

India: Obesity Health System



Economic classification



Lower Middle Income¹

Health system summary

India has a mixed and complex health care system that has undergone significant reform in recent years. In 2014, the government announced plans for a nationwide universal health care system and in 2018, the Ayushman Bharat scheme was announced. Ayushman Bharat consists of 2 main elements: a National Health Protection Scheme that focusses on secondary and tertiary care for low-income and vulnerable families and Health and Wellness centres that deliver primary care. Other schemes in India (many of which are mandatory health insurance programmes) include the Employee State Insurance Scheme for factory workers, the Central Government Health Scheme for civil servants and two further schemes for rail and defence employees.

Historically, India has had poor health coverage and as a result, poor financial protection for most of the population. In 2015, out of pocket spending made up approximately 62.6% of total health expenditure². The impact of recent reforms remains to be seen, but India's health system remains challenged by tackling both infectious disease and malnutrition in the context of rising non-communicable diseases and low financial investment.

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



Does India'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?



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Obesity prevalence

5.1%	3.2%
Women	Men
1.1%	1.1%
Girls	Boys

Overweight prevalence

15.5%	16.4%
Women	Men
3.6%	3.8%
Girls	Boys

Key prevention policies

- ⇒ Tax on processed, packaged foods and drinks and goods with added sugar
- ⇒ Mandatory nutrient lists on packaged foods

Summary of stakeholder feedback*

It was said that health can be a low priority in India, with the majority of attention given to diseases common to the rural population, undernutrition and infectious disease. Stakeholders felt that neither the government nor the insurers classify obesity as a disease, and instead, obesity is subsumed under the nutrition agenda. This is reflected by the fact that governmental financial investment into obesity is limited (although its political investment extends to a sugar tax). At best, most felt that obesity is considered as just a risk factor for other diseases.

Stakeholders felt that because healthcare professionals do not financially benefit from treating obesity (as treatment is not typically reimbursed by insurers), many are not proactive with offering treatment and advice. The exception to this is bariatric treatment for which both training and guidelines exist - although, it was suggested that this exception may be financially motivated. Otherwise, it was said that people only tended to enter the system when they had medical complications and/or obesity-related illnesses and injuries rather than just treatment for the obesity itself. Low health-seeking behaviour was considered to be the result of high out of pocket expenses. Once in the system, it was reported that people fell out because of the fractured health system and poor outcomes in weight loss.

While there is a non-communicable disease strategy (and an accompanying implementation guide), stakeholders reported that there is no real focus on obesity within it. Various medical bodies have clinical guidelines for the treatment of obesity but as these do not have obvious backing from the government, it was suggested that uptake of these guidelines is poor. There is no specialist obesity training in India.

**Based on interviews/survey returns from 12 stakeholders*

Perceived barriers to treatment



Lack of training for healthcare professionals



High cost of out of pocket payments



Poor health literacy & behavior



Obesity not recognised as a disease



Lack of political will, interest and action

References

1. <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.2019)
2. <https://mohfw.gov.in/sites/default/files/National%20Health%20Accounts%20Estimates%20Report%202014-15.pdf> (last accessed 04.01.19)

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