Obesity Health System Country Report Card

Brazil

Economic Classification

Upper middle income[1]

The economy is coming out of a prolonged recession with high levels of inequality, however it is showing signs of rejuvenation. In 2017, Brazil had a 12.7% unemployment rate according to national definitions and coverage[2]

Health System Summary

The public health system covers approximately 75% of the Brazilian population and it is known as the Sistema Único de Saúde (SUS). The SUS is funded by taxes and contributions from government (at a federal, state and municipal level). The private sector currently services approximately 25% of the population and individuals have the option to purchase insurance plans via their employer or individually (with many receiving tax relief on these payments). It is suggested that there is a wide disparity between treatment availability and quality between public and private healthcare.

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)	⚪

[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)

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[3]

Overview of stakeholder feedback

Clinical guidelines for obesity treatment exist but on evaluation seem inadequate. Stakeholders suggest that patients with BMI ≥ 40 kg/m² qualify for bariatric treatment, but in reality they face a 7-year waiting time. Stakeholders are keen to see action for several reasons, one being hospitalisation costs being twice that in patients with a BMI≥ 40 kg/m² compared to those with a BMI ≤ 25 kg/m².

Costs for private care are unaffordable for the majority of the Brazilian population, so only the wealthiest can afford obesity-related treatments privately. Generally, out of pocket expenses are high in Brazil, partly because of the high costs of medicines. *Associação Brasileira para o Estudo da Obesidade* are currently working towards the approval for obesity medications through the SUS healthcare scheme, which will hopefully make them more affordable.

Stakeholders report that patients tend to fall out of the system due to inconsistencies in the referral system and poor communication between health providers. Few obesity specialists are available - especially in rural areas - and the awareness among specialist obesity professionals is inconsistent. It is suggested that obesity training within the curriculum for training physicians is also inadequate and so physicians are qualifying ill-equipped to treat obesity.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in the Brazil[4]:

1. Cost
2. Inconsistencies between healthcare providers
3. Long waiting lists
4. Lack of scientific knowledge

[3] Note that this section is based on interviews and/or survey returns from 2 stakeholders.
[4] In no particular order

5. Stigmatisation
6. Obesity not classified as a disease, only a risk factor