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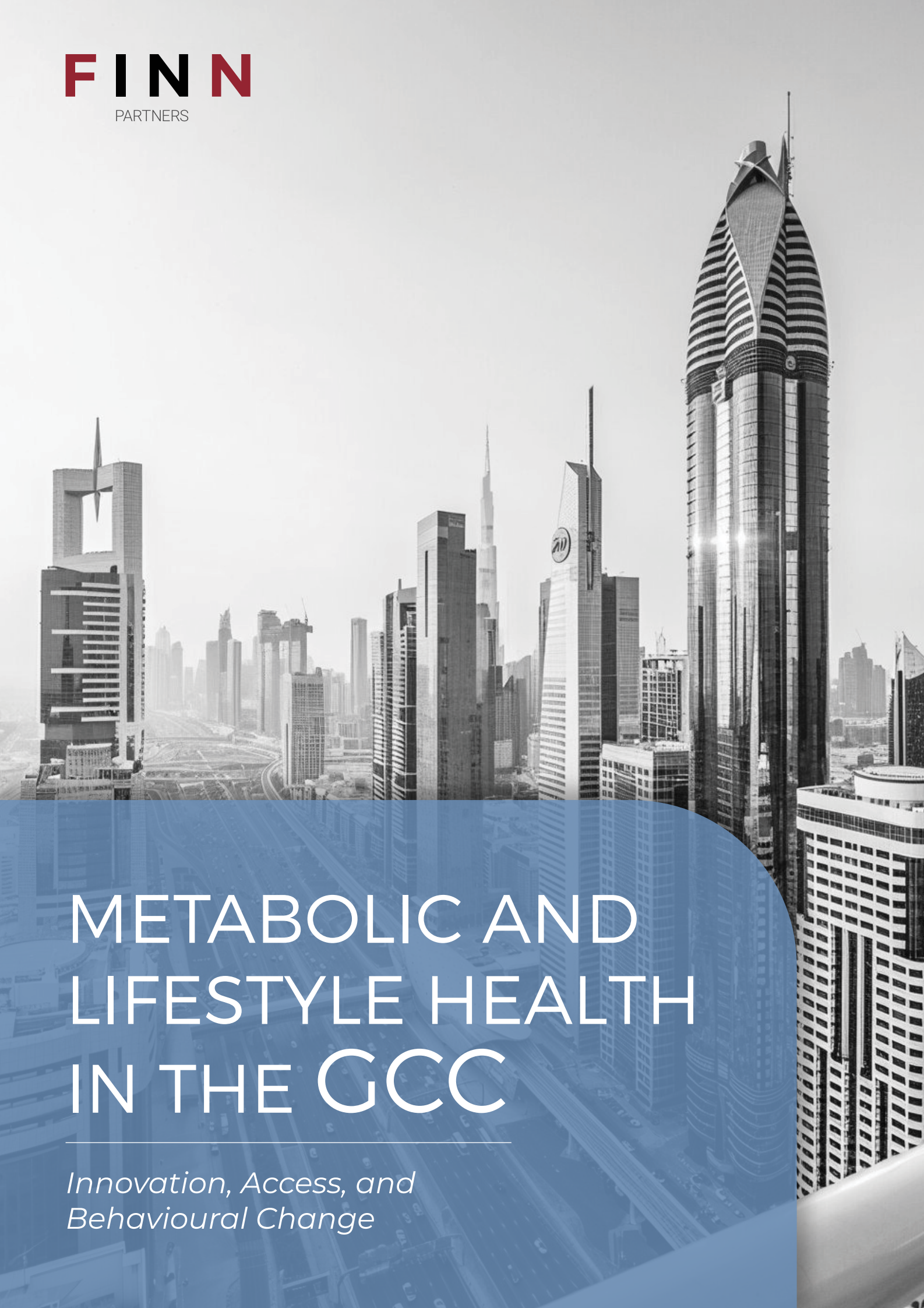

METABOLIC AND LIFESTYLE HEALTH IN THE GCC

Innovation, Access, and Behavioural Change

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EXECUTIVE SUMMARY

Metabolic health in the Gulf Cooperation Council (GCC) has moved from a personal lifestyle concern to a critical economic and social priority. With obesity and diabetes rates ranking among the highest globally, non-communicable diseases (NCDs) now pose a structural risk to regional healthcare sustainability, workforce productivity, and economic resilience. Governments across the region are responding decisively, shifting focus from acute care to prevention, early intervention, and long-term disease management.

At the core of this transformation are glucagon-like peptide-1 or GLP-1 therapies. These treatments have transcended clinical settings to become cultural and policy focal points, fundamentally reshaping how obesity and metabolic disease are perceived. However, their rapid adoption in markets like the UAE and Saudi Arabia has triggered a complex dual narrative. While they offer breakthrough potential for disease modification, they also incite intense scrutiny regarding access, affordability, and evidence-based use. Proprietary research by FINN Partners Global Intelligence Lab confirms that critical narratives around safety and equity now travel as fast as the innovation stories themselves.

For leaders in pharma, policy, and healthcare, this moment demands a shift from product launches to narrative stewardship. Success no longer depends solely on clinical efficacy but on the ability to navigate a polarised media landscape and align with national health visions. This report provides a strategic, six-pillar playbook, which is anchored in evidence, transparency, and system partnership, to help organisations build trust and position metabolic innovation as a driver of national health security rather than a commercial opportunity.

METABOLIC HEALTH AS HEALTH SECURITY:

A GLOBAL PERSPECTIVE FOR REGIONAL IMPACT

GIL BASHE
Managing Partner, Chair Global Health and Purpose, FINN Partners

Metabolic health has quietly become one of the defining health challenges of our time, not because it is new, but rather because its consequences are now impossible to ignore. Across every region of the world, we are confronting the same uncomfortable truth: systems designed to treat disease are poorly equipped to sustain health. Obesity, diabetes, cardiovascular disease and related metabolic conditions are not isolated diagnoses. They are interconnected signals of deeper structural, behavioural, and societal challenges.

The rapid rise of weight-reducing GLP-1 therapies has brought unprecedented attention to metabolic health. These innovations represent genuine scientific progress. However, innovation alone is never the solution. When medical breakthroughs are framed primarily as products, rather than as components of a broader health ecosystem, we risk reinforcing short-term fixes at the expense of long-term health security.

Globally, we are learning that metabolic health is not synonymous with weight loss. It is about how genetics, nutrition, physical activity, stress, environment and access to care interact during a lifetime. Yet, few physicians are trained to manage these interdependencies, and even fewer systems are designed to support prevention at scale. This gap is not simply clinical. It reflects the degree to which we link clinical innovation and communicate the complexity of metabolic health across systems and stakeholders.

In today's environment, communications is no longer a support function. It is a strategic lever that shapes trust, policy, adoption and ultimately, outcomes. How we talk about metabolic innovation determines whether it is perceived as a cosmetic solution, a luxury intervention, or a public health imperative. Language influences regulation. Narratives influence access. Trust influences engagement.

Around the world, the most effective metabolic health strategies integrated innovation with education, public awareness and cross-sector partnerships. They recognise that health behaviour change does not occur in a vacuum. It requires consistent, credible messaging reinforced by clinicians, policymakers, employers, educators and patient advocates. It requires industry to move beyond transactional storytelling and toward shared accountability for population health.

The Middle East, and the Gulf Cooperation Council (GCC) in particular, is navigating a pivotal moment of transformation. The region has both the resources to invest in advanced therapies and the urgency to address rising metabolic disease rates driven by urbanisation, lifestyle shifts, and demographic change. What happens next will depend less on the availability of these treatments and more on how leaders frame metabolic health as a matter of national resilience, economic productivity and generational well-being.

