be effectively and impactfully spent.

This paper is emphatically not about seeing people living with obesity as being a cost or a burden. Instead, it is about taking advantage of the health and financial savings that can and should be made through a multifunder, multisector approach to obesity. This cannot be achieved without adequate funding for both prevention and treatment. Financing now will make a difference to lives today, and will have a cumulative beneficial effect in coming decades.

A note from World Obesity’s chief executive officer, Johanna Ralston:

“This paper is first and foremost a discussion paper. It is meant to generate questions as well as new ideas, and it will be finalised after the Global Obesity Forum. As you read through, you will notice that there are quotes and suggestions that contradict each other: this is based on a recognition of the multifactorial nature of obesity and the belief that single-silo solutions have impeded progress.

We have an opportunity to work together to really have an impact on obesity. Please read and join this discussion with a spirit of debate and inquiry and, ultimately, shared purpose.

Johanna Ralston, World Obesity
2. THE STATE OF PLAY

Increasing prevalence and ill health...

‘Obesity is the health problem for us in the Western Pacific region’

Sir Collin Tukuitonga, University of Auckland

The trajectory of the prevalence of obesity can seem relentless. As of 2020, 2.6 billion adults and children in the world were above a healthy weight and projections suggest that, by 2030, if the status quo continues this will increase to 3.5 billion people (46% of the global population), of whom 1.5 billion will have obesity.

By 2035, over half the world’s population will be above a healthy weight.

Currently, not one single country in the world is on track to reach a target – set in 2013 by the World Health Organization and approved by all governments – to ‘halt the rise’ of obesity prevalence compared to a 2010 baseline by 2030. In reality, rather than a zero increase, the 2022 Global Obesity Atlas estimates that global obesity is likely to have doubled over this time.

Obesity is both a disease in its own right and a risk factor for many other non-communicable diseases (NCDs), such as cardiovascular disease and type 2 diabetes, and there is a moral imperative to facilitate treatment and management for those with serious diseases including severe obesity. If the tide of obesity is to be turned in the next few years, prevention and weight maintenance are also an urgent priority – both to ensure that those currently at a healthy weight remain so, and that those who currently have overweight or obesity can stabilise or reduce their weight, enabling them to better manage the risk of other health issues and complications. Funding both prevention and treatment is essential, tackling both the symptoms of the disease and also its underlying causes.

... and increasing cost

‘One of the reasons that obesity has been underfunded is because it has been overlooked as a critical form of malnutrition’

Claire Johnson, UNICEF

The financial consequences of obesity are growing and are getting harder to ignore. Health economists have been turning their tools to evaluate global health issues for nearly two decades, but is only recently that the first detailed financial analysis of the potential cost of overweight and obesity at country level has been published.

World Obesity and RTI International have been working together since 2019 on such estimates. These are based on the direct healthcare costs of treating obesity-related diseases (such as type 2 diabetes) and the indirect costs to the economy of absenteeism or presenteeism at work (which decreases productivity) and of premature mortality.* Projections have been provided as far ahead as 2060, taking into account increases in population and age distribution. This work provides strong empirical evidence, setting out the projected impact on gross domestic product (GDP) of obesity on national economies and the global economy.

* The true cost is likely to be even higher, as there are other issues – such as the discrimination and stigma experienced by people living with obesity, which can affect work and education opportunities – which were not able to be included in the estimates.
The findings are stark: if prevention and treatment measures do not improve, the global economic costs of overweight and obesity will rise from around US$2 trillion in 2020 to US$3.23 trillion by 2030 and US$18 trillion by 2060.

Findings on the estimated impact of overweight and obesity on national GDP by 2035 are included in the World Obesity Atlas 2023 for 183 countries, and countries’ preparedness to address obesity is ranked. As figure 1 shows, it is upper-middle income countries that will experience the greatest rise in cost, but there are significant differences between countries. In Jamaica, for example, overweight and obesity rates among adults over age 20 are projected to reach 90% by 2060, at a cost of US$1.5 billion (5.85% of GDP). In China, although overweight and obesity rates will be lower – at around 80% - the economic cost will be US$10.1 trillion by 2060 (3.06% of GDP). And in Vanuatu in the Western Pacific, where overweight and obesity prevalence will be around 90%, the economic cost will be US$307 million, equivalent to an astonishing 12.06% of GDP.

