The Economist Intelligence Unit

CONFRONTING OBESITY IN POLAND, ROMANIA AND THE CZECH REPUBLIC

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ABOUT THIS REPORT

Confronting obesity in Poland, Romania and the Czech Republic is an Economist Intelligence Unit (EIU) report, commissioned by Johnson & Johnson, which examines the policy responses to obesity in these three countries. The findings of this report are based on desk research and the insights from seven in-depth interviews with a range of senior obesity experts from the three countries.

Our thanks are due to the following for their time and insight (listed alphabetically):

- Catalin Copaescu, associate professor of surgery and head, gastrointestinal and bariatric surgery department, Ponderas Academic Hospital, Romania
- Martin Haluzik, professor of medicine and deputy head, Centre for Experimental Medicine, Institute of Experimental Medicine, Charles University, Prague, Czech Republic
- Paulina Karwowska, head, Polish office of the World Health Organisation (WHO), Poland
- Iva Malkova, founder, STOB (STop OBesity), Czech Republic
- Maciej Michalik, academic teacher, University of Warmia and Mazury, and president, metabolic and bariatric surgery section, Association of Polish Surgeons, Poland
- Gabriela Roman, associate professor, Clinical Centre of Diabetes, Nutrition and Metabolic Diseases, Iuliu Hatieganu University of Medicine and Pharmacy, Cluj- Napoca, and president, Romanian Association for the Study of Obesity (RASO), Romania
- Ioan Veresiu, associate professor, Iuliu Hatieganu University of Medicine and Pharmacy, Cluj- Napoca, Romania
- Mariusz Wylezol, head, metabolic and bariatric section, Polish Association for the Study of Obesity, Poland

This report was written by Andrea Chipman and edited by Martin Koehring of The Economist Intelligence Unit.

March 2017

INTRODUCTION

When it comes to confronting the problem of growing rates of obesity, the countries of Central and Eastern Europe (CEE) arguably find themselves in the worst of all possible worlds. While rates of obesity for the Czech Republic, Poland and Romania are generally lower than those for larger EU countries such as Germany and the UK, traditional diets high in sugar and fat as well as sedentary lifestyles have helped to create the ideal "obesogenic" environment.

Meanwhile, rising rates of child obesity and an increase in associated diseases, such as type 2 diabetes and hypertension, create potential time bombs for the region's health systems. Alarmingly, projections from the World Health Organisation (WHO) show that by 2025 around two-thirds of adults in these three countries will be either overweight or obese.[1]

Moreover, unlike in other parts of the world with high levels of obesity, such as the Gulf states of the Middle East and North Africa, CEE countries have fewer financial resources to address the problem and must stretch their budgets to cover a variety of health needs.

In addition to these competing financial priorities, the obese face greater stigma in the CEE region than elsewhere in Europe, especially in countries such as Poland and Romania. Experts interviewed for this report say that these attitudes are undermining efforts to develop a comprehensive strategy for addressing obesity.

Indeed, a public perception of obesity as a "cosmetic" problem has made it more difficult to envision a broader approach to the condition, despite a recognition by some policymakers that it should be treated as a disease in its own right.

As a result, the three countries discussed in this report generally take a piecemeal approach to obesity. Governments have focused primarily on improving education related to healthy eating and, in some cases, on encouraging more physical exercise and healthier meals in schools. There has been less appetite in the region overall for more direct forms of regulation, such as taxing foods high in sugar or fat and restricting advertising targeted at children and/or near schools.

When it comes to intervention through the healthcare system, efforts to implement comprehensive national strategies for dealing with obesity remain underdeveloped. There is little evidence of integrated treatment pathways, although in some countries, notably the Czech Republic, individual general practitioners (GPs) have taken a more proactive approach to identifying and referring patients.

While there is varying access to dieticians and weight-loss programmes in all three countries, the lack of medical practitioners with specialist knowledge in the treatment of obesity and the lack of data on the scale of the problem undermine efforts to tackle

[1] The UK Health Forum, *Forecasting/ projecting adulthood obesity in 53 WHO EU region countries*; a report for the World Health Organisation, August 2015.

the condition more broadly. Moreover, public insurance coverage for intensive obesity treatment is either limited or non-existent in the region, with access to publicly funded bariatric surgery restricted or unavailable.

