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Obesity rates levelling off and even declining in many nations, says global progress report

A new analysis of global obesity trends since the 1980s reveals rising levels of obesity have slowed, stabilised and possibly even reversed in many nations, challenging the idea of a ‘global epidemic’ of obesity.

The work, led by researchers from Imperial College London via the NCD Risk Factor Collaboration (NCD-RisC) and published in the journal *Nature*, looked at more than four decades of health data from 200 countries and territories, covering the period from 1980 to 2024.

The findings come as experts from around the world meet at the [European Congress on Obesity \(ECO 2026\)](#) in Istanbul this month, and provide a more optimistic picture of progress than previously reported.

They show that the increase in obesity rates has slowed or levelled off in most high-income countries despite rapid rises at the end of the 20th Century, slowing first in school-aged children followed by a slowdown in adults about a decade later.

In some high-income countries (including France, Italy and Portugal) rates may have even begun to decline.

According to the researchers, these latest findings suggest that previous claims of a ‘global epidemic’ of obesity are likely an oversimplification and mask the huge diversity seen across countries – which can be driven by a range of factors, especially the availability and affordability of healthy foods.

However, they highlight that obesity prevalence continues to rise in many low- and middle-income countries, particularly in Africa, Asia, Latin America, and Pacific and Caribbean island nations.

The researchers say that by focusing on the pace of change in obesity over time, rather than just the prevalence, we can learn where urgent action is needed, including robust health and food policies to help nations adapt and manage public health during economic, technological and nutritional transitions.

[Professor Majid Ezzati](#), from the School of Public Health at Imperial College London and Academic Director of [Imperial Global Ghana](#), who led the analysis, said: “We’ve been analysing obesity trends for decades and have shown that on the whole, obesity has increased – with more people being affected by overweight and obesity.

“This latest analysis suggests that the rate of growth in obesity is slowing and stabilising, and may even be reversing, in many countries. This offers a more optimistic picture that progress is being made and challenges the widely accepted view that we’re experiencing a global epidemic of obesity – which may be an oversimplification of the diversity of the situation in different countries. By focusing on the rate of

change, we can better understand and benchmark the progress of nations in preventing and tackling obesity – so not just where we are right now, but where we’re headed.

“We now need to find out why some countries are doing so much better than others and apply the lessons to stop obesity from increasing. Ultimately, this analysis shows that the trend towards obesity is not inevitable, and that it is possible for policy makers to intervene to stop and even reverse growing obesity.”

[Dr Jennifer Baker](#), President-Elect of the [European Association for the Study of Obesity](#) & Center for Clinical Research and Prevention, Copenhagen University Hospital, said: “There has been real progress on childhood obesity in parts of Europe and around the world, but we cannot become complacent. Levels remain too high, and globally the picture is strikingly uneven, with continued increases in some countries.”

GLOBAL TRENDS

Previous reports on the global state of obesity, including those conducted by NCD-RisC in collaboration with the World Health Organization (WHO), have typically compared prevalence of obesity over decades. According to the researchers, while this provides valuable insights, the approach can make it difficult to track progress in controlling obesity, especially recent changes that reflect policy innovation.

In the latest analysis, researchers used velocity of obesity as a key measure – calculated as the annual absolute change in prevalence of obesity and reported in percentage-points-per-year. Using this method, they were able to provide a clearer picture of where increases in obesity are accelerating, stabilising, or reversing.

The team analysed weight and height measurements from over 232 million people aged five years or older (70 million people aged five to 19 years, and 162 million aged 20 years or older), representing 200 countries and territories.

More than 1,900 researchers contributed to the study, which looked at body mass index (BMI) to understand how obesity rates have changed worldwide from 1980 to 2024. Obesity was defined as a BMI ≥ 30 kg/m² for adults and BMI > 2 standard deviations (SD) above the median of the WHO growth reference for children and adolescents. Estimates of obesity were adjusted for differences in how the population was distributed in different ages through a process called age standardization.

CHILDREN IMPROVING FIRST

Among the key findings to emerge is that improvements in high-income countries were typically first seen among children and adolescents, followed around a decade later by adults. In most high-income western countries, the rise in obesity among children occurred before the millennium, with this trend slowing, plateauing and even reversing slightly from the year 2000.

Denmark experienced the earliest documented slowdown (around 1990), followed by other European countries including Iceland, Switzerland, Belgium and Germany during the 1990s. By the mid-2000s, growing obesity rates among school-aged children and adolescents in most high-income countries started to stabilise and in some even started to decline. The exceptions were among children in Australia, Finland and Sweden, where obesity increased steadily or accelerated.

However, the levelling off has happened at very different national prevalences across countries. In many western European countries and Japan, obesity growth plateaued or reversed when prevalence was below 10% of the school-age population (i.e. where fewer than one in ten children had obesity). By comparison, in the USA and New Zealand, obesity stabilised when levels were much higher, at 19-23% of the school-age population (i.e. where as many as one in four school children had obesity). The same trend was seen in adults.

GLOBAL DIVIDE

In contrast to the signs of progress, the analysis also highlights that obesity continues to rise, and is even accelerating, in most low- and middle-income countries.

This divergence from the progress seen in high-income nations highlights growing global inequalities in nutrition and health. The researchers highlight the need for tailored public health policies to address the growing gap – including those focused on the availability and affordability of healthy foods for countries and communities who cannot currently afford and access them.

A detailed breakdown of trends by region and country can be found in the Notes to Editors section.

Over the last decade, new obesity medications have become widely available, including GLP-1 Receptor Agonists (such as liraglutide and semaglutide). The researchers state that the introduction of these drugs does not yet explain the changes seen in their study, but add they will likely play an important role in future trends, especially if access and affordability are improved.