Figure 1: Estimated economic costs of obesity 2020–60 by country income group

These huge figures mask the everyday reality of the impact of obesity to individuals and families. It is often the people least able to afford the consequences who will face the heaviest financial burden of the rise of obesity prevalence: paying out-of-pocket for treatment for obesity-related diseases, losing out on work income, and having to take time off work and school to care for family members. Financing for obesity is a social justice and human rights issue as much as it is an economic imperative. In considering where financing would be best spent, listening to the voices of people living with and affected by obesity is essential, both to identify the most effective routes for action and in advocating for change.
... but action can improve lives and protect economies

However, these estimates are for a world in which the status quo continues. If, instead, obesity can be kept at the level it was in 2019, this could save an astonishing $2.2 trillion every year between 2020 and 2060 (at 2019 prices). Even simply slowing the rate of increase to 5% below the projected levels could provide a saving of US$430 billion annually.

While there are no simple answers, because obesity is complex and rooted in biological, environmental, social and commercial determinants, its very complexity means that addressing any or all of these aspects can make a difference. There are many ways in which funding can help – and success will significantly reduce the financial burden for families and governments, as well as sparing millions of people the emotional and physical repercussions of obesity and related diseases.

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**BOX 1: THE ECONOMIC COST OF INACTION**

The European Association for the Study of Obesity (EASO) has been working on how to calculate the ‘real-time’ direct and indirect costs of not implementing obesity under the NCD framework in Europe. The initial results used a hybrid micro-costing approach based on a targeted literature review, multi-stakeholder expert consultation and value-based health approach economic modelling. The next phase will be to further stress test the model through a peer-review process as well as to develop use cases in key countries and regions across the WHO EURO Region. Work is ongoing and is expected to publish throughout 2024.

‘Europe has a very dynamically evolving agenda on health service delivery for obesity, but ever-decreasing health-specific budgets. The EASO initiative reflects the need for a hands-on approach to be able to rationalise spending for obesity health outcomes. These initiatives demonstrate the universal importance and the need for both civil society and government to take this issue seriously. We look forward to continuing to work together with our partners on this common policy agenda’

Jason Halford, EASO

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**3. IF THE BENEFITS WOULD BE SO PROFOUND, WHY IS FINANCING NOT A PRIORITY?**

**Addressing perceived barriers to financing**

There is a conundrum here. There is compelling data on the rising prevalence and economic impact of obesity, coupled with evidence demonstrating the cost-benefit of action (and the cost of not taking action). The current trajectory is unacceptable both from a human perspective and from an economic perspective, with all countries of the world affected. It also reflects a broader failure to fund the prevention and treatment of NCDs, as box 2 shows.

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**BOX 2: THE BROADER PROBLEM OF NCD FINANCING**

It is not just obesity that is poorly resourced. Non-communicable diseases (NCDs) – many of which, such as type 2 diabetes, many cancers and cardiovascular disease, have obesity as a risk factor – are the leading cause of death in almost all parts of the world. 17 million people die each year from an NCD before they reach the age of 70, with the vast majority (86%) in low- and middle-income countries.

We have known for years that NCDs are dramatically underfunded: ‘where have all the donors gone?’ was asked in 2010 in an article suggesting that less than 3% of development assistance for health (DAH) was spent on NCD from 2001–8, and this figure has barely shifted today. Obesity funding within this is doubtless even smaller (figure 2), though it is not possible formally to estimate this, due to a lack of appropriate data.

However, increased financing for obesity would also benefit a huge number of people within the larger NCD group: for example, an estimated 2017 million cases of type 2 diabetes were attributable to obesity in 2019.

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‘The shyness by official development partners to allocate resources to NCD work is a global phenomenon. They know that many deaths, hospitalisation and health systems stress are due to NCDs, but they still haven’t allocated the resources needed to align to the burden of disease’

Sir Collin Tukuitonga, University of Auckland

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While it is not easy to address obesity, the evidence suggests that it can be done, by taking a genuinely holistic, integrated, whole-of-government and whole-of-society approach. Recommendations from the World Health Assembly, supported by the WHO Acceleration Plan to Stop Obesity, were approved by governments in 2022 and set out high-level actions for WHO Member States, other societal actors and WHO.

