

Egypt: Obesity Health System



Economic classification



Lower middle Income¹

Health system summary

The Egyptian health system is currently undergoing reformation, exemplified by the introduction of a new, comprehensive insurance scheme that is being implemented in phases. This state insurance scheme is primarily funded by employer and employee payments, with additional payments for dependents (non-working spouses & children). As this new system is intended to provide social solidarity, coverage is also available for those who are on a low-income and/or unemployed at the expense of the government. It is hoped that this new arrangement will reduce personal spending on healthcare in a country that has had unreasonably high out-of-pocket payments in recent years.²

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



Does Egypt'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

48.8%	24.8%
Women	Men
11.0%	15.1%
Girls	Boys

Overweight prevalence

25.3%	29.0%
Women	Men
21.8%	20.5%
Girls	Boys

Key prevention policies

- ⇒ Nationwide screening of obesity in school children

Summary of stakeholder feedback*

In Egypt, obesity is not considered to be a disease, just a risk factor for other diseases. Stigma is extremely prevalent in Egyptian society and this plays a major role in determining likelihood of seeking treatment. In urban areas, patients may seek support as they are stigmatised for living with obesity, but this situation is reversed in some rural areas where females particularly can be stigmatised for being too slim.

Generally, there is very little support for individuals living with obesity in Egypt unless you are living with severe obesity. Even then, many struggle to find support outside of the private healthcare system. These limited treatment options are amplified by the lack of coverage by insurers. As a result, treatment is usually paid for out of pocket and is a luxury that only the wealthy can afford.

It is reported, however, that availability of treatment is better for children and adolescents. There is the greatest support for children under 5 years old as there is a desire to rule out and avoid endocrinological complications. Support reduces with increasing age until aged 18 after which treatment is generally unavailable.

Stakeholders reported that there is limited obesity training available in Egypt. What is available is limited to nutritionists and bariatric surgeons. There appears not to be one set of guidelines that is universally followed in Egypt.

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

Perceived barriers to treatment



High cost of out of pocket payments



Poor health literacy & behavior



Lack of political will, interest and action



Cultural norms and traditions



Failure in primary care



Lack of opportunity for physical activity

References

1. <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.19)
2. <https://www.emerald.com/insight/content/doi/10.1108/JHASS-08-2019-0040/full/html> (Last accessed 11.05.20)

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