WORLD OBESITY

INVESTING IN ACTION ON OBESITY: CATALYSING THE DOUBLE DIVIDEND

CONTENTS

ABBREVIATIONS

- DAH
  - Development assistance for health
- DRM
  - Domestic resource mobilisation
- ECOSOC
  - United Nations Economic and Social Council
- GDP
  - Gross domestic product
- HFSS
  - High fat, salt and sugar
- HLM4
  - Fourth High-level Meeting of the UN General Assembly on the prevention and control of NCDs and the promotion of mental health and well-being
- IDSF2
  - Second International Dialogue on Sustainable Financing for NCDs and Mental Health
- LMICs
  - Low- and middle-income countries
- NCD
  - Noncommunicable disease
- ODA
  - Overseas development assistance
- PHC
  - Primary health care
- RoI
  - Return on investment
- SDGs
  - Sustainable Development Goals
- SSB
  - Sugar-sweetened beverage
- UHC
  - Universal health coverage
- UN
  - United Nations
- WHO
  - World Health Organization

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KEY MESSAGES

1. *Taking action on obesity saves lives and reduces healthcare costs, with a double dividend of addressing related health conditions.*

At a time when global health financing is being reshaped, investing in solutions that are effective and impactful is more important than ever. Investing in proven obesity prevention and treatment solutions can reap a double dividend: generating health and economic gains while targeting a root cause of the Non-communicable disease (NCD) burden.

2. *Investment in obesity action will deliver economic and development dividends.*

The economic cost of obesity is predicted to reach nearly 3% of global GDP by 2030. Action on obesity will improve countries' chances of achieving the Sustainable Development Goals (SDGs) by accelerating progress on health and other targets.

3. *Investment must focus on multisectoral action.*

As the World Health Organization Recommendations on obesity and Acceleration Plan to Stop Obesity make clear, effective action requires multisectoral action with investment from health, food, education and other sectors to provide comprehensive prevention and management services, in partnership with civil society and people with lived experience.

4. *Resourcing multisectoral action on obesity is entirely feasible.*

Making the case requires appealing to policymakers' heads, hearts and pockets. Countries are already demonstrating that progress is possible and are fast-tracking interventions through the WHO Acceleration Plan. There is an opportunity for donors to step up and support governments and civil society, and for the private sector to contribute through, for example, blended finance models.

5. *Investing in action on obesity is the right thing to do.*

Without action, half the world is being left behind – over 4 billion people will be affected within the next decade. People with lived experience of obesity and related NCDs are the most important advocates for change, and play a vital role in directing investment towards the most appropriate interventions.

6. *Now is the time to mobilise investment.*

Despite ongoing global challenges, there are opportunities in the current context. With the UN stepping up to support governments through the WHO Acceleration Plan, and new pharmacological treatments (GLP-1s) increasingly available, now is the time to mobilise investment.

1. INTRODUCTION

There are currently over one billion people in the world with obesity and almost two billion overweight.[1] Obesity rates have more than doubled since 1990 for adults and more than quadrupled for children and adolescents,[2] with obesity now being the most common form of malnutrition in many countries.[3] Over four billion people will be affected by overweight and obesity within the next decade - the vast majority in low- and middle-income countries (LMICs)[4]. Without action, half the world is being left behind, which jeopardises health and development goals.[5]

Only a handful of countries are on track to achieve SDG 3.4, which committed governments to reduce premature deaths from NCDs by a third.[6] Almost no countries in the world are on track to reach a further target – set in 2013 by the World Health Organization (WHO) and approved by all governments – to 'halt the rise' of obesity prevalence by 2030 compared to a 2010 baseline.[7]

> *'Nearly every country has expressed concern about the rising prevalence of obesity in their population. However, this concern is not reflected in the development of national policies with sufficient infrastructure and funding to make an impact.*
>
> **Simon Barquera, World Obesity Federaton**

Obesity is both a disease in its own right and a driver of other noncommunicable disease (NCDs), contributing to 43% of type 2 diabetes,[8] up to three-quarters of hypertension cases[9], and raising the risk for at least 13 different cancers.[10] People living with obesity also have worse health outcomes across other conditions including HIV, COVID-19 and kidney disease, as well as in maternal and neonatal health.

