



OECD Health Policy Studies

The Heavy Burden of Obesity

THE ECONOMICS OF PREVENTION

Technical Country Notes



Technical Country Notes to the OECD report The Heavy Burden of Obesity

This document provides technical country notes to accompany the OECD report *The Heavy Burden of Obesity – the Economics of Prevention* (2019). Please refer to the main report for any additional details on the methods used and the figures presented here. Please note though that the numbers in the technical country notes use the country's national currency, whereas the report uses USD adjusted for purchasing price parity throughout.

A note on the comparability of the prevalence data for overweight and obesity

This report primarily reports prevalence data from the WHO Global Health Observatory. This dataset covers all the 52 countries analysed in this report, and provides age-standardised estimates using a range of data sources. Age standardization is a technique used to increase the cross-country comparability of data when the age profiles of the populations included in the analysis are different and when there are significant differences in the age group-specific prevalence rates of the dimension under consideration – as it is the case for overweight and obesity rates.

For its Health Statistics, the OECD also collects data on overweight and obesity prevalence. This data comes from national surveys, and is presented without any adjustment by age group, and split by measured and self-reported estimates. Due to the difference in data sources, and adjustments such as age-standardisation, the prevalence values of the two datasets can be different.

A note on the comparisons shown

Comparisons are based on 52 countries for life expectancy, health cost and labour market cost (Argentina, Australia, Austria, Belgium, Bulgaria, Brazil, Canada, Switzerland, Chile, China, Colombia, Costa Rica, Cyprus, Czech Republic, Germany, Denmark, Spain, Estonia, Finland, France, United Kingdom, Greece, Croatia, Hungary, Indonesia, India, Ireland, Iceland, Israel, Italy, Japan, Korea, Lithuania, Luxembourg, Latvia, Mexico, Malta, Netherlands, Norway, New Zealand, Peru, Poland, Portugal, Romania, Russia, Saudi Arabia, Slovak Republic, Slovenia, Sweden, Turkey, United States, South Africa)

For fiscal pressure, they are based on 33 countries (Austria, Belgium, Switzerland, Czech Republic, Germany, Denmark, Spain, Estonia, Finland, France, United Kingdom, Greece, Hungary, Ireland, Iceland, Italy, Lithuania, Luxembourg, Latvia, Netherlands, Norway, Poland, Portugal, Slovak Republic, Slovenia, Sweden, Japan, Canada, Australia, Israel, Korea, New Zealand, United States).

The numbers 1 through 10 used for comparison reflect deciles. This means that a country ranking 4th lowest out of 52 will end up in the 1st decile, as in that case there are approximately 5 (52/10) countries per decile.

Disclaimers

This publication has been produced with the financial and substantive assistance of the European Commission. The contents of this report are the sole responsibility of the OECD and can in no way be taken to reflect the views of the European Commission.

Information on the data for Israel:

The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Information on the data for Cyprus:

Note by Turkey

The information in this document with reference to ""Cyprus"" relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognizes the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of the United Nations, Turkey shall preserve its position concerning the "Cyprus issue".

Note by all the European Union Member States of the OECD and the European Union

The Republic of Cyprus is recognised by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.

AUSTRALIA

Total population: 25m

Life expectancy: 82.5 (2017)

Source: World Bank

Income group: High income

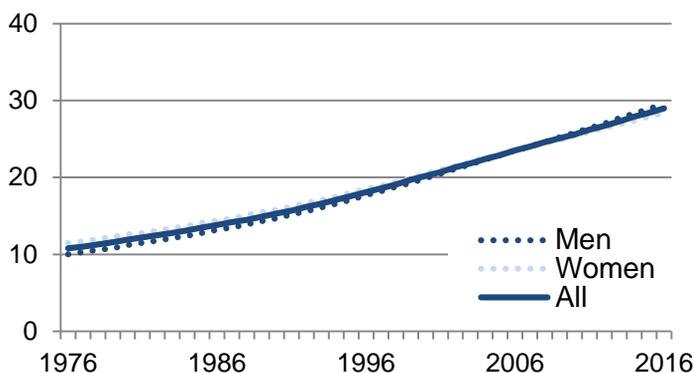
GDP spent on health: 9.3% (2016)

OBESITY PREVALENCE

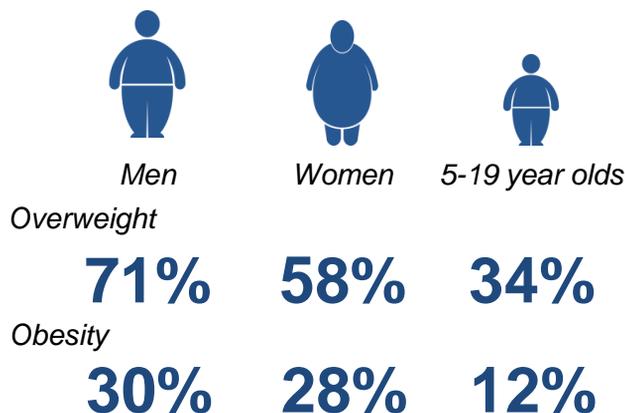
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.7

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



8.6

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
AUD per capita, average over 2020-2050



1788

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
AUD per capita, average over 2020-2050



678

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	2,146	21%
Diabetes	1,185	80%
Dementia	378	21%
Cancers	325	15%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

370,551

- 44% Presenteeism
- 34% Unemployment
- 20% Absenteeism
- 2% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

3.1%

Lower GDP due to overweight

0.7

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model

All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (AUD, thousands)</i>	<i>Labour market cost saved (AUD, millions)</i>	<i>Intervention cost (AUD, millions)</i>
1. Regulation of advertising	360	48	1,304	134	25
2. Food labelling	1,655	1,140	14,783	68	55
3. Mass media campaign	1,589	899	21,971	85	52
4. Menu labelling	3,310	2,279	32,966	130	55
5. Mobile apps	404	192	5,341	49	26
6. Prescription of physical activity	810	483	12,543	29	72
7. School-based programmes	368	76	1,349	123	132
8. Workplace sedentary behaviour	879	503	12,701	84	30
9. Workplace wellness	657	242	8,385	101	211
10. Public transportation	373	245	7,355	11	N/A
Food reformulation to reduce calorie content	24,845	17,569	227,865	965	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 3,200 life-years and save AUD 57 million in health cost in Australia a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (AUD, thousands)</i>	<i>Labour market cost saved (AUD, millions)</i>	<i>Intervention cost (AUD, millions)</i>
Communications package (1,2,3)	5,303	3,268	57,037	356	132
Mixed package (4,6,9)	4,532	2,706	61,273	253	337
Physical activity package (6,7,8,10)	2,570	1,413	37,048	248	233

* DALY: disability-adjusted life years

For further details on the interventions and assumptions, please refer to the main report

Co-funded by
the European
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Total population: 8.8m

Life expectancy: 81.6 (2017)

Source: World Bank

Income group: High income

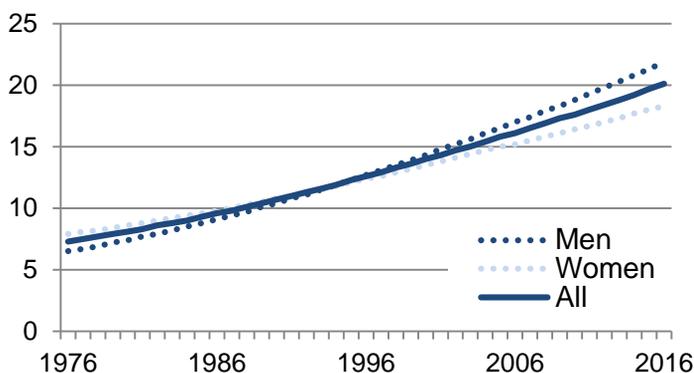
GDP spent on health: 10.4% (2016)

OBESITY PREVALENCE

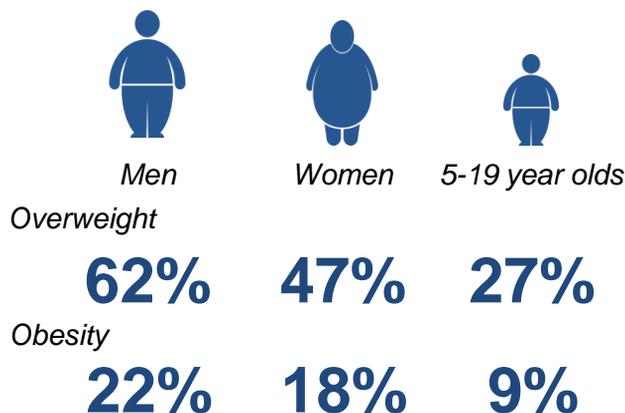
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.4

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



8.2

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



556

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



343

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	700	16%
Diabetes	369	75%
Dementia	110	12%
Cancers	62	9%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

90,793

- 44% Presenteeism
- 34% Unemployment
- 20% Absenteeism
- 2% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

2.5%

Lower GDP due to overweight

0.7

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model

Nearly all interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
1. Regulation of advertising	67	-8	244	11,311	4,104
2. Food labelling	601	416	4,563	7,620	9,087
3. Mass media campaign	766	535	5,595	12,181	8,844
4. Menu labelling	1,459	1,094	8,120	16,654	9,088
5. Mobile apps	157	102	957	5,103	4,397
6. Prescription of physical activity	330	196	3,541	1,348	12,690
7. School-based programmes	74	1	229	9,865	21,931
8. Workplace sedentary behaviour	419	274	3,145	11,914	7,694
9. Workplace wellness	282	85	2,000	14,385	42,668
10. Public transportation	124	103	769	1,081	N/A
Food reformulation to reduce calorie content	10,289	7,876	51,315	109,339	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain nearly 1,600 life-years and save EUR 14 million in health cost in Austria a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
Communications package (1,2,3)	2,248	1,594	13,689	39,985	22,038
Mixed package (4,6,9)	2,134	1,506	12,736	31,181	64,443
Physical activity package (6,7,8,10)	936	564	7,778	23,811	42,313

* DALY: disability-adjusted life years

For further details on the interventions and assumptions, please refer to the main report

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BELGIUM

Total population: 11m

Life expectancy: 81.4 (2017)

Source: World Bank

Income group: High income

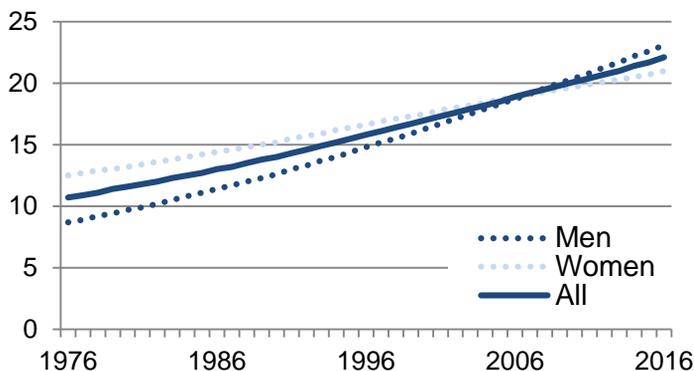
GDP spent on health: 10.0% (2016)

OBESITY PREVALENCE

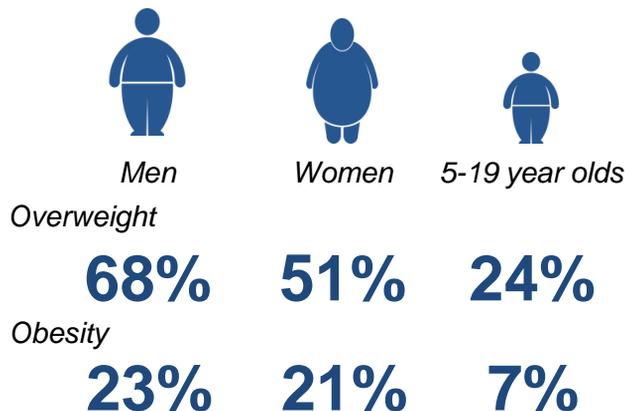
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.3

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



9.4

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



697

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



536

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	1,008	21%
Diabetes	485	76%
Dementia	203	16%
Cancers	121	11%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

120,395

- 44% Presenteeism
- 34% Unemployment
- 20% Absenteeism
- 2% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

2.8%

Lower GDP due to overweight

1.1

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model

All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
1. Regulation of advertising	178	32	270	21,334	5,608
2. Food labelling	860	674	3,627	11,402	12,418
3. Mass media campaign	960	674	7,101	15,366	12,054
4. Menu labelling	1,860	1,348	11,461	25,621	12,419
5. Mobile apps	238	186	760	6,278	6,008
6. Prescription of physical activity	622	483	7,292	2,920	16,961
7. School-based programmes	151	16	266	18,085	29,971
8. Workplace sedentary behaviour	492	243	5,611	21,672	9,706
9. Workplace wellness	361	182	3,374	21,365	53,732
10. Public transportation	139	99	1,308	2,300	N/A
Food reformulation to reduce calorie content	13,403	9,918	78,313	181,194	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain nearly 2,000 life-years and save EUR 20 million in health cost in Belgium a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
Communications package (1,2,3)	2,915	1,930	20,112	60,892	30,083
Mixed package (4,6,9)	2,730	1,915	20,521	48,250	83,107
Physical activity package (6,7,8,10)	1,498	937	14,317	44,788	56,635

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Total population: 7.1m

Life expectancy: 74.8 (2017)

Source: World Bank

Income group: Upper middle income

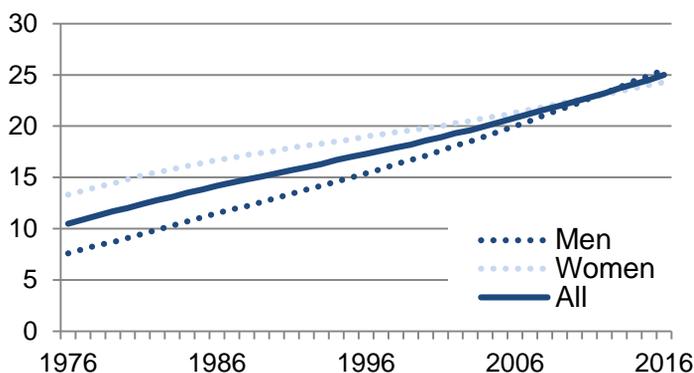
GDP spent on health: 8.2% (2016)

OBESITY PREVALENCE

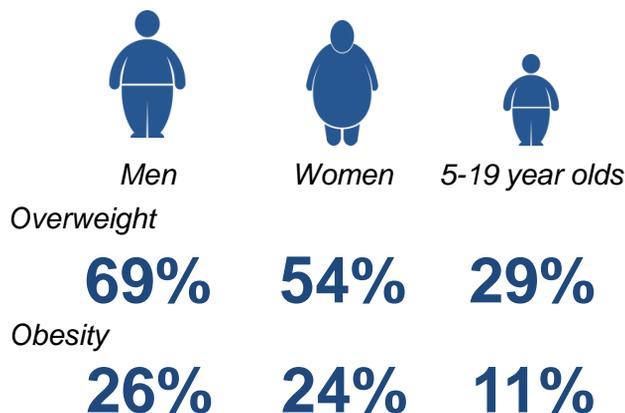
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



3.5

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



8.5

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
BGN per capita, average over 2020-2050



283

Per capita labour market cost compared to other countries

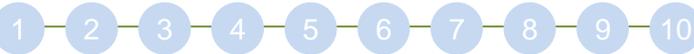


Overweight-attributable increase in tax burden
BGN per capita, average over 2020-2050



N/A

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	515	9%
Diabetes	258	76%
Dementia	17	5%
Cancers	20	6%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

103,219

- 29% Presenteeism
- 59% Unemployment
- 14% Absenteeism
- 2% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

N/A

Lower GDP due to overweight

N/A

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (BGN, thousands)</i>	<i>Labour market cost saved (BGN, thousands)</i>	<i>Intervention cost (BGN, thousands)</i>
1. Regulation of advertising	92	31	166	2,890	2,335
2. Food labelling	796	681	1,179	3,179	5,170
3. Mass media campaign	3,644	3,059	5,211	19,692	5,112
4. Menu labelling	1,779	1,616	1,130	7,028	5,171
5. Mobile apps	188	133	590	1,633	2,501
6. Prescription of physical activity	402	424	37	486	6,636
7. School-based programmes	83	26	135	2,547	12,477
8. Workplace sedentary behaviour	605	453	1,299	5,752	8,269
9. Workplace wellness	297	164	763	3,718	19,544
10. Public transportation	186	177	115	554	N/A
Food reformulation to reduce calorie content	12,308	11,153	7,900	46,941	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain nearly 4,700 life-years and save BGN 7 million in health cost in Bulgaria a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (BGN, thousands)</i>	<i>Labour market cost saved (BGN, thousands)</i>	<i>Intervention cost (BGN, thousands)</i>
Communications package (1,2,3)	5,523	4,684	6,740	29,487	12,623
Mixed package (4,6,9)	2,600	2,372	1,579	11,184	31,355
Physical activity package (6,7,8,10)	1,263	1,060	1,611	9,235	27,384

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Total population: 37m

Life expectancy: 82.5 (2017)

Source: World Bank

Income group: High income

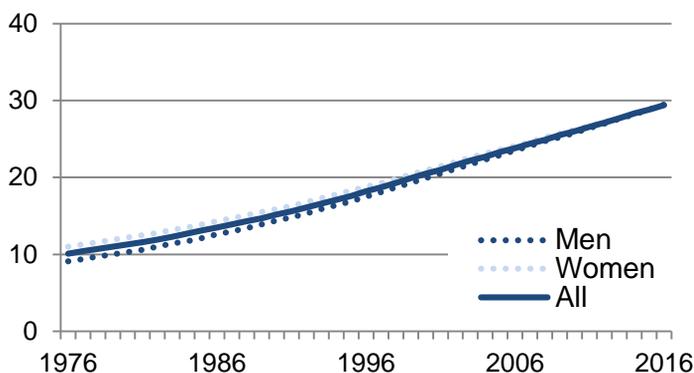
GDP spent on health: 10.5% (2016)

OBESITY PREVALENCE

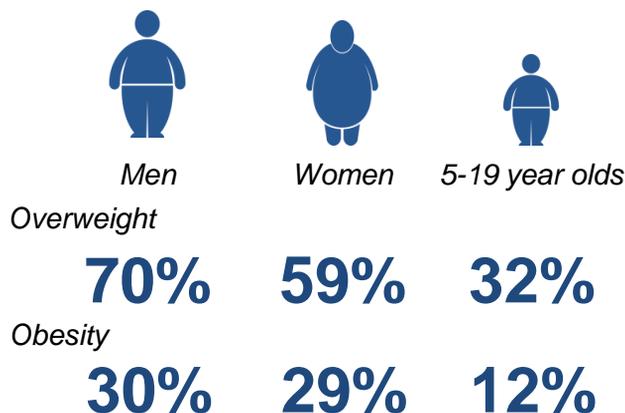
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



3.0

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



10.6

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
CAD per capita, average over 2020-2050



1250

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
CAD per capita, average over 2020-2050



659

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	4,017	23%
Diabetes	2,223	79%
Dementia	597	22%
Cancers	445	13%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

579,387

- 41% Presenteeism
- 38% Unemployment
- 19% Absenteeism
- 2% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

3.6%

Lower GDP due to overweight

1.1

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (CAD, thousands)</i>	<i>Labour market cost saved (CAD, millions)</i>	<i>Intervention cost (CAD, millions)</i>
1. Regulation of advertising	536	103	3,358	119	28
2. Food labelling	2,951	2,326	16,061	67	63
3. Mass media campaign	3,907	2,273	55,394	129	60
4. Menu labelling	6,234	4,446	49,920	140	63
5. Mobile apps	543	276	9,255	35	30
6. Prescription of physical activity	1,350	1,132	14,570	18	83
7. School-based programmes	504	93	2,722	102	151
8. Workplace sedentary behaviour	2,749	1,502	40,267	171	85
9. Workplace wellness	1,894	810	31,259	181	476
10. Public transportation	494	370	6,638	10	N/A
Food reformulation to reduce calorie content	43,342	31,440	338,511	954	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain nearly 7,000 life-years and save CAD 108 million in health cost in Canada a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (CAD, thousands)</i>	<i>Labour market cost saved (CAD, millions)</i>	<i>Intervention cost (CAD, millions)</i>
Communications package (1,2,3)	10,794	6,953	108,086	384	151
Mixed package (4,6,9)	9,490	6,623	80,542	333	622
Physical activity package (6,7,8,10)	5,123	3,191	62,639	298	319

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Population totale : 37m

Espérance de vie: 82.5 (2017)

Source: Banque Mondiale

Revenus: Hauts revenus

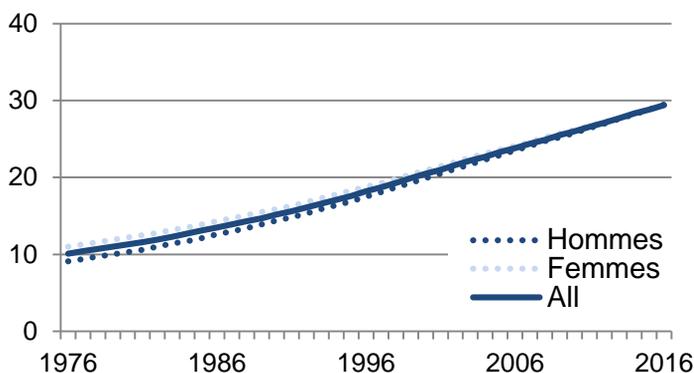
Part du PIB dédié à la santé: 10.5% (2016)

