Obesity Health System Country Report Card

Australia

Economic Classification

High income[1]

The economy has been described as a highly developed economy with moderate (but increasing) levels of inequality.

Health System Summary

The Australian health care system is set up to provide affordable health care regardless of an individual's personal circumstance. It consists of three subsidy schemes: Medicare, Pharmaceutical Benefits Scheme (PBS) and 30% Private Health Insurance Rebate. Together, these provide either free (at point of service) public healthcare or subsidised private health care for all the population. Financial contribution is mostly made through taxes and a Medicare levy based on income level.

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 access healthcare? (🟢: BMI ≥30, 🟠: ≥ 35, 🔴: ≥35 + co-morbidities or ≥ 40 kg/m², ⚫: not defined or not known)	🔴
Is there a system for training health professionals in recognising obesity its prevention and management? (🟢: 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)	🔴

[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)

Last updated December 2018.

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[2]

Overview of stakeholder feedback

Funding towards obesity is said to vary across the country. Some states have invested considerably into treatment of childhood obesity with notable success. Additionally, there has been some investment in bariatric facilities in public hospitals. However, millions have been invested into public health messaging and after school physical activity programmes with limited to no success and there is continued refusal to implement a sugar tax.

Stakeholders suggest that whilst the health system in Australia is generally effective, it does not function well in terms of obesity. Individuals must meet very strict criteria to be eligible for free care, and even then there are long waiting lists. Accessibility and availability of treatment is said to vary by state, and training for obesity specialists is limited.

Despite having several good-quality obesity strategies for both adults and children (with supporting implementation guides in place), it appears little notice is taken of these. Individuals living with obesity tend to enter the treatment system via their general practitioner or pubic hospital clinic and be treated when needed, subject to a waiting list. Treatment options, however, seem limited as pharmacotherapy is not freely available and there is little bariatric surgery offered in public hospitals. It is also not uncommon for those entering the system via accident and emergency room to not be referred on. Treatment options are said to be particularly limited for those living in rural or remote communities where there is said to be a lack of sufficiently trained staff.

Financially, it is said that patients have several 'out of pocket' expenses that can add up e.g. very low-calorie diets and pharmaceuticals.

One stakeholder detailed an initiative in New South Wales called the 'Get Health Phone line' that offers 6 months of free consultations with the option to repeat as required. The success of this initiative is unknown.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in Australia[3]:

1. Obesogenic environment

[2] Note that this section is based on interviews and/or survey returns from 4 stakeholders and an extensive literature review

[3] In no particular order

2. Individual responsibility narrative
3. Cost (E.g. pharmaceuticals not covered by PBS)
4. Few specialist chronic disease services
5. Proper remuneration and time for GPs
6. Insufficient funding for bariatric surgery in public hospitals
7. Lack of knowledge about obesity in general practice
8. Not enough research money to study obesity
9. Lack of education
10. Supermarket culture and nation's relationship with food