



## **ADDRESSING OBESITY TOGETHER: 8 billion reasons to act on obesity**

World Obesity Day and World Obesity Day Europe are held annually on March 4.

In 2026, World Obesity Day Europe ([www.woday.eu](http://www.woday.eu)) continues with the theme "Addressing Obesity Together" while supporting the global message that there are 8 billion reasons to act on obesity (<https://www.worldobesityday.org>)

The European focus for World Obesity Day Europe 2026 is to create a clearer understanding of obesity treatments and the correct, essential use of 360-degree treatment to manage the disease.

European and international expert bodies classify obesity as a chronic, relapsing disease that requires long-term, 360-degree management. This comprehensive approach includes:

- **Prevention** – creating healthier environments and supporting healthy behaviours from the earliest years
- **Lifestyle support** – evidence-based nutrition and physical activity interventions
- **Psychological care** – addressing mental health, eating behaviours, and the psychological impact of obesity
- **Pharmacotherapy** – access to appropriate, evidence-based medical treatments
- **Surgery** – bariatric and metabolic surgery, and endobariatric surgery, where either is clinically indicated

Yet across Europe, health systems are failing to provide this comprehensive care. Most people living with obesity do not have access to the full range of evidence-based treatments they need. This must change.

The costs of failure to treat obesity can be translated into human and economic terms. Not least, it is a gateway to many other Non-Communicable Diseases (NCDs), including cardiovascular diseases, renal disease, liver diseases and at least 13 types of cancer.

Immediate action on obesity is a critical step in reducing the EU burden of such other chronic diseases.

### **DRIVE POLICY CHANGE:**

Creating a healthier environment that prioritises obesity as a health issue, our multidisciplinary group of stakeholders, including patient leaders and advocates across the

community of European health professionals, is working to lead policy changes at regional, national, and local levels to build robust support systems for the future. We want to ensure that people living with obesity across Europe receive the right treatment and management at the right time. Delayed treatment and management is costing lives and drastically increases the risk of developing other NCDs. We can't wait.

### **AMPLIFY VOICES:**

Together, we are forging collaborations to share experiences across disease areas, inspiring and uniting a Europe-wide community to work towards our common goals. By Addressing Obesity Together, we are stronger.

### **ADDRESS STIGMA:**

We must work together to reduce stigma around obesity by promoting evidence-based understanding and advocating for systemic change. #WODEurope provides an opportunity to educate across stakeholder groups to challenge the misconception that obesity is a result of personal choices. Our campaign supports the use of appropriate, non-stigmatising person-first language and provides opportunities to reach out to primary care physicians and other healthcare professionals. It helps us connect with policy communities and serves as a platform to push for responsible, accurate media representation of obesity as a chronic disease. Stigma has no place in healthcare systems, in media, in government or in society,

Systemic change is relevant for all stakeholder groups, from policy through to practice.

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## **World Obesity Day in Numbers**

### **Obesity Statistics Summary: WHO European Region and Global Data**

#### **Reference Sources:**

- *World Obesity Federation Obesity Atlas 2025* <https://www.worldobesity.org/resources/resource-library/world-obesity-atlas-2025>
- *WHO European Childhood Obesity Surveillance Initiative (COSI) Round 6, 2022-2024* <https://www.who.int/europe/publications/m/item/brief-review-of-results-from-round-6-of-cosi-2022-2024>

### **WHO European Region - Adults**

There are an estimated **153 million adults** in the WHO European Region currently living with obesity (BMI  $\geq 30$  kg/m<sup>2</sup>), comprising approximately 69 million men and 84 million women. A further **238 million adults** are living with overweight (BMI 25-30 kg/m<sup>2</sup>), comprising approximately 136 million men and 102 million women. Together, this amounts to **approximately 391 million adults** or around **59-60% of the adult population** living with overweight or obesity.

Assuming no significant interventions, it is estimated that by 2030, approximately **65% of the adult population** will be living with overweight or obesity (**231 million men** at 65% prevalence and **198 million women** at 52% prevalence, totalling approximately **429 million adults**).

## WHO European Region - Children

The number of children (aged 6-9 years) in the WHO European Region living with overweight or obesity is estimated at **25%** based on the most recent COSI data (2022-2024). Specifically, **11% of children** in this age group are living with obesity, with a higher prevalence among boys (13%) compared to girls (9%).

Among the 37 countries participating in the COSI Round 6 survey:

- In more than half of participating countries, at least **1 in 10 children** is living with obesity
- In several southern European countries, nearly **1 in 5 children** is living with obesity
- Overall prevalence of overweight (including obesity) ranges from 9% to 42% across countries
- The prevalence of obesity ranges from 3% to 20% across countries
- In 11 countries, **1 in 3 children or more** were living with overweight

**Note:** The 2025 Atlas does not provide projections for children. Based on the World Obesity Atlas 2023, which remains the most recent source for children's projections in the European Region, it is estimated that by 2035 approximately 28 million children aged 5-19 will be living with obesity (17 million boys and 11 million girls), representing a 61% increase for boys and a 75% increase for girls from 2020 baseline figures. The most recent observational data from WHO COSI Round 6 (2022-2024) confirms that childhood obesity remains alarmingly high, with 1 in 10 children aged 6-9 currently living with obesity, suggesting these 2035 projections remain on track without significant policy intervention.