PREVALENCE DE L'OBESITE

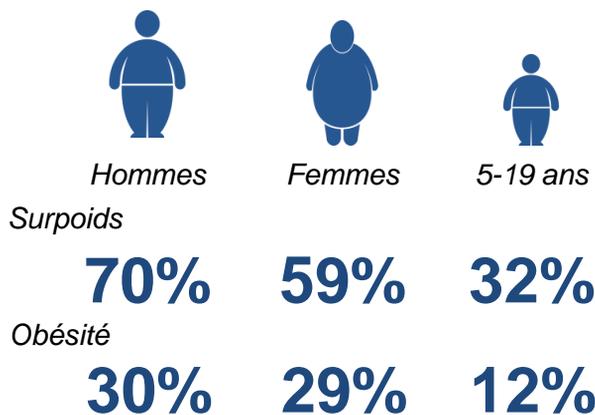
Source: OMS Observatoire de la santé mondiale

Évolution de la prévalence de l'obésité

% de la population ayant un IMC>30



Prévalence actuelle



CHARGE DU SURPOIDS ET DE L'OBESITE

Source: Modèle SPHeP-NCDs de l'OCDE

Réduction de l'espérance de vie attribuable au surpoids

Années, moyenne sur 2020-2050



3.0

Réduction de l'espérance de vie comparée aux autres pays



Dépenses de santé attribuables au surpoids

Pourcentage du total par habitant, moyenne sur 2020-2050



10.6

Pourcentage des dépenses de santé comparé aux autres pays



Coût sur le marché du travail lié au surpoids

CAD par habitant, moyenne sur 2020-2050



1250

Coût par habitant comparé aux autres pays



Augmentation de la charge fiscale liée au surpoids

CAD par habitant, moyenne sur 2020-2050



659

Montant de l'imposition par habitant comparé aux autres pays



Le plus faible*

Le plus élevé

Nombre de maladies liées au surpoids

Milliers de cas / % du nombre total, total sur 2020-2050

Maladies cardiovasculaires	4 017	23%
Diabète	2 223	79%
Démence	597	22%
Cancers	445	13%

Réduction effective de l'effectif due au surpoids

Équivalent des travailleurs à temps plein, moyenne sur 2020-2050

579 387

- 41%** Présentéisme
- 38%** Chômage
- 19%** Absentéisme
- 2%** Retraite anticipée

Impact macroéconomique du surpoids

Moyenne sur 2020-2050

3.6%

Baisse du PIB due au surpoids

1.1

Augmentation (en point de pourcentage) du taux d'imposition moyen nécessaire pour couvrir les conséquences du surpoids

* 1 étant le décile des pays ayant les plus faibles valeurs et 10 les plus élevées; comparaison des valeurs monétaires en USD PPA; les pays utilisés pour la comparaison sont listés sur le lien: <http://oe.cd/obesity2019>

IMPACTS POTENTIELS DES POLITIQUES CONTRE L'OBESITE

Source: Modèle SPHeP-NCDs de l'OCDE

Toutes les interventions ont un impact positif sur la santé de la population et réduisent les dépenses de santé et les coûts sur le marché du travail

Impact moyen sur 2020-2050	DALYs* gagnés (DALYs)	Années de vie gagnées (ans)	Réduction des dépenses de santé (CAD, milliers)	Réduction des coûts sur le marché du travail (CAD, millions)	Coûts de l'intervention (CAD, millions)
1. Régulation de la publicité	536	103	3 358	119	28
2. Etiquetage nutritionnel	2 951	2 326	16 061	67	63
3. Campagne dans les médias de masse	3 907	2 273	55 394	129	60
4. Etiquetage des menus	6 234	4 446	49 920	140	63
5. Applications sur mobile	543	276	9 255	35	30
6. Prescription de l'activité physique	1 350	1 132	14 570	18	83
7. Programme à l'école	504	93	2 722	102	151
8. Comportement sédentaire sur le lieu de travail	2 749	1 502	40 267	171	85
9. Bien-être sur le lieu de travail	1 894	810	31 259	181	476
10. Transport public	494	370	6 638	10	N/A
Reformulation des produits pour réduire l'apport calorique	43 342	31 440	338 511	954	N/A

IMPACTS POTENTIELS DES ENSEMBLES DE POLITIQUES

Source: Modèle SPHeP-NCDs de l'OCDE

Un ensemble de politiques de communication, comprenant la régulation de la publicité, l'étiquetage nutritionnel et les campagnes dans les médias de masse, pourrait gagner plus de 7,000 années de vie, et réduire de 108 millions CAD les dépenses de santé au Canada par an

Impact moyen sur 2020-2050	DALYs* gagnés (DALYs)	Années de vie gagnées (ans)	Réduction des dépenses de santé (CAD, milliers)	Réduction des coûts sur le marché du travail (CAD, millions)	Coût de l'intervention (CAD, millions)
Ensemble de communication (1,2,3)	10 794	6 953	108 086	384	151
Ensemble mixte (4,6,9)	9 490	6 623	80 542	333	622
Ensemble d'activité physique (6,7,8,10)	5 123	3 191	62 639	298	319

* DALY: Années de vie ajustées sur l'incapacité
 Plus d'informations sur les interventions et les hypothèses sont disponibles dans le rapport complet.

Total population: 4.1m

Life expectancy: 77.8 (2017)

Source: World Bank

Income group: High income

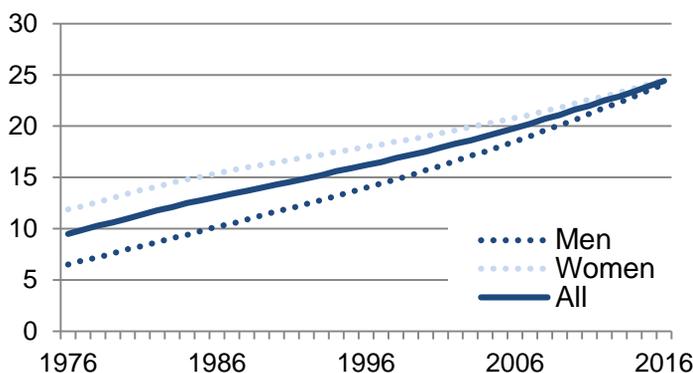
GDP spent on health: 7.2% (2016)

OBESITY PREVALENCE

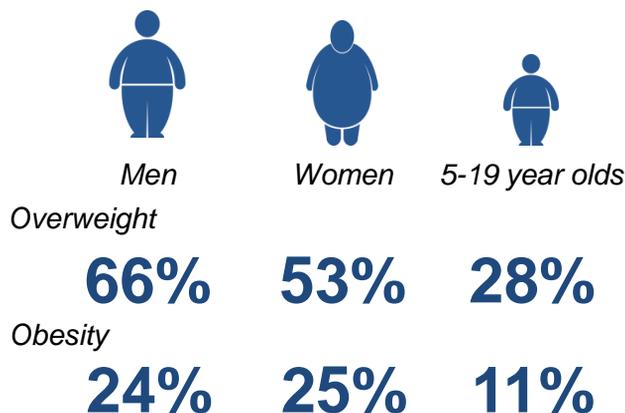
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



3.5

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



6.6

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
HRK per capita, average over 2020-2050



1945

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
HRK per capita, average over 2020-2050



N/A

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	297	10%
Diabetes	167	75%
Dementia	20	7%
Cancers	16	5%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

44,198

- 36% Presenteeism
- 47% Unemployment
- 17% Absenteeism
- 1% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

N/A

Lower GDP due to overweight

N/A

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (HRK, thousands)</i>	<i>Labour market cost saved (HRK, thousands)</i>	<i>Intervention cost (HRK, thousands)</i>
1. Regulation of advertising	37	1	379	15,319	7,941
2. Food labelling	470	446	599	11,049	17,585
3. Mass media campaign	1,691	1,355	13,115	69,751	17,281
4. Menu labelling	983	878	3,409	27,244	17,587
5. Mobile apps	154	106	2,192	8,385	8,508
6. Prescription of physical activity	180	72	5,546	6,391	22,467
7. School-based programmes	55	19	274	15,435	42,440
8. Workplace sedentary behaviour	276	206	2,602	23,343	22,872
9. Workplace wellness	227	156	2,102	25,265	73,017
10. Public transportation	106	105	382	2,359	N/A
Food reformulation to reduce calorie content	6,486	5,695	27,398	193,082	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 2,200 life-years and save HRK 17 million in health cost in Croatia a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (HRK, thousands)</i>	<i>Labour market cost saved (HRK, thousands)</i>	<i>Intervention cost (HRK, thousands)</i>
Communications package (1,2,3)	2,698	2,231	16,854	111,617	42,823
Mixed package (4,6,9)	1,297	1,030	10,906	55,176	113,078
Physical activity package (6,7,8,10)	635	436	7,780	47,424	87,781

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Total population: 1.2m

Life expectancy: 80.7 (2017)

Source: World Bank

Income group: High income

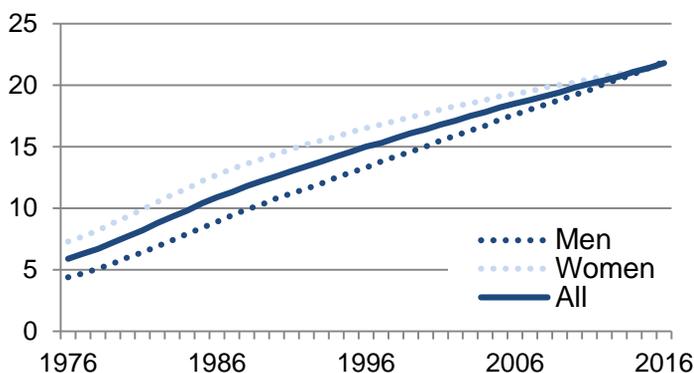
GDP spent on health: 6.9% (2016)

OBESITY PREVALENCE

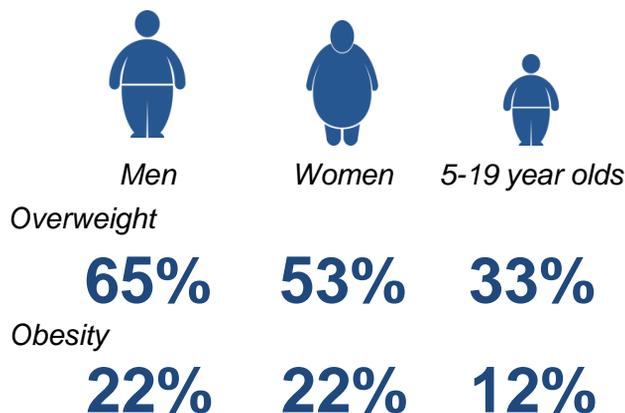
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.7

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



10.1

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



558

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



N/A

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	140	29%
Diabetes	87	78%
Dementia	17	18%
Cancers	12	16%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

17,310

- 41% Presenteeism
- 38% Unemployment
- 19% Absenteeism
- 2% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

N/A

Lower GDP due to overweight

N/A

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
1. Regulation of advertising	18	4	12	1,355	518
2. Food labelling	83	53	307	1,205	1,147
3. Mass media campaign	126	75	436	2,010	1,110
4. Menu labelling	208	146	505	2,406	1,147
5. Mobile apps	32	21	29	809	555
6. Prescription of physical activity	56	38	318	420	1,569
7. School-based programmes	16	3	7	1,163	2,768
8. Workplace sedentary behaviour	61	33	253	1,690	988
9. Workplace wellness	46	28	160	1,698	4,747
10. Public transportation	16	12	48	236	N/A
Food reformulation to reduce calorie content	1,348	913	3,847	16,988	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 200 life-years and save nearly EUR 1 million in health cost in Cyprus a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
Communications package (1,2,3)	349	225	914	5,797	2,775
Mixed package (4,6,9)	287	185	1,017	4,554	7,464
Physical activity package (6,7,8,10)	150	90	627	3,474	5,324

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

CZECH REPUBLIC

Total population: 11m

Life expectancy: 79.5 (2017)

Source: World Bank

Income group: High income

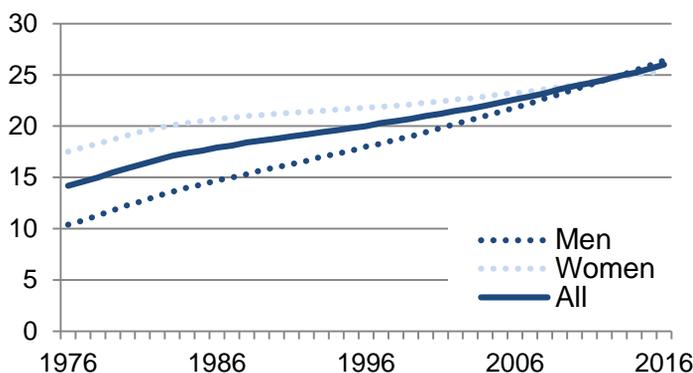
GDP spent on health: 7.1% (2016)

OBESITY PREVALENCE

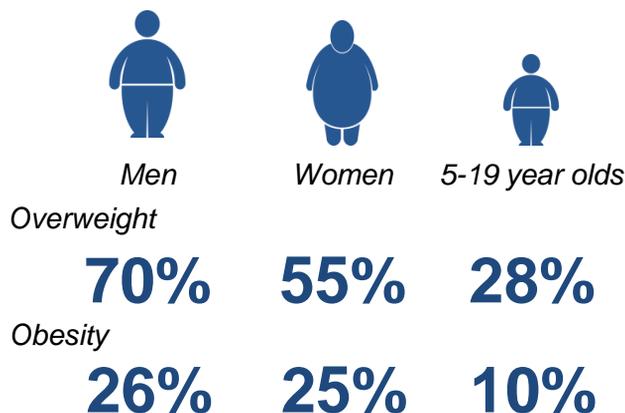
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



3.5

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



7.1

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
CZK per capita, average over 2020-2050



11258

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
CZK per capita, average over 2020-2050



895

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	621	9%
Diabetes	566	77%
Dementia	80	12%
Cancers	56	8%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

165,757

- 36% Presenteeism
- 47% Unemployment
- 17% Absenteeism
- 0% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

4.0%

Lower GDP due to overweight

0.1

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model

All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (CZK, thousands)</i>	<i>Labour market cost saved (CZK, millions)</i>	<i>Intervention cost (CZK, millions)</i>
1. Regulation of advertising	137	23	3,821	209	75
2. Food labelling	1,219	1,129	7,840	176	166
3. Mass media campaign	3,727	2,980	132,043	848	163
4. Menu labelling	2,340	2,086	31,359	375	167
5. Mobile apps	324	217	21,172	107	81
6. Prescription of physical activity	980	946	28,418	79	216
7. School-based programmes	133	23	3,723	176	402
8. Workplace sedentary behaviour	847	637	42,066	308	230
9. Workplace wellness	712	495	34,611	308	746
10. Public transportation	173	146	7,490	17	N/A
Food reformulation to reduce calorie content	17,045	14,959	274,853	2,738	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 5,000 life-years and save CZK 167 million in health cost in the Czech Republic a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (CZK, thousands)</i>	<i>Labour market cost saved (CZK, millions)</i>	<i>Intervention cost (CZK, millions)</i>
Communications package (1,2,3)	6,135	5,008	167,236	1,444	405
Mixed package (4,6,9)	3,843	3,326	97,200	759	1,129
Physical activity package (6,7,8,10)	2,077	1,698	82,049	578	849

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Total population: 5.8m

Life expectancy: 81.0 (2017)

Source: World Bank

Income group: High income

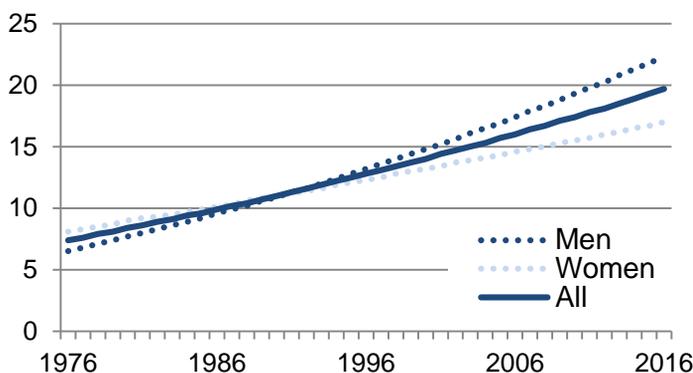
GDP spent on health: 10.4% (2016)

OBESITY PREVALENCE

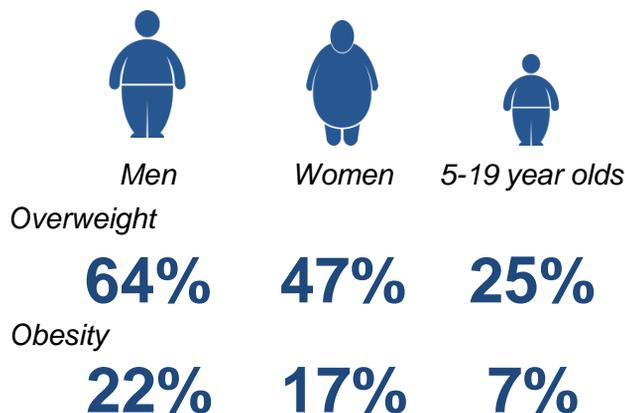
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



1.9

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



9.3

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
DKK per capita, average over 2020-2050



8430

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
DKK per capita, average over 2020-2050



4863

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	412	18%
Diabetes	276	73%
Dementia	67	15%
Cancers	59	11%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

71,492

- 42% Presenteeism
- 37% Unemployment
- 20% Absenteeism
- 1% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

2.8%

Lower GDP due to overweight

1.1

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
Most interventions have a positive impact on population health and all reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (DKK, thousands)</i>	<i>Labour market cost saved (DKK, millions)</i>	<i>Intervention cost (DKK, millions)</i>
1. Regulation of advertising	93	8	1,083	124	26
2. Food labelling	370	224	25,250	63	57
3. Mass media campaign	492	317	36,703	107	55
4. Menu labelling	838	573	49,786	161	57
5. Mobile apps	56	17	3,281	35	28
6. Prescription of physical activity	377	319	7,228	25	75
7. School-based programmes	105	22	1,405	115	137
8. Workplace sedentary behaviour	350	185	32,195	153	52
9. Workplace wellness	264	108	23,702	132	356
10. Public transportation	33	-8	14,629	15	N/A
Food reformulation to reduce calorie content	6,012	4,024	386,366	1,143	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain nearly 1,000 life-years and save DKK 86 million in health cost in Denmark a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (DKK, thousands)</i>	<i>Labour market cost saved (DKK, millions)</i>	<i>Intervention cost (DKK, millions)</i>
Communications package (1,2,3)	1,457	926	86,204	398	138
Mixed package (4,6,9)	1,458	1,033	69,331	301	488
Physical activity package (6,7,8,10)	919	589	51,801	308	265

* DALY: disability-adjusted life years

For further details on the interventions and assumptions, please refer to the main report

 Co-funded by
 the European
 Union


Total population: 1.3m

Life expectancy: 77.6 (2017)

Source: World Bank

Income group: High income

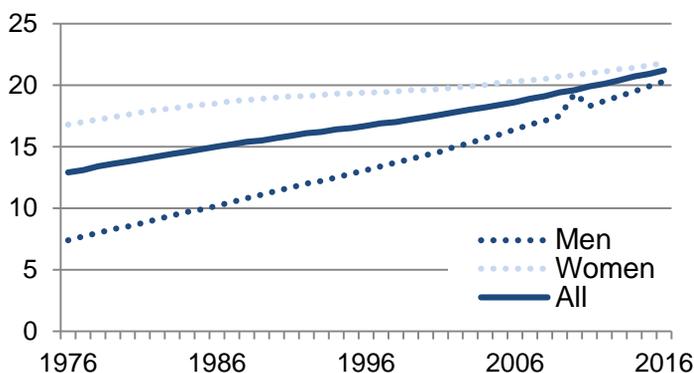
GDP spent on health: 6.7% (2016)

OBESITY PREVALENCE

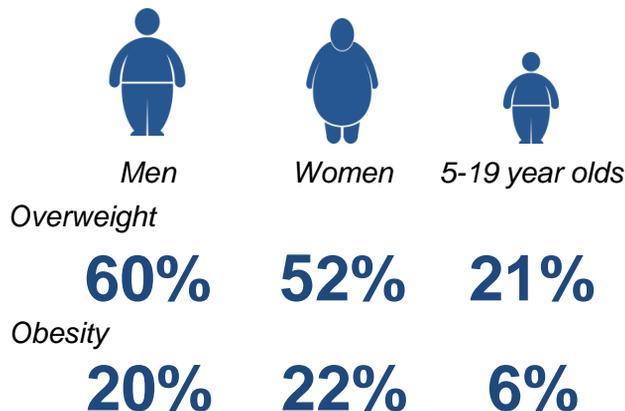
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



3.3

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



4.7

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



351

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



-54

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Number of cases / % of total cases, total over 2020 to 2050

CVDs	72,991	9%
Diabetes	51,409	76%
Dementia	5,297	7%
Cancers	3,153	5%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

18,164

34% Presenteeism
50% Unemployment
16% Absenteeism
0% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

4.0%

Lower GDP due to overweight

0.2

Percentage point decrease in the average tax rate due to overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and most reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
1. Regulation of advertising	12	2	9,232	841	372
2. Food labelling	117	105	31,495	608	823
3. Mass media campaign	636	519	270,056	5,104	808
4. Menu labelling	259	236	34,250	1,444	823
5. Mobile apps	34	23	23,940	395	398
6. Prescription of physical activity	55	44	85,237	270	990
7. School-based programmes	12	1	7,780	720	1,986
8. Workplace sedentary behaviour	110	87	67,676	1,482	1,149
9. Workplace wellness	62	45	-4,812	1,263	4,221
10. Public transportation	17	16	7,481	82	N/A
Food reformulation to reduce calorie content	1,962	1,766	377,918	10,544	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 750 life-years and save EUR 300 thousand in health cost in Estonia a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
Communications package (1,2,3)	909	762	298,833	7,345	2,003
Mixed package (4,6,9)	386	331	130,585	2,960	6,034
Physical activity package (6,7,8,10)	211	164	166,266	2,585	4,125

* DALY: disability-adjusted life years

For further details on the interventions and assumptions, please refer to the main report

