



ACT EARLY PRIORITIZING OBESITY IN TAMIL NADU

A MULTI-STAKEHOLDER DISCUSSION

Summary Report

October 14, 2025

Hotel Pullman Chennai, Tamil Nadu



List of Acronyms

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi workers
BMI	Body Mass Index
GLP	Glucagon-like Peptide
HCPs	Healthcare Professionals
NCD	Non-communicable diseases
NCDC	National Centre for Disease Control
NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
NHFS	National Family Health Survey
PDS	Public Distribution System
PT	Physical Training
RKSK	Rashtriya Kishor Swasthya Karyakram
SHG	Self Help Group
SHWP	School Health and Wellness Programmes
WHO	World Health Organization

ACT EARLY PRIORITIZING OBESITY CARE

TAMIL NADU

14, 2025

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Background

Obesity has emerged as one of the most pressing public health challenges, contributing significantly to the global burden of non-communicable diseases such as diabetes, cardiovascular disease, stroke, and certain cancers. Once considered a condition of affluence, obesity now affects populations across all socioeconomic strata and age groups, with a rapid epidemiological transition observed in low- and middle-income countries, including India. In India, the prevalence of overweight and obesity has increased steadily over the last two decades. National Family Health Survey (NFHS-5) data indicate that more than one in four adults are overweight or obese, with a particularly sharp rise among urban women and men aged 30–49 years. The growing prevalence of obesity among adolescents and young adults further signals a shift in the age of onset, posing long-term risks for metabolic disorders and premature mortality.

Tamil Nadu exemplifies dual burden, where undernutrition persists alongside increasing rates of overweight and obesity. The state's advanced health infrastructure and robust health systems provide a unique opportunity to integrate obesity prevention and management within existing health programs with a comprehensive obesity care approach focusing on prevention, early detection, and management through a combination of lifestyle changes, public health programs, and advanced medical options.



Context of the Consultation

As part of its broader mission to advance collective action on the growing burden of obesity in India, People to People Health Foundation (PPHF) has initiated a series of state-level multi-stakeholder consultations aimed at fostering dialogue, collaboration, and evidence-informed solutions for programming. These consultations are designed to bring together key representatives from the National Health Mission, political leadership, medical and public health experts, nutritionists, and healthcare institutions, alongside other sectoral stakeholders engaged in NCD prevention and health system strengthening.

The first in this series of consultations was convened in Chennai, with a focus on the State of Tamil Nadu, which has witnessed a sharp escalation in obesity rates in recent years. The Tamil Nadu dialogue set the stage for subsequent consultations planned in Telangana and Kerala, leading up to a national-level consultation in New Delhi, where insights from all state chapters will converge to shape a cohesive framework for obesity prevention and care in India.

In the opening plenary, Dr. Kalanidhi Veeraswamy, Hon'ble Member of Parliament, stressed on the holistic management of obesity wherein he mentioned that prevention to sustained care are essential if we are to reverse current trends of obesity in the state. He further pointed that integrating prevention, early intervention, and management, we can build a system where every individual receives the right care at the right time, and no one slips through the cracks. He further appreciated the initiative undertaken by PPHF, Eli Lilly and the integrated role of all other partners and stakeholders who have come together to discuss priorities towards tackling obesity in Tamil Nadu.