## Global Statistics - Adults

Globally, it is estimated that more than **1.1 billion adults** are living with obesity (BMI  $\geq 30$  kg/m<sup>2</sup>) and approximately **1.8 billion** are living with overweight (BMI 25-30 kg/m<sup>2</sup>). Together this represents approximately **50% of the world's adult population** projected for 2030 (nearly **2.9 billion adults** with high BMI).

Breaking down the 2030 projections by obesity class:

- **Overweight (BMI 25-30 kg/m<sup>2</sup>):** approximately 1.8 billion adults (966 million men and 834 million women)
- **Obesity Class I (BMI 30-35 kg/m<sup>2</sup>):** approximately 745 million adults (346 million men and 399 million women)
- **Obesity Class II and above (BMI  $\geq 35$  kg/m<sup>2</sup>):** approximately 385 million adults (141 million men and 244 million women)

This represents a **115% increase** in adults living with obesity between 2010 and 2030 (from 524 million to 1.13 billion).

## Key Global Health Impacts

- **1.6 million premature deaths** from non-communicable diseases (NCDs) such as diabetes, cancer, heart disease, and stroke are directly attributable to high BMI annually
- High BMI accounts for **15% of preventable premature NCD deaths** globally
- **55% of premature deaths from type 2 diabetes** are attributable to high BMI
- Over **44 million adult person-years** of ill health from NCDs are attributable to high BMI (27% of all NCD-related ill health from known risk factors)

## Policy Readiness

The 2025 Atlas reveals critical gaps in global preparedness:

- **Two-thirds of countries** worldwide have none or just one of the five key policies in place to address obesity
- Only **7% of countries** have health systems adequately prepared to address obesity
- Only **13 countries** have all eight health system readiness indicators in operation
- **No country** has implemented all five recommended obesity prevention policies

## Regional Differences

The burden of obesity varies significantly by WHO region and World Bank income level:

- **Middle-income countries** are experiencing the fastest growth in obesity prevalence
- **Two in every three adults with BMI >35 kg/m<sup>2</sup>** are expected to be living in middle- and lower-income countries by 2030
- The **Americas, Southeast Asia, and Western Pacific** regions show the highest rates of disability and death attributable to overweight and obesity

### Data Notes:

- *Adult data is based on the World Obesity Atlas 2025, using projections to 2030*
- *The 2025 Atlas focuses exclusively on adults aged 20+ and does not include children's obesity statistics.*
- *Children's data for the European Region are based on the WHO COSI Round 6 (2022-2024), which measures children aged 6-9 years.*
- *Historical children's projections referenced are from the World Obesity Atlas 2023*
- *All prevalence figures are based on WHO definitions of overweight and obesity using body mass index (BMI)*

Please note that the Obesity Atlas is due to be updated with a 2026 version on March 4. So some of these figures may change

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# Obesity and Non-Communicable Diseases

Obesity is a chronic, complex disease that can cause or lead to an increased risk of many other non-communicable diseases (NCDs).

Among them are many cardiovascular-renal-metabolic diseases that are highly prevalent worldwide:

**>2.5 billion people\*** live with hyperlipidaemia[1]. Hyperlipidaemia (high cholesterol) is an excess of lipids or fats in your blood. This can increase the risk of a heart attack and stroke because blood can't flow through the arteries easily.

**~1.66 billion people** live with Metabolically Dysregulated Steatotic Liver Disease (MASLD)[2]†. Metabolically dysregulated steatotic liver disease is a condition in which fat builds up in the liver. It was once called non-alcoholic fatty liver disease (NAFLD). MASLD may not cause symptoms. Having obesity or Type 2 diabetes increases the risk of developing it. Around 20-30% of those living with MASLD will progress to Metabolic Dysfunction-Associated Steatohepatitis (MASH)[3,4]. MASH is inflammation of the liver caused by excess fat cells (steatotic liver disease). Chronic inflammation causes progressive liver damage. MASH resembles hepatitis caused by alcohol use, but it stems from something else. It's most often associated with overweight, high blood lipids and high blood sugar.

**~1.4 billion people** aged 30-79 years live with hypertension[5]‡. Hypertension (high blood pressure) is when the pressure in your blood vessels is too high (140/90 mmHg or higher). It is common but can be serious if not treated. People with high blood pressure may not feel symptoms. The only way to know is to get your blood pressure checked.

