

Egypt



Health systems

Economic classification: Lower Middle Income

Health systems 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.

Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	No
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?	No
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Not known
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?	No
In practice, how is obesity treatment largely funded?	Out of pocket

Perceived barriers to treatment

High cost of out of pocket payments	Poor health literacy and behaviour	Lack of political will, interest and action	Cultural norms and traditions
Failure in primary care	Lack of opportunity for physical activity		

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

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