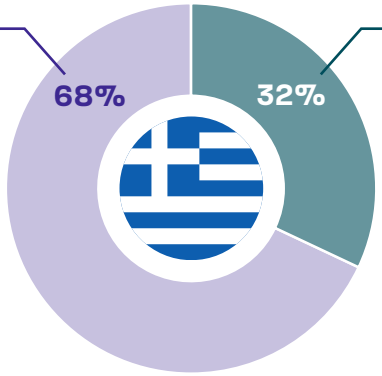
The burden of elevated BMI in Greece

Elevated BMI costs Greece an estimated €3.4 billion annually (€328 per capita).

€2.3 billion
in direct costs (68%)

Direct costs are driven by **type 2 diabetes** (€0.9bn), **musculoskeletal diseases** (€0.4bn), and **cardiovascular disease** (€0.2bn), among others.

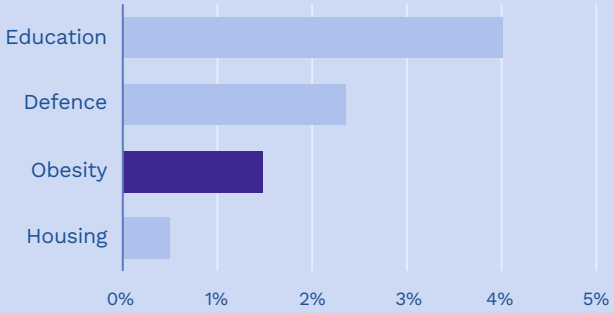


€1.1 billion
in indirect costs (32%)

On the indirect side, **absenteeism and presenteeism** are each €0.3 billion, followed by:

- €0.2 BILLION — **informal care** (€0.2bn)
- €0.1 BILLION — **economic inactivity** (€0.1bn)
- €0.1 BILLION — **premature mortality** (€0.1bn)

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 1.4% of GDP, exceeding housing spending and representing more than half of the defence budget.

Absenteeism rates are relatively high in Greece, which drives its indirect cost burden. Greece's low employment rate for later working ages, where the prevalence of elevated BMI is highest, means there is less scope for productivity related costs due to obesity. This combined with Greece's low rates of economic inactivity due to illness leads to relatively lower indirect costs.

Policy Context

Greece's new national Cardiovascular and Metabolic Risk Screening programme, the "Prolambano", launched in February 2025, offers free and comprehensive cardiometabolic health checks for all adults aged 30 to 70 (European Commission, 2026b). Since December 2025, the programme has been expanded to include free access to pharmacological therapies for eligible individuals (National Electronic Health Record Project, 2025). Eligibility requires a BMI over 40 or between 37 and 40 with related comorbidities, a medical assessment, and participation in a supervised nutritional counselling programme. Alongside this, a free digital application has been introduced to encourage healthy habits and family-based physical activity, with a particular focus on tackling childhood obesity.

However, barriers remain for effective management and treatment of elevated BMI in Greece. While the Prolepsis programme now offers free access to pharmacological therapies, eligibility is confined to individuals with very high BMI thresholds, excluding the broader population living with obesity (Koutroumpis, 2025).

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