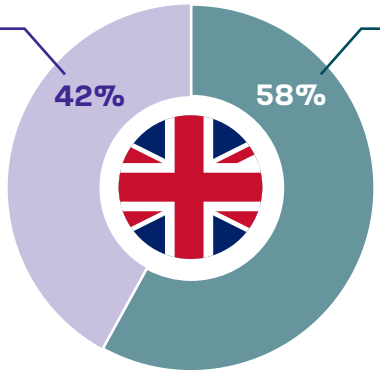
The burden of elevated BMI in United Kingdom

Elevated BMI costs UK an estimated £33.8 billion annually (£488 per capita).

€14.2 billion
in direct costs (42%)

Direct costs are driven by **digestive diseases** (£3.2bn), **type 2 diabetes** (£3.1bn), **cardiovascular disease** (£2.6bn), and **chronic kidney disease** (£2.3bn), among others.

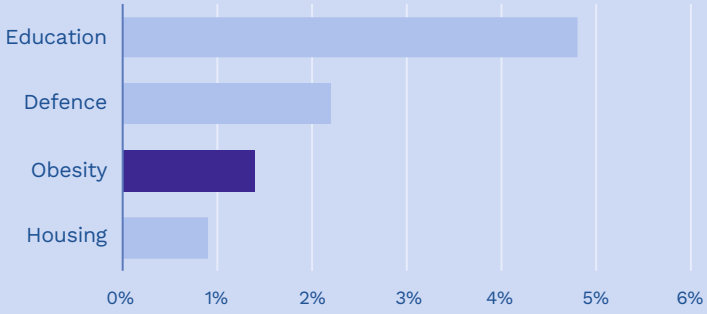


€19.6 billion
in indirect costs (58%)

On the indirect side, **economic inactivity** is the largest component at £7.8 billion, followed by:

- **£7.8 BILLION** — **presenteeism** (£5.4bn) and **absenteeism** (£2.4bn)
- **£2.6 BILLION** — **informal care** (£2.6bn)
- **£1.4 BILLION** — **premature mortality** (£1.4bn)

Total spending as % of GDP



Source: OECD (2025) Government expenditure by function. Available at OECD Data Explorer

Overall, expenditure related to elevated BMI amounts to roughly 1.4% of GDP, exceeding housing spending and representing more than half the defence budget.

That the UK's indirect burden is most reflected in the cost of economic inactivity reflects the high base rates of economic inactivity due to illness in the UK, which has risen in the UK but fallen in other European countries since the COVID-19 pandemic (Office for Budget Responsibility, 2023). Moreover, the UK's absenteeism rates are amongst the lowest in European countries, meaning obesity-related absenteeism is also lower in our analysis (Institute for Public Policy Research, 2024).

Policy Context

Alongside ongoing structural reforms within the NHS and Department of Health, NICE has approved three pharmacological therapies for weight management on the NHS, signalling a shift towards recognising pharmacotherapy as a legitimate component of obesity care (NICE, 2025). However, NHS access to pharmacological therapies remains severely restricted due to supply constraints, strict eligibility criteria, and a phased rollout that limits access. In particular, GP practices are not mandated to prescribe, meaning access may vary significantly between practices (NHS England, 2026). There is also significant geographical variation in bariatric surgery commissioning, with 31% of Integrated Care Systems applying more restrictive criteria than recommended by NICE guidance and some parts of England lacking bariatric surgery units entirely (Elhariry et al., 2025). This multi-tiered pathway to surgery means some patients can face total waits of up to five years (Elhariry et al., 2025).

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