

落实国家“体重管理年”活动方案， 全方位提升体重管理诊疗服务和保障体系

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摘要

近年来，中国超重及肥胖率呈现显著上升趋势，已成为亟待解决的重大公共卫生问题。根据国家卫健委发布的《中国居民营养与慢性病状况报告（2020年）》，2015年~2020年间，成年人群超重率由30.1%升至34.3%，肥胖率由11.9%升至16.4%；青少年群体（6~17岁）超重率由9.6%升至11.1%，肥胖率由6.4%升至7.9%。儿童群体（6岁以下）超重及肥胖率也突破10%。肥胖症不仅严重威胁人民群众的健康福祉，还给社会经济发展带来了沉重负担。根据世界肥胖联盟数据，2021年，中国因肥胖导致的过早死亡人数约为22.8万例。同年，因肥胖导致的健康寿命损失超过846.5万人年。从社会经济负担看，2020年中国超重和肥胖相关医疗费用达368.2亿美元（约合人民币2,621.6亿元）；预计到2030年，这一数字将达828.3亿美元（约合人民币5,897.5亿元）。

面对肥胖症带来的严峻挑战，中国政府高度关注超重肥胖问题，持续完善体重管理政策体系，构建起覆盖预防、诊疗、管理的全生命周期政策框架。特别是在国家“体重管理年”活动实施方案的引领下，中国在肥胖症防控和诊疗体系建设方面取得了显著进展。然而，总体来看，中国肥胖症诊疗与管理仍处于起步阶段，面临多重现实挑战，主要体现在国家省市县四级体重管

¹ 本报告仅代表企业相关研究观点，不代表论坛主办单位和承办单位立场和观点。

理中心/门诊标准化建设滞后以及多层次医疗保障体系对肥胖症创新药物覆盖不足两个方面，一定程度上影响了肥胖症诊疗效果及药品可及性。

具体而言，尽管各地各级各类医疗机构积极响应政策号召推进体重管理中心/门诊建设，但由于缺乏统一的建设标准，各医疗机构在建设模式、科室配置、人员资质、设备要求等方面存在较大差异，尚未建立体重管理相关诊疗服务项目收费机制，制约了体重管理服务的专业化水平以及良性可持续发展。体重管理门诊的药品配备标准也尚不完善，体重管理门诊缺乏具体的药品目录指导。减重药物作为自费药品，医院准入难度高，创新药的配备率较低。同时，体重管理基层管理能力建设尚存不足，人员能力、转诊机制、管理体系、支撑保障体系等方面的问题进一步扩大区域间、城乡间服务能力差距，制约肥胖症防治规模化、规范化推进。此外，肥胖症作为慢性疾病治疗用药周期较长，患者面临较大的经济压力，而基本医保不能将减重创新药品纳入报销范围，惠民保、商保等多层次医疗保障的覆盖范围也十分有限，对患者的保障明显不足。

针对上述问题，亟需从政策层面加以突破，提出系统性解决方案。

一是加强体重管理诊疗体系和各级医疗机构体重管理能力标准化建设、创新门诊收费机制及药品配备保障。建议加快各级医疗机构健康体重管理门诊建设，推进制定统一的健康体重管理门诊建设标准，明确科室配置、人员资质、设备要求等核心要素，为医疗机构提供清晰的指导；并将创新体重管理服务包纳入医疗服务价格项目，全面体现医护人员的服务价值；同时，建立肥胖症创新药品的医院配备机制，畅通减重药品医院准入，确保医疗机构能够及时配备肥胖症治疗创新药物。

二是分阶段构建肥胖症多层次医疗保障体系。在短期推动肥胖症创新药广泛纳入城市惠民保，扩大患者群体的药品保障范围；在中期推动肥胖症创

新药纳入商业健康保险相关创新药品目录/清单，为患者提供更多元化的保障选择；未来探索合理支付方式，在充分评估肥胖症创新药的临床价值和经济性的基础上，逐步实现基本医保对肥胖症创新药的覆盖。

体重管理是一项长期、复杂的系统工程，需要政府、医疗机构、企业和社会各界的共同努力，为构建“政府主导、行业参与、全民共建”的全人群全生命周期体重管理生态贡献力量。

一、背景

(一) 中国超重及肥胖率呈现显著上升趋势，已成为严重的公共卫生问题，带来严重的疾病、社会与经济负担

近年来，肥胖症已成为中国亟待解决的重大公共卫生问题之一。据国家卫健委发布的《中国居民营养与慢性病状况报告》²³ 数据显示，中国超重及肥胖率呈全年龄段增长态势⁴。2015年至2020年间，成年人群超重率由30.1%升至34.3%，肥胖率由11.9%升至16.4%；青少年群体（6~17岁）超重率由9.6%升至11.1%，肥胖率由6.4%升至7.9%；儿童群体（6岁以下）超重及肥胖率也突破10%。这一趋势表明，肥胖症问题日益凸显，且已从成人向青少年和儿童延伸，呈现出低龄化特征。

肥胖症不仅是慢性疾病中的独立病种，也是多种慢性疾病的致病因素，严重威胁人民群众身体健康，同时为社会经济发展带来沉重负担。2025年中国卫生经济学会基层卫生专业委员会组织专家撰写了《“守护健康体重、筑基健康中国”蓝皮书》，通过提取9个省份731.15万成年人健康体检数据，

² 国家卫生计生委疾病预防控制局. 中国居民营养与慢性病状况报告(2015年). 2017.

³ 国家卫生健康委疾病预防控制局. 中国居民营养与慢性病状况报告(2020年). 2021.

⁴ 肥胖与超重. 世界卫生组织. <https://www.who.int/zh/news-room/fact-sheets/detail/obesity-and-overweight>. 超重与肥胖在本文中均按照世界卫生组织标准，对于成年人， $24 \leq \text{BMI} < 28$ 时为超重， $\text{BMI} \geq 28$ 时为肥胖

分析中国居民超重与肥胖的流行趋势。数据显示，超重人群糖尿病、高血压、冠心病、脑卒中患病率分别是正常体重人群的 1.88 倍、1.88 倍、3.46 倍、2.79 倍，肥胖人群上述疾病患病率更是高达 2.69 倍、2.73 倍、6.38 倍、4.29 倍，不仅严重损害群众健康福祉，更导致医疗费用大幅攀升。根据世界肥胖联盟发布的《世界肥胖地图》，从健康负担看，2021 年，中国因肥胖导致的过早死亡人数约为 22.8 万例⁵。同年，因肥胖导致的健康寿命损失超过 846.5 万人年。从社会经济负担看，2020 年中国超重和肥胖相关医疗费用达 368.2 亿美元（约合人民币 2,621.6 亿元⁶）；预计到 2030 年，这一数字将达 828.3 亿美元（约合人民币 5,897.5 亿元）⁷。上述数据显示，肥胖症整体形势不容乐观，亟需加强干预，予以改善。

（二）中国政策制定者高度关注超重肥胖问题，持续完善体重管理政策体系

近年来，国家卫生健康委等部门围绕体重管理工作，陆续出台了一系列政策文件，逐步构建起覆盖预防、诊疗、管理的肥胖症防治全生命周期政策框架。

2019 年 7 月，健康中国行动推进委员会发布的《健康中国行动（2019—2030 年）》⁸中多项专项行动均提及“体重管理”防治总体目标、高危人群风险评估与干预等内容，凸显体重管理工作重要性，为肥胖症防治工作指明了方向。

⁵ World Obesity Atlas 2025. World Obesity Federation.

