



Press release

Embargoed until 11.30pm UK time / 6.30pm Eastern, 3rd March 2020

All countries significantly off track to meet 2025 WHO targets on Obesity

- On current trends, 1 in 5 adults worldwide are expected to have obesity by 2025, yet all countries fall short of 2025 targets
- Low- and middle-income countries are experiencing the greatest rise, highest numbers and lowest likelihood of meeting WHO targets
- High BMI is estimated to cost health services globally US\$990 billion per year (13% healthcare expenditure)
- Obesity increases the risk of many diseases, including diabetes, cancer and heart disease.
- Governments have previously committed to international targets and are urged to prioritize investment in addressing obesity through obesity treatment services, early intervention and prevention.
- As part of a new World Obesity Day, leading obesity organizations from across the globe are calling for collective action to address the global obesity challenge.

Obesity organizations around the world are coming together on 4 March 2020 to mark World Obesity Day and call for more comprehensive solutions, treatment, and shared accountability for addressing the global epidemic that is obesity [1].

Obesity is a chronic relapsing disease affecting a rapidly increasing number of people worldwide [3]. A new report, published today by the World Obesity Federation, shines a spotlight on the rise in obesity levels around the world and highlights that all countries are worryingly off track to meet the 2025 global targets to which they have committed, despite just 5 years to go [2]. By 2025, global obesity prevalence is predicted to reach 18% in men and surpass 21% in women [4], with many countries experiencing much higher levels. Five countries – US, China, Brazil, India and Russia – account for around a third of all cases of obesity in adults globally.

Once seen as a health concern in high-income countries only, the greatest rise and highest numbers of obesity are now seen in low- and middle-income countries. Countries such as Vietnam, Indonesia and Bangladesh are experiencing some of the most rapid rises [see table 2]. In many of these countries, undernutrition still prevails, and they are now experiencing the double burden of malnutrition. The Pacific Islands and Middle East experience particularly high prevalence of obesity, affecting up to two-thirds of adults in some countries [see table 3].

Left untreated, the consequences of obesity are likely to escalate. This includes an increased risk of other non-communicable diseases (NCDs) such as diabetes, heart disease and some cancers, thus putting the other WHO NCD targets in jeopardy as well. A high BMI has been linked to 217.6 million cases of diabetes [5], 307 million cases of hypertension [6], 11.7 million cases of cardiovascular disease [7] and almost 500,000 cases of certain cancers [8], needing more extensive and costly interventions.

Obesity also has staggering financial and social impacts, as well as an impact on future generations. It has been estimated that the total cost of high BMI to health services globally is US\$990 billion per year [9,10], with the highest costs in the Eastern Mediterranean and America regions [see table 5]. In OECD countries, obesity is estimated to cost 3.3% of total GDP, with the highest cost seen in countries such as Mexico (5.3%) and Brazil (5) [11, See map]. Furthermore, obesity has significant impact on employment, education and mental wellbeing, exacerbated by the stigma and misunderstanding around obesity.

When it comes to a disease like obesity, there is more complexity than meets the eye. Many people – including health care professionals, policymakers, and others are guilty of seeing it as a simple lack of personal responsibility. But like all chronic diseases, the root causes of obesity run much deeper. They can be genetic, psychological, sociocultural, economic, and environmental. Organizations around the world are, today, calling for this cycle of shame and blame to be broken and to re-evaluate our approach for addressing this complex, chronic disease that affects over 650 million adults and more than 125 million children worldwide.

Professor Donna Ryan, President of the World Obesity Federation, said *“Despite government commitments, not a single country is on track to meet the WHO goals. There is no excuse for this inaction. People with obesity require respectful and equitable access to treatment or opportunities for prevention. This requires action from policymakers around the world to address the underlying ROOTS of obesity”*

To mark the first unified World Obesity Day, a Declaration has been drawn up by obesity groups to highlight the five areas – the ROOTS – in which action must be taken by policymakers to achieve the targets on obesity to which they have committed. Signatories to the Declaration are some of the world’s largest obesity organisations, and the Declaration is now open for individual supporters to add their voices to this urgent call for a comprehensive and effective government response to obesity in their own countries [12].