The consultation comprised of two sessions titled **Prioritizing Childhood and Adult Obesity: How Do We Get There?** and **Care based Approach to Obesity** respectively. The panel 1 consisted of Mr Kaushik Ganguly, Child Development Specialist, UNICEF, Dr S Ramkumar MD DNB DM AIIMS, Professor of Endocrinology, Saveetha Medical College, Consultant Endocrinologist, Apollo Hospital, Dr. Rama Narayanan, Senior Fellow, Nutrition and Health, MSSRF Dr. Jayashree Todkar, Director, Indian Institute of Metabolic Sciences and Dr R. Guha Pradeepa, Executive Scientific Officer & Head Research Operations Madras Diabetes Research Foundation. Similarly, panel 2 consisted of Dr Nitin Kapoor, Professor & Head (Unit 1), Dept. of Endocrinology, Diabetes and Metabolism, CMC Vellore, Dr. Muthukumaram Jayapaul, President, Endocrine Society of Tamil Nadu and Puducherry, Dr Meenakshi Bajaj, Nutrition Expert, Tamil Nadu Government Multi Super Specialty Hospital, Omandurar, Chennai, Dr. Krishna Seshadri, Endocrinologist, Apollo Hospital, Chennai and Dr. Indranil Bhattacharya, Clinical Research Physician, Medical Affairs, Lilly India. A summary of recommendations of both the panels have been assimilated below.

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Key Recommendations for Action

Recommendation 1: Develop Obesity Accountability Framework and Reframe suitable policy to recognize obesity as a chronic disease within program.

- 1.1. Develop Obesity Accountability Framework for the state of Tamil Nadu.
- 1.2. Establish State-Level Task Forces on Obesity Prevention and Management.
- 1.3. Include obesity as a distinct health priority under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).
- 1.4. Develop state-level policy guidelines that classify obesity as a chronic, multifactorial disease, enabling dedicated budget lines, treatment protocols, and monitoring indicators.
- 1.5. Constitute multi-sectoral task forces comprising representatives from health, education, food safety, urban development, private sector and civil society organizations to oversee obesity prevention and management efforts. Engage the task force to guide policy implementation, monitor compliance, and ensure coordination across departments.

Recommendation 2: Increase finance for prevention and treatment of Obesity by adequate financing provision on state government annual budget.

- 2.1. Timely and efficient utilization of allocated funds at state and district level.
- 2.2. Decentralize service delivery, management and response: e.g. earmarked district level budget for Obesity and make the authorities accountable for evidence-based programming and spending.
- 2.3. Evidence-driven financial planning, wherein epidemiological data, surveillance findings, and cost-of-illness analyses are systematically used to guide the allocation of funds.
- 2.4. Performance-linked financing and cross-sectoral resource pooling, involving health, education, food, and urban development departments to address the multisectoral determinants of obesity.

Recommendation 3: Adopting a Multi-Causal Framework.

Differentiate between the various underlying causes of obesity to ensure that interventions are appropriately tailored. Specifically, obesity can be categorized into:

- 3.1. **Medical-condition-associated obesity:** cases resulting from or linked to physiological disorders such as hypothyroidism or polycystic ovary syndrome (PCOS).
- 3.2. **Psychological and behavioral obesity:** instances influenced by mental health conditions or eating disorders, where food may serve as a coping mechanism.
- 3.3. **Lifestyle-related obesity:** obesity primarily driven by factors such as diet, physical inactivity, and other modifiable behaviors.

Each of these categories requires a distinct management and treatment approach. Recognizing these differences can help design more targeted prevention, screening, and treatment strategies rather than adopting a one-size-fits-all model for obesity management.

Recommendation 4: Strengthening Regulatory System.

- 4.1. Strengthen Food Environment Regulations like clear nutrition labelling of package food items to help consumers make informed dietary choices, using warning symbols for high sugar, salt, and fat content.
- 4.2. Regulate marketing and advertising of unhealthy foods, particularly those targeted at children and digital marketing of ultra-processed and sugary products.
- 4.3. Introduce health taxes (e.g., sugar or junk food tax) to discourage consumption of ultra-processed foods and beverages. Allocate a proportion of these tax revenues to obesity prevention and health promotion activities.
- 4.4. Introduce school canteen guidelines to limit high-calorie foods and promote healthy meal options in educational institutions.
- 4.5. Promote healthy procurement through the Public Distribution System.

Recommendation 5: Institutionalize Obesity review mechanism at all levels.

