

Sweden: Obesity Health System



Economic classification



High Income¹

Health system summary

Sweden has universal healthcare coverage for all legal residents (and undocumented or asylum-seeking children) through a government-funded healthcare system. All levels of government are involved in the maintenance of the health system, with the national government overseeing policy and county councils organising the financing and delivery of services. Government funding of this health system is through general tax revenue that is collected by country councils, municipalities and central government. This allows the public system to provide a comprehensive range of publicly financed health services for adults, adolescents and children, which in turn means that Sweden can generally provide a high level of financial protection.

In 2016, 15% of health spending was out of pocket payments, which was below the European Union average.² Health-related financial hardship is mostly due to the cost of dental care, medications and outpatient care.³

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



Does Sweden'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

14.4%	15.5%
Women	Men
3.7%	4.8%
Girls	Boys

Overweight prevalence

30.4%	43.1%
Women	Men
17.5%	17.8%
Girls	Boys

Key prevention policies

- ⇒ Restrictions on advertising to children via broadcast
- ⇒ “Keyhole” food labelling logo
- ⇒ Legal requirement for school meals to be nutritious and free

Summary of stakeholder feedback*

Stakeholders reported that the government does not (neither as an institution nor as the public healthcare provider) *fully* recognise obesity as a disease. There is, however, a focus on promoting healthy lifestyles. Example initiatives and policies include free school meals, promotion of physical activity in schools and workplaces and promotion of healthy diets.

Treatment options for adults living with obesity is said to be limited, with great variation geographically. The availability and coverage of services and treatment was reported to be dependent on the political climate in the local region and the setup of the local health system. For many, it appears that surgery is the main and only free treatment option. Other treatment, on the other hand, such as behavioural therapy and obesity medication, can be difficult to access.

Stakeholders also noted that people tend to leave the system because they are not referred onto specialist care or treatment failure. One stakeholder reported that individual blame concerning obesity results in many to believe that the health care system has no role to play in obesity management and treatment. It appears that treatment is only offered when comorbidities are present or when the individual actively asks for help with their obesity.

While there are national guidelines for the promotion of a healthy lifestyle, it was recognised that there are no national guidelines on the treatment of obesity in Sweden. There are, however, regional guidelines for treatment available but the extent to they are adhered to is unknown.

There are inadequate numbers of suitably qualified obesity professionals to treat obesity in both urban and rural areas in Sweden and there appears to be limited to no specialist training available

**Based on interviews/survey returns from 3 stakeholders*

Perceived barriers to treatment



Failure to recognise or accept all available treatment options



Lack of financial investment and funding for coverage



Stigma

References

1. <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.19)
2. <https://apps.who.int/iris/bitstream/handle/10665/330234/9789289054652-eng.pdf> (last accessed 15.05.20)
3. <https://www.oecd-ilibrary.org/docserver/2dcb7ca6-en.pdf?ex-pires=1589552153&id=id&accname=guest&checksum=3704F44D773D769FB9CCD5B3AFE66B03> (last accessed 15.05.20)

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