According to Johanna Ralston, Chief Executive Officer of the World Obesity Federation *“The absence of a comprehensive view of obesity has translated into fragmented health systems, weak policies and poor translation of medical knowledge into widely available prevention and care. Obesity does not occur in silos and it will not be solved in them either. That is why we are launching a Declaration on obesity, calling on governments and policymakers to join civil society organisations around the world in supporting greater collective action and to further raise awareness about this serious, chronic disease.”*

[End]

World Obesity Day information

World Obesity Day will take place on 4 March 2020, led by a coalition of organizations around the world who have come together to inspire global change in policy making, attitudes and action on Obesity.

For more information:

Email: WOD@worldobesity.org

Website: www.worldobesityday.org

Twitter: @worldobesityday #WorldObesityDay

The summary report **Obesity: missing the 2025 targets** is available [here](#). The full report is available on request.

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Tables

Table 1: Estimated number of adults over 20 years old living with obesity and severe obesity globally, 2016 [4]

	Overweight BMI 25-29.9kg/m²	Obesity BMI 30-34.9kg/ m²	Severe obesity BMI 35-39.9kg/ m²	Morbid obesity BMI > 40kg/m²
Men	694 million	281 million	67 million	18.7 million
Women	613 million	390 million	136 million	45.4 million
<i>Total</i>	<i>1,307 million</i>	<i>671 million</i>	<i>203 million</i>	<i>64.1 million</i>

Table 2: Countries with the most rapid rise in obesity prevalence 1995-2016 [4]

		Men: CAGR* as %		Women: CAGR* as %
1	Lao PDR	9.5	Vietnam	6.9
2	Vietnam	9.5	Lao PDR	6.6
3	Indonesia	8.8	Burkina Faso	6.1
4	Maldives	8.4	Rwanda	6.1
5	Timor-Leste	8.0	Nepal	6.0
6	China	7.9	Timor-Leste	6.0
7	Thailand	7.9	Bangladesh	5.9
8	Bhutan	7.7	Bhutan	5.9
9	Myanmar	7.7	Cambodia	5.9
10	Rwanda	7.6	Indonesia	5.9

Table 3: Countries with the highest prevalence of obesity [4]

	Country	% men with obesity (BMI >=30kg/m²)	Country	% women with obesity (BMI >=30kg/m²)
1	Nauru	59.9	American Samoa	65.3
2	American Samoa	58.8	Nauru	64.8
3	Cook Islands	54.0	Cook Islands	60.9
4	Palau	53.1	Palau	60.5
5	Marshall Islands	49.8	Marshall Islands	59.0
6	French Polynesia	48.9	Tuvalu	57.9
7	Tuvalu	48.5	French Polynesia	56.9
8	Niue	46.2	Niue	56.8

