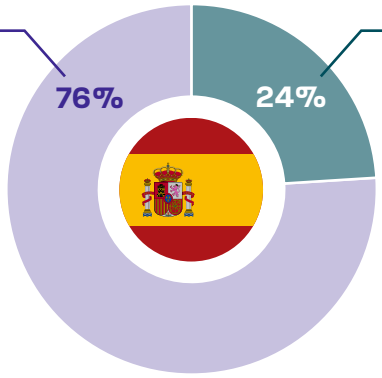
The burden of elevated BMI in Spain

Elevated BMI costs Spain an estimated €19.6 billion annually (€401 per capita).

€14.9 billion
in direct costs (76%)

Direct costs are driven by **musculoskeletal diseases** (€4.3bn), **type 2 diabetes** (€3.0bn), **cardiovascular disease** (€2.7bn), and **chronic kidney disease** (€1.7bn), among others.

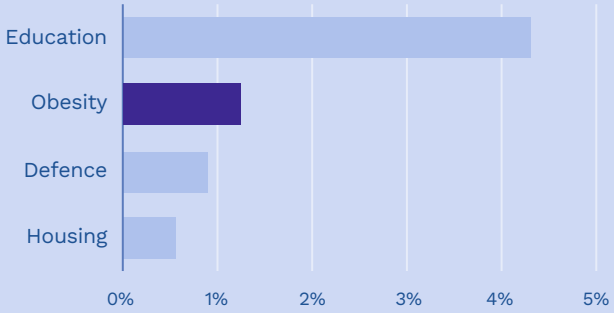


€4.7 billion
in indirect costs (24%)

On the indirect side, **absenteeism** and **economic inactivity** are each €1.3 billion, followed by:

- **€0.9 BILLION** — **presenteeism** (€0.9bn)
- **€0.9 BILLION** — **informal care** (€0.9bn)
- **€0.3 BILLION** — **premature mortality** (€0.3bn)

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 **1.2% of GDP**, exceeding defence and housing spending.

Moderate prevalence and high absenteeism rates translate into substantial productivity burden related to elevated BMI. However, Spain's indirect costs are about a third as large as direct costs, which is lower than some countries in our analysis. This is due to a combination of lower wages and low employment rates that reduce the value and scope of the productivity impact of elevated BMI (EURES, 2025).

Another Spanish study (Pereira-Bouzas et al., 2025), seeking to estimate the potential economic and social value that could be generated by achieving different degrees of weight loss, has suggested the economic benefits of weight-loss (in contrast to our estimate of the economic costs of elevated BMI) could be up to €292 billion.

Policy Context

Spain has recently approved the Development Document of the Spanish Chronicity Strategy 2025–2028, in which obesity is highlighted as a priority health problem (Ministerio de Sanidad, 2025). Strategic Line 4 of this strategy states that the health system will adopt a comprehensive approach to obesity, strengthening prevention and control through healthier environments and lifestyles. The strategy emphasises the need for comprehensive assessments beyond BMI and optimised, individualised treatment delivered by interdisciplinary teams and supported by community resources. Importantly, the approach also addresses comorbidities, social determinants, destigmatisation, and psycho-emotional factors, such as anxiety, depression, and low self-esteem, particularly in vulnerable populations.

However, barriers remain for effective care around elevated BMI across the management continuum, from prevention to more targeted treatment. Spain currently excludes obesity management medications (OMMs) from public funding through the national health system (Sistema Nacional de Salud, or 'SNS'), preventing access to pharmacological treatment for the broader population living with obesity (Carmo, Justamante and Callejo-Velasco, 2026). Access to bariatric surgery within the public system is primarily characterised by long waiting lists, regional disparities, and limited resources (Arteaga-González et al., 2018). Improved access to such interventions will be necessary for these initiatives to translate into effective obesity management.

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