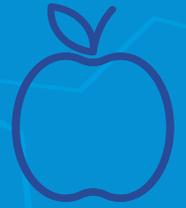


Survey of **Access to Obesity Care for Adults in Europe**



EASO

European Association for the Study of Obesity

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How to cite this document:

European Association for the Study of Obesity.
Environmental Scan of Obesity Care Policies and
Strategies for Adults in Europe 2020. Teddington,
Middlesex, UK.

Acknowledgements

The European Association for the Study of Obesity was responsible for the study design, data collection, analysis, and interpretation. The Survey of Access to Obesity Care for Adults in Europe was made possible by an unrestricted grant from Sanofi.

EASO would like to extend a special note of gratitude to Sven Schubert, Euan Woodward, and Ximena Ramos Salas who assisted with the implementation of this initiative.

Design: Paris Green Creative/Randy Cameron
Editing: Brad Hussey

Who are we?

The **European Association for the Study of Obesity** is the leading voice of obesity science, medicine, and community in Europe, representing scientists, healthcare professionals, physicians, public health experts, and patients. Established in 1986, EASO is a federation of professional membership associations from 36 European countries. EASO promotes action across Europe through collaboration in advocacy, policy development, communication, education, and research. EASO is in official relations with the World Health Organisation (WHO) Regional Office for Europe and is a founding member of the EU Platform on Diet, Physical Activity and Health.



European Association for the Study of Obesity

Find more at

easo.org

[@EASOobesity](https://twitter.com/EASOobesity)

1. Introduction

Obesity is a chronic disease characterised by abnormal or excessive body fat that impairs health.¹ Body mass index (BMI) is a simple measurement of body size that is commonly used to classify overweight and obesity in adults at the population level. It is calculated by dividing a person's weight in kilograms by the square of their height in metres (kg/m²).

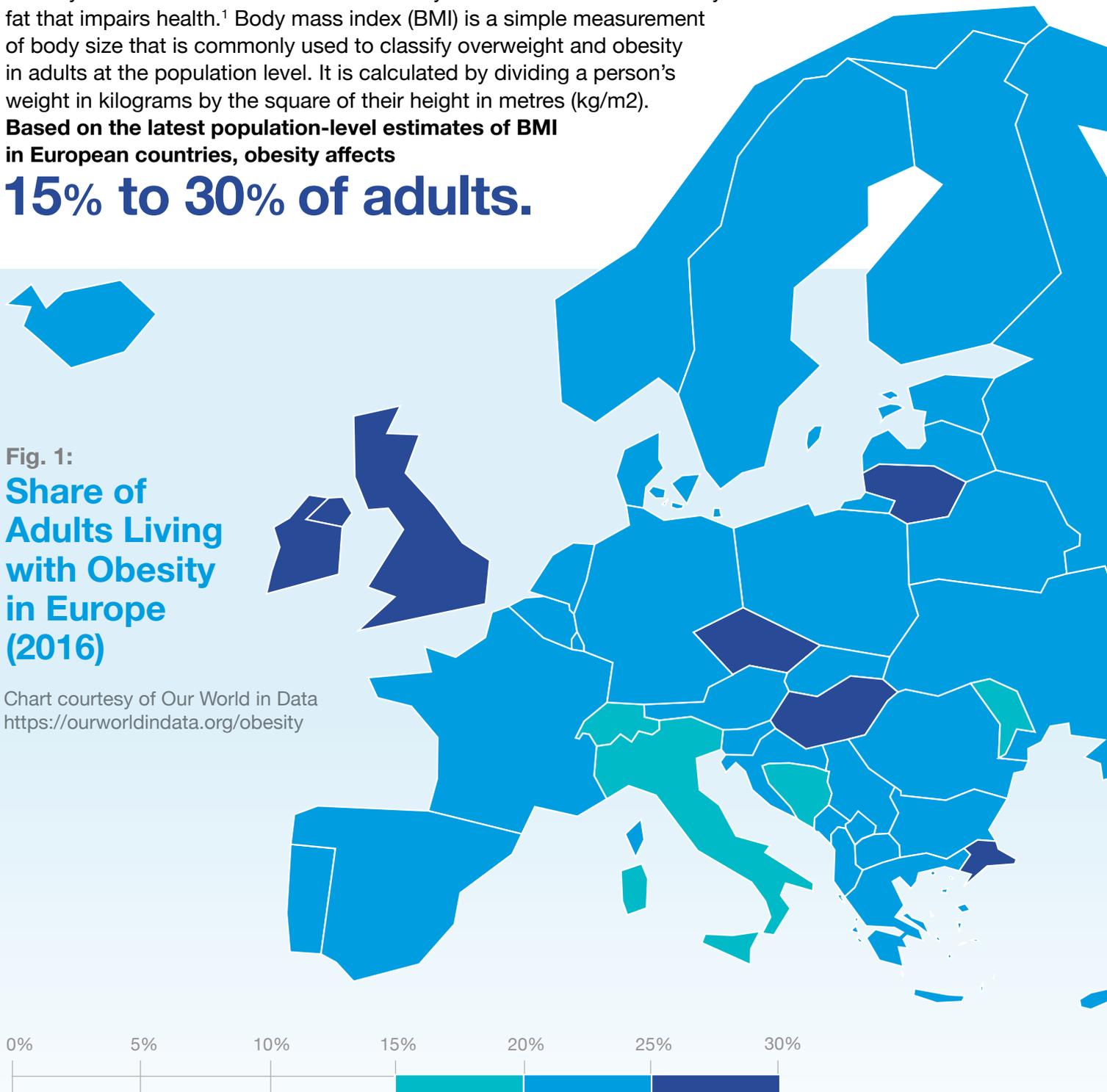
Based on the latest population-level estimates of BMI in European countries, obesity affects

15% to 30% of adults.



Fig. 1:
Share of Adults Living with Obesity in Europe (2016)

Chart courtesy of Our World in Data
<https://ourworldindata.org/obesity>



1. <https://www.euro.who.int/en/health-topics/noncommunicable-diseases/obesity/data-and-statistics>

Obesity is a prevalent, complex, progressive and relapsing chronic disease, characterized by abnormal or excessive body fat (adiposity), that impairs health.

Obesity is caused by the complex interplay of multiple genetic, metabolic, behavioural and environmental factors.

As a leading cause of type 2 diabetes, high blood pressure, heart disease, stroke, arthritis, cancer, and other health complications, obesity can have serious impacts on those who live with it. High BMI has been associated with 10% to 13% increase in deaths in different parts of Europe, making it the fourth most important risk factor for illness and premature death.² Beyond its effects on overall health and well-being, obesity also affects peoples' social and economic well-being due to the pervasive social stigma associated with it.

In 2015, the European Association for the Study of Obesity (EASO) Task Force for Obesity Management published *European Guidelines for Obesity Management in Adults*.³ In these recommendations, the management of obesity has wider objectives than weight loss alone, including risk reduction and overall health improvement. The five components of obesity treatment included in the guidelines are:



Nutrition therapy



Physical activity



Psychological and behavioural support



Pharmacotherapy



Bariatric/metabolic surgery

2. <https://obesityopen.org/open-eu-overview/>

3. <https://cdn.easo.org/wp-content/uploads/2018/12/16195559/2015-OMTF-European-Guidelines-for-Obesity-Management.pdf>