The next three chapters look at the policy response to obesity in Poland, Romania and the Czech Republic, followed by a brief conclusion.

CHAPTER ONE – POLAND: OVERCOMING THE STIGMA

Obesity rates in Poland have been on the rise amid plummeting levels of physical activity and persisting poor diets. According to the latest OECD data, the prevalence of obesity in Poland was 16.7% in 2014, slightly above the OECD average of 15.8% and up from 11.4% in 1996, 12.5% in 2004 and 15.8% in 2009.[2] With childhood obesity on the rise, there is a growing risk of a serious obesity crisis in the country in the absence of decisive policy action.

Around 55% of Polish adults are overweight and 22% are obese, according to Mariusz Wylezol, head of the Metabolic and Bariatric Section of the Polish Association for the Study of Obesity. By 2030 he expects around one in three adults to be obese. The latest World Health Organisation (WHO) estimates put the overall figure for the share of obese and overweight people in Poland at 57% in 2015, with a projection of 61% for 2025.[3] With more than six in ten people expected to be overweight or obese by 2025, Poland is placed 30th among the 53 European countries examined by the WHO. This illustrates the pan-European obesity epidemic identified in a recent report from The Economist Intelligence Unit on *Confronting obesity in Europe*.[4]

"[Obesity] is a serious problem, and it is not only one of the risk factors for non-communicable diseases, but it is recognised as a disease in itself," says Paulina Karwowska, the head of the WHO's Polish office. She acknowledges, however, that while this assumption is true of policymakers in Poland, it is not clear that the general public feel the same way.

Widespread stigmatisation

There is a significant degree of social stigma associated with obesity in Poland. Professor Wylezol calls the prevalence of stigma "one of the most serious problems in Poland" and notes that the situation is serious enough that activists have formed an "anti-weightism" foundation. Prejudice against the obese is also a problem among medical staff, he adds.

This prejudice is likely to be linked to the reluctance of public opinion to accept that metabolic disorders and other medical conditions can contribute to obesity. "In public discussion, everyone declares that [obesity] is a disease; however, in my opinion, most do not believe in this," says Professor Wylezol. "If you continue to hear that 'eat less and move more' is enough to resolve the problem of obesity, you realise that hardly anybody believes in neurohormonal dysregulation of hunger and satiety among people who suffer from obesity."

Magdalena Gajda, a member of the Patient Council of the European Association for the Study of Obesity (EASO), has been a public advocate for obesity patients since 2013,

[2] OECD, *OECD Health Statistics 2016*. Available at: http://www.oecd.org/els/health-systems/health-data.htm

[3] The UK Health Forum, *Forecasting/projecting adulthood obesity in 53 WHO EU region countries*.

[4] The Economist Intelligence Unit, *Confronting obesity in Europe: Taking action to change the default setting*, November 2015. Available at: http://www.eiuperspectives.economist.com/healthcare/confronting-obesity-europe-taking-action-change-default-setting

when the Polish Association for the Study of Obesity asked her to take up the role. In 2014 Ms Gajda established the OD-WAGA Foundation for People with Obesity Disease, a non-governmental organisation protecting the human and civil rights of obese people in Poland. "People suffering from obesity disease are the most discriminated social group in Poland," she is quoted as saying in an interview on the EASO website. "Many people in our country perceive obesity as the result of laziness, lack of physical activity and poor diet; obesity is not acknowledged as a complicated disease requiring a medical treatment. We do not have doctors specialised in the medical treatment of obesity."[5]

According to Maciej Michalik, academic teacher at the University of Warmia and Mazury and president of the Metabolic and Bariatric Surgery Section of the Association of Polish Surgeons, "the key thing is to change the awareness among physicians—especially those who usually do not treat obesity—as well as to change social consciousness". He says that obesity is still treated as a sign of weak will, gluttony and an unhealthy lifestyle. Instead, "it is a multifactorial disease which results from mechanisms responsible for energy intake into the body, its distribution and consumption. And when we realise that it is a disease just like any other, we will understand that we have to begin treating it."[6]

Childhood obesity: a growing concern

While rising obesity rates among Polish adults are an increasing focus for the country's health system, rising levels of obesity among children are also a growing concern. Poland recently joined the WHO's Childhood Obesity Surveillance Initiative (COSI), which collects data on the weight status of children aged 6-9.

