



Sweden

Obesity Health System Country Report Card

Economic Classification

High income¹

Sweden's gross national product per capita is among the highest in the world. It has low inflation and is considered to have high living standards.

Health System Summary

Sweden has a national health care system that is based on three principles: human dignity, need and solidarity, and cost-effectiveness. Coverage in Sweden is considered to be universal for all legal residents, and asylum-seeking or undocumented children. All levels of government are involved in the maintenance of the health system - financing and delivering of services is organised at the county council level, with the national government overseeing policy. The health system is mostly financed through general tax revenue that is collected by country councils, municipalities and central government. In 2014, 83% of funding was publicly financed and 16% was from private expenditure². The bulk of private expenditure is said to be out of pocket (OOP) spending for drugs. There is a national ceiling for OOP spending that limits the amount one individual may pay for health care visits in a 12 month period - the limit is SEK 1100 (€122)³.

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 ² , ●: not defined or 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)

² <https://international.commonwealthfund.org/countries/sweden/> (last accessed 14.12.2018)

³ http://www.euro.who.int/data/assets/pdf_file/0008/164096/e96455.pdf?ua=1 (last accessed 14.12.18)

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 <u>adults</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>children</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●

Findings from stakeholders⁴

Overview of stakeholder feedback

Stakeholders felt that neither the government nor the healthcare provider fully recognised obesity as a disease. It was said that surgery was the main treatment offered, with behavioural treatment limited because obesity was generally seen as the individual's responsibility (and therefore does not need the involvement of the whole health care system). Availability of services and treatment varies geographically and is dependent on the political climate in the region and the setup of the health system. Generally, a BMI >35 kg/m² with comorbidities was required for surgery, but in some areas this was said to be increasing to >40 kg/m². One stakeholder reported that people tended to leave the health system as they failed to get a referral for further care.

While there is national guidelines for the promotion of a healthy lifestyle, it was recognised that there is no national guidelines on the treatment of obesity. Instead, there are only regional guidelines for treatment. Overall, it was said that the focus in Sweden is the promotion of a healthy lifestyle (rather than obesity), and this was reflected by the emphasis on free school meals, physical activity in school and workplaces and so on. There was said to be inadequate numbers of suitably qualified obesity professionals to treat obesity in both urban and rural areas, and limited use of technology in obesity treatment.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in the Sweden⁵:

⁴ Note that this section is based on interviews and/or survey returns from 2 stakeholders.

⁵ In no particular order

1. Obesity considered the individual's responsibility
2. Lack of resources for other treatment options (e.g. behavioural therapy)
3. Lack of national guidelines for treatment
4. Inadequate training of health professionals for behavioural therapy
5. Commercial policy