2. Methods

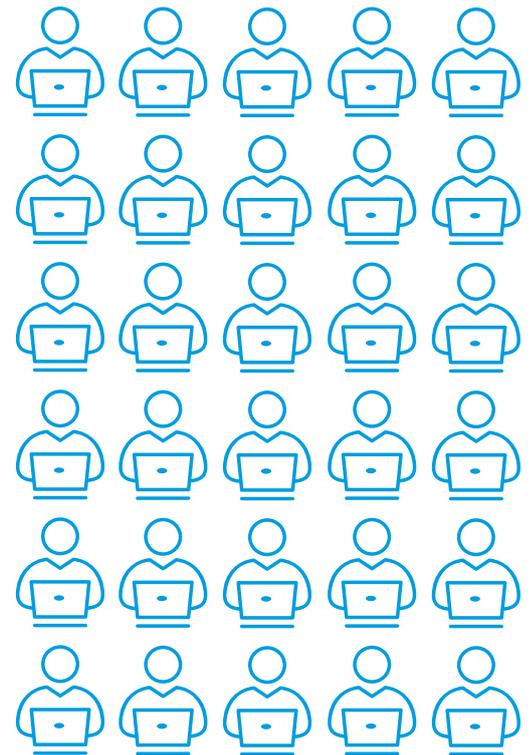
In 2019, EASO set out to evaluate access to obesity treatments for adults in Europe. We conducted a study to understand the obesity treatment landscape in European nations using various data sources, including policy documents, an online survey with EASO members, interviews with key opinion leaders, and statistical reports from European health organisations. Data collection occurred between March 2019 and July 2020. The areas of inquiry for this report were based on the 2015 *European Guidelines for Obesity Management in Adults*, with a focus on public and private access to the recommended obesity treatments and management options for adults. We did not include obesity prevention programs and strategies in this environmental scan, since other studies have previously covered this area.⁴ Results are presented according to the obesity treatments identified in the European guidelines.

The online survey instrument was designed to acquire information on national policies and services and was sent to EASO national associations in 2019. Interviews based on the survey instrument were conducted with representatives of national obesity associations.

A total of 31 respondents from 20 countries completed the online survey. We conducted interviews with five participants that responded to the survey to contextualise results and to create specific country profiles. Two additional country profiles were created based on interviews that were conducted with individuals who did not participate in the survey. In total, this study included 22 European countries.

Prevalence data for European countries were acquired from Our World in Data (<https://ourworldindata.org/obesity>).

Fig. 2:



**31 respondents
from 20 countries**



**Interviews with
5 participants**



**2 additional country
profiles**

22 countries in total

4. <https://www.euro.who.int/en/health-topics/noncommunicable-diseases/obesity/publications/2019/mapping-the-health-system-response-to-childhood-obesity-in-the-who-european-region.-an-overview-and-country-perspectives-2019>

3. Results

Public Policy and Recognition of Obesity as a Chronic Disease

Despite widespread scientific consensus that obesity is a progressive chronic disease, it has not been recognised as such by most European governments and health systems. Recognising obesity as a chronic disease can help change the misguided and simplistic perception that it is merely the result of an individual's unhealthy lifestyle, moving toward a shared individual and social responsibility framework that carries with it an obligation for health systems to prevent and treat it as they do other chronic diseases.

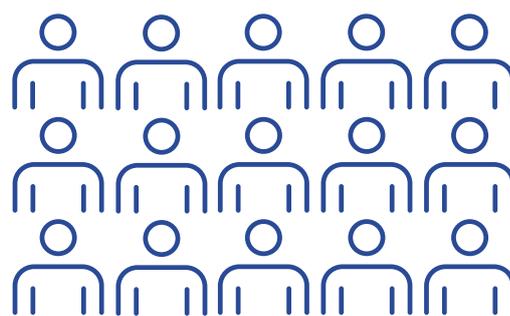
Despite obesity having been identified by most European countries as a high-priority public health issue, less than half (42%) of the respondents reported that obesity is recognised as a chronic disease in their country (Figure 3).

Perceptions about what recognition of obesity as a chronic disease involves varied. For example, some respondents believed that obesity is recognised as a chronic disease in their country because clinical practice guidelines framing obesity as a chronic disease existed (e.g., Iceland, Netherlands). Other respondents specified that obesity was formally recognised as a chronic disease by the governments through legislative processes (e.g., Portugal, Italy, Germany). Some respondents reported that obesity was declared as a chronic disease by the medical associations (e.g., Israel, Turkey).

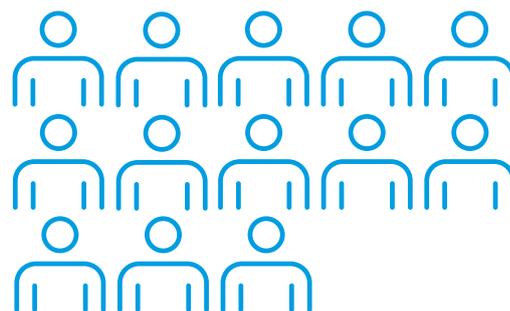
Based on the above perceptions, countries that have recognised obesity as a chronic disease are outlined in Figure 4. The remaining 11 countries surveyed do not formally consider obesity to be a disease but have nonetheless put some obesity treatment strategies in place.

Fig. 3:

Does the government/health authority in your country recognise obesity as a chronic disease?



No: 15



Yes: 13



**Unsure/
unanswered: 3**

Fig. 4: Respondents' perceptions about the recognition of obesity as a chronic disease in their countries.

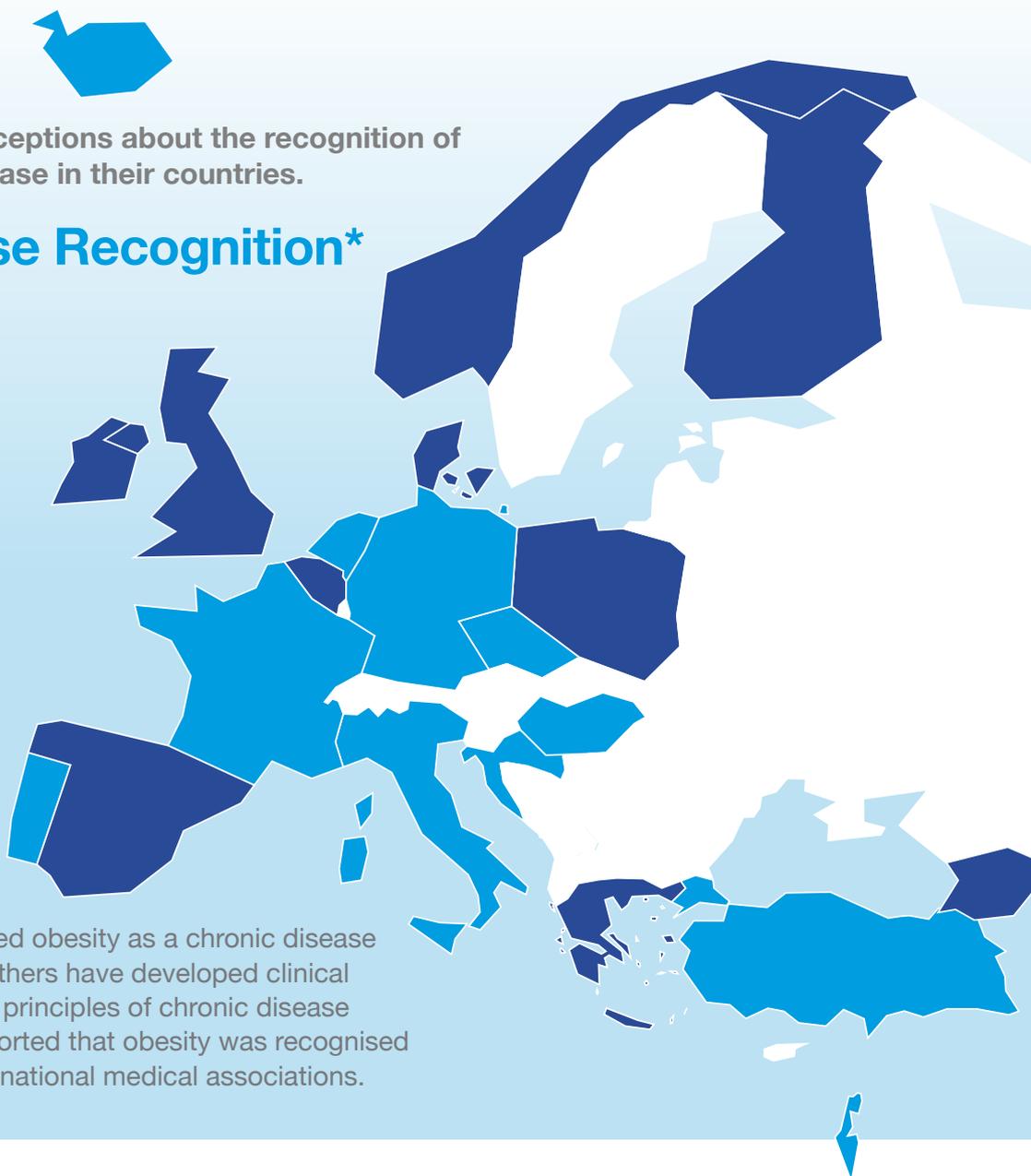
Chronic Disease Recognition*

Yes:

