Practice economics: navigating the new era of obesity treatment
European chapter report

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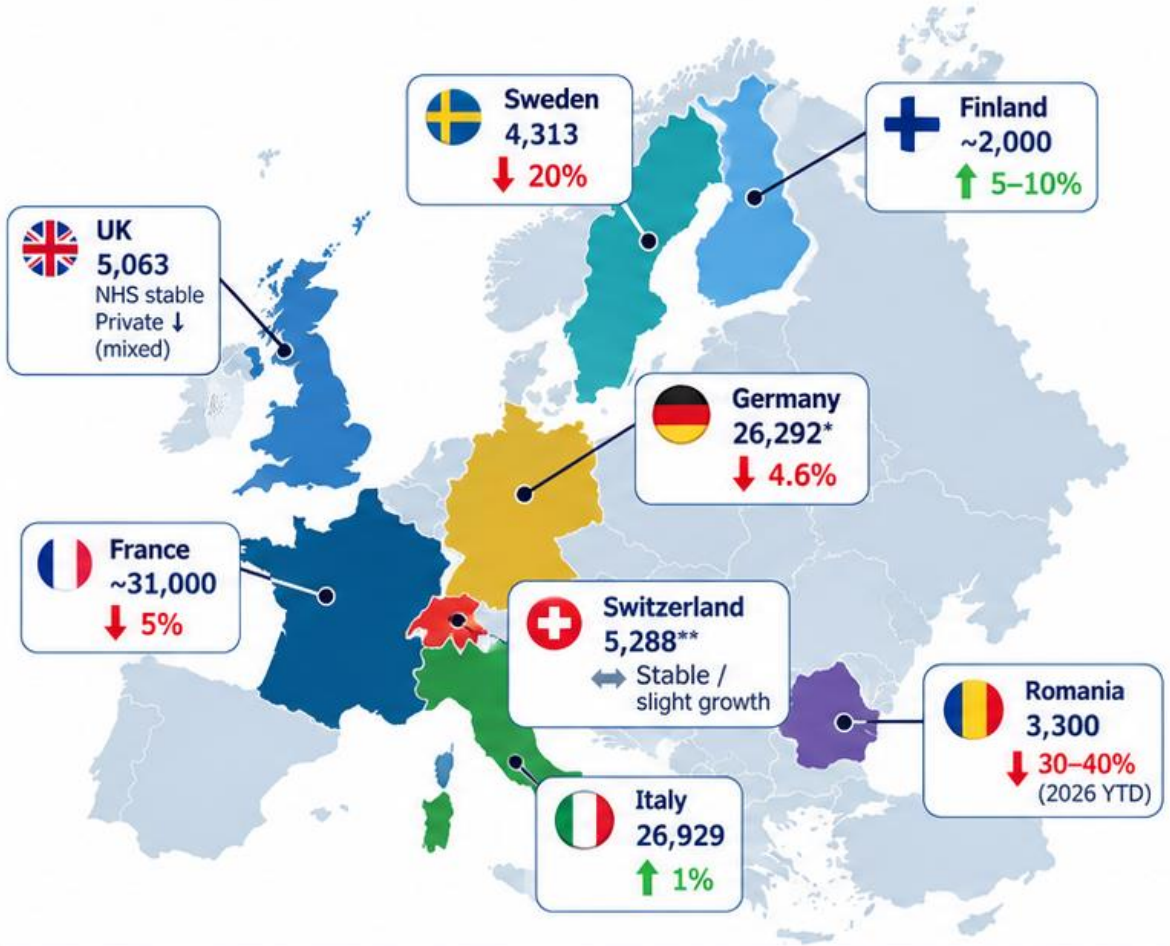
MBS in Europe – Current Volumes and Trends

Heterogeneous development across countries



~104,200
MBS procedures annually
across 8 European countries
(mainly 2025 data)

Overall trend:
Modest short-term contraction, but no uniform decline
with substantial country-to-country variation

* Germany: registered cases (StuDoQ), ~75% estimated coverage of total procedures.
** Switzerland: 2024 data, includes reoperations and other procedures.