Other countries participating in the initiative have average levels of overweight and obesity among children of around 20%, according to Dr Karwowska, adding that she expects the Polish data, to be released in the near future, to be in line with these levels. Dr Karwowska says that a 2000-13 study, in which children and parents assessed their own weight, found that some 21% of 11-year-old girls and 31% of boys in Poland were overweight or obese in 2014; this compares with averages of 17% and 27%, respectively, in the 42 countries and regions in the WHO European region and North America.[7] "About 22.3% of children in primary and secondary school (7-15 years) are overweight or obese, and the prevalence has been rising in recent years," Professor Wylezol adds.

Lack of physical activity among Polish children is a particular concern, with those aged 2-14 spending an average of 2.4 hours a day in front of a television screen or computer monitor and some 6.9% of all children spending more than five hours a day in front of a screen, according to a 2015 study.[8]

Comprehensive national approach still underdeveloped

There is little sign yet that Poland's government has embraced obesity as a health priority. A section of the country's National Programme for Health for 2016 is devoted

[5] EASO, EASO Patient Council: May 2015. Available at: http://easo.org/easo-patient-council-may-2015/

[6] "Cause of Death: Obesity", Coalition Against Obesity. Available at: http://stopobesity.eu/news/cause-of-death-obesity/?lang=en

[7] WHO Regional Office for Europe, *Growing up unequal: gender and socioeconomic differences in young people's health and well-being*, Health behaviour in school-aged children (HBSC) study: International report from the 2013/2014 survey, 2016, p. 94. Available at: http://www.euro.who.int/__data/assets/pdf_file/0003/303438/HSBC-No7-Growing-up-unequal-full-report.pdf?ua=1

[8] A Rosiek, NF Maciejewska *et al*, "Effect of Television on Obesity and Excess of Weight and Consequences of Health," *International Journal of Environmental Research and Public Health*, 2015 Aug 12;12(8):9408-2.

to the prevention of obesity, concentrating on diet and physical activity, according to Professor Wylezol.

Poland was one of nine countries to participate in the PorGrow project, an EU-financed comparative study that ran from July 2004 until December 2006 and looked at policy options for responding to the obesity challenge. The study showed that the policy emphasis in Poland was on preventive measures, such as the provision of healthy food in schools, four hours of recommended physical activity per week in schools, the removal of sugary drinks from school premises, investment in local sports and fitness facilities, and regular information on how to avoid obesity on public television.[9]

Participants in the Polish National Report on the PorGrow project ranked 20 predefined policy options, with a particular emphasis on the efficacy, feasibility and societal benefits of the proposals. Stakeholders viewed policy options relating to health education—particularly in schools—as the most preferable, as opposed to those aimed at "modifying or changing the environment" through increased physical activity or modification of supply and demand for food and drink products. The report also noted that there was "little support for technological solutions, like using synthetic fats and artificial sweeteners, or institutional reforms, such as a new government obesity policy or Common Agricultural Policy reform."[10]

Policy towards treatment has a lower profile

Meanwhile, treatment options, such as pharmaceuticals or bariatric surgery, play a comparatively small role in the obesity policy debate in Poland. Professor Wylezol notes that there is a lack of knowledge about bariatric surgery among doctors in the country.

However, according to a recent (2016) study, knowledge about bariatric surgery among Polish general practitioners (GPs) seems to have been increasing since 2012,[11] when only 8% of Polish GPs participating in a survey had theoretical, practical and epidemiological knowledge concerning the surgical treatment of obesity.[12] By 2014 that figure had risen to 25%.[13] This increase in knowledge about surgery may be the result of ongoing education among physicians, for example through publications in popular medical journals, conferences on bariatric surgery in Poland and the activity of patient support groups.[14] Almost all physicians surveyed in the 2016 study were familiar with the option of surgical treatment of obesity, but only around 82% knew the indications for a bariatric operation.[15] The study concludes that physicians in Poland remain reluctant to refer patients for surgical treatment, which may be the result of a lack of knowledge about indications for surgery, principles of management of patients before and after a bariatric procedure, or unawareness that surgery could be reimbursed by the National Health Fund.[16]

