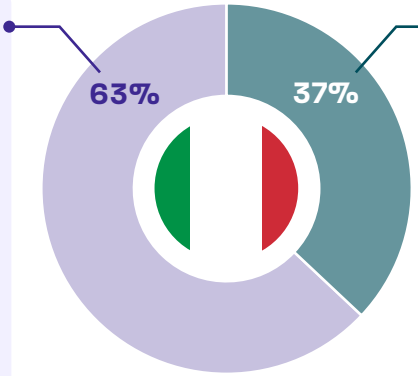
The burden of elevated BMI in Italy

Elevated BMI costs Italy an estimated €20.3 billion annually (€345 per capita).

€12.9 billion
in direct costs (63%)

Direct costs are driven by **type 2 diabetes** (€3.8bn), **musculoskeletal diseases** (€2.5bn), **cardiovascular disease** (€2.5bn), and **digestive diseases** (€1.5bn), among others.

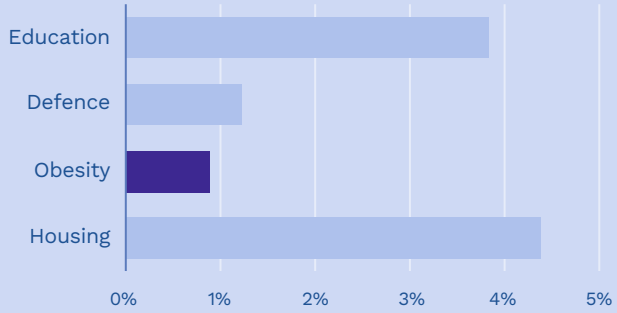


€7.5 billion
in indirect costs (37%)

On the indirect side, **absenteeism** is the largest component at €2.4 billion, followed by:

- **€1.7 BILLION** — **presenteeism** (€1.7bn)
- **€1.4 BILLION** — **informal care** (€1.4bn)
- **€1.2 BILLION** — **economic inactivity** (€1.2bn)
- **€0.7 BILLION** — **premature mortality** (€0.7bn)

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 0.9% of GDP, approaching the amount of government spending on defence.

Italy's indirect burden is most reflected in the cost of absenteeism, reflecting that workers in Italy take a relatively large number of days of absenteeism. Moreover, employment rates in Italy are increasing at later ages when obesity prevalence is highest, meaning obesity is impacting productive workers (OECD, 2025b).

Policy Context

Italy recently approved a law to recognise obesity as a chronic, progressive, relapsing disease rather than a lifestyle issue (Bifulco, Pagano and Zazzo, 2025), the first country to do so within a codified legislative framework. It mandates that individuals with obesity have a right to access services included within Italy's Essential Levels of Assistance (LEA). It also establishes the Observatory for the Study of Obesity (Osservatorio per lo studio dell'obesità, OSO) under the Ministry of Health (Parlamento italiano, 2026). The OSO is tasked with monitoring and studying healthy lifestyle, contributing to the national prevention and treatment programme, verifying implementation by regions and autonomous provinces, and presenting an annual report to Parliament on epidemiological and diagnostic-therapeutic data alongside new scientific evidence on obesity. The Observatory has recently moved into its implementation phase (Ministero della Salute, 2026), although the Observatory operates with minimal dedicated resources and uses existing Ministry staff and infrastructure. It receives no additional public funding, and its members are unpaid. These resource constraints contrast with the broad remit assigned to the Observatory under the law.

Italy has also established a dedicated structural Obesity Fund that provides ring-fenced funding for addressing obesity (European Observatory on Health Systems and Policies, 2025). The updated National Chronic Disease Plan adds obesity, alongside epilepsy and endometriosis, to the ten conditions covered since 2016, bringing the total to thirteen. Separately, the PNP 2026–2031, adopted by State-Regions Agreement in 2026, includes obesity among its areas of focus.

However, there are barriers to translating this new law into effective obesity care. Although the law recognises the right of people with obesity to access "Essential Levels of Assistance" (LEA) services, obesity has not been formally included within the LEA, potentially leading to a lack of access for people living with obesity (Gobbi, 2025). It will also fall on Italian regions to ensure LEA services are available, which may take considerable time and resources (SISMED, 2025). The dedicated funding is so far symbolic in magnitude, but may mark the start of a structured path forward. To translate these initiatives into effective obesity management, formal inclusion of obesity in the LEA will be necessary, along with adequate resourcing across the management continuum.

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