But despite this roadmap, obesity is still not a watchword for funders. The need for action, which is visible around us every day in every society, is not yet being translated into financing, either from philanthropic donors, through government DAH, or through consistent delivery of national-level policy and action.
**THE PROBLEM**

- Slow growth – and now too big a challenge? The growth in obesity has taken decades, rising imperceptibly until overweight is the norm in many countries. The full health and economic impacts do not manifest until well beyond the political cycle, so more immediate issues are prioritised in limited fiscal space.

- Fundamentally misunderstood? Obesity is too often seen as individual responsibility, placing blame on the people with or at risk of obesity and blaming governments away from using the regulatory and policy levers that can make a real difference. Failure to understand obesity as a disease also means that other NCDs are afforded higher priority by government and donors – despite obesity also being a major driver of these other conditions.

- Pervasive weight stigma? The prevailing narrative of blame means that people living with obesity are stigmatised in all walks of life – and this conscious or unconscious bias may influence decision-making and lead to a paucity of funding of the disease.

- Too complex? The challenge of the systemic change required for a holistic approach to obesity may seem too daunting, despite the long-term pay-off of better health. Also, obesity is the business of far more than just the health sector – it cuts across a whole range of agendas – and advocates for obesity funding may face challenging conflicts of interest from health-harming industries.

- Failure to frame? Too often, the case for action on obesity is not well made, using the wrong language, failing to identify areas of mutual benefit, and without acknowledging cultural differences (for example, if having obesity is culturally celebrated, there may be little political incentive to act).

- Lack of success? Because of the multi-layered nature of obesity, investments by philanthropic and high-income country governments in individual interventions can seem to have only a small impact. The most effective levers for change are political, legal and institutional, rather than individual.

- Too political? so political will is at the heart of this, tackling the drivers of the obesogenic environment, addressing conflicts of interest with the private sector, and ensuring long-term change.

- Limited fiscal space? Global health budgets are shrinking in strained fiscal times, and much DAH since 2020 has been focused on Covid-19. There is an extremely limited space for health funding by both governments and philanthropic donors, with individual disease areas – such as obesity – being squeezed.

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**THE SOLUTION**

- Build data! Ensuring that policymakers have the information they need to calculate the costs of (in)action – both accurate epidemiological data and strong investment cases for taking cross-sectoral action now.

- Ensure that civil society is funded and strengthened to play a role in obesity prevention and management are at the heart both of national and global agendas – and advocates for obesity funding may face challenging conflicts of interest from health-harming industries.

- Tailor advocacy for different audiences, using appropriate language, framed within different cultural circumstances and the need for person-centred care, and placing people with obesity at the heart of making the case.

- Highlight successes and share best practice, making the case to government for an integrated, long-term approach that moves beyond pilots and rolls out broader, systemic, sustainable, evidence-based action.

- Find and nurture political champions, both within current governments and in the governments of the future, and advocate strongly for change to the public and the media, to build civic responsibility and political pressure. Childhood obesity can be a persuasive and effective way to introduce the urgency of action on obesity into political discourse.

- Advocate for investment in health overall, particularly primary care and environmental health, which is where many of the drivers of obesity lie: obesity prevention and management are at the heart both of UHC and of the right to the highest available standard of physical and mental health.

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**THE KNOWLEDGE/ACTION GAP AND HOW TO FIX IT**

- ‘Obesity takes years to manifest and lags behind many relevant indicators. The data have been building for years on the pressing need to address obesity in lower-income settings – but donors continue to prioritise the funding of other legacy health issues, even as the world surrounding us has changed.’
  
  Rachel Nugent, RTI International

- ‘Having only a focus on changing the behaviour of the individual can deter funding things that really will reduce obesity – namely, food environment regulations and policy implementation.’
  
  Claire Johnson, UNICEF

- ‘Systematic bias and stigmatisation are fundamental to the lack of financing for obesity’
  
  Jason Halford, EASO

- ‘The myth that everyone can fully control their body weight if they “do the right things” must be fundamental to the lack of financing for obesity’
  
  Patricia Nece, Obesity Action Coalition

- ‘The growth in obesity has taken decades, rising imperceptibly until overweight is the norm in many countries. The full health and economic impacts do not manifest until well beyond the political cycle, so more immediate issues are prioritised in limited fiscal space.’
  