 Co-funded by
 the European
 Union


Total population: 5.5m

Life expectancy: 81.4 (2017)

Source: World Bank

Income group: High income

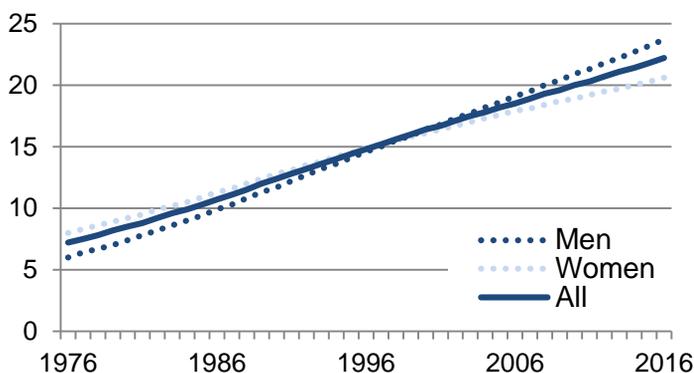
GDP spent on health: 9.5% (2016)

OBESITY PREVALENCE

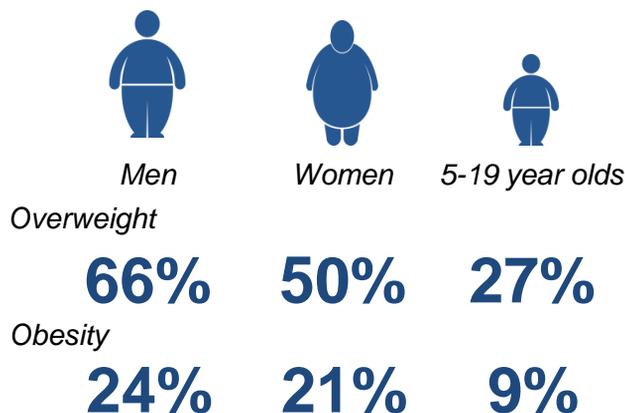
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.4

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



9.4

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



746

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



190

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	456	14%
Diabetes	265	73%
Dementia	85	14%
Cancers	40	11%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

63,454

- 42% Presenteeism
- 37% Unemployment
- 20% Absenteeism
- 1% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

2.8%

Lower GDP due to overweight

0.4

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
1. Regulation of advertising	66	9	231	9,539	2,985
2. Food labelling	432	350	430	5,341	6,611
3. Mass media campaign	541	405	2,973	8,328	6,431
4. Menu labelling	974	777	3,320	12,852	6,612
5. Mobile apps	79	34	637	2,438	3,199
6. Prescription of physical activity	237	181	3,248	2,641	8,804
7. School-based programmes	86	31	192	8,919	15,956
8. Workplace sedentary behaviour	351	206	2,814	13,598	6,162
9. Workplace wellness	212	97	724	11,969	38,480
10. Public transportation	73	50	697	1,197	N/A
Food reformulation to reduce calorie content	6,777	5,326	27,557	88,317	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain nearly 1,200 LIFE-years and save EUR 7 million in health cost in Finland a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
Communications package (1,2,3)	1,575	1,180	6,712	31,214	16,030
Mixed package (4,6,9)	1,407	1,052	6,896	27,626	53,893
Physical activity package (6,7,8,10)	759	496	6,895	25,526	30,920

* DALY: disability-adjusted life years

For further details on the interventions and assumptions, please refer to the main report

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Total population: 67m

Life expectancy: 82.5 (2017)

Source: World Bank

Income group: High income

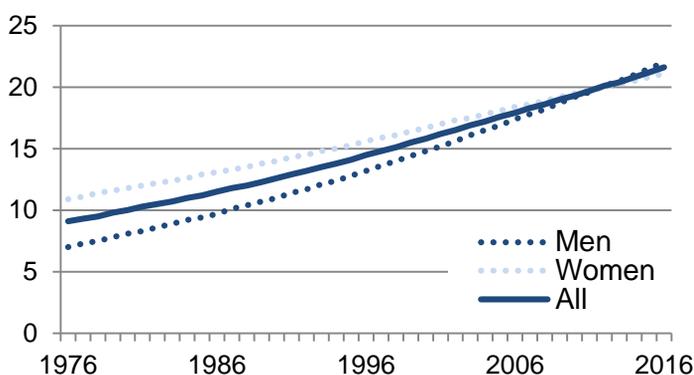
GDP spent on health: 11.5% (2016)

OBESITY PREVALENCE

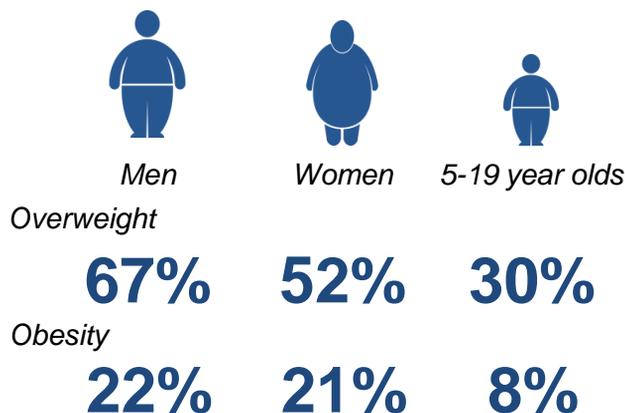
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.3

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



4.9

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



634

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



323

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	4,545	19%
Diabetes	2,379	77%
Dementia	934	15%
Cancers	613	12%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

671,210

- 45% Presenteeism
- 33% Unemployment
- 21% Absenteeism
- 1% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

2.7%

Lower GDP due to overweight

0.8

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, millions)</i>	<i>Intervention cost (EUR, millions)</i>
1. Regulation of advertising	922	159	2,189	111	32
2. Food labelling	4,517	3,128	14,747	57	71
3. Mass media campaign	3,927	2,455	20,192	67	69
4. Menu labelling	10,559	7,560	31,134	130	71
5. Mobile apps	673	192	4,991	37	34
6. Prescription of physical activity	2,991	2,559	19,466	23	95
7. School-based programmes	865	176	1,560	96	171
8. Workplace sedentary behaviour	3,420	1,986	20,585	128	71
9. Workplace wellness	2,483	1,345	11,501	141	388
10. Public transportation	983	537	10,139	15	N/A
Food reformulation to reduce calorie content	71,948	51,266	228,291	931	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 10,000 life-years and save EUR 55 million in health cost in France a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, millions)</i>	<i>Intervention cost (EUR, millions)</i>
Communications package (1,2,3)	15,398	10,140	55,425	308	172
Mixed package (4,6,9)	15,762	11,097	67,276	291	555
Physical activity package (6,7,8,10)	8,251	5,346	50,593	261	337

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Population totale: 67m

Espérance de vie: 82.5 (2017)

Source: Banque Mondiale

Revenus: Hauts revenus

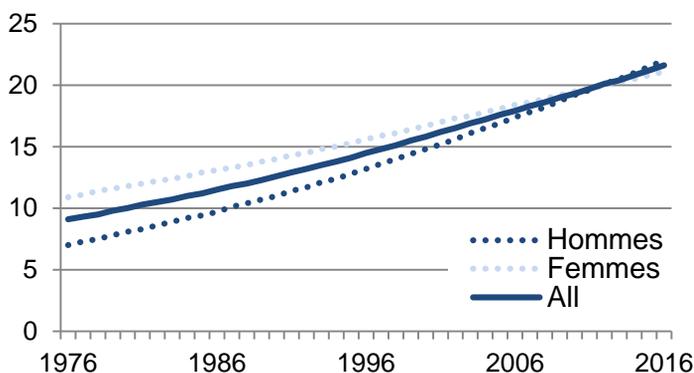
Part du PIB dédié à la santé: 11.5% (2016)

PREVALENCE DE L'OBESITE

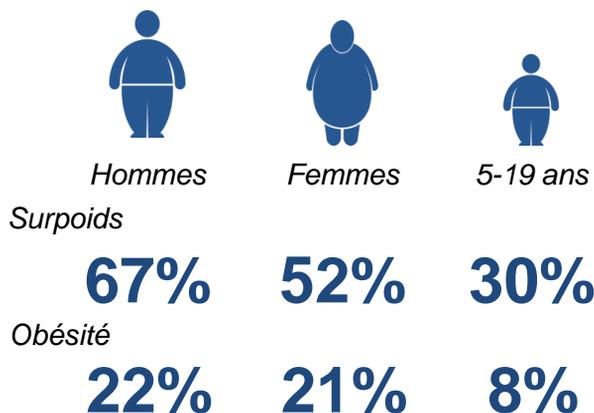
Source: OMS Observatoire de la santé mondiale

Évolution de la prévalence de l'obésité

% de la population ayant un IMC>30



Prévalence actuelle



CHARGE DU SURPOIDS ET DE L'OBESITE

Source: Modèle SPHeP-NCDs de l'OCDE

Réduction de l'espérance de vie attribuable au surpoids
Années, moyenne sur 2020-2050



2.3

Réduction de l'espérance de vie comparée aux autres pays



Dépenses de santé attribuables au surpoids
Pourcentage du total par habitant, moyenne sur 2020-2050



4.9

Pourcentage des dépenses de santé comparé aux autres pays



Coût sur le marché du travail lié au surpoids
EUR par habitant, moyenne sur 2020-2050



634

Coût par habitant comparé aux autres pays



Augmentation de la charge fiscale liée au surpoids
EUR par habitant, moyenne sur 2020-2050



323

Montant de l'imposition par habitant comparé aux autres pays



Le plus faible*

Le plus élevé

Nombre de maladies liées au surpoids
Milliers de cas / % du nombre total, total sur 2020-2050

Maladie	Milliers de cas	% du nombre total
Maladies cardiovasculaires	4 545	19%
Diabète	2 379	77%
Démence	934	15%
Cancers	613	12%

Réduction effective de l'effectif due au surpoids
Équivalent des travailleurs à temps plein, moyenne sur 2020-2050

671 210

45% Présentisme
33% Chômage
21% Absentéisme
1% Retraite anticipée

Impact macroéconomique du surpoids
Moyenne sur 2020-2050

2.7%

Baisse du PIB due au surpoids

0.8

Augmentation (en point de pourcentage) du taux d'imposition moyen nécessaire pour couvrir les conséquences du surpoids

* 1 étant le décile des pays ayant les plus faibles valeurs et 10 les plus élevés; comparaison des valeurs monétaires en USD PPA; les pays utilisés pour la comparaison sont listés sur le lien: <http://oe.cd/obesity2019>

IMPACTS POTENTIELS DES POLITIQUES CONTRE L'OBESITE

Source: Modèle SPHeP-NCDs de l'OCDE

Toutes les interventions ont un impact positif sur la santé de la population et réduisent les dépenses de santé et les coûts sur le marché du travail

Impact moyen sur 2020-2050

	DALYs* gagnés (DALYs)	Années de vie gagnées (ans)	Réduction des dépenses de santé (EUR, milliers)	Réduction des coûts sur le marché du travail (EUR, millions)	Coûts de l'intervention (EUR, millions)
1. Régulation de la publicité	922	159	2 189	111	32
2. Etiquetage nutritionnel	4 517	3 128	14 747	57	71
3. Campagne dans les medias de masse	3 927	2 455	20 192	67	69
4. Etiquetage des menus	10 559	7 560	31 134	130	71
5. Applications sur mobile	673	192	4 991	37	34
6. Prescription de l'activité physique	2 991	2 559	19 466	23	95
7. Programme à l'école	865	176	1 560	96	171
8. Comportement sédentaire sur le lieu de travail	3 420	1 986	20 585	128	71
9. Bien-être sur le lieu de travail	2 483	1 345	11 501	141	388
10. Transport public	983	537	10 139	15	N/A
Reformulation des produits pour réduire l'apport calorique	71 948	51 266	228 291	931	N/A

IMPACTS POTENTIELS DES ENSEMBLES DE POLITIQUES

Source: Modèle SPHeP-NCDs de l'OCDE

Un ensemble de politiques de communication, comprenant la régulation de la publicité, l'étiquetage nutritionnel et les campagnes dans les médias de masse, pourrait gagner plus de 10 000 années de vie, et réduire de 55 millions d'euros les dépenses de santé en France par an

Impact moyen sur 2020-2050

	DALYs* gagnés (DALYs)	Années de vie gagnées (ans)	Réduction des dépenses de santé (EUR, milliers)	Réduction des coûts sur le marché du travail (EUR, millions)	Coût de l'intervention (EUR, millions)
Ensemble de communication (1,2,3)	15 398	10 140	55 425	308	172
Ensemble mixte (4,6,9)	15 762	11 097	67 276	291	555
Ensemble d'activité physique (6,7,8,10)	8 251	5 346	50 593	261	337

* DALY: Années de vie ajustées sur l'incapacité

Plus d'informations sur les interventions et les hypothèses sont disponibles dans le rapport complet.

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GERMANY

Total population: 83m

Life expectancy: 81.0 (2017)

Source: World Bank

Income group: High income

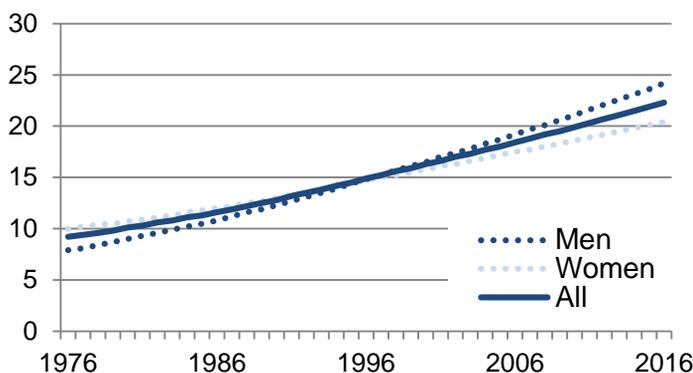
GDP spent on health: 11.1% (2016)

OBESITY PREVALENCE

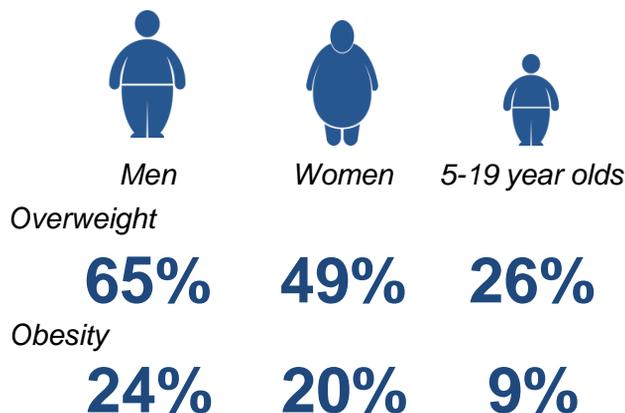
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.6

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



10.7

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



1,172

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



431

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	8,118	18%
Diabetes	4,230	77%
Dementia	1,314	16%
Cancers	893	12%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

1,030,234

- 40% Presenteeism
- 40% Unemployment
- 19% Absenteeism
- 1% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

3.0%

Lower GDP due to overweight

1.0

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model

All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, millions)</i>	<i>Intervention cost (EUR, millions)</i>
1. Regulation of advertising	924	143	1,699	155	35
2. Food labelling	6,252	4,734	39,199	113	78
3. Mass media campaign	10,335	7,303	79,824	258	77
4. Menu labelling	14,571	11,083	91,570	258	78
5. Mobile apps	1,405	742	13,535	81	38
6. Prescription of physical activity	2,061	549	63,844	42	111
7. School-based programmes	811	96	1,758	135	189
8. Workplace sedentary behaviour	5,794	3,494	61,178	265	82
9. Workplace wellness	3,160	1,337	35,281	253	436
10. Public transportation	1,644	1,385	12,489	22	N/A
Food reformulation to reduce calorie content	104,146	80,471	581,402	1,825	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain 18,000 life-years and save EUR 170 million in health cost in Germany a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, millions)</i>	<i>Intervention cost (EUR, millions)</i>
Communications package (1,2,3)	25,628	18,363	169,865	667	191
Mixed package (4,6,9)	20,633	13,846	179,527	552	625
Physical activity package (6,7,8,10)	10,234	5,482	143,306	464	382

* DALY: disability-adjusted life years

For further details on the interventions and assumptions, please refer to the main report

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Bevölkerung: 83 Mio.

Lebenserwartung: 81.0

(2017) *Quelle: World Bank*

Einkommensklasse: Hoch

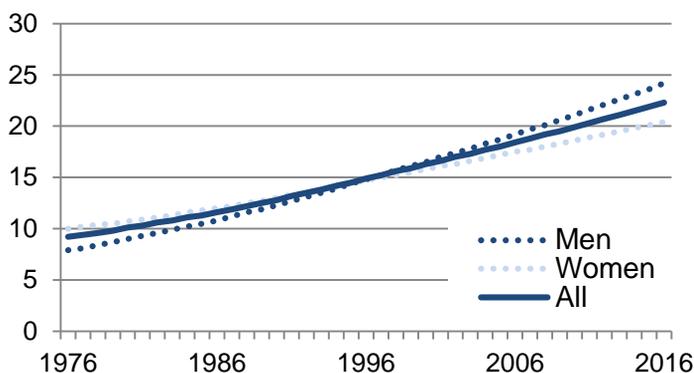
Gesundheitsausgaben als Anteil am BIP: 11.1% (2016)

ADIPOSITAS PRÄVALENZ

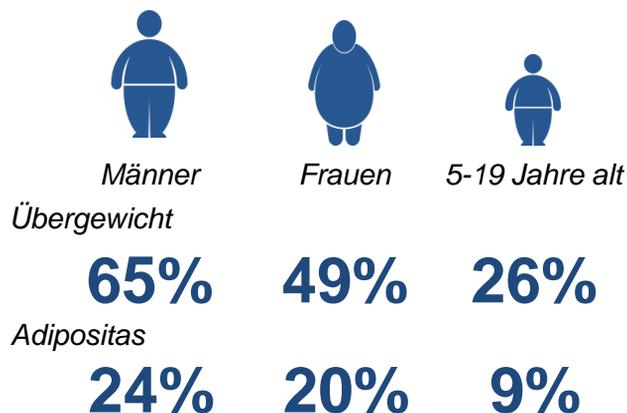
Quelle: WHO Global Health Observatory

Trend in der Prävalenz von Adipositas

% der Bevölkerung mit BMI>30



Gegenwärtige Prävalenz



BELASTUNG DURCH ÜBERGEWICHT UND ADIPOSITAS

Quelle: OECD SPHeP-NCDs model

Reduzierung der Lebenserwartung durch Übergewicht
Jahre, Durchschnitt 2020-2050



2.6



Kosten im Gesundheitswesen durch Übergewicht
% der Kosten pro-Kopf, Durchschnitt 2020-2050



10.7



Kosten im Arbeitsmarkt durch Übergewicht
EUR pro Kopf, Durchschnitt 2020-2050



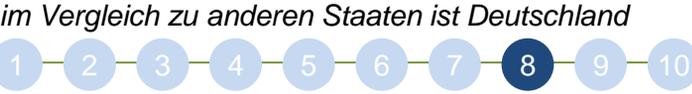
1,172



Steuerlast durch Übergewicht
EUR pro Kopf, Durchschnitt 2020-2050



431



Fallzahlen durch Übergewicht

Neue Fälle in 1,000 / % aller neuen Fälle, Gesamt 2020 - 2050

Krankheit	Fälle pro 1.000	% aller neuen Fälle
Herz-Kreislauf-Erkrankungen	8,118	18%
Diabetes	4,230	77%
Demenz	1,314	16%
Krebs	893	12%

Effektive Reduzierung der Arbeitskräfte durch Übergewicht
Vollzeitäquivalente, Durchschnitt 2020-2050

1,030,234

- 40% Presenteeism
- 40% Arbeitslosigkeit
- 19% Abwesenheit
- 1% vorzeitg. Ruhestand

Makroökonomischer Effekt durch Übergewicht
Durchschnitt 2020-2050

3.0%

geringeres BIP durch Übergewicht

1.0

erforderlicher Anstieg der Steuerquote in p.p.um den Effekt von Übergewicht zu decken

* 1 steht für das Dezil von Staaten mit den geringsten Werten, 10 für das Dezil mit den höchsten

POTENZIELLER EFFEKT VON ADIPOSITAS MASSNAHMEN
Source: OECD SPHeP-NCDs model

Alle Maßnahmen haben einen positive Einfluss auf die Gesundheit der Bevölkerung und reduzieren Kosten im Gesundheitswesen und für den Arbeitsmarkt

Durchschnittlicher Einfluss 2020-2050	DALYs* gewonnen (DALYs)	Lebensjahre gewonnen (Jahre)	Krankheits- kosten gespart (EUR, in TSD)	Arbeitsmarkt- kosten gespart (EUR, in Mio)	Interventions- kosten (EUR, in Mio)
1. Werbebeschränkung	924	143	1,699	155	35
2. Lebensmittel- kennzeichnung	6,252	4,734	39,199	113	78
3. Medienkampagne	10,335	7,303	79,824	258	77
4. Kennzeichnung Speisekarten	14,571	11,083	91,570	258	78
5. Mobile Apps	1,405	742	13,535	81	38
6. Verschreibung von körperl. Aktivität	2,061	549	63,844	42	111
7. Programme in Schulen	811	96	1,758	135	189
8. Bewegung am Arbeitsplatz	5,794	3,494	61,178	265	82
9. Wellness am Arbeitsplatz	3,160	1,337	35,281	253	436
10. Öffentl. Verkehr	1,644	1,385	12,489	22	N/A
Kalorien in Lebensmittel- produkten reduzieren	104,146	80,471	581,402	1,825	N/A

POTENZIELLER EFFEKT VON MASSNAHMENPAKTEN
Source: OECD SPHeP-NCDs model

Ein Maßnahmenpaket mit Werbebeschränkung, Lebensmittelkennzeichnung und Medienkampagne würde in Deutschland pro Jahr über 18,000 Lebensjahre gewinnen und dem Gesundheitssystem EUR 170 Mio einsparen

