

Blueprint for Advancing Metabolic Health

How decisive actors can work toward population-level metabolic health improvement and reduced obesity

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Abu Dhabi Global
Health Week

In collaboration with

McKinsey
Health Institute

Executive Summary

Obesity is a growing global issue, **affecting over 40% of the population in some high-income countries**, including the US and rising fast in low- and middle-income countries. It is **deeply interconnected with various factors**, and **targeting weight alone risks overlooking these** complex, interconnected drivers.

This paper explores a **broader and more systemic approach** – advancing metabolic health across multiple indicators. Taking this approach may **unlock 3.5x more healthy life years** than targeting obesity alone. It could also eventually lead to a ~\$5.7 trillion GDP uplift by 2050, representing ~3% of global GDP.

Significant **population-level impact** is possible. It requires setting an **aspirational vision** and designing a **comprehensive program of interventions**. Key success factors for delivering interventions include local leadership and long-term commitment, cross-sector collaboration, and strong role modelling.

The challenge of achieving sustainable, large-scale population-level progress in advancing metabolic health and reducing obesity remains unsolved today. This white paper provides insights into the **comprehensive approach being pioneered by Abu Dhabi** to advance metabolic health, supported by insights and expertise of the McKinsey Health Institute (MHI) that helped inform this approach.

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1. Foreword

As part of Abu Dhabi Global Healthcare Week, our shared commitment to addressing the global metabolic health challenges inspired us to collaborate on this white paper that analyzes the success factors and lessons learned when implementing metabolic health programs, enabling others to benefit from them in their efforts to build a healthier global population.

The McKinsey Health Institute (MHI) has the mission to catalyze the actions needed across continents, sectors, and communities to unlock the potential of adding as much as 45 billion extra years of higher-quality life over the next decade. Improving metabolic health is crucial for realizing this possibility. To enable action toward impact, MHI aspires to share resources, innovations, data, and findings in the public domain so others can replicate what proves effective.

The Abu Dhabi government aspires to create the first global reference case for halting and reversing the obesity epidemic at a population level through the Abu Dhabi Healthy Living Program. Informed by evidence and case examples identified in collaboration with MHI, the Abu Dhabi Public Health Centre developed a complementary set of initiatives best suited to advance Abu Dhabi's ambition of improving metabolic health. The Abu Dhabi Public Health Centre team is now piloting these initiatives and actively working toward scaling them for greater impact. To ensure impact delivery and ownership, Department of Health has brought to life the Healthy Living Unit and set up clear responsibilities for each initiative within the team.

Dr. Panco Georgiev
Senior Partner, McKinsey & Company

McKinsey
Health Institute

H.E. Dr. Noura Khamis Al Ghaithi
Department of Health, Abu Dhabi

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ABU DHABI PUBLIC
HEALTH CENTRE



