Spearheading solutions to the obesity crisis

Malaysia has an opportunity to lead ourselves, the region and the world into action that can mitigate this slow-burning public health emergency.

Graphic: Vecteezy

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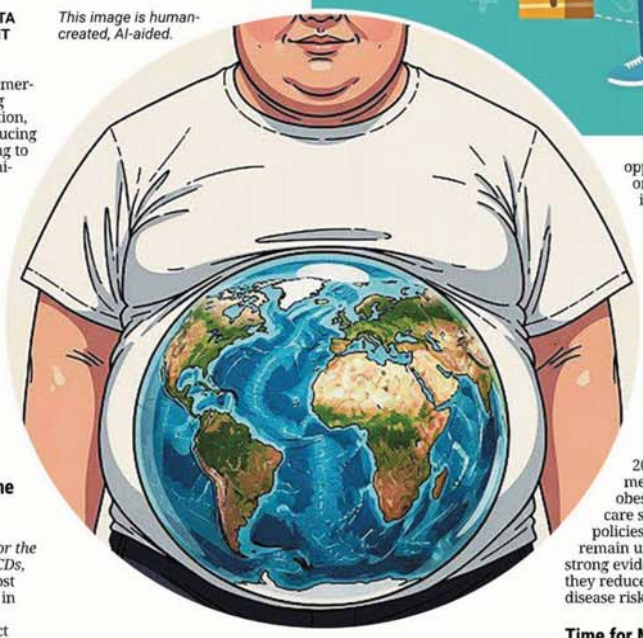

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OBESITY is a slow-moving emergency in Malaysia – creeping steadily through the population, raising healthcare costs, reducing productivity and contributing to rising levels of non-communicable diseases (NCDs).

It is one of the defining public health challenges of the 21st century and Malaysia is on the front lines.

We now have one of the highest adult obesity rates in South-East Asia, with over half of the adult population classified as overweight or obese, according to the 2023 National Health and Morbidity Survey (NHMS).

The economic toll is no less alarming.

Prevent the kilos, save the money

According to the Health Ministry's *Investment Case for the Prevention and Control of NCDs*, obesity-related conditions cost our economy over RM5.2bil in 2017 alone.

This was RM1.7bil in direct healthcare expenses and another RM3.5bil in productivity losses.

The human and economic burden is substantial and growing.

Yet, the same investment case provides a hopeful counterpoint: effective prevention could yield dramatic savings.

The report shows that every ringgit invested in obesity prevention could return up to six ringgit in benefits through reduced health costs and productivity gains.

Malaysia stands to save RM43bil over 15 years by implementing proven and cost-effective interventions, particularly through fiscal measures and nutrition strategies.

These aren't theoretical solutions; they're policy tools with demonstrated success globally.

For instance, expanding Malaysia's existing sugar-sweetened beverage (SSB) tax framework could yield measurable reductions in sugary drink consumption, while implementing school nutrition programmes would create vital structural protections for vulnerable youth populations.

What makes these interventions particularly compelling is their dual benefit: they simultaneously save lives while generating significant economic returns.

Addressing the problem

Despite the facts, obesity remains under-addressed in Malaysia's health and development plans.

While NCDs such as diabetes and cardiovascular (heart) disease often receive targeted action, obesity – their leading cause – is too often treated as a secondary concern, or worse, as a personal failing rather than what it is: a chronic disease driven by the interplay of genetic predisposition, food environment, exploitative marketing and socioeconomic factors.

The global health community has increasingly recognised this complexity.

Since 2018, obesity has been classified as a disease rather than simply a risk factor for other illnesses.

This redefinition carries major implications, not only for treatment, but for policy, shifting the focus from individual willpower to systemic action.

The case for action is not merely domestic.

As Asean Chair and a participant in next month's fourth United Nations General Assembly High-Level Meeting (UN HLM) on NCDs, Malaysia has an historic opportunity to lead the global charge against obesity.

Unfortunately, the current draft of the UN Political Declaration – scheduled for adoption at the meeting – fails to reflect the gravity of the obesity crisis.

It stops short of naming obesity as a chronic disease, omits reference to several evidence-informed interventions recommendations of the World Health Organization (WHO) – including fiscal interventions such as taxes on SSBs of at least 20% – and uses weak language on addressing food systems in relation to prevention policy.

This represents a missed opportunity and fails the one billion people living with obesity worldwide and future generations who are at increasing risk.

Obesity accounts for around 43% of type 2 diabetes (see p7 for more on this issue in children), up to 78% of hypertension (high blood pressure), and plays a role in at least 13 types of cancer.

And yet, fewer than 20% of countries have meaningfully integrated obesity into their primary care systems, and effective policies, like SSB taxes, remain underutilised, despite a strong evidence base showing they reduce consumption and disease risk across income levels.

Time for Malaysia to lead

Malaysia's position on both the regional and global stage presents a unique opportunity.

As Asean Chair, the country can lead a coordinated regional voice advocating for stronger commitments in the final UN declaration.

That includes recognition of obesity as a disease, adoption of WHO-recommended policies to reshape food environments, and integration of obesity services into health systems.

These elements are not just ethically and scientifically justified – they are economically rational.

As Malaysia embarks on implementing its 13th development plan (i.e. 13th Malaysia Plan), it offers an excellent domestic vehicle to scale up obesity prevention in line with the *Investment Case*'s recommendations.

The science is clear, the economic case is irrefutable, and the timing is politically opportune.

Now is the moment for leaders to choose legacy over lethargy, and transform this slow-moving crisis into public health and public finance wins.

Political and public health leaders have the chance to act on solid local evidence while championing global progress.

It is no exaggeration to say that the cost of inaction will be counted in millions of lives lost and billions of ringgit drained from the economy.

But the good news is that solutions exist.

Malaysia, with its data in hand, its leadership role in Asean and its voice at the UN, is well placed to turn the tide – not only for its own population, but also as an advocate for equitable, systemic responses to obesity across the region and beyond.

The challenge is not whether effective action is possible; it is whether the political will exists to deliver it before this slow-burning crisis becomes a full-blown catastrophe.

History judges societies not by their crises, but by their responses.

This is Malaysia's moment to lead, or be left behind.

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