

Prevention of Overweight and Obesity in Australia

Policy Position Statement

Key messages:	Overweight and obesity in Australia is associated with substantial present and future social, health and economic costs. The prevalence of overweight and obesity has been rising in Australia over the past 40 years. Two-thirds of Australian adults and one in four Australian children are now classified as overweight or obese. Priority actions to address obesity are outlined in the National Obesity Strategy (2022 – 2032) and the National Preventive Health Strategy (2021 – 2030).
Key policy positions:	<ol style="list-style-type: none">1. Australian federal, state and territory governments should provide leadership to enable an effective approach for addressing overweight and obesity and implement actions as outlined in the National Obesity Strategy (NOS) and the National Preventive Health Strategy (NPHS).2. Adequate and ongoing funding should be allocated to implement and evaluate (overall and according to targeted sub-groups) the NOS and include a commitment to a comprehensive monitoring and surveillance system around diet, physical activity levels and weight status of the whole population.
Audience:	Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.
Responsibility:	PHAA Food and Nutrition Special Interest Group
Date adopted:	September 2025
Contacts:	Dr Damian Maganja and Dr Bronwyn Ashton, Co-convenors, Food and Nutrition SIG
Citation:	Prevention and Management of Overweight and Obesity in Australia: Policy Position Statement [Internet]. Canberra: Public Health Association of Australia; 2010, [updated 2025]. Available from: URL

Prevention of Overweight and Obesity in Australia

Policy Position Statement

PHAA affirms the following principles:

1. The drivers of overweight and obesity are complex. No single intervention can halt the rise of the growing obesity epidemic. A range of strategies over the long term are required. Strategies that take into consideration the interaction between individuals, the social determinants of health, the food environment, and the policies that shape the food system are needed.
2. The public health problems of obesity, unhealthy eating patterns and inadequate physical activity cannot be solved by education and personal responsibility alone. Creating healthy food and physical activity environments will enable the population to make healthier choices in relation to dietary patterns and physical activity levels.
3. While whole of government leadership, funding, and action to prevent the drivers of overweight and obesity are essential, a whole of society approach is needed to implement a coordinated agenda of action: this will include the engagement of all levels of government, industry, community organisations, nongovernment and academic sectors, and the public.
4. The selection and resourcing of interventions to ensure healthy food environments should be guided by the best available scientific evidence. Recognising the fundamental importance of surrounding environments and broader social, economic and political contexts to dietary patterns and intakes, this should shift away from “personal responsibility” type narratives and interventions that focus on individual behaviour change. Instead, policies and interventions should support the creation of enabling, health-promoting environments especially food and physical activity environments that are safe, affordable, and accessible. These should also avoid contributing to weight stigma and discrimination and support positive body image.
5. People with lived experience of obesity should be meaningfully engaged in the design of prevention policies and interventions to ensure they are relevant, non-stigmatising, and responsive to the realities of people’s lives.
6. Strategies to prevent the drivers of overweight and obesity should target whole populations, with the aim of creating environments that support health and well-being across the life course. For people already living with overweight and obesity, additional strategies, support, and resources grounded in a holistic understanding of lived experience, should be available and accessible through the health system and community organisations.

PHAA notes the following evidence:

7. Recent literature states that clinical obesity is a chronic condition that results from alterations in the function of organs and is caused by excess adiposity.¹ It should be considered distinct from: pre-clinical obesity, where excess adiposity occurs in the absence of major signs and symptoms of organ dysfunctions due to obesity;² and metabolically healthy obesity, where excess adiposity occurs in the absence of cardiometabolic risk factors, other than a high body mass index.³
8. Body Mass Index (BMI), the ratio of weight in kilograms divided by height in metres squared, is the main population-level indicator of weight status for adults and children. It is useful for assessing health risk and monitoring obesity trends at a population level. At an individual level, BMI is used to gauge the risk for

associated chronic diseases but should be used with caution as a diagnostic tool.² It is not possible to distinguish between clinical, pre-clinical, and metabolically healthy obesity using BMI, and its use has led to oversimplified narratives about weight and metabolic health risk. In the absence of population data on clinical obesity, most surveillance and epidemiological data is based on BMI.