دائرة الصحة
DEPARTMENT OF HEALTH



2

The vision of metabolic health for all

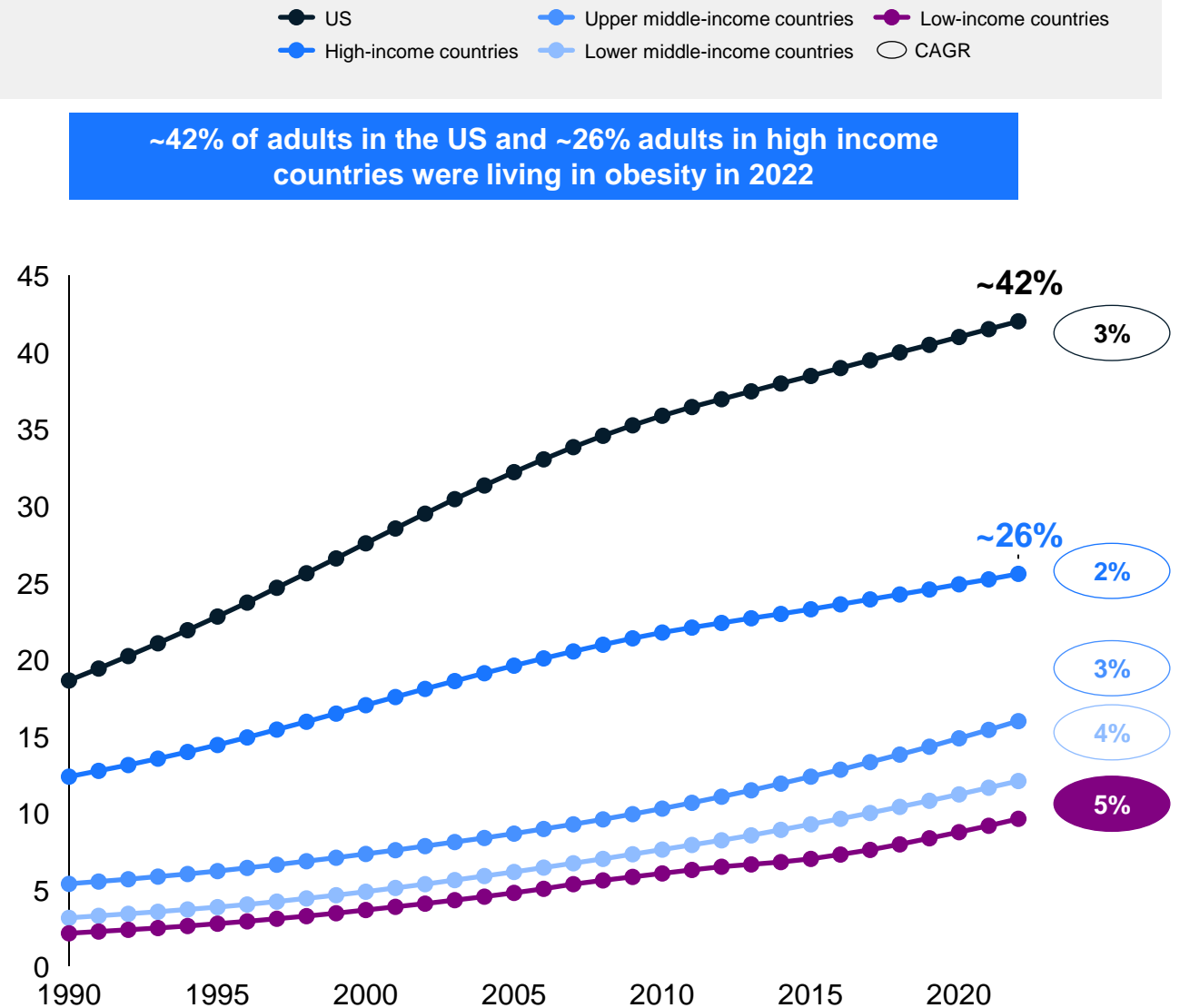
Obesity is a growing global concern

Obesity is one of the **largest human-made epidemics**. Widespread obesity at a population level is a relatively recent phenomenon in human history, emerging as a significant **public health concern** over the last 50 years.

Obesity prevalence is growing globally. It has more than doubled in high-income countries and more than tripled in middle-income countries since 1990. As of 2022, **over ~42% of adults in the US and ~26% of adults across high-income countries are living with obesity**. Low-income countries are observing the fastest growth obesity prevalence.

Reference as per reference list at the end of the document: 1-4

Global obesity prevalence, age standardized, % of adults with obesity, 1990-2022



Advancing metabolic health for all addresses the obesity epidemic and captures broader health benefits

Obesity is often viewed as a consequence of poor individual behavior and lack of discipline. However, the reality is more complex: Obesity can be viewed as a medical or systemic issue with **complex interrelated causes** (e.g., genetics, sleep patterns, food consumption).

Obesity is deeply connected to various factors (apart from high BMI), such as blood glucose levels, triglycerides, HDL cholesterol, blood pressure, and more. Striving to optimize these factors without the need for medication is referred to as “**improving metabolic health**”.

Thus, focusing on weight alone risks overlooking the complex, interconnected drivers of poor metabolic health. **An alternative is to take a broader, systemic approach that targets the wider population** by addressing multiple indicators.

1. Calculated using burden of disease attributed to high BMI (Path 1, 132 million DALYs) and all metabolic risk factors (Path 2, 469 million DALYs), respectively.

