



WORLD
OBESITY

/ World Obesity

/ MAPPS

Management and Advocacy for Providers, Patients and Systems

- / Gather intelligence on in-country healthcare systems and practices for obesity policy, prevention and treatment. The data will be used to create a Health Systems for Obesity Index
- / Describe health systems guidelines for health care providers, practitioners and patients and establish recommendations sensitive to local context
- / Build a Global Obesity Observatory as a source of reliable data and materials

/ Why Review Health Systems?

- / Changes in health, environmental & fiscal policy alone will not address the needs of the individual living with obesity
- / Need to address the set up of the clinical environment to ensure the appropriate treatment available for implementation
- / Review low – high income countries, to address how requirement differ, what barriers exist and how they may be overcome and find examples of good practice to share with other countries

/ Health Systems Review - Methodology

- / Create Health Systems Working Group
- / Gather intelligence on in-country healthcare systems and practices for obesity policy, prevention and treatment (lit. review)
- / Stakeholder mapping - Identify in-country interviewees
- / Launch in-country interviews
- / Draft country report cards
- / *Draft country-relevant Guidelines for Health Systems for Obesity*

/ Online Literature Reviews – Pub Med keywords

- / Health Systems & Country
- / Obesity & Country*
- / Overweight & Country*
- / Universal Health Coverage & Country
- / Physician training & Country
- / Obesity Management & Country
- / Obesity Guideline & Country
- / Obesity Treatment & Country
- / National Strategy & Country
- / Out of pocket & Obesity & Country

- / *Where results were too numerous more specific terms were implemented
- / These search keywords are not comprehensive as the search progressed, more focussed local terms were implemented e.g NHI Korea

/ Website Scoping Review – key search terms by country*

- / Universal Health Coverage
- / Health Systems
- / Obesity treatment
- / Obesity management
- / Obesity Guidelines
- / NCD Strategy
- / Specialist Obesity Training
- / Weight Loss specialist
- / Weight Loss facilities
- / Obesity as a Disease
- / Obesity Forums
- / Bariatric Obesity
- / Primary Health Care & Obesity
- / Obesity and Health Insurance

* these are generic key terms used, searches expanded & extended according to findings

/ Website/Literature Scoping Review - Limitations

- / Language, where English not spoken language material was harder to extract
- / Where English is spoken language the volume of material is immense. Sensible limitations had to be placed on the depth of research.
- / Volume of information available varied widely between countries according to in country website
- / In-country confirmation required to validate some of the findings, this is being achieved via in-country interviews

/ Questionnaire/Surveys

- / In-country experts were invited to review findings from 1 English speaking and 1 non English speaking drafts. Feedback was analysed and questionnaire and approach revised accordingly
- / 1 draft report was distributed to HSWG to invite feedback on findings. Methodology subsequently adjusted accordingly.
- / Following feedback from committee 2 smaller questionnaires designed and online. 110 key individuals were identified and have recently been invited to participate. The identification of suitable interviewees is ongoing.
- / Smaller questionnaire translated in Portuguese, Italian and Spanish
- / All World Obesity Federation country members have been invited to participate.

/ Questionnaire/Surveys cont.

Categories of questions:

- / Obesity as a disease
- / Finance
- / National strategies
- / Patient networks
- / Primary care strategy
- / Obesity treatment
- / Health system
- / Health care establishments
- / Physical activity provision
- / Technologies
- / Political influences
- / Cultural influences
- / Monitoring
- / Specialist obesity training