MBS in Europe – From Short-Term Disruption to Long-Term Growth

Country overview and key insights

Country	Annual MBS procedures (latest year)	Current trend	Key comments	5–10 year outlook
France	~31,000 (2025)	↓ ~5%	Declining	↑ Recovery to similar/higher volumes
Italy	26,929 (2025)	↑ ~1%	Stable / slight growth	↑ Growth
Germany	26,292* (2025)	↓ 4.6%	Slight decline (another ~10% expected in 2026)	↑↑ 30–50% more procedures than today
Switzerland	5,288** (2024)	↔	Stable / slight growth expected	↑ Moderate growth
UK	5,063 (2024–2025)	↔ / ↓	NHS stable, private declining	↑ NHS resilient; private challenged by GLP-1
Sweden	4,313 (2025)	↓ ~20%	Significant decline	↑ Rebound / higher demand
Romania	3,300 (2025)	↓ 30–40% (2026 YTD)	Significant decline	↑ Recovery within 2–3 years
Finland	~2,000 (2025)	↑ 5–10%	Growing	↑ Stable / growth

Short-term disruption, not a uniform decline

Impact differs by country, payer system and public vs. private sector

GLP-1 and MBS increasingly complementary treatments

Across all markets, prevailing expectation is recovery and growth over the next 5–10 years

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** Switzerland: 2024 data, includes reoperations and other procedures.

Obesity Management Medications in Europe

Rapidly expanding use, but access and reimbursement vary widely

Reimbursement status for obesity medications

- Broad reimbursement
- Restricted reimbursement
- Predominantly self-pay
- No data

Sweden

- Available, not subsidized
- Self-pay
- ~€240/month (semaglutide)
- ~€280–290/month (tirzepatide)

Finland

- Very broad use
- Predominantly self-pay
- >100,000 users
- +43% in one year
- ~€90 million annual expenditure
- ~93% out-of-pocket

UK

- Available (NHS + private)
- NHS funded with restrictive criteria
- Widespread private use
- Major impact on private MBS

Germany

- Available
- Self-pay, no coverage for obesity
- Early in GLP-1 adoption, but rapidly increasing

France

- Broad access through authorized centers
- Full reimbursement (BMI >40 or >35 + comorbidity)
- No time limit reported

Switzerland

- Broad access (semaglutide/tirzepatide)
- Reimbursed up to 3 years (eligibility and response criteria)
- Largest obesity-treatment segment

Italy

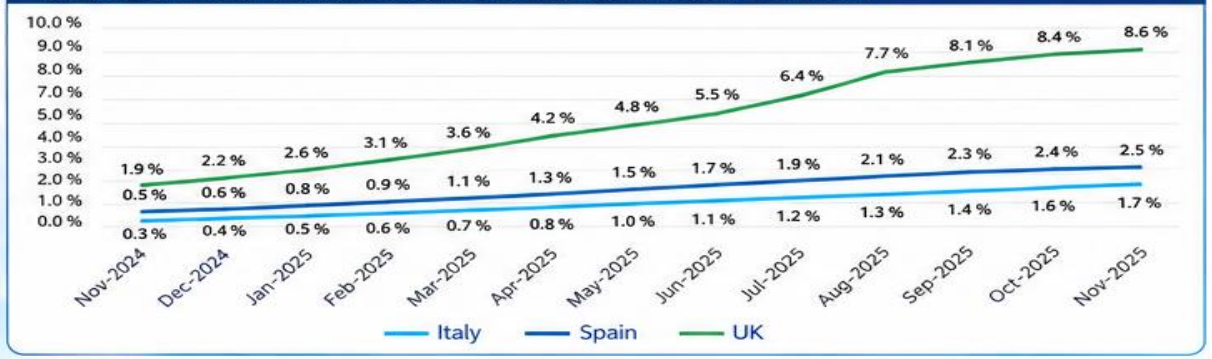
- Increasing use (see trend)
- Use documented (SICOb survey)
  - 7,764 patients
  - 5,322 OMM alone
  - 1,512 pre-MBS
  - 930 post-MBS

Romania

- Unrestricted market access
- No public or private reimbursement
- Self-pay
- ~€200/month
- Increasingly prescribed by surgeons

Italy – Use of Wegovy and Mounjaro

% of people in treatment calculated on the total number of people with obesity



Key takeaways

1. OMM use is expanding rapidly across Europe.

The speed and maturity differ, but all countries expect substantially greater use.

2. Reimbursement is highly heterogeneous.

From broad reimbursement (France, Switzerland) to restricted (UK) to predominantly self-pay in several countries.

3. OMM is changing who comes to surgery.

Future MBS patients are increasingly expected to have received one or more obesity medications before surgery.