There is also a critical lesson emerging from the growing U.S.-Asia connection in metabolic innovation. The United States is learning from Asia's emphasis on prevention, digital health integration and population-level behaviour change. At the same time, Asian markets are adapting to U.S. advances in biomedical innovation and regulatory science, reinforcing the idea that global progress depends on shared learning rather than isolated solutions.

Globally, we are seeing a shift from managing illness to protecting health. Metabolic health sits at the center of that shift. It demands a multidimensional approach that aligns innovation with access, policy with culture, and science with empathy. It also requires partnerships between industry and health professionals, between government and payer systems and between global insight and local context.

The lesson the world is learning is simple, but it is not easy: medical breakthroughs only reach their potential when trust, equity and communication are built into their design and deployment. Metabolic health is the cornerstone of longevity and a test of leadership. Those who succeed will be the ones who recognise that lasting impact is achieved by "selling solutions" and by stewarding systems that enable people to thrive.

SHAPING CONVERSATIONS AROUND METABOLIC HEALTH IN THE GCC

AMAN GUPTA
Managing Partner & Health Practice Lead, Asia and Middle East, FINN Partners

Across the GCC, obesity, diabetes, and cardiometabolic disease have moved from the margins of public discourse to the centre of national strategy, fiscal planning, and healthcare reform. What makes this moment different is not only the scale of the challenge, but the arrival of innovations such as GLP-1 therapies at a time when governments, clinicians, and citizens alike are demanding solutions that deliver long-term value. These therapies have accelerated a necessary reckoning with how chronic disease is understood, how prevention is prioritised, and how health systems balance access, sustainability, and trust. More importantly, they have exposed a simple truth that scientific progress alone will not determine outcomes. How metabolic innovation is explained, contextualised, and governed in the public domain will ultimately shape health systems.

This places the region in a unique position of both immense responsibility and opportunity. As markets like the UAE and Saudi Arabia move rapidly to adopt these innovations, they are effectively serving as global laboratories for the future of metabolic healthcare. The opportunity here goes beyond commercial success to architect a model of care where innovation is seamlessly integrated with bold national visions like 'We the UAE 2031' and 'Saudi Vision 2030'. However, this leadership carries the responsibility to ensure that rapid adoption does not outpace the ethical frameworks, access pathways, and public understanding required to sustain it.

In this environment, it will be communications that ultimately defines impact. A breakthrough molecule serves little purpose if it is misunderstood as a lifestyle medicine or remains inaccessible due to fragmented policy narratives. The ability to translate complex clinical data into trust, to navigate between digital hype and medical reality, and to align commercial objectives with public health goals is a strategic necessity.

To realize the full potential of this metabolic moment, leaders must embrace proactive narrative stewardship. This means fostering dialogues that prioritise system sustainability over short-term gains and ensuring that the story of metabolic health innovation is told with clarity, evidence, and cultural respect. This report, **Metabolic and Lifestyle Health in the GCC**, offers a blueprint for that journey, urging stakeholders to converge on a shared mission of converting scientific promise into durable health security for the region.

ALIGNING INNOVATION WITH PREVENTION

I have worked at the intersection of policy, reputation and public understanding across the Middle East, advising governments, global organisations and brands navigating some of the region's most complex and sensitive issues, yet I have seen few topics evolve as rapidly or as visibly as metabolic health.

What is most noticeable is the speed at which it has moved from a clinical concern into mainstream public, media and policy conversation. No longer just discussed in the quiet corners of clinical consultations, metabolic health now sits at the centre of national debates around economic planning, workforce resilience, and healthcare sustainability across the Gulf.

At the same time, innovation has accelerated. Solutions such as GLP-1s have reshaped both clinical practice and public perception, challenging long-held assumptions about obesity, responsibility and treatment. In the UAE and Saudi Arabia in particular, these innovations have arrived in markets that are highly connected, media literate and fast moving. That creates opportunity, but it also creates complexity.

Analysis conducted by FINN Partners Global Intelligence Lab across the UAE and Saudi Arabia indicates a sustained surge in media and social conversation around the topic, confirming that this is no longer a fleeting news spike, but rather a permanent shift in public discourse. Innovation-led coverage continues to drive attention, but it is increasingly matched by questions around access, safety, pricing and clinically appropriate use. We see a landscape where scientific enthusiasm is constantly and actively balanced by clinical caution and regulatory discipline. The conversation has moved beyond awareness. It is now about interpretation, trust and long-term system value.

From a communications perspective, this is where the challenge becomes acute. In the Middle East, trust is built through credibility, alignment with national priorities and a deep understanding of local context. Innovation that is not explained carefully, or that appears disconnected from prevention agendas, equity considerations or system sustainability, can quickly become a source of reputational exposure. I have seen this pattern repeatedly across healthcare, infrastructure and sustainability, and metabolic health is no exception.

This report is grounded in that reality. It reflects a media and policy environment that is no longer linear or predictable. Breakthrough stories sit alongside concern, enthusiasm alongside misinformation, and global narratives travel into local markets at speed. In this environment, reactive communication is rarely sufficient. What is required instead is deliberate narrative leadership that is evidence-led, culturally informed and aligned with long-term system value. That means aligning innovation with prevention. It means grounding claims in local data. And it means engaging early with stakeholders to navigate these nuances.

THOMAS MORRIS
Senior Partner, UAE, FINN Partners

METABOLIC HEALTH:
INNOVATION, PRESSURE AND OPPORTUNITY

The GCC stands at a critical demographic and economic precipice. With growing adult obesity rates and type 2 diabetes prevalence, the region is facing a health crisis that transcends individual lifestyle choices. Obesity, diabetes, and related NCDs (Figure 1) are no longer framed solely as individual lifestyle challenges but increasingly recognised as systemic risks with far-reaching implications for healthcare sustainability, workforce productivity, and long-term economic resilience.

The UAE and Saudi Arabia illustrate these regional dynamics clearly. As the region's primary adoption hubs for medical innovation, their regulatory and payer environments offer a preview of the broader trends and tensions that will likely define the metabolic health landscape across the wider GCC.

A major focus of current discourse is metabolic health innovation, with GLP-1 therapies as one prominent example. Their visibility has reshaped public perceptions of obesity and metabolic disease. Simultaneously, the narratives around pricing, access, safety or perceived lifestyle use can quickly escalate into trust challenges if not handled with care.

This playbook provides a structured framework to help communications teams and leadership translate metabolic innovation into credible, prevention-aligned, and system-sustainable narratives, aligned with government priorities and public expectations across the GCC.