9	Kiribati	42.9	Samoa	56.6
10	Tonga	42.7	Tonga	56.1

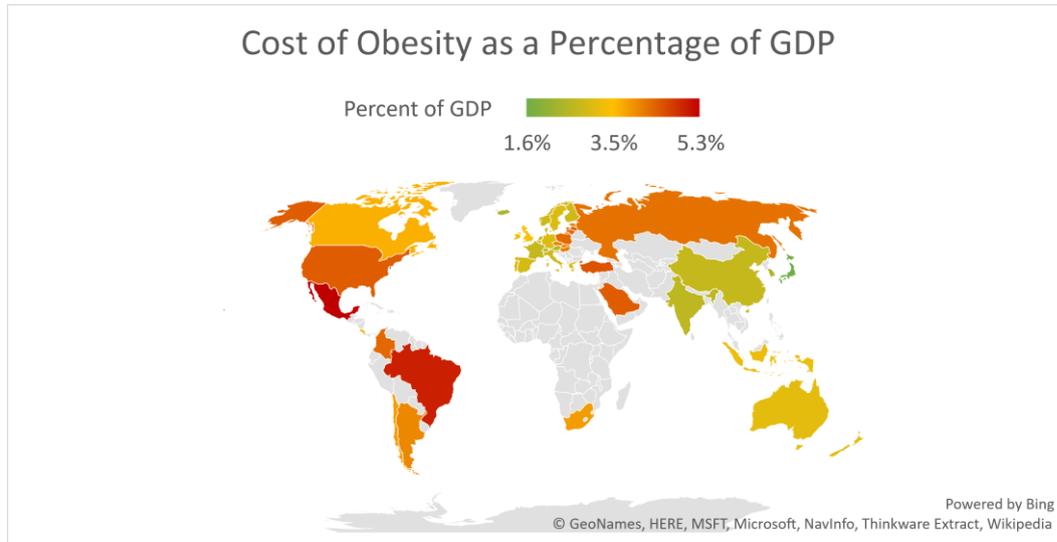
Table 4: Countries with the best chance of meeting the 2025 target for obesity [4]

		men		women
1	Andorra	6%	Andorra	32%
2	American Samoa	3%	Estonia	20%
3	China (Hong Kong)	3%	Latvia	20%
4	Djibouti	3%	Russian Federation	20%
5	Mauritius	3%	China (Hong Kong)	18%
6	Nauru	3%	Lithuania	18%
7	Comoros	2%	Singapore	18%
8	Cyprus	2%	Israel	17%
9	Estonia	2%	Malta	16%

Table 5: Estimated national health care expenditure attributable to overweight and obesity: global and regional (\$US) [9,10]

WHO region	Total health care expenditure (\$US)	Expenditure attributed to high BMI (\$US)	High BMI expenditure as % of total healthcare expenditure
Global	7,482.3bn	990.6bn	13.2%
African Region	84.8bn	7.4bn	8.8%
Region of the Americas	3,784.3bn	669.2bn	17.7%
South-East Asian Region	141.9bn	4.8bn	3.4%
European Region	1,921.4bn	218.5bn	11.4%
Eastern Mediterranean Region	147.8bn	20.1bn	13.6%
Western Pacific Region	1,402.0bn	70.6bn	5.0%

Map: Cost of obesity as percent GDP in OECD countries - provided by RTI International, based on [11]



References:

- [1] See www.worldobesity.org for more information about World Obesity Day
- [2] These targets include a zero increase in obesity prevalence between 2010 and 2025. See: http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R10-en.pdf (see pages 43-44)
- [3] Bray, B.A et al. (2017) See: <https://www.ncbi.nlm.nih.gov/pubmed/28489290>
- [4] NCD Risk Factor Collaboration. (2017) Visit <http://ncdrisc.org/>
- [5] International Diabetes Federation (2019) See: <https://www.diabetesatlas.org/en/>
- [6] World Health Organization (2019) See: <http://apps.who.int/gho/data/>
- [7] Roth GA et al. (2017) See: <https://www.ncbi.nlm.nih.gov/pubmed/28527533>
- [8] Pearson-Stuttard J et al. (2018) See: [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(18\)30150-5/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(18)30150-5/fulltext)
- [9] World Health Organization (2019) See: https://www.who.int/gho/publications/world_health_statistics/2019/EN_WHS_2019_Main.pdf
- [10] World Obesity Federation (2017) See: <https://www.worldobesity.org/resources/resource-library/calculating-the-costs-of-the-consequences-of-obesity>
- [11] OECD (2019) see: https://www.oecd-ilibrary.org/social-issues-migration-health/the-heavy-burden-of-obesity_67450d67-en
- [12] World Obesity Day declaration available at: [Declaration](#)

The summary report **Obesity: missing the 2025 targets** is available [here](#).