  Louise Baur, University of Sydney

- ‘The myth that every person can fully control their body weight if they “do the right things” must be fundamental to the lack of financing for obesity’
  
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  Louise Baur, University of Sydney
Framing obesity at the heart of many agendas

Whether obesity should have separate financing or be included as part of other agendas is not an either/or. Financing can and should be available specifically for obesity, but also take advantage of donors’ interests in other agendas relevant to obesity. Spending on obesity needs to be carefully and explicitly attributed, whatever the source, so that it is possible to better understand how much is being spent and the impact that it has.

First, obesity can be part of wider health funding. It needs to be better integrated into health systems strengthening, primary care and health equity, as well as being more explicitly included in NCD financing. Encouraging donors to spend more in all these areas will ‘raise all boats’, including on obesity and its co-morbidities. As several of the interviews for this report pointed out, this also taps into ongoing prevailing changes in global health, which is moving away from ‘verticalisation’ of spending on specific diseases and conditions.

However, obesity funding through health is not proving to be sufficient: other sources of catalytic funding are needed. Obesity is at the heart of many other agendas but is often not framed as such, so potential funders may not recognise and appreciate that their areas of expertise, interest and resourcing are relevant to obesity.

The need to think laterally, to build the case for addressing obesity through these new areas and to develop relevant funding streams was a consistent theme of the interviews for this report. This will have benefits far beyond obesity: it will help to fulfil the rights of populations to healthy food, to good health systems, to liveable urban environments and to schools that foster learning (figure 4).

‘Obesity is part of so many agendas – maternal and child health, adolescent health, NCDs, primary care, social determinants, mental health, public health, health services, nutrition, physical activity, cancer, heart disease, diabetes, planetary health and many more – but it is never a top priority. Its interconnectedness means it isn’t acknowledged or supported. It’s everywhere but, in the end, nowhere’

Louise Baur, University of Sydney

‘You can’t treat obesity on its own – there are so many related co-morbidities. We need services that treat the whole person, not just obesity: a service that tackles obesity well will tackle other things well, and vice versa. This is what you can be calling for’

Alison Cox, NCD Alliance

‘The compartmentalisation of financing for prevention and control of chronic diseases, including obesity, is increasingly unhelpful. Further compartmentalisation with obesity compounds the problem’

Sir Trevor Hassell, Healthy Caribbean Coalition

‘Different donors want different things: they may be interested in specific areas of the obesity response, or have the focus on the work in-county or at global level. We need to work in all these areas of interest with them’

Francesca Celletti, WHO

‘Advocate for obesity in every room!’

Claire Johnson, UNICEF
Obesity’s relevance to many agendas that are vital for people’s health and wellbeing demonstrates the case for taking a comprehensive, whole-system, whole-of-government approach. Sustained financing can create the ecosystem that allows obesity prevention and treatment to bed in. World Obesity and the European Association for the Study of Obesity encourage a health-promoting environment, with access to support and treatment and to strong health systems that have UHC at their heart.
Policy that calls for more and more effective action and financing on obesity and NCDs is not new. This timeline shows the burgeoning interest at global level since 2000, building on earlier research and efforts by academics and advocates in countries and regions including North America, Australia and Europe. However, compared to overall efforts on NCDs, obesity at a global WHO level then lagged behind (although there have been regional efforts, such as the 2006 European Charter on Counteracting Obesity), until the new WHO recommendations and Acceleration Plan in 2022 began to redress this balance. The momentum on NCDs can also strengthen the case for action on obesity, ahead of the next UN High-level Meeting on NCDs in 2025 and the deadline for the Sustainable Development Goals (SDGs) in 2030.

**Figure 5: Timeline of global NCD and obesity policy**

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*‘The NCD agenda is picking up and would benefit from a combination with the obesity agenda’*

