

Action Plan on Weight Management



Department of Health



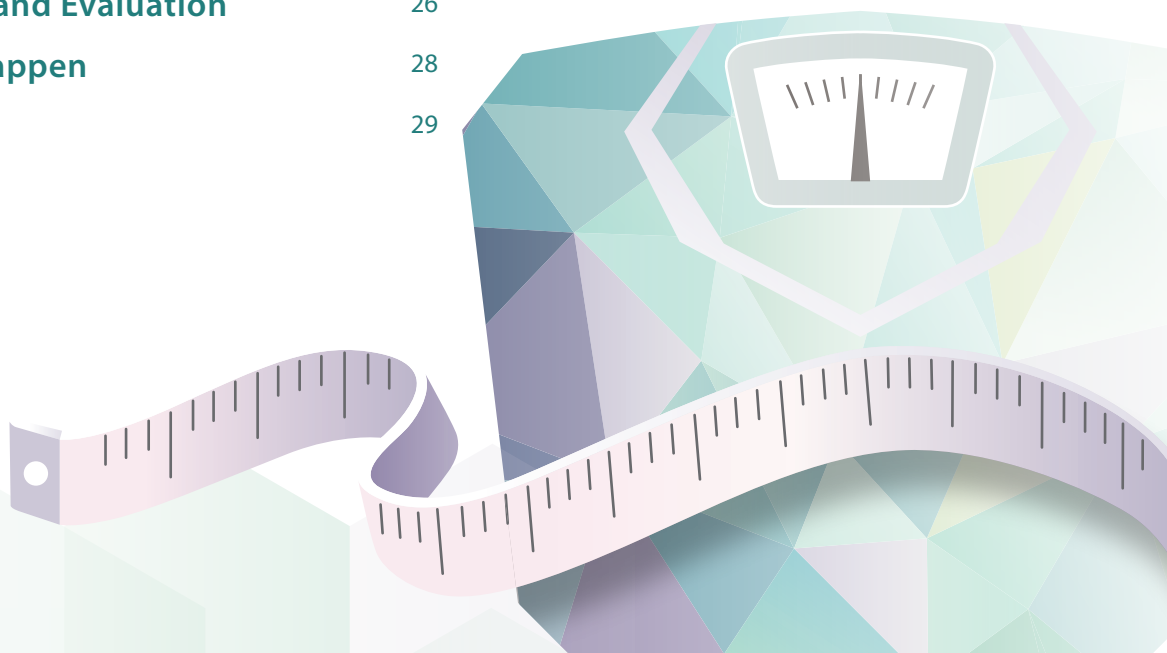
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Preface

Laying the Foundation for a Healthy Hong Kong:

Ushering in a New Era of Territory-wide Weight Management

Health is the cornerstone of individual well-being and social progress. With this in mind, the Chief Executive made clear in the 2025 Policy Address that the Government will actively draw on the national and the World Health Organization strategic frameworks to comprehensively strengthen public awareness and action on weight management. As a key step towards this commitment, the Government established an inter-departmental Weight Management Working Group in October 2025 to coordinate efforts and drive forward the relevant work.

The Action Plan on Weight Management (Action Plan) is not merely a policy document – it is a collective investment in the health of our future generations, signifying a profound and systematic strategic shift in Hong Kong’s public health approach towards prevention-centred interventions.



Dr Ronald Man-kin LAM, JP
Director of Health

Fundamentally guided by the *Healthy China 2030* Planning Outline, which calls for “integrating health into all policies,” we fully recognise that weight management is a complex issue to resolve. It is not simply a matter of personal discipline or choice, but rather a multi-dimensional public health challenge involving environmental, social, and economic factors. We therefore reject fragmented or short-term measures, and instead strategise a systematic, life-course approach that applies to all social environments. From prenatal nutrition at the beginning of life and healthy habit formation during school-age years, to workplace wellness management during adulthood and active ageing in senior years, we are committed to providing appropriate support at each significant life stage. This marks a breakthrough from the traditional boundaries of health work, which requires us to expand our vision from consultation rooms to school canteens, workplaces, community parks and even urban planning blueprints, so that we establish a broader health ecosystem.

We deeply understand that tackling complex health issues cannot be accomplished by a single department alone. The forward-looking nature of this Action Plan lies in its dual driving force of scientific evidence and multidisciplinary collaboration. Apart from implementing proven interventions, we also focus on shaping the future of public health by embracing technological changes. Platforms such as *eHealth* will be utilised to integrate health data, enabling technology to facilitate personalised management. More importantly, we will strive to strengthen primary healthcare as the first line of defence, as well as to promote greater synergy between Chinese and Western medicine to combine centuries-old traditional wisdom with modern evidence-based practices and safeguard the well-being of the public.

The success of this Action Plan hinges on the widespread participation of the community. I call upon every citizen, family, school, business, and community organisation to work together to build a healthy Hong Kong. Let us now all join hands to make our city not only prosperous and dynamic, but also vibrant and healthy, allowing our generation's investment in health to become the most precious legacy to be bestowed upon future generations!

Abbreviations

Abbreviation	Full Name
BMI	Body mass index
CHP	Centre for Health Protection
CM	Chinese Medicine
CMDf	Chinese Medicine Development Fund
CMU	Chinese Medicine Unit
DH	Department of Health
EDB	Education Bureau
EEB	Environment and Ecology Bureau
eHRO	Electronic Health Record Office
FEHD	Food and Environmental Hygiene Department
HA	Hospital Authority
HD	Housing Department
LCSD	Leisure and Cultural Services Department
MVPA60	At least 60 minutes of moderate-to-vigorous intensity physical activities daily
NCD	Non-communicable Disease
OSHC	Occupational Safety and Health Council
PHCC	Primary Healthcare Commission
PlanD	Planning Department
SSB	Sugar-sweetened beverages
WHO	World Health Organization

Rationale for a Weight Management Action Plan

Obesity has become a global crisis. According to the World Health Organization (WHO), global prevalence of obesity in adults has more than doubled in the last three decades, and the situation was exacerbated by the COVID-19 pandemic due to lifestyle changes.¹ Obesity increases the risk of developing non-communicable diseases (NCDs) such as type 2 diabetes, hypertension and at least 13 types of cancers². It is also closely linked with mental health issues, such as sleep disturbance³ and depression^{4,5}. In Hong Kong, the age-standardised prevalence of overweight and obesity among adults rose from 47.0% in 2014/15 to 51.3% in 2020/22. Age-standardised prevalence of central obesity remained stable at 33.1% and 32.9% during the same period. Overweight or obesity was most common among females aged 65-84 (57.0%) and among males aged 45-54 (74.6%).