Integrated help for obesity is covered by national health services, and some GPs and outpatient clinics provide advice on nutrition, according to Dr Karwowska. But in reality

[9] Science and Technology Policy Research University of Sussex, *Policy options for responding to obesity: evaluating the options*, 2006, p. 8. Available at: https://www.sussex.ac.uk/webteam/gateway/file.php?name=porgrow-complete.pdf&site=25

[10] L Szponar, J Ciok *et al*, *Policy Options for Responding to the Growing Challenge from Obesity: a cross-national comparative study*, Polish National Report, PorGrow Project, Sixth Framework Programme, Warsaw 2006.

[11] P Major, T Stefura *et al*, "The knowledge of Polish primary care physicians about bariatric surgery", Wideochir Inne Tech Maloinwazyjne. 2016; 11(3): 164–170.

[12] M Giaro, M Wylezoł *et al*, "Assessment of the knowledge of GPs considering the surgical treatment of obesity", *Pol Przegl Chir*, 2012;84:383–9.

[13] M Giaro, M Wylezoł *et al*, "An evaluation of the knowledge of the surgical treatment of obesity among surgeons", *Videosurgery Miniinv*, 2014;9:6–12.

[14] Major *et al*, "The knowledge of Polish primary care physicians about bariatric surgery".

[15] *Ibid.*

[16] *Ibid.*

only some types of bariatric surgery are covered by public health insurance, with the reimbursement rate of the procedures frequently not covering the cost to the hospital of performing them. "They are covered and, at the same time, they are not really covered, because some managers of hospitals do not agree to perform this type of surgery due to potentially negative financial outcomes for hospitals," Professor Wylezol adds.

In June 2016 Poland's National Agency for Medical Technology Assessment made recommendations to the Ministry of Health about the "realistic level of reimbursement of bariatric procedures" and advised that the public health insurance include the whole spectrum of bariatric procedures.[17]

Room for improvement

In order to improve the government's efforts to combat obesity, further education of medical staff and the general public about obesity is a necessary first step, Professor Wylezol notes.

The government could also go further in expanding regulations on the content of meals—from school canteens to hospitals and staff canteens, suggests Dr Karwowska. Policymakers may also want to consider controls on advertising and the marketing of unhealthy foods, including those high in fat and sugar, as well as encouraging smaller portion sizes and clearer labelling.

In addition, the government needs to develop and introduce national standards for diagnosing and treating obesity, including both conservative methods, such as intensive weight-loss programmes and medicines, and surgical options. Professor Wylezol adds that the government may also have to rethink its reimbursement regime for obesity care.

[17] Rada do spraw Taryfikacji (działająca przy Prezesie Agencji Oceny Technologii Medycznych i Taryfikacji), *Opinia Rady ds. Taryfikacji* nr 9/2016. Available at: http://www.aotm.gov.pl/www/wp-content/uploads/2016/07/URT_3_14_160615_opinia_9_taryfa_bariatria.pdf [in Polish]

CHAPTER TWO – ROMANIA: NEW IMPETUS FOR CHANGE?

When it comes to obesity, Romania shares many of the problems of its neighbours in Central and Eastern Europe (CEE): rising prevalence, the absence of a comprehensive strategy to address the issue, and a lack of funds for intensive interventions.

As a result, preventive measures remain limited and treatment is fragmented, those interviewed for this country case study say. "The way in which the authorities are reacting is not as we, the professionals, would have hoped," acknowledges Ioan Veresiu, associate professor at Iuliu Hatieganu University of Medicine and Pharmacy in Cluj- Napoca.

Rising prevalence

Although experts agree that the prevalence of obesity has increased significantly over the past decade, there is a lack of comprehensive data on the subject. And what data there are available paint a conflicting picture of obesity prevalence in Romania.