Italy
Netherlands
Hungary
Iceland
Portugal
Turkey
France
Germany
Czech Republic
Croatia
Israel

No:

England
Ireland
Belgium
Scotland
Poland
Norway
Georgia
Denmark
Spain
Greece
Finland



*Some countries have declared obesity as a chronic disease through legislative policies, others have developed clinical practice guidelines based on principles of chronic disease management, and others reported that obesity was recognised as a chronic disease by their national medical associations.

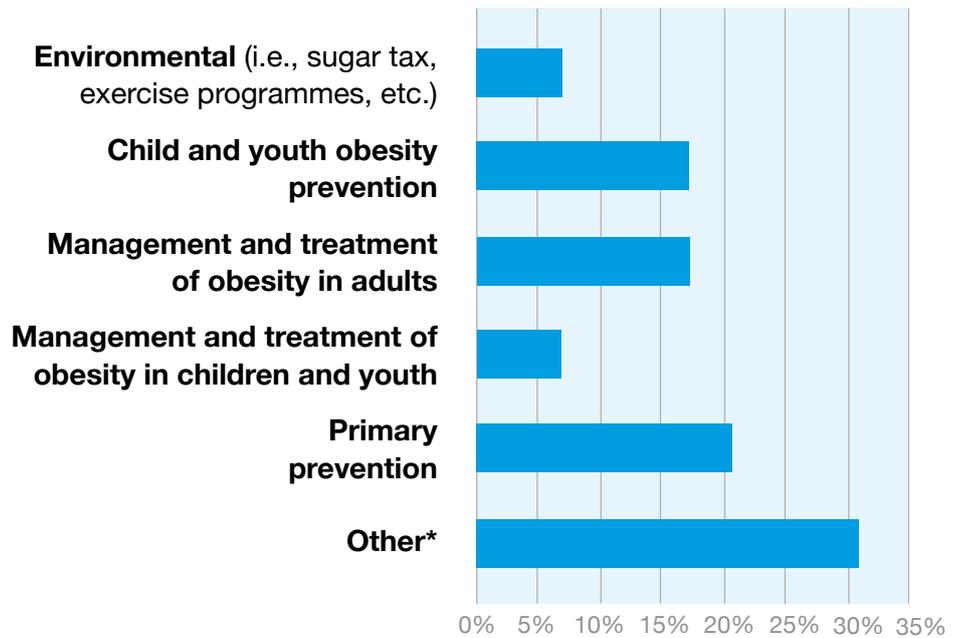
In countries where obesity was not recognised as a chronic disease, we also found no evidence of a coordinated strategy to declare obesity as a chronic disease.

Although many respondents (21 out of 31) reported that obesity strategies had been established at either the national, regional, or local level, most reported that the focus of these strategies were mainly on primary prevention (20%), childhood obesity prevention (18%), or public health policies to improve healthy eating (7%) (see Fig. 5). Most also reported that there is no healthcare budget allocated specifically for obesity treatment in their country (Fig. 6).



Fig. 5:

What is the focus of the strategies/ plans in place?



* Prevention, food policies, childhood obesity prevention, or no strategy at all.

Fig. 6:

Does your healthcare budget/coverage have a dedicated fund for obesity care and treatment?



Yes: 5



No: 18



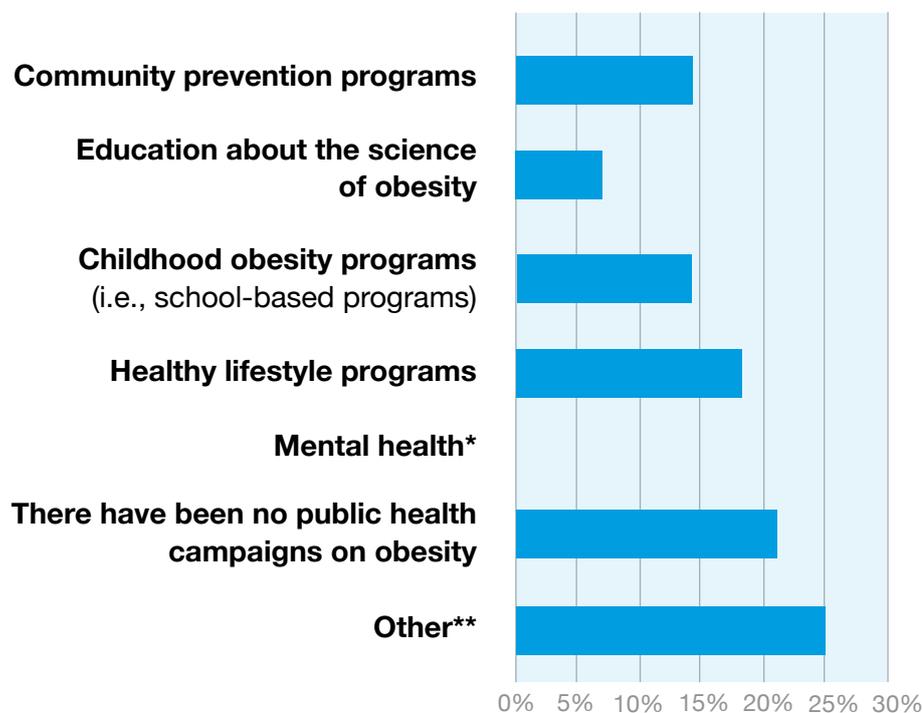
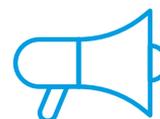
Unsure/unanswered: 8

Since obesity is a prioritised public health issue in many European countries, some obesity prevention campaigns have been developed, but these have not been broadly implemented (Fig. 7). Respondents reported that there is a lack of obesity management services outside of specialised obesity centres that offer the five components of obesity treatment outlined in the *European Guidelines for Obesity Management in Adults*.⁵ For example, although psychological and behavioural interventions for obesity may be available in specialised obesity management centres, these services are not covered through either primary care or community care services. Access to interdisciplinary obesity care outside of specialised obesity centres is generally lacking in most countries that participated in the survey.

5. <https://cdn.easo.org/wp-content/uploads/2018/12/16195559/2015-OMTF-European-Guidelines-for-Obesity-Management.pdf>

Fig. 7:

In the last two years has there been a public health campaign on obesity and what was its focus? Responses of those who answered “yes”.



* None of the respondents reported a focus on mental health and obesity.

** Examples include: healthy lifestyle education, prevention of obesity among children and adults, education about obesity as a disease and how it is treated (Poland); school Fruit Heroes program, disease research imperative initiative, reduction of waiting lists for surgery, anti-discrimination and stigma (Portugal); and training conferences for healthcare professionals, TV show to increase knowledge about obesity (Georgia).

