Obesity Health System Country Report Card

India

Economic Classification

Lower middle income[1]

In 2017, India had a partly estimated unemployment rate of 3.4% according to national definitions and coverage[2]

Health System Summary

India has a tax-financed health system which all citizens have access to in theory. In reality, this system is difficult to access (due to lack of resources and staff), leaving those needing care to seek it privately (and expensively). As a result, the majority in India have poor financial protection, with out of pocket spending making up approximately 69.1% of total health expenditure[3]. To improve coverage and financial protection for the less wealthy, the insurance scheme *Rashtriya Swasthya Bima Yojana* was introduced in 2008. Other schemes include the Employee State Insurance Scheme for factory workers (where both the employer and employee pay a contribution), the Central Government Health Scheme and two further schemes for rail and defence employees. Despite all this, by 2014 it was thought that less than 20% of the population had health coverage[4].

Although India's health system has made progress in recent years, it remains challenged by the task of tackling both infection disease and malnutrition in the context of rising non-communicable diseases.

Overall summary

Where your country's government in the journey towards defining 'Obesity as a disease'? (🟢: Defined as disease, 🟠: Partial, 🔴: No, ⚪: Not known)	🔴
Where is your country's healthcare provider in the journey towards defining 'Obesity as a disease'? (🟢: Defined as disease, 🟠: Partial, 🔴: No, ⚪: Not known)	🔴
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care. (🟢: Government, 🟠: Insurance, 🔴: Out of pocket expense, ⚪: Not known)	🔴

[1] World Bank economic classification by GNI per capita (June 2018) https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups (last accessed 09.11.2018)

[2] https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/WESP2018_Annex.pdf (last accessed 06.11.2018)

[3] https://international.commonwealthfund.org/countries/india/ (last accessed 03.01.2019)

[4] https://www.thehinducentre.com/multimedia/archive/02460/nss_71st_ki_health_2460766a.pdf last accessed 03.01.2019)

Last updated December 2018.

At what level of obesity are people usually eligible to access healthcare? (🟢: BMI ≥30, 🟠: ≥ 35, 🔴: ≥35 + co-morbidities or ≥ 40 kg/m², ⚪: not defined or not known)	
Is there a system for training health professionals to recognise, treat and manage obesity? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (🟢: Yes ,🟠 : Partial, 🔴: No, ⚪: Not known)	
Has any government body published any obesity-related treatment recommendations or guidelines for <u>adults</u>? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	
Has any government body published any obesity-related treatment recommendations or guidelines for <u>children</u>? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	

Findings from stakeholders[5]

Overview of stakeholder feedback

It was said that health can be a low priority in India, with the majority of attention given to rural areas, undernutrition and childhood mortality. Stakeholders felt that neither the government nor the insurers classify obesity as a disease, instead, obesity is subsumed under the nutrition agenda. This is reflected by the fact that stakeholders also reported that the government's financial investment into tackling obesity was limited (although its political investment extended to a sugar tax). At best, most felt that obesity is considered as a risk factor in India.

While there is a non –communicable disease strategy (and an accompanying implementation guide), there is no real focus on obesity within the strategy. Clinical guidelines for the treatment of obesity exist from various medical bodies but as these do not have obvious backing from the government, it was suggested that uptake of these guidelines is poor.

Stakeholders felt that as healthcare professionals (HCPs) do not financially benefit from treating obesity, there was a tendency for the majority of HCPs to do nothing with their obese patients. The exception to this is bariatric treatment for which both training and guidelines exist, this exception may be financially motivated. Otherwise, it was said that people only tended to enter the system

[5] Note that this section is based on interviews and/or survey returns from 6 stakeholders.

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.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in the India[6]:

1. Lack of knowledge/training
2. Lack of motivation to treat obesity among HCPs
3. Lack of clear treatment guidelines
4. Cost of treatment (as not covered by insurance)
5. Lack of public education (relating to healthy eating and physical activity)
6. Commercial interests
7. Lack of clear knowledge about the impact of the obesogenic environment
8. Failure to recognise the scale of the obesity problem

[6] In no particular order