Argentina: Obesity Health System

Economic classification

Upper middle Income[1]

Health system summary

The Argentinian health care system is set up to provide affordable health care regardless of an individual's personal circumstances, but it is considered to be very fragmented. It is composed of three strands: the public sector available to all and paid for through taxes, *Obras Sociales* which is compulsory for all workers of the formal economy and the private sector for those with private health insurance. The Argentinian health system is therefore financially sustained by a combination of taxes, payroll contributions, and out-of-pocket contributions. The private sector accounts for 30% of total health expenditure, of which nearly 60% is from out-of-pocket expenditure[2].

It is thought that the different schemes in Argentina generally cover the same treatments but the difference lies in the quality of care. For the public sector, individuals must meet very strict criteria to be eligible for free care, but then you are still subject to long waiting lists. One stakeholder noted that the economic crisis had presented a challenge to the health system.

Does Argentina's government define '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? 

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

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

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

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

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

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

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Obesity prevalence

33.4% Women	31.4% Men
5.0% Girls	10.5% Boys

Overweight prevalence

29.1% Women	38.7% Men
22.5% Girls	21.6% Boys

Key prevention policies

⇒ Mandatory nutrient lists on packaged food

⇒ Mandatory limits on level of salt in select food products

⇒ Limit of trans fat in food products

Summary of stakeholder feedback*

The Argentinian health system was described as "fragmented", made up of different subsystems that worked in different ways. Stakeholders felt that despite there being an "obesity law" in place, neither the government nor the health providers wholly recognised obesity as a disease. Government investment into obesity was considered to be low, and there was noted to be more resources dedicated to obesity treatment in the private sector.

There was a lack of consensus on the BMI level that people tended to be picked up by the system - perhaps suggesting inconsistency across the country and different health systems. There was, however, agreement that those that lived in rural areas struggled to access care. For those who could access care, they seemed to enter the system through primary or hospital care (and sometimes private institutes). Different reasons were given for people leaving the system, including cost, treatment 'failure', lack of follow-up or motivation and lack of referrals.

There is considered to be little to no specialist obesity training, but there seems to be limited training available for specific professionals such as nutritionists.

Stakeholders noted that there was a non-communicable disease strategy that mentioned obesity. The effectiveness of the strategy and the extent of implementation was, however, questioned. It was also noted that there are obesity-specific recommendations and guidelines e.g. clinical practice guidelines for diagnosis and treatment.

Overall, stakeholders felt that the obesity agenda in Argentina needed better leadership at a national level along with more financial support. Stakeholders did recognise, however, that there was several national programmes and initiatives *attempting* to address obesity.

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

Perceived barriers to treatment

- Lack of political will, interest and action
- Food cost and availability
- Lack of financial investment and funding for coverage
- Economic crisis
- Fragmented and/or failing health system
- Lack of treatment facilities and/or long waiting lists
- Poor adherence to or fear of treatment
- Obesity considered aesthetic or sign of wealth
- Obesity not recognised as a disease

References

1. https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020 (last accessed 29.08.2019)
2. http://bibliotecadigital.econ.uba.ar/?

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