Durchschnittlicher Einfluss 2020-2050	DALYs* gewonnen (DALYs)	Lebensjahre gewonnen (Jahre)	Krankheits- kosten gespart (EUR, in TSD)	Arbeitsmarkt- kosten gespart (EUR, in Mio)	Interventions- kosten (EUR, in Mio)
Kommunikationspaket (1,2,3)	25,628	18,363	169,865	667	191
Gemischtes Paket (4,6,9)	20,633	13,846	179,527	552	625
Bewegungspaket (6,7,8,10)	10,234	5,482	143,306	464	382

• DALY: disability-adjusted life years (Behinderungsfreie Lebensjahre)
 Weitere Informationen über die Maßnahmen und Modellannahmen finden Sie im Bericht

Total population: 11m

Life expectancy: 81.4 (2017)

Source: World Bank

Income group: High income

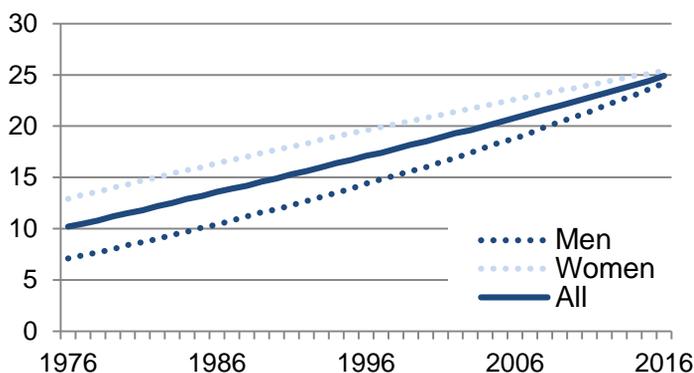
GDP spent on health: 8.5% (2016)

OBESITY PREVALENCE

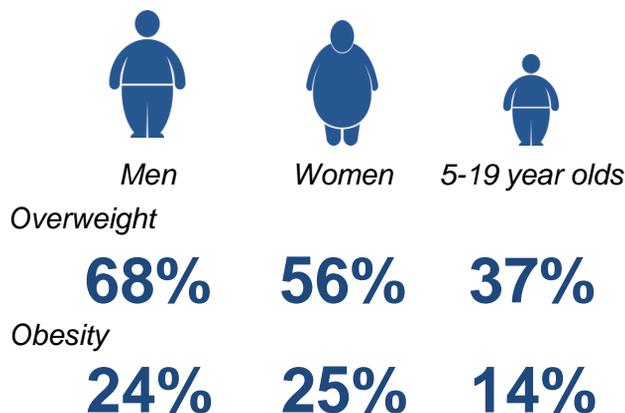
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.8

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



9.1

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



176

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



178

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	1,173	16%
Diabetes	347	78%
Dementia	141	12%
Cancers	50	7%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

101,226

- 39% Presenteeism
- 40% Unemployment
- 18% Absenteeism
- 2% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

3.0%

Lower GDP due to overweight

0.7

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model

All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
1. Regulation of advertising	147	31	202	3,537	3,628
2. Food labelling	916	690	1,876	2,143	8,033
3. Mass media campaign	1,861	1,372	3,944	6,427	7,868
4. Menu labelling	2,044	1,680	2,840	5,344	8,034
5. Mobile apps	97	58	333	1,876	3,887
6. Prescription of physical activity	485	348	2,948	634	11,424
7. School-based programmes	135	31	157	2,977	19,389
8. Workplace sedentary behaviour	234	126	1,172	2,209	3,533
9. Workplace wellness	174	117	506	2,432	15,535
10. Public transportation	161	149	420	527	N/A
Food reformulation to reduce calorie content	14,049	11,115	26,654	37,080	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 3,000 life-years and save EUR 7 million in health cost in Greece a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
Communications package (1,2,3)	4,034	3,087	7,355	15,726	19,533
Mixed package (4,6,9)	2,707	2,056	7,932	8,566	34,992
Physical activity package (6,7,8,10)	1,033	685	4,306	6,326	34,344

* DALY: disability-adjusted life years

For further details on the interventions and assumptions, please refer to the main report

 Co-funded by
 the European
 Union


HUNGARY

Total population: 9.8m

Life expectancy: 76.1 (2017)

Source: World Bank

Income group: High income

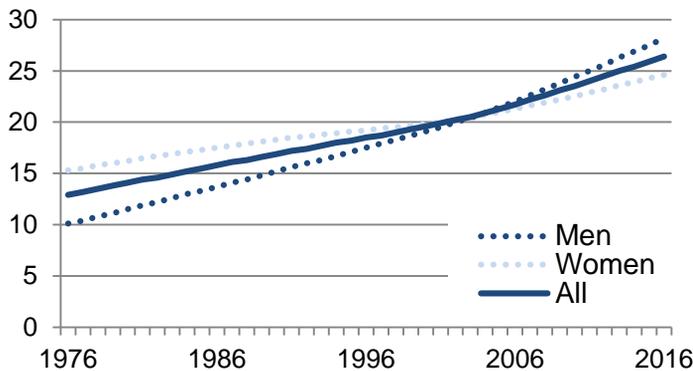
GDP spent on health: 7.4% (2016)

OBESITY PREVALENCE

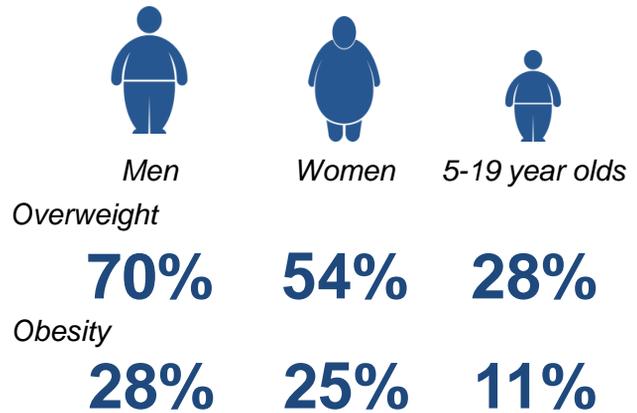
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



3.7

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



6.2

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
HUF per capita, average over 2020-2050



82945

Per capita labour market cost compared to other countries

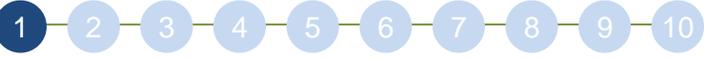


Overweight-attributable increase in tax burden
HUF per capita, average over 2020-2050



-3580

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	534	8%
Diabetes	438	76%
Dementia	26	4%
Cancers	36	5%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

144,812

- 33% Presenteeism
- 53% Unemployment
- 15% Absenteeism
- 1% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

4.1%

Lower GDP due to overweight

0.1

Percentage point decrease in the average tax rate due to overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (HUF, millions)</i>	<i>Labour market cost saved (HUF, millions)</i>	<i>Intervention cost (HUF, millions)</i>
1. Regulation of advertising	131	36	30	1,550	690
2. Food labelling	1,169	1,082	147	1,526	1,527
3. Mass media campaign	5,056	4,286	1,220	8,682	1,500
4. Menu labelling	2,253	2,004	305	3,059	1,527
5. Mobile apps	368	342	69	640	739
6. Prescription of physical activity	524	516	223	361	1,906
7. School-based programmes	159	67	29	1,490	3,686
8. Workplace sedentary behaviour	849	675	304	2,544	2,266
9. Workplace wellness	544	340	274	2,412	6,620
10. Public transportation	168	156	56	197	N/A
Food reformulation to reduce calorie content	15,886	14,419	1,744	20,300	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 6,300 life-years and save HUF 1.6 billion in health cost in Hungary

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (HUF, millions)</i>	<i>Labour market cost saved (HUF, millions)</i>	<i>Intervention cost (HUF, millions)</i>
Communications package (1,2,3)	7,402	6,301	1,578	13,373	3,718
Mixed package (4,6,9)	3,195	2,811	636	5,331	10,054
Physical activity package (6,7,8,10)	1,668	1,370	620	4,583	7,859

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Total population: 341k

Life expectancy: 82.2 (2017)

Source: World Bank

Income group: High income

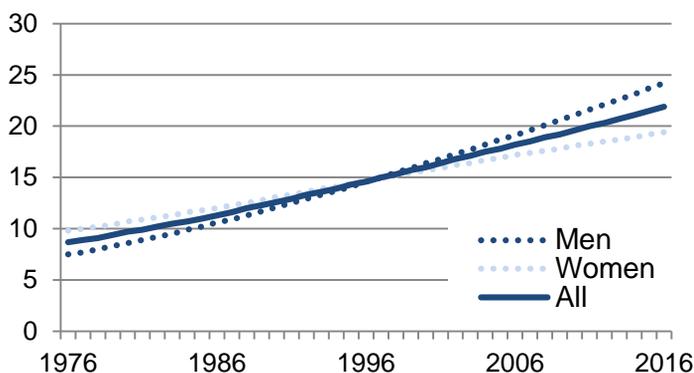
GDP spent on health: 8.3% (2016)

OBESITY PREVALENCE

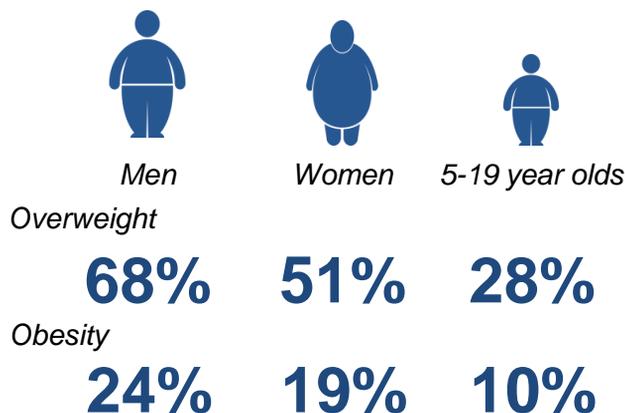
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



1.9

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



8.5

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
ISK per capita, average over 2020-2050



179k

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
ISK per capita, average over 2020-2050



49k

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Number of cases / % of total cases, total over 2020 to 2050

Disease	Number of cases	% of total cases
CVDs	30,075	22%
Diabetes	13,962	76%
Dementia	5,285	18%
Cancers	3,553	13%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

4,311

- 44% Presenteeism
- 34% Unemployment
- 21% Absenteeism
- 1% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

2.4%

Lower GDP due to overweight

0.9

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model

All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (ISK, thousands)</i>	<i>Labour market cost saved (ISK, millions)</i>	<i>Intervention cost (ISK, millions)</i>
1. Regulation of advertising	5	1	1,226	190	28
2. Food labelling	24	17	18,400	106	62
3. Mass media campaign	23	14	23,949	127	60
4. Menu labelling	48	34	36,461	207	62
5. Mobile apps	4	2	6,784	59	30
6. Prescription of physical activity	23	20	17,643	64	82
7. School-based programmes	5	1	1,371	169	150
8. Workplace sedentary behaviour	16	9	20,296	126	52
9. Workplace wellness	11	3	13,065	205	403
10. Public transportation	4	2	8,009	16	N/A
Food reformulation to reduce calorie content	327	223	298,937	1,484	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain nearly 50 life-years and save ISK 62 million in health cost in Iceland a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (ISK, thousands)</i>	<i>Labour market cost saved (ISK, millions)</i>	<i>Intervention cost (ISK, millions)</i>
Communications package (1,2,3)	76	49	62,392	535	150
Mixed package (4,6,9)	81	58	62,034	467	547
Physical activity package (6,7,8,10)	45	29	44,768	369	284

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Total population: 4.8m

Life expectancy: 82.0 (2017)

Source: World Bank

Income group: High income

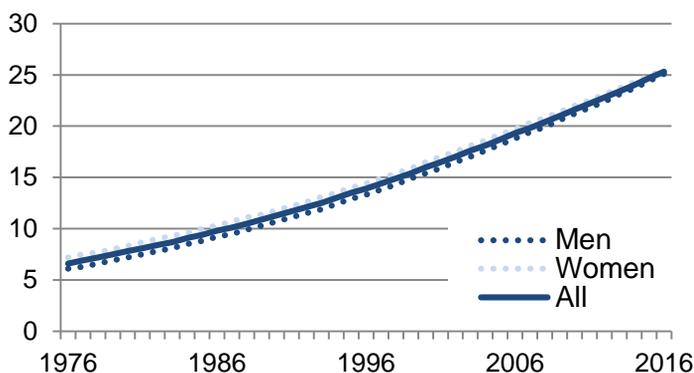
GDP spent on health: 7.4% (2016)

OBESITY PREVALENCE

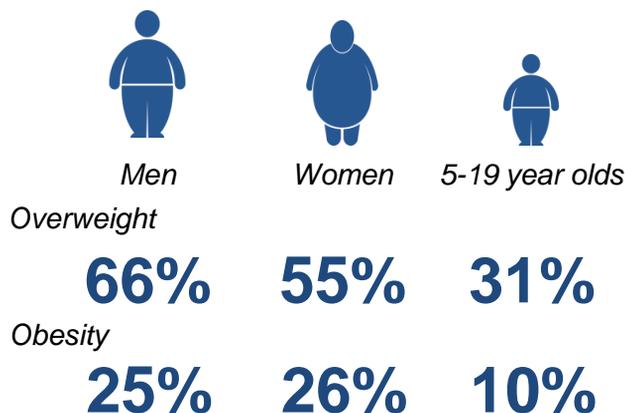
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.5

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



9.0

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



1161

Per capita labour market cost compared to other countries

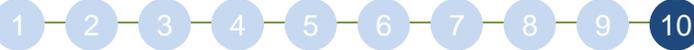


Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



761

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	454	25%
Diabetes	230	77%
Dementia	73	19%
Cancers	60	16%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

61,120

- 43% Presenteeism
- 35% Unemployment
- 20% Absenteeism
- 2% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

3.2%

Lower GDP due to overweight

0.8

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and most reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
1. Regulation of advertising	80	14	168	16,089	2,497
2. Food labelling	305	221	2,180	8,273	5,530
3. Mass media campaign	238	161	1,912	8,310	5,340
4. Menu labelling	652	444	4,930	17,083	5,530
5. Mobile apps	55	26	-333	5,711	2,676
6. Prescription of physical activity	184	147	2,084	4,877	7,570
7. School-based programmes	69	12	116	14,051	13,347
8. Workplace sedentary behaviour	244	149	2,498	15,583	4,853
9. Workplace wellness	131	34	1,857	19,843	27,621
10. Public transportation	52	34	820	1,292	N/A
Food reformulation to reduce calorie content	4,594	3,249	31,593	118,836	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 600 life-years and save EUR 7 million in health cost in Ireland a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
Communications package (1,2,3)	966	616	7,307	41,018	13,369
Mixed package (4,6,9)	1,001	648	8,969	40,439	40,720
Physical activity package (6,7,8,10)	567	368	5,189	34,991	25,768

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Total population: 61m

Life expectancy: 83.2 (2017)

Source: World Bank

Income group: High income

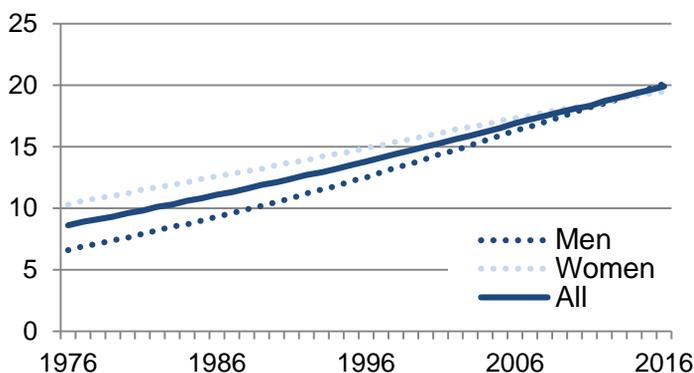
GDP spent on health: 8.9% (2016)

OBESITY PREVALENCE

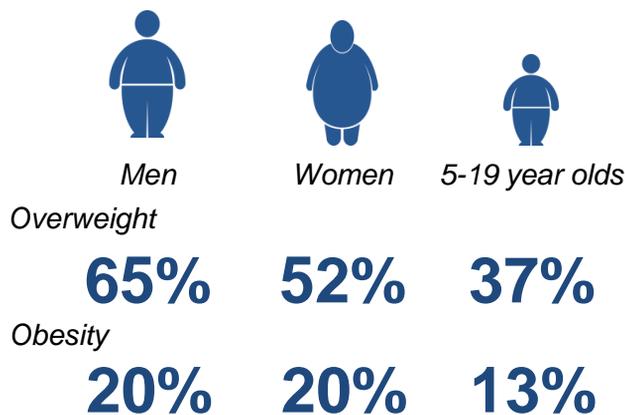
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.7

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



9.0

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



461

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



289

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

CVDs	4,879	16%
Diabetes	3,006	76%
Dementia	1,084	12%
Cancers	599	10%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

571,205

- 42% Presenteeism
- 35% Unemployment
- 19% Absenteeism
- 4% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

2.8%

Lower GDP due to overweight

0.9

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, millions)</i>	<i>Intervention cost (EUR, millions)</i>
1. Regulation of advertising	646	31	1,328	44	25
2. Food labelling	5,296	4,020	18,594	37	55
3. Mass media campaign	4,567	3,063	20,480	45	54
4. Menu labelling	11,913	9,110	38,365	82	55
5. Mobile apps	993	655	3,301	21	27
6. Prescription of physical activity	3,424	2,547	26,150	21	80
7. School-based programmes	567	40	1,002	38	134
8. Workplace sedentary behaviour	1,604	867	10,744	41	27
9. Workplace wellness	1,445	772	7,408	46	140
10. Public transportation	885	657	5,836	6	N/A
Food reformulation to reduce calorie content	78,415	58,921	278,013	538	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain nearly 12,000 life-years and save EUR 62 million in health cost in Italy a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, millions)</i>	<i>Intervention cost (EUR, millions)</i>
Communications package (1,2,3)	16,811	11,785	62,130	170	135
Mixed package (4,6,9)	16,818	12,608	68,414	150	276
Physical activity package (6,7,8,10)	6,573	4,214	41,706	103	241

* DALY: disability-adjusted life years

For further details on the interventions and assumptions, please refer to the main report

 Co-funded by
 the European
 Union


Popolazione Totale: 61m

Aspettativa di vita: 83.2 (2017)

Fonte: World Bank

Fascia di reddito: Alto reddito

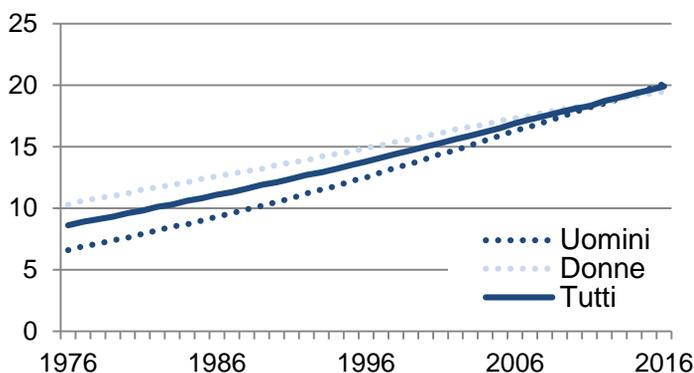
Incidenza della spesa sanitaria sul PIL: 8.9% (2016)

PREVALENZA DELL'OBESITÀ

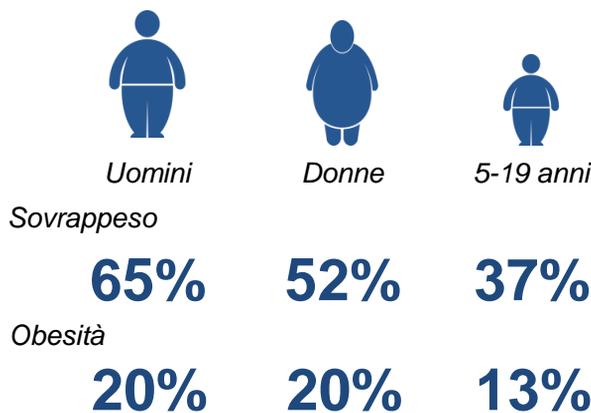
Fonte: WHO Global Health Observatory

Trend di prevalenza dell'obesità

% della popolazione con IMC>30



Prevalenza attuale



IL FARDELLO DELL'OBESITÀ E DEL SOVRAPPESO

Fonte: OECD SPHeP-NCDs model

Riduzione dell'aspettativa di vita attribuibile al sovrappeso

Anni, media periodo 2020-2050



2.7

Riduzione dell'aspettativa di vita rispetto ad altri paesi



Costi sanitari attribuibili al sovrappeso

% della spesa totale pro-capite, media periodo 2020-2050



9.0

Percentuale della spesa sanitaria rispetto ad altri paesi



Costi del mercato del lavoro attribuibili al sovrappeso

EUR pro-capite, media periodo 2020-2050



461

Costi del mercato del lavoro pro-capite rispetto ad altri paesi



Aumento della pressione fiscale attribuibile al sovrappeso

EUR pro-capite, media periodo 2020-2050



289

Imposta pro-capite rispetto ad altri paesi



più basso*

più alto

Casi di malattie attribuibili al sovrappeso

Migliaia di casi / % dei casi totali, totale periodo 2020 - 2050

Malattia	Casi (Migliaia)	% dei casi totali
Patologie Cardiovascolari	4,879	16%
Diabete	3,006	76%
Demenza	1,084	12%
Cancro	599	10%

Riduzione effettiva della forza lavoro dovuta al sovrappeso

In numero di lavoratori a tempo pieno, media periodo 2020-2050

571,205

- 42% Presenzialismo
- 35% Disoccupazione
- 19% Assenteismo
- 4% Prepensionamento

Effetto del sovrappeso su variabili macroeconomiche

Media periodo 2020-2050

2.8%

Diminuzione del PIL dovuta al sovrappeso

0.9

Aumento % dell'aliquota fiscale media necessaria a coprire l'impatto del sovrappeso