Professor Ezzati explained: “At this stage it’s probably too early to say whether GLP-1 drugs have had a direct impact in entire populations, even though they are beneficial for patients who use them. The focus should be on making them more affordable to all who need them around the world.”

The authors highlight a number of limitations to the study, including the amount of data available, which varied by region.

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‘Obesity rise plateaus in developed nations and accelerates in developing nations’ by NCD Risk Factor Collaboration (NCD-RisC) is published in *Nature*. DOI: <https://doi.org/10.1038/s41586-026-10383-0>

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NOTES TO EDITORS:

REGIONAL / COUNTRY SPECIFIC FINDINGS

***All prevalences figures are as of 2024.**

- ***High-income industrialised nations***

Leaders in plateauing of obesity:

- The earliest slowdown of the rise in obesity occurred among girls and boys in Denmark around 1990, followed by Iceland, Switzerland, Belgium and Germany through the 1990s. Similar slowdown occurred about a decade later among adults in many of the countries from the same region.
- There was no or little rise in obesity throughout the 45-year period in some countries, most notably in France, and for females in Japan.

Findings for selected countries:

- **United Kingdom:**
The rise in obesity has slowed down or plateaued for both sexes and both age groups (children/adolescents as well as adults). But this slowdown or levelling off happened at moderately high prevalence. 10-12% of girls and boys, and 27-30% of women and men had obesity in 2024. The UK is mostly in the top 10 countries among high-income western countries for obesity rates.
- **USA:**
The rise in obesity has plateaued for children and adolescents in the USA, and it has slowed for adults. However, despite the slowdown and levelling off, obesity levels remained one of the highest in the world, and the highest among high-income western countries, at 20-23% for girls and boys and 40-43% for women and men.
- **France:**
Obesity trend remained flat throughout the period at low prevalence of 4% for girls and boys and 11-12% for women and men in 2024. Obesity may have started to decline especially for adults.

- **Italy:**
The rise in obesity has plateaued, and may have started to decline, for both sexes and both age groups. The plateau happened at a low prevalence of 14% and 15% for women and men, but for girls and boys, it happened at a prevalence of 8% and 12%.
- **Portugal:**
The rise in obesity has plateaued for both sexes and both age groups, at moderate prevalence of 7-10% for girls and boys and 18-20% for women and men.
- **Spain:**
The rise in obesity has plateaued for both sexes and both age groups. For girls and boys, the plateau happened at a prevalence of 10% and 14%, higher than many other countries that also saw plateau in this age group. For women and men, the plateau happened at a moderate prevalence of 13% and 18% and it may have started to decline.
- **Germany:**
The rise in obesity has plateaued for both sexes and both age groups, at moderate prevalence of 7% and 12% for girls and boys and 20% and 23% for women and men.
- **Japan:**
The rise in obesity has plateaued for girls and boys at low prevalence of 3% and 7%; it accelerated for men, although still at a relatively low level of 8%. Obesity trend remained flat for women throughout the 45-year period at a low prevalence of 4%.
- **Sweden:**
The rise in obesity may have slowed down for women and men but it accelerated for girls and boys. The acceleration among girls and boys happened at prevalence higher than in many other high-income countries (9% and 14%).
- **Finland:**
The rise in obesity accelerated for girls and boys and continued steadily for women and men. The rise happened at prevalence of 10% and 15% for girls and boys and 24-25% for women and men, higher than in many other high-income countries.
- **Central and Eastern Europe**
 - Slowdown and plateaus of the rise in obesity also occurred in some countries in this region, but no country saw slowdown or plateau consistently across sexes and age groups.

Findings for selected countries

- **Croatia:**

The rise in obesity has plateaued or slowed for girls and boys but it continued steadily or accelerated for women and men.

- Slovenia:
The rise in obesity has plateaued or slowed for girls, boys and women, but it continued steadily for men.

- **Latin America**

- Brazil:
The rise in obesity has accelerated for both sexes and age groups, at prevalence of 17% and 18% for girls and boys and 35% and 27% for women and men.
- Mexico:
The rise in obesity may have slowed for girls and boys, at a high prevalence of 16% and 21%. The rise continued steadily for women and men at prevalence of 43% and 34%, higher than in most high-income countries.
- Colombia:
The rise in obesity accelerated for girls and boys, and continued steadily for women and men, at moderate prevalence of 13% and 10% for girls and boys and 32% and 19% for women and men.
- Argentina:
The rise in obesity accelerated for girls and boys, and continued steadily for women and men, at a high prevalence of 22% for girls and boys and 39% and 37% for women and men, higher than most high-income countries.
- Peru:
The rise in obesity accelerated for both sexes and age groups, at prevalence of 15% and 19% for girls and boys and 34% and 26% for women and men.

- **India and China**

- India:
The rise in obesity accelerated for both sexes and age groups, although prevalence is still relatively low, at 4% for girls and boys and 11% and 6% for women and men.
- China:
The rise in obesity accelerated for both sexes and age groups. Prevalence is 17% for boys, and 8% for girls. Prevalence is still relatively low for women and men at 9-10%.

- **Africa**

- In East Africa, the rise in obesity accelerated in most countries for both sexes and both age groups. In West Africa, the rise also accelerated in most countries for boys and girls, and it continued steadily for women and men. There may have been a slowdown in some countries, especially for boys and men, for example in South Africa.

Findings for selected countries:

- **Nigeria:**
The rise in obesity accelerated or continued steadily for both sexes and age groups. Prevalence was still low for girls and boys at 3% and for men at 9%, but prevalence was 20% for women.
- **Ghana:**
The rise in obesity accelerated or continued steadily for girls, boys and women, but it may have slowed for men. Prevalence was still moderately low for girls and boys at 4% and 8% and for men at 5%, but prevalence was 25% for women.

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