<https://data.worldobesity.org/publications/?cat=23>. Accessed October 2025.

⁶ 美元与人民币兑换汇率统一按照 7.12 计算

⁷ World Obesity Atlas 2023. World Obesity Federation.

<https://data.worldobesity.org/publications/?cat=19>. Accessed October 2025.

⁸ 健康中国行动推进委员会. 健康中国行动（2019~2030 年）. Published July 2019. Accessed October 2025. <http://www.nhc.gov.cn/cms-search/xxgk/getManuscriptXxgk.htm?id=e9275fb95d5b4295be8308415d4cd1b2>

2024年6月，国家卫健委等16个部门联合发布《“体重管理年”活动实施方案》⁹，将2024年至2026年设定为“体重管理年”，力争实现体重管理支持性环境广泛建立，全民体重管理意识和技能显著提升，健康生活方式更加普及，全民参与、人人受益的体重管理良好局面逐渐形成，部分人群体重异常状况得以改善。

2024年10月，国家卫生健康委办公厅发布《肥胖症诊疗指南（2024版）》¹⁰，推动了肥胖症诊疗体系的规范化建设，为提升医疗机构的诊疗能力和服务质量提供了重要依据，对中国肥胖症的防控工作具有深远意义。

2025年4月，国家卫生健康委办公厅、国家中医药局综合司联合发布《关于做好体重管理门诊设置与管理工作的通知》¹¹，对医院设置体重管理门诊提出指导。同月，全国爱国卫生运动委员会将《健康体重管理行动》纳入《健康中国行动》¹²，提出八条主要工作措施及四个指标，为肥胖症管理进一步完善了政策支撑和实践路径。

上述政策的陆续出台，充分体现了中国政府对超重肥胖问题的高度重视，逐步形成了从预防到诊疗、从个体到群体的完整政策链条。通过多部门协同、全社会参与的治理模式，体重管理工作正朝着更加科学化、系统化、精细化的方向发展，为实现全民健康目标奠定了坚实基础。

⁹ 中华人民共和国中央人民政府. “体重管理年”活动实施方案. Published June 2024. Accessed October 2025. https://www.gov.cn/zhengce/zhengceku/202406/content_6959543.htm

¹⁰ 国家卫生健康委疾病预防控制局. 肥胖症诊疗指南（2024年版）. 2024. Accessed October 2025. https://www.gov.cn/zhengce/zhengceku/202410/content_6981734.htm

¹¹ 国家卫健委医政司. “关于做好健康体重管理门诊设置与管理工作的通知”， Published April 2025. Accessed October 2025. <https://www.nhc.gov.cn/yzygj/c100068/202504/52bcc453524149b884ddf6e2969d24d9.shtml>

¹² 中华人民共和国中央人民政府. “全国爱卫会关于将健康体重管理行动等3个行动纳入健康中国行动的通知”， Published April 2025. Accessed October 2025. https://www.gov.cn/zhengce/zhengceku/202504/content_7018518.htm

（三）体重管理诊疗体系建设和肥胖症创新药物保障仍面临关键挑战

一是体重管理中心/门诊建设虽快速起步，但其建设及药品配备尚未形成明确标准，能力建设尚有提升空间。

据国家卫健委 2026 年 2 月发布会数据¹³，全国有 5500 多所二级以上医疗机构设置了健康体重管理门诊，同时也有一些一级医院、社区卫生服务中心和乡镇卫生院也开设了相关门诊。据不完全统计，上海大部分市级医院和区级医院、近半数的社区卫生服务中心都已开设与体重管理相关门诊¹⁴；山东省 803 家医疗机构开设健康体重管理门诊，涵盖三级医院 165 家¹⁵（全省三级医院 200 余家¹⁶）、二级医院 278 家（全省二级医院 948 家）；四川省 446 家医疗机构覆盖全省 21 个市（州）和 153 个县（区）¹⁷，提供体重管理或肥胖防治门诊服务；江苏省设置体重管理门诊医疗机构 521 家，开设体重管理门诊 619 个¹⁸。然而，尽管各地建设工作进展快速，但《关于做好健康体重管理门诊设置与管理工作的通知》（下称《通知》）中仅对体重管理门诊的科室医生配置提出基本要求，具体的建设标准尚未明确，各级各类医疗机构在建

¹³ 国家卫健委。“国家卫生健康委 2026 年 2 月 12 日新闻发布会介绍为民服务实事有关部署情况”。

Published February 2026. Accessed March 2026.

https://www.nhc.gov.cn/wjw/c100365/hdjl_xwfbh_detail.shtml?id=a60de11376e3480d82edb90163247e6c

¹⁴ 新华网。“新华视点 | 体重管理门诊加速落地 如何科学减肥？”。Published May 2025. Accessed October 2025.

<https://www.xinhuanet.com/politics/20250526/b6ed0705062e4d3da2460498e32b4e71/c.html>

¹⁵ 人民网。“让健康‘秤’心如意！山东 803 家医疗机构开设健康体重管理门诊”。Published April 2025. Accessed October 2025. <http://sd.people.com.cn/n2/2025/0417/c166192-41199184.html>

¹⁶ 山东省卫生健康委员会。“2023 年山东省卫生健康事业发展统计公报”。Published September 2024. Accessed October 2025.

http://wsjkw.shandong.gov.cn/zwgk/fdzdgknr/tjgb/202409/t20240909_4758860.html

¹⁷ 人民日报全国党媒信息公共平台。“想要减重去哪里 四川健康体重管理资源地图告诉您”。Published May 2025. Accessed October 2025.

