

# GLP-1s & Anti-Obesity Space

## Views From Across the Globe

GLP-1 receptor agonists are reshaping the global health landscape—and with it, the health communications and marketing industry. As these treatments shift the paradigm in obesity management, they're redefining how patients, providers, payers, and policymakers approach chronic weight-related conditions. For marketers, this means navigating new narratives around stigma, access, equity, and long-term care. The surge in public awareness and demand for GLP-1s also brings unprecedented opportunities—and responsibilities—for agencies to lead with accurate, empathetic, and evidence-based messaging. Ultimately, the rise of GLP-1s is not just a clinical story—it's a communications challenge and a cultural moment. This moment presents a unique opportunity to craft a truly global strategy—one that addresses shared challenges while being deeply attuned to the local cultures, stigmas, and healthcare realities that shape perceptions and outcomes. Ultimately, the rise of GLP-1s is not just a clinical story—it's a communications challenge and a cultural moment.

Let's explore the global trends shaping how health marketers engage with the evolving anti-obesity space in 2025 and beyond:

Claire Eldridge  
Global Managing Director, GHMC



Consumer interest in GLP-1 receptor agonists for weight-loss in the UK is extremely high since their approval a year or so ago.

There are five GLP-1RAs approved for use, but only three of these are for weight loss. The others are for Type 2 diabetes. They are prescription-only medicines and must be given under medical supervision alongside exercise and diet and prescribed by a registered healthcare professional.

For cost-containment reasons, access to GLP-1RAs via the NHS is very restricted to those who need them the most. People considered obese (a BMI >35), or who have co-morbidities associated with being extremely overweight, such as cardiovascular disease, are prioritised. As demand outstrips availability, lots of private providers have appeared online and it is vital for consumers to make sure they are reputable companies, and that prescribing and monitoring is supported by healthcare professionals in line with prescribing guidelines. It is also important that people aren't tempted to take them for aesthetic reasons and have the minimum required BMI to qualify.

Unusually for most prescription-only medicines, GLP-1RAs are fast becoming household names, with many celebrities sharing their experiences. Media interest is high, and focuses on the more dramatic stories, side effects, and restricted availability. People accessing these drugs privately do not always meet the prescribing criteria, and this misuse can lead to worsening side effects. This led to the government issuing a drug safety update.

It is paramount for manufacturers of anti-obesity medicines, and those communicating on their behalf, to stay on top of the noise, monitor and respond, and responsibly communicate accurate messages to all audiences. As more anti-obesity drugs come to market, the competition will intensify, and interest will continue to rise. It will be interesting to see how the GLP-1RA market will continue to develop as the long-term effectiveness of this class of medicine is scrutinised. Being responsible, transparent, and honest in communications will be as important as ever, as well as the need to correct misinformation.

One thing is certain, this has shown how big the private consumer market is for prescription medicines, which is a new phenomenon for the UK. We'll see how many other conditions will begin to be routinely treated privately for those who can afford it. Dermatology? Gastroenterology? What will be next? And what comes after GLP-1RAs? How will this shape the future of health, nutrition, and exercise in the UK? We look forward to being a part of this shift.

## Jason Chang

General Manager, Elite PR Group



In Taiwan, three GLP-1-based medications have been approved for weight loss. Currently, none of these are reimbursed by the national health insurance system and must be paid for out of pocket. Despite this, these products have seen significant commercial success in the self-pay market since their launch.

A key success is that weight management has long been a popular topic in Taiwan. With the right exposure and public conversation, it's relatively easy to drive people to clinics, which in turn boosts product uptake.

A major challenge, however, is the cost. Due to the high price, many consumers turn to unofficial channels to obtain GLP-1 medications that are approved for diabetes treatment but not for weight loss—raising concerns about misuse and safety.

When discussing weight loss, it's crucial to shift the narrative back to the health risks associated with obesity, rather than focusing on body image or aesthetics. The messaging must emphasize health and well-being, not extreme thinness. Furthermore, medication should not be positioned as the only solution—it must be complemented by lifestyle adjustments across diet, exercise, and behavior.

Because obesity is a highly relatable and widely discussed issue, the marketing strategies for GLP-1 drugs often resemble those of consumer products more than traditional pharmaceuticals. Before the introduction of GLP-1 medications for obesity, the market had not seen such an effective weight loss solution in years. As a result, the pharmaceutical and healthcare industries in Taiwan have shifted much of their focus toward obesity treatments—and this trend is likely to continue for the foreseeable future.