Compounding these health impacts, the financial consequences of obesity are getting harder to ignore. The World Obesity Federation predicts that the global economic impact of overweight and obesity will reach $3.23 trillion (equivalent to ~3% of GDP) by 2030 if prevention and treatment measures do not improve.[11] Slowing the rate of increase to just 5% below current projected levels could provide a substantial saving of US$430 billion annually.[12]

At the level of 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. Investing in obesity is also a social justice and human rights issue.

Yet, too often, responses to obesity have been fragmented and insufficiently resourced. Obesity is 'everywhere and nowhere' in global health with the result that, despite the devastating health and economic repercussions, it is rarely top of the list of priorities of governments or donors.

Obesity has historically been underfunded, largely due to systemic stigma and misunderstanding.[13] Without accurate data on health expenditure, it remains impossible to know the current financing gap for obesity and other NCDs.[14] In addition, obesity prevention policies have been negatively affected by private-sector lobbying.

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

Claire Johnson, Formerly UNICEF

'The fundamental issue is that society at large doesn't understand that obesity is a global health emergency'

Francesca Celletti, WHO

'The pervasive unhealthy influence of the private sector, especially the food and beverage industry, often deflects financing into ineffective programmes for prevention and treatment of obesity'

Sir Trevor Hassell, Healthy Caribbean Coalition

Health investment today is taking place within a difficult financing landscape. It is crucial to find the most effective ways to invest with the greatest impact on health. Action on obesity provides a double dividend: generating health and economic gains while targeting a root cause of the NCD burden. Despite ongoing global challenges, there are opportunities in the current context. **This is the moment to reframe obesity as a critical investment for health and society.**

2. CONTEXT AND OPPORTUNITIES

Global policies and tools are being developed to help increase and prioritise action on obesity. In 2022, the World Health Assembly adopted a set of recommendations on obesity[15] and in 2023 this was followed by the WHO Acceleration Plan to Stop Obesity,[16] underpinned by new technical resources.[17] GLP-1 receptor agonists and GLP-1/GIP dual agonists represent a transformative advancement in obesity care. In 2025, WHO will issue guidelines on pharmacological treatments for obesity, which are now included on the WHO Essential Medicines List for patients with obesity and diabetes.

While these treatments are currently expensive and are out of reach for many governments' public-health budgets, some will soon be coming off patent, leaving open a market for cheaper, generic drugs. The growing anti-obesity medication market could also drive broader, more comprehensive global efforts to combat obesity, for example through multi-stakeholder partnerships.

There is increasing political and public support for action on obesity. More and more countries are taking action as part of the WHO Acceleration Plan, bolstered by strong political leadership.[18] [19] Civil-society organisations are increasingly engaged in obesity, with a strong focus on the voices and experience of people with lived experience of obesity.[20] However, despite these positive signs, investment in effective, equitable action on obesity that benefits those most in need still falls far short of what is needed. Investment is needed most urgently in low- and middle- income countries (LMICs) where obesity and NCDs are rising fastest, but where systems are least prepared.[21]

As the impact of NCDs on health and sustainable development become harder to ignore, there is growing momentum around the urgency of increased financing for NCDs. In 2024, the World Bank and WHO co-hosted the Second International Dialogue on Sustainable Financing for NCDs and Mental Health (IDSF2), which emphasised the centrality of domestic financing for NCDs, including obesity (key messages from this Dialogue are included throughout).[22]

In a follow-up event led by civil society and co-hosted by the World Obesity Federation, speakers challenged the narrative that there is no money for NCDs and called for accountability mechanisms to ensure governments allocate funds to NCDs. They also highlighted the importance of solidarity in financing and the responsibility of richer countries to support LMICs.