* 1 rappresenta il decile dei paesi con la peggiore valutazione e 10 quelli con la migliore; valori monetari comparati usando USDppp; I paesi usati per le comparazioni possono essere trovati al sito <http://oe.cd/obesity2019>

IMPATTO POTENZIALE DELLE POLITICHE SULL'OBESITÀ

Fonte: OECD SPHeP-NCDs model

Tutti gli interventi hanno un impatto positivo sulla salute della popolazione e riducono i costi dell'assistenza sanitaria e del mercato del lavoro

<i>Impatto medio 2020-2050</i>	<i>DALYs* guadagnati (DALYs)</i>	<i>Anni di vita guadagnati (anni)</i>	<i>Risparmio sulla spesa sanitaria (in migliaia di euro)</i>	<i>Risparmio sui costi del mercato del lavoro (in milioni di euro)</i>	<i>Costo dell'intervento (in milioni di euro)</i>
1. Regolamentazione pubblicitaria	646	31	1,328	44	25
2. Etichettatura dei prodotti alimentari	5,296	4,020	18,594	37	55
3. Campagna di informazione	4,567	3,063	20,480	45	54
4. Etichettatura dei menù	11,913	9,110	38,365	82	55
5. Applicazioni per dispositivi mobili	993	655	3,301	21	27
6. Prescrizione di attività fisica	3,424	2,547	26,150	21	80
7. Interventi nelle scuole	567	40	1,002	38	134
8. Sedentarietà sul posto di lavoro	1,604	867	10,744	41	27
9. Benessere sul posto di lavoro	1,445	772	7,408	46	140
10. Mezzi di trasporto pubblico	885	657	5,836	6	N/A
Riformulazione dei prodotti alimentari per ridurre il contenuto calorico	78,415	58,921	278,013	538	N/A

IMPATTO POTENZIALE DEI PACCHETTI DI INTERVENTI SULL'OBESITÀ

Fonte: OECD SPHeP-NCDs model

Un pacchetto di comunicazioni, comprensivo di regolamentazione pubblicitaria, etichettatura dei prodotti alimentari e campagne di informazione, aiuterebbe a guadagnare circa 12,000 anni di vita e farebbe risparmiare 62 milioni di euro in costi sanitari all'anno in Italia

<i>Impatto medio 2020-2050</i>	<i>DALYs* guadagnati (DALYs)</i>	<i>Anni di vita guadagnati (anni)</i>	<i>Risparmio sulla spesa sanitaria (in migliaia di euro)</i>	<i>Risparmio sui costi del mercato del lavoro (in milioni di euro)</i>	<i>Costo dell'intervento (in milioni di euro)</i>
Pacchetto comunicazioni (1,2,3)	16,811	11,785	62,130	170	135
Pacchetto misto (4,6,9)	16,818	12,608	68,414	150	276
Pacchetto attività fisica (6,7,8,10)	6,573	4,214	41,706	103	241

* DALY: anni di vita in buona salute

Per maggiori dettagli sugli interventi e sulle ipotesi, si prega di fare riferimento al rapporto principale

Cofinanziato dall'Unione Europea



Total population: 127m

Life expectancy: 84.1 (2017)

Source: World Bank

Income group: High income

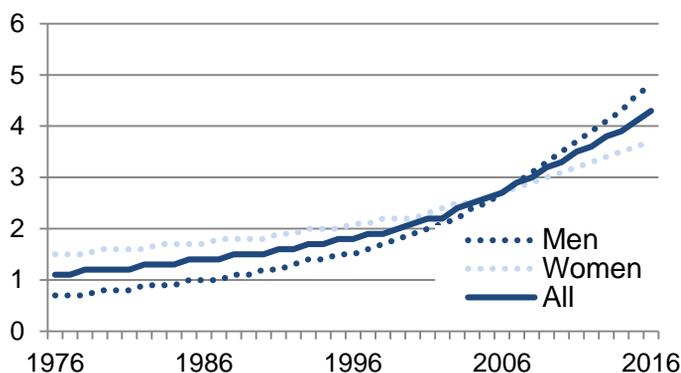
GDP spent on health: 10.9% (2016)

OBESITY PREVALENCE

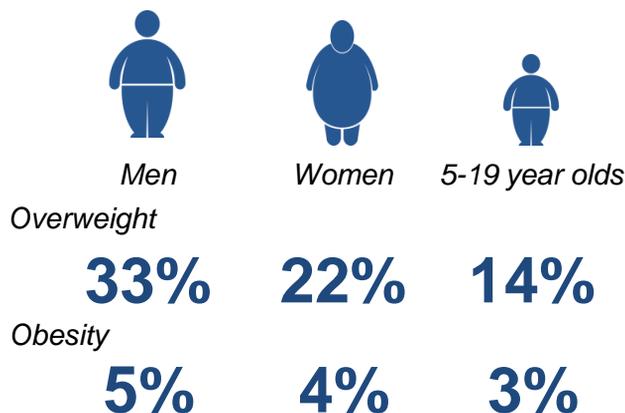
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



0.9

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



6.1

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
JPY per capita, average over 2020-2050



48554

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
JPY per capita, average over 2020-2050



58060

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	3,580	6%
Diabetes	2,793	41%
Dementia	468	2%
Cancers	325	3%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

733,627

- 36% Presenteeism
- 46% Unemployment
- 17% Absenteeism
- 1% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

1.6%

Lower GDP due to overweight

1.0

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (JPY, millions)</i>	<i>Labour market cost saved (JPY, millions)</i>	<i>Intervention cost (JPY, millions)</i>
1. Regulation of advertising	1,136	141	1,020	12,115	6,526
2. Food labelling	6,709	4,881	5,755	11,846	14,450
3. Mass media campaign	9,990	5,563	14,559	23,370	14,188
4. Menu labelling	17,970	13,091	14,307	30,889	14,451
5. Mobile apps	1,026	32	2,478	4,210	6,992
6. Prescription of physical activity	3,722	2,567	3,110	4,293	18,375
7. School-based programmes	973	130	748	10,426	34,875
8. Workplace sedentary behaviour	8,956	4,914	12,499	29,647	18,606
9. Workplace wellness	5,022	2,239	7,992	27,047	93,363
10. Public transportation	1,276	848	2,312	989	N/A
Food reformulation to reduce calorie content	98,091	68,872	81,544	170,396	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 18,000 life-years and save JPY 29 billion in health cost in Japan a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (JPY, millions)</i>	<i>Labour market cost saved (JPY, millions)</i>	<i>Intervention cost (JPY, millions)</i>
Communications package (1,2,3)	28,685	18,487	29,425	65,391	35,168
Mixed package (4,6,9)	25,095	16,104	23,751	60,225	126,185
Physical activity package (6,7,8,10)	14,791	8,738	17,431	45,106	71,851

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Total population: 1.9m

Life expectancy: 74.7 (2017)

Source: World Bank

Income group: High income

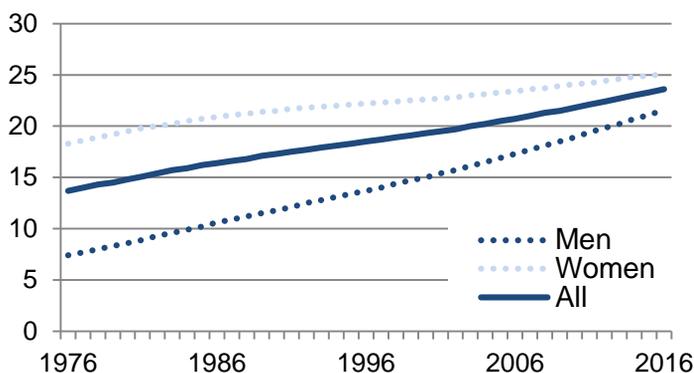
GDP spent on health: 6.2% (2016)

OBESITY PREVALENCE

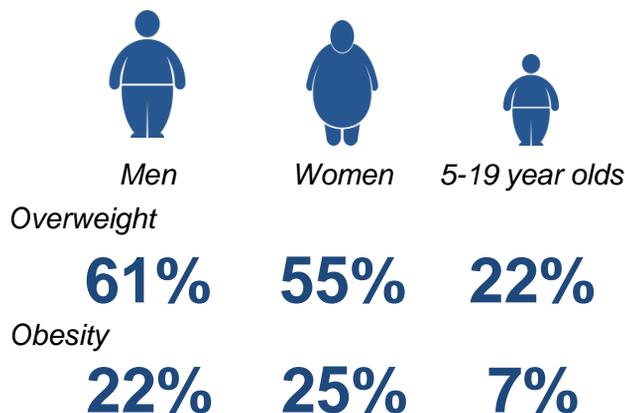
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



3.6

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



6.0

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



300

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



-42

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Number of cases / % of total cases, total over 2020 to 2050

CVDs	106,318	7%
Diabetes	72,812	79%
Dementia	3,942	4%
Cancers	1,850	2%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

29,288

32% Presenteeism
55% Unemployment
15% Absenteeism
-1% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

4.5%

Lower GDP due to overweight

0.2

Percentage point decrease in the average tax rate due to overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and most reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
1. Regulation of advertising	19	2	25	1,071	518
2. Food labelling	203	190	69	859	1,146
3. Mass media campaign	680	544	654	4,501	1,127
4. Menu labelling	428	384	305	2,026	1,146
5. Mobile apps	50	40	-21	590	555
6. Prescription of physical activity	136	111	271	594	1,456
7. School-based programmes	22	6	16	1,033	2,766
8. Workplace sedentary behaviour	172	130	256	1,973	1,554
9. Workplace wellness	104	72	93	1,531	5,383
10. Public transportation	43	38	39	173	N/A
Food reformulation to reduce calorie content	3,238	2,959	1,335	14,063	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain nearly 1,000 life-years and save nearly EUR 1 million in health cost in Latvia a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
Communications package (1,2,3)	1,134	941	921	7,453	2,792
Mixed package (4,6,9)	667	589	505	4,009	7,986
Physical activity package (6,7,8,10)	361	276	545	3,736	5,777

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Total population: 2.8m

Life expectancy: 74.7 (2017)

Source: World Bank

Income group: High income

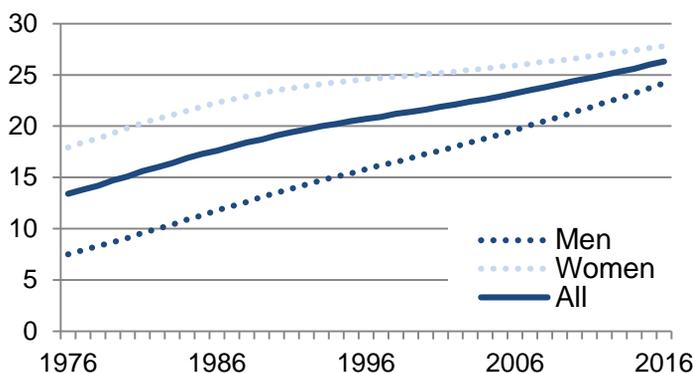
GDP spent on health: 6.7% (2016)

OBESITY PREVALENCE

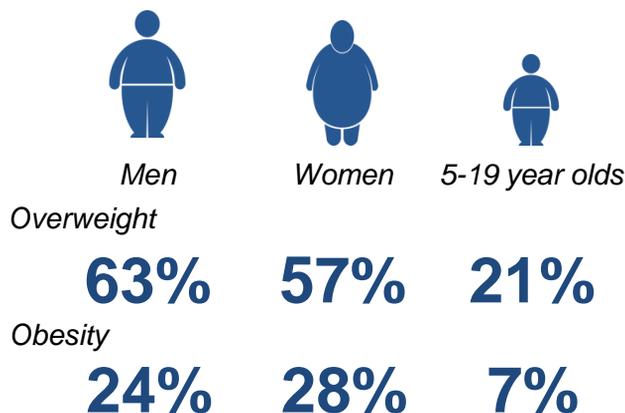
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



3.4

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



6.2

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



264

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



4

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Number of cases / % of total cases, total over 2020 to 2050

CVDs	234,185	12%
Diabetes	80,384	81%
Dementia	12,841	9%
Cancers	7,723	6%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

42,969

33% Presenteeism
53% Unemployment
15% Absenteeism
-1% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

4.3%

Lower GDP due to overweight

0.02

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model

Nearly all interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
1. Regulation of advertising	18	-3	25	1,183	677
2. Food labelling	286	290	-132	1,038	1,500
3. Mass media campaign	786	624	729	4,973	1,474
4. Menu labelling	591	541	148	2,383	1,500
5. Mobile apps	87	80	42	605	726
6. Prescription of physical activity	158	124	211	338	1,933
7. School-based programmes	14	-9	24	1,079	3,620
8. Workplace sedentary behaviour	242	189	280	2,393	2,289
9. Workplace wellness	129	79	184	1,978	7,078
10. Public transportation	55	46	114	152	N/A
Food reformulation to reduce calorie content	4,143	3,756	1,316	17,214	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 1,000 life-years and save EUR 881 thousand in health cost in Lithuania a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR)</i>
Communications package (1,2,3)	1,404	1,181	881	8,598	3,652
Mixed package (4,6,9)	857	714	622	4,636	10,512
Physical activity package (6,7,8,10)	476	372	529	4,000	7,843

* DALY: disability-adjusted life years

For further details on the interventions and assumptions, please refer to the main report

Total population: 599k

Life expectancy: 82.7 (2017)

Source: World Bank

Income group: High income

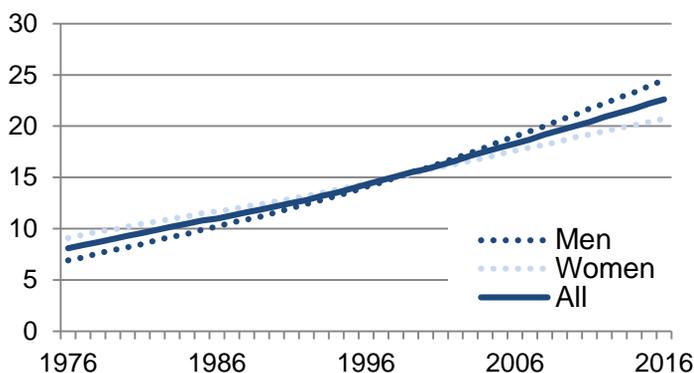
GDP spent on health: 6.2% (2016)

OBESITY PREVALENCE

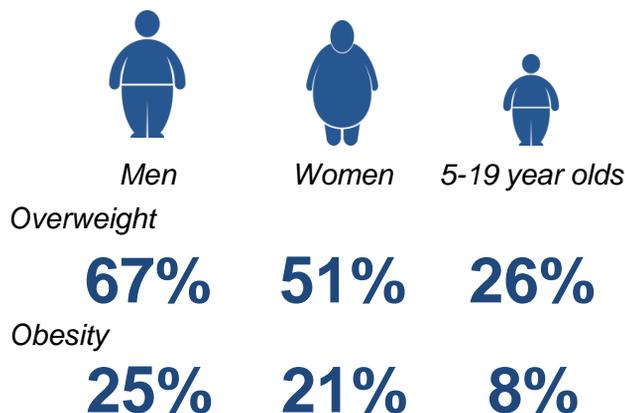
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.1

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



8.4

Percentage of health cost compared to other countries

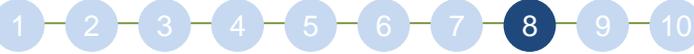


Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



778

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



363

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Number of cases / % of total cases, total over 2020 to 2050

Disease	Number of cases	% of total cases
CVDs	53,709	22%
Diabetes	31,820	77%
Dementia	7,797	18%
Cancers	7,324	13%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

7,141

- 45% Presenteeism
- 31% Unemployment
- 21% Absenteeism
- 3% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

1.9%

Lower GDP due to overweight

0.3

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model

All interventions have a positive impact on population health and most reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
1. Regulation of advertising	9	2	18	1,372	356
2. Food labelling	42	32	199	738	789
3. Mass media campaign	48	25	558	1,178	758
4. Menu labelling	87	61	745	1,766	789
5. Mobile apps	4	1	-42	516	382
6. Prescription of physical activity	17	13	43	-21	1,035
7. School-based programmes	9	3	16	1,274	1,905
8. Workplace sedentary behaviour	33	17	388	1,630	723
9. Workplace wellness	20	10	233	1,634	4,334
10. Public transportation	8	7	-2	182	N/A
Food reformulation to reduce calorie content	600	399	5,789	12,600	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain nearly 90 life-years and save EUR 1.3 million in health cost in Luxembourg a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
Communications package (1,2,3)	142	86	1,311	4,222	1,904
Mixed package (4,6,9)	121	83	796	3,470	6,158
Physical activity package (6,7,8,10)	67	41	459	3,058	3,662

* DALY: disability-adjusted life years

For further details on the interventions and assumptions, please refer to the main report

 Co-funded by
 the European
 Union


Total population: 465k

Life expectancy: 82.5 (2017)

Source: World Bank

Income group: High income

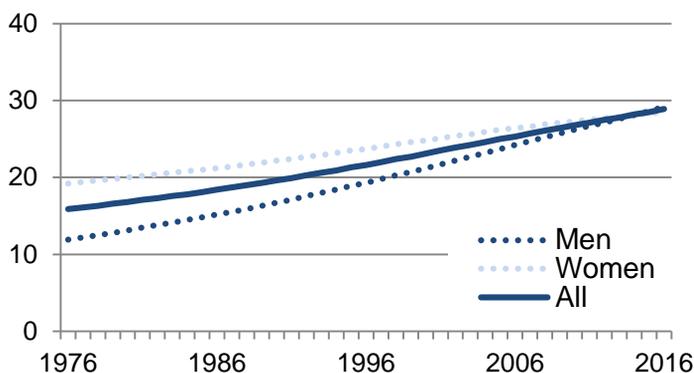
GDP spent on health: 9.3% (2016)

OBESITY PREVALENCE

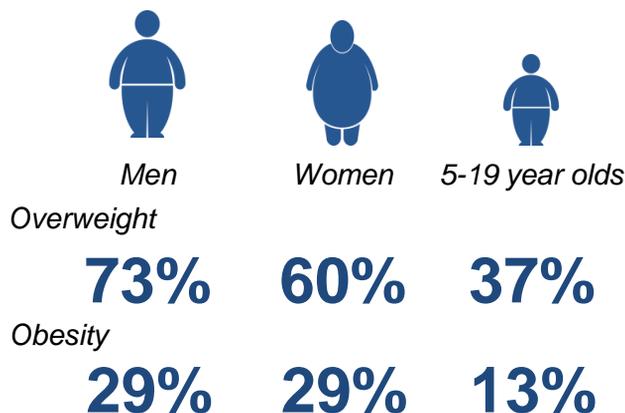
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



3.0

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



10.3

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



512

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



N/A

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Number of cases / % of total cases, total over 2020 to 2050

Disease	Number of cases	% of total cases
CVDs	51,723	24%
Diabetes	21,303	79%
Dementia	6,724	17%
Cancers	3,863	13%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

5,063

- 42% Presenteeism
- 35% Unemployment
- 19% Absenteeism
- 3% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

N/A

Lower GDP due to overweight

N/A

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES

Source: OECD SPHeP-NCDs model

Most interventions have a positive impact on population health and reduce health and labour market cost

Average impact 2020-2050	DALYs* gained (DALYs)	Life-years gained (years)	Health cost saved (EUR, thousands)	Labour market cost saved (EUR, thousands)	Intervention cost (EUR, thousands)
1. Regulation of advertising	5	1	6	423	143
2. Food labelling	34	26	112	277	317
3. Mass media campaign	11	5	73	177	310
4. Menu labelling	79	62	182	589	318
5. Mobile apps	1	-2	17	119	154
6. Prescription of physical activity	8	5	56	13	464
7. School-based programmes	5	1	6	383	766
8. Workplace sedentary behaviour	17	10	88	416	295
9. Workplace wellness	11	6	58	470	1,210
10. Public transportation	8	6	41	49	N/A
Food reformulation to reduce calorie content	513	389	1,367	4,127	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES

Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain 70 life-years and save EUR 263 thousand in health cost in Malta a year

Average impact 2020-2050	DALYs* gained (DALYs)	Life-years gained (years)	Health cost saved (EUR, thousands)	Labour market cost saved (EUR, thousands)	Intervention cost (EUR, thousands)
Communications package (1,2,3)	98	70	263	1,242	771
Mixed package (4,6,9)	103	74	331	1,078	1,992
Physical activity package (6,7,8,10)	37	19	204	878	1,526

* DALY: disability-adjusted life years
For further details on the interventions and assumptions, please refer to the main report

Población total : 129 millones

Expectativa de vida: 77.3 (2017)

Fuente: Banco Mundial

Nivel de ingreso: Medio alto

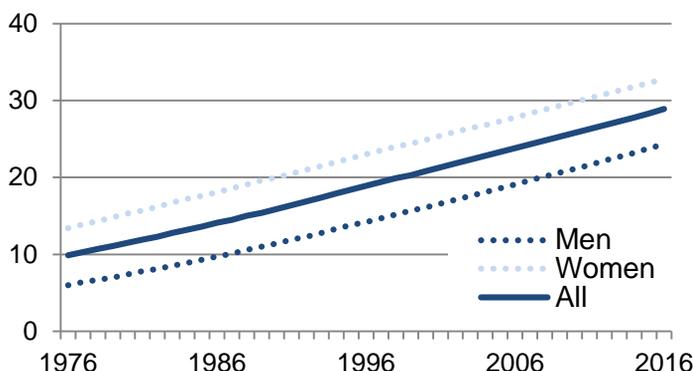
PIB gastado en salud: 5.5% (2016)