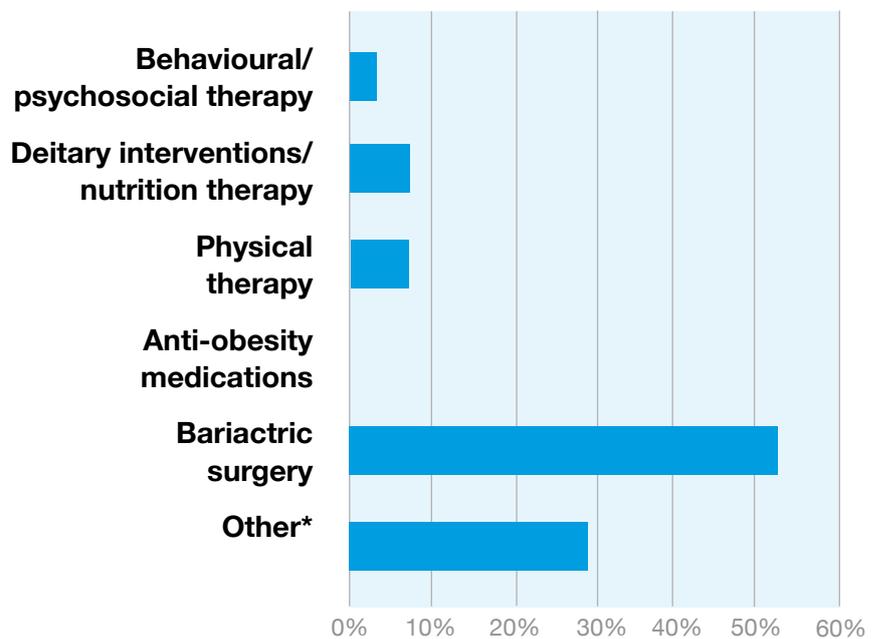


Respondents reported that there is a lack of obesity management services outside of specialised obesity centres that offer the five components of obesity treatment outlined in the European guidelines.

4. Access to Obesity Care

Although most respondents (70%) reported that their country has a publicly funded healthcare system, many noted limited coverage for the five components of obesity treatment outlined in the European guidelines. In many countries, bariatric surgery is covered through either public or private health insurance. Only four countries reported partial or full coverage for some obesity medications. The most covered obesity treatment was nutrition therapy, physical activity and bariatric surgery.

Fig. 8:
Are the following treatments reimbursed by public healthcare or insurance?



* Some obesity treatments are covered or partially covered through other mechanisms in the absence of formal obesity treatment programs.

Fig. 9:
Are lifestyle modification or behavioural support programs reimbursed by the public healthcare system in your county?



Fig. 10:

Are anti-obesity medications reimbursed by the public healthcare system in your country?



Yes:

Iceland

Partly:

Scotland

England -
only two medications covered

Turkey -
Only one medication covered

No:

Italy
Netherlands
Hungary
Ireland
Belgium
Poland
Iceland
Portugal
Georgia
France
Germany
Czech Republic
Denmark
Croatia
Israel
Spain
Finland
Greece

Unanswered

Norway

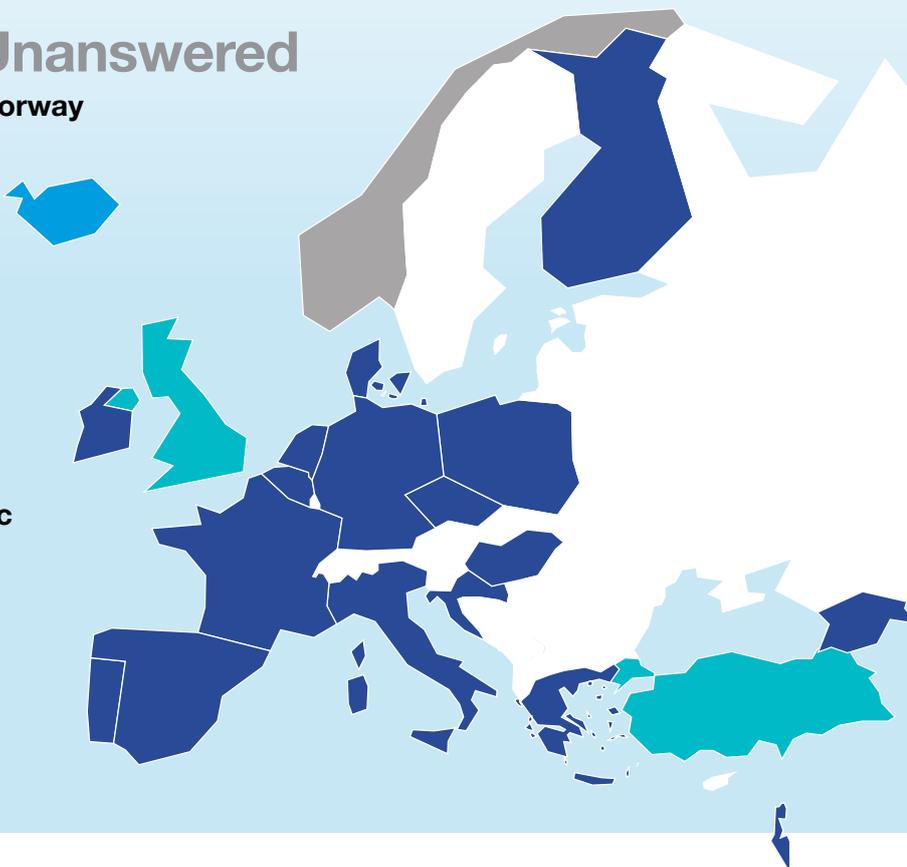


Fig. 11:

Is bariatric surgery reimbursed by the public healthcare system in your country?



Yes: 24

No: 1

Partially: 2

Unsure/unanswered: 4



Survey respondents identified several barriers to improving the availability of and access to obesity treatments in their countries. The majority of respondents (86%) reported that lack of funding was a major barrier for access to obesity care in their countries (Fig. 12).

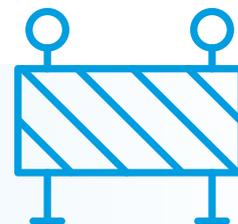


Fig. 12:

What are the barriers to accessing these treatments? (n=27)