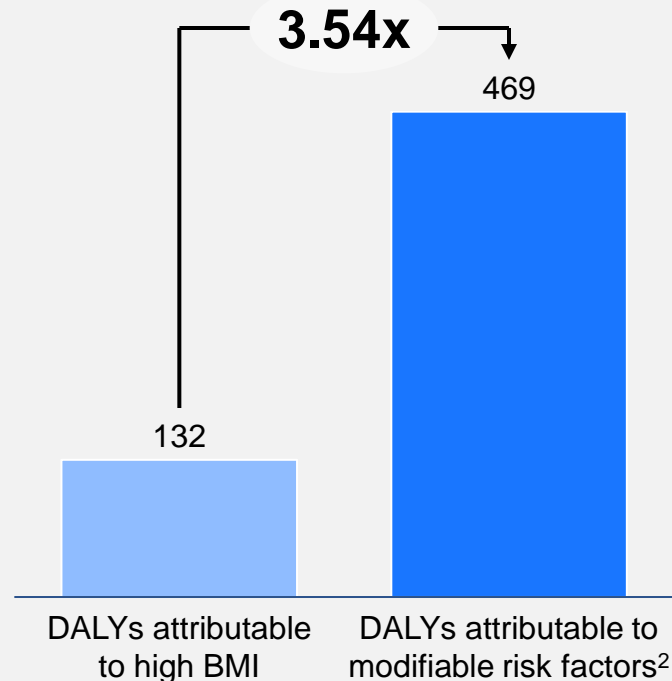
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Two approaches: obesity-focused vs. broader metabolic health strategies

Category	Obesity-focused strategy	Broader metabolic health strategy
What it targets	High BMI and body weight	Multiple indicators (e.g., blood sugar, blood pressure)
Whom it targets	People either living with or at high risk of obesity	Entire population (including individuals with or at risk of wider metabolic health problems such as blood pressure, blood sugar, obesity, as well as those not at risk)
Intervention style	Interventions aiming to reduce and treat obesity	Interventions aiming to improve metabolic health for all, including screening activities to detect pre-clinical stages of disease
Stakeholder mobilization	Low cross-sector involvement needed	High cross-sector collaboration essential across public, private, and civil society
Health impact at stake ¹ DALY (Disability-adjusted life years)	132	469

The health impact at stake is 3.5x greater when improving metabolic health for all compared to focusing on reducing obesity alone

Disease burden impact¹, million DALYs (2022)



Across diseases, a broader metabolic health approach can target higher impact than focusing on BMI alone

■ Addressing high BMI ■ Addressing metabolic health risk factors²

Cause	Total DALYs	Potentially preventable DALYs
Ischemic heart disease	193	25 (high BMI), 150 (metabolic health risk factors)
Stroke	164	8 (high BMI), 113 (metabolic health risk factors)
Diabetes mellitus	81	40 (high BMI), 81 (metabolic health risk factors)
Lower back pain	70	9 (high BMI), 9 (metabolic health risk factors)
Chronic kidney disease	46	11 (high BMI), 46 (metabolic health risk factors)
Alzheimer's disease and other dementias	37	3 (high BMI), 8 (metabolic health risk factors)
Hypertensive heart disease	26	13 (high BMI), 26 (metabolic health risk factors)
Other ⁴	200	24 (high BMI), 36 (metabolic health risk factors)

Globally, a ~\$2.8 trillion GDP uplift is possible by addressing high BMI by 2050, while addressing metabolic risk factors can lead to a ~\$5.7 trillion GDP uplift in the same year³

1. Disease burden impact calculated using IHME Global Burden of Disease data, including DALYs attributed to high BMI (Path 1, 132 million DALYs) and all metabolic risk factors (Path 2, 469 million DALYs), respectively; 2. Metabolic risk factors include 5 key metabolic risk factors (high fasting plasma glucose, high LDL cholesterol, high systolic blood pressure, high BMI, kidney dysfunction); 3. Based on calculations using GDP (using constant prices and exchange rate, with reference year 2022) per employed individual, YLDs and deaths associated with high-BMI or metabolic risks by age and country. The model does not consider any adjustments (other than labor force participation rate (LFPR) and unemployment rate) and assumes all other factors that might impact this amount remain constant. These estimates represent the GDP uplift of better health through workforce additions, meant to illustrate what is at-stake if high-BMI or metabolic risks disease burden was non-existent, assuming all else equal. It does not take into consideration the impact trade-offs to make this happen. Other organizations (e.g., World Obesity Federation) have used different methodologies, including considering direct medical costs from high-BMI or metabolic risks; 4. Includes 20 diseases with lower attribution to modifiable risk factors, each contributing 1-45 million total DALYs and 0-4 million preventable DALYs (osteoarthritis, asthma, gallbladder and biliary diseases, colon and rectum cancer, tuberculosis, breast cancer, liver cancer, uterine cancer, kidney cancer, leukemia, atrial fibrillation, and flutter)