According to Eurostat figures released in October 2016, Romania had the lowest share of obesity among the population aged 18 or over in the EU in 2014.[18] However, a 2014-15 study by the Romanian Association for the Study of Obesity (RASO), based on a representative sample of adults in eight regional centres, found that 21.3% of those aged over 18 were obese and 31.3% were overweight (the so-called ORO study).[19] And projections from the World Health Organisation (WHO) predict that more than two-thirds of adults in Romania (69%) will be either overweight or obese by 2025, up from 66% in 2015.[20]

This makes the projected Romanian rate the joint tenth-highest among the 53 European countries examined by the WHO and also highlights the scale of the pan-European obesity epidemic identified in a recent report from The Economist Intelligence Unit on *Confronting obesity in Europe*.[21]

Meanwhile, the ORO study showed that obesity in Romania increased with age, with 30.1% in the 40-59-year-old category and 41.6% in the 60+ category classified as obese.[22] Child obesity is also a growing problem, according to Professor Veresiu, although there have been no national evaluations of the condition in children.

Moreover, associated diseases play an increasingly important role in the discussion about obesity care in Romania. Recent research involving randomly selected patients from 101 general practitioner (GP) clinics in Romania found a 28% prevalence of impaired glucose regulation (prediabetes, known and unknown diabetes), which has been linked with obesity.[23]

[18] "Almost 1 adult in 6 in the EU is considered obese", Eurostat news release, October 20th 2016. Available at: http://ec.europa.eu/eurostat/documents/2995521/7700898/3-20102016-BP-EN.pdf/c26b037b-d5f3-4c05-89c1-00bf0b98d646

[19] "20 percent of Romanian adults are obese, study reveals", *The Romania Journal*, July 3rd 2015. Available at: http://www.romaniajournal.ro/20-percent-of-romanian-adults-are-obese-study-reveals/. And "Comunicat de presă - Studiul ORO", National Press Agency AGERPRES, July 3rd 2015. Available at: http://www.agerpres.ro/comunicate/2015/07/03/comunicat-de-presa-studiul-oro-13-39-08 [in Romanian]

[20] The UK Health Forum, *Forecasting/ projecting adulthood obesity in 53 WHO EU region countries*; a report for the World Health Organisation, August 2015.

[21] The Economist Intelligence Unit, *Confronting obesity in Europe*.

[22] "Comunicat de presă - Studiul ORO".

[23] M Mota, SG Popa *et al*, "Prevalence of diabetes mellitus and prediabetes in the adult Romanian population: PREDATORR study", *Journal of Diabetes,* 2016 May;8(3):336-44.

"We should be worried," says Catalin Copaescu, associate professor of surgery and head of the gastrointestinal and bariatric surgery department at Ponderas Academic Hospital, a private clinic that is currently the country's only centre of excellence for obesity and metabolic diseases. "Type 2 diabetes is one of the most feared chronic diseases, with unpredictable evolution and a huge financial burden on the health system."

No integrated national plan

One of the main obstacles to confronting obesity is the lack of measures and guidelines to help GPs identifying it, says Professor Veresiu. This may be because in Romania there seems to be a lack of understanding of the extent of the problem. "It is considered a disease, but it is underdiagnosed for sure," Professor Veresiu explains. "It is not a diagnosis that is written up in every case where it is warranted."

Gabriela Roman, president of RASO and associate professor at the Clinical Centre of Diabetes, Nutrition and Metabolic Diseases at Iuliu Hatieganu University of Medicine and Pharmacy, observes that there is "not a very consistent concept about obesity. Officially, health insurance or the Ministry of Health say it is a disease, but there is no strategy or support to deal with it."

This lack of understanding is compounded by the severe social stigma attached to obesity, which leaves many patients feeling isolated in their personal and professional lives, Professor Copaescu observes. With the public viewing obesity as a condition resulting from a "lack of control", the argument for investing in treatment is less compelling, he adds. "The non-obese population considers that social efforts to control the problem are less important than other priorities, such as fighting cancer and other diseases. We don't have the wealthiest health system in the world."

Consequently, there is no national plan for tackling obesity in Romania, and there is little in the way of national measures for promoting education or prevention, except for a lone piece of legislation restricting fast-food restaurants from opening close to schools and "general media information about healthy lifestyles".

Furthermore, public healthcare does not cover intensive weight-loss intervention, although both Professor Roman and Professor Veresiu point to the growing number of private practices which treat these problems for those who can afford it and are willing to pay out of pocket. But while there are trained specialists in nutrition and metabolic diseases in Romania, they are generally focused on the treatment of diabetes, Professor Roman points out. There are no specialised obesity clinics in the public sector. "Due to the lack of time and the tight health-insurance [rules], only few people with obesity can be regularly seen and monitored. Otherwise, obesity is 'treated' in private practice, either by physicians or, in the worst-case scenario, by 'dieticians'."

