



**Asia-Pacific
Economic Cooperation**

Status of Obesity Prevalence, Prevention, and Management in APEC

APEC Health Working Group
April 2026





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Introduction

Obesity is accelerating across the Asia-Pacific Economic Cooperation (APEC) region, threatening public health and economic productivity.

The average obesity prevalence rate in the APEC region is 20%,¹ outpacing the global average of 16%.² The Americas report the highest rates – United States (42.9%); Chile (39.5%); and Mexico (36.1%) – while Asian economies such as Viet Nam (2.1%); Japan (4.9%); and the Republic of Korea (6.7%) report the lowest.^{3 4} (Appendix 1) Despite regional differences, adult obesity rates have surged throughout APEC economies over the past three decades.⁵ (Appendix 2) By 2050, global forecasts warn that almost two-thirds of adults over 25 will have overweight or obesity. With nearly a quarter of the world’s population with obesity expected to be over 65 by 2050, urgent and proactive action is critical to reverse this trend in aging APEC economies.⁶

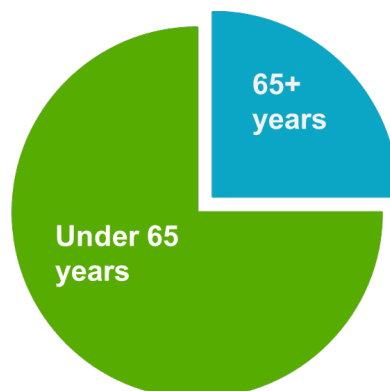
The accelerating obesity epidemic in APEC economies is driven by a complex mix of genetic, social, psychological, and environmental factors. Defined by the World Obesity Federation as a “chronic, relapsing, progressive disease,”⁷ obesity has surged over the past three decades due to shifts in socioeconomic and food environments, unhealthy diets, sedentary lifestyles, biological mechanisms, and improper access to obesity care interventions. This rise has had a profound impact, with overweight and obesity causing over 1.3 million deaths globally each year. Obesity is directly linked to 38 other noncommunicable diseases – including diabetes, hypertension, cardiovascular disease, chronic kidney disease, depression, and cancer – amplifying the health risks of obesity for the APEC region.⁸

Figure 1: Global obesity prevalence 2050 forecasts

By 2050, almost 2 in 3 adults over the age of 25 years will have overweight and obesity.



Close to a quarter of the world’s population with obesity will be older than 65 years.

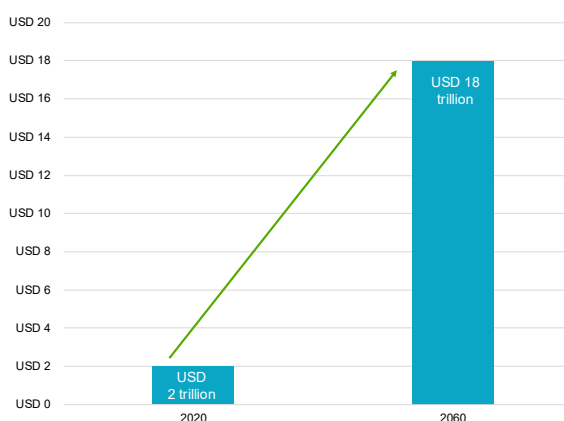


Source: *Lancet* 2025

Rising obesity threatens not only health but also economic growth across the APEC region. The global cost of overweight and obesity is projected to surge from USD2 trillion in 2020 to over USD18 trillion by 2060, driven by increased medical expenses and even greater indirect costs from poor health, premature death, and lost productivity.⁹ In 2019, overweight and obesity’s economic impact on APEC economies ranged from 1% to 3.3% of GDP. By 2060, this range is projected to rise to 2.1%-7.6%, reaching 5% of GDP in eight APEC economies.¹⁰ (Appendix 3) Slowing the global rise of overweight and obesity prevalence by just 5% could save up to USD430 billion annually, underscoring the urgent need for robust prevention and management strategies in APEC economies.¹¹

Despite global recognition of obesity’s impact, progress remains slow. The World Health Organization’s (WHO) Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013-2020) set halting the rise of obesity as a key target, yet few effective policies have been implemented.¹² A 2021 WHO survey found that only 40% of economies had operational policies to address overweight and obesity.¹³ In light of this persistent gap, this paper aims to support APEC economies by 1) summarizing regional responses to rising obesity prevalence, 2) identifying key challenges to policy implementation, and 3) highlighting opportunities for APEC coordination to reduce the burden of obesity across the region.