<https://www.hubpd.com/detail/index.html?contentId=6052837899189592679>

¹⁸ 江苏省卫生健康委员会。“央视网：开设体重管理门诊 619 个 江苏多措并举构建科学减重服务体系”。Published August 2024. Accessed October 9, 2025.

https://wjw.jiangsu.gov.cn/art/2025/8/25/art_729111644199.html

设标准、药品配备、收费机制方面仍存在较大差异，尚未形成统一的标准体系，能力建设也存在进一步提升空间。

首先，中国体重管理中心/门诊尚未形成统一的建设标准和药品配备要求。调研数据显示¹⁹，在未建设体重管理中心/门诊的机构中，53.5%的院领导将“缺少标准流程”列为建设的主要障碍之一。而在已建成中心的机构中，缺乏统一建设标准的影响也初步显现。中国现有四种典型体重管理中心/门诊运营模式。在中心层面，以内分泌科主导的隶属性模式占比最高(59.7%)，其次为外科主导的独立型(17.9%)和隶属性(9.0%)模式；在门诊层面，内分泌科主导形式占主流(81.1%)。不同模式诊疗路径差异明显：外科主导中心可开展手术治疗，内分泌科主导中心则侧重于药物治疗、综合管理与长期随访；独立型中心更易推行多学科协作，而内分泌科主导门诊仍多局限于单科室诊疗。以上模式分化一定程度上制约了服务同质化水平，也限制了跨学科协作的深入开展，亟需在国家层面制定统一建设与运营规范，以全面提升体重管理服务的质量、效率与系统性。《通知》提出指导性要求但目前尚未出台具体的药品配备目录，各级各类医疗机构药品配备种类存在较大差异，同时，受制于药品总数限制、减重药物的自费药身份，肥胖症创新药的配备率较低，目前仅有极少量公立医疗机构及部分私立医疗机构常规进院肥胖症创新药。

其次，体重管理能力建设尚存不足，特别是在基层。2025年，中华医学会糖尿病学分会联合国家基本公共卫生服务项目基层糖尿病防治管理办公室发布《国家基层肥胖症综合管理技术指南(2025)》，明确基层肥胖症诊断评估、分级管理、双向转诊与综合干预的技术规范，为基层规范化管理提供权威依据。但当前基层肥胖症管理能力与分级诊疗体系运行仍存短

¹⁹ 程文迪, 刘佳美, 王海银等. 《我国公立医院体重管理中心和门诊建设现状研究》[J]. 《健康发展与政策研究》, [28(4)], (2025): . DOI: 10.12458/HDPR.202411044.

板。一是基层医务人员能力技能参差不齐。二是双向转诊、上下联动的机制不健全，优质医疗资源与基层同质化管理推进缓慢。三是管理体系碎片化，肥胖筛查、建档、干预、随访等全流程各环节存在断点。四是支撑保障体系薄弱，基层体重管理设备配置、信息化管理平台、人员培训与绩效考核机制不完善，进一步扩大区域间、城乡间服务能力差距，制约肥胖症防治规模化、规范化推进。

再次，收费机制尚未健全，医院效益面临挑战，制约学科健康发展。目前门诊收入主要依赖检查及药物费用，多数省份缺乏体重管理收费编码，医疗机构只能依托其他诊疗项目收费，医疗机构积极性不足。与此同时，据调研，42.6%的未设立相关中心/门诊的医院管理者认为“运营模式不清晰”是启动建设的主要障碍之一。因此，亟需科学设计定价机制，推动部分核心服务项目纳入医保支付范围，从而强化学科可持续发展的内生动力，有效调动医疗机构参与中心/门诊建设与长期运营的积极性。

综上所述，尽管中国体重管理门诊的建设已取得初步成效，但在建设标准、药品配备、能力建设、收费机制等方面仍存在优化空间，亟需进一步完善相关政策体系，以推动体重管理服务的规范化、专业化发展。

二是肥胖症创新药覆盖与保障仍存不足，药品可负担性有待提升。

肥胖症是一种需要长期健康管理的慢性疾病，与高血压、糖尿病、心血管疾病等多种慢性病有关，需要持续、规范地治疗。当前，肥胖症已有多款创新药实现突破性上市，但基本医保尚未将肥胖症创新药纳入报销范围，惠民保、商保等多层次医疗保障手段对肥胖症创新药的覆盖范围同样十分有限。患者肥胖治疗，需承担基本全部费用，患者用药经济压力较大，且肥胖症治疗通常需要长期用药甚至终身用药，导致患者长期治疗经济负担较重。数据显示，2024年中国人均可支配收入为41,314元，平均每月可支配收入为

3,443 元²⁰，而肥胖症创新药品维持期月均药费支出近千元，对患者的经济承受能力提出了挑战。具体来看：

基本医保方面，根据国家医保局 2020 年 7 月发布的《基本医疗保险用药管理暂行办法》²¹，包括减肥药物在内的八类药物不纳入《基本医疗保险药品目录》，无法纳入医保报销范围。这一政策导向反映了医保部门在有限的医保资源下，优先保障基本医疗需求的考量，但也客观上增加了肥胖症患者的经济负担。

惠民保方面，肥胖症创新药在城市惠民保的覆盖极为有限²²。在 2021 ~ 2025 年间出台的惠民保产品特药目录中，仅苏康保、燕赵健康保、晋惠保、苏惠保和惠琼保在 2022 ~ 2025 年对个别未在国内上市的海外药品的肥胖症适应证有所覆盖。此外，部分城市惠民保虽然覆盖了胰高血糖素样肽-1 (Glucagon-Like Peptide-1, GLP-1) 类药物，但主要针对糖尿病适应证。例如，浙江杭州的西湖益联保及浙江绍兴的越惠保曾分别在 2021-2024 年间及 2021 年对 GLP-1 药物进行了涵盖，但二者适应证皆为糖尿病合并心血管疾病。总体来看，肥胖症创新药在城市惠民保中的覆盖范围仍有较大的提升空间。

商保创新药目录方面，2025 年 7 月，国家医保局和国家卫健委联合印发《支持创新药高质量发展的若干措施》²³，正式启动增设商业健康保险创新药品目录（简称“商保创新药目录”）。该目录原则上主要用于纳入超出保基本定位、暂时无法被纳入基本目录，但创新程度高、临床价值大、患者

²⁰ 国家统计局. “2024 年居民收入和消费支出情况”. Published January 2025. Accessed October 2025. https://www.stats.gov.cn/sj/zxfb/202501/t20250117_1958325.html

²¹ 中华人民共和国中央人民政府. “基本医疗保险用药管理暂行办法” Published July 2020. Accessed October 2025. https://www.gov.cn/zhengce/zhengceku/2020-08/04/content_5532409.htm

²² 医药魔方等

²³ 国家医疗保障局. “国家医保局 国家卫生健康委关于印发《支持创新药高质量发展的若干措施》的通知”. Published July 2025. Accessed October 2025. https://www.nhsa.gov.cn/art/2025/7/1/art_104_17058.html

获益显著的创新药，部分肥胖症创新药也符合以上标准²⁴。若肥胖症创新药能够成功纳入商业健康保险相关创新药品目录/清单，将有助于提升患者用药保障水平，降低患者医疗负担，促进创新药物的临床应用。

整体来看，肥胖症创新药在覆盖与保障方面仍存在明显不足，药品的可及性和患者的经济负担问题亟待解决。为改善这一现状，亟需通过政策调整和多方协作，进一步扩大肥胖症创新药的保障范围，减轻患者经济压力，提高肥胖症治疗的可及性。此外，通过这一实践，也可以在一定程度上推动中国多层次医疗保障体系的逐步完善和长远发展。