Reference as per reference list at the end of the document: 8-13

Case examples around the world suggest that progress on metabolic health and obesity is possible



Singapore's healthier dining initiatives saw **52%** adoption rate across all hawker centres and coffeeshop outlets within 3 years



Mexico's tax on sugar-sweetened beverages led to a **37%** drop in purchases within 3 years of enactment



Amsterdam's city-led, whole-system strategy to combat childhood obesity led to a **12%** decrease in childhood overweight and obesity within 3 years

3. Setting a metabolic health vision and moving to action in 4 steps

Start by positioning metabolic health as a central priority across sectors and industries. Then make progress by building robust, evidence-based interventions.

1 Conduct baseline assessment and prioritize interventions

Collect robust data on metabolic risk factors, health behaviors, and system readiness, and use these insights to map **potential interventions by impact, time to impact, and feasibility**, enabling clear prioritization of where to focus resources first

2 Convene critical stakeholders across the ecosystem

Bring together healthcare providers, employers, educators, policymakers, insurers, and community leaders **to align incentives and coordinate actions** across sectors that influence metabolic health

3 Scale interventions that work and deliver at speed

Move **from pilot to population-level impact** by identifying successful interventions and rapidly scaling them

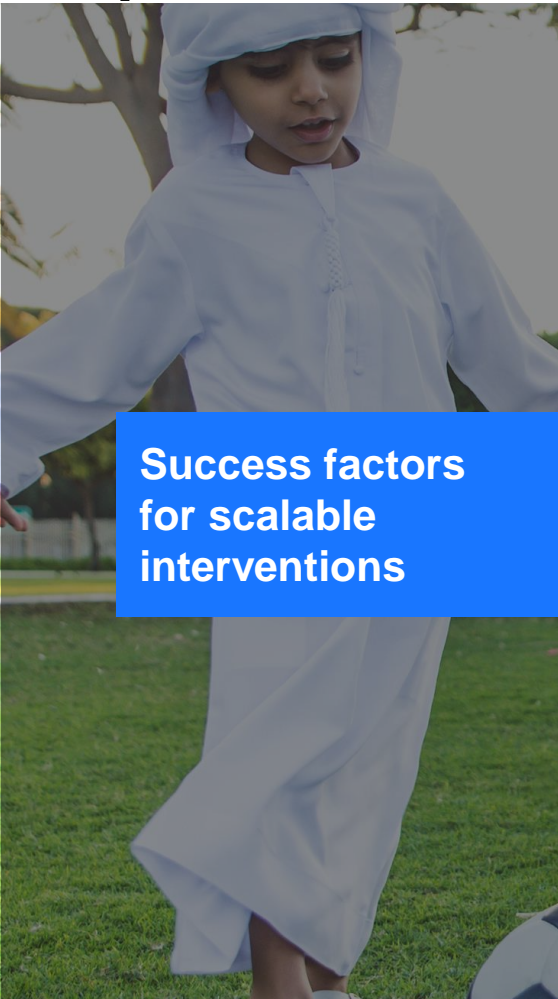
4 Establish continuous monitoring and learning

Implement regular check-ins (e.g., annual metabolic screenings, program evaluations, digital data tracking) to **monitor impact and adapt interventions based on real-world feedback** and evolving evidence

Establish cross-sector governance structures with sufficient authority

Create dedicated governance structures to drive metabolic health initiatives across sectors. Ensure accountability, enable sustained collaboration, and **empower stakeholders with decision-making authority to drive long-term impact**

To ensure the impact of the metabolic health strategy at a population level, proven success factors must be embedded from the start



Success factors for scalable interventions

Local leadership and long-term commitment drive effective delivery

High-impact programs require both committed champions and empowered local authorities. Leadership fosters accountability and urgency, while local actors tailor interventions to community-specific needs, ensuring greater relevance, empathy, and sustained population engagement

Cross-sector collaboration deepens engagement

Bringing together diverse stakeholders - from healthcare and education to urban planning and employers - promotes alignment and ensures that interventions are delivered through the channels that matter most in people's daily lives

Role-modelling builds understanding and engagement

Having change leaders in the form of pilot entities and high-profile individuals spearheading and role modelling change increases population engagement, as well as understanding of the rational, importance, and impact

