Obesity is a disease: global health policy must catch up

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Obesity is a chronic, biologically driven, and progressive disease. It contributes to more than 200 health conditions, including diabetes, cardiovascular disease, and multiple cancers.[1] Yet in global policy, it remains largely invisible. The 2018 UN High-Level Meeting Political Declaration on non-communicable diseases (NCDs) failed to recognise obesity as a disease.[2] Childhood obesity and prevention were only mentioned three times, with no acknowledgement of the broader burden or the need for treatment—a public health failure. 7 years later, many countries still neglect to act on the policy implications. As a result, obesity prevalence continues to grow across all regions. The zero draft of the 2025 High-Level Meeting Political Declaration appears set to repeat this omission.[3]

How we define obesity matters. Definitions shape whether health systems track obesity prevalence, allocate funding to address it, and include prevention and care in essential benefit packages and primary care services. Recognition also justifies investment in prevention, treatment, and a trained workforce capable of delivering long-term care. Despite projections that more than half the world's population will soon be living with overweight or obesity[4] and clear WHO guidance, many governments continue to frame obesity as a matter of personal choice and responsibility. This narrative reinforces stigma and sustains policy inertia. Contributing to this mischaracterisation are the absence of universal diagnostic criteria, the limitations of BMI as a standalone measure, and clinical variability.[5,6] Some people within the public health community also fear that defining obesity as a disease reduces focus on prevention and leads to an overly medicalised response.

Despite increasing rates and well-established drivers, the global response remains insufficient. Aggressive marketing of ultraprocessed foods, combined with structural barriers such as urban design that discourage physical activity, entrench obesogenic environments. Most low-income and middle-income countries (LMICs) lack the funding, infrastructure, and skilled workforce for effective obesity prevention and treatment. In this context, stigma and discrimination persist, and people living with obesity are blamed rather than supported.[7] More than 1 billion people currently live with obesity, with the steepest increases expected between 2020 and 2030 in LMICs.[8] Women, children, and people living in poverty are disproportionately affected, due to unequal exposure to risk factors and limited access to care. For example, in Africa, obesity rates among women are nearly triple those of men and half the female population will have obesity by 2030.[8] Severe obesity is growing fast, yet remains underdiagnosed and untreated. The consequences are stark: lost productivity, premature death, and intergenerational transmission.

Although BMI is a common measurement tool, obesity is far more complex. It is increasingly understood as a so-called defended state, in which the body resists weight loss. This helps explain the effectiveness of glucagon-like peptide-1 (GLP-1) receptor agonists, which regulate appetite and metabolism, much like insulin in diabetes or antihypertensives in cardiovascular disease.[9]

Despite calls for change, obesity remains a policy orphan, excluded from the Sustainable Development Goals and marginalised in NCD frameworks. Without a unified, well-resourced strategy, efforts to reduce prevalence, improve care, or tackle stigma fall short. Recognising obesity as a disease lays the groundwork for a coordinated global response, enabling inclusion in clinical guidelines, and justifying investment in equitable access to treatment. WHO's development of guidelines on GLP-1 receptor agonists reinforces this

***Panel:* Priority actions for the global obesity response**

Recognise obesity as a disease
Embed it in global and national frameworks to drive funding, accountability, and integration.

Regulate food environments
Enforce fiscal and marketing policies to reduce harm and promote healthy diets.

Integrate obesity into primary care
Ensure affordable, equitable access to care, including obesity management medication.

Tackle weight stigma and discrimination
Implement anti-discrimination policies in health systems and beyond.

Invest in the health systems of low-income and middle-income countries
Support capacity building, workforce training, and sustainable treatment access.

shift, urging broader access and recognising obesity as a chronic condition requiring sustained care.

The WHO Acceleration Plan to Stop Obesity offers a promising roadmap.[10] It encourages adaptable, context-specific prevention and treatment strategies. Some countries must prioritise obesity in primary care, others need regulatory reform to address commercial determinants. All must invest, especially LMICs, where infrastructure, training, and affordability remain barriers.

The approach of classifying obesity as a disease is not without risks. A narrow clinical focus, especially for cases in which obesity medications are inaccessible, could worsen health inequities. A health lens must not detract from addressing broader systemic and commercial drivers of obesity. A comprehensive strategy is essential: expand treatment, integrate obesity into NCD services, address stigma, enforce fiscal and regulatory measures, and include people with lived experience in planning. The global response should follow the integrated, rights-based approach that transformed HIV prevention, treatment, and care.[11]

We propose a bold but necessary agenda, informed by lessons from the HIV response: zero stigma, zero barriers to care, and zero increase in prevalence (panel). These goals are ambitious, but achievable. The 2025 UN High-Level Meeting on NCDs is a defining opportunity to reframe the global response. Obesity is not a future crisis. It is here and it is solvable, if we treat it like the disease it is.

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