二、政策建议

基于目前中国肥胖症防治方面的相关现状与需求，建议从两大方向寻求突破，全方位提升体重管理诊疗服务和保障体系。

（一）强化体重管理临床诊疗能力建设、设立门诊收费机制、药品配备保障，满足临床用药需求

依托体重管理门诊平台，通过完善医疗机构的建设标准强化临床诊疗能力建设，设立门诊收费机制、优化药品配备机制提升药品的可及性，从而推动肥胖症防治工作的深入开展，确保患者能够获得规范、有效的治疗。

1. 加快制定统一体重管理门诊建设标准，健全以体重管理为支点的整合型医疗服务体系

首先，建议制定健康体重管理门诊建设与运营规范，明确科室配置、人员资质、设备要求、多学科协作机制等核心要素，统一诊疗路径与服务流程。同时，完善药品配备保障机制。建议制定体重管理门诊药品配备目录，明确

²⁴ 国家医疗保障局。“《2025年国家基本医疗保险、生育保险和工伤保险药品目录及商业健康保险创新药品目录调整工作方案》等相关文件公开征求意见”。Published July 2025. Accessed October 2025. <https://www.nhsa.gov.cn/art/2025/7/1/art11317067.html>

肥胖症创新药配备要求；同时加强医务人员培训，规范肥胖症药物合理使用。最后，发挥基层医疗卫生机构“网底”作用，建立健全以体重管理为支点的整合型医疗服务体系，发展防治康管全链条慢病管理服务。将体重管理服务覆盖率、规范管理率、居民满意度等核心指标纳入基层医疗机构年度考核核心内容，明确考核权重与评价标准。鼓励各地将体重管理纳入基本公共卫生服务与健康管理服务体系。借助“强基工程”的契机，加强基层医疗卫生机构体重管理相关设施和设备配置，推动“防治康管”的体重管理全链条良性循环。

2. 医药价格主管部门支持医疗机构制定健康体重管理门诊建设标准和设立体重管理诊疗服务收费项目，建立肥胖症创新药品配备机制

建议加强医药价格主管部门对体重管理相关收费政策的支持力度，将精准营养、运动处方、心理干预等个性化服务包纳入医疗服务价格项目，一方面解决肥胖症患者体重管理“坚持难”的问题，另一方面全面体现医护人员的服务价值。同时，严格遵循国家卫健委《肥胖症诊疗指南》，建立肥胖症创新药品的配备机制，动态更新药品目录，确保医疗机构能够及时配备肥胖症治疗创新药物，满足临床用药需求。

3. 相关医疗机构规范肥胖症药物的合理使用

严格遵循国家卫健委《肥胖症诊疗指南》，加强对医务人员的培训，提升其对肥胖症药物的合理使用能力，确保肥胖症药物在临床应用中的安全性与有效性。同时，建立用药监测和评估机制，定期跟踪患者用药情况，优化治疗方案。

(二) 医疗保障部门引导构建肥胖症分阶段、多层次医疗保障体系，降低患者用药负担

为减轻肥胖症患者的用药经济负担，同时确保医疗保障体系的可持续发展，建议采取“分步走”的策略，逐步构建覆盖基本医保、商业保险和城市

惠民保的多层次肥胖症患者保障体系，提升肥胖症创新药物的可及性与可负担性，为肥胖症患者提供更加全面、更具针对性的医疗保障。

1. 短期：推动肥胖症创新药广泛纳入城市惠民保

推动肥胖症创新药纳入更多城市惠民保的特药目录，扩大患者群体的保障范围，并通过广泛宣传，提升公众对肥胖症创新药的认知度，鼓励更多患者积极参保，享受药品保障权益。

2. 中期：推动肥胖症创新药纳入商业健康保险创新药品目录

推动肥胖症创新药纳入商业健康保险相关创新药品目录/清单，为患者提供更多元化的保障选择。通过政策引导和市场激励，鼓励商业保险公司开发针对肥胖症创新药的专项保险产品，进一步减轻患者的经济负担。

3. 长期：逐步探索合理支付方式

在充分评估肥胖症创新药的临床价值和经济性后，推动其纳入《基本医疗保险药品目录》。实现基本医保对肥胖症创新药的全面覆盖，为患者提供更加普惠的医疗保障。

三、结语

肥胖症作为中国重要的公共卫生问题，不仅威胁着人民群众的健康福祉，也给社会经济发展带来了沉重负担。在国家“体重管理年”等一系列体重管理相关政策的引领下，中国在肥胖症防控和诊疗体系建设方面取得了显著进展，但仍面临诸多挑战。未来，应以强化体重管理诊疗体系和能力建设、建立健全以体重管理为链条的整合型医疗服务体系及构建多层次医疗保障体系为核心，全面提升肥胖症患者的治疗可及性和用药便利性。这一目标的实现，需要社会各界的多方协作、共同发力，为构建“政府主导、行业参与、全民共建”的体重管理生态圈贡献力量。

Implementing the “Weight Management Year” Initiative to Advance Comprehensive Weight Management Care and Healthcare Coverage

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Abstract

In recent years, the prevalence of overweight and obesity in China has shown a significant upward trend, becoming a major public health issue requiring urgent resolution. According to the “Report on the Nutrition and Chronic Disease Status of Chinese Residents” released by the National Health Commission, between 2015 and 2020, the overweight rate among adults increased from 30.1% to 34.3%, and the obesity rate rose from 11.9% to 16.4%; among adolescents aged 6–17 years, the overweight rate climbed from 9.6% to 11.1%, and the obesity rate went up from 6.4% to 7.9%. The prevalence of overweight and obesity among children under 6 years old also exceeded 10%. Obesity not only seriously threatens the health and well-being of the population but also imposes a heavy burden on socio-economic development. According to data from the World Obesity Federation, in 2021, approximately 228,000 premature deaths in China were attributed to obesity. In the same year, the loss of healthy life years due to obesity exceeded 8.5 million person-years. From a socio-economic burden perspective, medical costs related to overweight and obesity in China reached USD 36.8 billion (approximately RMB 262.2 billion) in 2020; it is projected that this figure will reach USD 82.3 billion (approximately RMB 589.8 billion) by 2030.

Faced with the significant challenges posed by obesity, the Chinese government has attached great importance on addressing overweight and obesity, continuously refining the weight management policy system, and establishing a whole-life-cycle

¹ The views expressed in this report are those of the enterprise research and do not represent the official stance or opinions of the forum host and organiser.

policy framework covering prevention, diagnosis, treatment, and management. Particularly under the guidance of the national “Weight Management Year” initiative, China has achieved notable progress in obesity prevention, control, and the development of its diagnosis and treatment system. However, despite these advancements, the current state of diagnosis, treatment, and management of obesity in China remains in its early stages, presenting multiple practical challenges. These are mainly reflected in the lagging standardized construction of national-provincial-city-county level weight management centers/clinics and the insufficient coverage of innovative anti-obesity medicines by the multi-level medical security system, which have affected the effectiveness of obesity diagnosis and treatment and the accessibility of drugs to a certain extent.

