Obesity Health System Country Report Card

Argentina

Economic Classification

High income[1]

In 2017, Argentina had a 6.5% unemployment rate according to national definitions and coverage[2]. The country is considered to have moderate levels of inequality.

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[3].

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.

Overall summary

Where your country's government in the journey towards defining 'Obesity as a disease'? (🟢: Defined as disease, 🟠: Partial, 🔴: No, ⚪: Not known)	🟠
Where is your country's healthcare provider in the journey towards defining 'Obesity as a disease'? (🟢: Defined as disease, 🟠: Partial, 🔴: No, ⚪: Not known)	🟠
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care. (🟢: Government, 🟠: Insurance, 🔴: Out of pocket expense, ⚪: Not known)	🟠
At what level of obesity are people usually eligible to access healthcare?	🟢

[1] World Bank economic classification by GNI per capita (June 2018) https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups (last accessed 09.11.2018)

[2] https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/WESP2018_Annex.pdf (last accessed 06.11.2018)

[3] http://bibliotecadigital.econ.uba.ar/?c=docin&a=d&d=docin_iiep_025 (last accessed 12.11.2018)

(🟢: BMI ≥30, 🟠: ≥ 35, 🔴: ≥35 + co-morbidities or ≥ 40 kg/m², ⚪: not defined or not known)	
Is there a system for training health professionals to recognise, treat and manage obesity? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (🟢: Yes ,🟠 : Partial, 🔴: No, ⚪: Not known)	
Has any government body published any obesity-related treatment recommendations or guidelines for adults? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	
Has any government body published any obesity-related treatment recommendations or guidelines for children? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	

Findings from stakeholders[4]

Overview 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.

Stakeholders felt that individuals tended to be picked up by the system when they had a BMI of over 30 kg/m², entering the system through primary or hospital care (and sometimes private institutes). Unfortunately, they also felt that people tended to leave the system because they could not get the services/treatment they needed, particularly in rural areas.

Most stakeholders considered there to be little to no speciality obesity training, which meant that they was often a lack of suitably qualified professionals (particularly nutritionists and psychologists).

It was pointed out 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 recognised that there were other obesity-specific recommendations and guidelines e.g. clinical practice guidelines for diagnosis and treatment.

[4] Note that this section is based on interviews and/or survey returns from 5 stakeholders.

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

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in Argentina[5]:

1. Insufficient funding and physical resources
2. Organisational barriers
3. Environmental and legal barriers (e.g. food availability, accessibility and labelling)
4. Lack of leadership and political decision
5. Poor regulatory policies
6. Lack of collaboration between sectors (e.g. education and health)
7. Obesity being considered an aesthetic issue
8. Lack of information and communication-based campaigns
9. Poor adherence to treatment by patients
10. Lack of attention to obesity prevention

[5] In no particular order