- 5.1. Perform regular assessment of Obesity program at block, district and state level: e.g. Review and report of key Obesity related performance indicators at the monthly review meetings, regular follow-up actions of meetings.
- 5.2. Embed obesity indicators into state health budgets and program monitoring frameworks.
- 5.3. Use of technology-based solutions to ensure continuity of care.
- 5.4. Establish a State Obesity Outcomes Registry to go beyond tracking prevalence, systematically record and publicly report outcomes such as hospitalizations, complications, and deaths attributable to obesity-related diseases (e.g., diabetes, cardiovascular disease, certain cancers). This will enable more precise evaluation of interventions and policy impact.

Recommendation 6: Institutionalize intensive screening system.

- 6.1. To close the gap between screening and effective treatment, intensify obesity screening as part of routine primary care services and embed obesity indicators within state-level health management information systems and electronic health record to ensure longitudinal tracking and follow-up.
- 6.2. Expand Screening to Include Adolescents, Youth and Adults and initiate early obesity risk assessment through School Health and Wellness Programs.
- 6.3. Include waist to height ratio also alongside BMI for early screening.
- 6.4. Mandate Growth Monitoring and BMI Plotting in Schools.
- 6.5. Develop standardized screening protocols and clinical guidelines.
- 6.6. Leverage digital tools for screening and data integration.

Recommendation 7: Enhance the capacity of service providers to deliver focus on practical demonstrations and 'on-the-job' upskilling of capacity on obesity early screening, counseling, and referral.

- 7.1. Capacity building to be prioritized to ensure that obesity is recognized, diagnosed, and managed as a chronic disease at all levels of the health system.
- 7.2. Integrate Obesity Management into pre-service and in-service training for doctors, nurses, and allied health professionals.
- 7.3. Encourage Interdisciplinary collaboration between endocrinologists, dietitians, physiotherapists, psychologists, and primary physicians.
- 7.4. Develop Tier-Specific Training Frameworks: a) Primary Care Level: Equip PHC medical officers, ANMs, ASHAs and AWWs with skills for early screening (BMI, waist circumference), lifestyle counselling, and risk communication. B) Secondary/Tertiary Levels: Strengthen multidisciplinary teams of physicians, endocrinologists, nutritionists, and physiotherapists to deliver integrated, patient-centred obesity care.

Recommendation 8: Community Engagement for improved obesity prevention and care practices.

Adopt the evidence-based community empowerment approach which treat the community as active partners rather than as passive recipients of information and services.

- 8.1. Women's self-help groups (SHGs), panchayats, and community champions to be identified as vehicles for mobilizing communities.
- 8.2. Community nutrition programs can be leveraged for peer-to-peer education and creating local champions to serve as credible change agents for promoting healthy dietary habits and physical activity.
- 8.3. Collective engagement of medical professionals, community leaders, and credible influencers in public communication can help restore trust and counter misinformation.
- 8.4. Create campaigns and movements of champions and influential voices for making obesity care a community agenda.
- 8.5. Promote physical activity among children by integrating movement-based practices into school curricula such as incorporating cultural forms like dance, traditional games, or structured physical training periods.
- 8.6. Developing accessible community spaces like public parks and walking zones to encourage regular physical exercise.
- 8.7. Workplace Wellness Incentives to encourage public and private employers to offer incentives (e.g., insurance discounts, recognition) for employees who participate in health screenings, physical activity, or weight management programmes.
- 8.8. The urban development authorities to create walkable neighbourhoods, safe cycling infrastructure, and accessible recreational spaces, especially in urbanising areas.

Recommendation 9: Bridge the gaps on existing obesity care and management programmes.

- 9.1. Review pharmacological options and evidence and integrate into program considering affordability and equitable access.
- 9.2. Adopt continuum-of-care approach and establish clear referral pathways between primary, secondary, and tertiary levels of care, supported by trained health workers and structured follow-up protocols.
- 9.3. Increase access to counselling, lifestyle modification programs, and medications at primary health centres and create supportive environments to enhance care and management of obesity.