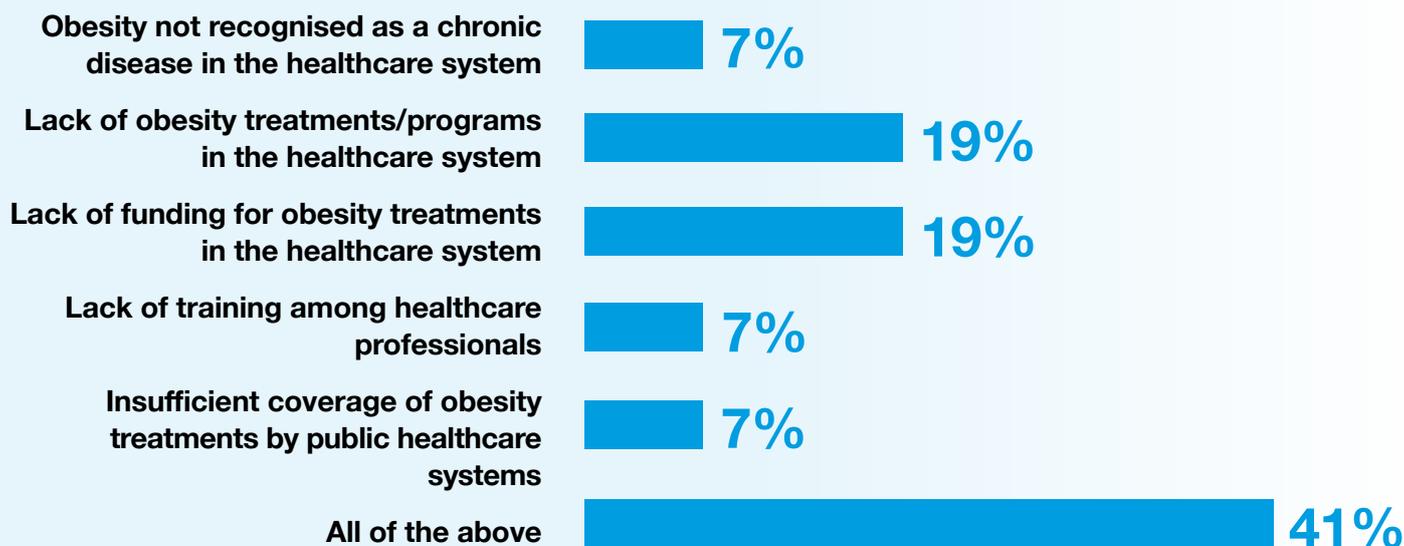
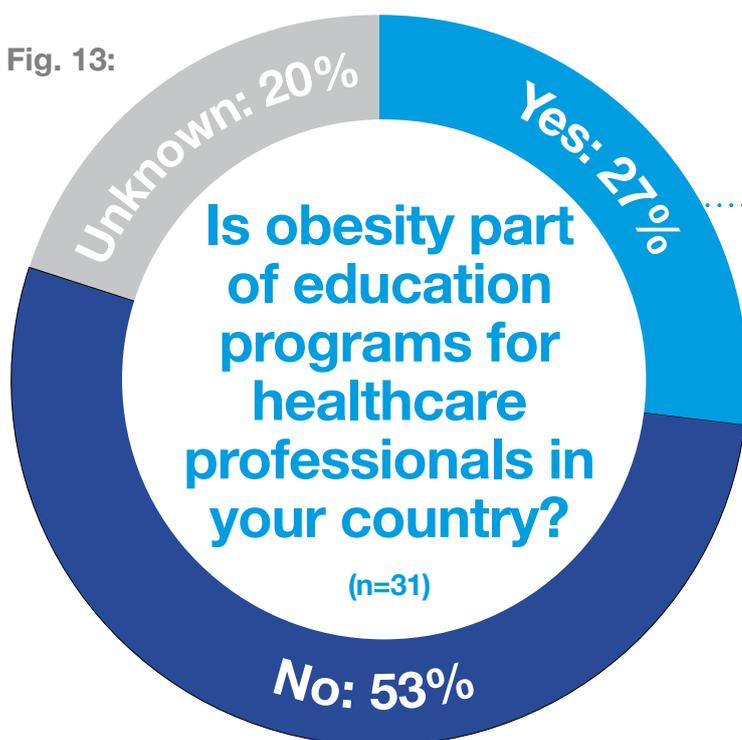


Fig. 13:



Lack of knowledge and skills in obesity management among healthcare professionals were also identified as key barriers to accessing obesity care.

Although 27% of respondents said obesity training is included in healthcare professional education programs, they also specified that obesity education is limited and inconsistently implemented in their country.

5. Recommendations

We asked respondents to recommend solutions to address obesity in their countries.

The majority of respondents recommended that obesity be recognised as a chronic disease by governments and that more funding be allocated specifically to cover obesity treatments.

Participants recommended that countries should have a national obesity strategy that includes funding for all obesity treatments (as included in the European clinical practice guidelines) and for education programs for healthcare professionals. There was a recognition among respondents that countries with more established obesity advocacy groups were achieving higher success in improving access to obesity care for people living with obesity.



6. Conclusion

Our results indicate that the lack of policies recognizing and treating obesity as a chronic disease leads to inadequate funding for obesity care and limited capacity in healthcare systems to implement evidence-based treatment strategies as described in the *European Guidelines for Obesity Management in Adults*. There is a general lack of access to obesity treatments in countries that participated in this study.

Out of the five obesity treatments included in the European clinical practice guidelines, respondents reported the most commonly covered are nutrition therapy and physical activity supports. Bariatric surgery is primarily covered through either public or private health insurance. Coverage for obesity medications was almost non-existent.

The lack of obesity education in healthcare education programs was also seen as a barrier for obesity care.

This study is not intended as a comprehensive evaluation of access to obesity treatment in Europe. Due to differences in health system models across Europe, it is not feasible to measure the level of access to specific obesity treatments.

We recognise that not all countries have the capacity to participate in these studies. The findings of this survey may inform more comprehensive methodologies for future policy and health system studies that include public and private organisations that cover the cost of obesity treatments.

**For more information
on obesity, visit
easo.org**

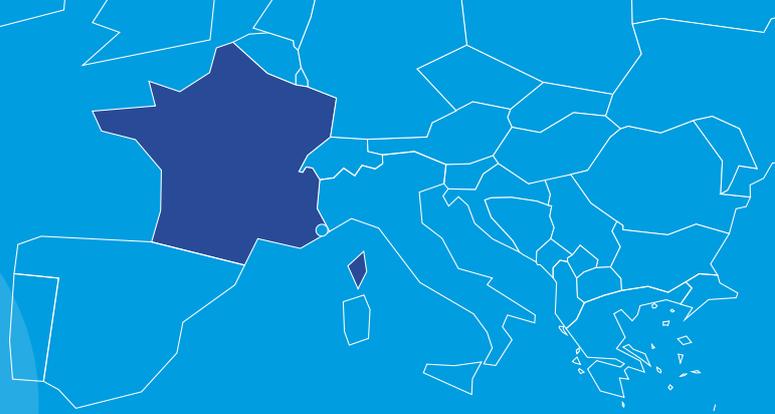


**Coverage
for obesity
medications
was almost
non-existent.**

Appendix: Country Profiles

The following country profiles were created based on an online survey and phone interviews with individuals who were identified as key opinion leaders from health professional associations and/or patient advocacy organisations in their respective country. Once a profile was drafted based on the interview, it was shared with the interviewee for their approval and to offer them an opportunity to add any relevant information about obesity management for adults in their province/territory. Every effort was made to identify an individual or group in each country who were responsible for implementing obesity management policies for adults; however, in those countries where no specific individual was identified, a profile was created based on publicly available information.





France

Does France recognise and treat obesity as a chronic disease?

- France recognises that obesity is a chronic disease¹ and there is strong political support for obesity prevention and management at the national level.²
- Since 2001, there have been three national strategies on obesity focused on prevention and management.
- France launched a National Obesity Management Program in 2010. Under this program, France created specialised obesity centres.
- The Ministry of Solidarity and Health's Directorate of Health Care Supply (DGOS) works with the Centres Spécialisés Obésité (CSOs) to coordinate health resources.
- The French government has also invested in an obesity research network (French Obesity Research Center of Excellence).
- The government announced a new roadmap for obesity (2019–2020)³ that will be coordinated by the DGOS and the CSOs. The new roadmap is linked to the National Health Nutrition Program (PNNS)⁴ that seeks to reduce obesity in adults by 15% and by 20% in children by 2023.

How is obesity care structured in France?

- Public and private primary care centres provide medical and/or surgical care for patients with obesity, including severe obesity. Specialised obesity centres treat more complex cases (see below).
- In October 2011, the High Authority for Health⁵ published recommendations for the care of children and adults living with obesity. These clinical recommendations are intended for treating physicians and aim to improve the quality of primary medical care for people living with obesity.

- There are 37 CSOs that provide obesity management, including medical and surgical care. Among these are five integrated centres that combine research and clinical care.
- The attending physician in the specialised obesity centre is responsible for screening people at risk, assessing and initial managing of people with obesity, and monitoring and coordinating care.
- The integrated centres provide very specialised diagnostics and treatments (e.g., genetics, rare diseases) and are involved in research, training, education, and innovation. They also coordinate community-based awareness-raising initiatives, information and education programs for healthcare professionals, clinical guidelines and protocols, and the mobilisation of actors in the broader community.

Which evidence-based obesity treatments are covered through the public healthcare system?

- Obesity treatments covered under the public healthcare system include physical activity, psychological and cognitive behavioural therapy, medications (only Orlistat), and bariatric surgery.
- The integrated obesity centres have multidisciplinary expertise (nutrition, endocrinology-metabolism, psychology, dietetics) and the appropriate equipment required to accommodate the most difficult cases in medicine and surgery. They work closely with key specialties (pulmonology, sleep, cardiology, hepato-gastroenterology) and with a team of surgery and anesthetists specialising in bariatric surgery.