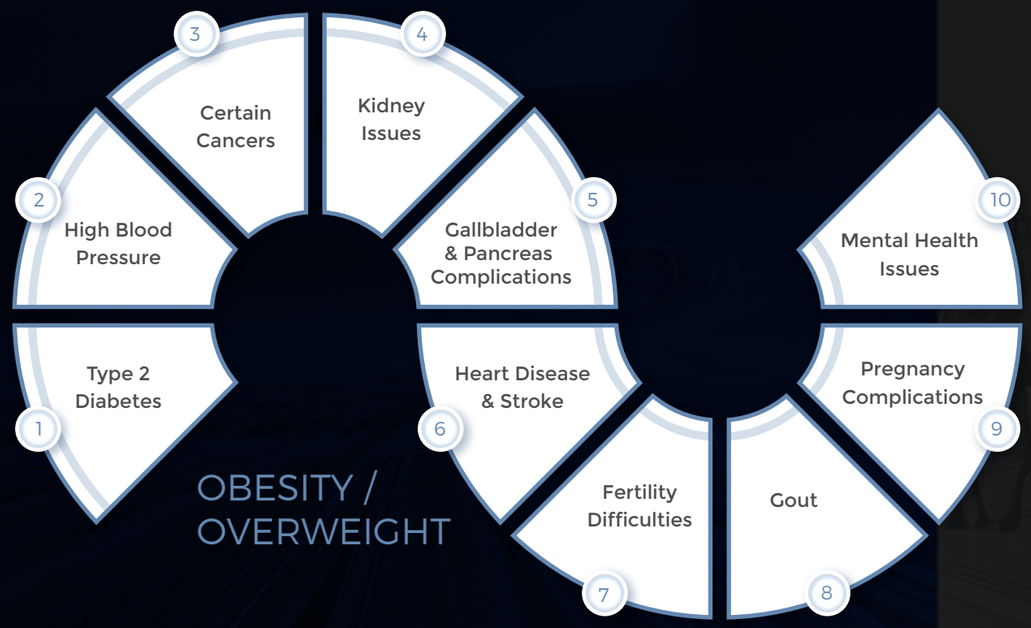
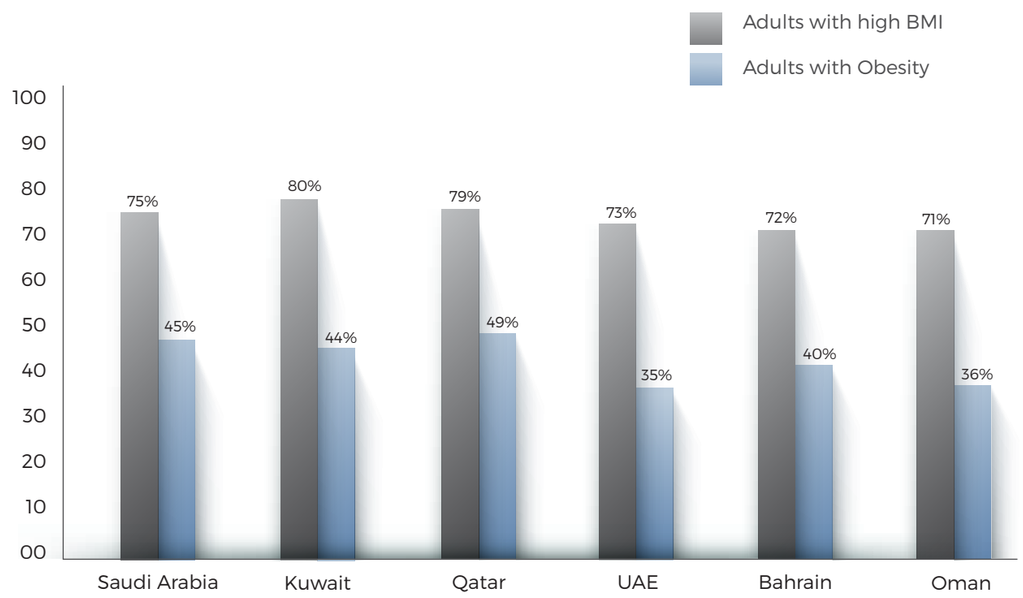


Figure 1: Health risks associated with obesity and overweight

OBESITY ISN'T ONE DISEASE, IT'S A MULTIPLIER

The GCC is entering a defining phase in how it confronts metabolic and lifestyle-related health challenges. Rates of overweight, obesity, and related metabolic disorders are among the highest globally, driven by rapid urbanisation, sedentary lifestyles, changing dietary patterns, and demographic growth. The downstream consequences, particularly cardiovascular disease (CVD), type 2 diabetes, and certain cancers, are exerting sustained pressure on health systems that are simultaneously managing population growth, longer life expectancy, and rising public expectations of care quality.

The scale of the challenge is significant. **Across the GCC, adult overweight and obesity prevalence is estimated to exceed 70% in several countries in 2025, with obesity alone affecting roughly 30–40% of adults in some markets.**



Type 2 diabetes prevalence in the region is consistently above the global average (11.1%), with the Middle East and North Africa (MENA) Region having the highest age-standardised diabetes prevalence (19.9%) in people aged 20–79 years in 2024. This estimate is expected to increase, with the MENA region continuing to have the highest age-standardised prevalence in 2050 (22.8%). As seen below, several GCC countries rank among the top 10 worldwide for diabetes burden, both in the present as well as future estimates (Figure 2).

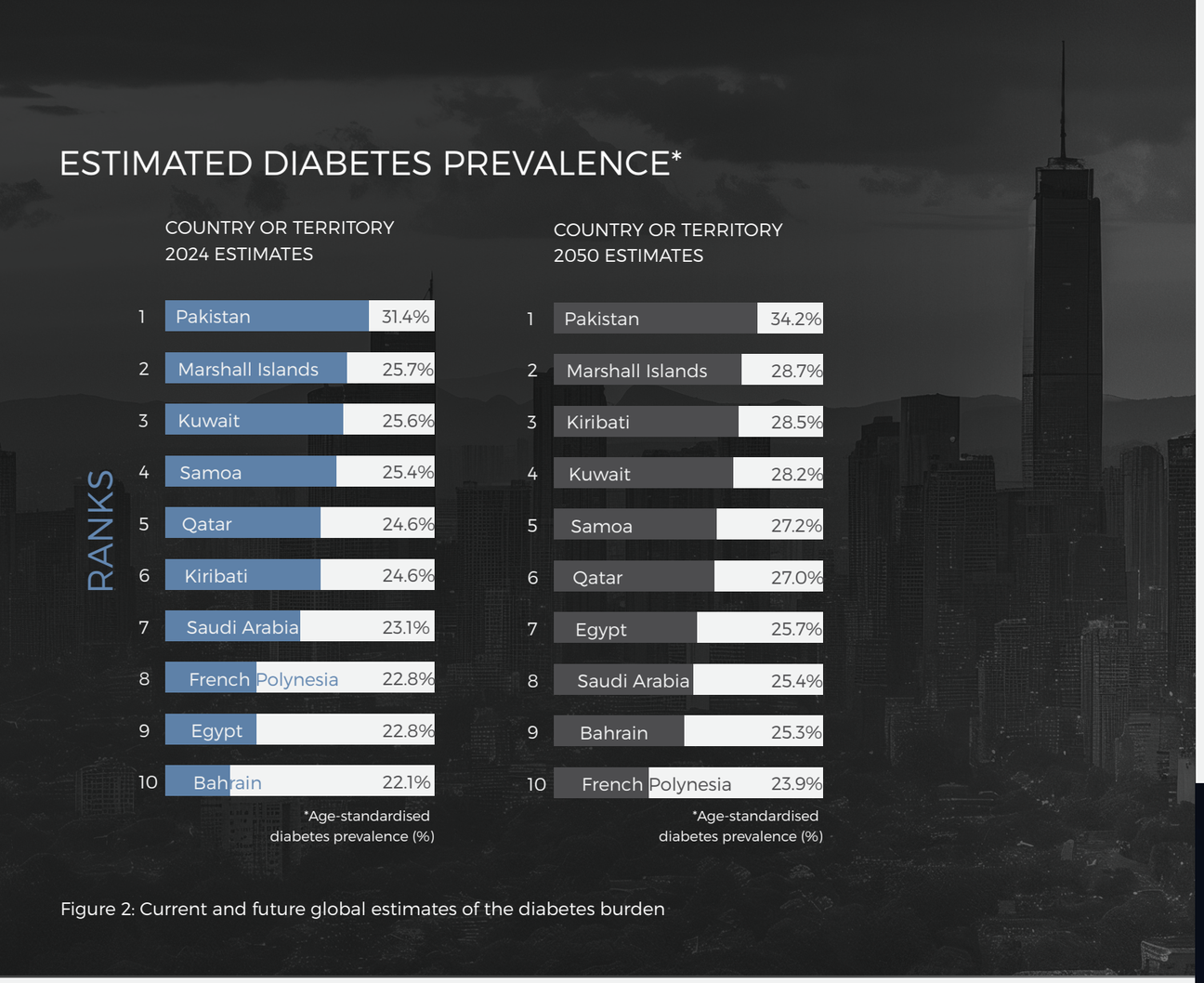


Figure 2: Current and future global estimates of the diabetes burden

These trends extend beyond older populations; rising rates of childhood and adolescent obesity point to a long-term pipeline of metabolic disease if early intervention is not prioritised.