/ Example Stakeholders interviewed

Bariatric surgeons

Cardiologists

Diabetes educators

Endocrinologist

Medical officer

Nutritionist

Paediatric physiotherapist

Physician

Public Health Advisor

Bariatric physicians

Consultant Dietitians

Diabetologists

Media Advocate

Nurse

Paediatric endocrinologist

Paediatrician

Population Health Expert

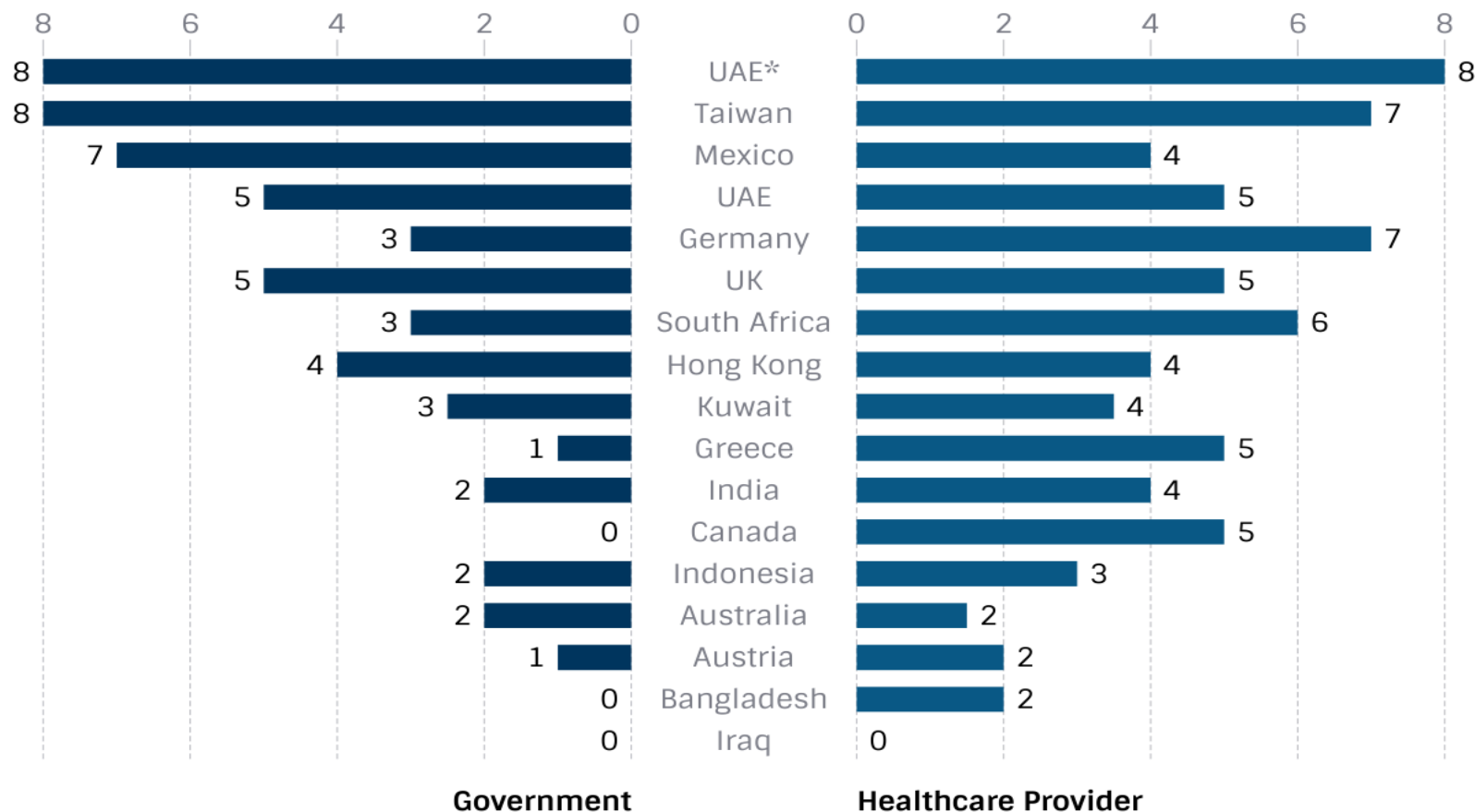
Researcher

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FINDINGS

/ By indicator & by country

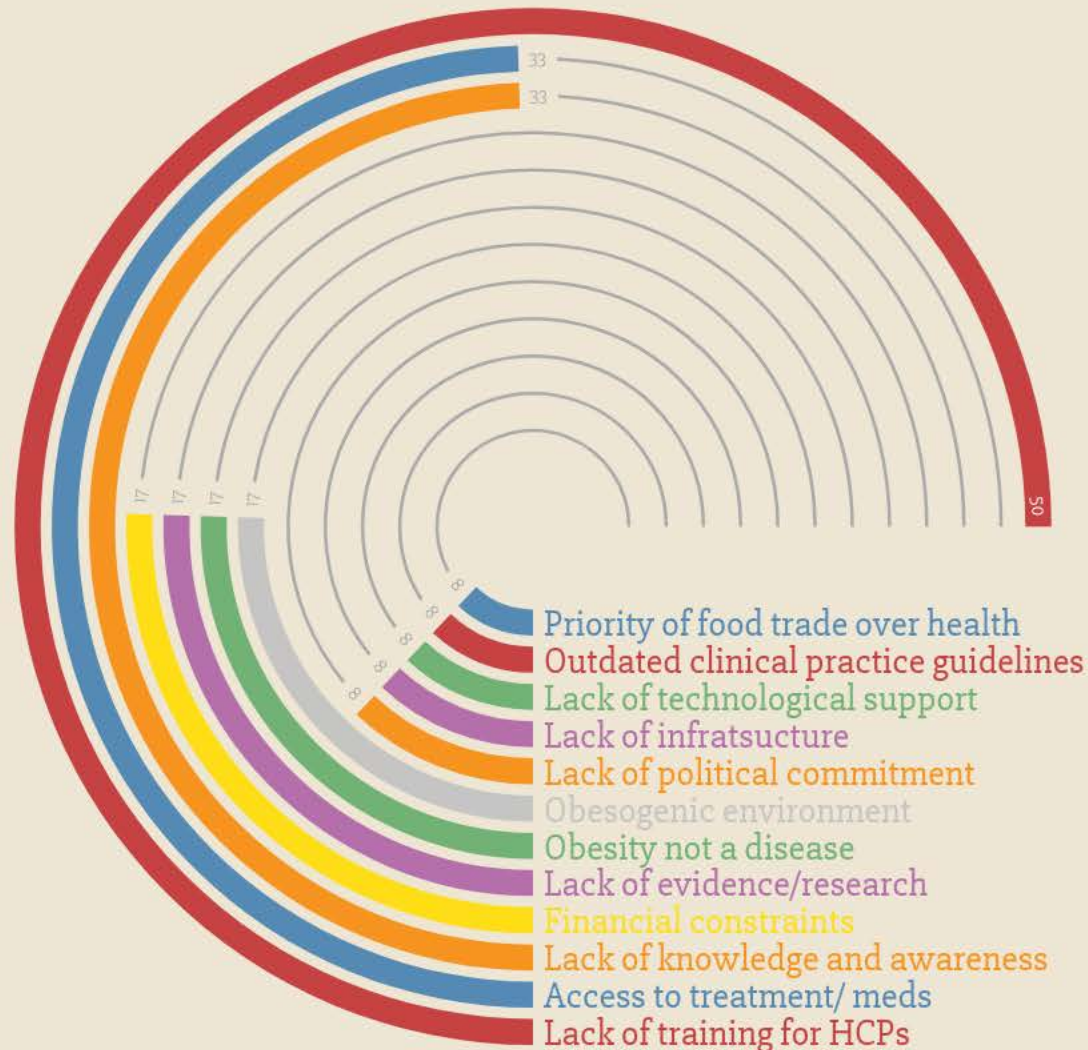
Obesity As a Disease



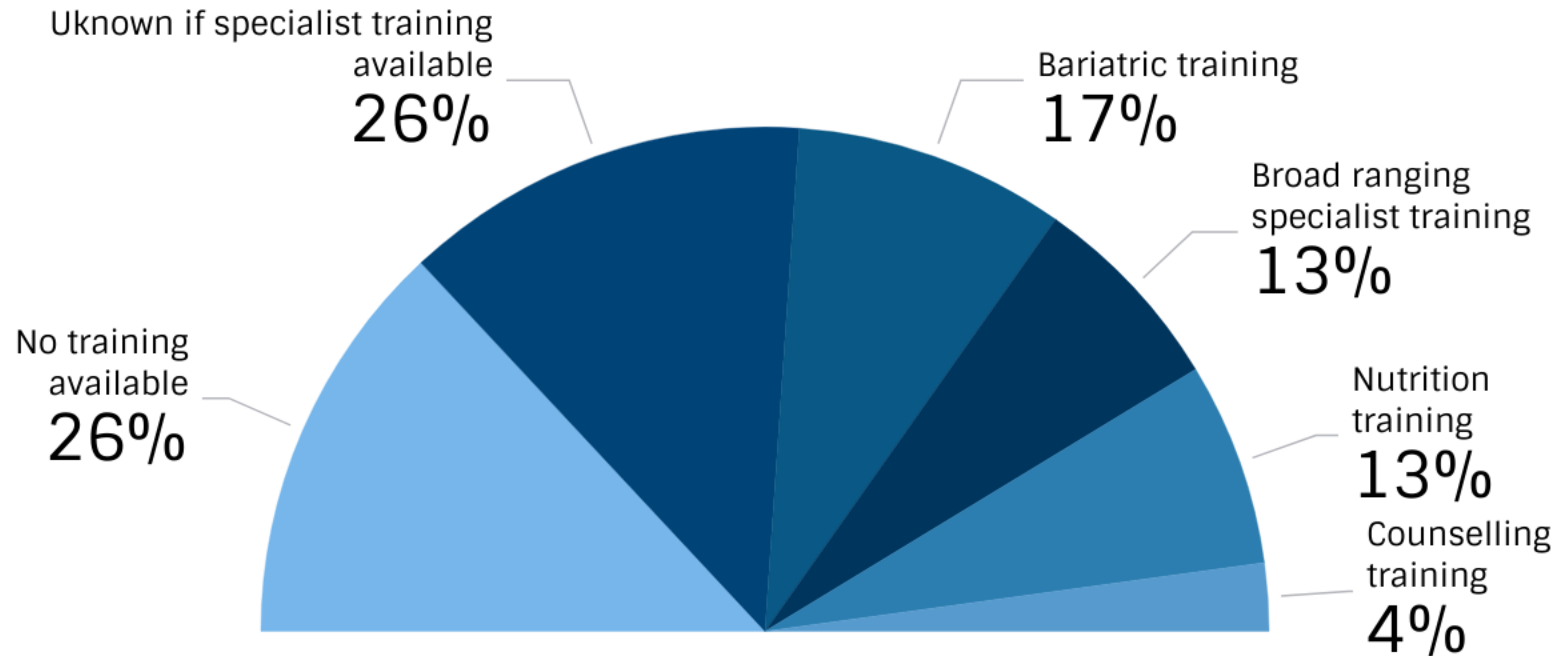
* applies to UAE Nationals only

Interviewees were asked to rate 0-10 where their country's Government/Healthcare provider is in the journey towards defining 'Obesity as a disease' (0 = not considered a disease, 10 = Obesity defined as a disease). In the instance of multiple responses outliers were removed and average taken