Figure 2: Global economic costs of overweight and obesity (in trillions, 2019 prices)



Source: World Obesity Federation

Box 1: Definition of obesity

Obesity is a “chronic, complex disease defined by excessive adiposity that can impair health.”¹⁴ For adults, overweight is defined as a body mass index (BMI) of 25-30 kg/m², and obesity as a BMI of 30 kg/m² or higher. Although BMI has limitations as a measure of obesity and regional variations exist, the 30 kg/m² cutoff remains the international standard for population-level assessments.¹⁵

Obesity is driven by more than just an imbalance between energy intake and expenditure. Genetic, biological, and environmental factors – including diet, physical inactivity, social context, toxins, and stress – combine to create obesogenic environments that promote weight gain.¹⁶

Regional Responses to Rising Obesity Prevalence

Tackling rising obesity prevalence requires more than isolated interventions – it demands coordinated, multisectoral strategies that reshape obesogenic environments and expand access to prevention, management, and care.

Across APEC, economies have responded by prioritizing obesity in health policy, enacting food laws, regulations, and guidelines to promote healthier choices, and strengthening health services. The following section summarizes these diverse approaches, highlighting how APEC economies are working to reverse the trend of rising obesity.

Several APEC economies have already elevated obesity as a policy priority

In March 2025, Alberta became the first Canadian province to officially designate obesity as a chronic disease, shifting the focus from risk factor to a condition requiring medical intervention.¹⁷ Australia’s National Obesity Strategy (2022-2032) provides a 10-year framework to prevent, reduce, and treat overweight and obesity, emphasizing healthy environments, health education, and improved access to early intervention and treatment.¹⁸ The People’s Republic of China’s “Weight Management Year” initiative, launched in 2024, integrates weight management into economy-wide health promotion efforts with an emphasis on proactive, upstream interventions.¹⁹ Chile’s Strategy to Stop the Acceleration of Overweight and Obesity in Children and Adolescents (2023-2030) targets childhood obesity through structural reforms such as food labeling, marketing restrictions, increased physical activity in schools, and public education on healthy lifestyles.²⁰ These policies illustrate the region’s shift toward long-term solutions that address the underlying drivers of obesity, enhance comprehensive care by including both prevention and treatment, and promote sustained change.

Box 2: Canadian Adult Obesity Clinical Practice Guidelines

Obesity Canada, in collaboration with the Canadian Association for Bariatric Physicians and Surgeons, has developed the Canadian Adult Obesity Clinical Practice Guidelines. Recognized internationally, these guidelines are helping transform obesity care standards by using a chronic disease framework and focusing on improving health outcomes rather than on weight loss alone.

Box 2: Canadian Adult Obesity Clinical Practice Guidelines

The guidelines outline five steps in the obesity patient arc to guide healthcare providers:

1. Recognition of obesity as a chronic disease by healthcare providers, who should ask the patient permission to offer advice and help treat this disease in an unbiased manner.
2. Assessment of an individual living with obesity, using appropriate measurements, and identifying the root causes, complications and barriers to obesity treatment.
3. Discussion of the core treatment options (medical nutrition therapy and physical activity) and adjunctive therapies that may be required, including psychological, pharmacologic and surgical interventions.
4. Agreement with the person living with obesity regarding goals of therapy, focusing mainly on the value that the person derives from health-based interventions.
5. Engagement by healthcare providers with the person with obesity in continued follow-up and reassessments, and encouragement of advocacy to improve care for this chronic disease.