9. Weight stigma, which involves discriminatory actions against people with higher body weight, is pervasive and associated with negative health impacts.⁴ Obesity is not simple or solely within a person's control, and it is important to change the dominant, oversimplified narrative that blames individuals for their choices alone.^{5,6} Policy actions, such as the Shift Guide from the WA Department of Health, are needed to improve the way public health professionals talk about weight.^{7,8}
10. The World Health Organization's (WHO) plan for preventing obesity includes multisectoral actions aimed at improving diet and increasing physical activity levels,⁹ such as addressing food manufacturing, marketing, procurement and pricing as well as wider determinants of health such as poverty reduction and urban planning.
11. Rates of overweight and obesity in Australia are high. In 2022, 65.8% of adults had overweight (34.0%) or obesity (31.7%), which remains at a steady prevalence from 2011-2012 (62.8%).¹⁰ In children aged 2-17 years, 26.4% had overweight (18.3%) or obesity (8.1%), which remains at a steady prevalence from 2017-2018 (24.9%) and 2014-15 (25.8%).^{10,11}
12. Overweight and obesity is unequally and inequitably distributed across society, with people in lower socioeconomic areas, from Aboriginal and Torres Strait Islander communities, or people living in areas outside of major cities being disproportionately affected.^{12,13}
13. In the Australian Burden of Disease Study 2024, overweight and obesity was the leading risk factor for disease burden in Australia at 8.3%, overtaking tobacco use.¹⁴ In the study, overweight and obesity was attributable to 16.5% of the dementia burden, 28% of the endocrine disorders total burden, 22.5% of the burden from kidney and urinary diseases and 5.5% of the cardiovascular disease burden.¹⁴ Overweight and obesity was also considered a leading risk factor for osteoarthritis and asthma.¹⁴
14. The prevalence of child overweight and obesity increases with age.¹¹ Children and adolescents with overweight are more likely to become adults with overweight.¹⁵ High child and adolescent BMI is associated with a higher incidence of preventable diseases in adults.¹⁶ Prevention of overweight and obesity is important as it is difficult to reverse weight gain.¹⁵
15. In 2019, the total economic cost of overweight and obesity in Australia was \$39 billion. It is estimated that this figure will rise to over \$62 billion by 2030. This includes direct healthcare costs, as well as related co-morbidities of overweight and obesity and indirect costs, such as reduced workforce participation.¹⁷
16. Achieving healthy weight will not be possible without significant focus and investment in both unhealthy eating patterns and physical inactivity, particularly in regulatory policy actions which are supported by strong evidence of impact and cost-effectiveness.^{17,18}
17. Multiple regulatory and program-based interventions have been found to be cost-effective and would achieve a population approach to preventing overweight and obesity.¹⁸
18. National and international organisations emphasise that a sustained and comprehensive portfolio of interventions is required to address the social, commercial, and environmental determinants of overweight and obesity and note the central role of government leadership in achieving population-level impact.^{19,20}

19. A 2017 assessment into how Australia's jurisdictions implement globally recommended obesity prevention policies showed that Australia falls far short of international best practice. Priority recommendations for action included increased national coordination to improve population nutrition, taxes to increase the price of unhealthy foods (i.e., sugary drinks), and regulations to reduce children's exposure to marketing of unhealthy food at federal and state levels.²¹
20. National monitoring of self-reported body weight status for most age groups occurs approximately every three years as part of the National Health Survey.²² However, population level data for children under five years is piecemeal and not available, despite some evidence of overweight and obesity occurring by pre-school age. Additionally, national monitoring of diet, physical activity, weight, and other chronic disease risk factors is ad hoc; there are no current plans for an ongoing national monitoring program.
21. The NOS outlines key actions to be implemented to prevent and manage overweight and obesity. The NPHS includes nutrition and physical activity as focus areas.
22. Implementing the NOS and the NPHS, would contribute towards the achievement of UN Sustainable Development Goal 3 – [Good Health and Wellbeing](#).
23. Little funding and resourcing have been provided to support the implementation of these strategies. Without this, the strategies will have minimal impact like so many previous strategies that have been developed over the last 30 years.²³