France



What are the facilitators and barriers to effective obesity prevention and treatment?

- There is insufficient coverage for obesity treatments within the public healthcare system and by private insurance providers.

Are there any formal patient education and advocacy strategies?

- There are several legally incorporated organisations working in obesity.
- See: Collectif national des Associations d'Obèses (<https://cnao.france-assos-sante.org>).

-
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 2. Clément, K., Coupaye, M., Laville, M., Oppert, J.-M. and Ziegler, O. (2020), COVID-19: A Lever for the Recognition of Obesity as a Disease? The French Experience. *Obesity*, 28: 1584-1585. <https://doi.org/10.1002/oby.22924>
 3. The roadmap for “Management of Obesity 2019-2022): <https://solidarites-sante.gouv.fr/soins-et-maladies/prises-en-charge-specialisees/obesite/article/feuille-de-route-2019-2022>
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 5. <https://solidarites-sante.gouv.fr/soins-et-maladies/prises-en-charge-specialisees/obesite/article/les-principales-mesures-relatives-a-l-offre-de-soins>



Finland



Does Finland recognise and treat obesity as a chronic disease?

- Obesity is not officially recognised as a chronic disease in Finland.
- There is an International Classification of Diseases code that healthcare professionals can use to treat obesity, but obesity is not officially treated as a chronic disease.
- Finland has clinical practice guidelines for the management of obesity that were recently updated and published in March 2020. These guidelines include all evidence-based treatments for obesity, such as behavioural/psychosocial therapy, dietary interventions/nutrition therapy, physical therapy, anti-obesity medications, and bariatric surgery.

How is obesity care structured in Finland?

- Although Finland has a publicly funded healthcare system, access to obesity care is not organised in an effective manner.
- There are five obesity specialty (tertiary care) centres in Finland that are based in academic hospital centres in five large cities.
- People living with obesity can be referred to a tertiary care centre by other healthcare centres, occupational healthcare doctors, or private clinics. Many referrals also come from specialty care (e.g., orthopedics, cardiology, sleep apnea specialists, etc.).
- There are a few interdisciplinary primary healthcare clinics spread out throughout the country that can deliver obesity management, but their primary focus is not obesity. These clinics are not standardised since they are locally organised.

Which evidence-based obesity treatments are covered through the public healthcare system?

- Obesity tertiary care centres offer obesity treatments that are covered by the public healthcare system, including: behavioural/psychosocial therapy, dietary interventions/nutrition therapy, physical therapy, and bariatric surgery. Anti-obesity medications are not covered through the public healthcare system.
- Team members of multidisciplinary healthcare teams can include obesity specialists (endocrinologists), bariatric surgeons, nurses (although there is no bariatric nursing designation), dietitians, psychologists, social workers (very rare), occupational therapists, physical therapists, exercise specialists, and physicians.
- The Helsinki University Hospital also offers digital treatment services to reach people living in rural areas. The portal is called HealthyWeightHub.fi (painonhallintatalo.fi). It is referral based (any licenced doctor can refer to it), free for the participants, and any Finnish-speaking citizen can participate. The portal has two dimensions. One digital path is for lifestyle treatments, covering all elements of weight management (e.g., diet, physical activity, psychology, stress relief), and this part can be supplemented with very-low calorie diets or medications, if the doctor and patient wish. The other pathway is for patients who have undergone bariatric surgery. Both arms utilise a structured treatment program lasting 12 months, involving a personal coach.



Finland



Barriers to effective obesity prevention and treatment?

- Obesity has not been identified as a public health priority. There is a lack of uniform, nationwide, organised structure to prevent and manage obesity in the healthcare system.
- There have not been any national public campaigns about obesity. However, some regional and local prevention efforts exist.
- A key barrier to obesity care is the lack of funding necessary to create comprehensive, multidisciplinary obesity treatment centres within the healthcare system.
- Many existing obesity treatment programs do not offer services beyond one year. Considering that obesity is a chronic disease requiring life-long treatment and support, this is a major gap in the healthcare system.
- There is a lack of experienced, multidisciplinary obesity management healthcare teams. Most teams rely on doctor-nurse pairs. Nutritionists can be consulted, but their availability varies across the country. In the Kuopio area, for example, there is a stronger representation of nutritionists. Many healthcare teams do not have access to physical therapists or psychologists.
- There is a general lack of obesity content in healthcare professional education programs. However, some medical schools have started to include education about the basic mechanisms of obesity, and some nutrition and lifestyle education.
- There is a need to educate physicians and healthcare professionals about evidence-based treatments, including medications.
- Many healthcare professionals have not been trained on how to conduct a full patient-centred obesity assessment and how to provide evidence-based treatments that go beyond diet and exercise plans.
- The lack of knowledge about obesity leaves many healthcare professionals feeling pessimistic about the effectiveness of obesity treatments.

Are there any formal patient education and advocacy strategies?

- There is a patient advocacy organisation for people who have undergone bariatric surgery (www.lile.fi).
- There are several Facebook groups where patients with obesity support each other and speak up against weight bias and obesity stigma.
- Recently, fat shaming has been in the media, leading to public discussions about obesity and stigma.



Greece



Does Greece recognise and treat obesity as a chronic disease?

- Obesity is recognised as a chronic disease, but many healthcare providers do not treat it as a chronic disease.

How is obesity care structured in Greece?

- Greece has a publicly funded healthcare system. Within the health system, obesity has been identified as a priority. The National Nutrition Committee (which is responsible for developing nutrition recommendations) has recently updated and submitted their recommendations to the government. This report includes a chapter on obesity.
- The Ministry of Health launched a five-year childhood obesity prevention program for schools, and some regional and local communities have created healthy lifestyle strategies. There are also some obesity prevention programs coordinated by academic institutions in collaboration with local communities.
- There is no centralised healthcare system in Greece, meaning that a person can go to any physician anywhere in Greece.
- Obesity care plans are developed by physicians, as there are not that many obesity specialists designated in the country. However, many endocrinologists and diabetologists provide obesity care. Dietitians are independent registered practitioners, and people living with obesity can access dietetic services either on their own or through referral from a physician. Bariatric surgeons are responsible for delivering bariatric surgeries.

Which evidence-based obesity treatments are covered through the public healthcare system?

- All obesity treatments (i.e., behavioural treatments, medications, nutrition therapy, physical therapy, cognitive behavioural therapy, and bariatric surgery) are available in Greece. Many of these treatments, such as dietetic services and medications, are not fully covered through the public health system.

What are some barriers to effective obesity prevention and treatment?

- Healthcare professionals lack training in obesity. Currently, there is some obesity training included in medical school curricula, such as basic biological mechanisms of obesity. There are efforts underway to improve nutrition content in medical schools. Currently, only two medical schools in Greece have nutrition content in their curricula.
- A lack of healthcare funding is a major barrier to accessing obesity care.

Are there any formal patient education and advocacy strategies?

- There is a patient support group starting in Athens, but to date there are no formal or legally incorporated patient advocacy organisations in Greece.



Poland

Does Poland recognise and treat obesity as a chronic disease?

- Poland recognised obesity as a disease in 2016, when the country included it in its National Health Program. The Polish Medical Association has also recognised obesity as a chronic disease.
- Although obesity is recognised as the number one public health priority within the National Health Program, there is no comprehensive action plan for obesity prevention or management in place.
- Most of the obesity initiatives planned to date have focused on childhood obesity prevention, and are related to nutrition and physical activity environments. For example, there is a proposed policy on adding a tax to sugar-sweetened products. However, none of these obesity prevention initiatives have been implemented at the national level.
- Some local governments have implemented community prevention programs and childhood obesity prevention programs. Some healthy lifestyle programs have been implemented by private organisations or foundations.
- A national centre for nutrition education was included in the National Health Program directed by the Nutrition Institute. There have been no nutrition initiatives specific to obesity.
- A national website was created for individuals to build a healthy dietary plan based on individual preferences and health parameters.

