# Report card

## Egypt

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Obesity prevalence

Adults, 2016-2017

Survey type: Measured
Age: 15-69
Sample size: 6680
Area covered: National

References: Egypt National STEPwise Survey For Noncommunicable Diseases Risk Factors Report 2017
https://www.who.int/ncds/surveillance/steps/Egypt_National_STEPwise_Survey_For_Noncommunicable_Diseases_Risk_Factors_2017_Report.pdf?ua=1

Notes: STEPS

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
## Children, 2018-2020

<table>
<thead>
<tr>
<th>%</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>5</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>10</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>15</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>20</td>
<td>25</td>
<td>5</td>
</tr>
</tbody>
</table>

**Survey type:** Measured  
**Age:** 6-11  
**Sample size:** 33150  
**Area covered:** National  
**Notes:** Boys = 17,143, Girls = 16,007  
**Cutoffs:** WHO 2007
% Adults living with obesity in Egypt 2011-2016

Survey type: Measured

References:
2011: WHO EMRO Egypt STEPS Survey 2011-12
See more at: http://dhsprogram.com/publications/publication-FR313-DHS-Final-Reports.cfm#sthash.StgV9s6X.dpuf
https://www.who.int/ncds/surveillance/steps/Egypt_National_STEPwise_Survey_For_Noncommunicable_Diseases_Risk_Factors_2017_Report.pdf?ua=1

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m²; obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with obesity in Egypt 1992-2014

Survey type: Measured
References: For full details of references visit https://data.worldobesity.org/
Notes: Adults aged 15-49

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in Egypt 2011-2016

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in Egypt 1992-2014

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Notes: Adults aged 15-49

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by education

Men, 2015

Survey type: Measured
Age: 15-59
Sample size: 15602
Area covered: National


Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
## Women, 2015

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Obesity %</th>
<th>Overweight %</th>
</tr>
</thead>
<tbody>
<tr>
<td>No education</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>Incomplete Primary School</td>
<td>55</td>
<td>45</td>
</tr>
<tr>
<td>Secondary incomplete</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Secondary complete or higher</td>
<td>45</td>
<td>55</td>
</tr>
</tbody>
</table>

**Survey type:** Measured  
**Age:** 15-59  
**Sample size:** 15602  
**Area covered:** National  

**References:**  

**Notes:**  
Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.  
Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Boys, 2014

Survey type: Measured
Age: 5-19
Sample size: 15825 Girls 17165 Boys
Area covered: National
References: Demographic Health Survey Egypt 2014
Notes: WHO Cut off used Based on Mothers education level
Cutoffs: WHO
Girls, 2014

Survey type: Measured
Age: 5-19
Sample size: 15825 Girls 17165 Boys
Area covered: National
References: Demographic Health Survey Egypt 2014
Notes: WHO Cut off used Based on Mothers education level
Cutoffs: WHO
Overweight/obesity by age

Women, 2014

Survey type: Measured
Sample size: 19021
Area covered: National
References: Demographic Health Surveys 2014

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2018-2020

Survey type: Measured
Sample size: 33,150
Area covered: National
Notes: Boys = 17,143, Girls = 16,007
Cutoffs: WHO 2007
## Overweight/obesity by region

### Men, 2015

<table>
<thead>
<tr>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>Obesity</td>
</tr>
</tbody>
</table>

### Survey Details
- **Survey type:** Measured
- **Age:** 15-59
- **Sample size:** 15602
- **Area covered:** National

### References

### Notes
Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2015

Survey type: Measured
Age: 15-59
Sample size: 15602
Area covered: National

References:

Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2018-2020

Survey type: Measured
Age: 6-11
Sample size: 33,150
Area covered: National


Notes: Boys = 17,143, Girls = 16,007
Cutoffs: WHO 2007
Overweight/obesity by socio-economic group

