



Obesity: missing the 2025 targets

Executive Summary



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Introduction

Obesity: missing the 2025 targets provides the latest evidence for progress towards meeting the WHO obesity target of no increase in the prevalence of adult obesity between 2010 and 2025. It also presents data on the costs and comorbidities of obesity as well as country reports for 200 countries.

Obesity is a chronic relapsing disease affecting a rapidly increasing number of people worldwide. By 2025, global obesity prevalence is predicted to reach 18% in men and surpass 21% in women. Left untreated, the consequences of obesity are likely to escalate, as the numbers of people living with obesity

rises and as the prolonged duration of obesity increases the risk of non-communicable diseases, including diabetes, cardiovascular disease, liver disease and certain cancers, needing more extensive and costly interventions.



Key findings

ADULTS

On current trends, 1 in 5 adults worldwide are expected to be affected by obesity by 2025. One third of these will be living with severe obesity (BMI above 35 kg/m²) and at high risk of other NCDs requiring medical intervention.

Estimated number of adults over 20 years old living with obesity globally, 2016 (1)

	Overweight BMI 25-29.9kg/m ²	Obesity BMI ≥30kg/m ²	Severe obesity BMI ≥35kg/m ²	Morbid obesity BMI ≥40kg/m ²
Male	694 million	281 Million	67 Million	18.7 Million
Female	613 Million	390 Million	136 Million	45.4 Million
Total	1,307 Million	671 Million	203 Million	64.1 Million

GLOBAL RISE

In 2013, the Member States of the World Health Assembly agreed to a set of voluntary targets to reduce NCDs, including to, by 2025, halt the rise in obesity at 2010 levels. Missing the global 2025 targets considers the prospects for meeting this ambitious target. It takes the latest standardised estimates for obesity prevalence in each country, the long-term trends, existing predictions, and reports the current likelihood for meeting the 2025 targets for each of 200 countries. **The results show most countries have a less than 10% chance of meeting the 2025 target for halting the rise in obesity.**

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. In many of these countries, undernutrition still prevails, and they are now experiencing the double burden of malnutrition.

Countries with the most rapid rise in obesity prevalence 1995-2016 (1)

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

'CAGR as %' = Compound annualised percentage change over the period

Key findings continued

CHILDREN

The prevalence of childhood obesity has risen dramatically worldwide, and is documented in the World Obesity Federation's 2019 Atlas of Childhood Obesity (<https://www.worldobesity.org/nlsegmentation/global-atlas-on-childhood-obesity>).

Global targets for childhood obesity are similar to those for adults, with no increase in the prevalence of obesity by 2025, based on 2010 levels. Few countries have a better than 50% chance of meeting these targets. An estimated 205.5 million children ages 5-19 will be affected by obesity by 2025.

Percentage and numbers of children ages 5-19 living with obesity: regional and global estimates, 2010, 2016 and predicted 2025 (1,2)

	2010	2016	2025	Estimated numbers in 2025
Global	4.9%	6.8%	10.5%	205.5m*
African Region	1.8%	2.8%	5.2%	23.5m
Region of the Americas	12.5%	14.4%	18.1%	42.0m
South-East Asian Region	6.2%	8.2%	12.0%	26.4m
European Region	6.9%	8.6%	11.2%	18.4m
Eastern Mediterranean Region	1.7%	3.0%	6.3%	32.0m
Western Pacific Region	5.6%	9.6%	16.9%	61.8m

* includes 1.3m outside WHO regions (primarily Taiwan, Hong Kong and North Korea)

NON-COMMUNICABLE DISEASES

Failing to meet the obesity targets also puts other NCD targets in jeopardy, including the overall target to reduce NCD mortality by 25% by 2025.

The report includes estimates for the number of cases of the major NCDs that are attributable to obesity.

Estimated cases of NCDs attributable to obesity globally

	Number of cases attributable to obesity
Global diabetes (3)	217.6m
Global hypertension (4)	307m
Global heart disease (5)	11.7m
Global cancer (6)	481,212

COSTS

The costs of obesity and obesity-related disease are increasing. The report includes estimated figures for the cost of high BMI to health services. It is estimated that the total cost of high BMI to health services globally is US\$ 990 billion per year, over 13% of all healthcare expenditure. Obesity also results in a number of indirect costs such as impaired

productivity, lost life years, and reduced quality of life. The combined direct and indirect healthcare costs are estimated at currently approximately 3.3% of total GDP in OECD countries (9), a figure which is expected to grow, impairing economic growth and straining national healthcare budgets.

Estimated national healthcare expenditure attributable to overweight and obesity: global and regional (7,8)

WHO region	Total healthcare expenditure (\$US)	Expenditure attributed to high BMI (\$US)	High BMI expenditure as % of total healthcare expenditure
Global	7,482.3 bn	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%

Calls to action

Every government in the world has committed to international targets to address obesity. There is no excuse for inaction.

People with obesity require respectful and equitable access to treatment and clinical management services. Those at risk require equitable opportunities for obesity prevention.

These actions require systematic, multi-sectoral policy action by each government that recognises and addresses the underlying ROOTS of obesity:

- **R**ecognise officially that obesity is a chronic, multifactorial disease as well as a driver of other diseases, with serious implications for individuals, families, societies and economies.
- **O**besity monitoring and surveillance, and innovative research into the causes and effective strategies for preventing and treating obesity, must be vigorously promoted and supported.
- **O**besity prevention strategies must be developed, tested and implemented across the life course, from preconception, through childhood, and into older age.
- **T**reatment of obesity, using evidence-based, dignified, non-stigmatising and person-centred approaches – including behavioural, pharmacological, digital, nutritional, physical activity based and surgical interventions – should be accessible to all people with obesity.
- **S**ystems-based approaches should be applied to the management of obesity, aimed at strengthening health systems, enabling obesity's incorporation into primary and secondary care, and addressing the environmental, social and commercial roots of obesity.



Notes and References:

The report sits alongside World Obesity Federation's Global Obesity Observatory which provides a wide range of interactive maps and downloadable graphics based on measured surveys and information on obesity related to risk factors, comorbidities and actions. Visit <https://www.worldobesitydata.org/>

World Obesity Federation has also gathered intelligence on national healthcare systems and practices for obesity policy, prevention and treatment, as well as hosting a repository of information on policies and case studies relevant to obesity.

DATA SOURCES

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9. OECD (2019) *The Heavy Burden of Obesity: The Economics of Prevention*. OECD Health Policy Studies, OECD Publishing: Paris.

Full atlas available at www.worldobesity.org

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