

Ireland: Obesity Health System



Economic classification



High Income¹

Health system summary

Ireland's public healthcare system is primarily government funded, supplemented by considerably high out of pocket payments. In late 2018, approximately 32.4% of the population had 'medical cards' which entitle them to use a wide range of public services free at the point of service (including primary and hospital care).² This 'medical card' is available to low earners, welfare payment recipients and those with certain medical conditions. Those without 'medical cards' can still access services but generally have to pay subsidised fees. Some services are exempt from fees for everyone such as maternity care.

A large proportion of the Irish population (43.4%) also have voluntary private health insurance, which can ensure faster access to public services and/or access to private services.³ This has led to what many believe to be an inequitable system - as it is more profitable for public hospitals to treat private patients than those with medical cards. Ireland is unusual among its European neighbors for not providing universal health coverage for its residents.⁴

Does Ireland's government define 'Obesity as a disease'?



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



In practice, how is obesity treatment largely funded?



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



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

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



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



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



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



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



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Obesity prevalence

21.3%	25.8%
Women	Men
6.0%	3.5%
Girls	Boys

Overweight prevalence

30.9%	43.8%
Women	Men
13.2%	10.4%
Girls	Boys

Key prevention policies

- ⇒ Healthy Ireland initiative
- ⇒ Sugar Sweetened Drinks Tax
- ⇒ Regulation of food advertising to children

Summary of stakeholder feedback*

The majority of stakeholders felt that the government did not yet recognise obesity as a disease. Two, however, highlighted that the Irish Department of Health defined it as so back in 2005 (though they recognised that the Health and Social Executive have failed to). Ireland was said to do better on obesity prevention than obesity treatment, with particular praise for its media campaigns and Healthy Ireland initiative.

Overall, there is said to be limited funding for obesity treatment, resulting in one of the lowest rates of obesity surgery and pharmacotherapy provision on the continent. Where treatment is available in the public system there is said to be long waiting times due to a lack of resources and funding. As a result, most obesity treatment is done privately, with insurance generally covering half the cost, leaving the remainder to be paid out of pocket.

It was said that those living with obesity tended to enter the system via their general practitioner (GP), but occasionally via an accident and emergency visit, a public health nurse visit or after childbirth if there were complications. Referral onto specialist services only occurred when one had comorbidities and so most adults only received advice from their GP or nurse. Two stakeholders said an individual had to have a BMI $>40 \text{ kg/m}^2$ without comorbidities or $>35 \text{ kg/m}^2$ with comorbidities to receive care. For children, treatment in primary care mostly comes from practice nurses, and when there was referral onto secondary care this was mostly to community dietitians or paediatricians. Stakeholders reported that most people fell out of the system due to lack of referral which is often due to the long waiting lists and narrow criteria.

In Ireland, there is only one centre where secondary and tertiary paediatric treatment is provided and only 2-3 centres where secondary and tertiary adult treatment is (these are not inclusive of private practices). Overall, it is a difficult and long process to receive specialist care.

There is considered to be insufficient numbers of professional obesity specialists in both urban and rural areas in Ireland. There is no specialist obesity training available due to a lack of funding and interest, and because obesity is not recognised as a disease by the medical profession. The only training available is provided in obesity treatment centres, and this training is not formally recognised and has to be self-funded. It was recognised that health professionals in Ireland can otherwise train using SCOPE modules, American Board of Obesity Medicine resources and Canadian courses. There is said to be no obesity related registries.

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

Perceived barriers to treatment



Stigma



Lack of financial investment and funding for coverage



Obesity not recognised as a disease



Poor health literacy & behavior



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://assets.gov.ie/45117/6a4f970018d6477bac38f4539f80e927.pdf> (last accessed 22.05.2020)
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4. <https://www.tandfonline.com/doi/full/10.1080/23288604.2018.1551700> (last accessed 22.05.2020)

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