Obesity Health System Country Report Card

Egypt

Economic Classification

Lower middle income[1]

Health System Summary

The Egyptian Health System is undergoing a reform. Previously, the system was financed and managed by a number of agencies from the government, parastatal, and private sectors[2]. Now the Egyptian system is transitioning to a national state insurance scheme. This state insurance scheme will be funded by employer and employee payments, with additional payments for dependents (non-working spouses & children). The unemployed will be exempt from payments. Emergency treatment are free at point of service for everyone, but medication and operations are chargeable. Pharmaceuticals are provided at a percentage of a fixed fee, the percentage levied varies according to insurance provider.

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)	🔴
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)	🔴

[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://dhsprogram.com/pubs/pdf/SPA5/02chapter02.pdf (last accessed 03.12.18)

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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 adults? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	
Has any government body published any -related treatment recommendations or guidelines for children? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	

Findings from stakeholders[3]

In Egypt, obesity is not considered to be a disease, only a risk factor and so obesity is not on the list of diseases covered by insurers. Obesity treatment therefore is a luxury available only to the rich. Stigma plays a major role in determining likelihood to seek treatment. In urban areas, patients may seek support as they stigmatised for being obese, but this situation is reversed in some rural areas where females may be stigmatised for not being obese.

Except for those living with severe obesity, there is very little support for individuals living with obesity in Egypt. Even then, those with severe obesity can usually only find support within the private healthcare system. Within the state system, patients can be referred to a nutritionist, but it is said they are simply provided with a dietary plan, with no behavioural therapy or multidisciplinary teams offered. No current system exists to monitor exercise or dietary intake.

The availability of treatment is much better for children and adolescents. It is greatest for children under 5 years old as they wish to rule out and avoid endocrinological complications. Support reduces with increasing age until aged 18 when treatment is generally unavailable.

Stakeholders suggest that further specialist obesity training is required for physicians and other relevant healthcare practitioners to meet demand in Egypt. It seems that the Egyptian government does have a non-communicable disease strategy that is not implemented or followed. Similarly, clinical treatment guidelines exist but again are not followed. Stakeholders report that implementation and finance strategies are urgently required.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in the Egypt[4]:

- Limited accessibility to physicians
- Treatment not available in government system (only private health care)

[3] Note that this section is based on interviews and/or survey returns from 2 stakeholders.
[4] In no particular order

- Expensive gyms
- Poor health literacy in rural areas (especially failure to recognise the dangers of obesity)
- Lack of specialist obesity training for physicians