The UAE reflects the scale of the GCC's metabolic health challenge, with important variations across the Emirates. More than one in five adults lives with diabetes and roughly one-third with obesity, levels mirrored across Saudi Arabia, Kuwait, and Qatar, underscoring a regional challenge. Without sustained intervention, obesity rates across the GCC are set to rise further, driving significant healthcare costs and productivity loss. In the UAE alone, excessive weight is estimated to cost the economy nearly USD 12 billion annually.

Obesity is now widely recognised as a key driver of cardiovascular disease, diabetes complications and certain cancers with obesity-related metabolic disease accounting for an estimated 10–18% of total healthcare expenditure when direct and indirect costs are combined. This has reframed metabolic innovation from a lifestyle concern to a lever for prevention, disease modification and system sustainability.

Yet this shift has also intensified discussions around access, affordability, and prioritisation. How these innovations are explained, contextualised, and governed will determine their acceptance as system-strengthening solutions, making credible, evidence-led communication a critical enabler of progress.

For communicators, this reframes obesity from a lifestyle issue to a multi-system challenge requiring nuance, sensitivity and long-term framing.

FROM POLICY INTENT TO PUBLIC TRUST

Governments across the GCC are moving decisively toward more structured, prevention-led approaches to metabolic health. In the UAE, the National Nutrition Strategy 2022–2030 sets out a cross-sector roadmap spanning food systems, healthcare, education and social protection, aligned with We the UAE 2031 and the National Strategy for Wellbeing. This policy momentum is reinforced by the Ministry of Health and Prevention's National Clinical Guideline for Weight Management and Prevention of Adult Obesity, which reframes obesity as a chronic condition requiring long-term, integrated management. Built around nutrition, physical activity, behavioural change and clear criteria for medical or surgical escalation, the guideline positions obesity care as both a clinical priority and a public health responsibility.

Saudi Arabia has taken a parallel path, embedding metabolic health within Vision 2030 and launching the A Nation Without Obesity campaign to address obesity as a chronic disease through coordinated public, private and non-profit action. Together, these initiatives signal a clear regional shift: metabolic health is no longer peripheral but foundational to productivity, healthcare sustainability and quality of life. For brands and companies, this creates an opportunity to move beyond product-led messaging and play a constructive role through responsible communication, evidence-based education and partnership narratives that align innovation with national prevention agendas and long-term system value.

GLP-1s REWRITING THE METABOLIC HEALTH STORY

Metabolic innovation, particularly GLP-1 therapies, has gained rapid traction across the GCC, driven by rising obesity and diabetes prevalence, increasing clinical confidence, and strong patient demand. The GLP-1 market in the GCC projected to reach USD 1.1 billion by 2030. The UAE exemplifies this momentum with its diabetes drugs market is expected to grow from USD 308.97 million in 2022 to approximately USD 535 million by 2030. High health literacy, specialist density and strong media amplification, especially around weight management, have propelled GLP-1s into mainstream clinical and public discourse well beyond endocrinology.

At the same time, rapid uptake has introduced complexity. GLP-1s now sit at the intersection of clinical innovation, demand management and health system sustainability. As indications expand beyond diabetes into obesity and cardiometabolic prevention, questions around their use, timing of intervention and reimbursement have become matters of public policy in mixed public–private systems such as the UAE and Saudi Arabia. Media and social coverage shows a cyclical pattern with periods of optimism driven by innovation are frequently followed by scrutiny around safety, side effects, and lifestyle-driven demand, often triggered by new studies, regulatory actions or viral content.

Access continues to vary across the region, shaped by insurance plan design, authorisation requirements and prescribing pathways, with coverage still evolving in line with clinical guidance. In a region where governments play a strong stewardship role, these dynamics are increasingly framed through the lens of public trust, system sustainability and long-term prevention rather than purely commercial access. **This underscores a critical role of communicators in helping brands and institutions move the narrative beyond short-term outcomes to system-level value, responsible use and equity-sensitive messaging, while proactively managing scrutiny cycles.**

WHO IS SHAPING THE METABOLIC HEALTH CONVERSATION, AND IN WHAT DIRECTION?

As the conversation around metabolic health accelerates, it is no longer shaped by a single voice. Pharmaceutical companies, clinicians, policymakers, insurers, journalists, media outlets, and social platforms all play an increasingly visible role in defining what metabolic innovation represents, how it should be governed, and who should benefit.

This narrative analysis is based on media and social research conducted by FINN Partners Global Intelligence Lab, covering the UAE and Saudi Arabia from January to December 2025. This research captured volume trends, competitive share of voice, narrative tension, and access and policy discourse related to metabolic health innovation and GLP-1 therapies. Quantitative volume analysis was combined with a qualitative thematic review to identify dominant narratives, risks, and stakeholder drivers (see appendix for full methodology).

This research shows a steady rise in media and social mentions related to metabolic health and GLP-1 therapies in the GCC, ranging from approximately 5,000 to over 8,000 mentions per month, with a pronounced surge in the final quarter of the year (Figure 3). This volume growth signals that metabolic health has moved beyond specialist clinical discourse into the mainstream, increasing both opportunity and scrutiny.

Figure 3: Monthly volume of metabolic health and GLP-1 mentions (UAE & Saudi Arabia, Jan–Dec 2025)

Analysis of coverage shows that narratives cluster around a small number of recurring themes, shaped by different stakeholder groups with distinct priorities and influence (Figure 4).

Figure 4: Stakeholder influence map

Pharmaceutical companies are the most visible drivers of innovation narratives. Brand-led coverage is anchored in clinical trial results, regulatory milestones, manufacturing announcements, and the expansion of indications beyond diabetes into obesity and cardiometabolic risk. However, while brands dominate visibility, they do not consistently control interpretation.

Key learning: Much of the earned coverage is reactive, triggered by global headlines, supply issues, or competitive developments rather than sustained, intentional positioning.

Healthcare professionals emerge as the most trusted narrative stabilisers. Clinician-led coverage consistently emphasises appropriate use, patient segmentation, side-effect management, and the importance of integrating pharmacotherapy with nutrition, physical activity, and behavioural support.

Key learning: HCP voices frequently appear in response to hype-driven or lifestyle-adjacent narratives, acting as corrective influences within the media ecosystem. Their visibility increases in response to controversy, reinforcing clinical context and caution.

Policymakers and regulators increasingly shape tone through guidance, warnings, and access frameworks. Coverage linked to ministries of health, national strategies, and international guidance reinforces a specific message.

Key learning: Medication alone is not sufficient, and metabolic innovation must align with prevention, sustainability, and long-term system value.

Media and social platforms amplify both enthusiasm and concern. Social and lifestyle oriented coverage accelerates before-and-after storytelling, aesthetic-driven demand, and consumerised framing, while mainstream media oscillates between breakthrough narratives and cautionary reporting on misuse, side effects, and equity gaps.

Key learning: While the digital landscape drives unprecedented enthusiasm and consumer empowerment through compelling visual storytelling, it also highlights the need for balanced stewardship.

THEMES SHAPING THE DISCOURSE

The research shows that coverage of metabolic health and GLP-1 therapies in the UAE and Saudi Arabia is anchored around several dominant themes. They define how innovation is understood, evaluated, and debated, and form the baseline against which narratives later emerge.

1. METABOLIC HEALTH AS A SYSTEM-LEVEL CHALLENGE

Coverage increasingly frames metabolic health not as an individual lifestyle issue, but as a systemic challenge. Obesity, diabetes, and cardiometabolic risk are frequently discussed together, reinforcing the idea of metabolic syndrome as a driver of multiple chronic diseases rather than isolated conditions.