Men, 2015

Survey type: Measured
Age: 15-59
Sample size: 15602
Area covered: National


Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2015

Survey type: Measured
Age: 15-59
Sample size: 15602
Area covered: National


Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2018-2020

Survey type: Measured
Age: 6-11
Sample size: 33,150
Area covered: National


Notes: Boys = 17,143, Girls = 16,007
Cutoffs: WHO 2007
Insufficient physical activity

Adults, 2016

Men, 2016

Children, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Boys, 2010

% insufficient physical activity

Reference:

Notes:
% of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions:
% Adolescents insufficiently active (age standardised estimate)
Girls, 2010

<table>
<thead>
<tr>
<th>Country</th>
<th>% Insufficient Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanon</td>
<td>80</td>
</tr>
<tr>
<td>UAE</td>
<td>80</td>
</tr>
<tr>
<td>Yemen</td>
<td>80</td>
</tr>
<tr>
<td>Libya</td>
<td>80</td>
</tr>
<tr>
<td>Tunisia</td>
<td>80</td>
</tr>
<tr>
<td>Jordan</td>
<td>80</td>
</tr>
<tr>
<td>Djibouti</td>
<td>80</td>
</tr>
<tr>
<td>Morocco</td>
<td>80</td>
</tr>
<tr>
<td>Oman</td>
<td>80</td>
</tr>
<tr>
<td>Pakistan</td>
<td>80</td>
</tr>
<tr>
<td>Iraq</td>
<td>80</td>
</tr>
<tr>
<td>Qatar</td>
<td>80</td>
</tr>
<tr>
<td>Sudan</td>
<td>80</td>
</tr>
<tr>
<td>Syria</td>
<td>80</td>
</tr>
<tr>
<td>Egypt</td>
<td>90</td>
</tr>
<tr>
<td>Kuwait</td>
<td>90</td>
</tr>
</tbody>
</table>

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Average daily frequency of carbonated soft drink consumption

Children, 2009-2015

Survey type: Measured
Age: 12-17

Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured
Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]

Definitions: Estimated per-capita fruit intake (g/day)
Prevalence of less-than-daily fruit consumption

Children, 2008-2015

Survey type: Measured
Age: 12-17


Definitions: Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)
### Prevalence of less-than-daily vegetable consumption

**Children, 2008-2015**

<table>
<thead>
<tr>
<th>Country</th>
<th>% &lt; daily consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pakistan</td>
<td>5</td>
</tr>
<tr>
<td>Morocco</td>
<td>10</td>
</tr>
<tr>
<td>Lebanon</td>
<td>15</td>
</tr>
<tr>
<td>Tunisia</td>
<td>20</td>
</tr>
<tr>
<td>Iraq</td>
<td>25</td>
</tr>
<tr>
<td>Egypt</td>
<td>30</td>
</tr>
<tr>
<td>Oman</td>
<td>35</td>
</tr>
<tr>
<td>Palestine</td>
<td>40</td>
</tr>
<tr>
<td>Sudan</td>
<td>45</td>
</tr>
<tr>
<td>Kuwait</td>
<td>45</td>
</tr>
<tr>
<td>Syria</td>
<td>40</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>35</td>
</tr>
<tr>
<td>Qatar</td>
<td>30</td>
</tr>
<tr>
<td>UAE</td>
<td>25</td>
</tr>
<tr>
<td>Yemen</td>
<td>20</td>
</tr>
</tbody>
</table>

**Survey type:** Measured  

**Age:** 12-17  

[https://doi.org/10.1177/0379572119848287](https://doi.org/10.1177/0379572119848287) sourced from Food Systems Dashboard  
[http://www.foodsystemsdashboard.org/food-system](http://www.foodsystemsdashboard.org/food-system)  

**Definitions:** Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)
Average weekly frequency of fast food consumption

Children, 2009-2015

References:
Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita processed meat intake (g per day)
Estimated per-capita whole grains intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015

