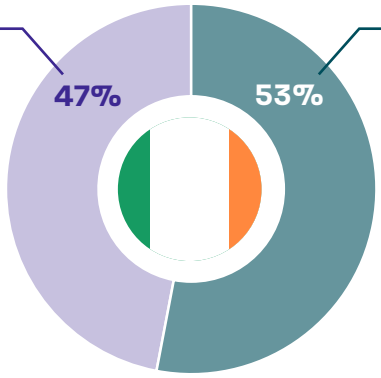
The burden of elevated BMI in Ireland

Elevated BMI costs Ireland an estimated €3.2 billion annually (€598 per capita).

€1.5 billion
in direct costs (47%)

Direct costs are driven by **type 2 diabetes** (€0.5bn), **musculoskeletal diseases** (€0.4bn), and **digestive diseases** (€0.2bn), among others.

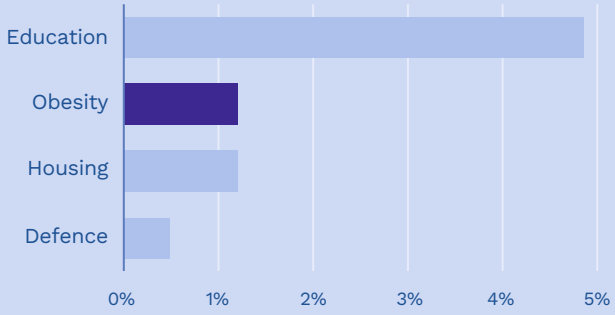


€1.7 billion
in indirect costs (53%)

On the indirect side, **economic inactivity** is the largest component at €0.7 billion, followed by:

- **€0.4 BILLION** — **presenteeism** (€0.4bn)
- **€0.3 BILLION** — **informal care** (€0.3bn)
- **€0.2 BILLION** — **absenteeism** (€0.2bn)
- **€0.1 BILLION** — **premature mortality** (€0.1bn)

Total spending as % of mGNI



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 1.1% of modified Gross National Income (mGNI), matching housing spending and more than double defence spending.

The burden of elevated BMI in Ireland is most reflected in the cost of economic inactivity due to high base rates of economic inactivity due to illness. This may reflect the high prevalence of people with disabilities and the employment gap between those with and without disabilities in Ireland (Eurostat, 2025)

[1] For Ireland, expenditure shares are expressed in terms of modified Gross National Income (mGNI) rather than Gross Domestic Product (GDP), as for the other countries. A large share of Irish GDP is based on multinational activity and mGNI better reflects the resources available to the domestic economy.

Policy Context

Ireland is currently developing a new strategy to address obesity, with a focus on prevention, treatment and community support (Department of Health, 2026). The plan is an update of the existing national Obesity Policy and Action Plan 2016–2025, 'A Healthy Weight for Ireland', which was developed to address policy and intervention options for promoting healthy eating and preventing and managing overweight and obesity (Department of Health, 2026a). The HSE Chronic Disease Management (CDM) Treatment Programme in General Practice has helped over 400,000 eligible patients living with Type 2 Diabetes, COPD, asthma and cardiovascular illness since 2020 (Health Service Executive, 2025). During that time, 51% of new chronic disease diagnoses have been made through the programme, and patients enrolled experienced 30% fewer ED attendances, 26% fewer hospital admissions, and 33% fewer GP out-of-hours attendances compared to their pre-enrolment rates (Health Service Executive, 2025). By shifting the focus toward prevention and early intervention, the programme is redefining healthcare delivery and promoting sustainable healthcare practices.

However, barriers remain for effective obesity care in Ireland. Despite the success of the HSE Chronic Disease Management (CDM) Programme, obesity is not currently included as a condition within it - the programme covers only Type 2 Diabetes, COPD, asthma and cardiovascular disease (Lynch, 2025). Whether obesity should be incorporated into the CDM programme remains a matter of ongoing debate, although 85% of general practices surveyed have expressed support for its expansion to include obesity (Tandan et al., 2022). Furthermore, reimbursement by state schemes of pharmacological therapies remains limited and only for patients meeting strict clinical criteria (Lynch, 2025). Experts also say the level of bariatric surgery delivery is too low (Lynch, 2025).

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