Surgical options are also not covered by public insurance, with patients getting surgery

privately either at home or abroad. As a result, Professor Copaescu estimates the number of people receiving bariatric surgery at no more than 1,500 people a year. Professor Roman adds that, ideally, at least half of those currently suffering from diabetes should be able to have bariatric surgery; that means around 1m people (as there are around 2m Romanians suffering from diabetes, according to data from the International Diabetes Federation).[24] "The limitation is only a financial one, because there isn't a programme covering the entire cost of diagnosis, treatment and monitoring before and after surgery", Professor Copaescu observes.

Hopes for further government action

Professor Roman and Professor Veresiu agree that the government will need to take further steps to reduce the growing obesity burden. In a recent meeting RASO agreed on a resolution to demand that bariatric surgery be covered by public health-insurance plans. Professor Roman adds that the association has also recently asked the government to institute a national programme for obesity, including GP training and specialised obesity centres with trained healthcare professionals. "We hope to have some of these [in 2017]."

Meanwhile, more needs to be done to establish a more comprehensive approach to preventing, diagnosing and treating obesity, including surgery and follow-up monitoring.

Professor Veresiu notes that the country's professional societies are continuing to discuss several additional proposals with the government. With a left-of-centre government returning to power after the mid-December 2016 election, it remains to be seen what the new administration's priorities will be, he acknowledges.

[24] International Diabetes Federation, Romania. Available at: http://www.idf.org/membership/eur/romania

CHAPTER THREE – CZECH REPUBLIC: EMERGING INTEGRATED APPROACHES

Against a backdrop of growing obesity levels across the EU, the Czech Republic holds the unfortunate distinction of having one of the region's worst problems with excess weight. Studies suggest that over recent years the incidence of obesity has risen continuously. A 2010 research paper found that 23% of the adult Czech population was obese and 34% overweight.[25] The World Health Organisation (WHO) predicts that by 2025 two-thirds of adults in the Czech Republic (67%) will be either overweight or obese, up from 61% in 2015.[26] This makes the projected Czech rate the joint 14th-highest among the 53 European countries examined by the WHO, highlighting the pan-European obesity epidemic identified in a recent report from The Economist Intelligence Unit on *Confronting obesity in Europe*.[27]

As is the case in other European countries, the Czech Republic has suffered from increasingly sedentary lifestyles and diets high in sugar and fat, contributing to high rates of childhood obesity, in particular. And although it is more advanced than many other countries in Central and Eastern Europe (CEE) with regard to the provision of more integrated care for obese patients, the Czech Republic is less advanced than some of its western neighbours when it comes to regulatory and legislative approaches to modifying diets or exercise.

At the same time, the Czech population suffers from conditions associated with higher rates of obesity. For example, around 10% of the population has diabetes, according to data from the International Diabetes Federation.[28]

Problematic perceptions

The fact that some people still do not perceive obesity as a disease in its own right is a major reason for the lack of high-level support for a more comprehensive approach to the condition, according to Martin Haluzik, professor of medicine and deputy head of the Centre for Experimental Medicine, which is part of the Institute of Experimental Medicine at Charles University in Prague. "Many politicians still see obesity as a cosmetic thing rather than a real disease, which I think is the reason why there isn't enough support for the prevention of obesity. One problem connected with this is that there is no separate specialisation of obesity within internal medicine, so it is difficult to stimulate more physicians to focus on this particular area. It doesn't look like that is going to change any time soon."

This attitude on the part of policymakers is magnified by a lack of recognition among the public, says Iva Malkova, the founder of STOB (STop OBesity), a Czech non-profit

[25] M Matoulek, S Svacina and J Lajka, "The incidence of obesity and its complications in the Czech Republic", *Vnitr Lek*, 2010 Oct;56(10):1019-27.

[26] The UK Health Forum, *Forecasting/ projecting adulthood obesity in 53 WHO EU region countries*.

[27] The Economist Intelligence Unit, *Confronting obesity in Europe*.

