**UK U-turn on obesity is a failure of leadership – nationally and globally**

*The decision to ‘delay’ implementation of the government’s obesity strategy risks derailing UK domestic efforts and undermines its reputation at next week’s World Health Assembly, where obesity policies are on the agenda.*

In the run up to the 2022 World Health Assembly, we are shocked that the Department of Health and Social Care is reversing hard won commitments to address environmental factors driving obesity prevalence as well as long-term treatment and management by delaying policy changes designed protect the future health of the UK. This includes a pause of at least one year on a planned ban on "buy one get one free" deals for food and drinks high in fat, salt or sugar; plans to restrict TV advertising of junk foods before the 9 pm watershed and apparently, as previously reported by the BMJ[[1]](#endnote-1), not renewing its £100m investment in prevention and weight management services, despite overwhelming evidence obesity is a growing public health crisis across the country.

Just this month, the World Health Organization (WHO) called out the very same policy commitments, hailing what would have delivered “world leading” legislation. The report said[[2]](#endnote-2), “this provides an example for other governments to watch and follow.” Sadly, this move by Downing Street means the UK is now falling short of such global leadership.

The government justified its decision on the cost-of-living crisis, but this doesn’t withstand scrutiny. It is undoubtedly a challenging time for many people, and the crisis is hitting the poorest in the UK hardest[[3]](#endnote-3). Obesity is no different. People in deprived areas face the greatest barriers to healthy and affordable foods and much needed medical support. The policy is said to be deferred to assess its impact on the cost-of-living crisis, but where is the help for access to healthy food now?

The health and wellbeing of everyone in the UK is a right, not a luxury. Yet, the obesity gap in the UK is growing, with children and adults from lower socio-economic backgrounds more vulnerable to obesity. WHO has called these inequalities preventable and unfair.

The statistics add up to immediate and long-term public health failures. In 2010, the UK topped the league table of 20 European Union nations for having one of the world’s fastest obesity growth rates. In 2019/20 there were more than 1 million hospital admissions linked to obesity in England, an increase of 17 per cent on the previous year. Globally, the UK is sadly in line with all countries in disastrously missing the WHO obesity targets set in 2013, with 2030 projections for obesity showing that rates are expected to double during a time period when levels should have remained stable.[[4]](#endnote-4) And it is as much an economic as public health failure, costing the NHS England at least UKP 63 billion a year[[5]](#endnote-5) as well as adding myriad productivity and caring costs to the economy.

In failing to implement these measures, the government is ignoring evidence it previously put forward to progress to the targets it set. From its own commitments in the 2020 [Obesity Strategy](https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives)[[6]](#endnote-6), to the Foresight obesity report[[7]](#endnote-7) and systems map showing how social, physical, and economic environments increase the risk of overweight and obesity, through to the National Food Strategy[[8]](#endnote-8) reiterating the importance of focusing on the early drivers of obesity and a ‘systems approach’ – the overwhelming evidence for implementing the delayed measures is there, but the action is not.

To change the UK’s obesity trajectory, we cannot simply tell people to “eat less; move more.” Obesity is driven by forces outside any one single person’s control, including those that are biological, social, economic and environmental.

It is time to substantially modify the structures, systems and environment in which we live, work, learn and play. We must stop just focusing on individual behaviour change, and focus instead on what will make the most difference, particularly to the vulnerable in our societies. We must also reject the government’s de facto approach of replacing legislation and regulation with voluntary industry self-regulation on sugar, salts and fat and advertising to children. As with other serious and urgent, but complex systemic challenges, industry self-regulation is not effective. For example, last week’s climate change reportshowed that 49 of 50 agreed targets were missed by companies[[9]](#endnote-9): the challenges are even greater when it comes to obesity. Industry will undoubtedly gain from the government’s decision, while people and the NHS will lose.

The aborted measures would have been the beginning of a more structurally focussed and systems-wide approach. Failure to see through that legislation once more places the responsibility on the individual. It also highlights why a comprehensive approach to obesity in the UK and in all countries is so critical. The obesity recommendations to be approved at next week’s World Health Assembly in Geneva run a real risk of being side-lined in favour of more of the same siloed solutions. As the UK is showing, comprehensiveness is traded off for piece-meal approaches.

With over 40 million people living with obesity and overweight[[10]](#endnote-10), the UK should be delivering joined up, visionary and thoughtful action – like subsidizing fruit and vegetables and real ingredients, and putting taxes on junk food as is the case with sugary drinks[[11]](#endnote-11) – but despite setting a plan in motion last year, these announcements show that the government are happy to kick obesity prevention, treatment and management to the long grass. This will leave millions with nowhere to turn and a growing belief that this government is not seriously committed to understanding their needs.

This week, the 75th World Health Assembly will discuss recommendations to address obesity, as well as WHO’s Acceleration Plan to support their implementation in selected front-runner countries. Will the UK cede its role as a model for what works and instead sit on the side-lines?

We call on the UK government to reverse its obesity U-turn immediately, so that it can join other countries at the WHA demonstrating determination and resolve to enact evidence-based measures that address the myriad drivers of the obesity crisis.

**Authors**

 Professor Kent Buse, Director, Healthier Societies Program, The George Institute for Global Health, Imperial College London, and member, Policy and Prevention Committee, World Obesity Federation

Professor John Wilding, Professor of Medicine Liverpool University; President of World Obesity Federation

Dr Maria Bryant, Chair of the UK Association for the Study of Obesity (ASO), University of York

Professor Jason C.G. Halford, School of Psychology, University of Leeds, European Association for the Study of Obesity (EASO)

 Johanna Ralston, CEO, World Obesity Federation; Advisory Group, Our Views Our Voices, NCD Alliance

**Conflict of interest declaration**

The authors have read and understood the conflict of interest policy of the BMJ. KB, MB, JH and JR, have none to declare. JH declares The University of Leeds has received funding for talks and consultancy by Jason Halford from Boehringer Ingelheim, Dupont/IFF, Mars Inc. and Novo Nordisk.  The SWITCH trial at the University of Leeds (former employer) is sponsored by the American Beverage Association. JW declares the following:

1. I undertake consultancy for industry contracted via the University of Liverpool (no personal payment) in relation to obesity and type 2 diabetes. In the last 12 months I have undertaken work for AstraZeneca, Boehringer Ingelheim, Lilly, Napp, Novo Nordisk, Mundipharma, Rhythm Pharmaceuticals, Sanofi, Saniona & Shionogi.

2. I am a named grantholder (at University of Liverpool) for research grants for clinical trials from AstraZeneca and Novo Nordisk.

3. I am president of the World Obesity Federation, and a member of the Association for the Study of Obesity, Diabetes UK, EASD, ADA and Society for Endocrinology. I am national lead for the Metabolic and Endocrine Speciality Group of the NIHR Clinical Research Network and local lead for North West Coast CRN. I am a member of the Rank Prize Funds Nutrition Committee.

4. I have undertaken paid editorial work for Springer Nature (Medicine Matters Diabetes website) and have also been paid for lectures / webinars by Medscape.

5. I have received personal honoraria / lecture fees from AstraZeneca, Boehringer Ingelheim and Napp in relation to lectures about diabetes.

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11. Jones A, Wu J, Buse K. Sugar tax hits the sweet spot. BMJ 2021;372:n463 [↑](#endnote-ref-11)