



The State of Weight Management in Ireland

Trends, economics and implications for health insurers

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An evidence-led view of Ireland's weight-management challenge, the changing treatment landscape, and where private health insurers can create member and business value.

Prepared for B2B insurer engagement by Motivation Weight Management

Executive summary

Weight management is moving from a lifestyle issue to a strategic health-system issue. Ireland is entering a period in which high prevalence, chronic-disease pressure, rapid growth in obesity medicines, digital-health adoption and rising private-insurance claims are converging.

56%	2.55m	€3.45bn	21%
of people in Ireland live with overweight or obesity [1]	people held inpatient health insurance at end-2025 [2]	claims paid by open-market insurers in 2025 [2]	self-reported adult obesity prevalence; above OECD average [3]

What this means for insurers

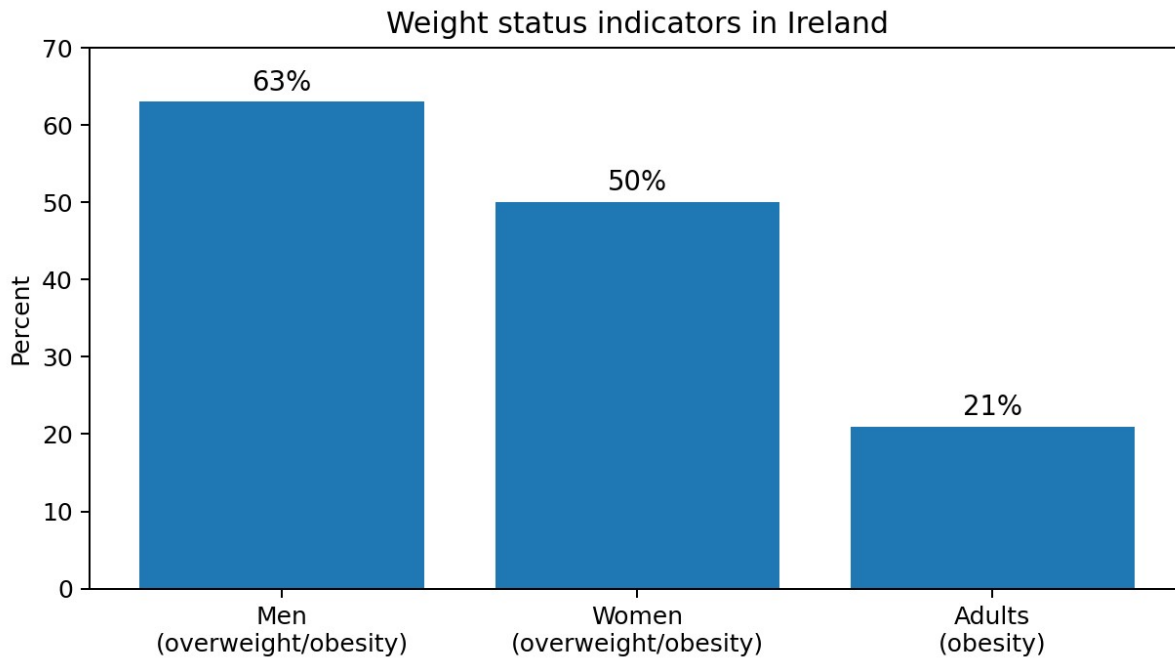
- The opportunity is broader than reimbursing treatment. Insurers can influence prevention, early intervention, behaviour change, navigation and long-term maintenance.
- Claims pressure is already rising: HIA reported a 10% year-on-year increase in claims paid in 2025, after a 6% rise in 2024. Weight management should therefore be assessed as part of a wider claims-prevention and member-health strategy, not as a standalone wellness perk. [2]
- New obesity medicines expand treatment options but create a need for structured behavioural support, clinical governance, adherence and maintenance pathways. HSE guidance confirms that Wegovy is currently not covered by the Medical Card, Long-Term Illness Scheme or Drugs Payment Scheme. [4]
- Differentiation matters in a concentrated market. Vhi, Laya and Irish Life Health represented about 96% of the insured market at end-2025, while Level Health's entry adds fresh competitive pressure. [2]

CORE IMPLICATION

A credible insurer proposition should connect weight management to four outcomes: healthier members, lower avoidable utilisation over time, stronger engagement and retention, and visible product differentiation.