PHAA seeks the following actions:

24. Implement the NOS and the NPHS food and nutrition and physical activity actions in full. Ensure both strategies are adequately funded and resourced to sustain implementation, monitoring and evaluation, and remain free from conflicts of interest.
25. Establish a cross-government National Obesity Task Force, independent of industry influence, to lead and provide capacity and increase efforts to coordinate and drive the implementation of the NOS and monitor and report on the achievement toward obesity targets. This should include high-level political leadership across health, education, finance, urban planning, transport, agriculture, and social services.
26. Ensure state and territory governments engage local government, industries (e.g., food retail, media, marketing and manufacturing), non-government organisations, and sport and recreation groups to ensure that action on obesity is a priority.
27. Continuously review and update NHMRC clinical guidelines for management of overweight and obesity.
28. Targeted support for disadvantaged and vulnerable groups in policy design and implementation.
29. Priority actions by government should include:
 - a) Comprehensive legislation to prohibit the marketing of unhealthy food and beverages to children, including all media (TV, social media), environments (sports) and time periods.
 - b) Instituting a health levy on sugar sweetened drinks;
 - c) Mandating added sugar labelling on packaged foods;
 - d) Regulating to improve the composition, labelling and promotion of commercial baby and toddler foods;
 - e) Legislation to create supportive environments and social norms for breastfeeding;
 - f) Legislation that aligns with the International Code of Marketing Breast Milk Substitutes to end the inappropriate marketing of, and ensure proper use of, breast milk substitutes;

- g) Extending current food labelling policies, such as mandating the Health Star Rating (“HSR”) system and mandating menu kilojoule labelling in chain food outlets across all jurisdictions;
- h) Establishing and supporting the adoption of healthy eating and physical activity guidelines in settings including maternal and child health, early childhood education, schools, community health, sporting clubs and recreation centres, community organisations and workplaces;
- i) Funding and implementing a National Nutrition Strategy and a National Active Transport Strategy.
- j) Developing and implementing a high impact, sustained social education campaigns to increase knowledge and awareness of the health risks associated with poor diet, physical inactivity and sedentary behaviour and promote breastfeeding, healthy eating, and physical activity;
- k) Establish and adequately fund a nationally coordinated, ongoing systematic monitoring and surveillance program that includes all age groups and all locations in Australia and measures physical activity, sedentary behaviour, dietary intake and overweight and obesity.

PHAA resolves to:

- 30. Advocate that federal, state and territory governments implement the NOS and the food and nutrition and physical activity components of the NPHS and lead an effective national, integrated, sustained, multi-sectoral and multi-dimensional approach to the prevention and management of overweight and obesity, based on the best available evidence.
- 31. Actively engage in and contribute to national and jurisdictional policy, advisory, and implementation platforms, including those focused on child and adolescent nutrition, early childhood settings, urban planning, food policy, physical activity, and chronic disease prevention.
- 32. Monitor progress on the implementation of these recommendations and report back to members.
- 33. Partner with other organisations to jointly influence population prevention of overweight and obesity.