GLP-1 therapies feature prominently within this framing, but largely as part of a broader discussion about how health systems should respond to rising NCD burdens. This represents a shift away from personal responsibility narratives toward structural, policy-led solutions.

The conversation has matured beyond awareness. **Media and policy audiences are now asking how innovation fits into long-term system planning, not just whether it works.**

2. INNOVATION MOMENTUM AND THE ACCELERATION NARRATIVE

Innovation is a dominant and persistent theme across coverage. Media narratives emphasise rapid scientific progress, expanding indications, and new delivery models, including oral formulations, telehealth pathways, and digital support platforms. Innovation is often framed as inevitable and accelerating, with the GCC positioned as receptive to advanced therapies and integrated care models.

This framing is generally positive, reinforcing perceptions of progress and modernisation. However, it also creates rising expectations around speed of access, availability, and convenience, which later feed into access and equity debates.

Innovation narratives are setting the pace of the conversation but are doing faster than health system governance narratives can keep up.

3. REFRAMING OBESITY AS A MEDICAL CONDITION

A consistent theme across UAE and Saudi coverage is the reframing of obesity as a biological and chronic condition rather than a failure of willpower. GLP-1 therapies are frequently cited as evidence that obesity has legitimate medical treatment pathways, helping to reduce stigma and reposition obesity within mainstream healthcare discourse.

This reframing is often reinforced by clinician commentary and policy-adjacent coverage, and it underpins growing acceptance of pharmacological intervention as part of obesity management.

The medicalisation narrative has largely succeeded, but it also raises expectations that treatment should be structured, supervised, and equitable.

4. BEHAVIOUR CHANGE AND CONSUMERISATION

Alongside medical framing, analysis shows a parallel narrative around behaviour change and consumer empowerment. Coverage highlights proactive health management, digital engagement, and patient-led decision-making, often supported by apps, telehealth platforms, and subscription models.

This theme reflects growing consumer agency but also blurs boundaries between medical treatment and lifestyle optimisation. Media references to convenience, flexibility, and personal transformation sit alongside more traditional clinical language, creating an ambiguous narrative space.

Consumerisation is reshaping how metabolic health is discussed, setting the stage for later tension around misuse, expectations, and oversight.

5. ACCESS AND AFFORDABILITY AS EMERGING PRESSURE POINTS

While innovation dominates much coverage, access and affordability are increasingly present as secondary but growing themes. Media and policy discussions reference insurance eligibility, pricing disparities, telehealth expansion, and the role of compounded alternatives, particularly as demand accelerates.

These conversations are not yet dominant, but they recur consistently enough to signal mounting concern. In Saudi Arabia, access narratives are more closely tied to reimbursement discipline and national guidelines, while in the UAE they intersect more with private insurance structures and out-of-pocket affordability. **Access is becoming a focal point in balancing innovation enthusiasm with longer-term system considerations.**

IMPLICATIONS FOR COMMUNICATORS

- **Shift from Awareness to Integration:** The conversation has moved past simple disease awareness. Narratives must now articulate how innovation integrates into and supports long-term health system planning, in addition to proving clinical efficacy.
- **Bridge the Governance Gap:** With innovation outpacing policy frameworks, communicators must balance between the speed of science and the necessary caution of governance.
- **Reinforce Clinical Guardrails:** The successful medicalisation of obesity brings a responsibility to strictly emphasise structured, supervised care pathways to prevent the therapy from being trivialised as a lifestyle commodity.
- **Counter the Consumerisation Risk:** As digital discourse blurs the line between patient empowerment and misuse, active narrative stewardship is required to protect the medical integrity of the category.
- **Focus on the Access Narrative:** Equity is no longer a secondary topic. Affordability and system sustainability must be addressed proactively to prevent access gaps.

Leaders who proactively align innovation stories with policy priorities, clinical credibility and public trust will be better positioned to shape durable acceptance of metabolic health solutions across the GCC.

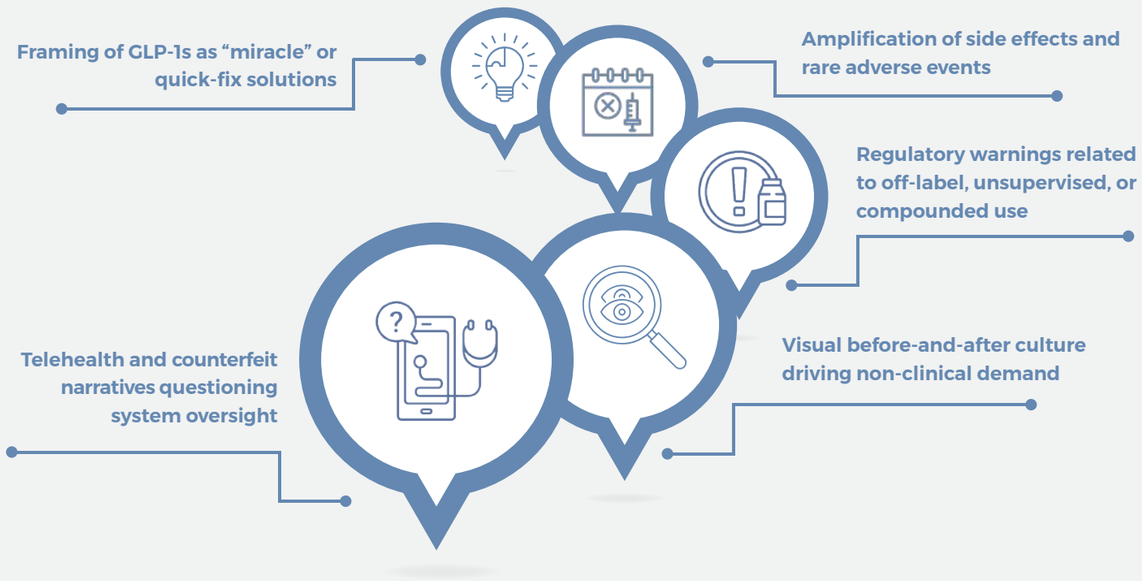
GLP-1 THERAPIES AS A NARRATIVE FLASHPOINT