1. Ireland's weight-management challenge

The most recent Irish evidence points to a persistent, large-scale weight challenge rather than a short-term spike. The Department of Health's 2025 obesity-strategy consultation states that 56% of people in Ireland live with overweight or obesity. Healthy Ireland 2024 found that 63% of men and 50% of women reported measurements in the overweight-or-obesity range. OECD's 2025 country note reports self-reported obesity prevalence of 21%, compared with a 19% OECD average. [1][3][5]



Sources: Department of Health / Healthy Ireland 2024–2025; OECD Health at a Glance 2025. Different measures are not directly interchangeable: some report overweight+obesity, others obesity alone.

The risk sits upstream of chronic disease

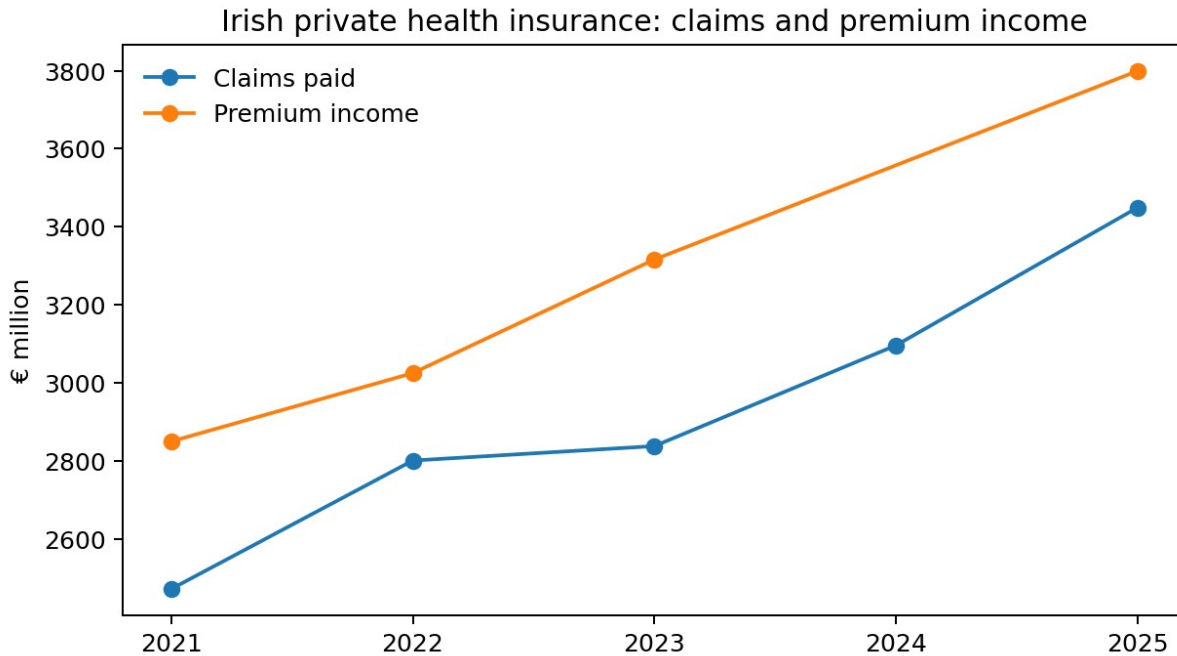
Obesity is associated with increased risk of type 2 diabetes, cardiovascular disease, fatty-liver disease, some cancers and dementia. Ireland's 2025 Healthy Ireland survey also reports 39% of people have a medically diagnosed long-term condition; high blood pressure is reported by 8%, while high cholesterol and diabetes are each reported by 5%. [6] The insurer relevance is not that every case is weight-caused, but that weight is a modifiable risk factor shared across multiple high-cost disease pathways.

