

Bangladesh: Obesity Health System



Economic classification



Lower Middle Income¹

Health system summary

Healthcare in Bangladesh is pluralistic, delivered by 4 providers: the government, non-governmental organisations, the private sector and donor agencies. Although care in the public sector is technically available to all Bangladeshi citizens and highly subsidised by the government, the quality of care is considered to be poor, a consequence of insufficient funding and governance. As a result, the private sector (made up of formal, traditional services and informal, less traditional services) has thrived, benefitting for limited regulation. Private care in Bangladesh is expensive, and so unaffordable for much of the population. Out of pocket payments are estimated to make up 63.3% of total health expenditure, with government expenditure making up just 26%². Insurance (social or private) is uncommon in Bangladesh.

The Bangladeshi health system is challenged by an insufficient health workforce, its inadequate public system, the high number of informal providers in rural areas, lack of effective risk-pooling and low financial investment. At the same time, Bangladesh is experiencing the double burden of communicable and non-communicable diseases and great demographic changes.

Does Bangladesh's government define 'Obesity as a disease'?



Does Bangladesh's healthcare provider(s) define 'Obesity as a disease'?



In practice, how is obesity treatment largely funded?



Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?



(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?



Are there any obesity-specific treatment recommendations or guidelines published for adults?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?



Are there any obesity-specific treatment recommendations or guidelines published for children?



Bangladesh: Obesity Health System



Obesity prevalence

4.4%	0.7%
Women	Men
UNK %	UNK %
Girls	Boys

Overweight prevalence

19.4%	5.5%
Women	Men
UNK %	UNK %
Girls	Boys

Key prevention policies

⇒ Food dietary guidelines (pyramid model)

Summary of stakeholder feedback*

Neither the government nor healthcare providers in Bangladesh are considered to act as if obesity is a disease. As obesity is not considered a disease by healthcare providers and patients, the stakeholder reported that people only enter the health system when they have a comorbidity related to obesity. Even then, they receive no treatment for their obesity unless they go private. This is because there is no funded obesity treatment within the public sector, leaving all obesity care to be provided by the private sector. There is said to be several private clinics and dietary care services available, but these are mostly situated in urban areas and so not accessible to those living in rural regions. When treatment is provided it is said to be as 'beauty management' rather than because obesity is a disease.

While there is an NCD strategy (that is accompanied by an implementation guide), it noted that there is no focus in it on obesity. There is also no obesity treatment guidelines or recommendations, or training for obesity specialists. This is despite recent research showing that obesity and its related diseases are increasing in Bangladesh. There is also a growing concern about childhood obesity.

**Based on interviews/survey returns from 1 stakeholders*

Perceived barriers to treatment



Poor health literacy & behavior



Lack of political will, interest and action



Lack of evidence, monitoring and research



Lack of training for healthcare professionals



Resistance to innovation

References

1. <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.2019)
2. Bangladesh National Health Account 2007-2012. Health economics unit (HEU), Ministry of Health and Family Welfare Government of the People's Republic of Bangladesh Dhaka, 2012

Last updated May 2020