PREVALENCIA DE OBESIDAD

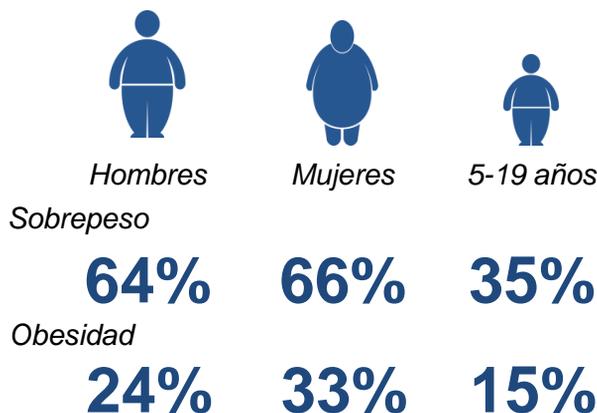
Fuente: OMS Observatorio de Salud Global

Tendencia de la prevalencia de obesidad

% de la población con IMC>30



Prevalencia actual



CARGA DEL SOBREPESO Y OBESIDAD

Fuente: modelo OECD SPHeP-NCDs

Reducción de expectativa de vida atribuible a la sobrepeso

Años, promedio entre 2020-2050



4,2

Reducción de expectativa de vida comparado con otros países



Costos en salud atribuibles a la sobrepeso

Porcentaje del per capita total, promedio entre 2020-2050



8,9

Porcentaje de los costos de salud comparado con otros países



Costos en el mercado de trabajo atribuibles a la sobrepeso

MXN per capita, promedio entre 2020-2050



1750

Costos en el mercado del trabajo per capita comparado con otros países



Aumento en carga tributaria atribuible a la sobrepeso

MXN per capita, promedio entre 2020-2050



N/A

Impuestos per capita comparado con otros países



Más bajo*

Más alto

Casos de enfermedades atribuibles a la sobrepeso

Miles de casos / % del total de casos, total entre 2020 a 2050

Enfermedad	Miles de casos	% del total
ECVs	10.896	33%
Diabetes	12.778	74%
Demencia	1.187	18%
Cancer	461	18%

Reducción efectiva en trabajadores debido a la sobrepeso

Equivalente de trabajadores tiempo complete, promedio entre 2020-2050

2.449.054

35% Presentismo

46% Desempleo

17% Ausentismo

2% Jubilación temprana

Impacto macroeconómico de la sobrepeso

Promedio entre 2020-2050

5,3%

PIB más bajo debido a la sobrepeso

N/A

Puntos porcentuales de aumento en la tasa de impuesto promedio para cubrir el impacto de la sobrepeso

* 1 es el decil de países con las tasas más bajas y 10 con las más altas; valores monetarios comparados usando USDppp

IMPACTO POTENCIAL DE LAS POLÍTICAS DE OBESIDAD
Fuente: modelo OECD SPHeP-NCDs

Todas las intervenciones tienen un impacto positivo en la salud poblacional y reducen los costos en salud y en el mercado laboral

Impacto promedio 2020-2050

	<i>AVAD ganados (AVAD)</i>	<i>Años de vida ganados (years)</i>	<i>Costos en salud evitados (MXN, millones)</i>	<i>Costos en el Mercado laboral evitados (MXN, millones)</i>	<i>Costos de la intervención (MXN, millones)</i>
1. Regulación de la publicidad	4.537	1.750	63	779	701
2. Etiquetado de alimentos	10.423	7.293	128	441	1.553
3. Campañas de comunicación masiva	28.121	18.505	438	1.158	1.499
4. Etiquetado de menús	22,529	17.187	239	899	1.553
5. Aplicaciones móviles	2.794	1.000	38	273	751
6. Prescripción de actividad física	3.290	1.140	122	61	1.852
7. Programas basados en las escuelas	4.396	1.911	53	753	3.749
8. Comportamiento sedentario en el trabajo	5.916	3.575	119	480	1.417
9. Bienestar en el trabajo	4.043	2.148	105	412	4.622
10. Transporte público	1.190	718	18	42	N/A
Reformulación de alimentos para reducir el contenido calórico	150.734	109.976	1.992	6.315	N/A

IMPACTO POTENCIAL DE PAQUETES CONTRA LA OBESIDAD
Fuente: modelo OECD SPHeP-NCDs

Un paquete de comunicaciones, con regulación de publicidad, etiquetado de alimentos y campañas de comunicación masiva ahorraría más de 37,000 años de vida y MXN 752 millones en costos en salud en México al año.

Impacto promedio 2020-2050

	<i>AVAD* ganados (AVAD)</i>	<i>Años de vida ganados (years)</i>	<i>Costos en salud evitados (MXN, millones)</i>	<i>Costos en el Mercado laboral evitados (MXN, millones)</i>	<i>Costos de la intervención (MXN, millones)</i>
Paquete de comunicaciones (1,2,3)	54.753	37.448	752	2.839	3.755
Paquete mixto (4,6,9)	30.604	21.684	465	1.460	8.027
Paquete de actividad física (6,7,8,10)	14.935	7.646	335	1.328	7.018

* AVAD: años de vida ajustados por la discapacidad.

Para más detalles sobre las intervenciones y supuestos, por favor vaya al reporte principal.

 Co-financiado
 por la Unión
 Europea


Total population: 129m

Life expectancy: 77.3 (2017)

Source: World Bank

Income group: Upper middle income

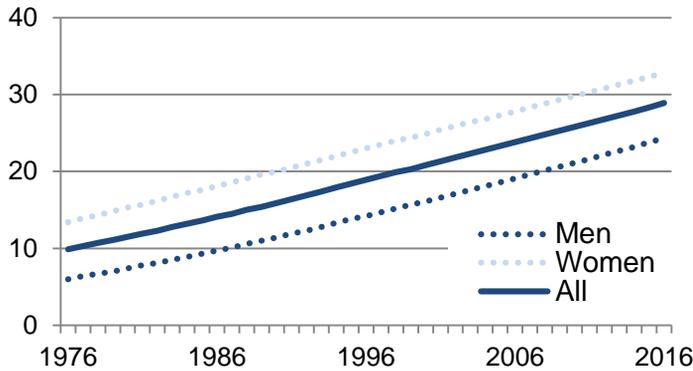
GDP spent on health: 5.5% (2016)

OBESITY PREVALENCE

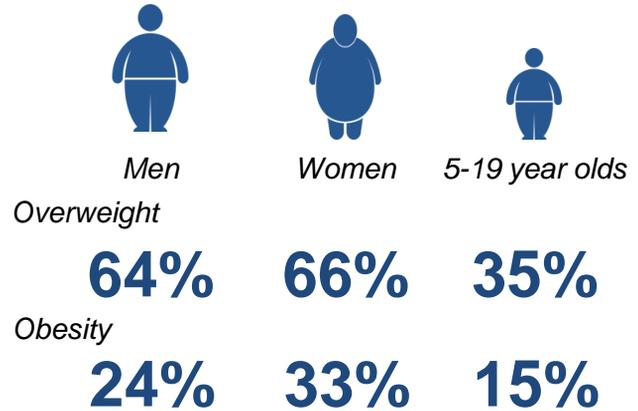
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



4.2

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



8.9

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
MXN per capita, average over 2020-2050



1750

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
MXN per capita, average over 2020-2050



N/A

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	10,896	33%
Diabetes	12,778	74%
Dementia	1,187	18%
Cancers	461	18%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

2,449,054

- 35% Presenteeism
- 46% Unemployment
- 17% Absenteeism
- 2% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

5.3%

Lower GDP due to overweight

N/A

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (MXN, millions)</i>	<i>Labour market cost saved (MXN, millions)</i>	<i>Intervention cost (MXN, millions)</i>
1. Regulation of advertising	4,537	1,750	63	779	701
2. Food labelling	10,423	7,293	128	441	1,553
3. Mass media campaign	28,121	18,505	438	1,158	1,499
4. Menu labelling	22,529	17,187	239	899	1,553
5. Mobile apps	2,794	1,000	38	273	751
6. Prescription of physical activity	3,290	1,140	122	61	1,852
7. School-based programmes	4,396	1,911	53	753	3,749
8. Workplace sedentary behaviour	5,916	3,575	119	480	1,417
9. Workplace wellness	4,043	2,148	105	412	4,622
10. Public transportation	1,190	718	18	42	N/A
Food reformulation to reduce calorie content	150,734	109,976	1,992	6,315	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 37,000 life-years and save MXN 752 million in health cost in Mexico a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (MXN, millions)</i>	<i>Labour market cost saved (MXN, millions)</i>	<i>Intervention cost (MXN, millions)</i>
Communications package (1,2,3)	54,753	37,448	752	2,839	3,755
Mixed package (4,6,9)	30,604	21,684	465	1,460	8,027
Physical activity package (6,7,8,10)	14,935	7,646	335	1,328	7,018

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

NETHERLANDS

Total population: 17m

Life expectancy: 81.6 (2017)

Source: World Bank

Income group: High income

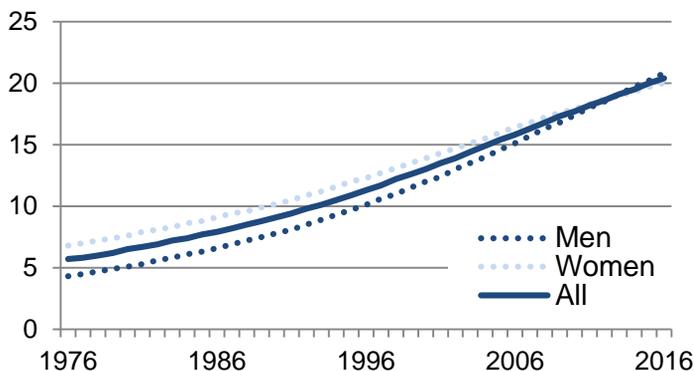
GDP spent on health: 10.4% (2016)

OBESITY PREVALENCE

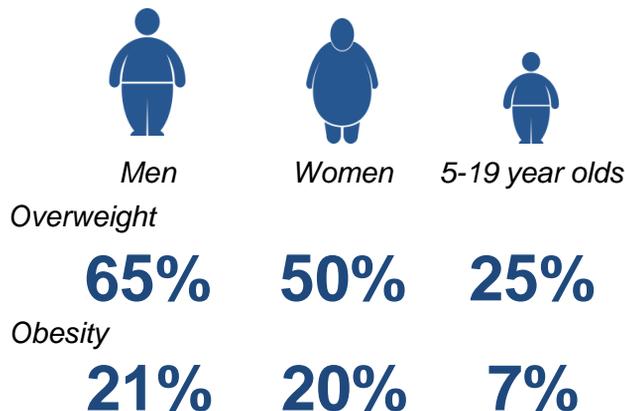
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.3

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



11.3

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



985

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



190

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	1,405	19%
Diabetes	883	71%
Dementia	245	15%
Cancers	204	11%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

203,800

- 42% Presenteeism
- 37% Unemployment
- 20% Absenteeism
- 2% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

2.7%

Lower GDP due to overweight

0.3

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES

Source: OECD SPHeP-NCDs model

All interventions have a positive impact on population health and reduce health and labour market cost

Average impact 2020-2050	DALYs* gained (DALYs)	Life-years gained (years)	Health cost saved (EUR, thousands)	Labour market cost saved (EUR, thousands)	Intervention cost (EUR, thousands)
1. Regulation of advertising	236	33	536	45,500	8,236
2. Food labelling	1,384	1,049	9,812	26,327	18,239
3. Mass media campaign	2,695	1,826	23,067	62,386	17,745
4. Menu labelling	2,690	1,872	21,997	53,311	18,240
5. Mobile apps	290	213	231	13,912	8,825
6. Prescription of physical activity	658	477	11,193	7,210	23,959
7. School-based programmes	227	34	619	40,134	44,019
8. Workplace sedentary behaviour	983	560	9,424	47,590	16,684
9. Workplace wellness	608	261	6,362	41,794	94,394
10. Public transportation	202	148	2,665	4,732	N/A
Food reformulation to reduce calorie content	20,583	15,123	148,300	395,664	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES

Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain 3,700 life-years and save EUR 47 million in health cost in the Netherlands a year

Average impact 2020-2050	DALYs* gained (DALYs)	Life-years gained (years)	Health cost saved (EUR, thousands)	Labour market cost saved (EUR, thousands)	Intervention cost (EUR, thousands)
Communications package (1,2,3)	5,640	3,700	46,660	162,856	44,227
Mixed package (4,6,9)	4,159	2,961	36,751	102,669	136,584
Physical activity package (6,7,8,10)	2,081	1,241	21,190	98,753	84,660

* DALY: disability-adjusted life years
For further details on the interventions and assumptions, please refer to the main report

Total population: 5.3m

Life expectancy: 82.5 (2017)

Source: World Bank

Income group: High income

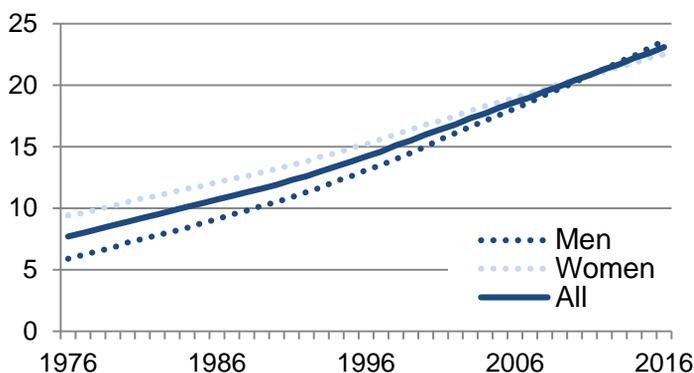
GDP spent on health: 10.5% (2016)

OBESITY PREVALENCE

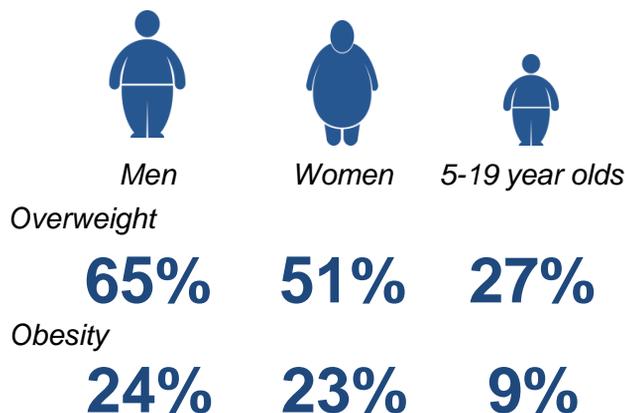
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.2

Reduction in life expectancy compared to other countries

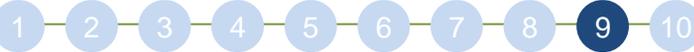


Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



9.7

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
NOK per capita, average over 2020-2050



12395

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
NOK per capita, average over 2020-2050



1590

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	475	23%
Diabetes	286	76%
Dementia	92	18%
Cancers	61	14%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

73,925

- 43% Presenteeism
- 35% Unemployment
- 20% Absenteeism
- 2% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

2.8%

Lower GDP due to overweight

0.2

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model

All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (NOK, thousands)</i>	<i>Labour market cost saved (NOK, millions)</i>	<i>Intervention cost (NOK, millions)</i>
1. Regulation of advertising	81	21	1,932	178	35
2. Food labelling	337	241	27,166	83	77
3. Mass media campaign	405	256	43,221	134	74
4. Menu labelling	734	488	89,677	213	77
5. Mobile apps	90	72	869	73	37
6. Prescription of physical activity	184	22	86,969	39	102
7. School-based programmes	66	15	1,884	150	185
8. Workplace sedentary behaviour	312	172	41,917	220	61
9. Workplace wellness	232	107	23,832	227	469
10. Public transportation	46	16	19,837	19	N/A
Food reformulation to reduce calorie content	5,437	3,785	553,508	1,526	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 800 life-years and save NOK 131 million in health cost in Norway a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (NOK, thousands)</i>	<i>Labour market cost saved (NOK, millions)</i>	<i>Intervention cost (NOK, millions)</i>
Communications package (1,2,3)	1,265	814	130,732	539	186
Mixed package (4,6,9)	1,118	600	195,557	477	647
Physical activity package (6,7,8,10)	644	252	144,468	430	348

* DALY: disability-adjusted life years

For further details on the interventions and assumptions, please refer to the main report

 Co-funded by
 the European
 Union


Total population: 38m

Life expectancy: 77.9 (2017)

Source: World Bank

Income group: High income

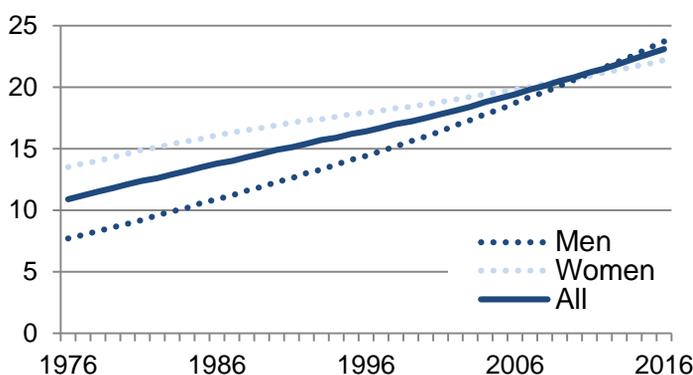
GDP spent on health: 6.5% (2016)

OBESITY PREVALENCE

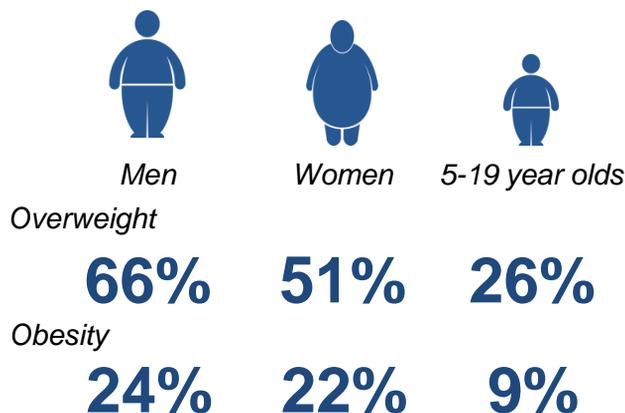
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



3.9

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



6.4

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
PLN per capita, average over 2020-2050



1269

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
PLN per capita, average over 2020-2050



5

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

CVDs	2,607	11%
Diabetes	1,556	80%
Dementia	219	9%
Cancers	122	6%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

517,518

35% Presenteeism
49% Unemployment
16% Absenteeism
-1% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

4.3%

Lower GDP due to overweight

0.01

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and most reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (PLN, thousands)</i>	<i>Labour market cost saved (PLN, millions)</i>	<i>Intervention cost (PLN, millions)</i>
1. Regulation of advertising	458	72	1,858	88	37
2. Food labelling	4,397	4,024	-561	83	81
3. Mass media campaign	10,877	8,593	39,046	320	80
4. Menu labelling	8,596	7,578	11,815	160	81
5. Mobile apps	1,192	1,007	1,184	46	39
6. Prescription of physical activity	1,315	1,082	15,546	29	109
7. School-based programmes	437	70	1,512	78	196
8. Workplace sedentary behaviour	2,654	1,948	14,322	134	111
9. Workplace wellness	1,356	796	8,810	108	327
10. Public transportation	645	582	3,495	14	N/A
Food reformulation to reduce calorie content	60,292	52,844	90,611	1,181	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 16,000 life-years and save PLN 51 million in health cost in Poland a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (PLN, thousands)</i>	<i>Labour market cost saved (PLN, millions)</i>	<i>Intervention cost (PLN, millions)</i>
Communications package (1,2,3)	20,056	16,415	50,917	571	198
Mixed package (4,6,9)	11,632	9,937	29,110	308	517
Physical activity package (6,7,8,10)	4,962	3,630	33,529	253	416

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Total population: 10.3m

Life expectancy: 81.1 (2017)

Source: World Bank

Income group: High income

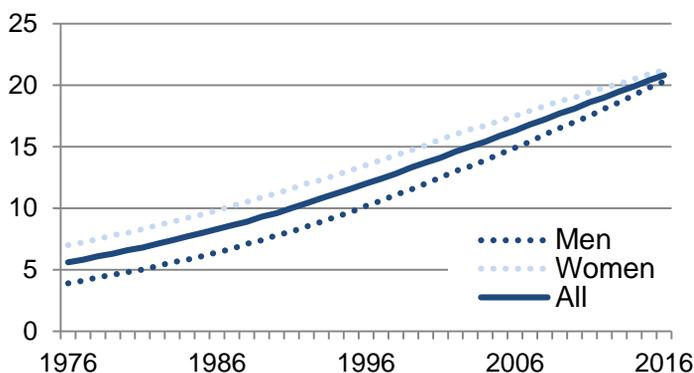
GDP spent on health: 9.1% (2016)

OBESITY PREVALENCE

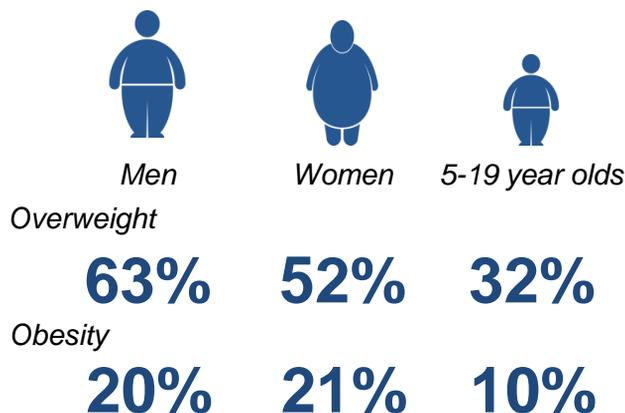
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.2

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



10.1

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



214

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



242

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	862	16%
Diabetes	540	73%
Dementia	162	14%
Cancers	86	13%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

111,065

- 41% Presenteeism
- 38% Unemployment
- 19% Absenteeism
- 2% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