2025 has been a critical year for NCD financing. At the Nutrition for Growth (N4G) Summit, governments and donors committed funding to address malnutrition in all its forms, supported by a new Investment Framework for Nutrition to help guide investment in several areas, including to prevent childhood overweight.[23] In July 2025, world leaders met at the Fourth International Conference on Financing for Development, where negotiators laid the groundwork for long-term tax reform and new public-private cooperation.[24]

At the UN Economic and Social Council (ECOSOC), a historic milestone for obesity in the global agenda was passed with the adoption of a resolution endorsing WHO Director-General's report on the work of the UN Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases.[25]

In 2025, an historic milestone was reached for obesity as a core part of the global development agenda. The WHO Director-General developed a report on the work of the UN Inter-Agency Task Force on the Prevention and Control of NCDs, explicitly recognising the need to act on obesity as a development and systems-level challenge. Crucially, this report has now been endorsed by a resolution adopted by the UN Economic and Social Council (ECOSOC). This is the principal UN body responsible for overseeing SDG implementation, and its decisions and resolutions carry substantial political and normative weight. This is the first time that that ECOSOC has endorsed action explicitly on obesity, placing obesity firmly within the global sustainable development framework. The report calls on the Task Force to 'scale up… to stop obesity'.

In September 2025, Heads of State and Government met at the Fourth High-Level Meeting of the United Nations General Assembly on NCDs and Mental Health (HLM4) to review progress and commit to action and financing for the next phase of the global NCD response towards 2030 and beyond. Although the Political Declaration calls for mobilising adequate and sustainable financing for NCDs, including strengthening of financial protection mechanisms to reduce out-of-pocket expenditure, it fails to recognise the importance of scaling up domestic financing for NCD prevention and control through health taxes. If the world is to achieve the goals it has set, then investment is urgently needed for effective, equitable action on obesity that benefits those most in need.

> *'I urge Member States negotiating the Political Declaration to consider financing obesity prevention and care as a key investment to save lives, money, and deliver on the right to health… Our health systems should recognise obesity care as a right and not a luxury for those of us privileged to afford it.'*
>
> **Amber Huett-Garcia, advocate and person living with obesity,** speaking at the UN Multistakeholder Hearing on NCDs.

3. INVESTING IN MULTISECTORAL ACTION

Obesity is a multifactorial chronic relapsing progressive disease,[26] which requires action from multiple sectors and actors across the life course to prevent and manage. A multisectoral, whole-of-government and whole-of-society approach to obesity is the basis for the WHO Recommendations and WHO Acceleration Plan to Stop Obesity.

Prevention of obesity

Actions such as the WHO 'Best Buys' for NCDs[27] are proven and cost-effective policies that support enabling environments for obesity prevention and management through healthy diets and physical activity. They also benefit outcomes on wider health issues while reaping wider social and environmental dividends too. Implementing all the Best Buys on physical activity would yield a return on investment (RoI) of over 4:1 and, should all those on healthy diets be implemented, the ROI would be almost 14:1.[28]

BOX 1: **BEST BUYS FOR PREVENTING OBESITY**

Cost-effective policies to reduce unhealthy diets

- Reformulation of policies for healthier food and beverage products
- Front-of-pack labelling as part of comprehensive nutrition labelling policies for facilitating consumers' understanding and choice of food for healthy diets
- Public food procurement and service policies for healthy diets
- Behaviour change communication and mass media campaign for healthy diets
- Policies to protect children from the harmful impact of food marketing
- Protection, promotion and support of optimal breastfeeding practices
- Taxation on sugar-sweetened beverages as part of fiscal policies for healthy diets

Cost-effective policies to reduce physical inactivity

- Implement sustained, population wide, best practice communication campaigns to promote physical activity, with links to community-based programmes and environmental improvements to enable and support behaviour change
- Provide physical activity assessment, counselling, and support for behaviour change as part of routine primary health care services

National obesity investment cases demonstrate how financing obesity policies can generate positive financial, economic, social or health-related returns on investment in countries and are recognised as powerful tools in advocacy and policy design.