Specifically, although medical institutions at various levels and regions have actively responded to the policy call to promote the construction of weight management centers/clinics, the lack of unified construction standards has led to large differences in construction models, department allocation, personnel qualifications, and equipment requirements among medical institutions. In addition, no charging mechanism has been established for weight management-related diagnosis and treatment services, restricting the professionalization and sound and sustainable development of weight management services. The hospital listing standards for weight management clinics are also incomplete, with no specific drug catalog guidance for such clinics. As self-funded medicines, anti-obesity medicines face high barriers to hospital access, resulting in a low allocation rate of innovative drugs. Meanwhile, the capability building of grassroots weight management is insufficient, and problems in personnel capability, referral mechanisms, management systems, and support systems have further widened the service capability gap between regions and urban-rural areas, restricting the large-scale and standardized promotion of obesity prevention and treatment. Furthermore, as a chronic disease, obesity requires long-term medication, placing considerable financial pressure on patients. Basic Medical Insurance (BMI) does not cover innovative anti-obesity medicines, and the coverage of multi-level medical security measures such as “Huiminbao” (city-specific supplement insurance) and

commercial insurance is also limited, resulting in markedly insufficient protection for patients.

In response to the above problems, policy breakthroughs and systematic solutions are urgently needed.

First, strengthen the standardized construction of the weight management diagnosis and treatment system and weight management capability of medical institutions at all levels, innovate outpatient charging mechanisms, and ensure hospital listing. It is recommended to accelerate the construction of healthy weight management centers and clinics in medical institutions at all levels, promote the formulation of unified construction standards for healthy weight management clinics, clarify core elements such as department allocation, personnel qualifications, and equipment requirements to provide clear guidance for medical institutions; include innovative weight management service packages in medical service price items to fully reflect the service value of medical staff; at the same time, establish a hospital listing mechanism for innovative anti-obesity medicines, smooth the hospital access process of these drugs, and ensure that medical institutions can timely allocate innovative drugs for obesity treatment.

Second, establish a multi-level healthcare security system for obesity in a phased manner. In the short term, efforts should be directed toward promoting the widespread inclusion of innovative anti-obesity medicines in city-specific “Huiminbao” (city supplement insurance) drug lists to expand drug coverage for patient groups. In the mid-term, promote the inclusion of innovative anti-obesity medicines in commercial health insurance-related innovative drug catalogs or lists to provide patients with more diversified coverage options. In the long term, explore reasonable payment methods, and gradually achieve the coverage of innovative anti-obesity medicines by BMI on the basis of fully evaluating the clinical value and economic efficiency of such drugs.

Weight management is a long-term and complex systematic project that requires the joint efforts of the government, medical institutions, enterprises, and all sectors of society to contribute to building a full-population and full-life-cycle weight

management ecosystem featuring “government leadership, industry participation, and nationwide co-construction.”

1. Background

1.1 The prevalence of overweight and obesity in China shows a significant upward trend, becoming a serious public health issue that poses severe disease, social, and economic burdens to the country

In recent years, obesity has become one of the major public health issues requiring urgent resolution in China. According to data from the “Report on Nutrition and Chronic Disease Status of Chinese Residents” released by the National Health Commission^{2 3}. According to data from the “Report on Nutrition and Chronic Disease Status of Chinese Residents” released by the National Health Commission, the prevalence of overweight and obesity in China is increasing across all age groups⁴. Between 2015 and 2020, the overweight rate among adults rose from 30.1% to 34.3%, and the obesity rate from 11.9% to 16.4%; among adolescents aged 6–17 years, the overweight rate increased from 9.6% to 11.1%, and the obesity rate from 6.4% to 7.9%; the prevalence of overweight and obesity among children under 6 years old also exceeded 10%. This trend indicates that the obesity problem is becoming increasingly prominent and has extended from the adult population to adolescents and children, impacting younger age groups.

Obesity is not only an independent chronic disease but also a pathogenic factor for a variety of chronic diseases, seriously threatening people’s health and imposing a heavy burden on social and economic development. In 2025, the Primary Health Professional Committee of the China Health Economics Association organized experts to compile the “Blue Book on ‘Protecting Healthy Weight, Building a

² National Health and Family Planning Commission Disease Prevention and Control Bureau. Report on Nutrition and Chronic Disease Status of Chinese Residents (2015). 2017.

³ National Health Commission Disease Prevention Control Bureau. Report on Nutrition and Chronic Disease Status of Chinese Residents (2020). 2021.

⁴ Obesity and Overweight. World Health Organization. <https://www.who.int/zh/news-room/fact-sheets/detail/obesity-and-overweight>. In this article, overweight and obesity are defined according to WHO standards: for adults, overweight is $24 \leq \text{BMI} < 28$, obesity is $\text{BMI} \geq 28$.

Healthy China’.” By extracting health examination data of 7.3 million adults in 9 provinces, the report analyzed the prevalence trend of overweight and obesity among Chinese residents. The data showed that the prevalence rates of diabetes, hypertension, coronary heart disease, and stroke in overweight population were 1.88, 1.88, 3.46, and 2.79 times higher than those in normal-weight population, respectively; the corresponding rates in obese population are 2.69, 2.73, 6.38, and 4.29 times higher respectively. This not only seriously damages people’s health and well-being but also leads to a sharp rise in medical costs. According to the “World Obesity Atlas” released by the World Obesity Federation⁵, in terms of health burden, in 2021, approximately 228,000 premature deaths in China were attributed to obesity. In the same year, the loss of healthy life years due to obesity exceeded 8.5 million person-years. From a socio-economic burden perspective, medical costs related to overweight and obesity in China reached USD 36.8 billion (approximately RMB 262.2 billion⁶) in 2020; it is projected that this figure will reach USD 82.8 billion (approximately RMB 589.8 billion) by 2030⁷. The above data demonstrates that the current state of obesity is concerning, calling for stronger intervention to improve the situation.

1.2 Chinese policymakers place high priority on addressing overweight and obesity, continuously refining the weight management policy system

Over the past few years, the National Health Commission and other government departments have issued a series of policy documents on weight management, gradually building a comprehensive policy framework that encompasses prevention, diagnosis, treatment, and management.

In July 2019, the Healthy China Action Promotion Committee released the “Healthy China Action (2019-2030)”⁸, which mentioned the overall goals of

⁵ World Obesity Atlas 2025. World Obesity Federation. <https://data.worldobesity.org/publications/?cat=23>. Accessed October 2025.

⁶ USD to RMB exchange rate uniformly calculated at 7.12.

⁷ World Obesity Atlas 2023. World Obesity Federation. <https://data.worldobesity.org/publications/?cat=19>. Accessed October 2025.

⁸ Healthy China Action Promotion Committee. Healthy China Action (2019-2030). Published July 2019. Accessed October 2025. <http://www.nhc.gov.cn/cms-search/xxgk/getManuscriptXxgk.htm?id=e9275fb95d5b4295be8308415d4cd1b2>

obesity prevention and treatment, risk assessment and intervention for high-risk groups in a number of special actions, highlighting the importance of weight management and pointing out the direction for obesity prevention and treatment.