[28] International Diabetes Federation, Czech Republic. Available at: http://www.idf.org/membership/eur/czech-republic

organisation which aims to introduce a more systemised approach to the treatment of obesity in children and adults. "I think that experts know that this is a disease, and I think also the government knows, but I cannot say [the same] about the general public, because even some obese people don't think it is a disease."

Childhood obesity: a continuing problem

Data from the international Health Behaviour in School-aged Children (HBSC) study—a series of school-based, anonymous surveys of children aged 11-15 conducted in 2002, 2006 and 2010—found that in the Czech Republic the number of obese and overweight boys had increased sharply between 2002 and 2010; the number of obese and overweight girls had also increased during the same period, except for those in the 13-year-old group.[29]

The increase in excess weight corresponded to decreasing levels of physical activity among survey respondents, as well as to an increase in time spent in front of screens over the decade between the first and final surveys. The study also found that there was a correlation between spending more than two hours sitting in front of a computer or television screen and consuming either fruit and vegetables or sweets and sugary drinks.[30]

An additional study of trends in 14-18-year-olds found that one in ten adolescents were either overweight or obese, roughly twice as many as ten years earlier.[31] In 2008 the Czech Advertising Standards Council launched a self-regulatory advertising code of practice aimed at controlling the marketing of food and non-alcoholic beverages to children.[32] However, integrated approaches to obesity in the Czech Republic are only in their infancy.

Emerging integrated approaches

Health-insurance companies provide occasional grants covering lifestyle and prevention programmes, Professor Haluzik says. He adds that the Czech government's Health Strategy 2020 covers both prevention and treatment of obesity; however, "the problem is it's on paper, but there are no additional resources at the moment to put it into practice".[33]

"We have some centres for obesity, around five big centres in the Czech Republic for people with morbid obesity, and also GPs [general practitioners] have guidelines on how to treat obese patients," says Ms Malkova, noting that her organisation includes psychologists, nutritionists and exercise opportunities. "We are part of the comprehensive approach to obesity."

That said, the European Association for the Study of Obesity (EASO) lists only one Czech clinic—the Obesity Management Centre at the Institute of Endocrinology in Prague—

[29] D Sigmundova, E Sigmund *et al*, "Trends of overweight and obesity, physical activity and sedentary behaviour in Czech schoolchildren: HBSC study", *European Journal of Public Health,* Vol. 24, No 2, 2013, pp. 210-215.

[30] *Ibid.*

[31] D Sigmundova, W El Ansari *et al*, "Secular trends: a ten-year comparison of the amount and type of physical activity and inactivity of random samples of adolescents in the Czech Republic", *BMC Public Health*, 2011;11:731.

[32] WHO Regional Office for Europe, *Nutrition, Physical Activity and Obesity: Czech Republic*, 2013.

[33] "Zdraví 2020 – Národní strategie ochrany a podpory zdraví a prevence nemocí", Ministry of Health, January 29th 2014. Available at: http://www.mzcr.cz/verejne/dokumenty/zdravi-2020-narodni-strategie-ochrany-a-podpory-zdravi-a-prevence-nemoci_8690_3016_5.html (in Czech)

among its collaborating centres for obesity management.[34] Moreover, while some GPs take a proactive approach to obesity treatment, this is the exception rather than the rule, according to Professor Haluzik.

Internet programmes, including those relating to cognitive behavioural therapy (CBT), are particularly popular, according to Ms Malkova, who adds that around 150,000 people across the country are enrolled in such programmes. STOB has organised weight-loss courses based on CBT in some 100 towns across the country.

At the same time, the Czech Republic has no established intensive weight-loss programmes, such as Weight Watchers for example, and there is little control over the online peddling of "unauthorised" treatments for weight loss, such as supplements and questionable diets, Ms Malkova notes. "We see that experts can offer [obesity patients] good therapy, but because they read somewhere that someone lost 50 kilos in two months, they will buy that [instead]," she explains.