Adopted 2010, revised 2013, 2016, 2019, 2022 and 2025

References

- 1. World Health Organization. Obesity and overweight. Fact sheet. Geneva: WHO; 2025.
- 2. The Lancet D, amp, Endocrinology. Redefining obesity: advancing care for better lives. *The Lancet Diabetes & Endocrinology* 2025; **13**(2): 75.
- 3. Schulze MB, Stefan N. Metabolically healthy obesity: from epidemiology and mechanisms to clinical implications. *Nature Reviews Endocrinology* 2024; **20**(11): 633-46.
- 4. Clark H, Coll-Seck AM, Banerjee A, Peterson S, Dalglish SL, Ameratunga S, et al. A future for the world’s children? A WHO–UNICEF–Lancet Commission. *Lancet*. 2020;395(10224):605-58.
[https://doi.org/10.1016/S0140-6736\(19\)32540-1](https://doi.org/10.1016/S0140-6736(19)32540-1)
- 5. Lawrence B, de la Piedad Garcia X, Kite J, et al. Weight stigma in Australia: a public health call to action. *Public Health Research & Practice* 2022; **3**(3 DOI - <http://dx.doi.org/10.17061/phrp3232224>): e3232224.
- 6. The Obesity Collective. The Actions Hub <https://theobesitycollective.org.au/the-action-hub/> [cited May 2025].
- 7. Law K.K and Pulker C.E. Shift. A guide for media and communications professionals. <https://www.health.wa.gov.au/~/media/Corp/Documents/Health-for/Health-Networks/Healthy-Weight-Action-Plan/Shift-A-guide-for-media-and-communications-professionals.pdf>: State of Western Australia, East Metropolitan Health Service 2020.
- 8. Kristy Law and Dr Claire Pulker. Addressing weight stigma in public health practice. <https://intouchpublichealth.net.au/addressing-weight-stigma-in-public-health-practice/>: Intouch Public Health: PHAA; 2020.
- 9. World Health Organization. WHO acceleration plan to stop obesity. Available from: <https://www.who.int/publications/i/item/9789240075634>: WHO; 2023.

10. Australian Bureau of Statistics. National Health Survey. Canberra: ABS; 2022.
11. Australian Institute of Health and Welfare. Overweight and obesity among Australian children and adolescents. Canberra: AIHW; 2020.
12. Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander Health Survey, Australia, 2018–19. 2020; Canberra:ABS
13. Carroll SJ, Dale MJ, Turrell G. Neighbourhood socioeconomic disadvantage and body size in Australia's capital cities: The contribution of obesogenic environments. *PLoS One*. 2023 Jan 20;18(1):e0280223. <https://doi.org/10.1371/journal.pone.0280223>
14. Australian Institute of Health and Welfare. Australian Burden of Disease Study 2024. Canberra: AIHW.
15. Simmonds M, Llewellyn A, Owen CG, Woolacott N. Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. *Obesity Reviews* 2016; **17**(2): 95-107.
16. Llewellyn A, Simmonds M, Owen CG, Woolacott N. Childhood obesity as a predictor of morbidity in adulthood: a systematic review and meta-analysis. *Obesity Reviews* 2016; **17**(1): 56-67.
17. Obesity Evidence Hub. (2025, April 10). *Cost impacts of obesity and of obesity prevention measures*. Obesity Evidence Hub.
18. Ananthapavan J, Sacks G, Brown V, et al. Priority-setting for obesity prevention—The Assessing Cost-Effectiveness of obesity prevention policies in Australia (ACE-Obesity Policy) study. *PLOS ONE* 2020; **15**(6): e0234804.
19. World Health Organization. Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020. Available from: <http://www.who.int/nmh/publications/en/> 2013.
20. Swinburn BA, Kraak VI, Allender S, Atkins VJ, Baker PI, Bogard JR, et al. The Global Syndemic of obesity, undernutrition, and climate change: The Lancet Commission report. *Lancet*. 2019;393(10173):791–846. [https://doi.org/10.1016/S0140-6736\(18\)32822-8](https://doi.org/10.1016/S0140-6736(18)32822-8)
21. Sacks G. Policies for tackling obesity and creating healthier food environments: scorecard and priority recommendations for Australian governments. Available from: <http://preventioncentre.org.au/wp-content/uploads/2015/10/AUST-summary-food-epi-report.pdf>: Melbourne Deakin University; 2017.
22. Australian Bureau of Statistics. National Health Survey: First Results, Australia 2017-18. ABS Catalogue no. 4364.0.55.001.
23. Swinburn B, Wood A. Progress on obesity prevention over 20 years in Australia and New Zealand. *Obesity reviews : an official journal of the International Association for the Study of Obesity* 2013; **14 Suppl 2**: 60-8.