

Hong Kong SAR: Obesity Health System



Economic classification



High Income¹

Health system summary

Public healthcare is provided by the Hong Kong government through the Department of Health and the Hospital Authority to all residents with Hong Kong identity cards at a subsidised cost. Care in this public system is generally considered to be of high quality, and the comprehensive system is made up general and specialist outpatient clinics, hospitals and Chinese Medicine clinics. To complement this public system, the government encourages the building of private hospitals to cater for patients who have insurance or can afford to pay out-of-pocket. This is to help take some of the pressure off the public system. Most employees will have some form of medical insurance in Hong Kong, and those that do tend to enter this private system.

In 2017-18, total health expenditure as a percentage of GDP was 6.2%². Of this health expenditure, 49% was paid via the government schemes, 34% by household out-of-pocket payments and 16% by privately purchased and employer-based insurance schemes.

Does Hong Kong's government define 'Obesity as a disease'?



Does Hong Kong's healthcare provider(s) define 'Obesity as a disease'?



In practice, how is obesity treatment largely funded?



Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?



(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Unknown)

Are there any obesity-specific treatment recommendations or guidelines published for adults?



Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?



Are there any obesity-specific treatment recommendations or guidelines published for children?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?



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Obesity prevalence

5.4%	5.1%
Women	Men
1.8%	4.7%
Girls	Boys

Overweight prevalence

18.9%	30.9%
Women	Men
8.3%	16.0%
Girls	Boys

Key prevention policies

- ⇒ Mandatory nutrient lists on packaged foods
- ⇒ Voluntary guidelines for school environments

Summary of stakeholder feedback*

Obesity in Hong Kong is generally considered to be a risk factor rather than a disease (though morbid obesity is sporadically classified as a disease). The primary focus appears to be on prevention and lifestyle intervention (mostly in children), with little emphasis on medical treatment.

When asked at what level of obesity people become eligible to access care, clinicians had wide-ranging responses, perhaps demonstrating the inconsistency present in practice. Generally, individuals living with obesity were thought to enter the health system via referral or due to the presence of obesity-related co-morbidities. People tended to leave the system after defaulting follow-ups or because of a failure to be referred onto more specialist care.

Obesity treatment appears to be almost entirely funded out of pocket, with limited availability of facilities and well-qualified staff. In some circumstances, insurers may fund bariatric treatment but the criteria is reportedly strict and entirely at the individual insurers' discretion. Prince of Wales Hospital appears to have the largest public obesity clinic but it has an 18 month waiting list for initial consultation.

It was noted that no national clinical guidelines exist and there is no specialist training available for obesity in Hong Kong.

**Based on interviews/survey returns from 7 stakeholders*

Perceived barriers to treatment

 Lack of political will, interest and action

 Obesity not recognised as a disease

 Lack of training for healthcare professionals

 Lack of financial investment and funding for coverage

 Poor health literacy & behavior

 Lack of evidence, monitoring and research

 Lack of treatment facilities

References

1. <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.19)
2. https://www.fhb.gov.hk/statistics/en/dha/dha_summary_report.htm#A (Last Accessed 31.03.20)

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