Many weight loss medications are now being marketed through aesthetic medicine clinics, where the primary message is often tied to appearance. This raises concerns about how to strike the right balance—ensuring that marketing does not over-target individuals who may not medically need these treatments. Ethical responsibility in messaging and access will be an important issue to monitor moving forward.

## Sarbjit Kumar

Founder & Managing Director, Infinity Communications



GLP-1 receptor agonists have significantly transformed the anti-obesity treatment landscape in Switzerland, introducing new possibilities for clinical intervention, while also raising important regulatory and reimbursement challenges.

Several GLP-1 medications are currently approved in Switzerland, with varying degrees of coverage by the national health system. One has been approved for obesity since 2022 and became the first GLP-1 agonist added to the Specialties List (SL) in March 2024, enabling reimbursement under the mandatory health insurance scheme. (The Specialties List is an official list maintained by the Federal Office of Public Health (FOPH) that includes only those medications deemed effective, appropriate, and cost-efficient enough to be reimbursed.) However, access to this treatment is subject to strict conditions. Stipulations state that patients must have a BMI over 35, or over 28 with weight-related comorbidities, and demonstrate satisfactory weight loss within 16 weeks. Coverage is also limited to 3 years, with regular reassessments. There is another treatment also approved and reimbursed under similar clinical conditions.

In contrast, another GLP-1 which has been approved since November 2022 for both type 2 diabetes and obesity – is not on the SL and is thus not reimbursed. The FOPH justifies its exclusion by stating that it does not show sufficient added benefits compared to existing reimbursed therapies. Other GLP-1s are only approved for type 2 diabetes and are not reimbursed for obesity.

Their use for weight loss is considered off-label and unsupported by health insurance. However, with recently released results, ongoing head-to-head trials, and potential label extensions for currently approved drugs, the approval and reimbursement status of these medications may evolve in the near future.

The rising popularity of GLP-1s has driven increased media attention, consumer demand, and off-label use, thus prompting regulatory action in Switzerland. Both Swissmedic and the FOPH have issued warnings about the risks of purchasing fake or unauthorized versions online and expressed concern over the promotion of these medications, particularly for weight loss, by online platforms. In May 2025, the FOPH reaffirmed that GLP-1 prescriptions, must be issued by specialists in endocrinology or internal medicine working in certified obesity centres that meet specific interdisciplinary standards. Online consultations are explicitly excluded from the reimbursement framework, and platforms promoting off-label use of some of these GLP-1s were called out for violating prescription regulations. The FOPH also emphasized that no additional GLP-1s will be reimbursed unless they demonstrate superior clinical benefit over those already included on the SL. Thus, while GLP-1s are transforming obesity care in Switzerland, their use remains highly controlled, and reimbursement is restricted to strictly defined cases under specialist supervision

One notable success in the introduction of GLP-1 medications in Switzerland is that two therapies are now approved and reimbursed, thus offering patients evidence-based options for obesity management under the national health system. Importantly, Swiss authorities have integrated these treatments into a broader, holistic care model that emphasizes lifestyle changes, dietary support, and long-term self-care.

A key challenge has been the strain on supply chains due to high demand, both globally and locally. This has led to concerns about drug availability, particularly for patients using GLP-1s for type 2 diabetes. In response, Swiss regulators have emphasized the need to prioritize access for patients with high medical need and without viable alternatives, while discouraging off-label or casual use. This balance between innovation and equitable access remains a central focus of ongoing regulatory efforts.

As GLP-1 drugs redefine consumer expectations across the wellness, food, fitness, and pharma industries, supporting affected brands requires a deeply ethical and transparent approach. With both regulators and health insurance companies in Switzerland remaining highly vigilant, it is essential to ensure clear, straightforward messaging that distinguishes evidence-based medical treatments from wellness trends or over-the-counter solutions.

Brands must communicate the efficacy and safety profiles of GLP-1 medications with precision, avoiding ambiguity that could lead to misuse or misinterpretation. To do this effectively, we believe that companies should invest in strong brand identity and educational outreach that reinforce the role of GLP-1s as part of a medical, prescription-only pathway, and not as a lifestyle product. Ethical engagement also means supporting patients' long-term health journeys, including lifestyle change and self-management, rather than promoting quick fixes. This clarity will help maintain trust with consumers, professionals, and regulatory bodies alike during this major shift in the health landscape.