$$\begin{array}{c} \text{BMI} \\ \text{body mass} \\ \text{index} \\ \text{(BMI)} \end{array} = \frac{\text{weight (kg)}}{\text{height (m)} \times \text{height (m)}}$$

For Hong Kong Chinese adults

Overweight: BMI ≥ 23.0 to < 25.0 kg/m²

Obese: BMI ≥ 25.0 kg/m²

A critical aspect of effective weight management is self-awareness regarding one's own weight status. Many individuals misperceive their weight status, which hinders successful weight management. According to the 2020-22 Population Health Survey, 65.1% of overweight participants perceived themselves as underweight or "just right". Furthermore, around 40% of those diagnosed with overweight or obesity did not take action to manage their weight in the 12 months preceding the survey.

Studies have identified key barriers to maintaining a healthy weight, including insufficient self-control, physical pain, time constraints, dietary restrictions, and a lack of support⁶. Many individuals mistakenly believed that they could manage their weight independently, neglecting the need for professional assistance. Access to healthcare may be restricted by financial constraints, long waiting times or infrequent follow-ups, while healthcare providers may struggle to devote adequate time or receive appropriate training for effective counselling on weight management⁷. Enhanced risk-communication and goal-setting with patients, with the aim to develop personal motivation for change, would be instrumental.

Obesity is both a cause and an effect of inequality. Those who are overweight are more likely to have lower incomes, to be unemployed and to be absent or less productive than healthy individuals⁸. Cultural and familial norms can contribute to unhealthy diet and exercise habits, perpetuating an obesogenic environment. Co-morbidities such as osteoarthritis can cause significant distress and pain further limiting patients' free time, mobility and motivation to address weight.

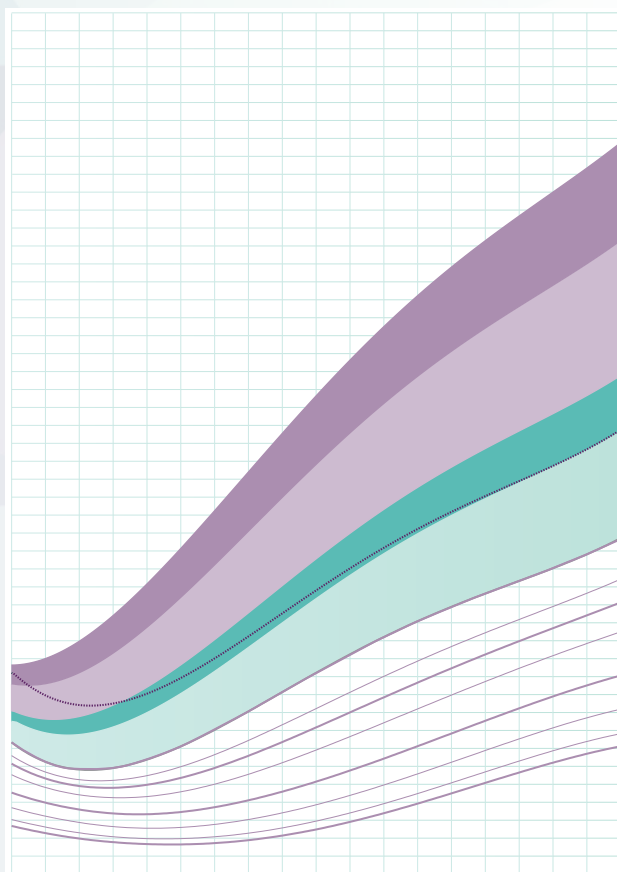
To address these challenges, a comprehensive, whole-of-society approach is essential for effective population weight management. Key evidence-based initiatives should include enhanced education on weight perception, improved access to healthcare, personalised goal-setting, and community support programmes to foster lasting behavioural change.



For children aged 0-5 years, the BMI for age in "Growth Chart" is used. Overweight is defined as BMI > 98th and ≤99.6th centile. Obesity is defined as BMI > 99.6th centile.



For children and adolescents aged 5 – < 18 years: the BMI for age in "Growth Chart" is used. Overweight is defined as BMI > 91st and ≤98th centile. Obesity is defined as BMI > 98th centile.



For more information, please visit "Growth Chart" on the website of the Department of Health

Global Strategies

The “WHO Acceleration Plan to Stop Obesity” (WHO Acceleration Plan) in 2022 comprises five workstreams: (1) Evidence-based, impactful and cost-effective actions, (2) Delivery for impact, (3) Global advocacy, (4) Engaging partners and (5) Accountability. It calls for multisectoral efforts across governments, communities, and industries to create healthier environments and lifestyles, underscoring that obesity is not a personal choice but a systemic challenge rooted in obesogenic societies rife with processed foods, sedentary norms, and aggressive marketing⁹. In conjunction,

the “Health service delivery framework for prevention and management of obesity” launched by the WHO in 2023 provided a model of care that promoted vertical integration across health care systems, with multi-sectoral activation points and enablers.

Under the Workstream “Evidence-based, impactful and cost-effective actions”, the whole-of-society approach endorsed in the 2022 WHO Acceleration Plan included examples of interventions shown in Figure 1. The 2022 WHO Acceleration Plan also called upon member states to act across multiple settings and scale up impactful interventions as illustrated in Table 1.