Biggest barriers to obesity treatment

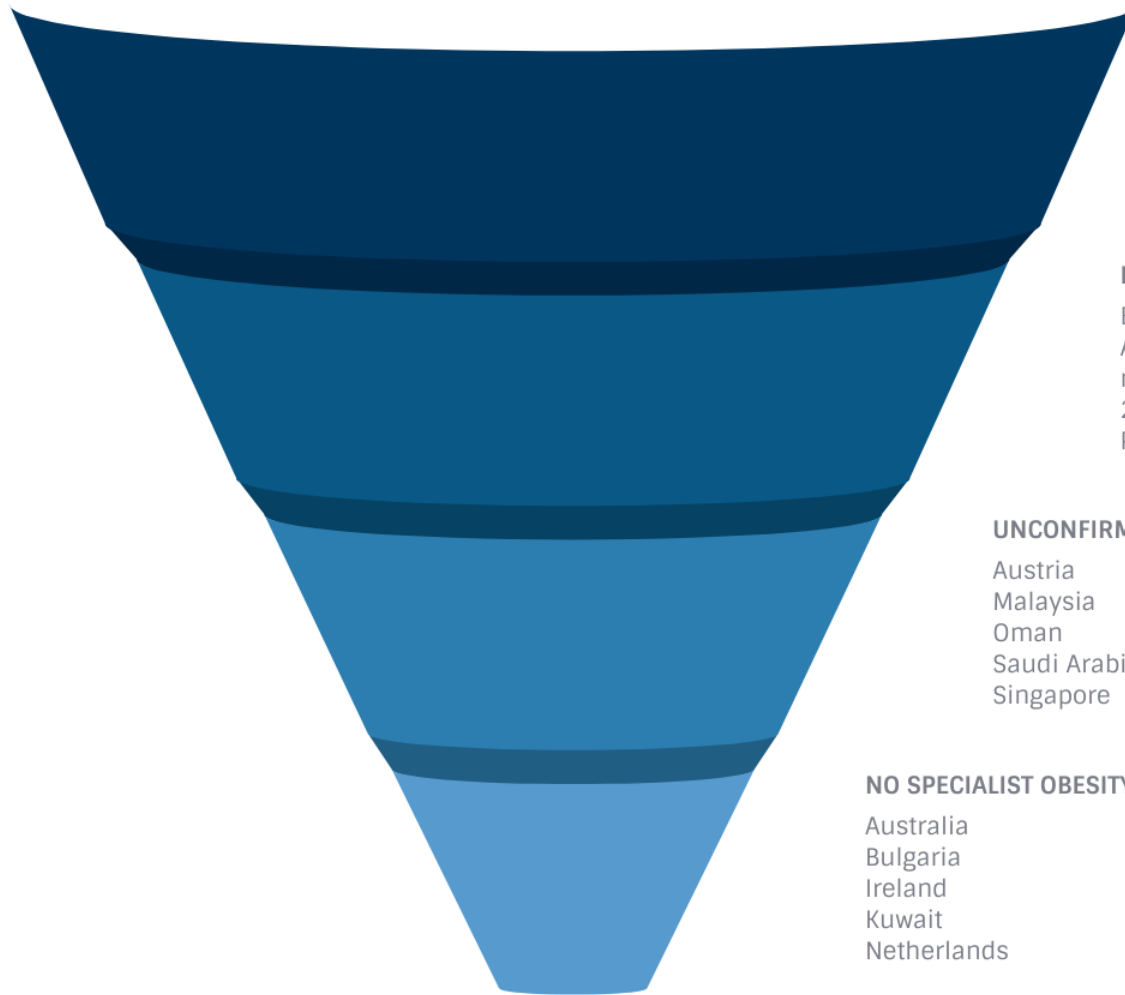


Specialist Obesity Training Availability



Results from 30 countries

Specialist Obesity Training Availability



SPECIALIST OBESITY TRAINING AVAILABLE
Argentina – Online post graduate. Greece – Endocrinology, internal medicine & bariatric surgery. India, Lebanon & South Africa – Bariatric training. Taiwan – Family physicians & internal medicine