3.0%

Lower GDP due to overweight

1.0

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
1. Regulation of advertising	137	33	182	4,168	3,266
2. Food labelling	805	581	2,215	3,005	7,232
3. Mass media campaign	697	426	2,275	3,723	7,078
4. Menu labelling	1,960	1,482	4,858	7,300	7,232
5. Mobile apps	216	165	399	1,325	3,499
6. Prescription of physical activity	782	560	3,966	1,824	10,547
7. School-based programmes	115	25	150	3,612	17,454
8. Workplace sedentary behaviour	458	255	2,054	4,857	6,768
9. Workplace wellness	448	306	1,213	3,783	27,587
10. Public transportation	160	110	518	499	N/A
Food reformulation to reduce calorie content	12,771	9,314	36,585	47,218	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain nearly 1,900 life-years and save EUR 7 million in health cost in Portugal a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
Communications package (1,2,3)	2,740	1,879	7,371	14,687	17,578
Mixed package (4,6,9)	3,138	2,299	9,515	12,778	45,366
Physical activity package (6,7,8,10)	1,492	956	6,409	10,513	34,767

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Total population: 20m

Life expectancy: 75.3 (2017)

Source: World Bank

Income group: Upper middle income

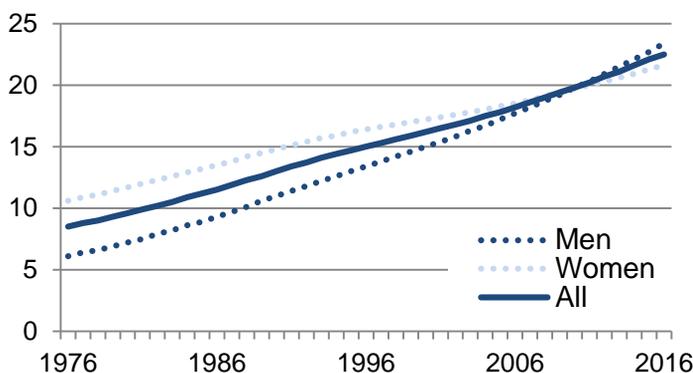
GDP spent on health: 5.0% (2016)

OBESITY PREVALENCE

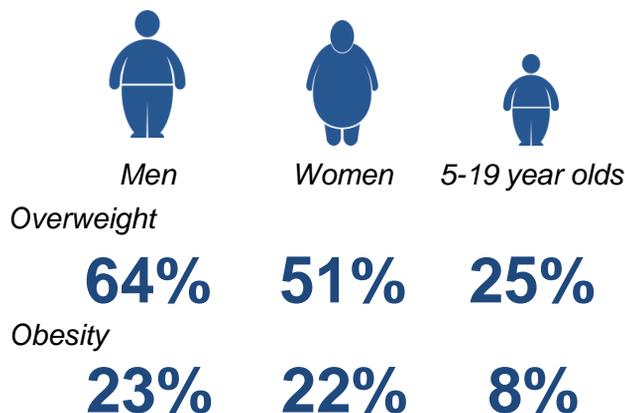
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



3.5

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



7.0

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
RON per capita, average over 2020-2050



612

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
RON per capita, average over 2020-2050



N/A

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	1,621	11%
Diabetes	523	78%
Dementia	72	7%
Cancers	54	6%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

231,460

33% Presenteeism
54% Unemployment
15% Absenteeism
-2% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

N/A

Lower GDP due to overweight

N/A

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (RON, thousands)</i>	<i>Labour market cost saved (RON, thousands)</i>	<i>Intervention cost (RON, thousands)</i>
1. Regulation of advertising	240	22	926	24,980	16,194
2. Food labelling	2,039	1,735	4,047	17,837	35,863
3. Mass media campaign	7,737	6,356	17,820	100,884	35,328
4. Menu labelling	4,444	3,985	5,868	43,153	35,867
5. Mobile apps	773	586	1,329	10,233	17,352
6. Prescription of physical activity	1,572	1,528	1,847	6,061	47,527
7. School-based programmes	243	52	640	21,621	86,550
8. Workplace sedentary behaviour	1,230	915	4,085	31,113	47,332
9. Workplace wellness	832	559	3,042	26,659	121,504
10. Public transportation	378	313	1,594	2,731	N/A
Food reformulation to reduce calorie content	32,060	28,680	34,733	290,328	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 10,000 life-years and save RON 23 million in health cost in Romania a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (RON, thousands)</i>	<i>Labour market cost saved (RON, thousands)</i>	<i>Intervention cost (RON, thousands)</i>
Communications package (1,2,3)	12,452	10,456	23,326	169,493	87,420
Mixed package (4,6,9)	6,714	5,965	10,056	74,039	204,914
Physical activity package (6,7,8,10)	3,359	2,709	8,405	60,894	181,412

* DALY: disability-adjusted life years

For further details on the interventions and assumptions, please refer to the main report

 Co-funded by
 the European
 Union


Total population: 5.4m

Life expectancy: 77.2 (2017)

Source: World Bank

Income group: High income

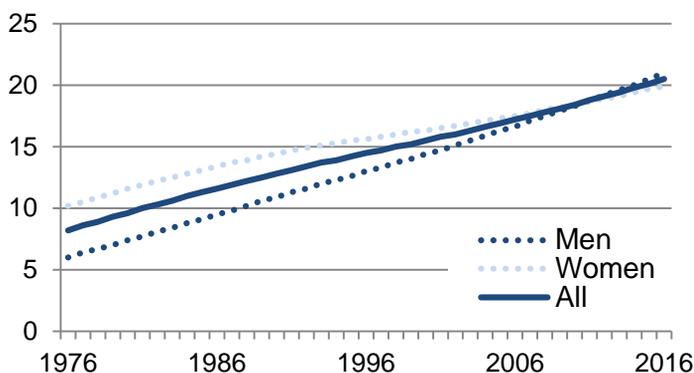
GDP spent on health: 7.1% (2016)

OBESITY PREVALENCE

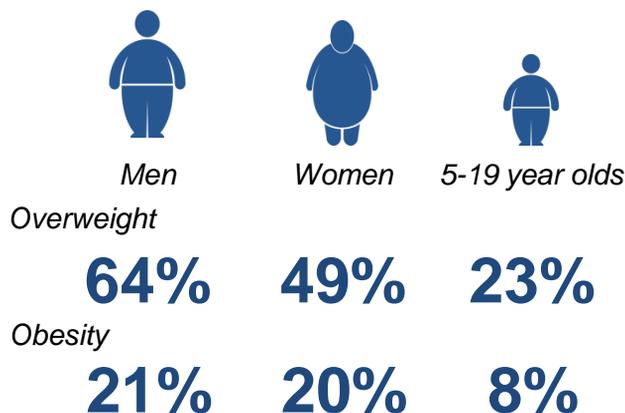
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



3.4

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



6.9

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



328

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



63

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	439	13%
Diabetes	211	78%
Dementia	27	10%
Cancers	24	6%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

75,435

- 35%** Presenteeism
- 49%** Unemployment
- 16%** Absenteeism
- 1%** Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

4.1%

Lower GDP due to overweight

0.3

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model

All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
1. Regulation of advertising	81	24	60	3,579	1,468
2. Food labelling	581	485	665	3,012	3,251
3. Mass media campaign	2,241	1,781	2,682	16,343	3,186
4. Menu labelling	1,143	968	894	6,633	3,252
5. Mobile apps	206	163	240	1,919	1,573
6. Prescription of physical activity	278	241	561	1,779	4,325
7. School-based programmes	76	27	50	3,191	7,847
8. Workplace sedentary behaviour	398	300	593	4,964	3,784
9. Workplace wellness	260	185	417	4,832	12,895
10. Public transportation	95	85	181	433	N/A
Food reformulation to reduce calorie content	8,702	7,497	5,767	48,421	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 2,700 life-years and save EUR 4 million in health cost in the Slovak Republic a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
Communications package (1,2,3)	3,423	2,712	3,786	26,312	7,908
Mixed package (4,6,9)	1,713	1,401	1,906	12,902	20,472
Physical activity package (6,7,8,10)	862	664	1,404	10,481	15,957

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

SLOVENIA

Total population: 2.1m

Life expectancy: 81.2 (2017)

Source: World Bank

Income group: High income

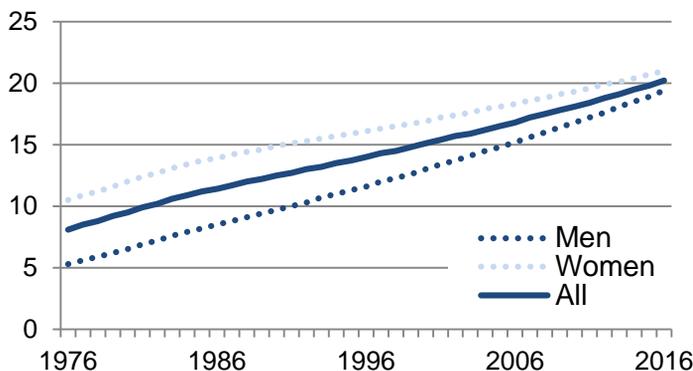
GDP spent on health: 8.5% (2016)

OBESITY PREVALENCE

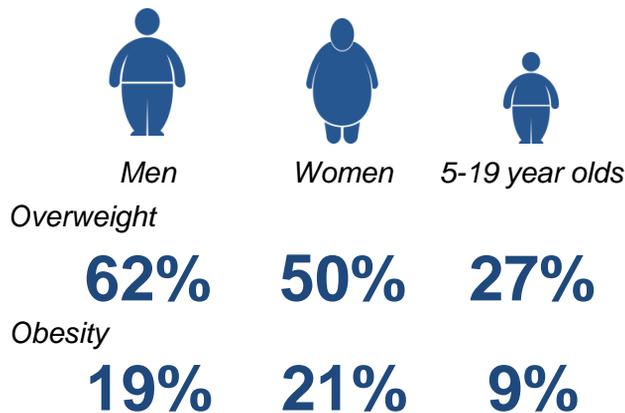
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.9

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



6.4

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



439

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



38

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	128	13%
Diabetes	81	75%
Dementia	19	13%
Cancers	12	8%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

22,896

- 40% Presenteeism
- 41% Unemployment
- 19% Absenteeism
- 0% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

3.1%

Lower GDP due to overweight

0.1

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and most reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
1. Regulation of advertising	31	13	24,438	2,369	684
2. Food labelling	212	183	139,290	1,429	1,514
3. Mass media campaign	626	480	1,124,688	6,087	1,481
4. Menu labelling	426	362	431,647	3,096	1,514
5. Mobile apps	52	46	-7,456	770	733
6. Prescription of physical activity	66	40	543,937	339	1,982
7. School-based programmes	26	9	21,619	1,981	3,654
8. Workplace sedentary behaviour	105	76	209,418	2,059	1,368
9. Workplace wellness	80	60	25,713	2,286	5,646
10. Public transportation	28	23	60,338	264	N/A
Food reformulation to reduce calorie content	2,911	2,467	2,517,737	20,851	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain nearly 850 life-years and save EUR 1.6 million in health cost in Slovenia a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
Communications package (1,2,3)	1,076	847	1,601,730	11,500	3,680
Mixed package (4,6,9)	546	440	875,777	5,456	9,142
Physical activity package (6,7,8,10)	234	159	798,787	4,658	7,004

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

SOUTH AFRICA

Total population: 57m

Life expectancy: 63.4 (2017)

Source: World Bank

Income group: Upper middle income

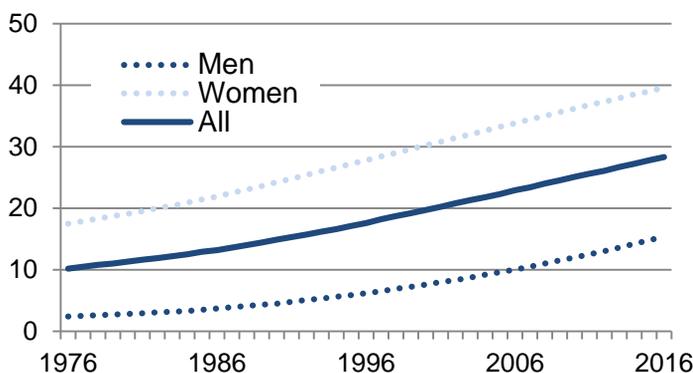
GDP spent on health: 8.1% (2016)

OBESITY PREVALENCE

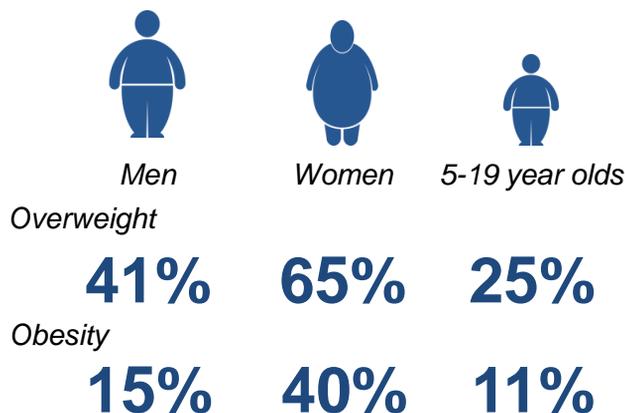
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



1.7

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



7.5

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
ZAR per capita, average over 2020-2050



491

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
ZAR per capita, average over 2020-2050



N/A

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	3,956	39%
Diabetes	3,683	73%
Dementia	285	27%
Cancers	237	21%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

593,458

- 36% Presenteeism
- 49% Unemployment
- 17% Absenteeism
- 2% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

3.8%

Lower GDP due to overweight

N/A

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model

All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (ZAR, thousands)</i>	<i>Labour market cost saved (ZAR, thousands)</i>	<i>Intervention cost (ZAR, millions)</i>
1. Regulation of advertising	865	274	8,704	71,277	186
2. Food labelling	2,462	1,815	34,303	45,313	412
3. Mass media campaign	5,207	3,433	78,714	111,747	398
4. Menu labelling	5,378	4,032	67,524	105,910	412
5. Mobile apps	389	105	16,672	17,157	199
6. Prescription of physical activity	1,602	972	37,572	7,465	449
7. School-based programmes	1,112	568	8,976	68,268	994
8. Workplace sedentary behaviour	2,639	1,939	43,019	103,433	656
9. Workplace wellness	1,179	664	27,838	74,532	1,655
10. Public transportation	638	465	10,338	9,329	N/A
Food reformulation to reduce calorie content	36,617	26,752	497,610	741,337	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain nearly 8,000 life-years and save ZAR 154 million in health cost in South Africa a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (ZAR, thousands)</i>	<i>Labour market cost saved (ZAR, thousands)</i>	<i>Intervention cost (ZAR, thousands)</i>
Communications package (1,2,3)	11,479	7,808	153,568	291,415	996
Mixed package (4,6,9)	7,800	5,294	125,947	188,809	2,515
Physical activity package (6,7,8,10)	5,935	3,854	99,735	188,336	2,099

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Población total: 47 millones

Expectativa de vida: 83.3 (2017)

Fuente: Banco Mundial

Nivel de ingreso: Alto

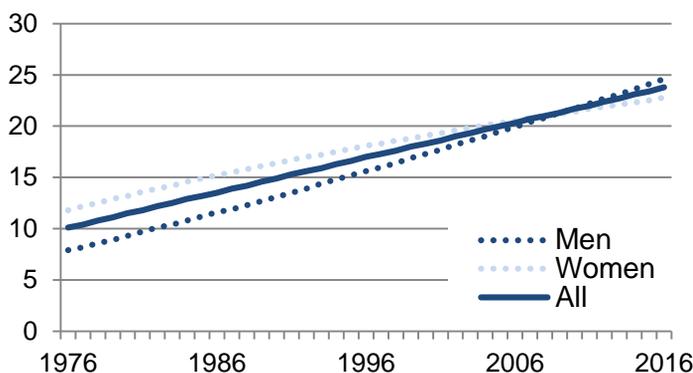
PIB gastado en salud: 9.0% (2016)

PREVALENCIA DE OBESIDAD

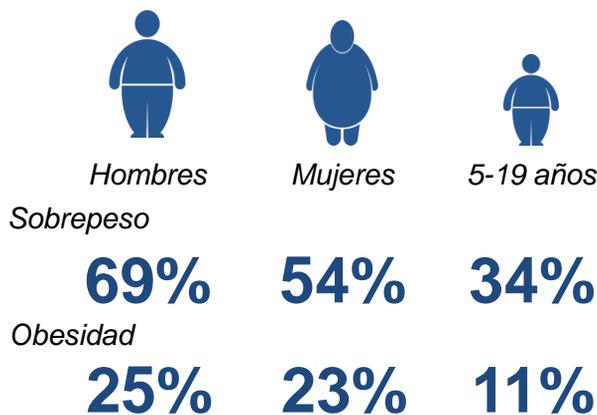
Fuente: OMS Observatorio de Salud Global

Tendencia de la prevalencia de obesidad

% de la población con IMC>30



Prevalencia actual



CARGA DEL SOBREPESO Y OBESIDAD

Fuente: modelo OECD SPHeP-NCDs

Reducción de expectativa de vida atribuible a la sobrepeso

Años, promedio entre 2020-2050



2,6

Reducción de expectativa de vida comparado con otros países



Costos en salud atribuibles a la sobrepeso

Porcentaje del per capita total, promedio entre 2020-2050



9,7

Porcentaje de los costos de salud comparado con otros países



Costos en el mercado de trabajo atribuibles a la sobrepeso

EUR per capita, promedio entre 2020-2050



448

Costo en el mercado del trabajo per capita comparado con otros países



Aumento en carga tributaria atribuible a la sobrepeso

EUR per capita, promedio entre 2020-2050



265

Impuestos per capita comparado con otros países



Más bajo*

Más alto

Casos de enfermedades atribuibles a la sobrepeso

Miles de casos / % del total de casos, total entre 2020 a 2050

Enfermedad	Miles de casos	% del total de casos
ECVs	4.354	23%
Diabetes	2.248	78%
Demencia	1.101	20%
Cancer	474	14%

Reducción efectiva en trabajadores debido a la sobrepeso

Equivalente de trabajadores tiempo complete, promedio entre 2020-2050

478.630

43% Presentismo

35% Desempleo

20% Ausentismo

3% Jubilación temprana

Impacto macroeconómico de la sobrepeso

Promedio entre 2020-2050

2,9%

PIB más bajo debido a la sobrepeso

0,9

Puntos porcentuales de aumento en la tasa de impuesto promedio para cubrir el impacto de la sobrepeso

* 1 es el decil de países con las tasas más bajas y 10 con las más altas; valores monetarios comparados usando USDppp

IMPACTO POTENCIAL DE LAS POLÍTICAS DE OBESIDAD
Fuente: modelo OECD SPHeP-NCDs
Todas las intervenciones tienen un impacto positivo en la salud poblacional y reducen los costos en salud y en el mercado laboral
Average impact 2020-2050

	<i>AVADs*</i> <i>ganados</i> <i>(AVAD)</i>	<i>Años de vida</i> <i>ganados</i> <i>(years)</i>	<i>Costos en salud</i> <i>evitados (EUR,</i> <i>miles)</i>	<i>Costos en el</i> <i>Mercado laboral</i> <i>evitados (EUR,</i> <i>miles)</i>	<i>Costos de la</i> <i>intervención</i> <i>(EUR, miles)</i>
1. Regulación de la publicidad	484	50	641	38.773	17.703
2. Etiquetado de alimentos	3.504	2.461	11.586	25.456	39.203
3. Campañas de comunicación masiva	3.858	2.625	15.624	39.341	38.226
4. Etiquetado de menús	7.970	5.807	24.945	61.243	39.205
5. Aplicaciones móviles	647	385	1.446	15,717	18.968
6. Prescripción de actividad física	2.142	1.926	2.660	10.059	56.973
7. Programas basados en las escuelas	473	101	469	34.527	94.615
8. Comportamiento sedentario en el trabajo	2.077	1,270	10.805	47.331	33.500
9. Bienestar en el trabajo	1.261	627	6.796	43.636	153.892
10. Transporte público	544	336	3.570	3.667	N/A
Reformulación de alimentos para reducir el contenido calórico	53.796	39.167	169.265	401.286	N/A

IMPACTO POTENCIAL DE PAQUETES CONTRA LA OBESIDAD
Fuente: modelo OECD SPHeP-NCDs
Un paquete de comunicaciones, con regulación de publicidad, etiquetado de alimentos y campañas de comunicación masiva ahorraría 8.500 años de vida y ahorraría EUR 41 millones en costos en salud en España al año.
Imapcto promedio 2020-2050

	<i>AVAD*</i> <i>ganados</i> <i>(AVAD)</i>	<i>Años de vida</i> <i>ganados</i> <i>(years)</i>	<i>Costos en salud</i> <i>evitados (EUR,</i> <i>miles)</i>	<i>Costos en el</i> <i>Mercado laboral</i> <i>evitados (EUR,</i> <i>miles)</i>	<i>Costos de la</i> <i>intervención</i> <i>(EUR, miles)</i>
Paquete de comunicaciones (1,2,3)	12.314	8.466	41.391	139.186	95.144
Paquete mixto (4,6,9)	11.250	8.148	31.755	113.077	250.048
Paquete de actividad física (6,7,8,10)	5.119	3.535	16.614	96.029	185.082

* AVAD: años de vida ajustados por la discapacidad.

Para más detalles sobre las intervenciones y supuestos, por favor vaya al reporte principal.