How is obesity care structured in Poland?

- Poland has a publicly funded health system, but some private health insurance is also available. Private insurance coverage is mostly provided by employers and is not considered supplementary or additional to public health coverage. Private insurance may reduce wait times for specialty care, but it does not help cover

medications or hospital care services that are not covered under the public healthcare system.

- Obesity diagnosis and care planning must be conducted by a general practitioner, but very few are trained in obesity assessment and management. There is no payment fee or code that general practitioners can use to diagnose and treat obesity.
- General practitioners can refer patients to specialists, such as an endocrinologist or diabetologist.

Which evidence-based obesity treatments are covered through the public healthcare system?

- Obesity treatments such as nutrition therapy, physical activity, psychological and behavioural interventions, and pharmacotherapy are available in Poland, but they are not reimbursed through the public healthcare system. Individuals who access these obesity treatments must pay out of pocket for them.
- Although psychological therapy is covered in the public healthcare system, it is not covered for obesity treatment.
- Dietary interventions with a dietitian are not covered under the public healthcare system.
- The only obesity treatment reimbursed in the public health system is bariatric surgery.

What are the facilitators and barriers to effective obesity prevention and treatment?

- There is insufficient coverage for obesity treatments within the public healthcare system and by private insurance providers.
- There is a lack of training on obesity among physicians, which can lead to a lack of knowledge, skills, and awareness about effective obesity treatments.
- General practitioners have very busy practices and are not compensated to treat obesity.



Poland

- There are no specialised obesity centres in the tertiary care setting.
- Although there has been an increase from 1,000 bariatric surgeries to 10,000 surgeries per year, only 2% of patients who are eligible for bariatric surgery have access to it.

Are there any formal patient education and advocacy strategies?

- There is one national obesity patient council, which is also recognised by the European Association for the Study of Obesity.
- There are some local associations and support organisations, such as post-bariatric surgery support groups. Most surgical centres have a support group for patients living with obesity. These groups are self-organised and self-funded.
- There are professional obesity associations in Poland, as well.
- More advocacy is needed to increase access to patient-centred multidisciplinary obesity care.



Portugal

Does Portugal recognise and treat obesity as a chronic disease?

- The government of Portugal and its Minister of Health have recognised obesity as a chronic disease since 2004. With this designation, all individuals affected by obesity have the right to receive obesity care.

How is obesity care structured in Portugal?

- Portugal has a publicly funded healthcare system. However, private healthcare options are available.
- There are 19 national obesity treatment centres covered under the public healthcare system.
- People living with obesity can be referred to a national obesity treatment centre by their general practitioner.

Which evidence-based obesity treatments are covered through the public healthcare system?

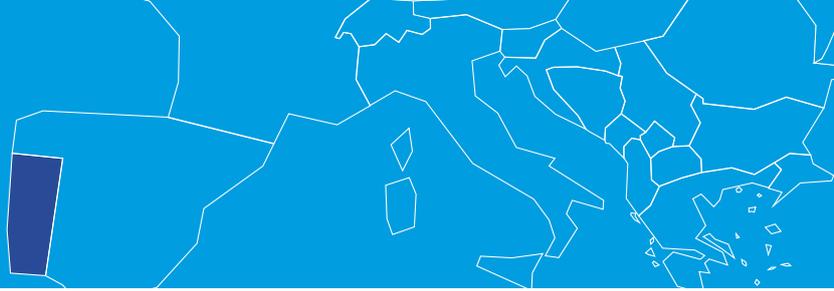
- National obesity treatment centres offer most obesity treatments, including behavioural/psychosocial therapy, dietary interventions/nutrition therapy, physical therapy, and bariatric surgery.
- Plastic surgery (post-weight loss) is also covered through the public system.
- Obesity medications are not covered through the public healthcare system.
- The national obesity treatment centres are made up of interprofessional teams, which include physicians, nurses, surgeons, dietitians, psychologists, physical therapists, exercise specialists, and social workers.
- Obesity treatment follow-up after bariatric treatment lasts up to two years.

What are the facilitators and barriers to effective obesity prevention and treatment?

- Portugal launched a National Platform Against Obesity in 2008, under which prevention and management of obesity programs are implemented. This national platform was overseen by the Directorate General of Health.
- There have been significant public health efforts to prevent and reduce the prevalence of obesity in Portugal. For example, strategies to reduce unhealthy eating have been in place for over 10 years. The National Program for the Promotion of Healthy Eating was created in 2012 by the Minister of Health, and a new cross-departmental Integrated Strategy for the Promotion of Healthy Eating was launched in 2017.
- Portugal has developed policies to change the food environment (e.g., soft drink taxation; laws restricting marketing of foods to children; improved access to healthy foods in public places, such as schools, hospitals, and universities; and regulations to encourage the reformulation of food by food industry and retailers).
- The WHO European Childhood Obesity Surveillance Initiative (COSI) reported a downward trend in overweight and obesity between 2008 and 2016. Childhood overweight decreased by 7.2%, while childhood obesity decreased by 3.6%.¹
- There is a general lack of funding for the treatment of all chronic diseases in Portugal. This can lead to long wait times to access the national obesity treatment centres. In some hospitals, obesity treatment centres may not be prioritised.
- General practitioners may have insufficient knowledge and training about obesity, and may also hold negative beliefs and attitudes towards persons with obesity.² There is a need to educate physicians and healthcare professionals about evidence-based treatments, including medications.



Portugal



Are there any formal patient education and advocacy strategies?

- There is a national patient advocacy organisation called ADEXO (<http://www.adexo.pt/>).
- ADEXO advocates for patient-centred obesity care, including patient support programs.
- It was established in 2002 and implements programs designed following national consultations.
- ADEXO also implements education and awareness programs at the national and local level, including in schools and in the media.
- ADEXO is a member of the European Council for Persons Living with Obesity.

1. <http://www.euro.who.int/en/countries/portugal/news/news/2018/2/downward-trend-in-overweight-and-obesity-among-portuguese-school-children>

2. Teixeira FV, Pais-Ribeiro JL, Maia A. A qualitative study of GPs' views towards obesity: are they fighting or giving up? *Public Health*. 2015 Mar;129(3):218-225. DOI: 10.1016/j.puhe.2015.01.004.



Spain



Does Spain recognise and treat obesity as a chronic disease?

- Obesity is recognised as a chronic disease by the Spanish Ministry of Health (Ministerio de Sanidad y Political Social).

How is obesity care structured in Spain?

- Spain has a publicly funded healthcare system composed of a hospital network that covers 99% of the population. Through this system, patients can access prevention and treatment services for any disease. Healthcare is delivered through 17 regional authorities.
- There is no national strategy for obesity in Spain. There is a national nutrition strategy that incorporates some obesity-related issues. Some regional authorities have created obesity plans but very few have been implemented and evaluated.

Which evidence-based obesity treatments are covered through the public healthcare system?

- Although obesity is listed as a chronic disease in the health system, most obesity treatments are not covered publicly. However, treatment of complications of obesity, such as diabetes and heart disease are covered through the public health system.
- Overall, coverage of evidence-informed obesity treatments varies across regional health authorities, leaving many gaps. All obesity treatments (i.e., behavioural treatments, medications, nutrition therapy, physical therapy, cognitive behavioural therapy, and bariatric surgery) are available in Spain. However, many of these treatments are either not covered or are insufficiently covered in the public health system. For example, anti-obesity medications are not covered. Bariatric surgery and surgical care (pre- and post-surgery) for patients with severe obesity is covered. However, only a small percentage of people with

obesity who would have an indication for bariatric surgery can access it. There are also some lifestyle interventions covered in the public health system.