Inspired by these transformative guidelines, the Chilean Society of Bariatric and Metabolic Surgery has led a process of adapting the Canadian clinical practice guidelines for obesity in adults for Chile.^{21 22 23}

Food laws and regulations have enabled APEC economies to promote healthier choices

Brunei Darussalam; Chile; Malaysia; Mexico; Peru; the Philippines; Thailand; Viet Nam, as well as cities in the United States and provinces in Canada, have established sugar-sweetened beverage (SSB) taxes to discourage consumption; in Mexico, these taxes led to reduced purchases within a year.^{24 25 26} Chile; Mexico; and Peru have also implemented mandatory front-of-pack nutritional labeling for products high in salt, sugar, saturated fat, and calories.^{27 28 29} In Chile, this policy has decreased the availability of unhealthy foods and drinks in stores, contributing to a healthier food supply.³⁰ These regulatory actions are shaping healthier environments and driving positive changes in consumer behavior across the region.

APEC economies are promoting physical activity through targeted policies

Australia; Japan; and Singapore have published physical activity guidelines to educate the public on recommended activity levels and guide policymakers and health professionals in reducing sedentary behavior.^{31 32 33} Chile; Malaysia; New Zealand; and Thailand have also launched action plans that foster cross-sector collaboration – linking health, education, transport, and sports – to promote physical activity in schools, communities, and workplaces.^{34 35 36 37} These initiatives underscore the region's commitment to integrating physical activity into broader public health strategies.

Expanding prevention and management services within universal health coverage is improving access to obesity care in APEC economies

Chile's *Vida Sana* program offers free dietary and physical activity counseling through primary care, while the People's Republic of China is establishing weight management clinics in all general hospitals.^{38 39} Japan; the Republic of Korea; and Singapore also provide coverage for treatment. Japan's public health insurance provides limited reimbursement of obesity management medications for patients with related conditions who have not reached results through diet and exercise, which is a promising start to ideally more comprehensive coverage.⁴⁰ Meanwhile, the Republic of Korea provides coverage for metabolic and bariatric surgery, and Singapore subsidizes bariatric surgery through its Ministry of Health.^{41 42} Such policies are paving the way for more equitable and effective management of obesity throughout the region.

These strategies demonstrate how APEC economies are advancing comprehensive approaches to prevent and manage obesity. While the commitment is evident, continued advocacy, expansion of coverage for obesity treatments and medications, and innovation are essential to address gaps in obesity prevention, management, and care, and to ensure lasting impact.

Key Challenges to Policy Implementation

APEC economies recognize the urgency of strengthening obesity prevention, promotion of healthy environments, and access to effective treatment.

While progress has been made, efforts to date – often centered on prevention in principle but not always with the scale, coherence, or sustained implementation required – have not yet been sufficient to halt rising obesity rates. Persistent challenges continue to undermine effective responses at both global and regional levels.

A limited understanding of obesity’s biological, social, environmental, and genetic determinants fuels the misconception that it results solely from individual choices. This widens the gap between public perception and scientific evidence and makes it harder to prioritize obesity both as a chronic disease and as a condition strongly shaped by food environments and socioeconomic gradients.

Policy approaches also remain fragmented. Although prevention is universally acknowledged as the cornerstone of long-term impact, many economies still lack comprehensive strategies that combine robust promotion and prevention measures with accessible, evidence-based treatment. In several contexts, policy initiatives exist on paper but suffer from weak or inconsistent implementation due to limited funding, insufficient monitoring systems, and the absence of clear performance indicators. Limited evidence on the long-term effectiveness of obesity prevention and management interventions has also slowed progress.^{43 44 45} However, this often reflects the nature of the indicators selected: prevention policies – such as front-of-pack warning labels, restrictions on marketing to children, improved school environments, and physical activity mandates – produce measurable intermediate effects within 1-5 years, while population-level shifts in obesity prevalence may only become evident over generational timeframes. Additionally, obesity treatment and medication prescribing barriers such as societal bias and a lack of provider education, along with limited coverage by public and private insurers, further complicate access to obesity care.⁴⁶

Addressing these barriers is critical for APEC economies to promote a coordinated and effective response to the region’s obesity epidemic.

Figure 3: Challenges to obesity policy implementation



Source: World Health Organization, Economist Impact, Nat Med. (2024)

Opportunities for APEC Coordination

Given these persistent barriers, APEC economies have a unique opportunity to leverage regional collaboration to overcome obstacles and reduce the burden of rising obesity.

