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CONFRONTING OBESITY IN EUROPE

Taking action to change the default setting

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OVERVIEW


1 2 3 4 5 6 7 8 9 10 11 12 13
97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113

OVERVIEW

- Introduction
- The obesity burden in western Europe
- Lifestyle politics and the stigmatisation of obesity
- Medical realities suggest a complex problem
- Towards a coherent and co-ordinated approach
- Conclusion

INTRODUCTION

INTRODUCTION

- European report, *Confronting obesity in Europe: Taking action to change the default setting*, published by The Economist Intelligence Unit (EIU) in November 2015 and commissioned by Ethicon;
- Findings based on desk research and 19 in-depth interviews with a range of senior healthcare experts, including healthcare practitioners, academics and policymakers;
- Country case studies to be published between February and May 2016 (Belgium and Netherlands published on February 15th);
- Lifestyle-focused programmes have an important role to play in preventing obesity in people with a healthy weight;
- <u>But:</u> policymakers have focused on preventing healthy people from becoming obese; a policy focus on prevention has failed those who are already severely obese.

THE OBESITY BURDEN IN WESTERN EUROPE

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EUROPE IS FACING AN OBESITY CRISIS

	2015	2035	change
Ireland	72	89	17
Iceland	67	84	17
Greece	63	77	14
Portugal	63	74	11
UK (England)	68	74	6
Austria	57	71	14
Malta	67	68	1
France	52	65	13
Denmark	52	64	12
Cyprus	52	63	11
Spain	57	63	6
Luxembourg	62	62	0
Sweden	51	61	10
Finland	55	58	3
Belgium	50	56	6
Italy	48	56	8
Switzerland	45	56	11
Germany	52	55	3
Netherlands	49	53	4
Norway	49	53	4

- In most European countries every other person is now overweight or obese (20% of population in WHO Europe region now obese);
- WHO projections: population that is overweight or obese set to rise significantly over next 20 years (see chart).

ECONOMIC COSTS

- At least 1-3% of total health expenditure (OECD);
- 1.5-4.6% of health expenditure in France; 6% in the UK; 6.7% in Italy; 7% in Spain (European Organisation for the Study of Obesity);
- Costs to rise substantially: obesity could account for 13% of health costs by 2050 in UK; loss of production and other indirect expenditure (e.g. unemployment and work days lost to disability) could reach £50bn by 2050, up from £15.8bn in 2007(UK 2007 Foresight report);
- Effective treatments of those who are already obese and cannot be reached by prevention strategies could reduce obesity costs sharply, e.g. by 13% in UK, 18% in Spain and 60% in Sweden (ECIPE);
- High cost exacerbated by associated diseases for which it is a contributing factor (e.g. type 2 diabetes, cardiovascular disease, hypertension and some kinds of cancer).

LIFESTYLE POLITICS AND THE STIGMATISATION OF OBESITY

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POLICY FOCUS ON PREVENTION

- Majority of pan-European and national obesity campaigns focus on prevention and lifestyle changes, e.g. healthy eating in schools and homes, better food labelling, incentives associated with healthy eating and exhortations for work-outs or "active kids" campaigns;

- Examples of prevention campaigns aimed at healthy people: France's National Health and Nutrition Programme (PNNS), Italy's "Let's Go…With Fruit" scheme, UK's Change4Life programme, EU's Fighting Obesity through Offer and Demand (FOOD);

- Some lifestyle interventions more successful at changing behaviour than others, e.g. smaller-portion sizes for meals more effective than public health campaigns, encouragement of active transport and healthy meals, labelling and taxation of unhealthy foods (McKinsey);

- Food industry regulation: taxation, marketing and advertising of unhealthy food, product reformulation;

PSYCHOLOGICAL, CULTURAL AND SOCIAL FACTORS

- Moral framework creates false dichotomy between personal responsibility and entitlement to treatment;
- Rising fears that obesity prevention programmes increase stigmatisation of obese and overweight people;
- Culture matters: food is not just intake of calories but also involves cultural values that differ across countries (that affect for example the acceptance of processed foods);
- Obesity linked to social deprivation: consumption of cheaper, unhealthy foods; lack of access to green spaces and other venues for exercise; worse access to healthcare, education, housing and employment.

MEDICAL REALITIES SUGGEST A COMPLEX PROBLEM

NEED FOR MORE COMPREHENSIVE APPROACH

"Education in schools, availability of healthy eating and restriction on marketing to children will go some way towards resetting our society, but what they are completely ignoring is the majority of the population who are overweight and obese and need treatment. It's a very complex political and policymaking environment."

Zoe Griffith, head of programme and public health, Weight Watchers

OBESITY: A DISEASE

- Obesity seen as a disease by medical professionals, e.g. American Medical Association's classed obesity as a disease in June 2013;
- Obesity science important in highlighting genetic, metabolic and neurological aspects of the disease, but more research required;
- Treatment is part of solution to deal with obesity crisis, including medically managed weight loss, pharmaceuticals and bariatric surgery;
- Most countries in Europe lack formal clinical pathways for obesity treatment;
- Policy on obesity treatment varies considerably across Europe, e.g. France has clear clinical guidelines outlining the medical management of obesity, while obesity treatment in the UK has a four-tiered structure with major variations across regions.

POLICY TOWARDS SURGERY

- Many European health plans only cover bariatric surgery in the case of patients with a body mass index (BMI) over 40;
- Changes in guidelines, e.g. in UK those with a BMI of 30 and a serious health condition now considered for a surgical assessment;
- Stigmatisation is partly behind the restricted access to surgery: belief that obese people should be able to lose weight in other ways;
- High utilisation of bariatric surgery in Belgium, Sweden and France, while lower in England and Germany;
- Cost considerations: high short-term costs, but may actually be more cost-effective in the long run;
- Future policy challenges: targeting obese patients with associated diseases; follow-up; training of medical staff.

TOWARDS A COHERENT AND COORDINATED APPROACH

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LACK OF COMPREHENSIVE STRATEGIES

- Creating settings that encourage healthier lifestyles & investment in effective treatment to support those patients for whom obesity is already a major medical condition;
- Examples of more comprehensive strategies: French Obesity Plan of 2010-13 (prevention, delivery of healthcare to obese people and tackling discrimination and research) and NICE's obesity guidelines in the UK;
- European Commission's White Paper on a *Strategy for Europe on Nutrition, Overweight and Obesity-related health issues* is already almost a decade old;
- Experts stress importance of inter-sectoral policy approach, including transport, education and urban planning.

CONCLUSION


1 2 3 4 5 6 7 8 9 10 11 12 13
97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113

CONCLUDING REMARKS

- Europe is facing an **obesity crisis** that threatens to overwhelm the EU's already struggling economies and place a tremendous burden on its healthcare systems;
- **Consistency is essential** to overcome the currently fragmented or piecemeal policy approaches;
- The **leadership gap needs to be filled** to make necessary investments, take on entrenched interests and build coherent strategies;
- A **policy focus on prevention fails those who are already severely obese**;
- Investing in a **comprehensive approach to tackling obesity** via both prevention and treatment means governments are likely to make significant savings in the decades to come by reducing obesity rates as well as rates of associated diseases.

FOR MORE INFORMATION

The European report and all country case studies are hosted on the *EIU Perspectives* website:

The Economist Intelligence Unit PERSPECTIVES

http://www.eiuperspectives.economist.com/healthcare/confronting-obesity-europe-taking-action-change-default-setting

For more information on our research see:
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