

WORLD OBESITY

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

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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 UN High-level Meeting on UHC

On 23rd September 2019, the first UN High-level Meeting (HLM) on Universal Health Coverage will take place during the UN General Assembly in New York. All UN member states have already committed to try to achieve UHC by 2030 as part of Sustainable Development Goal 3. UHC is also a priority area within the World Health Organization's 13th General Programme of Work 2019–2023.

UHC is a complex issue and requires balancing disease-specific policies and broader policies to strengthen health systems in high-, middle- and low-income countries. The advocacy leading up to the HLM needs to reflect this, and requires careful consideration messaging to strengthen health systems around the world to the benefit of all disease areas. The following highlights key messaging relating to obesity, within the context of the more general priorities for civil society in the lead-up to the HLM.

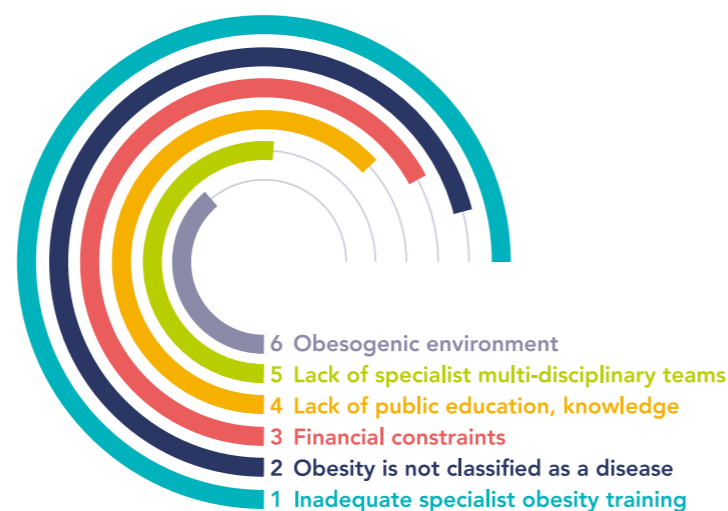
Why is UHC relevant for obesity?

Obesity is a disease in its own right, requiring prevention, management and treatment, and is also a risk factor for NCDs such as type 2 diabetes, certain cancers, stroke, cardiovascular disease and liver disease. By 2025, 2.7 billion adults are expected to be overweight or living with obesity and the global cost of obesity and its co-morbidities is estimated to rise to \$1.2 trillion per year. No country is on track to meet the WHO's current global target to halt the rise in obesity and diabetes by 2025, and in most populations and countries, obesity prevalence continues to rise. At present, health systems

are ill-equipped to address obesity and its consequences, which puts enormous pressure on fragile health systems worldwide.

Research by the World Obesity Federation, based on a survey of over 100 obesity specialists from 32 countries around the world (see chart), has shown that the most commonly cited barriers to obesity treatment align with several UHC priorities. People living with obesity 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, are forced to incur substantial out-of-pocket expenses to receive appropriate medical treatment, and struggle to manage their weight due to environmental pressures. UHC should address all of these issues.

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

- G.A. Bray et al., 'Obesity: a chronic relapsing progressive disease process. A position statement of the World Obesity Federation (2017) *Obesity Reviews*'
<https://onlinelibrary.wiley.com/doi/full/10.1111/obr.12551>
- 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://onlinelibrary.wiley.com/doi/full/10.1111/obr.12554>
- J. Ralston et al., 'Time for a new obesity narrative' (2018) *The Lancet*
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32537-6/fulltext](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.undp.org/content/undp/en/home/sustainable-development-goals/>
- World Health Organization, *Universal Health Coverage Factsheet* (2019):
[https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))
- World Health Organization, *Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage. Director General Report* (2019):
http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_14-en.pdf
- World Health Organization, *Thirteenth General Programme of Work, 2019–2023* (2018):
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>



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