Leaders can consider 4 types of interventions to address metabolic health

90+ evidence-based interventions are available across the 4 areas with select deep dives included in this publication

Public awareness and health literacy

Interventions that **increase awareness and knowledge** of what benefits metabolic health and what negatively impacts it (formats can include, e.g., campaigns, educational curricula, or behavioral nudges)

Includes interventions in the space of **school curricula** and **public health campaigns**

Infrastructure design

Interventions that enhance **physical infrastructure**, including parks, roads, sports facilities, and transport networks, to encourage healthier behaviors in public spaces

Includes interventions addressing **urban environment** and encouraging **active transportation**

Cross-sector mobilization

Interventions targeting **employees and broader communities** to adopt healthier lifestyles and providing tailored support to **at-risk populations** during **critical life stages** (e.g., offering nutritional guidance to mothers before, during, and after pregnancy)

Includes interventions addressing **workplace surroundings** and **high-caloric food availability**

Cross-departmental policies and regulations

Develop **health policies** that address and incentivize healthy lifestyle choices. This can include **broad policies** on media, formulations and labeling, **as well as mechanisms** like subsidies, taxes, and pricing strategies

Includes interventions in the space of **labeling** or **subsidies, taxes, and prices**

Select examples across key intervention types (1/2)

 Deep dive follows

Public awareness and healthy literacy

School curriculum



Secondary Years Kitchen Garden Project (Australia, 2018)

Focus areas: Nutrition, knowledge and awareness

Developing Australia's first curriculum-integrated kitchen garden program for secondary schools, equipping students with hands-on experience in growing, harvesting, and cooking seasonal food to improve health, well-being, education, and community integration

Relevant success factor: Cross-sector collaboration

KPIs demonstrating impact: 3+ million kitchen garden experiences delivered annually across Australia, with 87% of parents reportedly observing improved food choices in children

Public health campaigns



National Steps Challenge, (Singapore, 2015)

Focus areas: Physical activity, sleep and recovery

Launching a nationwide step challenge to encourage adults to move and sleep better, aiming to reduce obesity and chronic diseases, leveraging technology for daily tracking and a tiered reward system to incentivize reaching 10,000 steps

Relevant success factors: Cross-sector collaboration, role-modeling

KPIs demonstrating impact: 26% of the adult population participating, with 70% of previously inactive participants now averaging 7,000+ steps/day

Infrastructure design

Active transport



Green Deal Bicycle (Amsterdam, 2022)

Focus areas: Physical activity

Focusing on increasing bicycle usage among younger demographics, raising awareness about the benefits of cycling, and establishing service points to cater to all cycling groups

Relevant success factors: Local leadership and long-term commitment, cross-sector collaboration

KPIs demonstrating impact: Bicycle-friendly employment conditions adopted by 8 large employers

Urban environment



Get Finland Moving program, (Finland, 2020)

Focus areas: Physical activity

Embedding physical activity into daily life by shaping environments, systems, and social norms that enable and encourage active choices – both conscious and unconscious – across communities and age groups through cross-governmental efforts coordinated by the Ministry of Education and Culture

Relevant success factors: Local leadership and long-term commitment, cross-sector collaboration

Select examples across key intervention types (2/2)

Cross-sector mobilization

Cross-departmental policies and regulations

Healthy workplace



Healthy workplace ecosystem (HWE) (Singapore, 2017)

Focus areas: Physical activity, knowledge and awareness

Partnering with landlords and developers to integrate healthy living into daily work life by providing free exercise sessions, health talk/workshops, and health screening to workers and tenants at their workplaces

Relevant success factor: Cross-sector collaboration

KPIs demonstrating impact: As of 2023, 86 HWEs have been established, benefitting 451,000+ workers

High-calorie food and drink availability



Healthy food at work initiatives (Abu Dhabi, 2024/25)

Focus areas: Nutrition

These initiatives aim to ensure that 80% of food options available are healthy and to eliminate all highly processed foods across select government workplaces (e.g., Department of Health) as a starting point—laying the foundation to scale and drive meaningful impact across further workplaces

Relevant success factors: Role-modelling

KPIs demonstrating impact: # and share of healthy/unhealthy foods in facilities, # of healthy restaurants receiving orders, etc

Labelling



Front of Package Labeling, (Brazil, 2022)