Figure 1: Act across multiple settings and scale up impactful interventions

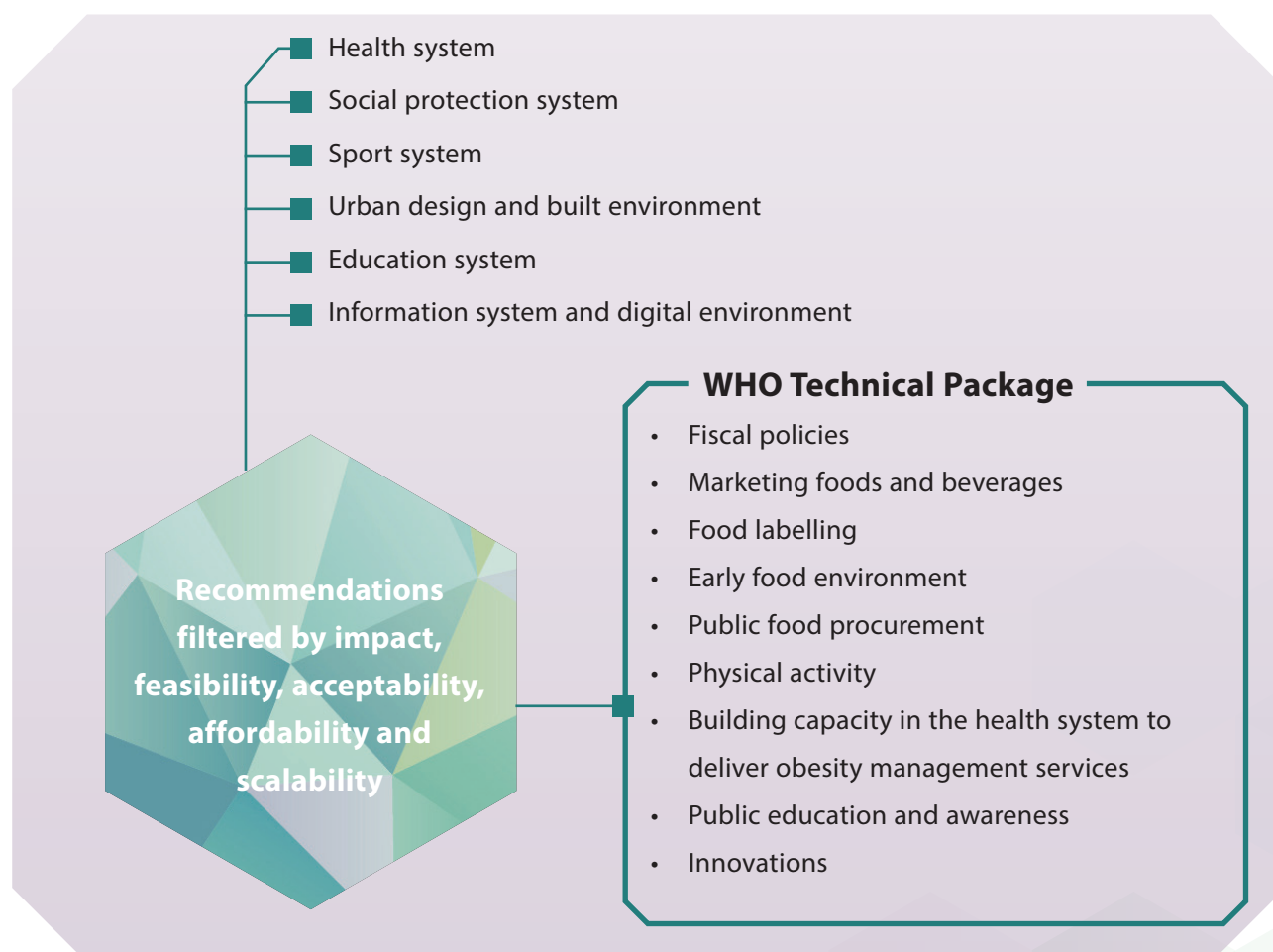


Table 1. Interventions under the Technical Package of the WHO Acceleration Plan to Stop Obesity and relevant measures implemented by selected countries/regions:

Interventions recommended by WHO	Examples of measures implemented by countries / regions
 Early food environment (Protecting, supporting and promoting breastfeeding, school food and nutrition policies)	• Implement “Ten Steps to Successful Breastfeeding”¹⁰ as breastfeeding policy (Chinese Mainland, Hong Kong, Australia, Singapore, United Kingdom, United States). • Promulgate school food standards, restricting high-fat, high-salt, and high-sugar foods in school meals (United Kingdom, United States).
 Physical activity	• Develop, maintain and extend infrastructure that grows sport participation (Chinese Mainland, Hong Kong, Australia, Singapore). • Increase physical activity through programmes and increasing access to sports facilities (Hong Kong, Singapore).
 Public education and awareness	• Promote self-weight monitoring through widespread availability of measuring equipment at various venues, “One Scale, One Tape Measure, One Calendar” (Chinese Mainland). • Launch mass media social marketing campaigns (Change4Health [Hong Kong], LiveLighter [Australia], Change4Life [United Kingdom], Let’s Move! [United States]).
 Building capacity in the health system to deliver obesity management services	• Enhance healthcare service on weight management and treatment for obesity (Chinese Mainland, Singapore, United Kingdom, United States). • Establish structured weight management services with referral system between tiers of care (United Kingdom).

Interventions
recommended by WHOExamples of measures implemented
by countries / regions

Innovations

- Promulgate and develop weight management apps with Body Mass Index (BMI) calculators, food and exercise diaries, and tailored advice about balanced diets and active lifestyles (Chinese Mainland, United Kingdom).
- Distribute free fitness trackers at vending machines with data linked to Healthy 365 App and National Steps Challenge (Singapore).

Public food
procurement and
reformulation policies

- Increase tax on sugar-sweetened beverages (SSBs) to encourage manufacturers to reformulate their drinks to contain less sugar (Mexico, United Kingdom).
- Launch partnership programme to work with the food industry to reduce unhealthy ingredients in food products (Hong Kong, Australia, Canada, France).

Marketing food and
beverages

- Restrict unhealthy food and drink advertising, branding and sponsorship (Australia, Singapore, United Kingdom).
- Restrict temporary price reductions and promotions on unhealthy foods and drinks (Australia, United Kingdom).

Fiscal policies
(including taxes and
subsidies)

- Use subsidies, vouchers and other financial incentives to increase sport participation in priority groups (Australia, Singapore).
- Impose SSB taxes (one-peso-per-litre tax [Mexico], Soft Drinks Industry Levy [United Kingdom]).

Nutrition Facts		
Calories	770 kJ	1%
Total Fat	7.4 g	1%
Cholesterol	20 g	1%
Sodium	3.8 g	9%
Carbohydrate	17 g	1%
Protein	6.4 g	2%

Food labelling

- Label foods with excess sugar, sodium, fat or calories with a black warning at front-of-pack (Mexico).
- Label foods and drink based on fat, sugar and salt content with a traffic light system at front-of-pack (Singapore, United Kingdom).

