

Australia



Health systems

Economic classification: **High Income**

Health systems summary

The Australian healthcare system is jointly run by all levels of government – federal, state, territory, and local. The primary insurance scheme, Medicare, is a single-payer, federal government-administered scheme that covers all Australian and New Zealand citizens and permanent Australian residents. Medicare covers the cost of all public hospital services, and some or all of the costs of other health services and is supplemented by an additional subsidy scheme, the Pharmaceutical Benefits Scheme, that reduces the cost of pharmaceutical prescriptions. Many Australians have private health insurance to enable access to private hospitals and/or to cover the costs of “ancillary” treatment not covered by the public system.

Indicators

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| Where is the country’s government in the journey towards defining ‘Obesity as a disease’? | No |
| Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’? | Some progress |
| Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity? | No |
| Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity? | No |
| Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas? | No |
| Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas? | No |
| Are there any obesity-specific recommendations or guidelines published for adults? | Yes |
| Are there any obesity-specific recommendations or guidelines published for children? | Yes |
| In practice, how is obesity treatment largely funded? | Out of pocket |

Perceived barriers to treatment



Summary of stakeholder feedback

There appears to be much resistance to the classification of obesity as a disease by the Australian government. Obesity is considered to be the individual's responsibility and so resources are mostly dedicated to public health messaging. There is, however, continued refusal by the government to implement any fiscal measures to prevent obesity.

Financial resources for treatment, on the other hand, are generally poor and variable across the country. With the exception of some states investing in childhood obesity and some bariatric facilities in public hospitals, the poor financial investment into the management and treatment of obesity in the public system means that many seek care privately when they can. As a result, most stakeholders felt that the Australian health system was not working for those living with obesity as most incur high out of pocket payments for treatment.

Individuals living with obesity tend to enter the health system via their general practitioner or public hospital clinic. To receive care in the public system, individuals must meet strict criteria and even then, are subject to long waiting lists. Accessibility and availability of treatment is said to vary by state, and training for obesity specialists is limited. Pharmacotherapy and bariatric options are particularly limited, and this is only exacerbated in rural or remote areas.

Based on interviews/survey returns from 7 stakeholders

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