In June 2024, the National Health Commission, in collaboration with 15 other departments, issued the “Implementation Plan for the ‘Weight Management Year’ Activity⁹,” designating the period from 2024 to 2026 as the “Weight Management Year.” The initiative aims to foster a supportive environment for weight management, significantly enhance public awareness and skills in managing weight, promote healthier lifestyles, create a favorable scenario where weight management becomes a collective effort and benefit for all, and improve abnormal weight conditions in certain population groups.

In October 2024, the General Office of the National Health Commission released the “Obesity Diagnosis and Treatment Guidelines (2024 Edition)”¹⁰, promoting the standardized construction of the obesity diagnosis and treatment system, providing an important basis for improving the diagnosis and treatment capability and service quality of medical institutions, and having far-reaching significance for obesity prevention and control in China.

In April 2025, the General Office of the National Health Commission and the General Department of the National Administration of Traditional Chinese Medicine jointly issued the “Notice on the Establishment and Management of Weight Management Clinics”¹¹, providing guidance for hospitals to set up weight management clinics. In the same month, the National Patriotic Health Campaign Committee incorporated the “Healthy Weight Management Action” into the

⁹ The State Council of the People's Republic of China. Implementation plan for the “Weight Management Year” activity. Published June 2024. Accessed October 2025.
https://www.gov.cn/zhengce/zhengceku/202406/content_6959543.htm

¹⁰ National Health Commission Disease Prevention Control Bureau. Obesity Diagnosis and Treatment Guidelines (2024 Edition). 2024. Accessed October 2025.
https://www.gov.cn/zhengce/zhengceku/202410/content_6981734.htm

¹¹ National Health Commission Medical Administration and Hospital Administration. “Notice on the Establishment and Management of Healthy Weight Management Clinics.” Published April 2025. Accessed October 2025.
<https://www.nhc.gov.cn/yzygj/c100068/202504/52bcc453524149b884ddf6e2969d24d9.shtml>

“Healthy China Action”¹², outlining eight key measures and four specific indicators targeting individuals and families, further improving the policy support and practical path for obesity management.

The introduction of these policies fully reflects the Chinese government’s strong commitment to addressing the challenges of overweight and obesity. These measures are building a comprehensive policy framework that spans from preventive measures to diagnostic and treatment services, encompassing both individual and group-level interventions. Through a collaborative governance model that emphasizes multi-sectoral cooperation and broad societal engagement, China’s efforts in obesity prevention and treatment are increasingly becoming more evidence-based, structured, and targeted, laying a robust foundation for achieving the overarching goal of universal health.

1.3 Key challenges remain in the construction of weight management diagnosis and treatment System and the security of innovative anti-obesity medicines

First, although the construction of weight management centers/clinics has started rapidly, no clear standards have been formed for their construction and hospital listing, and there is room for improvement in capability building.

According to data from the NHC press conference in February 2026¹³, more than 5,500 secondary and above medical institutions across the country have set up healthy weight management clinics, and some primary hospitals, community health service centers, and township health centers have also opened relevant clinics. According to incomplete statistics, in Shanghai¹⁴, most municipal and district-level hospitals, along with nearly half of the community health service centers, have

¹² The State Council of the People's Republic of China. “Notice of the National Patriotic Health Campaign Committee on Incorporating the Healthy Weight Management Action and 2 Other Actions into the Healthy China Action.” Published April 2025. Accessed October 2025.
https://www.gov.cn/zhengce/zhengceku/202504/content_7018518.htm

¹³ National Health Commission. “Press Conference of the National Health Commission on February 12, 2026: Introduction to the Deployment of Practical Matters for the People.” Published February 2026. Accessed March 2026.
https://www.nhc.gov.cn/wjw/c100365/hdjl_xwfbh_detail.shtml?id=a60de11376e3480d82edb90163247e6c

¹⁴ Xinhua News Agency. “Xinhua Viewpoint | Weight Management Clinics Accelerate Implementation, How to Lose Weight Scientifically?.” Published May 2025. Accessed October 2025.
<https://www.xinhuanet.com/politics/20250526/b6ed0705062e4d3da2460498e32b4e71/c.html>

opened weight management-related clinics. In Shandong Province¹⁵, 803 medical institutions have established healthy weight management clinics, including 165 tertiary hospitals (out of over 200 tertiary hospitals province-wide¹⁶) and 278 secondary hospitals (out of 948 provincial secondary hospitals). In Sichuan Province¹⁷, 446 medical institutions across 21 cities (prefectures) and 153 counties (districts) provide weight management or obesity prevention/treatment clinic services. In Jiangsu Province, 521 medical institutions have established weight management clinics, opening a total of 619 such clinics¹⁸. However, despite the rapid progress of construction in various regions, the “Notice on Effectively Carrying Out the Establishment and Management of Healthy Weight Management Clinics” (the Notice) only puts forward basic requirements for the allocation of departments and physicians in weight management clinics, and specific construction standards are not yet clear. Medical institutions at various levels and types still have large differences in construction standards, hospital listing, and charging mechanisms, no unified standard system has been formed, and there is still room for improvement in capability building.

To start with, China has not established a unified construction standard for weight management centers/clinics. Research data¹⁹ indicates that among institutions that have not yet established weight management centers/clinics, 53.5% of hospital leaders cite “lack of standard procedures” as one of the main obstacles to construction. Even among institutions that have already established centers, the

¹⁵ People's Daily Online. “Let Health Be ‘Weighed’ Satisfactorily! 803 Medical Institutions in Shandong Open Healthy Weight Management Clinics.” Published April 2025. Accessed October 2025. <http://sd.people.com.cn/n2/2025/0417/c166192-41199184.html>

¹⁶ Shandong Provincial Health Commission. “2023 Shandong Province Health Development Statistical Bulletin.” Published September 2024. Accessed October 2025. http://wsjkw.shandong.gov.cn/zwgk/fdzdgknr/tjgb/202409/t20240909_4758860.html

¹⁷ People’s Daily National Party Media Information Public Platform. “Where to Go for Weight Loss? Sichuan Healthy Weight Management Resource Map Tells You.” Published May 2025. Accessed October 2025. <https://www.hubpd.com/detail/index.html?contentId=6052837899189592679>

¹⁸ Jiangsu Provincial Health Commission. “CCTV.com: 619 Weight Management Clinics Established, Jiangsu Takes Multiple Measures to Build a Scientific Weight Loss Service System.” Published August 2024. Accessed October 9, 2025. https://wjw.jiangsu.gov.cn/art/2025/8/25/art_729111644199.html

¹⁹ Cheng Wendi, Liu Jiamei, Wang Haiyin et al. “Study on the Current Status of Weight Management Center and Clinic Construction in Public Hospitals in China” [J]. Health Development and Policy Research, [28(4)], (2025): . DOI: 10.12458/HDPR.202411044.