 Co-financiado
 por la Unión
 Europea


Total population: 47m

Life expectancy: 83.3 (2017)

Source: World Bank

Income group: High income

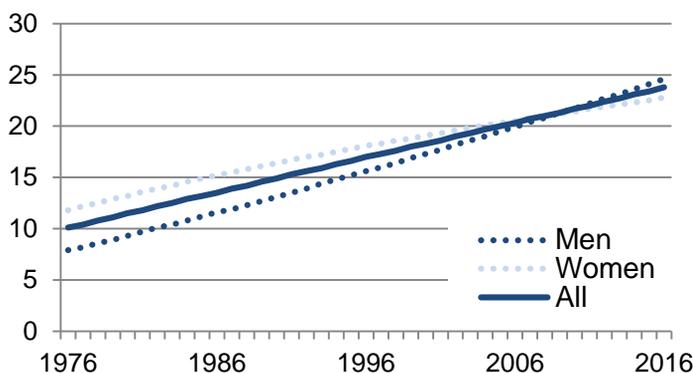
GDP spent on health: 9.0% (2016)

OBESITY PREVALENCE

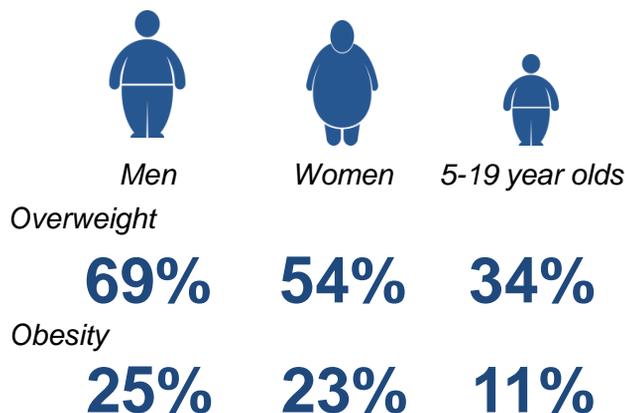
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.6

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



9.7

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
EUR per capita, average over 2020-2050



448

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
EUR per capita, average over 2020-2050



265

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	4,354	23%
Diabetes	2,248	78%
Dementia	1,101	20%
Cancers	474	14%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

478,630

- 43% Presenteeism
- 35% Unemployment
- 20% Absenteeism
- 3% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

2.9%

Lower GDP due to overweight

0.9

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model
All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
1. Regulation of advertising	484	50	641	38,773	17,703
2. Food labelling	3,504	2,461	11,586	25,456	39,203
3. Mass media campaign	3,858	2,625	15,624	39,341	38,226
4. Menu labelling	7,970	5,807	24,945	61,243	39,205
5. Mobile apps	647	385	1,446	15,717	18,968
6. Prescription of physical activity	2,142	1,926	2,660	10,059	56,973
7. School-based programmes	473	101	469	34,527	94,615
8. Workplace sedentary behaviour	2,077	1,270	10,805	47,331	33,500
9. Workplace wellness	1,261	627	6,796	43,636	153,892
10. Public transportation	544	336	3,570	3,667	N/A
Food reformulation to reduce calorie content	53,796	39,167	169,265	401,286	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model
A communications package, with advertising regulation, food labelling and mass media campaigns would help gain nearly 8,500 life-years and save EUR 41 million in health cost in Spain a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (EUR, thousands)</i>	<i>Labour market cost saved (EUR, thousands)</i>	<i>Intervention cost (EUR, thousands)</i>
Communications package (1,2,3)	12,314	8,466	41,391	139,186	95,144
Mixed package (4,6,9)	11,250	8,148	31,755	113,077	250,048
Physical activity package (6,7,8,10)	5,119	3,535	16,614	96,029	185,082

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Total population: 10.1m

Life expectancy: 82.3 (2017)

Source: World Bank

Income group: High income

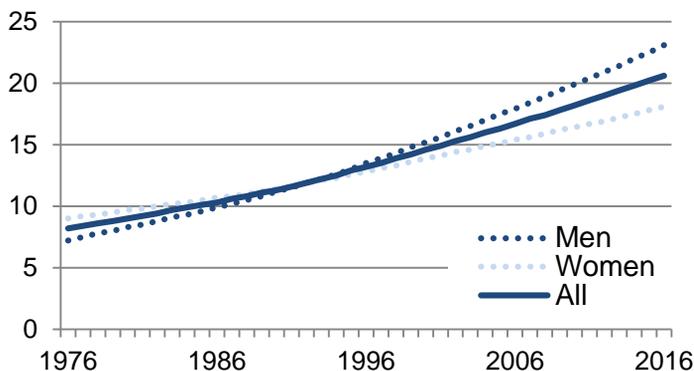
GDP spent on health: 10.9% (2016)

OBESITY PREVALENCE

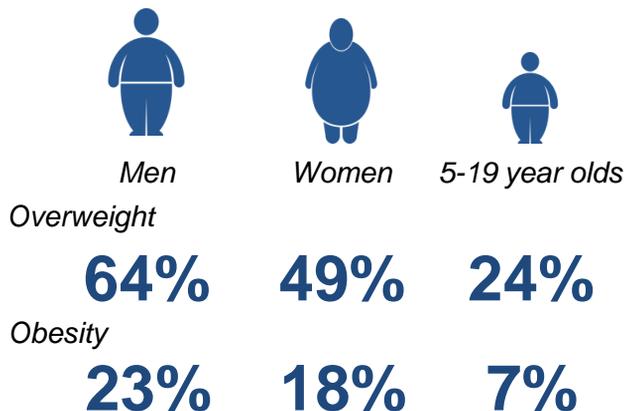
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.6

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



9.1

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
SEK per capita, average over 2020-2050



9709

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
SEK per capita, average over 2020-2050



5072

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	913	15%
Diabetes	506	73%
Dementia	112	11%
Cancers	80	11%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

133,927

- 42% Presenteeism
- 37% Unemployment
- 20% Absenteeism
- 1% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

3.0%

Lower GDP due to overweight

0.9

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model

All interventions have a positive impact on population health and most reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (SEK, thousands)</i>	<i>Labour market cost saved (SEK, millions)</i>	<i>Intervention cost (SEK, millions)</i>
1. Regulation of advertising	135	5	6,556	241	57
2. Food labelling	881	736	49,450	138	126
3. Mass media campaign	1,000	673	99,806	234	122
4. Menu labelling	1,645	1,283	117,262	322	126
5. Mobile apps	231	191	-1,024	60	61
6. Prescription of physical activity	487	388	57,189	65	163
7. School-based programmes	138	29	5,778	213	304
8. Workplace sedentary behaviour	806	459	102,650	354	128
9. Workplace wellness	520	319	36,252	315	843
10. Public transportation	130	94	20,121	26	N/A
Food reformulation to reduce calorie content	12,361	9,465	839,324	2,289	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 2,000 life-years and save SEK 221 million in health cost in Sweden a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (SEK, thousands)</i>	<i>Labour market cost saved (SEK, millions)</i>	<i>Intervention cost (SEK, millions)</i>
Communications package (1,2,3)	2,852	2,065	221,457	806	305
Mixed package (4,6,9)	2,650	1,937	193,605	683	1,132
Physical activity package (6,7,8,10)	1,597	1,024	191,712	653	595

* DALY: disability-adjusted life years

For further details on the interventions and assumptions, please refer to the main report

Co-funded by
the European
Union



Total population: 8.5m

Life expectancy: 83.6 (2017)

Source: World Bank

Income group: High income

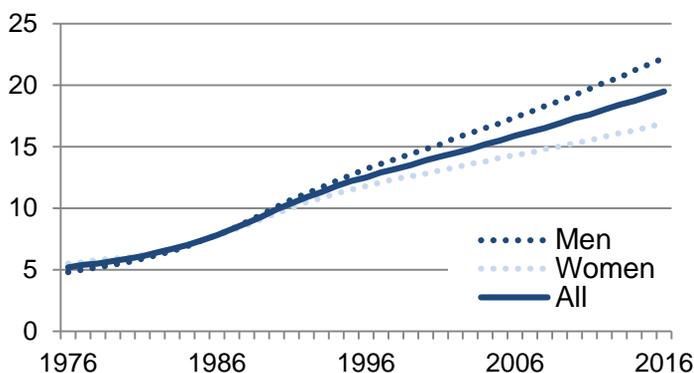
GDP spent on health: 12.2% (2016)

OBESITY PREVALENCE

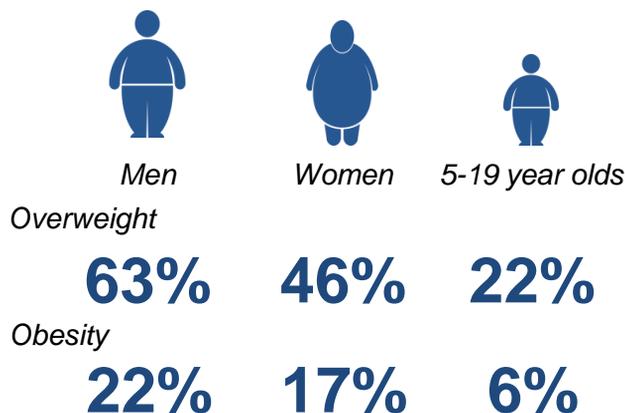
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



1.9

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



7.7

Percentage of health cost compared to other countries



Overweight-attributable labour market cost
CHF per capita, average over 2020-2050



1942

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
CHF per capita, average over 2020-2050



317

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	643	18%
Diabetes	393	74%
Dementia	142	16%
Cancers	88	13%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

107,898

- 45% Presenteeism
- 32% Unemployment
- 21% Absenteeism
- 1% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

2.4%

Lower GDP due to overweight

0.3

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model

Nearly all interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (CHF, thousands)</i>	<i>Labour market cost saved (CHF, thousands)</i>	<i>Intervention cost (CHF, thousands)</i>
1. Regulation of advertising	70	-9	161	38,461	6,081
2. Food labelling	530	337	6,622	23,374	13,465
3. Mass media campaign	634	401	5,048	40,247	13,023
4. Menu labelling	1,260	857	11,877	60,169	13,466
5. Mobile apps	151	112	-435	10,233	6,515
6. Prescription of physical activity	309	237	2,217	12,254	18,413
7. School-based programmes	88	12	111	36,079	32,498
8. Workplace sedentary behaviour	497	281	7,119	51,636	11,438
9. Workplace wellness	350	201	1,806	48,215	83,485
10. Public transportation	109	77	1,379	3,055	N/A
Food reformulation to reduce calorie content	8,667	6,068	75,522	391,207	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 1,200 life-years and save CHF 18 million in health cost in Switzerland a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (CHF, thousands)</i>	<i>Labour market cost saved (CHF, thousands)</i>	<i>Intervention cost (CHF, thousands)</i>
Communications package (1,2,3)	1,964	1,235	18,152	142,608	32,571
Mixed package (4,6,9)	1,991	1,323	18,390	120,693	115,359
Physical activity package (6,7,8,10)	947	541	11,491	101,461	62,344

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report

Population totale : 8.5m

Espérance de vie : 83.6 (2017)

Source: Banque Mondiale

Revenus: Hauts revenus

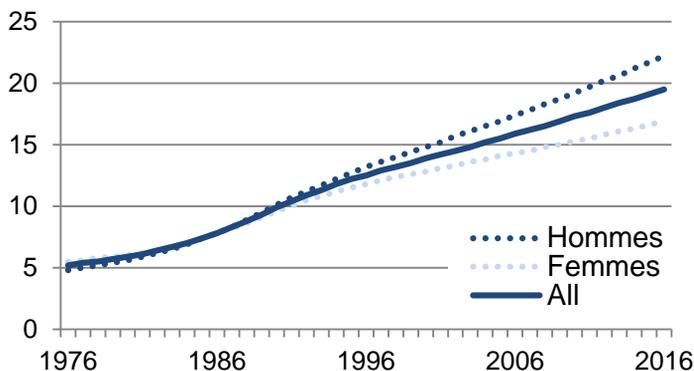
Part du PIB dédié à la santé : 12.2% (2016)

PREVALENCE DE L'OBESITE

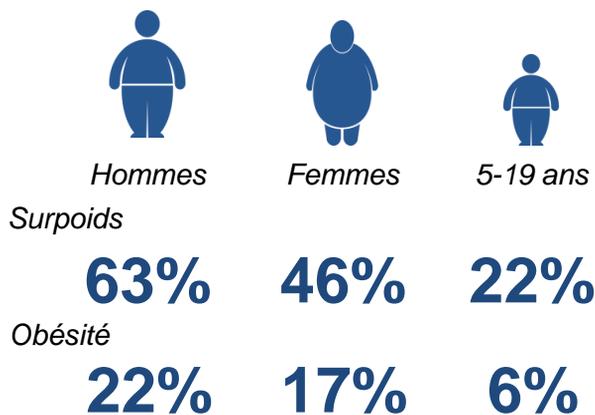
Source: OMS Observatoire de la santé mondiale

Évolution de la prévalence de l'obésité

% de la population ayant un IMC>30



Prévalence actuelle



CHARGE DU SURPOIDS ET DE L'OBESITE

Source: Modèle SPHeP-NCDs de l'OCDE

Réduction de l'espérance de vie attribuable au surpoids
Années, moyenne sur 2020-2050



1.9

Réduction de l'espérance de vie comparée aux autres pays



Dépenses de santé attribuables au surpoids
Pourcentage du total par habitant, moyenne sur 2020-2050



7.7

Pourcentage des dépenses de santé comparé aux autres pays



Coût sur le marché du travail lié au surpoids
CHF par habitant, moyenne sur 2020-2050



1942

Coût par habitant comparé aux autres pays



Augmentation de la charge fiscale liée au surpoids
CHF par habitant, moyenne sur 2020-2050



317

Montant de l'imposition par habitant comparé aux autres pays



Le plus faible*

Le plus élevé

Nombre de maladies liées au surpoids
Milliers de cas / % du nombre total, total sur 2020-2050

Maladie	Milliers de cas	% du nombre total
Maladies cardiovasculaires	643	18%
Diabète	393	74%
Démence	142	16%
Cancers	88	13%

Réduction effective de l'effectif due au surpoids
Équivalent des travailleurs à temps plein, moyenne sur 2020-2050

107 898

- 45% Présentéisme
- 32% Chômage
- 21% Absentéisme
- 1% Retraite anticipée

Impact macroéconomique du surpoids
Moyenne sur 2020-2050

2.4%

Baisse du PIB due au surpoids

0.3

Augmentation (en point de pourcentage) du taux d'imposition moyen nécessaire pour couvrir les conséquences du surpoids

* 1 étant le décile des pays ayant les plus faibles valeurs et 10 les plus élevés; comparaison des valeurs monétaires en USD PPA; les pays utilisés pour la comparaison sont listés sur le lien: <http://oe.cd/obesity2019>

IMPACTS POTENTIELS DES POLITIQUES CONTRE L'OBESITE

Source: Modèle SPHeP-NCDs de l'OCDE

Toutes les interventions ont un impact positif sur la santé de la population et réduisent les dépenses de santé et les coûts sur le marché du travail

<i>Impact moyen sur 2020-2050</i>	<i>DALYs* gagnés (DALYs)</i>	<i>Années de vie gagnées (ans)</i>	<i>Réduction des dépenses de santé (CHF, milliers)</i>	<i>Réduction des coûts sur le marché du travail (CHF, millions)</i>	<i>Coûts de l'intervention (CHF, millions)</i>
1. Régulation de la publicité	70	-9	161	38 461	6 081
2. Etiquetage nutritionnel	530	337	6 622	23 374	13 465
3. Campagne dans les medias de masse	634	401	5 048	40 247	13 023
4. Etiquetage des menus	1 260	857	11 877	60 169	13 466
5. Applications sur mobile	151	112	-435	10 233	6 515
6. Prescription de l'activité physique	309	237	2 217	12 254	18 413
7. Programme à l'école	88	12	111	36 079	32 498
8. Comportement sédentaire sur le lieu de travail	497	281	7 119	51 636	11 438
9. Bien-être sur le lieu de travail	350	201	1 806	48 215	83 485
10. Transport public	109	77	1 379	3 055	N/A
Reformulation des produits pour réduire l'apport calorique	8 667	6 068	75 522	391 207	N/A

IMPACTS POTENTIELS DES ENSEMBLES DE POLITIQUES

Source: Modèle SPHeP-NCDs de l'OCDE

Un ensemble de politiques de communication, comprenant la régulation de la publicité, l'étiquetage nutritionnel et les campagnes dans les médias de masse, pourrait gagner plus de 1,200 années de vie, et réduire de 18 millions CHF les dépenses de santé en Suisse par an

<i>Impact moyen sur 2020-2050</i>	<i>DALYs* gagnés (DALYs)</i>	<i>Années de vie gagnées (ans)</i>	<i>Réduction des dépenses de santé (CHF, milliers)</i>	<i>Réduction des coûts sur le marché du travail (CHF, millions)</i>	<i>Coût de l'intervention (CHF, millions)</i>
Ensemble de communication (1,2,3)	1 964	1 235	18 152	142 608	32 571
Ensemble mixte (4,6,9)	1 991	1 323	18 390	120 693	115 359
Ensemble d'activité physique (6,7,8,10)	947	541	11 491	101 461	62 344

* DALY: Années de vie ajustées sur l'incapacité
 Plus d'informations sur les interventions et les hypothèses sont disponibles dans le rapport complet.

UNITED KINGDOM

Total population: 66m

Life expectancy: 81.2 (2017)

Source: World Bank

Income group: High income

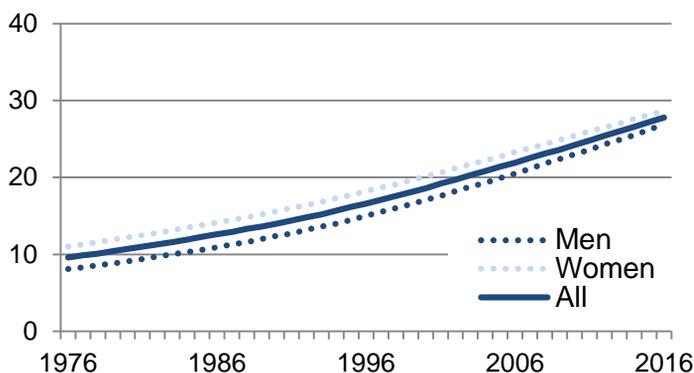
GDP spent on health: 9.6% (2016)

OBESITY PREVALENCE

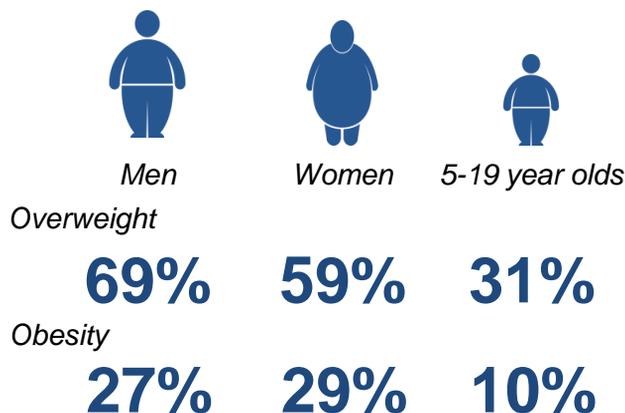
Source: WHO Global Health Observatory

Obesity prevalence trend

% of the population with BMI>30



Current prevalence



BURDEN OF OVERWEIGHT AND OBESITY

Source: OECD SPHeP-NCDs model

Overweight-attributable reduction in life expectancy
Years, average over 2020-2050



2.7

Reduction in life expectancy compared to other countries



Overweight-attributable health cost
Percentage of per capita total, average over 2020-2050



8.4

Percentage of health cost compared to other countries

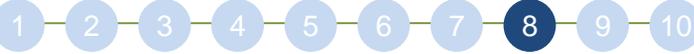


Overweight-attributable labour market cost
GBP per capita, average over 2020-2050



644

Per capita labour market cost compared to other countries



Overweight-attributable increase in tax burden
GBP per capita, average over 2020-2050



409

Per capita tax compared to other countries



lowest*

highest

Overweight-attributable cases of disease

Thousands of cases / % of total cases, total over 2020 to 2050

Disease	Thousands of cases	% of total cases
CVDs	6,083	22%
Diabetes	2,653	79%
Dementia	921	17%
Cancers	580	11%

Effective reduction in workforce due to overweight

Equivalent of full-time workers, average over 2020-2050

944,481

- 42% Presenteeism
- 37% Unemployment
- 19% Absenteeism
- 1% Early retirement

Macroeconomic impact of overweight

Average over 2020-2050

3.4%

Lower GDP due to overweight

1.1

Percentage point increase in the average tax rate needed to cover the impact of overweight

* 1 being the decile of countries with the lowest rates and 10 the highest; monetary values compared using USDppp; countries used for comparison can be found at <http://oe.cd/obesity2019>

POTENTIAL IMPACT OF OBESITY POLICIES
Source: OECD SPHeP-NCDs model

All interventions have a positive impact on population health and reduce health and labour market cost

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (GBP, thousands)</i>	<i>Labour market cost saved (GBP, millions)</i>	<i>Intervention cost (GBP, millions)</i>
1. Regulation of advertising	1,018	136	1,377	105	26
2. Food labelling	4,969	3,622	13,357	54	57
3. Mass media campaign	4,876	3,243	20,656	72	56
4. Menu labelling	10,351	7,655	29,846	117	57
5. Mobile apps	1,096	747	4,172	34	28
6. Prescription of physical activity	3,058	2,025	25,502	16	77
7. School-based programmes	948	147	1,400	92	138
8. Workplace sedentary behaviour	5,346	3,312	27,238	155	71
9. Workplace wellness	3,217	1,621	9,744	141	417
10. Public transportation	967	766	6,284	9	N/A
Food reformulation to reduce calorie content	74,122	54,555	210,892	868	N/A

POTENTIAL IMPACT OF OBESITY PACKAGES
Source: OECD SPHeP-NCDs model

A communications package, with advertising regulation, food labelling and mass media campaigns would help gain over 11,000 life-years and save GBP 54 million in health cost in the United Kingdom a year

<i>Average impact 2020-2050</i>	<i>DALYs* gained (DALYs)</i>	<i>Life-years gained (years)</i>	<i>Health cost saved (GBP, thousands)</i>	<i>Labour market cost saved (GBP, millions)</i>	<i>Intervention cost (GBP, millions)</i>
Communications package (1,2,3)	16,452	11,127	53,850	295	139
Mixed package (4,6,9)	16,794	11,399	68,907	279	552
Physical activity package (6,7,8,10)	10,215	6,048	61,333	269	287

* DALY: disability-adjusted life years
 For further details on the interventions and assumptions, please refer to the main report