

Barbados



Health systems

Economic classification: **High Income**

Health systems 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%). One study found that out of pocket expenditure is mostly spent on ambulatory care in the private sector.

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 disease.

Indicators

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| Where is the country's government in the journey towards defining 'Obesity as a disease'? | Some progress |
| Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'? | No |
| Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity? | No |
| Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity? | Yes |
| Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas? | No |
| Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas? | No |
| Are there any obesity-specific recommendations or guidelines published for adults? | No |
| Are there any obesity-specific recommendations or guidelines published for children? | Some progress |
| In practice, how is obesity treatment largely funded? | Out of pocket |

Perceived barriers to treatment

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| Cultural norms and traditions | Lack of political will, interest and action | High cost of out of pocket payments | Poor health literacy and behaviour |
| Social determinants of health | Lack of opportunity for physical activity | Obesity not recognised as a disease | Food industry influence |
| Focus on treatment rather than prevention | | | |

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 particular focus on childhood obesity across the country, with a Childhood Obesity Prevention Programme recently being introduced. Other than this programme, there are 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 government endorsed 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, it 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

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