Focus areas: Knowledge and awareness, nutrition

Requiring packaged foods and beverages that exceed specified thresholds for added sugars, saturated fats, or sodium display a black-and-white magnifying glass symbol on the front of the packaging as a warning to consumers

Relevant success factors: Local leadership and long-term commitment, cross-sector collaboration

KPIs demonstrating impact: 25% of the products analyzed were found to display the warning

Subsidies, taxes, and prices



Health Promotion Levy (South Africa, 2018)

Focus areas: Nutrition

Introducing a 10% tax called the Health Promotion Levy (HPL) on sugary drinks, excluding fruit juices

Relevant success factors: Local leadership and long-term commitment, cross-sector collaboration

KPIs demonstrating impact: 29% decline on average in the purchase of carbonated drinks by households with the amount of sugar purchased in these drinks falling by 51% due to both behavior change and reformulation

Deep dive – Australia’s secondary school kitchen garden project fosters food literacy to combat rising adolescent obesity



Context and innovation

Australia faces a youth health crisis, with 1 in 4 adolescents overweight or obese and only 8.5% of Australian children meeting daily fruit and vegetable intake requirements. This is compounded by rising food insecurity, mental health issues, and school disengagement – trends exacerbated by the pandemic and natural disasters

In response, the Stephanie Alexander Kitchen Garden Foundation launched the Secondary Years Kitchen Garden Project in 2018 – the first curriculum-integrated kitchen garden model in Australia. The initiative aims to instill positive food habits through hands-on, school-based food education, targeting students aged 12-18

Implementation

Critical enablers



Curriculum integration: Program embedded into school timetables, aligning with core subject areas



Pilot-tested model: Rolled out in 14 secondary schools with 1,937 students and 111 educators

Key success factors

- **Cross-sector collaboration:** Delivered in partnership with AstraZeneca’s Young Health program - a global noncommunicable diseases (NCD) prevention initiative

Impact

Led to **demonstrated improvements in student behavior**, food confidence, and engagement¹

- **91% of educators and 84% of students** reported an improved understanding of the health benefits of eating seasonal fruits and vegetables
- **94% of students** felt more confident growing and cooking fresh food - building long-term healthy food habits
- **94% of educators** observed students becoming more willing to try new, healthier foods

1. Impact from evaluation summary published in 2020

Deep dive - Singapore's national steps challenge leverages digital health interventions to increase physical activity in its adult population



Context and innovation

Singapore's Health Promotion Board (HPB) identified a **need to drive higher levels of physical activity and quality rest** in the adult population to reduce obesity, as well as the risk of cardiovascular disease and diabetes

Description of the Innovation

In 2015, HPB launched the National Steps Challenge, a technology enabled program to encourages residents to move more, open to all adults in the city with tiered rewards and challenges.

Participants had **access to a fitness tracker device, a Healthy 365 app, and Healthy 365 kiosks in the city**. These were used to encourage participants **to reach 10,000 steps daily**.

In 2021, the **National Sleep Challenge** was announced **as an extension of the National Steps Challenge** to encourage individuals to get sufficient sleep for better health.

Implementation

Critical enablers



Digital, data and analytics

Real-world data on physical activity levels in the general population for a large sample



Partnerships

Wide range of partnerships to provide monitoring devices and rewards



Infrastructure

Physical kiosks to kick-start uptake and engagement

Key success factors

- **Cross-sector collaboration:** Wide-ranging partnerships with leading brands, including **Coca-Cola, Singapore Airlines, OSIM**
- **Local leadership and long-term commitment:** High-profile initiative with strong support from the Ministry of Health

Impact

At-scale increase in population-level physical activity with demonstrated health benefits

- 1.3 million individual participants, representing **26% of the adult population**
- 70% of previously inactive participants now **average 7,000+ steps/day**
- For participants with pre-diabetes (people at elevated risk of developing diabetes):
 - 70% achieved 7,500+ steps/days
 - Risk of progression to diabetes reduced by 1.4% (in those achieving 7,500+ steps/day)

Singapore's HPB has built on the success of the National Steps Challenge with further digitally enabled, incentives-oriented wellness programs:

- 2019: **Live Healthy SG** offers participants a free Fitbit if activity targets are met
- 2020: **LumiHealth** is a gamified wellness and prevention program

Successful interventions can benefit from setting up committed structures that can follow different archetypes