**~788 million people** live with chronic kidney disease (CKD)[6]. Chronic kidney disease means the kidneys are damaged and can't filter blood properly. The main risk factors for developing kidney disease are obesity, diabetes, high blood pressure, and heart disease.

**~523 million people** live with cardiovascular disease (CVD)[7]¶. Cardiovascular disease is a general term for conditions affecting the heart or blood vessels. It is usually associated with a build-up of fatty deposits inside the arteries (atherosclerosis) and an increased risk of blood clots. It can also damage arteries in organs such as the brain, heart, kidneys, and eyes.

**~590 million people** live with diabetes (all types)[8]#. Type 2 diabetes (T2D) accounts for approximately 96% of all diabetes cases. Type 2 diabetes happens when your body can't use insulin properly. Without treatment, Type 2 diabetes can cause various health problems, like heart disease, kidney disease and stroke.

**~64 million people** live with Heart Failure (HF)[9]\*\*. Heart failure means the heart cannot properly pump blood around the body. It usually happens because the heart has become too weak or stiff. Obesity is often a significant factor.

Heart failure does not mean your heart has stopped working. It means that some support is needed to help it work better. It can occur at any age but is most common in older people. Heart failure is a long-term condition that tends to get gradually worse over time.

## Footnotes

\*Based on the global prevalence (~39%) of raised plasma total cholesterol levels among adults aged  $\geq 25$  years in 2008 (global population was 6.7 billion in 2008)[10]. Note: More recent meta-analyses report prevalence rates of 24.1% for hypercholesterolemia and 38.4% for low HDL-C, though definitions vary [1].

†Estimated prevalent cases of MASLD in 2019; global prevalence estimated at approximately 30% of adults[2, 11].

‡Number of people aged 30-79 years with hypertension in 2024 (updated from 1.28 billion in 2019)[5].

|Number of people aged 20+ with CKD in 2023 (updated from 843 million in 2017)[6].

¶Prevalence data for 2019; CV disease from 11 causes, including ischaemic heart disease, stroke, hypertensive heart disease and disability due to HF[7].

#Prevalence data for 2024; total diabetes (all types) with Type 2 diabetes representing ~96% of cases[8, 12].

\*\*Prevalence data for 2017 remain the most recent global estimate, though regional data suggest continued increases [9, 13]. \*\*

## References

[1] NCD Risk Factor Collaboration. Meta-analyses show global prevalence of hypercholesterolemia at 24.1% and low HDL-C at 38.4%: contemporary estimates, 2024.

[2] Younossi ZN, et al. *Hepatology* 2023;77:1335-1347. The global prevalence of MASLD is estimated at 1.66 billion cases (approximately 30% of adults) as of 2019.

[3] Fernando DH, et al. *Int J Mol Sci* 2019;20:5037. Estimates 20-30% progression from MASLD to MASH.

[4] *Frontiers in Cell and Developmental Biology*. 2024. Current progression from MASLD to cirrhosis is estimated at 4%, with 20% of MASH patients progressing to cirrhosis.

[5] World Health Organization. *Global Health Data 2024*. Hypertension affects 1.4 billion adults globally, up from 650 million in 1990 and 1.28 billion in 2019.

[6] *Global Burden of Disease Study 2023*. An estimated 788 million people aged 20+ had CKD in 2023, up from 378 million in 1990.

[7] *GBD 2019 Diseases and Injuries Collaborators*. *Lancet* 2020;396:1204-1222. Prevalent cases of total CVD reached 523 million in 2019.

[8] *IDF Diabetes Atlas 11th Edition, 2025*. *The Lancet Diabetes & Endocrinology*, December 2025. Global diabetes prevalence is estimated at 11.11% of adults (590 million people aged 20-79) in 2024, with Type 2 diabetes accounting for ~96% of cases.

[9] *GBD 2017 Disease and Injury Incidence and Prevalence Collaborators*. *Lancet* 2018;392:1789-1858. The global prevalence of heart failure was estimated at 64 million in 2017. Multiple subsequent reviews confirm this estimate remains current.

[10] *2008 World Population Data Sheet*. 2008. Available at [https://www.prb.org/wp-content/uploads/2008/08/2008-WPDS\\_Eng.pdf](https://www.prb.org/wp-content/uploads/2008/08/2008-WPDS_Eng.pdf). Last accessed October 2024.

[11] Younossi ZM, et al. *Epidemiology of metabolic dysfunction-associated steatotic liver disease*. *Clin Mol Hepatol*. 2025 Feb;31(Suppl):S32-S50.

[12] *IDF Diabetes Atlas. Global Diabetes Facts and Figures 2025*. <https://idf.org/about-diabetes/diabetes-facts-figures/>

[13] Khan MS, et al. *Global epidemiology of heart failure*. *Nat Rev Cardiol*. 2024;21(10):717-734.

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