Behavioural demand is present

Healthy Ireland 2024 found only 41% of people met national physical-activity guidelines, down from 46% in 2019. Among those not meeting the guidelines, 67% said they would like to be more active. [5] This gap between intention and sustained behaviour is precisely where structured, coached interventions can add value.

2. The economics: why insurers should pay attention

Ireland's private health-insurance market is large and claims-intensive. At end-2025, 2.55 million people—46% of the population—held inpatient health insurance. HIA reported €3.8 billion in premium income and €3.449 billion in claims paid by open-market insurers in 2025. Claims rose 10% year on year. Private hospitals accounted for 51% of claims, consultants 18%, public hospitals 9%, and other outpatient/GP claims 21%. [2]



Source: Health Insurance Authority, Market Report 2025. 2024 premium-income point omitted from chart because the extracted source did not provide a clearly attributable figure.

What is known about obesity-related cost

The most Ireland-specific cost-of-illness study estimated the 2009 direct and indirect cost of overweight and obesity in the Republic of Ireland at €1.13 billion, with 35% in direct healthcare costs and 65% in indirect costs. The principal direct-cost drivers included cardiovascular disease, type 2 diabetes, colon cancer, stroke and gallbladder disease. [7][8] Because this estimate is based on 2009 costs, it should be treated as historic evidence of burden—not a current 2026 cost estimate.

International evidence strengthens the directional case. A systematic review of individual-level studies found median annual healthcare costs were 12% higher for people with overweight and 36% higher for people with obesity than for people in the healthy-weight range. [9] This does not translate directly into Irish insurer savings, but it supports the proposition that weight status is associated with higher utilisation and expenditure.

INSURER IMPLICATION

Do not promise a specific claims saving without linked claims data. Instead, position weight management as a measurable risk-reduction pathway and design the partnership so utilisation, outcomes and downstream claims can be evaluated prospectively.

3. The Irish insurer landscape

Ireland's open-market insurance sector is concentrated but becoming more competitive. At end-2025, Vhi held 48.3% market share, Laya 27.9%, Irish Life Health 20.2% and Level Health 1.0%; restricted membership undertakings accounted for 2.6%. Level Health entered in November 2024. [2]

Market signal	Evidence	Implication for weight management
Large addressable base	2.55m insured; 46% of population [2]	A member-health benefit can reach a meaningful national population.
Claims inflation	Claims paid +10% in 2025 [2]	Prevention and earlier intervention become more strategically relevant.
Product complexity	328 inpatient plans at end-2025; 50% of members on 34 plans [2]	Non-hospital benefits can help make propositions easier to understand and differentiate.
Corporate channel	30% of insured consumers are on work group schemes; 49% of those have the full policy paid by an employer [10]	Employer-linked activation can increase reach and engagement.
Customer inertia	Average policyholder has stayed with the same provider 15 years [10]	Retention is valuable, but differentiation must create tangible member value.

What insurers can differentiate on

Hospital cover remains the core product, but prevention-oriented benefits can create value outside acute episodes. Weight management is particularly relevant because it can be framed across four strategic territories: prevention, chronic-disease risk reduction, everyday member engagement and access to specialist support.