Francesco Branca, WHO

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<table>
<thead>
<tr>
<th>NCDs</th>
<th>Year</th>
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<tbody>
<tr>
<td>Global Strategy on Diet, Physical Activity and Health</td>
<td>2000</td>
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<tr>
<td>WHO, Preventing Chronic Diseases: A Vital Investment</td>
<td>2004</td>
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<tr>
<td>First UN High-level Meeting on NCDs (including Political Declaration)</td>
<td>2005</td>
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<td>WHO Global Coordination Mechanism for NCDs established</td>
<td>2013</td>
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<tr>
<td>SDG 3.4 on NCDs</td>
<td>2014</td>
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<td>Third UNHLM on NCDs (including Political Declaration OP30 and 32)</td>
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<tr>
<td>First Global Dialogue for Sustainable Financing of NCD Prevention and Control</td>
<td>2018</td>
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<tr>
<td>WHO, The Impact of the COVID-19 Pandemic on NCD Resources and Services: Results of a Rapid Assessment</td>
<td>2019</td>
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<td>UNDP/WHO/UNICEF Health4Life catalytic fund launched</td>
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<td>Global NCD Compact (para 23 calls for NCD investment)</td>
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<td>WHO’s Best Buys updated</td>
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<td>Second Global Dialogue for Sustainable Financing of NCD Prevention and Control</td>
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<table>
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<td>UNHLM on NCDs (obesity in para 24 of Political Declaration and also maternal/child obesity)</td>
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<td>Voluntary target on obesity adopted by Member States in the NCD Global Monitoring Framework</td>
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<td>WHO Commission on Ending Childhood Obesity (ECHO)</td>
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<td>UNHLM on NCDs (Political Declaration OP7 on obesity)</td>
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<td>Unified World Obesity Day</td>
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<td>Global Obesity Coalition established</td>
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<td>Global Recommendations on obesity at WHA and Acceleration Plan</td>
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<td>Reporting on WHO Acceleration Plan</td>
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<tr>
<td>Deadline for voluntary targets on NCDs – including keeping obesity to 2010 levels</td>
<td>2025</td>
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4. WHY NOW?

The case for immediate, urgent action is getting stronger by the day: what has been done to date has not had anything like the impact required. There are some encouraging signs that attitudes and understanding are changing in ways that make it more likely that calls for increased funding will be heard and acted upon.

Obesity is increasingly recognised as a disease: an epidemic in its own right. It is hoped that this will make it more at the forefront of government thinking and more likely to be included in health insurance and benefit packages. But more needs doing!

‘Ministers of finance understand drugs being used for diseases – but we haven’t persuaded them all that obesity is a disease’
Karen Sealey, Trinidad and Tobago NCD Alliance

There are some welcome (and long overdue) indications of an increased focus on NCD financing. This is being discussed at the very highest level (such as the 2018 Global Dialogue on Sustainable Financing of NCD Prevention and Control, with a further dialogue expected in 2024), the WHO has established ‘best buys’ in NCDs,* and a catalytic funding mechanism has been established within the UN system.**

‘The optimist in me says that there is a real possibility to start this food system transformation because the problem is so obvious, so ubiquitous and everybody knows in their heart of hearts that there are no simple answers. Maybe we can take lessons from NCDs and accelerate the awareness with solutions that are ready to go.’
Rachel Nugent, RTI International

There has been stable funding for obesity research from the National Institutes of Health in the United States: over eight years it went from $900 million (2015) to $1.2 billion (2023). The European Commission has also supported obesity research through its multi-year and multi-country Horizon 2020 partnerships.

The meaningful involvement of people living with obesity in directing policy and action is becoming more widespread. This should be standard practice everywhere, as people with lived experience are well placed to advise on acceptable and effective courses of action.

‘Obesity is often misunderstood as an individual failure rather than as a disease affected by genetics, biology, mental health, and environment. People with obesity are uniquely qualified experts whose compelling stories need to be heard and understood by anyone working to improve this landscape’
Patricia Nece, Obesity Action Coalition

* Most recently revised in 2022, the ‘best buys’ are 28 cost-effective NCD actions and a further 30 ‘effective interventions’, assessed by WHO and based on criteria including value for money, affordability and feasibility. However, these are for NCDs as a whole – such as standalone diet or physical activity interventions – and although they are good value for money, on their own they are proving inadequate to reduce obesity.

** The Health4Life Fund was established by the UN Interagency Task Force on NCDs as a central fund to which governments and other donors are encouraged to contribute. Countries will then be able to apply for financing for catalytic projects, such as establishing a tax on unhealthy commodities. It has not yet, however, attracted the hoped-for level of attention and resourcing.
The advent of exciting new drugs has shown that treatment of obesity is safe and feasible (box 3).

