



## South Africa

# Obesity Health System Country Report Card

### Economic Classification

Upper middle income<sup>1</sup>

In 2017, South Africa had a 26% unemployment rate according to national definitions and coverage<sup>2</sup>.

### Health System Summary

South Africa has a mixed public and private health care system, with almost as much money being spent in the private as the public. The private system is considered one of the best in the world but financially out of reach for most of the population. The public system (provided for by the government) is made up of public clinics and hospitals accessible to all. In the public system, the first point of entry into typically through primary healthcare services (which are free), but this does not include obesity treatment.

South Africa is in the middle of a phasing in of a National Health Insurance scheme that is due for completion in 2026. Many however are sceptical that it will be fully implemented by then.

### Overall summary

|  |   |
|--|---|
| Where your country's <u>government</u> in the journey towards defining 'Obesity as a disease'?   | ● |
| (●: Defined as disease, ●: Partial, ●: No, ●: Not known)   |   |
| Where is your country's <u>healthcare provider</u> 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?   | ● |
| (●: BMI ≥30, ●: ≥ 35, ●: ≥35 + co-morbidities or ≥ 40 kg/m <sup>2</sup> , ●: not defined or not known)   |   |
| Is there a system for training health professionals to recognise, treat and manage obesity?  | ● |
| (●: Yes, ●: Partial, ●: No, ●: Not known)  |   |

<sup>1</sup> 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)

<sup>2</sup> [https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/WESP2018\\_Annex.pdf](https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/WESP2018_Annex.pdf) (last accessed 06.11.2018)

|  |   |
|--|---|
| Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)?<br><br>(●: 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)?<br><br>(●: Yes, ●: Partial, ●: No, ●: Not known) | ● |
| Have any fiscal measures have been put in place to protect/assist/inform the population around obesity?<br><br>(●: Yes, ●: Partial, ●: No, ●: Not known)   | ● |
| Has any government body published any obesity-related treatment recommendations or guidelines for <u>adults</u> ?<br><br>(●: Yes, ●: Partial, ●: No, ●: Not known)   | ● |
| Has any government body published any obesity-related treatment recommendations or guidelines for <u>children</u> ?<br><br>(●: Yes, ●: Partial, ●: No, ●: Not known)                                       | ● |

### Findings from stakeholders<sup>3</sup>

#### Overview of stakeholder feedback

National strategies exist to prevent and control obesity in South Africa. However, stakeholders suggest that these may be superficial, and the reality is, no political will exists to address obesity.

The public health system is considered poor in terms of obesity prevention and treatment service, but the situation is considered better in the private sector. Widespread staff shortages throughout the health system mean there is no push for more specialist obesity experts. Obesity treatment is only available as an out of pocket expense or with suitable medical insurance coverage.

Treatment guidelines are provided by the *Centers of Excellence for Metabolic Medicine and Surgery* (CEMMS) and these are overseen by CEMMS and the *South African Society for Surgery, Obesity and Metabolism*. The guidelines are supported by an implementation strategy, but uptake is poor (around 50%) assumingly because of lack of awareness.

#### Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in the South Africa<sup>4</sup>:

1. Economy
2. Political will
3. Co-ordination
4. Lack of communication between government and doctors
5. Lack of professional expertise

<sup>3</sup> Note that this section is based on interviews and/or survey returns from 1 stakeholder.

<sup>4</sup> In no particular order