Example archetypes for setting up a dedicated healthy living entity

Archetype

Description

Features

Prerequisites



Authority within a department with cross-sector outlook

A unit embedded within an existing department (e.g., Department of Health), leveraging shared expertise and services

- Operates within an existing departmental structure
- Leverages the department's existing capabilities
- Department with the right set of expertise exists
- Department has strong connections across sectors to drive impact



Dedicated entity at a national level

A standalone entity with its own mandate and direct accountability to the senior-most leadership

- Holds clear mandate to lead the agenda
- Equipped with dedicated resources for delivery and outcomes
- Possibility to set up an entity with the required resources
- Authority to formulate cross-sectoral policies and the ecosystem's openness to following the new entity



Council with cross-sector representation

A multi-agency council that brings together representatives from key sectors to coordinate efforts and align priorities

- Comprises senior representatives from key ministries and sectors
- Provides a forum for strategic alignment and joint decision-making
- Council members are empowered with decision-making authority from their respective sectors
- Accountability mechanisms ensure follow-through on joint decisions

Key strategic enablers for an effective structure include

- **Formal authority to establish and implement cross-sector policy**
- **Institutional positioning that enables influence across government and the private sector**
- **Dedicated funding and delivery mechanisms to drive measurable and long-term impact**

Time to put it all together

Although metabolic health interventions have been successfully implemented, nobody has yet been able to **halt or reverse the obesity epidemic sustainably and at scale.**

Achieving this goal **requires an approach that:**



Is based on a **clear vision** supported by high-profile individuals



Implements a **complementing set of interventions** that are driven by cross-sector actors with local expertise



Sets up **supporting structures** and tracking to sustain impact



Brings obesity **on top of everybody's agenda** through education and role-modelling

Abu Dhabi is pioneering such an approach

20+ **complementing interventions** were chosen to be launched across segments

A dedicated entity was set up to ensure the delivery and accountability of the healthy living agenda

A pilot launched in core areas to test interventions, gather insights, and demonstrate progress to accelerate adoption

4. Stakeholder perspectives from Abu Dhabi and beyond (1/3)



**H.E. Dr Ahmed Al Khazraji,
Healthy Living Unit Abu Dhabi**

***Four critical factors** have enabled Abu Dhabi to successfully progress on its journey towards tackling obesity and improving metabolic health. First, we began with a **clear baseline — using centralized data from our 'Malaffi' health information exchange** to create a robust disease registry and understand in detail how obesity was unfolding across different segments of our population. This helped us pinpoint where to start and monitor how we progress. Second, we **elevated obesity from a "health sector issue" to a whole-of-government priority**, rallying the senior-most leaders across sectors to act collectively across settings - schools, workplaces, and communities. Third, we **matched ambition with action**, setting bold targets, leveraging and improving existing initiatives, piloting and scaling new ones, and committing dedicated, multi-year funding to maintain momentum. Finally, **we institutionalized delivery through the creation of the Healthy Living Unit**, which drives cross-sector accountability, real-time intelligence sharing, rigorous impact tracking, and strategic communication—ensuring healthier living remains top of mind and people know what to do about it practically.*



**Dr Asma Ibrahim Al Mannaei,
Health Life Sciences Sector at the Abu Dhabi Department of Health**

*At the Department of Health – Abu Dhabi, **our strategy redefines health by embedding proactive, system-wide interventions. Through a multi-stakeholder approach**, we're aligning sectors, from education to workplaces, life-science, and digital health, to deploy targeted initiatives across the population.*

Informed by global evidence and tailored to local needs, this integrated model is designed for scale and sustainability.

***Our vision is to build the world's first reference case in reversing obesity at a population level**, setting a bold new standard for global health transformation.*



**H.E. Dr. Rashed Alsuwaidi,
Abu Dhabi Public Health Centre**

*Abu Dhabi is not just responding to a crisis; we are **leading a new era in preventive health**. By harnessing data-driven insights and fostering cross-sector collaboration, **we are building a robust foundation for healthier societies around the world.***

4. Stakeholder perspectives from Abu Dhabi and beyond (2/3)

Olivia Duncan,
Abu Dhabi Planning and
Infrastructure Sector

To ensure sustainable changes in lifestyle, **healthy choices need to be enabled by the environment of peoples' everyday life. Creating access to healthy options is key** in this context. What really made the difference for us was **using geo-spatial insights** (e.g., analysis of which locations for sports facilities would be most impactful for increasing access of surrounding communities), **having collective momentum across sectors** and government entities, as well as **fast funding approvals based on strong leadership** commitment.