Next Steps

The evidence and insights generated through the Tamil Nadu consultation will be consolidated into a cohesive report, incorporating feedback from the experts who participated in the dialogue. This document will be submitted to key government departments, including the Department of Health and Family Welfare, to inform state-level strategies on obesity prevention and management. The learnings and policy recommendations emerging from this consultation will be shared with the Ministry of Health and Family Welfare (MoHFW) to guide national-level actions and strengthen India's collective response to obesity.

Addressing obesity in India demands multi-sectoral interventions. It requires a coordinated public health response that strengthens prevention, early detection, holistic management and equitable access to care. As obesity evolves into a systemic challenge intertwined with the country's NCD burden, capacity-building of healthcare professionals, integration of obesity care into primary health systems, and responsible adoption of emerging therapies will be crucial. A sustained, multisectoral strategy; one that unites policy, practice, and community engagement can enable India to curb the rising tide of obesity and build a healthier, more resilient population.



Multi-Stakeholder Roundtable Discussion

EARLY
OPTIMIZING



Annexures

List of Participants

Sl. No.	Name	Organization
1	Dr. Arul Anand	National Health Mission
2	Mr. Akshay Das K	National Health Mission
3	Ms. Anitha. K	North Chennai MP-Office
4	Ms. Cheena Malhotra	People to People Health Foundation
5	Mr. Daniel S	North Chennai MP-Office
6	Dr. Divyesh Mundra	Eli Lilly
7	Dr. S. Deepika Reddy	HCL Foundation
8	Dr. M. Deepa	Madras Diabetes Research Foundation
9	Dr. R. Guha Pradeepa	Madras Diabetes Research Foundation
10	Ms. G. Kamatcit	School Education Department
11	Mr. Inder Pal Singh	Eli Lilly

Sl. No.	Name	Organization
12	Mr. Indranil Bhattacharya	Eli Lilly
13	Dr. Jayashree Todkar	Indian Institute of Metabolic Sciences
14	Dr. J. Nezeera	Directorate of Public Health
15	Dr. Kalanidhi Veeraswamy	Member of Parliament – Lok Sabha and Vice Chairperson, IMPF
16	Mr. Kaushik Ganguly	United Nations Children's Fund (UNICEF)
17	Mr. K Meghnathan	Eli Lilly
18	Dr. Krishna Seshadri	Apollo Hospital
19	Ms. Leena Ravindranath	PDMC
20	Dr. L. Palo	People to People Health Foundation
21	Dr. M Malarvizhi	National Health Mission
22	Dr. Mahithla	District Program Officer- NCD, Tiruvallur
23	Dr. Mani Kandan	District Program Officer- NCD
24	Dr. Meenakshi Bajaj	Tamil Nadu Government Multi Super Specialty Hospital
25	Dr. Muthukumaran Jayapaul	Endocrine Society of Tamil Nadu and Puducherry
26	Dr. Nalini Kaushik	People to People Health Foundation
27	Dr. Nithiyaa T	District Program Officer- NCD, Ranipet
28	Dr. Nitin Kapoor	Professor & Head (Unit 1), Dept. of Endocrinology, Diabetes and Metabolism, CMC Vellore
29	Dr. Pooja Sanghvi	United Nations Children's Fund (UNICEF)
30	Dr. Rama Narayanan	M.S. Swaminathan Research Foundation
31	Dr. S. Ramkumar	Apollo Hospital
32	Dr. Varshitha R	PDMC
33	Dr. V Ravindranath	PDMC
34	Dr. Vishnukuttaran	District Program Officer- NCD, Viluppuram
35	Dr. Vivekanandan	Chennai Liver Foundation
36	Mr. Vinod Bhanu	Indian Medical Parliamentarians' Forum
37	Mr. Sumeet Kad	Eli Lilly
38	Mr. Usman Siddiqui	People to People Health Foundation
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