4. Combination therapy is emerging.

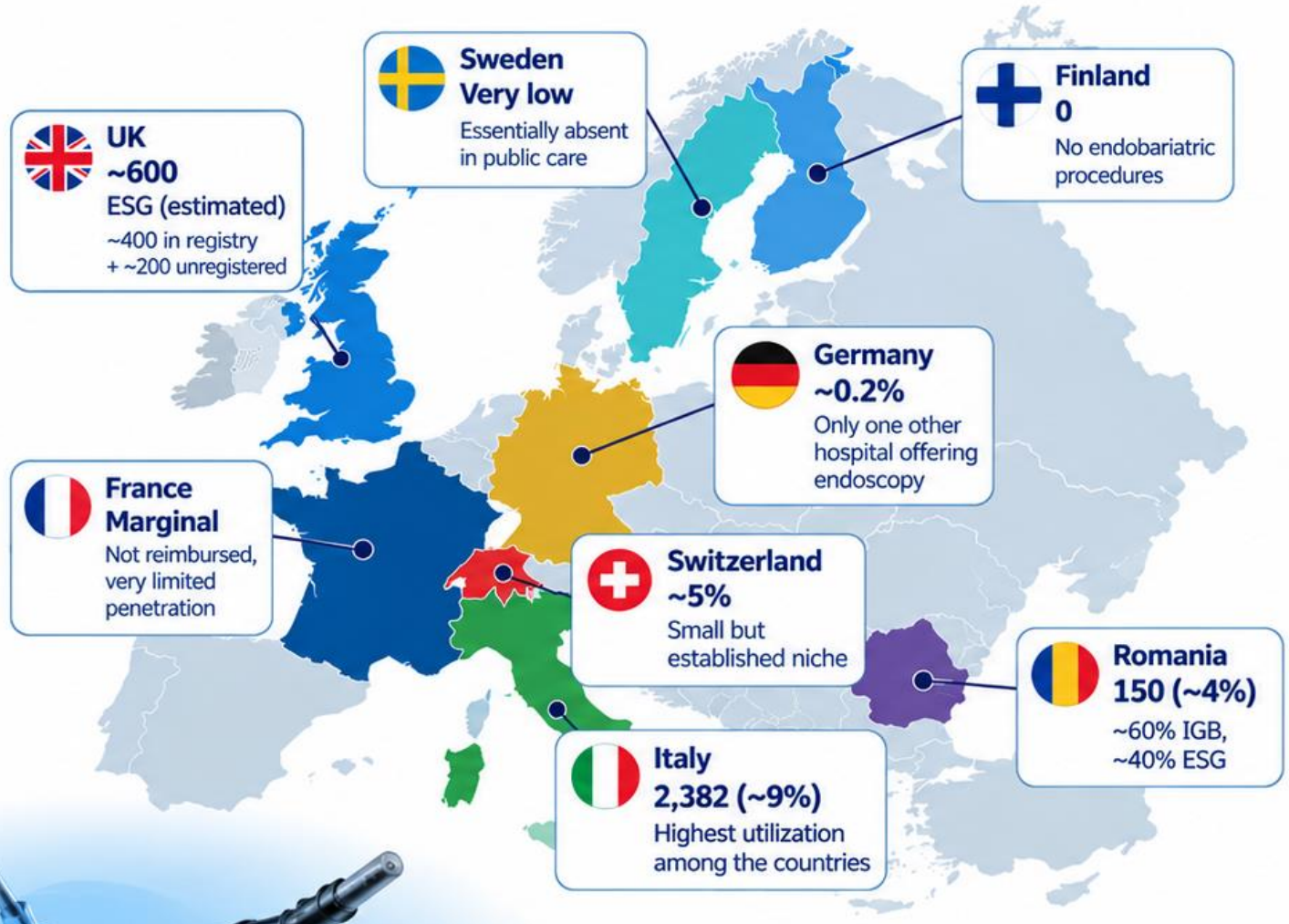
The future is OMM + MBS within an integrated, lifelong obesity-care pathway.

Overall message

OMM is rapidly expanding the treated obesity population – but its impact on MBS is heterogeneous and strongly influenced by reimbursement and healthcare structure.

Endoscopic Bariatric Therapy in Europe

Very low penetration overall, with marked country-to-country variation



Key takeaways

Overall utilization is low
Endoscopic bariatric therapy represents a small fraction of the obesity treatment market in most countries.

Marked country-to-country variation
Highest utilization in Italy (~9%), moderate in Switzerland (~5%), emerging in the UK (~600 ESG), and minimal or absent in France, Germany, Sweden and Finland.

Reimbursement and infrastructure are key drivers
Penetration is higher where programs and reimbursement exist; very limited where not funded.

Future outlook
Endoscopic therapy is expected to grow over the next 5–10 years, but will likely remain a complementary niche to pharmacotherapy and metabolic bariatric surgery.

Estimated share of endoscopic procedures

(% of total bariatric procedures; latest available data)