Key opportunities for APEC coordination include:

1

Increasing advocacy for recognizing and treating obesity as a chronic disease, ensuring it receives dedicated investment and resources.

2

Facilitating knowledge-sharing on the complex causes of obesity and effective management strategies by convening regional experts and disseminating scientific evidence.

3

Building consensus on clinical guidelines and protocols for health professionals to support patient-centered, up-to-date care across the region.

4

Fostering cross-sector collaboration to ensure all drivers of obesity are considered in comprehensive policies that address prevention and management and expand equitable access to obesity care.

By harnessing the APEC platform for coordinated action and innovation, APEC economies can accelerate progress, close policy gaps, and more effectively address obesity prevalence in the region.

Conclusion

Obesity remains one of the most urgent and complex public health challenges facing APEC economies, with rising prevalence threatening both health and economic stability.

Despite regional policy efforts to curb the obesity epidemic, persistent challenges continue to hinder progress. Achieving lasting impact will require viewing obesity through the lens of comprehensive care to drive innovation, address knowledge gaps, and ensure effective policy implementation. By leveraging collaboration, APEC economies can facilitate knowledge sharing on policy best practices and set shared goals for evidence-based action to reverse the rising trend of obesity, creating a healthier and more resilient APEC region.



Appendix

Appendix 1: Prevalence of adult (18+ years) obesity (%) in APEC economies (crude estimate, 2022)

Economy	Obesity Rate (BMI \geq 30kg/m ²)
Australia	31.8
Brunei Darussalam	32.4
Canada	27.3
Chile	39.5
People's Republic of China	8.2
Hong Kong, China*	6.9
Indonesia	11.5
Japan	4.9
Republic of Korea	6.7
Malaysia	22.4
Mexico	36.1
New Zealand	34.2
Papua New Guinea	20.1
Peru	27.2
The Philippines	8.7
Russia	28.0
Singapore	13.5
Chinese Taipei*	8.2
Thailand	14.5
The United States	42.9
Viet Nam	2.1
Source: World Health Organization Global Health Observatory	
*Source: World Obesity Federation Global Obesity Observatory	

Appendix 2: Prevalence of adult (18+ years) obesity (BMI \geq 30kg/m²) in APEC economies, 1990 to 2022

Economy	1990	2022	Relative Change
Australia	12.8%	31.8%	+148%
Brunei Darussalam	7.5%	32.4%	+335%
Canada	14.0%	27.3%	+95%
Chile	12.5%	39.5%	+217%
People's Republic of China	1.1%	8.2%	+619%
Hong Kong, China*			
Indonesia	1.4%	11.5%	+730%
Japan	2.0%	4.9%	+152%
Republic of Korea	1.4%	6.7%	+371%
Malaysia	4.8%	22.4%	+365%
Mexico	12.5%	36.1%	+189%
New Zealand	13.2%	34.2%	+159%
Papua New Guinea	11.6%	20.1%	+74%
Peru	7.3%	27.2%	+271%
The Philippines	1.6%	8.7%	+447%
Russia	17.9%	28.0%	+56%
Singapore	3.9%	13.5%	+251%
Chinese Taipei*			
Thailand	3.2%	14.5%	+353%
The United States	18.5%	42.9%	+131%
Viet Nam	0.2%	2.1%	+967%
Source: World Health Organization Global Health Observatory – processed by Our World in Data			
*No data available			

Appendix 3: Economic impact of overweight and obesity on APEC economies (% of GDP)

Economy	2019	2060
Australia	1.9	3.5
Brunei Darussalam	1.0	7.8
Canada	2.3	3.7
Chile	2.2	3.3
People's Republic of China	1.8	3.1
Hong Kong, China*		
Indonesia	1.6	4.7
Japan	1.0	2.2
Republic of Korea	1.3	3.4
Malaysia	1.6	4.0
Mexico	1.8	5.0
New Zealand	2.2	4.7
Papua New Guinea*		
Peru	1.5	2.9
The Philippines	1.3	4.5
Russia	2.4	4.6
Singapore	1.0	2.1
Chinese Taipei*		
Thailand	1.5	6.4
The United States	3.3	4.6
Viet Nam	1.1	2.8
Source: World Obesity Federation Global Obesity Observatory		
*No data available		

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