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Confronting Global Obesity Epidemic: Art of Simplicity, Puzzle of Complexity

Obesity, a chronic complex disease defined by excessive adiposity that can impair health, is currently considered a global epidemic. It is in most cases a multifactorial disease due to obesogenic environments, psycho-social factors and genetic variants. Body mass index (BMI) is a surrogate marker of adiposity calculated as weight (kg)/height² (m²). By 2030 it is predicted that 1 in 5 women and 1 in 7 men will be living with obesity (BMI \geq 30kg/m²), equating to over 1 billion people globally.¹ The global burden and threat of obesity constitutes a major public health challenge that undermines social and economic development throughout the world.

Previously considered as a high-income country problem, obesity is now prevalent in low- and middle- income countries (LMICs), particularly in urban settings. The greatest number of people with obesity now live in LMICs, where the systems are severely underprepared and ill-equipped to effectively address obesity and its consequences. The new Obesity-NCD Preparedness Ranking highlights that many of the countries ranked lowest for preparedness are LMICs where the obesity rates are rising fastest and health system capacity is lowest, showing the need for strong prevention policies, as well as health system policies.

An energy imbalance between calories consumed and calories expended, the fundamental cause of obesity are highly influenced by the surrounding environment. Globally, there have been an increased intake of energy-dense foods that are rich in fat and sugars, and a decrease in physical activity due to the increasingly sedentary lifestyle changes, influenced by the environmental and societal changes associated with development and lack of supportive policies in health, education, agriculture, environment, transport, urban planning, food production, marketing and distributions. These influences are

increasingly promoting unhealthy weight gain leading to a steady rise in the prevalence of obesity.

General wellbeing and quality of life are significantly affected by obesity, with an increased morbidity and mortality as obesity is a major risk factor in many Non-Communicable Diseases (NCDs) and an increased risk of infectious diseases. In 2019, obesity contributed to approximately 5 million deaths from NCDs including cardiovascular diseases, type 2 diabetes mellitus (T2DM), cancers, neurological disorders, chronic respiratory diseases, and digestive disorders.² Recent studies shown a significant growing economic burden due to a substantial morbidity and mortality caused by an infectious diseases of obese patients.³ As such, addressing obesity management strategies is crucial to reduce the health burden associated with NCDs and infectious diseases.

Obesity is now a public health emergency and an effective global response to the obesity epidemic is highly crucial and critical. However, there is no single or simple solution. The response will demand ambitious reform on many fronts and on a scale sufficient to address the sum of an obesogenic environment which influences and exacerbates the likelihood of obesity in individuals or populations in different settings. This response should also highlight other root causes to ensure that the individuals will not remain exposed to the same risks.

An individual will be able to reduce the risk by limiting energy intake from total fats and sugars, increasing consumption of fruit and vegetables, as well as legumes, whole grains and nuts, and engaging in regular physical activity for a minimum of 150 minutes spread through the week. However, the dietary and physical activity patterns for an individual are largely the result of environmental

and societal conditions that greatly constrain personal choice. An individual responsibility can only have its full effect where people have access to a healthy lifestyle

Tackling obesity must be recognized first as a societal rather than an individual responsibility. At the societal level it is important to support individuals in following the above recommendations through creation of supportive environments and communities, and a sustained implementation of evidence based and population based policies that make regular physical activity and healthier dietary choices available, affordable and easily accessible behaviors of daily life to everyone, particularly to the poorest individuals.

Obesity is largely preventable. However, it requires systems-based thinking and comprehensive policy action, covering prevention, management, and treatment, to address it across the life course. Stopping the rise in obesity demands multi-sectoral actions that will have a more direct impact on the disease, such as food manufacturing, marketing and pricing, and others that seek to address the wider determinants of health such as poverty reduction and urban planning. Health sector responses designed and equipped to identify risk, prevent, treat and manage the disease are urgently needed. These actions need to build upon and be integrated into broader efforts to address obesity and strengthen health systems through a primary health care approach.

The solution to the obesity epidemic is political will, a plan of action and the resources and commitment to deliver. The implementation of robust and extensive policy packages will help to reduce the risk of obesity and save many lives. Hence, an urgent action aimed at

prevention and treatment is the only prospect to reduce obesity globally and improve the lives of global populations.

To meet global targets, countries have a major challenge to halt the rise in obesity and reduce obesity across all age groups. Thus, we call upon all stakeholders to take action at global, regional and local levels to improve diets and physical activity patterns at the population level as an urgent, comprehensive and global action is compelling and vital.

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