



Joint Position Statement

Ensuring physical activity and nutrition are central to systems supporting the global roll-out of obesity medications (GLP-1)

Introduction

Today, overweight and obesity affect nearly three billion adults (some 38% of the world's adult population) – a number projected to rise to four billion by 2035, according to the [World Obesity Atlas 2023 report](#). Meanwhile, the global economic impact of overweight and obesity is estimated to reach US\$4.32 trillion annually by 2035. Obesity is a major driver of other non-communicable diseases, including various cancers, heart disease, stroke, and type 2 diabetes, which together are responsible for a large proportion of chronic ill health and premature deaths in many of the world's countries.

The availability of effective medications to treat obesity represents a significant development. These medications can play a valuable role in reducing obesity and in the prevention of the 200-plus obesity-associated conditions – as was recognised in the release of the World Health Organization (WHO) global guideline in December 2025, recommending their use for adults diagnosed with obesity by a clinician. (Use of the medications for weight-loss by individuals not living with obesity is contrary to clinical safety evidence and strongly discouraged.)

The medications, however, are not a standalone option or “magic bullet”. They require parallel investment in prevention, particularly to create environments that better support healthy lifestyles in the long-term and provide support to help people with obesity manage the condition and make the physical activity and nutritional lifestyle changes that are needed for the drugs to be effective and safe.

The World Obesity Federation, the Health & Fitness Association, AUSactive, Exercise New Zealand, Fitness Industry Council of Canada, and ukactive jointly assert that physical activity and nutrition must be foundational components of systems supporting the use of obesity medications. Pharmacological interventions (prescribed with

appropriate clinical guidance and support for people diagnosed with obesity) should complement—not replace—comprehensive systems that emphasise prevention and support long-term wellbeing across the life course.

This joint statement sets out the case for wraparound support for obesity medication users and calls on governments, health systems, and international institutions to ensure that the expansion of obesity medications strengthens, rather than displaces, investment in physical activity, nutrition, and supportive environments.

Obesity is a complex, chronic disease

Obesity is driven by a complex interaction of biological, behavioural, environmental, social, and commercial factors. It increases the risk of cardiovascular disease, type 2 diabetes, musculoskeletal conditions, various cancers, and poor mental health, while placing growing pressure on health systems and public finances worldwide.

Obesity medications may be appropriate for individuals living with obesity, when clinically indicated. However, no medication addresses the full complexity of the disease. Without parallel action on physical activity levels, nutrition, and the environments that shape them, pharmacological approaches alone will not deliver durable or equitable outcomes.

It is now understood that complex biological mechanisms regulating appetite and energy expenditure mean that, for many people, sustained weight loss can be extremely difficult without medical intervention.

Together we advocate for governments to create policy that positions obesity medications as part of a broader, integrated strategy that improves population health, reduces inequalities, and supports long-term economic resilience.

It is critical to avoid obesity medications being used as a narrow clinical intervention, which entails significant risks:

- Poor long-term outcomes where medications are discontinued without appropriate long-term care planning and support
- Loss of muscle mass, strength, and functional capacity, particularly among older adults (over 65 years)
- Loss of the wider mental and physical health benefits associated with regular physical activity
- Widening health inequalities if access to supportive services is limited to higher-income groups

These risks reflect well-established evidence and the WHO guideline recommendation that sustainable weight management and health improvement depend on behavioural support, movement, and nutrition—before, during, and after pharmacological treatment.

Why physical activity and good nutrition are essential

The primary value of physical activity and nutrition lies in their independent benefits for physical function, cardiovascular and metabolic health, mental wellbeing, and long-term quality of life. For people living with obesity, physical activity and nutrition are essential to achieving safe, effective, and lasting outcomes alongside medication.

Specifically, they are critical to:

- Maintaining muscle mass, strength, and bone health, particularly during rapid weight loss
- Improving cardiometabolic health, including insulin sensitivity and lipid profiles
- Supporting mental health, cognitive function, and quality of life
- Contributing to healthy weight management by reducing the likelihood of weight regain
- Delivering wider societal benefits, including productivity, independence in older age, and reduced demand on health and social care systems

Importantly, investment in physical activity and nutrition benefits the entire population—not only people prescribed obesity medication—making it central to prevention as well as treatment.

A call to global governments and international institutions

We jointly call on national governments and health system leaders to take the following actions to support the availability of obesity medications:

1. Embed obesity medications within integrated models of care

Ensure national clinical guidelines and reimbursement frameworks include funded access to physical activity interventions, nutrition support, and behaviour change services alongside pharmacological treatment.

2. Protect and strengthen prevention investment

Ring-fence and expand funding for physical activity infrastructure, community programmes, healthy food systems, and workforce development. These are critical not only for preventing obesity, but also for supporting people receiving obesity treatment to achieve better health outcomes.

3. Address equity, access, and stigma

Ensure underserved and lower-income populations have affordable access not only to medication, but also to nutritious food, safe spaces to be active, and culturally appropriate support. Policies should also address weight stigma and discrimination, which remain significant barriers to care, engagement, and wellbeing for people living with obesity.

4. Measure outcomes that matter

Move beyond body size and weight alone. Monitor wider health outcomes, physical activity levels, functional fitness, nutritional quality, mental wellbeing, and long-term maintenance as core indicators of success.

5. Align health and economic policy

Recognise that investment in movement, nutrition, and prevention is a driver of productivity, resilience, and sustainable growth—not solely a health expenditure.

Our shared commitments

As global leaders across obesity, physical activity, and the health and fitness sector, we commit to working together to:

- Promote evidence-based, integrated approaches that combine medication (when clinically indicated) with physical activity and nutrition support
- Support governments, member organisations, and wider stakeholders with policy guidance, data, and international best practice
- Champion the role of qualified professionals and community infrastructure in delivering sustainable outcomes
- Advance research and evaluation on long-term effectiveness, equity, and system-wide impact
- Advocate globally for a whole system approach to obesity, including prevention, management, and care

Conclusion

Obesity medications represent an important advancement, but they are not a standalone solution to obesity. Their success will depend on whether governments choose to embed them within comprehensive systems that foster physical activity and good nutrition, alongside support and treatment for people with clinical need. By adopting integrated frameworks, governments can improve health outcomes, reduce inequalities, and achieve stronger returns on public investment.

The World Obesity Federation, the Health & Fitness Association, AUSactive, Exercise New Zealand, Fitness Industry Council of Canada, and ukactive stand ready to work with governments, health systems, and international partners to deliver this balanced and sustainable approach.