An investment case for the prevention of childhood and adolescent overweight and obesity in Mexico found implementing five interventions (fiscal policies, restrictions on marketing unhealthy foods to children, social marketing in schools, strengthening school-based interventions and breastfeeding promotion) would result in US$124 billion of economic gains. Fiscal measures alone would result in US$ 55 billion in savings over the model period 2025 to 2090.[29]

A similar investment case in Peru found four interventions (social marketing in schools, promotion and support for breastfeeding at health centres, a healthy food environment in schools and a 20% food subsidy) all yield positive returns on investment and together provide US$13.8 billion of economic gains over a 66-year period.[30]

In China, five interventions (fiscal and regulatory policies, eHealth breastfeeding promotion, school-based interventions, and nutritional counselling by physicians) could result in CNY 13.1 trillion of economic gains between 2025 and 2092. Fiscal and regulatory policies had the strongest RoI, with benefits accruing after 10 years of implementation.[31]

Management of obesity

To accelerate progress, investment is urgently needed to strengthen health systems to ensure early diagnosis, timely intervention, and access to the full continuum of evidence-based treatment options - including behavioural, medical, and surgical modalities - alongside the management of associated comorbidities.

Obesity prevention and management should be a core part of universal health coverage (UHC) packages and NCD programmes across the life course, integrated throughout all parts of the health system, from hospitals to primary-care centres to communities and homes. For people living with comorbidities, addressing obesity can reap a double dividend for controlling other conditions.

> *'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.'*
>
> **Alison Cox, NCD Alliance**

Following the WHO Recommendations and outcomes of the International Dialogue on Sustainable Financing for NCDs, investing in **primary health care (PHC)** can deliver both cost efficiencies and more holistic treatment.

'The policy response to NCD and mental health conditions needs to include a greater focus on publicly financed, PHC-based services'

'There is urgent need to implement policies that improve access and financial protection for individuals needing essential NCD and mental health services'

Second International Dialogue on Sustainable Financing for NCDs and Mental Health

'Include obesity prevention and management in the primary care package. Health care benefit plans should include coverage of a range of obesity prevention and management services in order to avoid out-of-pocket fees.'

WHO Obesity Recommendations

New pharmacological therapies not only reduce the risk of obesity, but also that of type 2 diabetes and its complications, cardiovascular disease and liver cancer, among other conditions. To ensure lasting impact, these innovations must be embedded within comprehensive, scalable and sustainable health system strategies that promote universal, equitable access to prevention, treatment and long-term management of obesity and related NCDs.

An important enabling factor in obesity management is investing in training of the health workforce to ensure that they deliver compassionate care that is free of the stigma that has too often prevented patients from receiving the services they need with the respect they deserve. Care should be person-centred, addressing the medical, psychological and social aspects of obesity for people of all ages.