absence of unified construction standards is beginning to manifest as a constraint. Currently, there are four typical operational models for weight management centers/clinics in China. At the center level, the endocrinology-led affiliated center model accounts for the highest proportion (59.7%), followed by the surgery-led independent center model (17.9%) and surgery-affiliated center model (9.0%). At the clinic level, the endocrinology-led clinic dominates (81.1%). Diagnostic and treatment pathways vary significantly among these models: surgery-led centers can perform surgical treatments, while endocrinology-led centers focus on drug treatment, comprehensive management, and long-term follow-up. Independent centers are more likely to promote multidisciplinary collaboration, whereas endocrinology-led clinics often remain confined to single-department diagnosis and treatment. This differentiation in models to some extent restricts the level of service homogenization and limits the in-depth development of interdisciplinary collaboration. A pressing need exists to develop unified national construction and operation standards to comprehensively improve the quality, efficiency, and systematicity of weight management services. Furthermore, the Notice puts forward guiding requirements, but no specific hospital listing catalog has been issued yet, resulting in large differences in hospital listing types among medical institutions at all levels. Meanwhile, constrained by the total number of drugs and the self-funded status of anti-obesity medicines, the allocation rate of innovative anti-obesity medicines is low, and only a very small number of public medical institutions and some private medical institutions routinely stock innovative anti-obesity medicines.

Moreover, weight management capability building is insufficient, especially at the grassroots level. In 2025, the Diabetes Society of the Chinese Medical Association, together with the Office of Primary Diabetes Prevention and Treatment Management of the National Basic Public Health Service Project, released the “National Technical Guidelines for Comprehensive Management of Obesity at the Grassroots Level (2025) ,” clarifying the technical specifications for obesity diagnosis and evaluation, hierarchical management, two-way referral and comprehensive intervention at the grassroots level, providing an authoritative basis

for standardized grassroots management. However, there are still shortcomings in grassroots obesity management capability and the operation of the hierarchical diagnosis and treatment system. First, the capability and skills of grassroots medical staff are uneven. Second, the mechanisms for two-way referral are not sound, and the promotion of high-quality medical resources and grassroots homogenized management is slow. Third, the management system is fragmented, with breakpoints in all links of the whole process of obesity screening, profile establishment, intervention and follow-up. Fourth, the support system is weak, and the allocation of weight management equipment, IT platform, personnel training and performance appraisal mechanism in grassroots medical institutions are not perfect, which further widens the service capability gap between regions and urban-rural areas, restricting the large-scale and standardized promotion of obesity prevention and treatment.

Next, the charging mechanism for weight management services remains unestablished, posing challenges for hospitals seeking to generate income from these services and constraining the healthy development of the discipline. Currently, revenue primarily relies on examination and drug fees. Most provinces lack specific billing codes for weight management, forcing medical institutions to rely on charging for other diagnosis and treatment items. This undermines their incentives to provide weight management services. Moreover, according to research, 42.6% of hospital managers who have not established relevant centers/clinics believe that “unclear operating models” are one of the main obstacles to initiating construction. Therefore, there is an urgent need to scientifically design a pricing mechanism and promote the inclusion of core service items within the scope of Basic Medical Insurance (BMI) payment. This would effectively mobilize the enthusiasm of medical institutions to participate in the construction and long-term operation of centers/clinics.

In summary, while the construction of weight management clinics in China has achieved initial results, there is still room for optimization in terms of construction standards, drug provisioning, capability building and charging mechanisms. It is

urgent to further improve the relevant policy system to promote the standardized and professional development of weight management services.

Second, the coverage of innovative anti-obesity medicines remains insufficient. The affordability of drugs needs to be improved.

Obesity is a chronic disease that requires long-term health management. It is associated with hypertension, diabetes, cardiovascular diseases and other chronic diseases, and requires continuous and standardized treatment. At present, a number of innovative anti-obesity medicines have achieved breakthrough listings in China, but BMI has not included innovative anti-obesity medicines in the reimbursement scope, and the coverage of multi-level medical security means such as “Huiminbao” and commercial health insurance is also very limited. Patients have to bear almost all the costs of obesity treatment, facing heavy financial pressure. Moreover, obesity treatment usually requires long-term or even lifelong medication, resulting in a heavy long-term economic burden for patients. Data shows that in 2024, China's per capita disposable income was RMB 41,314, with an average monthly disposable income of RMB 3,443²⁰. In contrast, the monthly average cost of innovative anti-obesity medicines during the maintenance period is nearly RMB 1,000, posing a great challenge to patients' economic affordability. Specifically:

In terms of Basic Medical Insurance, according to the “Interim Measures for the Administration of Drug Use in Basic Medical Insurance”²¹ issued by the National Healthcare Security Administration in July 2020, eight categories of drugs, including anti-obesity medicines, are not included in the “National Reimbursement Drug List (NRDL)” and cannot be covered by medical insurance reimbursement. This policy orientation reflects the medical insurance department's consideration of prioritizing basic medical needs under limited medical insurance resources, but also increases the economic burden on obese patients on some extent.

²⁰ National Bureau of Statistics. Resident Income and Consumption Expenditure in 2024 Published January 2025. Accessed October 2025. https://www.stats.gov.cn/sj/zxfb/202501/t20250117_1958325.html

²¹ The State Council of the People's Republic of China. “Interim Measures for the Administration of Drug Use in Basic Medical Insurance.” Published July 2020. Accessed October 2025. https://www.gov.cn/zhengce/zhengceku/2020-08/04/content_5532409.htm

In terms of “Huiminbao,” the city-specific supplement insurance, the coverage of innovative anti-obesity medicines in China's city-specific “Huiminbao” products is extremely limited²². Among the special drug catalogs of “Huiminbao” introduced between 2021-2025, only “Sukangbao,” “Yanzhao Health Insurance,” “Jinhuibao,” “Suhuibao,” and “Huiqiongbao” provided coverage for obesity indications of a few overseas drugs not marketed in China during 2022-2025. Furthermore, although some city-specific “Huiminbao” products cover Glucagon-Like Peptide-1 (GLP-1) drugs, the coverage is primarily for diabetes indications. For example, “Xihu Yilianbao” in Hangzhou, Zhejiang and “Yuehuibao” in Shaoxing, Zhejiang covered GLP-1 drugs from 2021 to 2024 and in 2021 respectively, but both indications were diabetes complicated by cardiovascular diseases. Overall, there remains significant room for improvement in the coverage of innovative Anti-obesity medicines within city-specific “Huiminbao” products.