H.E. Dr Ahmed Al Khazraji,
Healthy Living Unit Abu Dhabi

A key success factor **was bringing obesity to agendas beyond the Department of Health** - to schools, municipalities, really across entities in Abu Dhabi. This shift is **enabled by a crystal-clear vision and commitment to cascade** it across entities of the Abu Dhabi government leadership. We leverage an **approach that goes beyond the issuance of guidelines**, we **rigorously measure impact** and adjust our path to really be targeted. In this context **partnerships and digital tools make a big difference to our key initiatives in schools**: Ensuring healthy meal consumption of students, including nutrition and physical exercise clearly into curricula, as well as creating transparency for parents on student health.

Jo Jewell,
Novo Nordisk

Addressing the global burden of cardiometabolic disease requires collaboration across sectors; medicine alone isn't enough. In Novo Nordisk's Cities for Better Health programme, we **work with local community partners to co-create contextualised interventions** aimed at enabling healthy diets and physical activity to prevent disease in an equitable, impactful and sustainable way.

Andrea Prerad,
Eli Lilly

Obesity is a chronic and progressive disease influenced by many factors, including biological, genetic and environmental. **There is an urgent need to prevent and treat obesity.** To achieve this, **urgent policy interventions are needed to offer patient-centered, multidisciplinary care. Abu Dhabi is setting a regional and global benchmark** championing a patient-first approach rooted in evidence-based care. **Governments around the world must follow this example, implementing bold policies that prioritise patient health, improve quality of life, and reduce the long-term burden on healthcare systems.**

4. Stakeholder perspectives from Abu Dhabi and beyond (3/3)



Dr. David Katz,
 Founding Director, Yale University Prevention Research Center
 Past President, American College of Lifestyle Medicine
 Inaugural Editor-in-Chief, Childhood Obesity
 Author of “How to Eat: All Your Food and Diet Questions Answered”

*Obesity is a major contributor to virtually all chronic diseases that plague modern societies- conditions that siphon years from lives, and life from years. While it affects our individual bodies, the **root causes of obesity reside in the body politic**: our propagation of **hyperpalatable, wilfully addictive junk** where wholesome food ought to be; our propagation of **labor-displacing technologies that jettison wholesome motion** from the daily routines of adults and children alike. Obesity may best be thought of as a form of drowning - in hyperpalatable calories and labor-displacing technologies rather than water. **The government’s response could, and should, resemble the simple, sensible things we do to prevent drowning: the anti-obesity analogues to lifeguards** at beaches, fences around pools, **parental vigilance** when children are near the water, warning signs when conditions are dangerous, and **universal swimming lessons**. We have failed to ‘fix’ epidemic obesity not because it is unclear how, but simply because we have never really tried.*



Nicole Sirotn,
 Institute for Healthier Living Abu Dhabi

*The Institute for Healthier Living Abu Dhabi (IHLAD)’s approach **is distinctly multi-sectoral, grounded in measurable frameworks, culturally-adapted innovation, and strategic partnerships to drive long-term behavioral change**. IHLAD’s **culinary medicine program**—training cooks in healthier methods and tracking household outcomes— is one example of the cultural adaption of initiatives. **Novel collaborations including with the Healthy Longevity Medicines Society (HLMS) enabled** breakthrough initiatives such as the **world’s first licensing framework for Healthy Longevity Medicine Centres**. Meanwhile, the **collaboration with the National University of Singapore (NUS)** on IHLAD’s healthy longevity survey provided valuable insights to inform population-level health policy.*



H.E. Dr Omniyat Al Hajeri,
 Abu Dhabi Public Health Centre

*Success in advancing metabolic health starts with leadership that sees well-being as strategic, not supplemental. In Abu Dhabi, we’ve learned **that lasting change comes from embedding prevention into daily life—through schools, workplaces, and communities—backed by cross-sector collaboration, evidence-based action, and culturally attuned solutions**. Behavioral change takes time and must be supported by systems, incentives, and consistent, empathetic messaging. Using localized data is critical to designing what truly works for each population. The most effective initiatives reward prevention—not just treatment—prioritize equity from the start, and celebrate the quiet, cumulative wins that ultimately transform lives.*

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