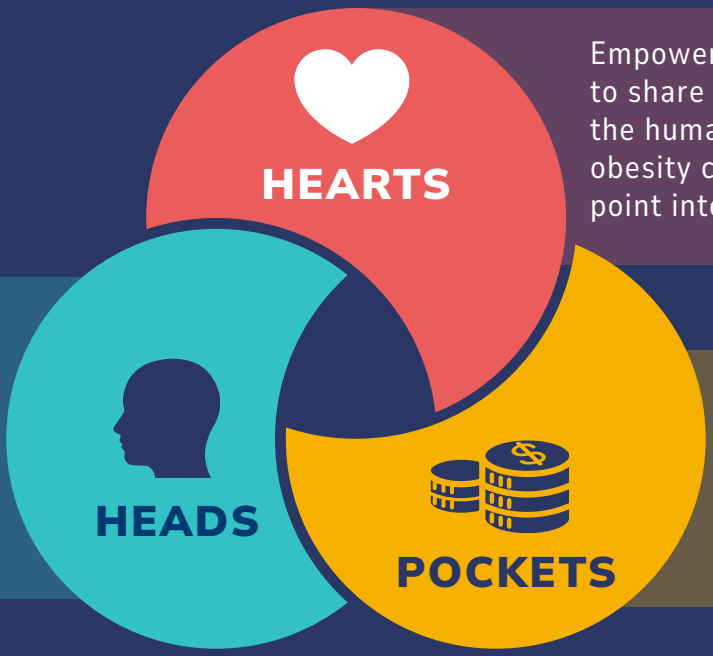
Strengthening civil society

Civil-society collaboration on health issues – notably on tobacco control and on HIV/AIDS – has been highly effective in triggering action by governments. Funding to support people living with NCDs and civil-society organisations is an important route to building the public demand for change that can catalyse government action. By working together, civil society can act as a watchdog, ensuring sustained government action and accountability.

Convening and establishing networks or coalitions of obesity stakeholders can ensure better knowledge transfer on obesity realities and actions and help to spark partnerships at local or national level. Financial resources are crucial for establishing coordinated hubs to facilitate people and organisations in coming together to understand obesity, to share experiences and to call for action.

Civil society can help make the case for obesity by appealing to the heads, hearts and pockets of those who hold the purse strings, both within and outside government (see graphic).

HEADS, HEARTS AND POCKETS:
HOW CIVIL SOCIETY CAN INFLUENCE POLICYMAKERS



Empower people living with obesity to share their stories, making clear the human cost of obesity. Childhood obesity can be an effective entry point into political discourse.

Share data on rising prevalence and impacts. Position obesity as linked to other important policy priorities such as universal health coverage, climate change and child health.

Make explicit the financial costs and cost-effectiveness/RoIs of action.

The most important voices of all are those of people living with and affected by obesity, which can be particularly powerful in galvanising government action.[32] Their views and knowledge are essential in identifying the most effective routes for action and ensuring that policies are fit for purpose and impactful.

Financial support for people living with obesity can facilitate capacity-building (for example, through advocacy training) and enable participation in global and national advocacy and in the development of appropriate, acceptable policy and interventions.[33]

> *'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**

Investing in data and evidence

Consistent, meaningful, accurate metrics are essential to understanding and developing the most effective responses to obesity at population level. 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, they do not have the information on which to act – and too often this is the case.

Investing in coordinated activities to help fill critical gaps in understanding obesity and its impacts should be a priority for governments and research funders.

Different types of data are needed:

- **Prevalence data:** Measured through up-to-date monitoring and surveillance systems, for real-time and trend analysis.[34]
- **Economic data:** Data to describe the cost of obesity can help influence policymakers to invest, especially in Ministries of Finance. Cost-effectiveness data and studies are also needed. [35]
- **Qualitative data:** Insights from lived experience are vitally important in understanding the effectiveness of policies, solutions and stigma.[36]
- **Policy:** Political-economy analysis of institutions, policies and processes help understand implementation bottlenecks.
- **Mapping:** Landscape analyses of national contexts and stakeholder mapping inform advocacy.

BOX 2: WORLD OBESITY'S MAPPS II INITIATIVE

In 2018, the MAPPS I (Management & Advocacy for Providers, Patients and Systems) project identified major gaps in obesity services, particularly in lower-income regions and rural areas, where services were limited or inaccessible. Between 2025 and 2027, the World Obesity Federation will be leading MAPPS II, which will provide an updated understanding of global health systems and investigate the social and commercial determinants of health and inequities in obesity care and prevention pathways.