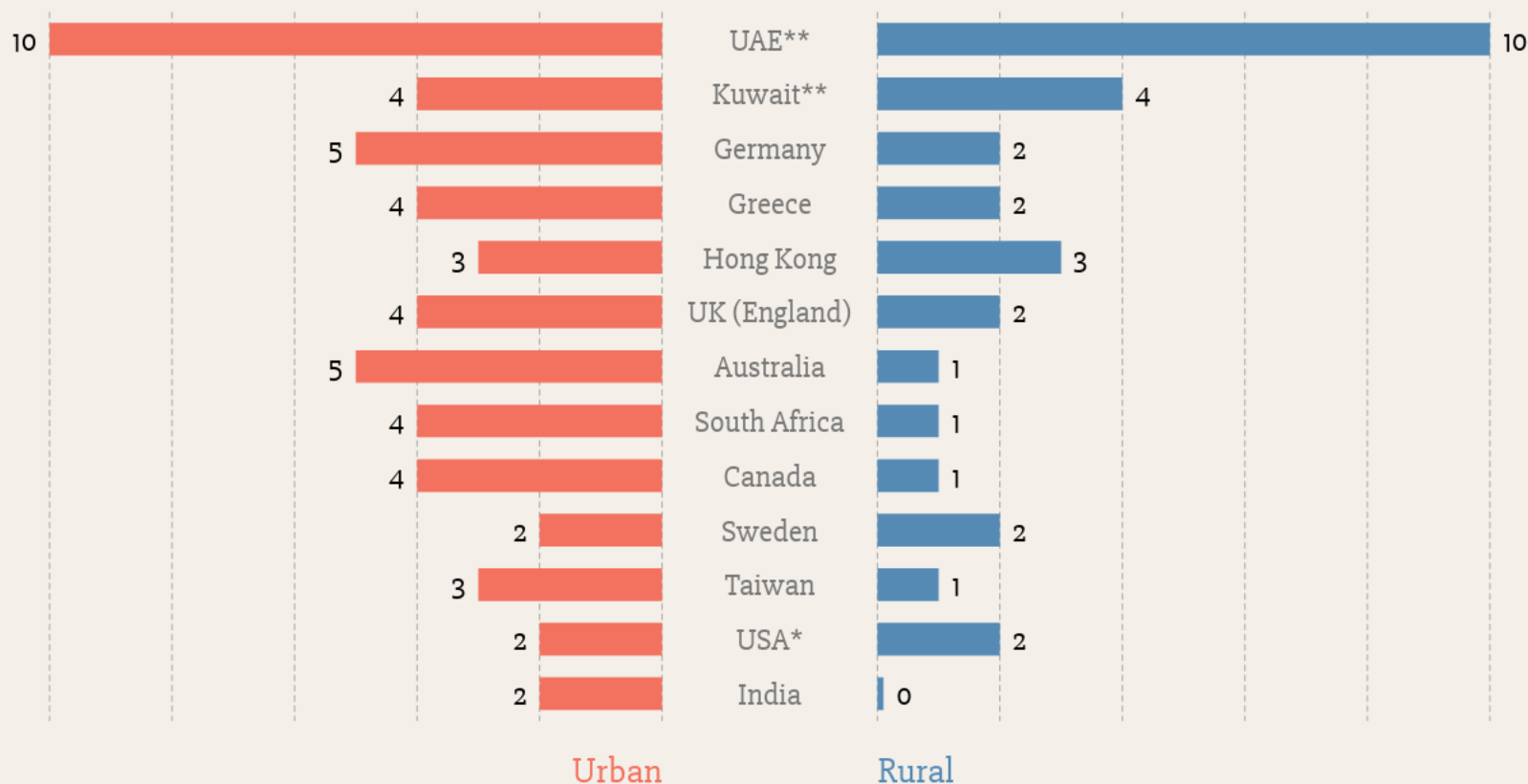
PARTIAL SPECIALIST TRAINING AVAILABLE
Brazil – Dietary counselling. Canada – ABOM. Egypt – 1 Year diploma. Germany not mandatory. Hong Kong due in Jan 2019. Italy –Disparity amongst HCP's. Peru combined diabetes & obesity

UNCONFIRMED IF TRAINING AVAILABLE
Austria
Malaysia
Oman
Saudi Arabia
Singapore

NO SPECIALIST OBESITY TRAINING
Australia
Bulgaria
Ireland
Kuwait
Netherlands

Please rate 0-10 the availability of suitably qualified obesity treatment professionals in urban & rural areas.

(0 = not available, 10 = widely and easily available to all)



* Estimates as respondents stated insufficient availability rather than providing numerical results

** No rural area so results for urban applied.

/ Health Systems – Sample Report Card



Where is your country's GOVERNMENT in the journey towards defining 'Obesity as a disease' (●: Defined as disease, ●: Partial, ●: No, ● Not known)	●
Where is your country's Healthcare provider in the journey towards defining 'Obesity as a disease' (●: Defined as disease, ●: Partial, ●: No, ● Not known)	●
Do obesity treatment financing mechanisms facilitate equitable access to care? e.g. is obesity treatment largely covered by out of pocket expense, insurance or government health provision (●: Government, ●: Insurance, ●: Out of pocket expense, ● Not known)	●
At what level of obesity are people usually eligible access healthcare? (●: BMI ≥ 30 , ●: ≥ 35 , ●: ≥ 35 + co-morbidities or ≥ 40 kg/m ² , ●: not defined or not known)	●



/ Health Systems – Sample Report Card

Is there a system for training health professionals in recognising obesity its prevention and management? (●: Yes ,●: Partial, ●: No, ● Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes ,●: Partial, ●: No, ● Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes ,●: Partial, ●: No, ● Not known)	●
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (●: Yes ,●: Partial, ●: No, ● Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for adults? (●: Yes ,●: Partial, ●: No, ● Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for children? (●: Yes ,●: Partial, ●: No, ● Not known)	●



/ Health Systems – Sample Report Card

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