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Can Wegovy move the needle on NZ's obesity crisis, or simply treat its symptoms?

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Even before receiving public funding, Wegovy has drawn much media attention in New Zealand for the dramatic difference it can make for weight loss.

But with its rise in popularity has come debate about what these next-generation drugs really mean for a worsening obesity crisis and its driving causes.

Last month, New Zealand's drug-funding agency Pharmac added Wegovy to its list of medicines suitable for future public funding. If that happens – and it could quickly – the drug would initially be targeted at people with severe obesity, or who are overweight with related health conditions.

Right now, the drug's private prescription costs – upwards of NZD$400 per month – places it beyond the reach of many New Zealanders, particularly those disproportionately affected by obesity. This has strengthened arguments that public funding could improve equity while reducing long-term health-care costs.

All the while, New Zealand continues to report some of the developed world's highest obesity rates. Around one in three adults and one in eight children are today classified as obese, while roughly two thirds of adults are either overweight or obese.

That may make the prospect of public funding all the more attractive for the country and its health system. But it should also be asked: can these drugs really be expected to tip the scales against an epidemic rooted in complex social and environmental factors?

Why we're hearing about Wegovy

Wegovy works through semaglutide, a drug that helps regulate appetite and blood sugar, making people feel fuller for longer.

Clinical trials have shown that, when the drug is taken in tandem with lifestyle change, effects can be striking. In one landmark study, participants lost around 15% of their body weight over 68 weeks, which was far more than those who instead took a placebo.

For some people, such weight-loss can be transformative – reducing the risk of diabetes, cardiovascular disease and other long-term conditions.

Still, the drug has drawbacks. People generally need to keep taking it to maintain weight loss, with many regaining weight once treatment stops. Side effects are common, and the long-term impacts remain uncertain.

NZ's food 'swamps and havens'

Debate around new drugs such as Wegovy can sometimes reduce obesity to a question of personal choice and responsibility.

But obesity in New Zealand has been rising for decades, particularly among children and more deprived communities, reflecting drivers that extend well beyond individual behaviour.

Research shows the environments people live in, for instance, strongly reflect what and how they eat. Highly processed, energy-dense foods are today widely available, aggressively marketed and often cheaper than healthier options.

But some sections of society are much more exposed than others. Māori and Pacific communities experience significantly higher rates of obesity, reflecting broader inequities in income, housing and access to healthy food.

Fast-food outlets are disproportionately concentrated in more deprived areas and these "food swamps" dominated by unhealthy options are common across New Zealand. In many neighbourhoods, unhealthy food is often the easiest and most accessible choice.

Children's everyday environments also play a part. Studies suggest many New Zealand schools still make unhealthy food easier to access, with healthy food policies unevenly applied.

Yet there are also signs of what works. So-called "food havens" – community spaces designed to make healthy food affordable, accessible and culturally appropriate – show how local initiatives can improve food environments.

An intervention, but not an answer

All of this reinforces that obesity is fundamentally a systems problem, not one that can be solved through pharmaceutical treatment alone. Framing these drugs as a silver bullet risks diverting attention from the broader preventive changes needed to address its root causes.

There is also a policy tension. Public funding for Wegovy might indeed help reduce future health-care costs by lowering rates of diabetes and heart disease. But unless the drivers of obesity are addressed, the number of people needing treatment will likely continue to grow.

Evidence suggests that reducing obesity at a population level requires action on the environments which shape daily life.

That includes improving access to affordable healthy food, restricting marketing of unhealthy products, strengthening school food environments and addressing those broader social and economic conditions that influence health.

These interventions are obviously more complex than prescribing a drug. But they are also more likely to produce a lasting solution to a crisis that is bringing a heavier toll for New Zealand each year.

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