National Programme in Weight Management

In June 2024, the National Health Commission of the People's Republic of China launched the "Weight Management Year" Programme 《「體重管理年」活動實施方案》¹¹. The 3-year initiative addresses the increasing challenge of overweight and obesity, which has become a major public health problem. It aims to establish widespread supportive environments for weight management, significantly improve public awareness and skills, promote healthier lifestyles, and gradually create a positive situation where the whole population participates and everyone benefits. Emphasis is stressed on collective efforts involving government, healthcare institutions, industries, workplaces and families through five key strategies:



Strengthening scientific education and advocacy to raise public awareness;



Mobilising broad social participation to enhance management effectiveness, including creating supportive social environments, strengthening family roles, standardising professional service models, integrating Traditional Chinese Medicine, and promoting healthy consumption concepts;



Implementing a life-course approach with targeted measures for pregnant women, infants, students, occupational groups, and elderly people;



Strengthening weight monitoring and effectiveness evaluation through integrated data systems and information sharing mechanisms; and



Advancing scientific research and translating findings into innovative service models and technologies.

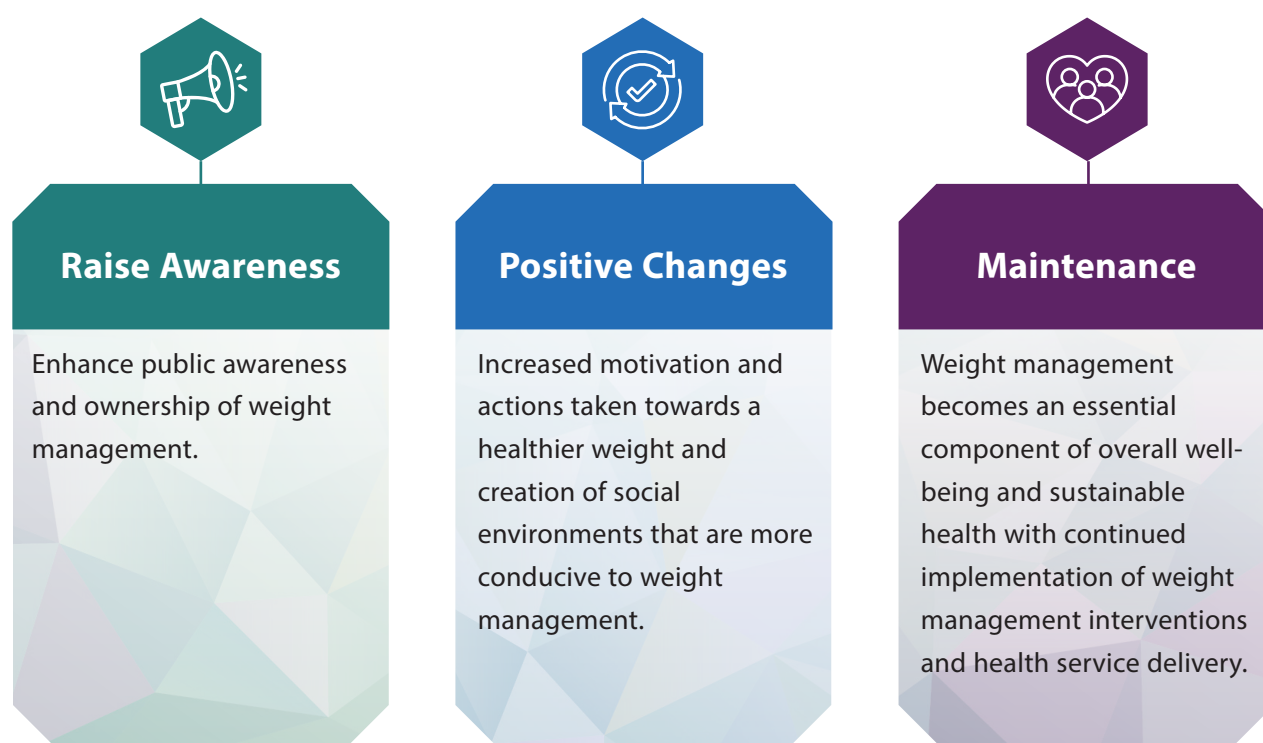
These strategies align with the broader Healthy China Initiative (2019-2030), which prioritises disease prevention and health management over disease treatment.

Local Action Plan

Goal

The success of the Action Plan on Weight Management (Action Plan) relies on collaboration among stakeholders by implementing population-wide interventions and cultivating supportive environments for effective weight management through a life-course approach.

This 3-year Action Plan outlines strategic directions, objectives, actions, key stakeholders, and indicators specific for weight management in Hong Kong. Each year will focus on a distinct theme, following a systematic and progressive implementation strategy:



Key Directions and Objectives

The Action Plan will follow 5 Key Directions, driving 15 Objectives to systematically promote weight management across Hong Kong as shown below:



Key Direction I

Strengthen health education and promotion to enhance public awareness of weight management and self-management skills

Effective health education and promotion are essential for equipping individuals with the knowledge necessary to understand key weight indicators – such as BMI, waist circumference, and waist-hip ratio – and to interpret these metrics to inform effective weight management strategies. This approach fosters healthy lifestyle choices and mitigates obesity-related health risks such as type 2 diabetes, hypertension, and certain cancers. In alignment with the WHO's emphasis on increasing public awareness, this section outlines targeted interventions designed to enhance weight management literacy in Hong Kong.

There is a notable gap in weight management literacy across the population. Many individuals harbour misconceptions about their weight status, with those classified as overweight often perceiving themselves as normal, and those at a healthy weight feeling pressured to lose more. Even those motivated to make changes may lack the knowledge and skills necessary to do so effectively. A systematic review found that although self-perception as overweight was associated with greater efforts to lose weight, those weight loss attempts and strategies often did not translate into healthy weight-related behaviours such as healthy eating or physical activity¹². Some studies showed that self-weighing was associated with favourable weight loss outcomes while the beneficial associations of regular self-weighing were more pronounced for overweight or obese individuals.^{13,14} Enhancing

health literacy through targeted education focused on healthy dietary practices, alcohol consumption management and adequate physical activity is crucial for dispelling myths, promoting accurate self-assessment of weight indicators, and empowering individuals to make sustained behavioural changes that lead to improved population weight outcomes.