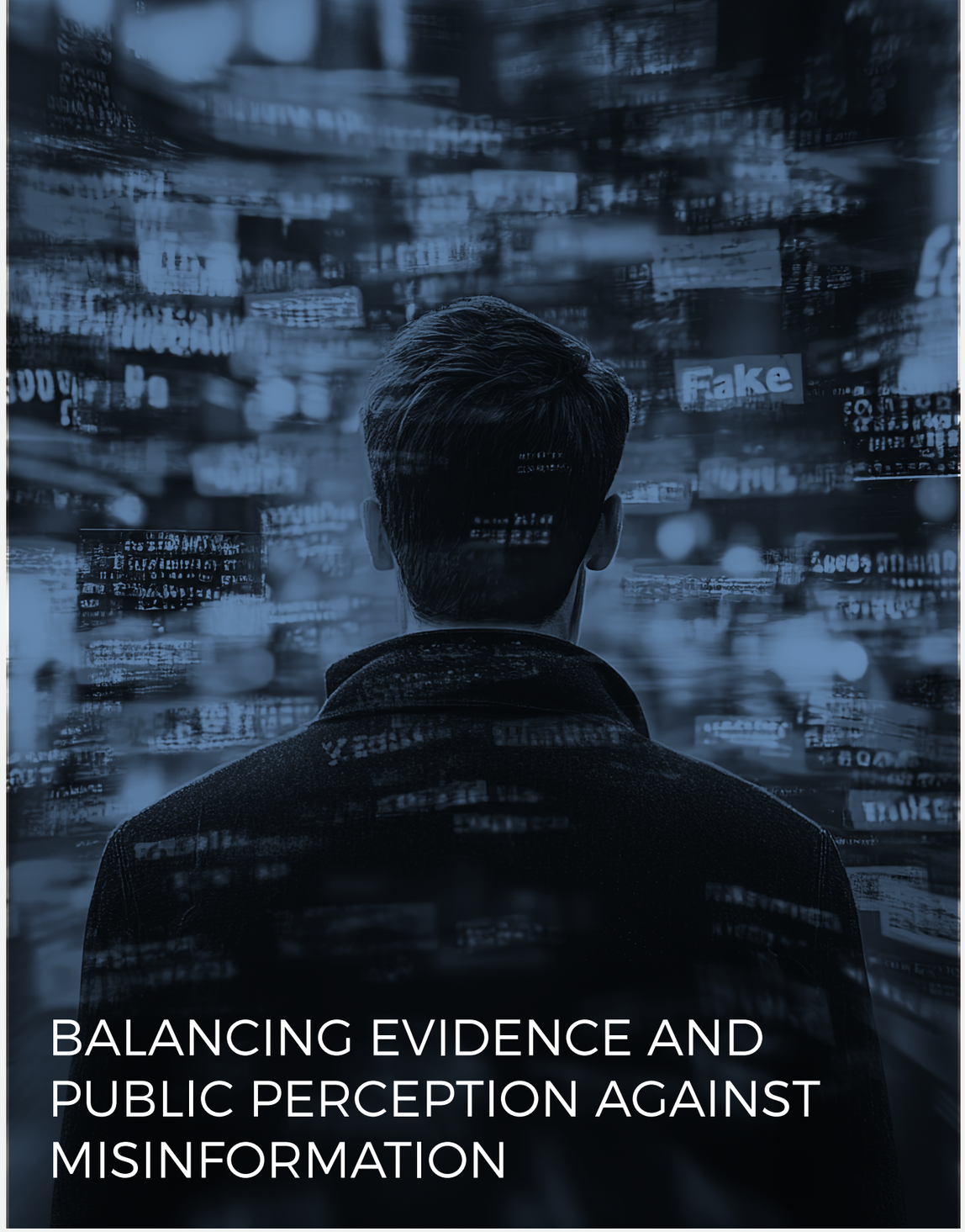
While the dominant themes above drive the general conversation, specific risks emerge when these narratives collide. Our analysis identifies five critical narrative flashpoints where innovation optimism meets system reality. These are the specific zones that require the most careful navigation by brands and policymakers alike.

In the UAE, coverage positions GLP-1s as symbols of advanced medicine and scientific progress. This innovation-positive framing has supported strong visibility, but has also resulted in heightened scrutiny. English-language media and clinician commentary increasingly raise concerns about off-label prescribing, aesthetic-driven use, telehealth oversight, and the risk of GLP-1s being perceived as shortcuts rather than elements of structured care pathways.

In Saudi Arabia, discourse follows a similarly innovation-positive trajectory but is more tightly linked to reimbursement discipline, national guidelines, and appropriate patient segmentation. Coverage more frequently situates GLP-1s within broader NCD strategies, reinforcing expectations of controlled adoption and long-term value.

As innovation, medical reframing, and consumerisation accelerate in parallel, moments of friction become inevitable. Across both markets, the conversation is characterised by persistent narrative tension. Analysis of risk-focused coverage highlights five recurring pressure points that repeatedly surface in media and social discussion:





BALANCING EVIDENCE AND PUBLIC PERCEPTION AGAINST MISINFORMATION

While narrative tension is a natural by-product of innovation, a more dangerous dynamic is the rise of a parallel shadow narrative driven by misinformation (false information shared without malice) and disinformation (deliberate deception for profit). In the GCC, this infodemic is on the rise.

1. THE SHADOW PHARMACY ON SOCIAL MEDIA

Social media platforms have become unregulated marketplaces where algorithm-driven virality outpaces clinical guidance. Research indicates that up to 68% of users are influenced by social media regarding weight-loss medications, with platforms like TikTok and Instagram serving as primary information sources. Thus, many patients self-initiate treatment without adequate medical supervision.

- **The Dupe Culture:** Hashtags like #Ozempic and #Wegovy **are co-opted to advertise** non-prescription natural alternatives or unlicensed supplements that contain no active semaglutide yet promise identical results.
- **The AI Threat:** AI-generated deepfakes of celebrities and trusted medical figures are shown to endorse specific weight-loss products, creating a veneer of credibility for fraudulent sellers.

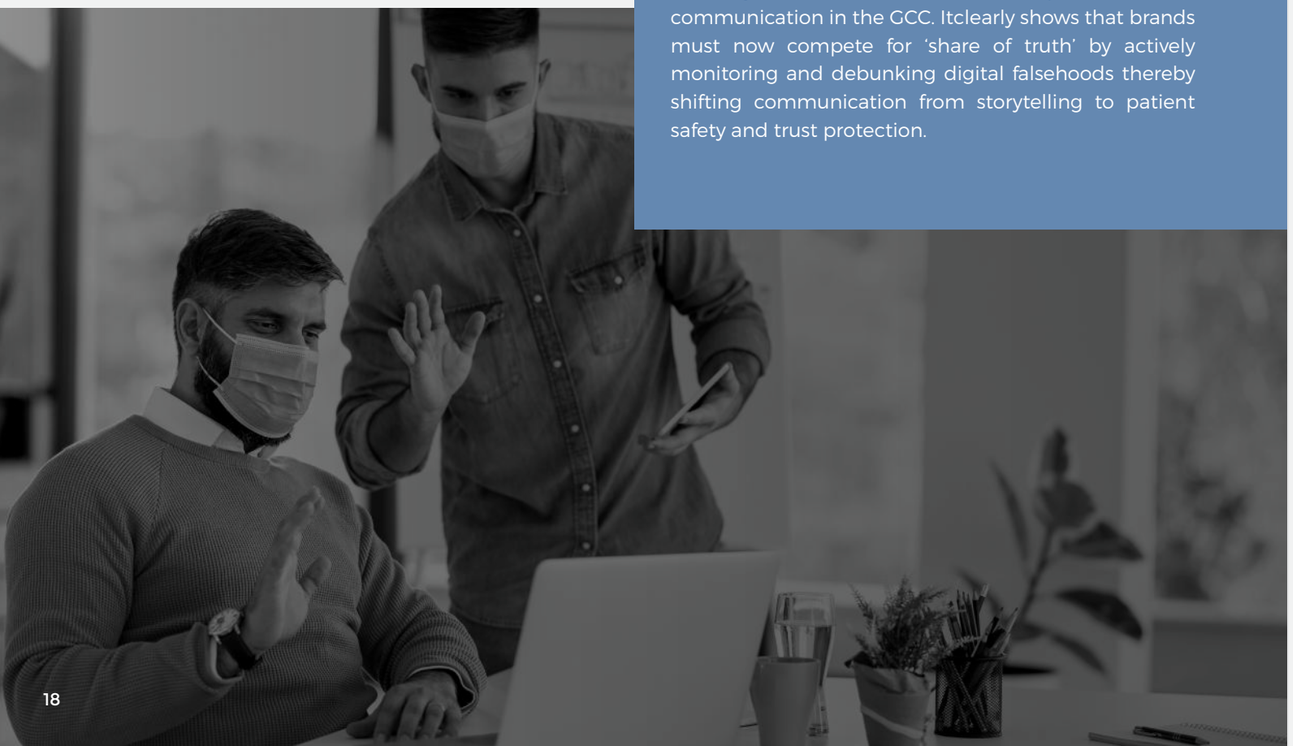
2. THE COUNTERFEIT ECONOMY AND PATIENT SAFETY

The global supply shortage of GLP-1 therapies has created a vacuum that criminal networks are actively filling.