% of population


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Libya
Palestine
Lebanon
Syria
Tunisia
Iraq
Jordan
Morocco
Egypt
Saudi Arabia
Bahrain
UAE
Kuwait
Oman
Qatar
Oman
Pakistan
Sudan
Iran
South Sudan
Yemen
Afghanistan

Age:

20+

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
## Women, 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>3.5</td>
</tr>
<tr>
<td>Pakistan</td>
<td>4.5</td>
</tr>
<tr>
<td>Sudan</td>
<td>5.2</td>
</tr>
<tr>
<td>Iraq</td>
<td>5.8</td>
</tr>
<tr>
<td>Djibouti</td>
<td>6.5</td>
</tr>
<tr>
<td>Egypt</td>
<td>7.0</td>
</tr>
<tr>
<td>South Sudan</td>
<td>7.5</td>
</tr>
<tr>
<td>Yemen</td>
<td>8.0</td>
</tr>
<tr>
<td>Oman</td>
<td>8.5</td>
</tr>
<tr>
<td>Morocco</td>
<td>9.0</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>9.5</td>
</tr>
<tr>
<td>Tunisia</td>
<td>10.0</td>
</tr>
<tr>
<td>Iran</td>
<td>10.5</td>
</tr>
<tr>
<td>Bahrain</td>
<td>11.0</td>
</tr>
<tr>
<td>Libya</td>
<td>12.0</td>
</tr>
<tr>
<td>UAE</td>
<td>12.5</td>
</tr>
<tr>
<td>Qatar</td>
<td>13.0</td>
</tr>
<tr>
<td>Kuwait</td>
<td>13.5</td>
</tr>
<tr>
<td>Syria</td>
<td>14.0</td>
</tr>
<tr>
<td>Palestine</td>
<td>14.5</td>
</tr>
<tr>
<td>Jordan</td>
<td>15.0</td>
</tr>
<tr>
<td>Lebanon</td>
<td>15.5</td>
</tr>
</tbody>
</table>

### Age:

20+

### References:

### Definitions:
Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yemen</td>
<td>0</td>
</tr>
<tr>
<td>South Sudan</td>
<td>1</td>
</tr>
<tr>
<td>Bahrain</td>
<td>1.5</td>
</tr>
<tr>
<td>Morocco</td>
<td>1.7</td>
</tr>
<tr>
<td>Sudan</td>
<td>1.8</td>
</tr>
<tr>
<td>Pakistan</td>
<td>1.9</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>2.0</td>
</tr>
<tr>
<td>Djibouti</td>
<td>2.1</td>
</tr>
<tr>
<td>Egypt</td>
<td>2.2</td>
</tr>
<tr>
<td>Iraq</td>
<td>2.3</td>
</tr>
<tr>
<td>Oman</td>
<td>2.4</td>
</tr>
<tr>
<td>Kuwait</td>
<td>2.5</td>
</tr>
<tr>
<td>Tunisia</td>
<td>2.6</td>
</tr>
<tr>
<td>Libya</td>
<td>2.7</td>
</tr>
<tr>
<td>Iran</td>
<td>2.8</td>
</tr>
<tr>
<td>Syria</td>
<td>2.9</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>3.0</td>
</tr>
<tr>
<td>Jordan</td>
<td>3.1</td>
</tr>
<tr>
<td>Lebanon</td>
<td>3.2</td>
</tr>
<tr>
<td>Palestine</td>
<td>3.3</td>
</tr>
<tr>
<td>Qatar</td>
<td>3.4</td>
</tr>
<tr>
<td>UAE</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018

Age:


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).

Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A885

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008

References:

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014


Definitions: Age Standardised % raised fasting blood glucose (≥ 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
## 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>Some progress</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Out of pocket</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>Not known</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>Not known</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

<table>
<thead>
<tr>
<th>High cost of out of pocket payments</th>
<th>Poor health literacy and behaviour</th>
<th>Lack of political will, interest and action</th>
<th>Cultural norms and traditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure in primary care</td>
<td>Lack of opportunity for physical activity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Last updated: June 2020