

Barbados: Obesity Health System



Economic classification



High Income¹

Health system summary

Barbados technically has universal health care coverage that covers all citizens and approved permanent residents. The government is the main provider of health services, with the public system paid for by general taxation so that the care is provided free at the point of delivery. The island has 2 major hospitals, a government-run one that is affiliated with the University of the West Indies (Queen Elizabeth Hospital) and a smaller private one (Bayview Hospital). The hospitals are supported by public polyclinics that provide treatment for minor ailments. Despite the existence of the public system, out of pocket expenditure constitutes a significant proportion of the total health expenditure (39%)². One study found that out of pocket expenditure is mostly spent on ambulatory care in the private sector³.

The Barbadian health system is challenged by the high prevalence of non-communicable diseases and its ageing population; it is estimated that one in four adults have at least one chronic disease⁴.

Where is Barbados' government in the journey towards defining 'Obesity as a disease'?



Where is Barbados' healthcare provider in the journey towards defining 'Obesity as a disease'?



In practice, how is obesity treatment largely funded?



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

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



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



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 urban areas?



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



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



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Obesity prevalence

43.4%	23.4%
Women	Men
17.2%	17.6%
Girls	Boys

Overweight prevalence

30.8%	34.2%
Women	Men
20.0%	14.8%
Girls	Boys

Key prevention policies

- ⇒ There is a 10% excise tax on sugary drinks
- ⇒ Childhood Obesity Prevention Programme

Summary of stakeholder feedback*

Although obesity is not yet considered a disease, it is acknowledged that increased efforts around prevention are being talked about. There is a particular focus on childhood obesity across the country, with a Childhood Obesity Prevention Programme recently being introduced. Other than this programme, there is reported to be no other prevention initiatives in place other than the tax on sweetened beverages.

There is little recognition of obesity as a disease within the health system too. There are no weight management programmes and no non-governmental treatment protocols available. It is claimed that there is a maximum of one specialist obesity physician in the whole country, and most agreed that treatment was generally only given when there were complications and comorbidities. Treatment for obesity itself is extremely rare and is mostly paid for out of pocket, except for lifestyle and behavioural treatment which appears limited government funding is available for.

Stakeholders noted that there is a national strategy for non-communicable diseases, however, it was also noted that obesity was not targeted within it.

**Based on interviews/survey returns from 4 stakeholders*

Perceived barriers to treatment

- Cultural norms and traditions
- Poor health literacy & behavior
- High cost of out-of-pocket payments
- Obesity not recognised as a disease
- Lack of political will, interest and action
- Social determinants of health
- Lack of opportunity for physical activity
- Influence of food industry

References

1. <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.2019)
2. https://www.gov.bb/media_files/Discussion_Paper_on_Health_Financing_in_Barbados_January__R4__2016.pdf (last accessed 11.12.2019)
3. <https://apps.who.int/iris/bitstream/handle/10665/272540/ccsbrief-brb-eng.pdf?sequence=1&isAllowed=y> (last accessed 11.12.2019)

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