- **Clinical Danger:** Authorities have identified counterfeit Ozempic pens which can be dangerous to the patient's health. These products are often visually indistinguishable from authentic product and are sold through unregulated channels.
- **The Compounded Grey Market:** Many compounded versions of GLP-1s lack FDA or local regulatory oversight, exposing users to unverified ingredients and inconsistent dosing.

In an environment shaped by misinformation and unregulated alternatives, health communication becomes a frontline defence. The priority shifts from amplifying innovation narratives to rotecting patient safety, public trust, and system integrity.

These dynamics mark a clear inflection point for health communication in the GCC. Itclearly shows that brands must now compete for 'share of truth' by actively monitoring and debunking digital falsehoods thereby shifting communication from storytelling to patient safety and trust protection.



COMPETITIVE VISIBILITY

Against this backdrop of high-stakes clinical debate and viral misinformation, brand visibility becomes a critical metric of leadership. Share of voice analysis shows that Wegovy leads overall mentions, followed by Zepbound, Ozempic, and Mounjaro, with other brands occupying niche or supporting roles (Figure 5). However, much of this visibility is driven by reactive coverage rather than proactive agenda-setting.

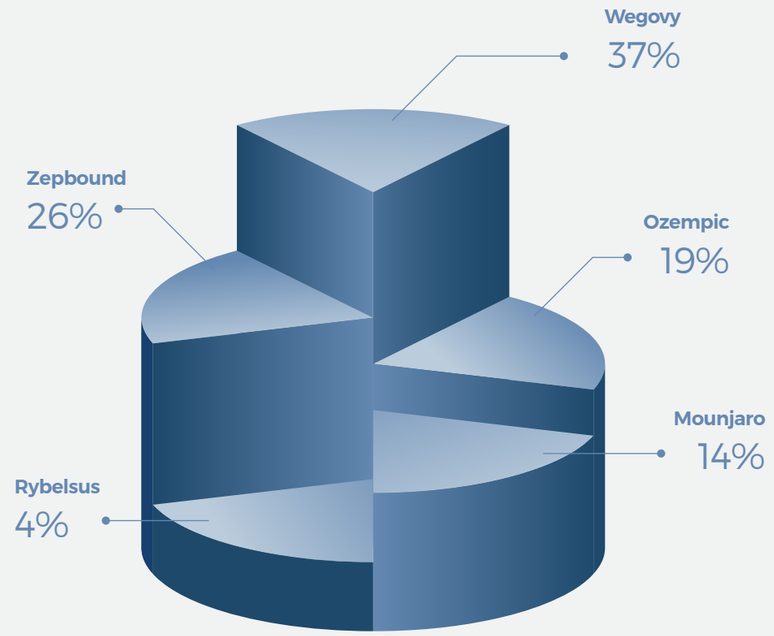
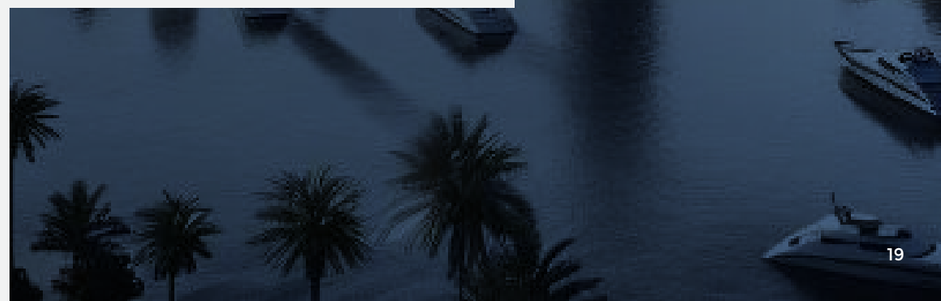
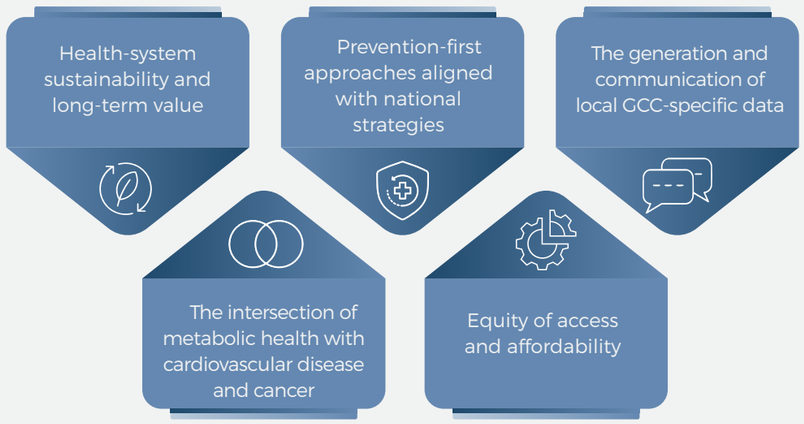


Figure 5: Share of voice by brand (earned media mentions)



Third-party voices, particularly clinicians and journalists, shape interpretation more strongly than structured brand narratives. While this exposes brands to reputational risk during moments of scrutiny, it also highlights under-developed narrative spaces that remain largely uncontested.



SHAPING A RESPONSIBLE FUTURE FOR METABOLIC HEALTH

The most resilient narratives emerging from this analysis are those anchored in clinical credibility, policy alignment, and system-level value. Communications that over-index on consumer access or innovation alone are more vulnerable to backlash, while those that integrate evidence, governance, and equity are better positioned to build sustained trust.

The gap between clinical evidence, policy intent, and public understanding represents the primary opportunity for leadership in the GCC metabolic health conversation. To earn durable trust, this narrative must evolve. The dominant framing of GLP-1s as 'weight-loss injections' or lifestyle enhancers is increasingly misaligned with policy priorities and public health realities. **A more sustainable narrative positions these therapies as part of a broader metabolic health toolkit, supporting chronic disease management, prevention, and long-term system resilience.**

As metabolic health in the GCC moves moves higher on the public and policy agenda, organisations can no longer rely on product-centric or reactive communication approaches. This communication playbook sets out **six strategic pillars** designed to help leaders engage credibly with regulators, clinicians, payers, media, and the public, while aligning innovation with regional priorities.

These pillars function as an interdependent ecosystem rather than isolated tactics, where strength in one area reinforces credibility in others. For instance, **local data generation** provides the critical proof points necessary to substantiate **access and affordability** narratives, while **evidence and transparency** form the non-negotiable bedrock upon which **multi-stakeholder partnerships** are built. Similarly, **prevention-first framing** gains legitimacy when safeguarded by robust **rapid-response safety messaging.** With this integrated framework, organisations can build a resilient narrative where clinical value, policy alignment, and public trust mutually reinforce one another to drive long-term impact.

PILLAR 1: EVIDENCE AND TRANSPARENCY

In the GCC, evidence-led communication is a prerequisite for credibility. Regulators and clinicians respond poorly to over-claiming or vague promises. Leading with robust data, particularly local real-world evidence (RWE), signals respect for institutional processes and builds trust.

Structured registries, transparent safety communication, and clear data visualisation help ground innovation in reality rather than hype. Positioning respected regional clinicians as interpreters of evidence further strengthens credibility.

PILLAR 2: PREVENTION-FIRST FRAMING

Aligning metabolic innovation with national prevention agendas is essential. Positioning GLP-1 therapies within broader strategies, physical activity, nutrition, early screening, reduces the perception of a quick fix and reinforces their role in reducing long-term disease burden. When innovation is framed as enabling prevention rather than replacing it, it aligns naturally with initiatives such as UAE Wellbeing 2031 and Saudi Vision 2030.