Although the cost of metabolic surgery is covered by insurance, payers tend to restrict the number of procedures approved over a given period of time. However, such restrictions are not spelled out, according to Professor Haluzik. "There is coverage, but limitations at the same time. In general, there is an increasing demand for bariatric surgery, and the capacity may not be sufficient." There is no registry of surgeries in the Czech Republic, but he estimates that around 2,500-3,000 procedures are done a year, although significantly more patients may be eligible for surgery. Follow-up care can often be a problem, he adds, noting that his clinic has seen patients who had undergone gastric band surgery but had not seen a doctor to review their progress for five years.

Future outlook

Addressing the Czech Republic's obesity problem will require a number of elements, including an expansion of integrated programmes for treating the condition as well as regulations to reduce some of the harmful factors that contribute to it. "There is a very toxic, obesogenic environment in advertising," says Ms Malkova. "My opinion is that we must teach people how to behave to match the environment."

According to the OECD, the Czech government could also improve preventive healthcare; raise taxation on unhealthy foods; implement regulatory measures to improve food labelling; and encourage counselling of individuals at risk in primary care.[35]

Payers, such as health insurance companies, could also play a significant role in improving obesity care in the country. They could do this by defining and building clear patient-care pathways through selected healthcare centres that have sufficient resources to offer treatment for obesity and related conditions, such as type 2 diabetes.

According to Professor Haluzik, what the country needs is a centrally co-ordinated obesity programme, based at the Ministry of Health and including patient organisations

[34] EASO, Collaborating Centres for Obesity Management (COMs). Available at: http://easo.org/wp-content/uploads/2013/09/EASO-COMs-Accredited-28-8-14.pdf

[35] OECD, *Health Policy in the Czech Republic*, June 2016. Available at: http://www.oecd.org/health/health-systems/Health-Policy-in-Czech-Republic-June-2016.pdf

and specialist physicians and dieticians. Life-style programmes with long-term follow-up, greater encouragement of medical specialisation in obesity management and more capacity for bariatric surgery could also help to serve patients. Finally, he points to an urgent need for better data, so that the funding of programmes can be based firmly on evidence.

CONCLUSION

Experts from all three countries covered in this report agree that there is much that can be done to improve the prevention, diagnosis and treatment of obesity in the CEE region.

Greater awareness and better education of both the medical profession and the general public will be the first important step towards confronting the problem more effectively. This will require not only continued efforts to teach the importance of healthy diets and active lifestyles, but also a commitment to making the general public aware of obesity as a medical condition in an effort to reduce the stigma attached to it. Healthcare providers will need to be educated about obesity, including not only how to diagnose it but also where to refer patients. Training of specialists in the condition and the establishment of designated care pathways for the identification and treatment of obese patients will be a key part of this process.

Taxation and regulation also have a crucial role to play in the policy response to obesity in the region. Governments could, for example, expand regulations regarding the content of meals; introduce controls on advertising and the marketing of unhealthy foods, especially to children; encourage smaller portion sizes; mandate clearer food labelling; and encourage counselling of individuals at risk in primary care.

Experts interviewed for this report point out that expanded public healthcare coverage of obesity treatment—including intensive weight-loss programmes, medicines and surgical options—should be a key priority of CEE governments in order to reduce associated health problems, standardise procedures and mandate follow-up care for those undergoing surgery. Meanwhile, the establishment of surgical registries would also improve the data available to policymakers.

Finally, greater integration between primary and secondary care, as well as broader strategies encompassing prevention, diagnosis, treatment and follow-up care, will be crucial to reducing the future economic burden on governments in the region. Payers, such as health insurance companies, can support the process of defining and building clearer patient-care pathways.

LONDON
20 Cabot Square
London
E14 4QW
United Kingdom
Tel: (44.20) 7576 8000
Fax: (44.20) 7576 8500
E-mail: london@eiu.com

NEW YORK
750 Third Avenue
5th Floor
New York, NY 10017
United States
Tel: (1.212) 554 0600
Fax: (1.212) 586 1181/2
E-mail: americas@eiu.com

HONG KONG
1301 Cityplaza Four
12 Taikoo Wan Road
Taikoo Shing
Hong Kong
Tel: (852) 2585 3888
Fax: (852) 2802 7638
E-mail: asia@eiu.com

GENEVA
Rue de l'Athénée 32
1206 Geneva
Switzerland
Tel: (41) 22 566 2470
Fax: (41) 22 346 93 47
E-mail: geneva@eiu.com