**BOX 3: ROLE AND LIMITATIONS OF NEW DRUG TREATMENTS**

New drug treatments for obesity are a huge step forward but not a silver bullet: their current price tag puts them out of reach of the majority of the world’s population and this, combined with other barriers to addressing obesity in health systems, means obesity is not yet consistently part of UHC. This is exacerbated by a lack of systematic training to address obesity in health systems. An environment that promotes obesity prevention and management will help to ensure that the effects of new treatments can be sustained and shared.

There may be opportunities to take advantage of the ongoing macro-level changes in approach to global health and health security that are moving away from vertical systems to focus on UHC, on primary health care and on health-systems strengthening – which are at the heart of addressing NCDs and obesity effectively. The prevention and treatment of obesity (not just the NCDs for which it is a risk factor and a co-morbidity) should be explicitly positioned as an essential part of these efforts.

Covid-19 significantly raised awareness of the need to address NCDs and obesity as part of global health security, and specifically pandemic preparedness and response (box 4). People with obesity are at significantly higher risk of serious Covid-19 infection (including hospitalisation and death) – and the impact of lockdown affected risk factors for obesity, both restricting opportunities for physical activity and increasing exposure to unhealthy marketing due to more time spent online.

**BOX 4: NCDS WITHIN PANDEMIC PREVENTION, PREPAREDNESS AND RESPONSE**

NCDs are included in the 2023 UN Political Declaration on Pandemic Prevention, Preparedness and Response (PPPR). This Declaration includes addressing the particular needs of people living with NCDs in pandemics and the necessity of strengthening efforts to address NCDs as part of the PPPR agenda. Individual NCDs (including obesity) are not singled out. However, even the acute global health emergency of Covid-19 did not catalyse the full extent of global action needed.

‘The Covid-19 pandemic has been a wake-up call about the limitations of aid financing: it was a global health emergency in which we failed to get everyone vaccinated or transfer technologies’

Rob Yates, Chatham House
The WHO is increasingly responding to the obesity crisis, both globally and regionally. In 2022, a new set of recommendations were approved by Member States at the World Health Assembly, which have been followed by an Acceleration Plan to Stop Obesity, which is being piloted by 26 ‘frontrunner’ countries (see figure 6).

The Acceleration Plan has five workstreams:
- Evidence-based, impactful and cost-effective action
- Delivery for impact
- Global advocacy
- Engaging partners
- Accountability.

Taken together, these signs make right now the perfect moment to push for funding for a holistic approach to obesity. The new developments at global level – such as the formation of the Global Obesity Coalition* and the WHO recommendations and accompanying Acceleration Plan – can guide where the financing can and should be used. There is much that can be done to catalyse national and global financing to bring obesity resourcing up to a level more commensurate with the burden.

* The Global Obesity Coalition brings together stakeholders as a ‘coalition of the active and of the willing’ to lead, coordinate, and drive action on obesity globally since 2021. WHO, UNICEF AND WOF’s role as funders has been in engaging commitments, building support and aligning around the WHO Acceleration Plan to Stop Obesity.
5. WHAT SHOULD WE DO?

There is good evidence on what is likely to work and efforts have already been made – albeit often with only limited success. Ultimately it is national governments, not donors, that bear responsibility for health – but those with influence and resources can finance and support obesity-specific actions that bolster civil society action and can catalyse systemic change by governments. This includes foundations or charitable organisations, the private sector, investors, governments through development assistance for health, and (with appropriate due diligence and caution to avoid conflicts of interest) the private sector.

“Tackling obesity will require predominantly domestic financing. But there is a role for catalytic financing to help national stakeholders fight their corner better, and take on the political forces”

Rob Yates, Chatham House

Donors should be careful not to crowd out or discourage existing financing flows. Instead, investment in development, including for health, should unlock new sources of funding. This can be done through finding and establishing innovative financing mechanisms, which will need to be carefully adapted to national realities, working closely with local partners. This could include pooling funding / co-funding, impact investing or socially responsible investing.

Making the case for the prevention and treatment of obesity as public health emergency should appeal to the heads, hearts and pockets of those who hold the purse strings, both within and outside government.

