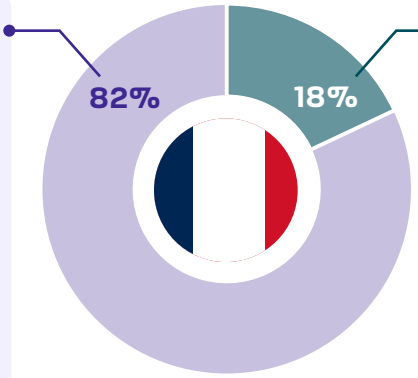
The burden of elevated BMI in France

Elevated BMI costs France an estimated €23.3 billion annually (€343 per capita).

€19.2 billion
in direct costs (82%)

Direct costs are driven by **musculoskeletal diseases** (€6.9bn), **type 2 diabetes** (€4.9bn), **cardiovascular disease** (€3.2bn), and **digestive diseases** (€1.0bn), among others.

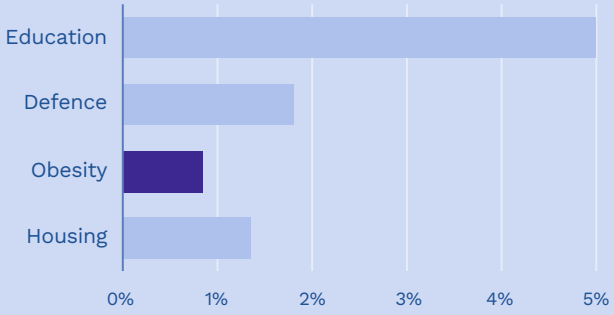


€4.1 billion
in indirect costs (18%)

On the indirect side, **economic inactivity** is the largest component at €1.1 billion, followed by:

- **€1.5 BILLION** — **presenteeism** (€0.9bn) and **absenteeism** (€0.6bn)
- **€0.6 BILLION** — **premature mortality** (€0.6bn)
- **€1.0 BILLION** — **informal care** (€1.0bn)

Total spending as % of GDP



Source: OHE/EFPIA (2026), The burden of overweight and obesity in Europe. Contract research commissioned and funded by EFPIA.

Overall, expenditure related to elevated BMI amounts to roughly **0.8% of GDP**, approximately half the defence budget.

France's indirect burden is particularly low relative to its direct burden, owing to a combination of factors. The prevalence of elevated BMI in France is the lowest among our study countries, according to the NCD Risk Factor Collaboration (Phelps et al., 2024a), although national sources, including the Feuille de route obésité 2026–2030, report higher adult obesity prevalence in France (up to 18%, based on self-reported survey data) than the measured-data estimates used in this analysis (approximately 10%). The NCD-RisC trend for French women has also been debated (Ezzati et al., 2024; Czernichow et al., 2024). To maintain cross-country comparability, we retain the NCD-RisC estimates. However, if national data more accurately reflect current prevalence, the burden estimates presented for France may be conservative. This is particularly relevant for older working-age adults, among whom the prevalence of elevated BMI is highest. However, employment rates decline substantially among those aged 55-69 years, limiting the scope for productivity-related costs attributable to elevated BMI (INSEE, 2026, sect.Labour Force Survey 2025).

Policy Context

France has launched the Roadmap for the Care of People Living with Obesity 2026–2030, confirming obesity as a top public health priority, positioning it as a chronic condition requiring structured, multidisciplinary management (Ministère de la Santé, de la Famille, de l'Autonomie et des Personnes handicapées, 2026). The strategy aims to address the fragmentation and unequal access to care identified in previous plans. It focuses on secondary and tertiary prevention, while primary prevention remains with the Programme National Nutrition Santé (PNNS). France also provides preventive health check-ups (Mon Bilan Prévention), which are fully covered for insured persons in selected age groups (l'Assurance Maladie, 2026), and recently introduced a "reinforced coordinated care pathway" for complex obesity (parcours coordonné renforcé obésité, PCR) that enables eligible patients to access consultations from dietitians, physical activity professionals, and psychologists (Légifrance, 2026). The pathway requires medical prescription and lasts for two years. France was also the first EU member to reimburse medications for those with BMI ≥35 + comorbidity, or BMI ≥40 (Jacobsen et al., 2026).

However, barriers remain. The coordinated care pathway is currently designed only for individuals with complex obesity (Légifrance, 2026), and prescribing is restricted to specific levels of specialist care centres (Service Public, 2026). This concentrates demand on already-stretched specialist services and may limit timely uptake for people living in underserved areas - a concern compounded by France's documented 'medical deserts' context (Légifrance, 2026; Ministère de la Santé, de la Famille, de l'Autonomie et des Personnes handicapées, 2026; Queneau and Ourabah, 2023). In addition, broader training of healthcare professionals in obesity management remains limited, although this is a core objective of the 2026-2030 Roadmap and is expected to be operationalised in the coming period (Ministère de la Santé, de la Famille, de l'Autonomie et des Personnes handicapées, 2026). Uptake of preventive health assessments remains limited, with approximately 514,691 Mon Bilan Prévention assessments completed between 2024 and 2026, representing a small proportion of the eligible population (Le Houerou, 2026). At the same time, France has one of Europe's most established bariatric surgery programmes, with more than 600,000 people having undergone surgery, representing approximately 1% of the adult population (Paccou et al., 2022). Nevertheless, access to bariatric surgery remains uneven and related to socioeconomic background and geographical location (Benamran et al., 2024).

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