Peru: Obesity Health System

Economic classification

Upper Middle Income[1]

Health system summary

Peru's health system is decentralised and complex, with healthcare provided by 5 separate entities (4 of which are public). Most of the population (60%) is served by the Ministry of Health (MINSA), but other providers include *EsSalud* (30%), the Armed Forces, the National Police and the private sector[2]. MINSA is mostly funded with tax revenues, provides the bulk of primary healthcare services and is free for the most vulnerable Peruvian citizens. *EsSalud* is a form of social insurance for workers where both the employers and employees contribute. In 2009, a universal health insurance law passed that made coverage by health insurance mandatory. As a result, those covered by MINSA's scheme has been expanded to cover more Peruvians, and now 87% of the population has some form of insurance[3]. Universal health coverage is expected to be reached by 2021.

One of the greatest challenges faced by the Peruvian health system is the persistent urban-rural disparities in access to healthcare services and professionals. The highly fragmented system results in an inefficient use of resources.

Where is Peru's government in the journey towards defining 'Obesity as a disease'? 

Where is Peru's healthcare provider in the journey towards defining 'Obesity as a disease'? 

In practice, how is obesity treatment largely funded? 

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

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

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 adults? 

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 children? 

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

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Obesity prevalence

20.9% Women	16.0% Men
8.7% Girls	19.1% Boys

Overweight prevalence

37.3% Women	44.0% Men
17.5% Girls	18.7% Boys

Key prevention policies

- ⇒ 25% tax on drinks with high sugar content
- ⇒ A law on healthy eating for children and adolescents
- ⇒ Warning food labels on processed food high in salt, sugar and fat

Summary of stakeholder feedback*

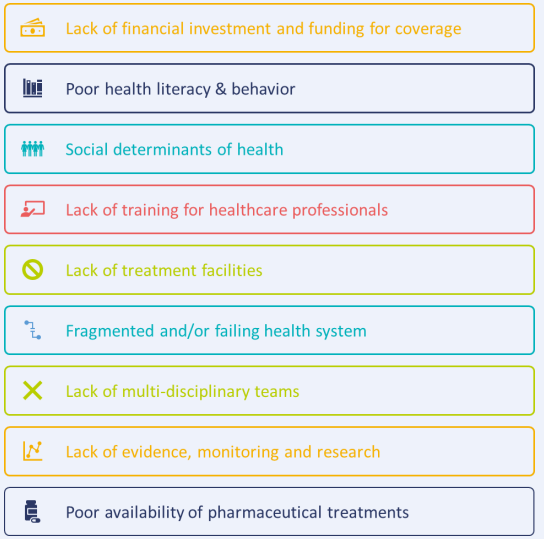
There is limited government action around obesity, and it is not yet considered to be a disease. Stakeholders highlighted that there is notable inaction around prevention, with little economic and workforce resources dedicated to this. An exception to this is the recent introduction of front of package labelling.

Obesity is not considered to be a disease among healthcare providers either. Obesity treatment is only offered when comorbidities are present and/or the obesity is severe. When obesity treatment is provided, it is generally paid for out of pocket at great expense to the individual and multi-disciplinary care is said to be rare. Those living in rural areas have great difficulty accessing the health system in general, and rarely receive obesity treatment as infectious diseases are a greater priority. People tend to leave the health system because of long waiting lists, a lack of obesity specialists to provide treatment and a failure to recognise that obesity needs to be treated.

There are inadequate numbers of obesity professionals in both urban and rural areas and there is limited to no specialist obesity training. Where there is training it seems to be only available for professionals such as endocrinologists, nutritionists and surgeons and it is general obesity training, not specialist.

**Based on interviews/survey returns from 4 stakeholders*

Perceived barriers to treatment



References

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2. https://www.who.int/workforcealliance/countries/per/en/ (last accessed 07.01.20)
3. https://www.tandfonline.com/doi/full/10.1080/23288604.2019.1635415 (last accessed 07.01.20)

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