New Research from RGA: GLP-1s Expected to Reduce US Mortality by 3.5% Over the Next 20 Years

November 11, 2025

- *By 2045, incretin-based drugs such as GLP-1s could reduce mortality in the US by 3.5% in a central scenario, 8.8% in an optimistic scenario, and 1.0% in a pessimistic scenario.*
- *Under the same central scenario, mortality could decrease by 2.0% in the UK, 2.6% in Canada, and 1.4% in Hong Kong.*
- *Mortality improvements will vary by age, with ages 45-59 seeing the biggest reduction and age 85+ the lowest reduction.*

ST. LOUIS--(BUSINESS WIRE)--Nov. 11, 2025-- Reinsurance Group of America, Incorporated (NYSE: RGA), a leading global life and health reinsurer, published new in-depth research quantifying the mortality and morbidity impacts of incretin-based therapies, including GLP-1s, approved as anti-obesity medications (AOMs) and diabetes treatments. The study examined data from four markets (US, UK, Canada, and Hong Kong) to assess how widespread adoption of AOMs could affect population health outcomes over the next two decades. Key findings are published in the full report, "Weighing the Evidence: A quantification of the mortality and morbidity impacts of GLP-1 and other incretin-based drugs in the US, UK, Canada, and Hong Kong populations."

Based on RGA's models, AOMs have the potential to meaningfully improve population mortality and disease incidence rates and could reduce mortality in the US by 3.5% by 2045 in a central scenario. RGA's research models the impact of AOMs over the next 20 years to 2045 using three key groups of assumptions: effectiveness, uptake, and relative risk of mortality and morbidity. In addition to a central scenario, the research calculates optimistic and pessimistic scenarios by flexing these key assumptions to plausible higher and lower values.

Key findings:

Population mortality

- By 2045, incretin-based drugs such as GLP-1s could reduce mortality in the US by 3.5% in a central scenario, 8.8% in an optimistic scenario, and 1.0% in a pessimistic scenario.
- Under the same central scenario, mortality could decrease by 2.0% in the UK, 2.6% in Canada, and 1.4% in Hong Kong.
- Mortality improvements will vary by age, with ages 45-59 seeing the biggest reduction and age 85+ the lowest reduction.

Population morbidity

- Populations could see smaller but still positive reductions in the incidence of cancers over the same period.

Insured mortality and morbidity

- Insured groups and annuitants are likely to see somewhat lower mortality and morbidity reductions than the general population.

"We believe that anti-obesity medications will have a meaningful benefit on general population-level mortality. This will differ by geography, largely reflecting the obesity profiles of different markets, and by age, sex, and access to medicines," said Tony Cheng, President and CEO, RGA. "For insured groups, we tend to observe a lower average BMI, which is likely to translate to a smaller overall mortality impact compared to the general population."

Although cost remains an obstacle to wider use, growing competition and the arrival of generic and oral formulations are expected to lower prices. The next wave of incretin-based therapies is poised to offer significant advantages over the current generation for treating diabetics and supporting weight loss in those living with obesity.

Incretin-based therapies are under active investigation to treat a growing spectrum of medical conditions ranging from neurodegenerative disorders to substance abuse. There is also increasing interest in their potential for disease prevention due to the demonstrated systemic anti-inflammatory properties, metabolic regulatory effects, and the ability to influence satiety and insulin sensitivity.

"This is a fast-moving space with significant uncertainty, but the potential of these drugs is exciting," added Cheng. "As the list of approved indications continues to expand, and adoption rises among those with existing illnesses, these therapies hold the potential to deliver a substantial positive impact on public health."

For more detailed information, view the full research report. For RGA's perspective on how insurers can best reflect medical advancements, such as GLP-1 drugs in forward-looking biometric assumptions, read the companion paper, "Evaluating Biometric

Trend Drivers: How to reflect medical breakthroughs and other drivers in forward-looking assumptions."

About RGA

Reinsurance Group of America, Incorporated (NYSE: RGA) is a global industry leader specializing in life and health reinsurance and financial solutions that help clients effectively manage risk and optimize capital. Founded in 1973, RGA is one of the world's largest and most respected reinsurers and remains guided by a powerful purpose: to make financial protection accessible to all. As a global capabilities and solutions leader, RGA empowers partners through bold innovation, relentless execution, and dedicated client focus — all directed toward creating sustainable long-term value. RGA has approximately$4.3 trillion of life reinsurance in force and total assets of $152.0 billion as of September 30, 2025. To learn more about RGA and its businesses, please visit rgare.com or follow RGA on LinkedIn and Facebook. Investors can learn more at investor.rgare.com.

View source version on businesswire.com: https://www.businesswire.com/news/home/20251111928048/en/

RGA
Lynn Phillips
Senior Vice President, Enterprise Marketing & Communications
636-736-2351
lphillips@rgare.com

Lizzie Curry
Executive Director, Public Relations
636-736-8521
lizzie.curry@rgare.com

Eli Schneiders
Manager, Public Relations
314.439.6706
Eli.Schnieders@rgare.com

Jeff Hopson
Senior Vice President, Investor Relations
636-736-2068
jhopson@rgare.com

Source: Reinsurance Group of America, Incorporated