- Traditionally, obesity treatments were mostly delivered through tertiary care centres. These centres are multidisciplinary and very well integrated. Dietitians, for example, are part of obesity interdisciplinary teams and are also integrated in most hospitals. When accessing dietetics services through these integrated teams, these services are covered by the public healthcare system.
- Primary care centres, on the other hand, focus more on diabetes and other chronic diseases. Primary care providers diagnose severe obesity by recording it in a patient's electronic medical record and referring patients to a tertiary care centre. With the arrival of new pharmacological therapeutics, obesity (mild and severe) is increasingly being diagnosed and treated in primary care settings.

What are some barriers to effective obesity prevention and treatment?

- Although some healthcare professionals and researchers investigate and advocate for more effective obesity strategies, there is a lack of political will to prioritise obesity prevention and management. Spain has national strategies for other diseases, but not for obesity.
- Many healthcare professionals in Spain continue to debate whether obesity is a chronic disease. Consequently, many healthcare professionals do not treat obesity as a chronic disease.
- While seven million people in Spain could potentially benefit from obesity treatment and would thus avoid developing obesity-related complications, the health system covers treatments for obesity-related complications only. This creates inequities that should not be tolerated in an egalitarian society. From an economic perspective, only covering treatments for obesity complications is also not effective.



Spain



- There is a lack of training among healthcare professionals, including physicians. Obesity has not been traditionally included in medical school curricula, but this is improving. There is now some inclusion of obesity mechanisms, nutrition, and treatment options in medical school curricula. Obesity education is needed for all healthcare professionals,

Are there any formal patient education and advocacy strategies?

- There are regional bariatric surgery support groups. These groups are growing, and could become national bodies in the future.



United Kingdom

Does the United Kingdom recognise and treat obesity as a chronic disease?

- The Royal College of Physicians has recognised obesity as a chronic disease, while the government has not.
- In 2019, the Royal College of Physicians called for the government to recognise obesity as an ongoing chronic disease and to create formal healthcare policies to improve obesity prevention and management.¹
- In 2020, in recognition of the link between COVID-19 and obesity, the government announced measures for a new obesity strategy, focusing heavily on individual responsibility and lacking clear action to improve access to obesity treatments.²
- Although some prevention and intervention strategies have been provided in primary care, access to secondary care and specialist services remains patchy.

How is obesity care structured in the United Kingdom?

- Obesity care is delivered through a four-tiered system:
 - o Tier 1: Population-level public health interventions (primary obesity prevention, identifying risk groups).
 - o Tier 2: Community-based lifestyle weight management services that are normally time limited.
 - o Tier 3: Specialist weight management services for people with severe and complex obesity delivered by a multidisciplinary team. The team can include a consultant or general practitioner with a specialist interest, specialist nurse, specialist dietitian, psychologist, psychiatrist, and physiotherapist.
 - o Tier 4: Bariatric surgery and care supported by multidisciplinary teams pre- and post-op.

- Tier 1 and 2 services are commissioned by Local Authorities (LAs).
- Tier 3 and 4 services are commissioned by Clinical Commissioning Groups (CCGs).
- The four countries of the United Kingdom use different policy approaches to run their health systems:
 - o Public Health England released a new obesity strategy in 2020.³ Part of this strategy included a Better Health campaign that urged people “to take stock of how they live their lives in the wake of the COVID-19 pandemic, promoting evidence-based tools and apps with advice on how to lose weight and keep it off”. The campaign asks people to weigh and measure themselves, check their BMI, and, if they are overweight, to start a weight loss journey with a free 12-week weight loss app from the National Health Service (NHS).
 - o The Welsh government signed off on a national obesity pathway in 2010. Since then, there has been very little implementation of proposed obesity strategies. In early 2019, the Minister for Health and Social Services launched a 12-week consultation on the draft of the Healthy Weight: Healthy Wales strategy, which outlines the Welsh government’s ambitions to prevent and reduce obesity.
 - o The Scottish government released a Diet and Healthy Weight Delivery Plan in 2018.⁴ The plan has five proposed outcomes: 1) Children have the best start in life, eating well, and having a healthy weight; 2) The food environment supports healthier choices; 3) People have access to effective weight management services; 4) Leaders across all sectors promote healthy weight and diet; and 5) Diet-related health inequalities are reduced. The Scottish government invested £42 million over five years to establish supported weight management interventions as a core part of treatment services for people with, or at risk of developing, type 2 diabetes.



United Kingdom

- o In 2019, the government of Northern Ireland implemented a Fitter Future for All strategy aimed at preventing obesity.⁵ The goal of this strategy is to empower people to make healthy choices, reduce the risk of overweight- and obesity-related diseases, and improve health and well-being by creating an environment that supports a physically active lifestyle and a healthy diet. In 2005, the Clinical Resource Efficiency Support Team (CREST) published a practical guidance on the management of people with obesity in secondary care.⁶

Which evidence-based obesity treatments are covered through the public healthcare system?

- National Institute for Health and Care Excellence (NICE) guidelines recommend specific interventions to be delivered at each tier level.⁷
- Obesity treatments in the NICE guidelines include lifestyle, behavioural, physical activity, dietary, pharmacological, and surgical interventions.
- Access to obesity treatments is not readily available to people living with obesity. Wait times for bariatric surgery vary across the country, and in some parts of the country there is no access to bariatric surgery at all.
- There are significant gaps in access to obesity medications across the UK. Only two medications can be prescribed through the public healthcare system. Private insurance providers do not cover obesity medications.

What are the facilitators and barriers to effective obesity prevention and treatment?

- Although obesity is a public health priority, it is not recognised or treated as a chronic disease.

- Public health funding reductions impact funding available for local authorities and clinical commissioning groups.
- There is a lack of a financial incentive for general practitioners to assess obesity in children and adults and to refer patients into obesity specialty services.
- Although LAs and CCGs are mandated to provide weight management services, these services are not available in some locations.⁸
- There is a lack of obesity knowledge and skills among GPs and allied healthcare professionals.
- Although over one million individuals living with obesity would be eligible for bariatric surgery, fewer than 7,000 individuals have access to bariatric surgery through the NHS each year.⁸
- Many places in the UK also lack intensive weight management programs that incorporate nutrition therapy, physical activity, pharmacotherapy, and behavioural interventions that support bariatric surgery treatments.
- Two obesity medications are recommended in the NICE guidelines for Tier 3 obesity management programs. However, due to limited capacity in these programs, many patients living with obesity do not have access to pharmacological therapies.

Are there any formal patient education and advocacy strategies?

- There are several patient advocacy organisations:
 - o Obesity Empowerment Network (<https://oen.org.uk/>)
 - o Obesity UK (<https://www.obesityuk.org.uk/>)
 - o Irish Coalition for People Living with Obesity (<https://www.facebook.com/ICPObesity-100364844715190/about>)



United Kingdom

1. Obesity should be recognised as a disease – Presented to RCP Council 17 July 2018. <https://www.rcplondon.ac.uk/news/rcp-calls-obesity-be-recognised-disease>
2. Obesity: empowering adults and children to live healthier lives. <https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives>
3. <https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives>
4. <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/07/healthier-future-scotlands-diet-healthy-weight-delivery-plan/documents/00537708-pdf/00537708-pdf/govscot%3Adocument/00537708.pdf>
5. <https://www.northernireland.gov.uk/node/40983>
6. http://www.spitjudms.ro/_files/protocoale_terapeutice/gastro/obesity-guidelines-report.pdf
7. <https://www.nice.org.uk/guidance/cg189>
8. <http://www.bomss.org.uk/wp-content/uploads/2018/05/APPG-Obesity-2018.pdf>

A smiling woman with blonde hair, wearing a striped jacket, is the central focus of the image. She is in a classroom or meeting room, with a whiteboard and other people visible in the background. The entire image is overlaid with a semi-transparent blue filter. A large, dark blue circle is positioned on the left side, partially overlapping the woman's face and the text.

Survey of
**Access to
Obesity Care
for Adults
in Europe**