Obesity and Universal Health Coverage: Preparations for the UN High-level Meeting on UHC
What is Universal Health Coverage?

The World Health Organization (WHO) defines Universal Health Coverage (UHC) as the circumstances in which ‘all people can access the quality health services they need without incurring financial hardship.’ UHC is underpinned by a human right to enjoy the highest attainable standard of physical and mental health and is focused around three key pillars of accessibility, affordability and service quality.

Importantly, UHC is about health coverage, not just care, and thus incorporates the full spectrum of quality health services: health promotion, prevention, treatment, rehabilitation, and palliative care.

The 2\textsuperscript{nd} UN High-level Meeting on UHC

The second UN High-Level Meeting (UNHLM) on Universal Health Coverage (UHC) will take place during the United Nations General Assembly in September 2023. This follows the first UNHLM on UHC in 2019 where UN Member States committed to ‘Progressively covering 1 billion additional people, with a view of covering all people by 2030’. This included a commitment to address non-communicable diseases (NCDs) as part of UHC and agreed to take multisectoral action to promote active and healthy lifestyles and ensure a world free from malnutrition in all its forms.

Progress towards achieving UHC is off track, exacerbated by the COVID-19 pandemic which has brought the world further away from the 2023 targets set by the Political Declaration of the first HLM on UHC.

Why is UHC relevant for obesity?

WHO recommendations on obesity include clear criteria for providing a continuum of care through health promotion, disease prevention, diagnosis, treatment and management of obesity which is equitably offered and progressively implemented as part of UHC. In addition, Primary Health Care must include obesity and NCDs as the cornerstone of a sustained, people centred, and integrated health system and the foundation for achieving UHC.

1 billion people globally are estimated to be living with obesity by 2030. No country is on track to meet the WHO’s current global target to halt the rise in obesity by 2025, and in most populations, obesity prevalence continues to rise. The economic impact of obesity has been predicted to be as high as 3.3% of GDP globally by 2060 through avoidable costs associated with obesity-related NCDs, if no action is taken.

Obesity is a disease requiring prevention, management and treatment, and is also a risk factor for NCDs such as type 2 diabetes, cancers, stroke, cardiovascular disease and liver disease. COVID-19 brought to the fore the impact of inaction on obesity, with people living with obesity having worse outcomes from infection.

Health systems are ill-equipped to address obesity and its co-morbidities which put pressure on fragile health systems worldwide. World Obesity Federation’s research shows that people living with obesity face barriers which are aligned with UHC priorities: they often cannot get a diagnosis (because obesity is not classified as a disease) or access the treatment they need from knowledgeable and trained health professionals, and are forced to incur substantial out-of-pocket expenses to receive appropriate medical treatment.

Top perceived barriers to effective obesity treatment

Based on findings from over 100 obesity specialists from 32 countries (last updated March 2019)
Priority actions for UHC and their applicability to obesity

Seven core priority actions within UHC are highlighted below, which the World Obesity Federation has contextualised to ensure the development and implementation of effective obesity policies as part of UHC. Ensuring that UHC provides a framework for the prevention, management and treatment of obesity is a vital element of global efforts to meet 2025 targets on obesity and NCDs and the 2030 Sustainable Development Goals.

1. **High-level political commitment and investment in UHC, ensuring efforts are cross-departmental and cross-sectoral.**
   - **For obesity,** this means investing in prevention, management and treatment of obesity; recognising that obesity is a disease; including obesity in national NCD strategies; and national recommendations and guidelines for a holistic multi-disciplinary approach to obesity.

2. **Leave no one behind, regardless of race, gender, age, citizenship or ability, ensuring all have access to health services without financial hardship. Redressing inequality is at the heart of UHC.**
   - **For obesity,** this means the progressive realisation of equitable access to publicly funded obesity health care, and addressing weight bias, which is often a systemic barrier to access to care.

3. **Investment in health workers, recognising the importance of well-trained professionals for delivering high-quality care.**
   - **For obesity,** this means ensuring that health professionals are trained and equipped in the prevention, management and treatment of obesity.

4. **Community empowerment, giving patients, communities and citizens more control over their health and ensuring civil society are consulted and engaged.**
   - **For obesity,** this includes a person-orientated approach to obesity prevention, management and treatment, which addresses weight stigma and bias and ensures that people with obesity are involved in service design, guidelines and professional training.

5. **Better surveillance and data collection of disease prevalence to ensure care is prioritised and delivered where it is most needed and to aid early diagnosis and secondary prevention.**
   - **For obesity,** this includes national health monitoring survey and/or surveillance that includes measured height and weight, especially in children.

6. **Increase public financing for health, ensuring resources are used equitably and efficiently so that everyone can get the care they need without financial hardship, including through using innovative domestic resource mobilisation.**
   - **For NCDs including obesity,** this could include funding treatment through a tax on sugar-sweetened beverages, tackling both the environmental determinants of obesity and the underfunding of care.

7. **Ensure strong accountability mechanisms, nationally and globally, to monitor progress and commitments.**
   - **For obesity,** this includes monitoring progress towards achieving global obesity targets.

These actions should be underpinned by policies that address the social, commercial and environmental determinants of disease, so as to promote health across whole populations and ensure efficacy of obesity treatment. This will require significant cross-government efforts and is important for preventing obesity across all populations, particularly in vulnerable populations such as children and those from lower socio-economic groups who are most susceptible to these wider determinants of health.
Useful resources

- T. Lobstein et al., ‘Comment: obesity as a disease – some implications for the World Obesity Federation’s advocacy and public health activities’ (2017) Obesity Reviews
  https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32537-6/fulltext
- NCD Alliance, Ensuring Healthy Lives for All: NCDs and UHC (2018):
  https://ncdalliance.org/resources/ensuring-healthy-lives-for-all-ncds-and-uhc
- UHC2030: https://www.uhc2030.org/
- UHC2030 Civil Society Engagement Mechanism (CSEM): https://csemonline.net/
- UN Sustainable Development Goals:
  https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)
  http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1
- World Obesity Federation, MAPPS survey:
  https://www.worldobesity.org/what-we-do/projects/mapps