This innovative project aims to improve obesity care and prevention in health systems through improved evidence generation, coalition building, and policy engagement. MAPPS II will collect global insights through a series of surveys alongside in-depth research in six 'deep dive' countries - where comprehensive obesity care and policy landscapes will be assessed. [37]

MAPPS II
Management & Advocacy for Providers, Patients and Systems

4. FINANCING OBESITY ACTION

National sources of financing

> *'Most of the funding required for NCD and mental health programs will need to come from domestic sources, and public finance needs to increase substantially*
>
> **Second International Dialogue on Sustainable Financing for NCDs and Mental Health**

Governments have the primary responsibility for delivery of equitable health services for the population. Domestic resource mobilisation – rather than external sources – is therefore the main financing avenue for obesity, with governments best placed to allocate resources, implement fiscal measures and streamline service delivery in ways that optimise returns on investment in health.

> *'Health taxes are essential for tackling NCD risk factors and can generate more revenues, making them a win-win for governments'*
>
> **Second International Dialogue on Sustainable Financing for NCDs and Mental Health**

An essential and often underutilised source of funding is the use of **health taxes**. These are excise taxes imposed on products that have a negative impact on public health – tobacco, alcoholic drinks, sugar-sweetened beverages (SSBs) and foods high in fat, salt and sugar (HFSS) – and they are acknowledged by the WHO as a cost-effective 'best buy' in NCD prevention.

The impact of health taxes for obesity is twofold: first, they reduce consumption by raising the price of unhealthy products; secondly, they are revenue-generating – providing new fiscal resource that can be channelled into health-systems strengthening, including obesity prevention and management. Despite the potential benefits, health tax implementation remains low in many countries, often due to interference from health-harming industries.[38]

BOX 3: HEALTH TAX DESIGN AND IMPLEMENTATION

The success of a health tax depends not only on the rate of the tax, but on its type and structure:

- A specific tax is a tax with a fixed value on weight or volume (e.g. $x per ounce of added sugar).
- An ad valorem tax is a tax on the percentage of the product's value (e.g. a tax that is a percentage of the retail price) and can include a specific tax floor (e.g. a percentage of the retail price with a minimum of $x per unit). There can also be a hybrid of the two.
- The tax can also be either uniform (the same tax per unit of product) or tiered (a different tax per unit – e.g. increasing with sugar content or product price).
- Specific taxes tend to be preferable to ad valorem taxes, as they specifically target the health-harming attributes of a product (e.g. sugar) and are also more reliable at generating revenue for governments, provided they are regularly adjusted (e.g. to respond to inflation).[39]

> *'Solutions to the obesity agenda do not lie in silos – this extends to agriculture and social protection and beyond. A challenge is to look for financing and solutions across sectors'*
>
> **Meera Shekar, Formerly World Bank**

Obesity does not exist in isolation: it is part of a wider web of health and social concerns that can be addressed together. Smart integration of obesity action will ensure efficiencies in health systems, leveraging the obesity double dividend.

Prioritising obesity prevention (for example, through ensuring healthier living environments that promote physical activity and healthy eating) and obesity care (for example, by addressing it along with other chronic conditions or during pregnancy) will increase the impact and lower the relative cost. Patients will receive holistic care across their conditions – a more effective and efficient approach.

> *'NCD and mental health policy leaders have several "entry points" for using existing funding more effectively'*
>
> **Second International Dialogue on Sustainable Financing for NCDs and Mental Health**

Recognising co-benefits may also release funding from other sectors. Co-financing – pooling budgets across sectors to finance interventions with multi-sectoral outcomes (see box) – is a novel approach that could have benefits not only for obesity but for achievement of the Sustainable Development Goals more broadly. While leveraging funding in other sectors could offset flat-lining global development assistance for health and optimise public spending.[40]

BOX 4: **CO-FINANCING**

Co-financing is an innovative financing approach in which two or more sectors or budget holders, each with different development objectives, co-fund an intervention or broader investment area that advances their respective objectives simultaneously.

Specific budgetary contributions from each participating sector or budget holder are determined by weighing the impact each would expect from the intervention or intervention area against their willingness to pay, or valuation, of that outcome or impact.

