



WHO issues global guideline on the use of GLP-1 medicines in treating obesity

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To address the growing global health challenge of obesity, which affects more than 1 billion people, the World Health Organization (WHO) has released its [first guideline](#) on the use of Glucagon-Like Peptide-1 (GLP-1) therapies for treating obesity as a chronic, relapsing disease.

Obesity affects people in every country and was associated with 3.7 million deaths worldwide in 2024. Without decisive action, the number of people with obesity is projected to double by 2030.

In September 2025, WHO added GLP-1 therapies to its Essential Medicines List for [managing type 2 diabetes](#) in high-risk groups. With the new guideline, WHO issues conditional recommendations for using these therapies to support people living with obesity in overcoming this serious health challenge, as part of a comprehensive approach that includes healthy diets, regular physical activity and support from health professionals.

“Obesity is a major global health challenge that WHO is committed to addressing by supporting countries and people worldwide to control it, effectively and equitably. Our new guidance recognizes that obesity is a chronic disease that can be treated with

comprehensive and lifelong care,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “While medication alone won’t solve this global health crisis, GLP-1 therapies can help millions overcome obesity and reduce its associated harms.”

Obesity is a complex, chronic disease and a major driver of noncommunicable diseases, such as cardiovascular diseases and type 2 diabetes and some types of cancer. It also contributes to poorer outcomes of patients who have infectious diseases.

Beyond its health impacts, the global economic cost of obesity is predicted to reach US\$ 3 trillion annually by 2030. The guideline can help efforts to reduce skyrocketing health costs associated with managing the condition and associated health complications.

Landmark policy change

The new WHO guidance contains two key conditional recommendations:

- **GLP-1 therapies may be used by adults, but excluding pregnant women, for the long-term treatment of obesity. While the efficacy of these therapies in treating obesity and improving metabolic and other outcomes was evident, the recommendation is conditional due to limited data on their long-term efficacy and safety, maintenance and discontinuation, their current costs, inadequate health-system preparedness, and potential equity implications.**
- **Intensive behavioural interventions, including structured interventions involving healthy diet and physical activity, may be offered to adults living with obesity prescribed GLP-1 therapies. This is based on low-certainty evidence suggesting it may enhance treatment outcomes.**

Medication alone won’t reverse the obesity challenge

While GLP-1 therapies represent the first efficacious treatment option for adults with obesity, the WHO guideline emphasizes that medicines alone will not solve the problem. Obesity is not only an individual concern but also a societal challenge that requires multisectoral action. Addressing obesity requires a fundamental reorientation of current approaches to a comprehensive strategy built with three pillars:

- **Creating healthier environments through robust population-level policies to promote health and prevent obesity;**
- **Protecting individuals at high risk of developing obesity and related comorbidities through targeted screening and structured early interventions; and**
- **Ensuring access to lifelong, person-centred care.**

Implementation considerations

The guideline emphasizes the importance of fair access to GLP-1 therapies and preparing health systems for use of these medicines. Without deliberate policies, access to these therapies could exacerbate existing health disparities. WHO calls for urgent action on manufacturing, affordability, and system readiness to meet global needs.

Even with rapid expansion in production, GLP-1 therapies are projected to reach fewer than 10% of those who could benefit by 2030. The guideline calls on the global community to consider strategies to expand access, such as pooled procurement, tiered pricing, and voluntary licensing among others.

WHO action

WHO developed the guideline in response to requests from its Member States looking to address the challenges posed by obesity. The process to develop the guideline involved extensive analysis of available evidence, and consultation with a wide range of stakeholders, including people with lived experience. This guideline is a key deliverable under the [WHO acceleration plan to stop obesity](#) and will be updated regularly as new evidence emerges.

During 2026, WHO will work closely with relevant stakeholders to encourage development of a transparent and equitable prioritization framework to ensure those with the highest need are reached first.

Notes to editors

About GLP-1 therapies for obesity

WHO defines obesity as having a Body Mass Index (BMI) of 30 or higher in adults. GLP-1 receptor agonists are a class of medicines that help lower blood sugar, support weight loss, reduce the risk of heart and kidney complications, and can even lower the risk of early death in people with type 2 diabetes. This guideline provides recommendations specifically for three agents used in the long-term treatment of obesity in adults: liraglutide, semaglutide and tirzepatide.

Falsified and substandard medical products

The global demand for GLP-1 therapies has fueled the spread of falsified and substandard products, threatening patient safety and trust. Ensuring quality requires regulated

distribution and prescription by a qualified health care providers, strong oversight, patient education, and global cooperation to protect public health.