The WHO advocates “best buys” for accelerating action against obesity, focusing on cost-effective interventions which can bring about positive changes to weight management. In particular, Front-of-Pack Labelling is a crucial tool that enables consumers to make informed dietary choices at the point of purchase. Research indicates that colour-coded and nutrition warning labels (e.g. traffic light system) can significantly influence purchasing behaviours, leading to an increase in healthier product choices and a reduction in the selection of less nutritious options. Drawing from comprehensive international experience, such labelling improved the overall nutritional quality of purchased foods, reducing the energy, sodium, fat, and saturated fat content.¹⁵ Currently, the relevant labelling scheme in Hong Kong is voluntary in nature. The Government will continue to review its effectiveness and scope for development.

On the front of promoting physical activities, evidence supports the effectiveness of community-based sports and recreation programmes in boosting physical activity levels within the population. Tailored interventions that incorporate personal engagement further enhance participation and outcomes. In particular, integrating BMI education into school curricula, public events, and recreational venues is vital for increasing awareness of weight-related health risks. Programmes that promote personal contact and tailored interventions have been shown to enhance effectiveness in encouraging physical activity among students, fostering self-regulation habits that are critical for long-term weight management.¹⁶

The role of adequate sleep in effective weight management cannot be understated, especially in children, and schools are instrumental in reinforcing messages of optimal sleeping habits to students. A meta-analysis¹⁷ found that in children aged 0-16 years, those with the shortest sleep duration (approximately 10.0 hours) were 76% more likely to be overweight/obese than those with the longest sleep duration (approximately 12.2 hours) and had a larger annual BMI gain (0.13 kg/m²).



Objective 1

Increase awareness of weight management for all by health education



Objective 2

Promote healthy diet from market to table



Objective 3

Promote sports culture



Objective 4

Provide weight management advice in various healthcare services



Objective 5

Incorporate weight management element into global health campaigns



Key Direction II

Proactively foster a social environment that supports weight management to promote the adoption of healthy lifestyles

Numerous initiatives within schools, workplaces, and government departments have already made commendable progress in fostering a supportive social environment through public health campaigns. However, there is a pressing need to expand the reach and effectiveness of these campaigns to encompass a broader segment of the population. An overseas cohort study showed that a targeted mass media campaign on SSBs was effective in positively influencing adults' knowledge and behaviours and reducing SSB intake over time.¹⁸

In particular, the WHO recommends whole-of-school approaches as targeted interventions for promoting health among students. Systematic reviews demonstrate that school-based interventions consistently improve BMI profiles, indicating the potential for schools to serve as foundational environments for instilling healthy habits early in life.¹⁹ Similarly, multi-component workplace physical activity programmes have been shown to effectively

increase physical activity levels, reduce psychological stress, and improve dietary habits. Research has found that such programmes often lead to positive changes in body composition and clinical health outcomes, underscoring the role of supportive work environments in fostering health.²⁰

Complementing these efforts, the availability of weight measurement equipment (such as weighing scales and measuring tape) is essential in encouraging self-monitoring, which is often associated with more significant weight loss outcomes.²¹ When individuals have access to such resources, they are more likely to engage in regular self-assessment, thereby enhancing their commitment to weight management. This combination of supportive environments in schools, workplaces, communities, along with accessible weight monitoring tools, healthy dietary choices and exercise facilities, creates a comprehensive framework that promotes healthier lifestyle choices across different settings.



Objective 6

Develop weight monitoring habits through installing measuring equipment and explanatory guidance in various venues



Objective 7

Promote the use of sports facilities by the public and facilitate incorporation of exercise into daily life



Objective 8

Strengthen supportive environment for healthy food choices conducive to weight management



Objective 9

Targeted health promotion campaign to encourage community engagement on healthy lifestyles

Key Direction III

Strengthen health service delivery and enhance the effectiveness of obesity prevention and control

Strengthening health service delivery is indispensable for implementing effective weight management across Hong Kong's population. This approach ensures early detection of obesity, the provision of evidence-based interventions, and the continuity of care necessary to address the growing societal burden of obesity and its associated health risks. Primary, secondary, and tertiary care centres function as interconnected checkpoints, facilitating the screening for obesity and its comorbidities, conducting risk stratification, and providing timely referrals to specialists and allied health professionals.

To achieve comprehensive weight management, multidisciplinary teams – including physicians, nurses, dietitians, physiotherapists, and clinical psychologists – will collaborate to deliver holistic weight counselling to patients. Additionally, Chinese Medicine (CM) offers valuable perspectives and management approaches, catering to diverse patient populations and enhancing the overall effectiveness of weight management strategies.

CM is widely accepted and used among the Hong Kong population. There is growing evidence supporting the effectiveness of Chinese herbal medicine and acupuncture for weight reduction.²² The increased Integrated Chinese and Western Medicine, facilitated by a multidisciplinary referral pathway, will create powerful synergies for a more holistic approach in tackling obesity problem in the society.

Evidence supporting the importance of structured health service delivery is robust, demonstrating that patients in primary care who received brief opportunistic interventions for weight management achieved significantly greater mean weight loss compared to a control group that was merely advised on the health benefits of weight loss.²³ This finding underscores the need for proactive, structured approaches within healthcare settings to drive meaningful weight management outcomes. By strengthening health service delivery, we can better equip healthcare providers to support individuals on their weight management journeys, ultimately contributing to improved public health across Hong Kong.



Objective 10

Primary Healthcare:
provide personalised
weight management care
plan and improve referral
mechanisms



Objective 11

Secondary and Tertiary
Healthcare: provide
appropriate specialist
intervention and improve
referral mechanisms



Objective 12

Chinese Medicine:
advocate Chinese
Medicine principles
through multidisciplinary
management teams

Key Direction IV

Adopt a life-course approach health promotion strategy with targeted intervention at different life stages

Adopting a life-course approach to health promotion is essential for sustained population weight management in Hong Kong. Weight trajectories are shaped from preconception through to old age and early interventions yield amplified long-term benefits. Prenatal nutrition counselling, childhood growth monitoring, adolescent school-based programmes and workplace initiatives for adults can interrupt the intergenerational cycle of obesity. Geriatric services focus on balanced nutrition to preserve muscle and mobility.