In terms of commercial health insurance innovative drug catalogs, in July 2025, the National Healthcare Security Administration and the National Health Commission issued jointly the “Several Measures to Support the High-Quality Development of Innovative Drugs,”²³ officially initiating the establishment of a Commercial Health Insurance Innovative Drug Catalogue. The Catalogue is primarily designed to include innovative drugs that exceed basic medical needs and positioning, which cannot be temporarily included in the NRDL. These drugs must demonstrate a high degree of innovation, significant clinical value, and substantial patient benefits²⁴. anti-obesity medicines also meet these criteria. The successful inclusion of innovative anti-obesity medicines in the relevant catalogs/lists of commercial health insurance will potentially help improve the level of drug coverage for

²² Pharmacube

²³ National Healthcare Security Administration. “Notice of the National Healthcare Security Administration and the National Health Commission on Issuing the ‘Several Measures to Support the High-Quality Development of Innovative Drugs’” Published July 2025. Accessed October 2025. https://www.nhsa.gov.cn/art/2025/7/1/art_104_17058.html

²⁴ National Healthcare Security Administration. “Public Solicitation of Comments on the ‘2025 National Basic Medical Insurance, Maternity Insurance, and Work Injury Insurance Drug Catalog and Commercial Health Insurance Innovative Drug Catalog Adjustment Work Plan’ and Related Documents.” Published July 2025. Accessed October 2025. <https://www.nhsa.gov.cn/art/2025/7/1/art11317067.html>

patients, reduce their medical burden, and promote the clinical application of innovative drugs.

Overall, there remain significant gaps in the coverage and availability of innovative anti-obesity medicines, with urgent attention required to address drug accessibility and the economic burden on patients. To improve this situation, it is urgent to further expand the coverage of innovative anti-obesity medicines through policy adjustment and multi-stakeholder collaboration, reducing patients' economic pressure, and improving the accessibility of obesity treatment. In addition, this practice can also promote the gradual improvement and long-term development of China's multi-level medical security system to a certain extent.

2. Policy Recommendations

Based on the current situation and needs regarding obesity prevention and treatment in China, it is recommended to seek breakthroughs from two major directions to further improve the obesity prevention and treatment system and the medical security system.

2.1 Strengthening clinical diagnosis and treatment capability building for weight management, establishing outpatient charging mechanisms, and ensuring drug supply to meet clinical demands

Relying on the outpatient weight management platform, strengthen the clinical diagnosis and treatment capability building by improving the construction standards of medical institutions, establish outpatient charging mechanisms and optimize hospital listing mechanisms to improve drug accessibility, so as to promote the in-depth development of obesity prevention and treatment and ensure that patients can obtain standardized and effective treatment.

2.1.1 Accelerate the development of standardized construction guidelines for weight management clinics and enhance the integrated healthcare ecosystem by leveraging weight management as a strategic focal point

First, it is recommended to establish construction and operation guidelines for healthy weight management clinics, clarify core elements such as department

allocation, personnel qualifications, equipment requirements, and multidisciplinary collaboration mechanisms, and unify diagnosis and treatment paths and service processes. At the same time, improve the hospital listing mechanism. It is recommended to formulate a hospital listing catalog for weight management clinics, clarify the allocation requirements for innovative anti-obesity medicines and strengthen the training of medical staff and standardize the rational use of such drugs. Finally, leveraging the “backbone” role of grassroots medical institutions, establish and improve an integrated medical service system with weight management as its cornerstone, and develop comprehensive chronic disease management services that span prevention, treatment, rehabilitation and management. Include core indicators such as weight management service coverage rate, standardized management rate, and resident satisfaction into the core content of the annual assessment of grassroots medical institutions and clarify the assessment weight and evaluation criteria. Encourage all regions to include weight management in basic public health services and health management service systems. Take the opportunity of the “Healthcare Infrastructure Enhancement Project” to strengthen the allocation of weight management-related facilities and equipment in grassroots medical institutions, and promote a virtuous cycle of the whole chain of weight management of “prevention, treatment, rehabilitation and management.”

2.1.2 Medical pricing authorities and related departments should support medical institutions in developing construction standards for healthy weight management clinics, establishing charging mechanisms for weight management diagnosis and treatment services, and implementing a provisioning mechanism for innovative anti-obesity medicines.

Weight management services should be supported by relevant charging policies from medical pricing authorities. Personalized service packages, such as precision nutrition, exercise prescriptions, and psychological interventions, should be incorporated into medical service pricing items. On one hand, this addresses the challenge of obesity patients finding it difficult to persist in weight management; on the other hand, it ensures that the service value of medical staff is fully reflected. Simultaneously, medical institutions should strictly adhere to the National Health Commission’s “Obesity Diagnosis and Treatment Guidelines” to establish a provisioning mechanism for innovative anti-obesity medicines. This mechanism should include dynamic updates to the drug catalog to ensure that medical

institutions can timely procure innovative obesity treatment drugs, thereby meeting clinical medication needs.

2.1.3 Support relevant medical institutions in the rational use of anti-obesity medicines

Strictly follow the National Health Commission's "Obesity Diagnosis and Treatment Guidelines," strengthen training for medical personnel, enhance their capability for rational use of anti-obesity medicines, and ensure the safety and effectiveness of anti-obesity medicines in clinical application. Simultaneously, establish a medication monitoring and evaluation mechanism, regularly track patients' medication status, and optimize treatment plans.

2.2 Healthcare security authorities to guide the construction of a phased, multi-level healthcare security system for obesity to reduce patient medication burden.

In order to reduce the economic burden of medication for obesity patients and ensure the sustainability of the medical security system, it is suggested to adopt a "step-by-step" strategy to gradually build a multi-level obesity patient security system covering basic medical insurance, commercial insurance and city-specific "Huiminbao." This would enhance the accessibility and affordability of innovative anti-obesity medicines, providing more comprehensive and targeted healthcare protection for obesity patients.

2.2.1 Short term: Promote the inclusion of innovative anti-obesity medicines in city-specific "Huiminbao"

Promote the inclusion of innovative anti-obesity medicines into the special drug catalogs of more city-specific "Huiminbao" products, expanding the coverage for patient groups. Through extensive publicity, enhance public awareness of innovative anti-obesity medicines, encourage more patients to actively enroll in insurance, and enjoy drug coverage.

2.2.2 Medium-term: Promote the inclusion of innovative anti-obesity medicines in the Commercial Health Insurance Innovative Drug Catalog

Foster the inclusion of innovative anti-obesity medicines in commercial health insurance innovative drug catalogs, providing patients with more diverse protection

options. Additionally, encourage commercial insurance companies to develop specialized insurance products for innovative Anti-obesity medicines through policy guidance and market incentives, thereby further alleviating the economic burden on patients.

2.2.3 Long-term: Gradually explore other reasonable payment methods

After comprehensive evaluations of the clinical value and cost-effectiveness of innovative anti-obesity medicines, support their inclusion in the NRDL. This would ensure comprehensive coverage of these drugs under BMI, thereby enhancing drug access for patients.

3. Conclusion

As a critical public health concern in China, obesity not only endangers the health and well-being of the population but also poses a significant challenge to socio-economic development. Under the guidance of national policies, such as the “Weight Management Year” initiative, China has achieved remarkable progress in obesity prevention, control, and the development of its diagnostic and treatment systems. However, numerous challenges remain. Moving forward, efforts should focus on strengthening the construction of weight management diagnosis and treatment systems and capability, improving the integrated medical service system with weight management as a key lever, and building a multi-level medical security system. The realization of this goal requires the multi-stakeholder collaboration and joint efforts of all sectors of society to contribute to building a weight management ecosystem featuring “government leadership, industry participation, and nationwide co-construction.”