# Report card

## Hong Kong

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Obesity prevalence

Adults, 2014-2015

Survey type: Measured
Age: 15-84
Sample size: 1976
Area covered: National


Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
Children, 2003-2004

Survey type: Measured
Age: 18
Sample size: 2098
Area covered: National

Cutoffs: IOTF
Overweight/obesity by age

Adults, 2014-2015

Survey type: Measured
Sample size: 1976
Area covered: National


Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2003-2004

<table>
<thead>
<tr>
<th>Age</th>
<th>Boys</th>
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</tbody>
</table>

Survey type: Measured
Sample size: 2098
Area covered: National
Cutoffs: IOTF
Overweight/obesity by socio-economic group

Adults, 2014-2015

Survey type: Measured
Age: 15-84
Sample size: 1976
Area covered: National

Notes: Monthly Income

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Health systems

Economic classification: High Income

Health systems summary

Public healthcare is provided by the Hong Kong government through the Department of Health and the Hospital Authority to all residents with Hong Kong identity cards at a subsidised cost. Care in this public system is generally considered to be of high quality, and the comprehensive system is made up general and specialist outpatient clinics, hospitals and Chinese Medicine clinics. To complement this public system, the government encourages 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 public system. Most employees will have some form of medical insurance in Hong Kong, and those that do tend to enter this private system.

In 2017-18, total health expenditure as a percentage of GDP was 6.2%. Of this health expenditure, 49% was paid via the government

Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Status</th>
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<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Out of pocket</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>Partial</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>Not known</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>Partial</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>No</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

- Lack of political will, interest and action
- Obesity not recognised as a disease
- Lack of training for healthcare professionals
- Lack of financial investment or coverage
- Lack of treatment facilities
- Lack of evidence, monitoring and research
- Poor health literacy and behaviour

Summary of stakeholder feedback

Obesity in Hong Kong is generally considered to be a risk factor rather than a 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, clinicians 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 or because of a failure to be referred onto more specialist care.

Obesity treatment appears to be almost entirely funded out of pocket, with limited availability of facilities and well-qualified staff. In some circumstances, insurers may fund bariatric treatment but the criteria is reportedly strict and entirely at the individual 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 and there

Based on interviews/survey returns from 7 stakeholders

Last updated: June 2020