



Obesity Health System Country Report Card

Hong Kong SAR

Economic Classification

*High income*¹

In 2017, Hong Kong SAR had a 3.5% unemployment rate according to national definitions and coverage².

Health System Summary

The Hong Kong government provides all residents (i.e. those with Hong Kong ID cards) with a public health service that is generally affordable and of good quality. This comprises of a comprehensive system of hospitals and a range of specialist clinics. In addition, the government encourages - via many means - the building of private hospitals to cater for patients who have insurance or can afford to pay out-of-pocket. This is to help take some of the pressure off the government hospitals. Most employees will have some form of medical insurance in Hong Kong, and those that do tend to enter this private system.

For major operations or procedures, Hong Kong hospitals are considered excellent and well-equipped (in terms of both equipment and personnel). Intensive care wards are small, well-resourced and attended by qualified nursing staff. General wards, on the other hand, long waiting lists and are understaffed.

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 access healthcare? (●: BMI ≥30, ●: ≥ 35, ●: ≥35 + co-morbidities or ≥ 40 kg/m ² , ●: not defined or not known)	● Variable

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)

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)	
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 stakeholders³

Overview of stakeholder feedback

Obesity in Hong Kong is generally considered to be a risk factor rather than disease (though morbid obesity is sporadically classified as a disease). The primary focus appears to be on prevention and lifestyle intervention (mostly in children), with little emphasis on medical treatment. When asked at what level of obesity people become eligible to access care, clinician had wide-ranging responses, perhaps demonstrating the inconsistency present in practice. Generally, individuals living with obesity were thought to enter the health system via referral or due to the presence of obesity-related co-morbidities. People tended to leave the system after defaulting follow-ups.

Obesity treatment is considered to be funded almost entirely out of pocket with limited availability of facilities and well-qualified staff. In some circumstances insurers may fund bariatric treatment but the criteria is strict and entirely at the insurers' discretion. Prince of Wales Hospital appears to have the largest public obesity clinic but it has an 18 month waiting list for initial consultation. It was noted that no national clinical guidelines exist. Rather, it is understood that approximately 50% of clinicians follow the iPSO-APC (Asia).⁴

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in the Hong Kong⁵:

1. Limited resources allocated to obesity
2. Reluctance to accept obesity as a disease (public and healthcare professionals)
3. Lack of specialist staff & multidisciplinary teams
4. Social stigmatisation of obesity
5. Focus on acute illness rather than non-communicable diseases

³ Note that this section is based on interviews and/or survey returns from 6 stakeholders.

⁴ Kasama, K., Mui, W., Lee, W.J. et al. IFSO-APC consensus statements 2011. *OBES SURG* (2012) 22: 677. <https://doi.org/10.1007/s11695-012-0610-7>

⁵ In no particular order