In terms of marketing, the regulatory environment has become significantly stricter, particularly regarding how these medications are discussed in public forums. Unlike most prescription drugs, GLP-1s are at the centre of intense media and consumer interest, blurring the lines between public information and promotion. To illustrate this, Swissmedic recently accused 3 Swiss media outlets of violating advertising regulations. According to them, certain articles about GLP-1s were deemed as unauthorized rather than neutral reporting. This reflects a tightening of enforcement and underscores the need for companies and the media to clearly differentiate between factual health information and promotional content.

As mentioned above, the high demand and off-label use of GLP-1 agonists have led to more persistent supply issues than many other prescription medications, prompting authorities to prioritize access for patients with the highest medical need.

Switzerland's anti-obesity treatment landscape is defined by a cautious, evidence-based approach that integrates medications like GLP-1s into a broader, medically supervised care model. As mentioned earlier, access and reimbursement remain tightly regulated, with treatments limited to certified obesity centres and subject to strict clinical criteria. Looking ahead, we imagine that any expansion in coverage will likely depend on robust long-term data and continued alignment with the country's commitment to patient safety, cost-effectiveness, and sustainable healthcare.

## Andreea Cristea

Owner, MPR



In Romania, the anti-obesity space is increasingly shaped by the global rise of GLP-1 receptor agonists like. These drugs are approved locally for type 2 diabetes and, more recently, for obesity management. The total market for GLP-1-based medications reached EUR 187 million in 2024 (FY) with a 32% CAGR from 2020–2024. Importantly, these drugs are fully reimbursed by the National Insurance House (CNAS) for diabetes indications. Novo Nordisk leads the market with a 71% market share, followed by Eli Lilly with 25%. Their treatments are high-performing brands, ranked #2 and #9 respectively in the total Pharma Rx market, both showing strong positive trends. However, for obesity treatment specifically, has no reimbursement, and off-label use in private care dominates the demand.

A key success has been the rapid medical community awareness and off-label use in private clinics for weight loss, signaling strong demand and clinical endorsement. The biggest challenge is regulatory and systemic: without explicit reimbursement for obesity, the condition remains under-prioritized in public healthcare despite its rising prevalence. Off-label use of GLP-1s for weight loss has also contributed to product shortages for diabetic patients, generating ethical concerns and resource strain. Good to know that one GLP-1 has been delisted from Romania due to international shortage but Novo Nordisk managed to switch consumption an oral GLP-1.

As GLP-1s reshape consumer expectations around weight and health, brands in wellness, food, and fitness must pivot with empathy and evidence-based communication. Ethical support involves promoting sustainable health behaviours, not quick fixes, which should be the rational communication approach for GLP-1. Supplement brands might consider centering their messaging around metabolic support, gut health, or emotional well-being, rather than presenting themselves as direct alternatives to GLP-1 treatments. Both pharma and wellness brands should steer clear of messages that induce guilt or shame, and instead promote a holistic approach to health—one that integrates mental, emotional, and social well-being.

GLP-1 therapies have attracted an unusual level of media and public attention for a prescription drug, often portrayed in lifestyle outlets as 'miracle weight-loss injections.' This visibility has led to increased direct demand from patients and strong brand awareness. Unlike most Rx treatments, GLP-1s are more actively promoted in private healthcare settings. However, their use in the public system remains tightly regulated, with strict prescription and reimbursement criteria, especially for non-diabetic cases. Still, in practice, patients who can afford to pay out of pocket for obesity treatment are often able to access GLP-1 prescriptions.

Looking ahead, GLP-1s may become part of standardized obesity treatment protocols, potentially accompanied by partial reimbursement. At the same time, the food supplement and wellness industries are expected to ride the GLP-1 wave by offering complementary products designed to support metabolic health and improve adherence to long-term lifestyle changes.

## Paul Venturino

Executive Director, Strategika



In Chile, several GLP-1s are approved for the treatment of type 2 diabetes and obesity. These medications are covered by health insurance plans in the country, albeit through different modalities. For type 1 and type 2 diabetes, both conditions are covered under the GES system (a state fund that covers diseases and their treatments), subject to the treating physician's recommendation. The physician must determine that this treatment is more effective for disease management than other medications, or that the patient cannot use alternative therapies such as metformin.