PILLAR 3: LOCAL DATA GENERATION

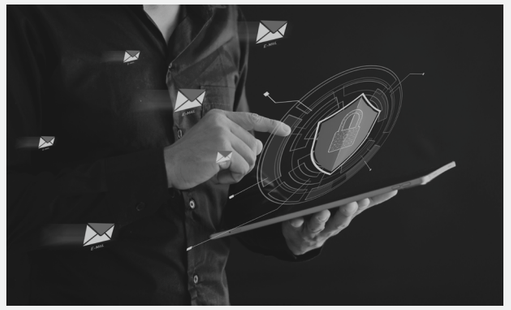
Policy and reimbursement decisions increasingly demand local proof. GCC-specific data on adherence, outcomes, and cost offsets strengthens both access discussions and public trust. Partnerships with academic institutions and health authorities to generate such evidence signal long-term commitment rather than short-term market entry.

PILLAR 4: MULTISTAKEHOLDER PARTNERSHIPS

In the GCC, legitimacy is built through collaboration. Public–private dialogue with ministries, insurers, professional societies, and employers demonstrates that industry understands its role within the wider health ecosystem. Thoughtfully designed partnerships help shift the conversation from product promotion to shared system value.

PILLAR 5: ACCESS AND AFFORDABILITY STORYTELLING

Equity concerns must be addressed early and transparently. Communicating the long-term economic and health value of metabolic control helps reframe access discussions. In a region sensitive to public perception, affordability narratives that acknowledge socioeconomic diversity are critical to maintaining trust.



PILLAR 6: RAPID-RESPONSE SAFETY MESSAGING

Global safety narratives travel quickly into GCC media and social channels. Preparedness matters. Clear protocols, trained spokespeople, and consistent myth-busting content allow organisations to respond calmly and credibly, preventing misinformation from shaping the narrative.

STRATEGIC PILLAR	PURPOSE OR GOAL	TACTICAL STRATEGY
EVIDENCE & TRANSPARENCY	Build trust with regulators, clinicians and media through credible data	Generate local real-world evidence on GLP-1 outcomes in GCC populations; publish transparent, locally contextualised safety and efficacy summaries anchored in global RCTs and WHO guidance; develop adverse-event dashboards and clinical data briefing packs for HCPs and payers
PREVENTION-FIRST FRAMING	Position metabolic health innovation within prevention and health-promotion systems	Develop messaging frameworks that explicitly link pharmacotherapy with lifestyle modification and national prevention agendas (e.g. Healthy UAE 2031); form coalitions with public health agencies to advocate for multi-sectoral obesity strategies
LOCAL DATA GENERATION	Address evidence gaps and reduce reliance on imported narratives	Propose structured registries capturing obesity and metabolic outcomes linked to GLP-1 use; conduct local cohort studies in partnership with academic and clinical institutions across the UAE and Saudi Arabia
MULTI-STAKEHOLDER PARTNERSHIPS	Align health system voices and reduce fragmentation	Convene high-level strategic roundtables with MOHAP, DHA, SEHA and Saudi MoH; co-create joint position statements with endocrinology, cardiology and oncology societies
ACCESS & AFFORDABILITY STORYTELLING	Lead with equity and system sustainability	Communicate clear reimbursement and access pathways (e.g. Thiqa coverage in the UAE; employer-based group health insurance plans, such as Cigna's GlobalCare or SmartCare solutions); develop patient-friendly educational materials explaining eligibility, cost considerations and long-term clinical value
RAPID-RESPONSE SAFETY MESSAGING	Anticipate and manage safety, misuse or misinformation narratives	Prepare pre-approved communications templates for emerging safety or off-label use stories; implement public education initiatives emphasising clinician supervision and integrated care pathways. Align with local regulator guidance and avoid speculation, use designated medical spokespersons, and ensure Arabic Q and A readiness.

HOW COMMUNICATION LEADS THE WAY BY TURNING SCIENCE INTO TRUST

This is where communication becomes a core part of health leadership. For communicators, public affairs leaders, and policymakers, the task is no longer simply to explain innovation, but to steward it responsibly and credibly. In a landscape where scientific progress moves fast, and public expectations move even faster; effective communication becomes the bridge between evidence and acceptance. It means translating complex data into trust, shaping narratives that align with policy priorities, anticipating media and societal risk before it escalates, and ensuring conversations around access are grounded in responsibility, fairness and long-term system value.

This pivotal moment demands a new calibre of communications leadership that prioritizes context over volume and stewardship over simple amplification. Navigating the intersection of breakthrough science, cultural nuance, and policy intent requires a depth of understanding that transforms communication from a tactical function into a strategic driver. In this high-stakes environment, strategic partners play a critical enabling role, acting as convenors, interpreters, and architects who bridge the gap between global innovation and regional priorities, empowering leaders to engage with confidence, clarity, and long-term impact.

CATEGORY-SHAPING THOUGHT LEADERSHIP:

The region increasingly needs regionally grounded perspectives that go beyond individual products. Regular synthesis of epidemiological data, policy direction, innovation trends, and media narratives helps elevate the conversation from episodic news cycles to sustained understanding. Thought leadership that aligns with national health strategies can play a critical role in reframing obesity and metabolic disease as long-term system challenges rather than short-term treatment stories.

STRATEGIC NARRATIVE ARCHITECTURE:

In a fragmented information environment, coherence matters. Clear narrative frameworks, grounded in evidence and mapped to stakeholder expectations, help organisations communicate consistently across regulators, clinicians, media, and the public. When supported by integrated, multi-channel approaches, these frameworks ensure that messages around innovation, prevention, and access are reinforced.

STAKEHOLDER ENGAGEMENT AND COALITION BUILDING:

Trust is built through dialogue and partnership. Structured engagement with ministries of health, payers, professional societies, and academic institutions helps align perspectives and reduce fragmentation. Convening platforms, such as expert roundtables or consensus-building initiatives, can shift the discourse from isolated viewpoints to shared ownership of metabolic health outcomes.

REPUTATION AND RISK INTELLIGENCE:

The speed at which global narratives now enter local discourse means reputational risk must be actively managed. Ongoing intelligence on media trends, stakeholder sentiment and competitive positioning enables organisations to anticipate pressure points rather than respond reactively.

LOCALISATION AND CULTURAL NUANCE:

Effective communication depends on deep contextual understanding. Global evidence must be interpreted through regional realities, cultural sensitivities, and bilingual media environments. Segmenting audiences and tailoring messages accordingly ensure that the communication resonates with them.

The GCC is entering a defining phase where scientific innovation is advancing rapidly, policy intent is strengthening, and public awareness is higher than ever before. As metabolic health becomes a national priority, the way these solutions are explained, contextualised, and governed will determine whether they are embraced as pillars of sustainable health systems or contested as sources of inequity. In this high-stakes environment, communication acts as a strategic lever. Organisations that focus on thoughtful, evidence-led, and system-aware narrative shaping will be uniquely positioned to contribute to healthier populations and more resilient health systems. Ultimately, credible narrative stewardship acts as the essential bridge between clinical promise and lasting public trust.

APPENDIX:
FULL RESEARCH METHODOLOGY

Data source: Meltwater

Markets: United Arab Emirates and Saudi Arabia

Time period: January–December 2025

Content types: Online news, broadcast and print where indexed, and social media sources

Query structure:

- Core metabolic health and GLP-1 landscape for baseline narrative and volume
- Brand-specific queries for competitive share of voice
- Risk-focused queries for safety, misuse, and trust narratives
- Access and policy queries for equity, reimbursement, and system value

Exclusion criteria removed cosmetic, aesthetic, bodybuilding, supplement, and veterinary references to maintain relevance to medical and health-system discourse.

Analysis approach:

- Quantitative tracking of mention volume and brand visibility
- Qualitative coding of dominant themes and narrative tension points
- Comparative assessment of leadership versus reactive coverage

Limitations:

Media volume does not equate to prescription rates or clinical outcomes. Results reflect indexed sources and may not capture closed or private platforms. Brand mentions were reviewed contextually to confirm relevance.

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