Co-financing does not necessarily require additional resources or increases in capital investment. Instead, it helps optimise allocation of existing resources across sectors to maximise cross-sector outcomes.[41]

Although it is national governments that bear ultimate responsibility for health, **multi-stakeholder partnerships** provide a mechanism for those with resources to finance and support obesity-specific actions that bolster civil-society action and can catalyse systemic change by governments.[42]

Partnerships can take several different forms.

- **Collaborative networks**: working together towards common goals, with operations separate.
- **Integrated partnerships:** involving joint planning, implementation and monitoring.
- **Public-private partnerships**: leveraging resources, efficiency and innovation of the private sector to enhance public-health outcomes.

Engaging the private sector in partnerships can be a fruitful source of financial and technical resources. However, it is imperative that there are rules of engagement, and industry must not be allowed to influence government health and obesity policy. Agreements must be carefully worked out, with clarity around expectations, and with mutually beneficial actions.[43]

Health-harming industries – such as the tobacco, alcohol, sugar-sweetened beverage and high fat, salt and sugar companies – have serious conflicts of interest: engaging with them in public-health initiatives is inappropriate. Other industries, however – such as the sporting goods industry, health insurance, employers in many sectors, and the pharmaceutical industry – are increasingly involved in partnerships, bringing both funding and expertise.

Global sources of financing

Despite the huge burden of disease and accompanying costs in LMICs, and the fact that it is it now the most common form of malnutrition, only a tiny proportion of development assistance for health (DAH) goes towards obesity. Over the last few decades, only around 2% of DAH has been allocated to NCDs[44] as a whole, with obesity a small part within that (for which no formal estimate is available, due to a lack of data).

This shortfall is coupled with DAH budgets currently coming under unprecedented strain. It is more important than ever that what money there is for health is well spent – and it is clear that DAH can play a key catalytic role, along with financing global public goods (such as new products, policy tools and innovations in delivery of care) and addressing cross-border issues that impact on public health such as unhealthy marketing on digital platforms.

'DAH can play a catalytic role in getting NCD and mental health programs going, especially in countries where significant capital investments are needed'

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'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, The London School of Economics and Political Science

One route for catalytic funding is the Health4Life Fund, established by WHO, UNICEF and the UN Development Program, which is open to both governmental and philanthropic donors.[45] LMIC governments are encouraged to apply to the Fund – for example, for resources to establish robust health tax systems. Such global pooling of funds has promise, although it can be challenging to convince donors to combine their resources, as it may require relinquishing control over outcomes.

A major barrier to increasing health spending in LMICs is the burden of debt: donor countries should also consider debt relief as a way to catalyse domestic investment in health.[46]

It is not just governments that can be involved. Philanthropic donors such as Bloomberg[47] and Gasol Foundation[48] are making an impact through funding civil society, research and national level action (see box below). 'Blended finance' - the strategic use of DAH and philanthropic funds to mobilise additional private investments towards health goals in LMICs is being increasingly explored, although the potential application in addressing obesity remains untapped.

While obesity and NCDs remain significantly underfunded relative to their health and economic burden, this is an important avenue through which donors can make a difference. Funders should see investment in NCD civil society as a global public good and emphasise the value it brings to developing holistic and responsive policies and responses.[49]

> *'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**

BOX 5: PHILANTHROPIC FUNDING TO ADDRESS OBESITY

The Gasol Foundation works to reduce childhood obesity in Spain across four key pillars: physical activity, healthy eating, sleep and emotional wellbeing. Over the past decade, more than 260,000 children and their families have participated in its health-promotion initiatives, and the Foundation has supported research and policy activities, including:

- conducting a study on 'Advertising, Nutrition and Children's Rights in Spain', which informed the national policy on restricting marketing of of unhealthy products to children;
- playing a decisive role in Spain joining the WHO Acceleration Plan to STOP Obesity;
- producing a significant body of scientific evidence on the health of children and adolescents; and
- producing a documentary 'Childhood Obesity: The Ignored Pandemic' to raise awareness.

