

Colombia



Health systems

Economic classification: **Upper Middle Income**

Health systems summary

Colombia's health system is dominated by its General Social Security Health System that consists of 3 plans: a contributory plan for workers, a subsidised plan for those who cannot pay and a third plan for workers from certain institutions. Enrolment into this system is compulsory, and so coverage is high. In 2015, coverage was 97.6%. Members of the plans are entitled to similar benefits, benefits that include health promotion, prevention, medication and cash benefits during maternity. Members of the subsidised plan have an inferior benefit package to contributory members. As a result of the aforementioned social health insurance plans, Colombia has made great strides in improving healthcare access and financial protection. Out of pocket expenditure as a proportion of total health expenditure is approximately 15.9%.

Colombia, however, has several vulnerable populations (mostly in rural, remote areas) that still have poor access to care and are at high risk of nutritional deficiencies. These groups include indigenous groups, farmers and Afro-descendent groups.

Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	Some progress
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?	Some progress
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?	Some progress
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?	Not known

Perceived barriers to treatment

Obesity not recognised as a disease	High cost of out of pocket payments	Lack of training and trained HCPs	Lack of political will, interest and action
HCPs are disinterested in obesity training and treatment	Poor adherence to and fear of treatment	Resistance to innovation	Lack of evidence, monitoring and research

Summary of stakeholder feedback

In 2009, Colombia passed an 'obesity law' that calls obesity a disease and outlines policies and initiatives that should be undertaken for the prevention and control of obesity. Still, one stakeholder feels that the government is too supportive of food producers and multinational companies and there is a general consensus that there is much more work to be done around prevention and treatment. There is said to be little financial investment into the cause.

It is unclear how obesity treatment is typically funded in Colombia, but cost was highlighted as a barrier to treatment. There was a lack of consensus on the BMI level required to be eligible for treatment and how those living with obesity enter the system, but it was agreed that long waiting lists were often the reason why they left.

While there does not appear to be specialist obesity training in Colombia, stakeholders reported that there is some obesity training for certain professionals such as endocrinologists.

Based on interviews/survey returns from 4 stakeholders

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