- **Heads**: building understanding of the prevalence of the disease and clearly positioning obesity as linked to other priorities such as UHC or climate change (figure 4).
- **Hearts**: empowering people living with obesity to share their stories, setting out the very human cost of obesity at all ages. This is not just about impersonal numbers: obesity affects the lives of individuals of all ages, their families and their communities – not least the impact of stigma.
- **Pockets**: making explicit the financial costs (e.g. investment cases) and potential benefits of action.

**BOX 5: INVESTING IN OBESITY?**

The drivers of obesity are often supported by investors, which invest in the private companies that fuel the commercial determinants of ill health, such as the food industry. This is increasingly a material risk, as consumers become more aware of the pernicious nature of the commercial determinants of health. Investors should consider divesting from companies that drive obesity – a shift in funding that could itself help to create a more health-promoting environment. A previous Global Obesity Forum included promising recent examples of investor action in this space.

So where can money from donors – whether philanthropic, charitable or as part of development assistance for health – be effectively and impactfully spent? The answer is that it can help to strengthen national and global obesity policy through advocacy (making the case) and by demonstrating and supporting what works, which can then catalyse further government action. Examples of all of these are set out in the Menu of Options (p. 16).
Core to these suggestions are the needs to:

A. mainstream obesity, both as part of NCDs but also of other agendas (figure 4), by fostering collaboration and partnerships that take a holistic, people-centred approach;

B. gather up-to-date evidence on the economic burden and the benefits of action of obesity (without consistent, meaningful, accurate metrics, the impact of investment cannot fully be assessed – which is a problem for donors, governments, private sector companies and investors alike); and

C. support rapid, sustainable and permanent action (box 6) to ensure that the environments where we live, learn, work and play are actively supportive of health and of weight maintenance for the whole population, as well as being an important supporting adjunct to those who have received treatment.

‘Vital to success is the concept of shared accountability, in which every constituency and stakeholder group recognises that it is one of many, each with a role to play in obesity prevention and management. It is incumbent on all of us to work together, placing people living with obesity at the centre of all that we do. The obesity community has an opportunity to lead the way on how this could be done’

Johanna Ralston, World Obesity

BOX 6: MAINTAINING PROGRESS
Progress is, unfortunately, not a one-way street. Political pressure and advocacy must continue, as there are examples of where new resource has been withdrawn. For example:

- the UK Government repealed its £100 million budget for weight management services in England in 2022, just a year after introducing it;
- in many parts of the world new infrastructure to encourage active travel was put in during Covid-19 but then removed at the end of the immediate crisis; and
- there are examples of taxes on unhealthy food being repealed – for example, in 2023 the incoming finance minister in Israel revoked the sugar-sweetened beverage tax on his first day in office, without any consultation having taken place.

Together, donors can work to aspire to create a healthier future. The obesity community is advancing as part of a wider, positive change in global health, which is breaking out of disease silos. Obesity should be positioned as being at the heart of this change: indeed, it should be impossible to ignore.

Increased – and intelligent – resourcing for obesity would enable billions of people to thrive, providing weight management options for those who need it and, for all of us, an environment that prevents, rather than fosters, weight gain.
6. MENU OF OPTIONS: PUTTING RESOURCES TO EFFECTIVE USE

In-country level

Financing for obesity at national level is about building political will, and using advocacy and data to catalyse action both by government and by civil-society stakeholders that have influence over the levers that drive obesity. The most appropriate steps to take will depend on the country’s position in the obesity transition and to the level to which action is already being taken.

Any donor considering supporting governments in obesity prevention, management or advocacy efforts at national level should identify the countries that are likely to welcome the support by researching what national policies and plans are already in place, and where priorities currently lie. For example, governments in the WHO frontrunner countries (figure 6) have already prioritised the issues felt to have the greatest potential impact. There are also opportunities to support civil society action that itself will advocate for change – and donors would also do well actively to ensure that people living with obesity are involved in a meaningful way.

Making the case to national-level donors and policymakers

- **Accurate data is essential.** What isn’t measured can’t be managed: if governments do not know the extent of obesity and the impact that it has relative to other diseases (which may traditionally have benefited from more accurate prevalence data) they do not have the information on which to act.
  - Data on obesity prevalence across the lifecourse and across different demographics may be out of date or inaccurate, so funding of surveillance efforts can be of benefit.
  - Once obesity prevalence is known, detailed return on investment cases can be undertaken. A strong investment case will catalyse both action and increased funding.
  - National-level landscape analysis of the institutions, policies, non-governmental organisations and community-based initiatives to address obesity may also be of benefit.