Breastfeeding was found to reduce the odds of overweight or obesity among individuals aged 1-9 years by 27% (pooled odds ratio of 0.73) compared to those who were not breastfed.²⁴ This illustrates how good practices during infancy can reap continued protective benefits in later stages of life.

By embedding age-attuned messaging and medical services into public health frameworks, this direction aims to mitigate critical weight gain windows, reduce comorbidities, and foster lifelong self-regulation habits, ensuring positive outcomes across generations.



Objective 13

Promote weight management early and prioritise critical transition interventions across life stages





Key Direction V

Continuously monitor weight trends among Hong Kong citizens and enhance data analysis and policy evaluation

The systematic and continuous monitoring of population weight trends is a critical public health function, providing an indispensable evidence base for proactive health strategy. Ongoing surveillance enables the timely identification of emerging health priorities, the rigorous evaluation of intervention programme efficacy, and the strategic, data-driven allocation of healthcare resources.

In addition, longitudinal electronic health records facilitate the granular analysis of population health, allowing for the precise identification of at-risk demographic and socioeconomic subgroups. This specificity, in turn, enables the design and implementation of targeted, cost-effective

prevention strategies that can adapt over time. Beyond immediate health interventions, the continuous monitoring of weight trends is fundamental to safeguarding the long-term economic and social resilience of the community. The high prevalence of obesity and its associated comorbidities – such as diabetes, cardiovascular disease, and certain cancers – places a substantial and growing strain on healthcare systems. By tracking these trends proactively, we can more effectively transition from a reactive, treatment-focused model to a preventive, cost-containment one.



Objective 14

Conduct and disseminate findings of high-quality population health surveys to monitor weight trends and related health information



Objective 15

Collect weight-related service data from key service providers

Actions

The Action Plan brings together the strengths of multiple policy bureaux and departments to drive evidence-based actions across five strategic directions, promoting cross-sector collaboration among the government, business sector, academia, and community stakeholders.



Key Direction I

Strengthen health education and promotion to enhance public awareness of weight management and self-management skills

Actions		Action parties
Objective 1 Increase awareness of weight management for all by health education		
1.1.	Develop the “Weight Management Compass” – a set of simple and easy-to-use guidance tool to help the public understand their conditions, and promote it extensively to all sectors of society through various service units and channels, including the eHealth App.	DH
1.2.	Establish a weight management thematic webpage to enhance health literacy on obesity and associated NCDs such as type 2 diabetes, hypertension and cancers. Encourage healthier lifestyle choices and equip citizens with the knowledge and skills required to practise weight management effectively, and integrate the relevant information in the eHealth App.	DH
	Enhance promotion of weight management in all government bureaux and departments (B/Ds) in relevant campaigns and programmes with the use of multimedia including social media.	Relevant Government B/Ds
1.3.	Incorporate weight management advocacy into school practices, in addition to various physical activities. Advocate for healthy lifestyles including healthy eating, active lifestyles, and adequate sleep through various subjects.	EDB
	Provide schools with multimedia health education materials to enhance students’ understanding and interest in weight management and sleep.	DH
1.4.	Address societal stigma by implementing educational initiatives that reduce stigma associated with unhealthy behaviours in weight control, highlighting the importance of addressing both underweight and overweight conditions and correct misperceptions. Address the psychological needs of students regarding body image and self-perception through student guidance personnel and clinical psychologists.	EDB, DH, PHCC

Actions		Action parties
1.5.	Continue raising awareness of healthy eating and regular physical activity among the elderly and their caregivers, with focus on disadvantaged communities.	DH, PHCC, HD
1.6.	Increase prominence of weight management information at point of use in all LCSD sports centres and public healthcare service venues with weighing scales, with clear on-site instruction on scale use and BMI calculation and interpretation.	LCSD, DH, PHCC, HA, CMU
1.7.	Promote the use of mobile health, particularly the eHealth App, for monitoring weight parameters (e.g. weight, BMI, waist circumference) ²⁵ and providing feedback to promote healthier lifestyle.	DH, eHRO, HA
1.8.	Include weight management in undergraduate curricula for health professionals, sports-related professionals and educators.	Tertiary Institutions
Objective 2 Promote healthy diet from market to table		
2.1.	Continue to advocate and support breastfeeding through implementation of "Ten Steps to Successful Breastfeeding".	DH, PHCC, HA
2.2.	Strengthen public education on interpretation of food label for prepackaged food to facilitate consumers to make informed choices.	EEB, FEHD
2.3.	Promote reduction of salt and sugar in food through food traders such as food product reformulation which will benefit the society as a whole.	EEB, FEHD
Objective 3 Promote sports culture		
3.1.	Promote sports culture and participation through regular and specific events (e.g. "Sport For All Day", "Hong Kong Games", "Masters Games", "Corporate Games").	LCSD
3.2.	Encourage experience of traditional Chinese exercises such as Tai Chi and Baduanjin for weight management via the Chinese Medicine Development Fund (CMDf).	CMU
Objective 4 Provide weight management advice in various healthcare services		
4.1.	Provide health assessment and programmes (e.g. health talks, group classes, personalised weight risk assessment and brief intervention) to clients under their care through multidisciplinary weight management teams or services.	DH, PHCC, HA
4.2.	Integrate assessment of weight indicators and related co-morbidities, and develop health management plans together with clients.	DH, PHCC, HA
Objective 5 Incorporate weight management element into global health campaigns		
5.1.	Advocate weight management during relevant World Health Days such as Obesity, Hypertension, Diabetes, Heart, Stroke, Oral Health, and Cancer.	DH



Key Direction II

Key Direction II - Proactively foster a social environment that supports weight management to promote the adoption of healthy lifestyles