4. The treatment landscape is changing

From 'dieting' to chronic-disease management

Irish policy now treats obesity as a complex chronic disease requiring multi-level prevention and management. The Department of Health began consultation on a new National Obesity Strategy in 2025 to succeed the 2016–2025 plan. The current policy architecture includes the HSE Model of Care for overweight and obesity, public-health measures and stronger emphasis on coordinated care. [1][11]

GLP-1 medicines expand choice—but not the whole pathway

HSE guidance states that Wegovy (semaglutide) can be prescribed for adults with BMI ≥ 30 , or BMI ≥ 27 with at least one weight-related health problem. It is not currently covered by the Medical Card, Long-Term Illness Scheme or Drugs Payment Scheme. Ozempic reimbursement remains tied to type 2 diabetes rather than obesity treatment. [4]

For insurers, the strategic question is therefore not simply whether to cover a medicine. It is how to support appropriate identification, clinical governance, adherence, behaviour change, side-effect management and weight-maintenance after or alongside pharmacotherapy.

Digital health makes scaled support more feasible

Ireland's Digital for Care framework 2024–2030 explicitly aims to use digital technology to improve access, population health, efficiency and productivity while reducing costs. [12] Weight-management services that combine remote consultations, digital check-ins, education and data capture align with that direction—provided clinical quality, privacy and outcomes measurement are built in.

STRATEGIC SHIFT

The market is moving toward blended models: human coaching + digital delivery + clinical escalation + pharmacotherapy where appropriate. Insurers can participate without having to build each component themselves.

5. Four insurer partnership models

Model	How it works	Best use	Key measure
Member discount	Insurer and provider subsidise access to a defined programme.	Fast launch; low operational complexity.	Uptake, conversion, completion.
Funded prevention benefit	Insurer covers all/part of a structured programme for eligible members.	Targeted risk reduction and member value.	Weight change, engagement, satisfaction, healthcare use.
Risk-stratified pathway	Members meeting clinical/risk criteria enter stepped support.	Higher-risk cohorts; chronic-disease strategy.	Clinical outcomes, adherence, claims/utilisation.
Blended medical + behavioural	Medication pathway integrated with coaching and maintenance.	Members requiring pharmacotherapy.	Persistence, weight change, maintenance, adverse events.

Design principle

Start with the commercial and health objective, then choose the funding model. A low-cost discount can prove demand; a funded pathway can generate outcomes data; a risk-stratified programme can support a stronger claims case. The partnership should be designed so evidence accumulates over time.

6. What 'good evidence' should look like

For an insurer, before/after stories are useful for engagement but insufficient for economic validation. A partnership should establish an evidence stack across five levels.

1. REACH

Eligible members, awareness, referrals, assessments.

2. ENGAGEMENT

Starts, attendance, completion, digital activity, drop-off.

3. OUTCOMES

Weight change, waist/BMI where appropriate, maintenance, patient-reported outcomes.

4. EXPERIENCE

Satisfaction, NPS, confidence, self-efficacy, perceived value.

5. ECONOMICS

Healthcare utilisation, claims, medication use, cost per engaged member, ROI where data allows.

Measurement cautions

Insurers should distinguish association from causation, avoid extrapolating population studies directly to claims savings, and compare participants with an appropriate baseline or comparator where possible. Any ROI claim should state its time horizon, population, inclusion criteria and cost assumptions.

7. Implications for Irish health insurers

- 1. Treat weight management as a strategic health pathway, not a lifestyle add-on.** Connect it to chronic-disease prevention, member value and utilisation—not simply weight loss.
- 2. Offer multiple levels of intervention.** Self-guided/digital support can serve lower-risk members; coaching and clinical pathways can serve higher-risk members.
- 3. Build behaviour change around medical treatment.** GLP-1 availability increases the need for sustainable habit formation and maintenance, rather than reducing it.
- 4. Design for measurable engagement.** Use defined referral routes, eligibility rules, onboarding, follow-up and reporting.
- 5. Create an evidence partnership.** Agree upfront which outcomes can be shared, under what governance, and how claims impact will be tested.
- 6. Use prevention as differentiation.** In a market where hospital benefits are complex and competitive, a visible, relevant everyday health benefit can strengthen proposition value.
- 7. Pilot before scaling.** A 6–12 month cohort can test demand, outcomes, operational fit and the data required for a larger business case.