- **Political champions** need to be identified who are willing to make the case to their peers and to take on vested interests. Once the politicians who are amenable to arguments on the need to address obesity have been identified, advocacy resources can be targeted at those who are most likely to listen and take action.

- **Finally, calls for increased health funding across the board will ‘raise all boats’,** particularly when focused on primary health care and health systems strengthening. The 2023 Political Declaration on UHC, for example, calls for an additional 1% of GDP to be spent on primary health care.

Supporting what works in-country

- **Financing technical support for governments** could have a catalytic effect, such as:
  - support for the development of a national or local obesity plan;
  - provision of capacity within the legal environment – such as developing regulation on taxes on unhealthy commodities, marketing restrictions on unhealthy products, and ensuring enforcement;
  - support the adaptation of national clinical guidelines on obesity;
  - assistance with countries’ proposals for funding for obesity from other sources; or
  - support for the Acceleration Plan frontrunner countries with their identified priorities.
Many of those interviewed for this report talked about the need to take a programmatic approach: funding and evaluating pilot programmes to build evidence that change is possible. These could be initiatives on school food, on workplace health, on integrated services or on community-wide programmes. Showing what can be done and demonstrating the benefits can catalyse further initiatives – and further donor funding could also be used to adapt initiatives to new places. Ultimately, the aim would be national adoption and scale-up by governments.

Funding for training for health professionals – physicians, nurses, nutritionists, physiotherapists, midwives and others – will build their capacity to provide appropriate, empathetic and effective support for people living with obesity.

Embedding obesity into other areas is essential if potential new funding streams are to be leveraged (see figure 4). Financing could support the identification of these opportunities for dialogue and to ensure that obesity expertise is in all the relevant rooms.

Support for civil society action is essential:
- People living with obesity need to be financially supported to enable them to take time to advocate for and take part in the development of appropriate and acceptable policy and interventions.
- Convening and establishing networks of obesity stakeholders can ensure better knowledge-transfer on obesity realities and action, and help to spark partnerships at national or local level.

‘We need to work much, much more with civil society in other sectors – in [the Caribbean], for example, the women’s sector isn’t engaged enough in making the case’
Karen Sealey, Trinidad and Tobago NCD Alliance

Finally, actions that make the case to the public help to drive change, such as building demand for healthier products or bolstering calls for improved food labelling. This can be done through many routes, including training for those working in the media on better understanding of obesity and how to address it, or through schools. Over time, improving people’s understanding of obesity can help to intensify the political will for change.

At global level
Making the case for global action

‘We need government champions to say obesity is a public health problem and that we need action: governments listen to governments’
Alison Cox, NCD Alliance

Gather and use the data! This could include financing detailed return-on-investment analyses (including of the total cost of the Acceleration Plan globally and regionally) and a mapping of who is doing what and where in obesity, to enable best-practice sharing through...
... convening international stakeholders to facilitate knowledge transfer and best practice. This will foster greater understanding of what works at different stages of countries’ obesity transition and how best to make links between other health areas, and could specifically include sharing learning from the WHO frontrunner countries. Sharing what works is also an important part of...

... advocacy in a changing world. This can support the shift towards PHC and community-driven investments and making the case that these should specifically include obesity. Advocacy can be aimed at governments and regional health organisations – but also at other potential funders.

‘Funders listen to funders! Strong support from a funder for obesity would encourage others to do so. That would be tremendous leadership’

Louise Baur, University of Sydney

Supporting what works globally

There will be opportunities to support grassroots approaches that are currently being developed such as funding multisector consortia (including patient groups and civil society as a whole) and mechanisms for implementation.

‘My pitch to donors would be to take a more collaborative approach, because we are too often competitive in global health’

Rachel Nugent, RTI International

Donors including governments (through DAH) could provide ‘prime the pump’ funding for WHO’s work on obesity (including at regional level, such as the work of WHO Europe on digital marketing to children)

Identify opportunities to support implementation of the Acceleration Plan and the broader global obesity recommendations.

A further avenue could be for donors to donate to the catalytic Health4Life Fund, funding that could then be drawn on by low- or middle-income governments seeking to address NCDs, including action on obesity.
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