Actions		Action parties
Objective 6 Develop weight monitoring habits through installing measuring equipment and explanatory guidance in various venues		
6.1.	Install and increase awareness of the availability of weight management equipment (e.g. weighing scales, measuring tapes) in public spaces such as sports centres and healthcare venues and encourage their correct use. Encourage integration of data from weighing scales and wearable devices (fitness trackers, smart watches) with existing applications particularly the eHealth App to provide weight management advice. ²⁶	LCSD, HD, DH, PHCC, CMU, HA, eHRO
6.2.	Encourage schools to use various funding sources to purchase weight measurement equipment (e.g. weighing scales, measuring tapes) to foster weight monitoring habits in conjunction with the "Whole School Health Programme" ²⁷ . Encourage schools to participate in the School Physical Fitness Award Scheme.	EDB, DH
6.3.	Encourage all signatories of the Joyful@Healthy Workplace Charter ²⁸ to apply for a free weighing scale for their workplace.	DH, OSHC
Objective 7 Promote the use of sports facilities by the public and facilitate incorporation of exercise into daily life		
7.1.	Encourage adoption of active lifestyles through planning and design of facilities and built environment. Incorporate active design consideration into Hong Kong Planning Standards and Guidelines. ²⁹	PlanD, HD
7.2.	Increase accessibility of sports training courses, competitions and recreational activities for the public and encourage their active participation.	LCSD
7.3.	Support development of new sports in Hong Kong through the "Subvention Scheme for New Sports" ³⁰ .	LCSD

Actions		Action parties
7.4.	Increase public exercise facilities and install smart fitness equipment where appropriate, which allow users to access physical activity data with helpful tips on their smartphones, and promulgate their use through district-based community partners.	LCSD, HD, PHCC
7.5.	Encourage schools to use various funding sources to purchase Physical Education (PE)/sports-related equipment/IT applications, organise PE/sports-related activities or competitions, hire coaches, etc.	EDB
7.6.	Promulgate workplace physical activity for workers via Joyful@Healthy Workplace Programme (e.g. using standing desks, zero-time exercises (Brief stretching exercises undertaken during work breaks)). Encourage setting up a multi-purpose area in the office with a weighing scale and safe, simple fitness equipment for staff to exercise, offering physical activity classes, and forming sports teams to promote regular exercise.	DH, OSHC
Objective 8 Strengthen supportive environment for healthy food choices conducive to weight management		
8.1.	Promulgate weight management through healthy eating promotion programmes including: • "StartSmart@school.hk"³¹ • "EatSmart@school.hk"³² • "EatSmart Restaurant Star+ "³³	DH, EDB
8.2.	Promulgate weight management through multimedia oral health promotion programmes including: • "Love Teeth Campaign"³⁴ • "TEENS Teeth Award Scheme"³⁵ • "Brighter Smiles for the New Generation"³⁶	DH
8.3.	Provide knowledge and workshops on healthy eating and weight management to employers and employees through "Joyful@Healthy Workplace".	DH, OSHC

Actions		Action parties
Objective 9 Targeted health promotion campaign to encourage community engagement on healthy lifestyles		
9.1.	Create "Health Promoting Schools" through the "Whole School Health Programme". Help students build and improve lifestyles through guidelines, review checklists and individualised school health reports.	DH
9.2.	Promote school-based programmes on physical activity including "Active Students, Active People (ASAP)" Campaign ³⁷ , "MVPA60 Award Scheme" ³⁸ , "School Physical Fitness Award Scheme" ³⁹ .	EDB
9.3.	Promote the "School Sports Programme" ⁴⁰ to nurture students' interest in sports so as to foster a sporting culture on school campuses and encourage students to participate in sports on a regular basis to develop a healthy and active lifestyle.	LCSD
9.4.	Promote physical activity at workplaces through "Joyful@Healthy Workplace".	DH, OSHC
9.5.	Regularise the "10,000 Steps a Day" ⁴¹ health challenge on the e+Life platform to reduce sedentary time by encouraging people to walk more every day. Advocate for self-weight management, regular physical activity and healthy diets through the "I'm So Smart" Community Health Promotion Programme. ⁴²	DH, HD
9.6.	Launch the "EatSmart Restaurant Star+" and "Healthy Eating" health challenges on the e+Life platform to promote the adoption of healthy diet.	DH, eHRO

Key Direction III

Strengthen health service delivery and enhance the effectiveness of obesity prevention and control

Actions		Action parties
Objective 10 Primary Healthcare: provide personalised weight management care plan and improve referral mechanisms		
10.1.	Monitor weight indicators among service users, and provide education accordingly. Refer to specialists if clinically indicated.	DH, PHCC, HA

Actions		Action parties
10.2.	Advocate weight management through School Dental Care Service ⁴³ for students and the Outreach Dental Care Programme ⁴⁴ for institutionalised elderly.	DH
10.3.	Provide personalised care through the “Life Course Preventive Care Plan” ^{45,46} involving doctors, nurses, dietitians and physiotherapists. Refine referral criteria and pathway between district health network and secondary/tertiary care for suboptimal weight management.	PHCC, HA
10.4.	Develop and implement a comprehensive clinical guideline for providing personalised intervention on weight management including dietary and exercise recommendations, and promulgate among primary care doctors.	DH, PHCC, HA
Objective 11 Secondary and Tertiary Healthcare: provide appropriate specialist intervention and improve referral mechanisms		
11.1.	Provide multidisciplinary weight management service with medical, surgical, nursing and allied health professionals such as dietitians, physiotherapists, and clinical psychologists to overweight patients with complications. Identify persons of abnormal weight status and refer for weight management service according to risk assessment. Refine clinical management protocol and referral pathways to and from the primary care network.	HA, PHCC, Professional bodies
11.2.	Arrange further investigations for obese children and adolescents referred from Student Health Service and private doctors (e.g., ambulatory blood pressure monitoring, blood tests, ultrasound examinations, sleep tests), with referral to dietitians and physiotherapists according to their clinical condition. Refer children with severe complications (e.g. diabetes, obstructive sleep apnoea, hypertension) to relevant paediatric subspecialty teams for management.	DH, HA
11.3.	Explore the inclusion of novel weight loss drugs such as injectable Glucagon-like peptide-1 agonists in drug formulary with reference to emerging WHO guidelines.	HA
Objective 12 Chinese Medicine: advocate Chinese Medicine principles through multidisciplinary management teams		
12.1.	Develop an evidence-based clinical practice guideline for CM weight-management services to equip CM practitioners with skills on advising weight management, diet, and exercise to their clients.	CMU via the CMDF, DH, HA
12.2.	Establish a clear screening framework, clinical management protocol and multidisciplinary referral pathway between Western and Chinese Medicine professionals.	CMU via the CMDF, DH, HA