THE INSURER OPPORTUNITY IN ONE SENTENCE

Move weight management upstream: give members structured support before weight-related risk becomes higher-cost disease, while measuring engagement, outcomes and utilisation well enough to prove value.

8. Where Motivation can fit

Motivation's strongest B2B position is not 'another diet programme'. It is a specialist behaviour-change and weight-management partner that can sit inside an insurer's prevention and member-health ecosystem.

Insurer need	Motivation positioning
Fast-to-market specialist capability	Partner rather than build a full behavioural programme internally.
Member engagement	Structured one-to-one support and a defined programme journey.
Outcome visibility	Weight-management outcomes and real client transformation stories.
Existing insurer proof	Six-year Irish Life partnership provides operational precedent.
Scalable proposition	Potential to combine clinic, remote and digital delivery depending on programme design.

Proof points to use carefully

Motivation can credibly use its 30-year history, 250,000+ clients supported and existing insurer partnership as corporate proof points where internally verified. The '315+ Irish Life clients' figure should be labelled as a management estimate unless a verifiable historic source becomes available. Dramatic individual transformations can demonstrate possibility, but should not be presented as typical results without outcome-distribution data.

9. Recommended insurer conversation

The report supports a simple executive narrative:

- Ireland has a persistent weight-management challenge affecting more than half the population.
- The health and economic burden sits across chronic disease, utilisation and productivity.
- Private health insurers are already facing material claims growth and greater competitive pressure.
- The treatment environment is becoming more sophisticated, with digital care and obesity medicines changing member expectations.
- Insurers do not need to build specialist weight-management capability from scratch.
- A structured partnership can start with engagement and outcomes, then build toward claims evidence.

RECOMMENDED NEXT MOVE

Use this report as the evidence layer behind the insurer pitch deck. The deck should then narrow the story to: why now → insurer problem → member opportunity → Motivation solution → proof → partnership model → pilot → measurement.

Sources and notes

- [1] Department of Health, Public Consultation on a new National Obesity Strategy in Ireland (2025): 56% of people in Ireland live with overweight or obesity.
- [2] Health Insurance Authority, Health Insurance in Ireland Market Report 2025 (published 2026): 2.55m insured; 46% population coverage; market shares; premium income; claims; claims mix.
- [3] OECD, Health at a Glance 2025: Ireland: self-reported obesity 21% vs OECD average 19%; health spending and prevention indicators.
- [4] HSE, Medicines to treat obesity (accessed 2026): prescribing eligibility and reimbursement status for Wegovy/Ozempic.
- [5] Healthy Ireland Survey 2024: 63% of men and 50% of women reported overweight/obese measurements; physical-activity findings.
- [6] Healthy Ireland Survey 2025: long-term conditions, hypertension, high cholesterol and diabetes prevalence.
- [7] Dee et al., 'Overweight and obesity on the island of Ireland: an estimation of costs', BMJ Open / PubMed, using 2009 data.
- [8] safefood, The cost of overweight and obesity on the island of Ireland: €1.13bn estimate for Republic of Ireland (2009 basis).
- [9] Kent et al., Body mass index and healthcare costs: systematic literature review of individual participant data studies.
- [10] Health Insurance Authority Consumer Survey 2025: work group schemes, policy tenure and household cost.
- [11] Department of Health, Addressing Obesity / A Healthy Weight for Ireland policy materials; new strategy consultation.
- [12] Department of Health, Digital for Care: A Digital Health Framework for Ireland 2024–2030.
- [13] WHO European Regional Obesity Report 2022 and European Health Report 2024, for European context.

Method note: This report prioritises Irish government, HSE, HIA, OECD, WHO and peer-reviewed sources. Figures with different definitions or collection methods are not treated as directly comparable. Historic cost estimates are explicitly labelled as historic. Insurer implications are strategic interpretations, not claims of proven savings.