> *'It is time for proper full economic costing and commensurate taxation on the drivers of obesity, divestment from companies that fuel the pandemic and better regulation of food environments to serve the public interest'*
>
> **Kent Buse, Monash University Malaysia**

To address obesity sustainably requires investment in policies and interventions – but there is also an important role for investors to consider divesting funds from companies that drive obesity, particularly as this is becoming a material risk as consumers are increasingly aware of the pernicious nature of the commercial determinants of obesity. There are investor initiatives that encourage and support investors in taking this action.[50 51 52]

5. RECOMMENDATIONS

> *'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.'*
>
> **Johanna Ralston, World Obesity Federation**

Just as successful action on obesity requires a multisectoral approach, so is there no one single source or channel to turn to for investing in obesity. Although national governments have primary responsibility for financing action on obesity, coordinated support from different stakeholders and consistencies will be needed.

Recommendations for governments:

- Join the WHO Acceleration Plan to Stop Obesity and ensure resourcing for multisectoral action across food, health, education, climate and other sectors as recommended by WHO
- Include obesity prevention and management in UHC packages
- Integrate obesity services into existing PHC and NCD programmes and infrastructure
- Implement and /or raise appropriately designed health taxes
- Promote co-financing between sectors to fund multisectoral action
- Establish multi-stakeholder partnerships where conflicts of interest can be managed
- Protect policymaking and budgeting decisions from private-sector interests
- Track and publish data on on obesity and health expenditure

Recommendations for donor governments:

- Allocate DAH to programmes that include addressing malnutrition in all its forms
- Consider debt relief as a key strategy to increase health funding in LMICs

Recommendations for philanthropic donors:

- Provide funding to programmes and initiatives that address obesity and its root causes in LMICs
- Provide funding for civil-society organisations and people living with obesity
- Support governments to implement multisectoral action in line with country priorities
- Fund research to build the evidence base including more investment cases on obesity

Recommendations for UN and multilateral organisations:

- Provide technical and other support for establishing robust domestic resource mobilisation (e.g. health taxes)
- Develop global financing targets for NCDs
- Work with development partners, civil society and the private sector to mobilise resources for implementation of national acceleration road maps to stop obesity.

Recommendations for civil society:

- Coordinate advocacy to make the case for investment (heads, hearts and pockets)
- Support and elevate people with lived experience in advocacy efforts
- Demand health and financial data to inform policy and drive accountability.

Recommendations for private-sector actors:

- The health and wellbeing industry can support civil society and government initiatives to promote the health of customers, employees and communities.
- The pharmaceutical industry can work with countries to promote equity in access and affordability of obesity medications.
- Investors can divest funding from health-harming industries.

FINAL WORD

No one single organisation can turn back the obesity tide and no one single source of funding can currently deliver what is required. Instead, all the many actors involved in a multisectoral and multi-stakeholder approach need to play their parts, seeking out and utilising resources from the many sources available. Even in straitened fiscal times, there are sources of financing that can be unlocked, both domestically and internationally.

The period from today until the SDG horizon in 2030 will set the trajectory for obesity for years to come. Investment will empower civil society to drive a new social movement, changing the narrative and accelerating action on obesity. This demand for accelerated action can drive the political will required for governments to prioritise further investment – which will then create further demand. We all want to live in a health-promoting world with equitable access to healthy environments and health care for all who need it.

There is an opportunity now for leaders to invest in addressing obesity as a way to change the course of global health. At this inflection point for the global health funding landscape, and looking ahead to the the Third International Dialogue on Financing NCDs and Mental Health in 2026, this is a pivotal moment to ensure greater investment in and prioritisation of obesity.

Such investment will benefit not only the billions of people living with or at risk of obesity themselves but also have significant broader double dividends for health and for society.

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