Key Direction IV

Adopt a life-course approach health promotion strategy with targeted intervention at different life stages

Actions		Action parties
Objective 13	Promote weight management early and prioritise critical transition interventions across life stages	
13.1.	Implement targeted interventions tailored to address the unique needs and challenges faced by individuals at different life stages, emphasising the importance of early intervention and continuous support: Pre-pregnancy – stay physically active, improve health and nutrition before planning for pregnancy. Pregnancy – provide regular monitoring for healthy weight gain during pregnancy at follow-up, focus on adequate nutrition, safe exercise and breast-feeding support. Post-pregnancy – educate on weight management and offer weight management services after delivery Early Childhood – provide parental education on healthy habits, encourage active play, reinforce the importance of an active lifestyle, regular growth/weight monitoring, facilitation of breast-feeding. School-aged children – advise schools to take necessary steps to ensure supply of healthy meals and educate students on weight management to foster healthy school campuses. Promote regular exercise and active play within and beyond the classroom, and encourage family involvement in health-related activities. Adolescents – support the psychological well-being of adolescents in weight management, promote positive attitude towards body image and healthy weight control, facilitate peer support and provide resources to empower self-care and adoption of healthy lifestyles. Adults – offer weight management programmes through workplace, provide accessible weight screening tools to facilitate self-monitoring habits, organise community activities that encourage group participation and accountability, promulgate health messages through healthcare settings and beyond. Elderly – offer low-impact exercises specifically designed for older adults to enhance mobility and overall health, focus on delivering age-appropriate dietary and weight management advice through healthcare education encounters, and create opportunities and refine environments that combine social recreation with physical activity to promote both mental and physical well-being.	DH, PHCC, CMU via the CMDf, HA, EDB

Key Direction V

Continuously monitor weight trends among Hong Kong citizens and enhance data analysis and policy evaluation

Actions		Action parties
Objective 14	Conduct and disseminate findings of high-quality population health surveys to monitor weight trends and related health information	
14.1.	Conduct the territory-wide Population Health Survey regularly, supplemented by the Health Behaviour Survey, to collect health data on the local population. Disseminate findings of surveys to the public and relevant stakeholders to inform policy and practice.	DH
Objective 15	Collect weight-related service data from key service providers	
15.1.	Collect and analyse health and socioeconomic data from health service providers of DH, HA and PHCC for monitoring and identification of facilitating factors and barriers to weight management.	DH, PHCC, HA
15.2.	Utilise and analyse big data from eHealth to monitor the trend of weight related conditions.	eHRO, DH, HA



Monitoring and Evaluation

To ensure the effective implementation and structured progress monitoring, the Weight Management Working Group will meet regularly over the three years of the Action Plan to follow up on progress and improvement measures.

Key performance indicators that are specific, measurable, achievable, relevant, and time-bound under the five key directions and the respective lead action parties are listed below.

Key Performance Indicators		Lead action parties	Time frame
Key Direction I			
1.	Publish and promulgate the “Weight Management Compass”	DH	By 2026
2.	Establish a dedicated thematic webpage on weight management at the Change4Health website	DH	By 2026
3.	Year-on-year increase in schools offering various opportunities for students to engage in physical activities within and beyond the classroom at least once a week	EDB	From 2026 onwards
4.	100% of healthcare settings have weight management teams or services	DH, PHCC	By 2028
5.	Secondary or tertiary healthcare settings provide clinical services to overweight patients with complications as appropriate	HA	By 2028
6.	Measure and raise Hong Kong residents' awareness of weight management by 10% from baseline	DH	By 2028
Key Direction II			
7.	100% sports centres provide self-service weight measurement equipment	LCSD	By 2027
8.	Year-on-year increase in public housing estates providing self-service weight measurement equipment in suitable venues	HD	From 2026 onwards
9.	Install self-service weight measurement equipment at public healthcare service venues for clients	DH, PHCC, HA	By 2028
10.	Provide weight measurement equipment in public sector primary and secondary schools	EDB	By 2028
11.	Incorporate active design consideration into the Hong Kong Planning Standards and Guidelines	PlanD	By 2026

Key Performance Indicators		Lead action parties	Time frame
12.	Year-on-year increase in public housing estates installed with public exercise facilities	HD	From 2026 onwards
13.	Year-on-year increase in school participation rate in "Whole School Health Programme" and "EatSmart School Accreditation Scheme (ESAS)" and "Joyful Fruit & Veg Month" under EatSmart@school.hk Campaign	DH, EDB	From 2026 onwards
14.	Year-on-year increase in school participation rate in MVPA60 Award Scheme (accumulation of at least an average of 60 minutes daily of moderate- to vigorous-intensity physical activities across the week)	EDB	From 2026 onwards
15.	Organise at least 300 weight management related workshops for organisations that have signed the "Joyful@Healthy Workplace" Charter	DH, OSHC	By 2028
16.	Launch health challenges on the e+Life platform such as "10,000 Steps a Day", "Healthy Eating", and "EatSmart Restaurant Star+"	DH, eHRO	From 2026 onwards
Key Direction III			
17.	Develop and implement a relevant guideline for care and referral of persons of suboptimal weight status	PHCC, HA	By 2026
		CMU	By 2028
18.	Screen clients for BMI at primary preventive care services with brief intervention and further multidisciplinary referral pathway if necessary	DH, PHCC, CMU, HA	By 2028
Key Direction IV			
Note: Key direction IV is descriptive in nature; no KPI has been set.			
Key Direction V			
19.	Conduct and disseminate findings of Population Health Survey and Health Behaviour Survey	DH	Regularly
20.	Collect and review health service data for regular monitoring of weight related conditions and relevant risk factors	DH, PHCC, HA, eHRO	Regularly

Making It Happen

The various key directions and specific actions set out in this Action Plan aim to lay a solid foundation and create favourable conditions for all citizens in Hong Kong to practise a healthy lifestyle and achieve and maintain a healthy weight. To foster widespread community participation and cross-sectoral collaboration, the Action Plan will be strategically publicised through multiple channels to ensure that the messages can reach key stakeholders effectively.



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