Regarding obesity treatment, there is no specific coverage available, although private insurance plans that include pharmaceutical benefits or treatments for obesity and other pathologies may provide coverage for these medications. Despite that, what we have seen is that patients that can afford the treatment (approx. US\$200 a month) are willing to use these medicines due to their effectiveness.

Similar to other countries where they have been approved, these are highly successful medications (in fact, initially couple years ago Chile experienced stock shortages due to high demand). Beyond diabetes treatment, their effectiveness in obesity management has gained significant recognition, with prescriptions being issued to adults by diabetologists, endocrinologists, and various other specialists who treat obesity-related conditions. This has created two key challenges: first, ensuring availability for patients who require the medication for complex conditions such as type 1 diabetes, and second, educating healthcare providers and promoting responsible use of the medication (including preventing self-medication), while ensuring understanding of potential side effects and proper consumption as part of a comprehensive treatment plan.

The changes produced by GLP-1 medications occur at two levels: modifications in treatment approaches and new perceptions regarding the ease of weight loss.

In the first case, physicians such as diabetologists and endocrinologists have incorporated these treatments due to both their effectiveness and strong pressure from patients who seek faster results and simpler treatment regimens to follow. This has created significant demand for authorized, credible, and independent sources that can inform patients and their families, preventing them from seeking information through social media influencers or other users who lack understanding of the complexity of these medications.

In the second case, a significant shift in perception has occurred among both patients (who do require the medication) and users (individuals who do not require it but use it as a shortcut): despite potential side effects, these products should be used more broadly and with fewer restrictions. As long as one can afford them, they are considered "just as valid" a method as diet or exercise.

This creates a significant ethical challenge for the pharmaceutical industry, physicians, and treatment centers to inform adequately and proactively, as well as to ensure that individuals become aware of the potential effects.

The change has been strongly noticeable. In some cases, there have been stock shortages due to high demand and, in general, more users are pressuring their endocrinologists to prescribe this type of medication, even when the physician may consider it unnecessary (primarily individuals seeking rapid weight loss).

The change at the pharmacy level is also significant, with increasing pressure for these establishments to sell such products only with medical prescriptions.

## Carmen Rodriguez, Alejandra Galindo, Paula Delgado Berbes



In Spain, GLP-1 receptor agonist drugs are approved by the Spanish Agency of Medicines and Health Products (AEMPS) both for the treatment of type 2 diabetes and, more recently, for obesity. Regarding approval, one GLP-1 was approved by the EMA and introduced in the Spanish market for the treatment of obesity. Another was also authorized for the same indication.

As for reimbursement, they are not currently financed by the National Health System for the indication of weight loss or obesity, except in very specific cases such as type 2 diabetes with certain clinical conditions. This entails a high economic cost for patients who want to access them to treat obesity.

The clinical success and acceptance of GLP-1 has been remarkable. Health professionals value them positively for their efficacy not only in weight loss, but also in reducing cardiovascular risk in patients with type 2 diabetes.

On the other hand, the main challenge is access and equity. The high cost and lack of public funding generate inequality in access, limiting it to those who can afford to pay for treatment privately, despite the fact that obesity is a public health problem that disproportionately affects the most disadvantaged social classes.

It would be important not to present obesity as a lack of personal will, but as a complex medical condition to avoid the associated stigma. In addition, it is necessary to have reliable education and information, avoiding trivialization or its promotion as “weight loss miracles”. Multidisciplinary collaboration is also key to offer personalized and sustainable solutions.

Yes, there are clear differences. On the one hand, high demand and shortages, as the popularity of these drugs has led to supply problems even for patients with type 2 diabetes, which has generated media debate and regulatory pressure. On the other hand, unlike many prescription drugs, GLP-1s have been widely discussed in social networks, general media and media figures/influencers, which has increased their demand without the need for direct marketing (which is also legally restricted in Spain). In addition, there is a paradigm shift. From more traditional methods such as diets, supplements, bariatric surgery, etc., towards a more pharmacological model, although this raises ethical and sustainability questions.

More focus should be placed on prevention, the need for the healthcare system to consider funding GLP-1 in severe obesity indications and to take into account the risk of excessive medicalization that exists.