

# Ethiopia



## Health systems

Economic classification: **Low Income**

### Health systems summary

Ethiopia is committed to having universal health coverage by 2035. Current efforts are focused on improving financial protection by reducing out of pocket (OOP) expenditure (which currently makes up one-third of total health expenditure). To reduce OOP expenditure and increase access to care, the Ethiopian government has endorsed and committed to community-based and social health insurance. The latter for those working in the formal sector and the former for those in the informal sector and rural areas (the majority). Since 2000, there has been great expansion of primary care, predominantly through the successful implementation the “Health Service Extension Programme” in rural areas.

It is estimated that 80% of diseases in Ethiopia are attributable to preventable conditions. These diseases are typically related to poverty and personal and environmental hygiene.

### 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?	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?	No
In practice, how is obesity treatment largely funded?	Out of pocket

## Perceived barriers to treatment

Lack of political will, interest and action	Lack of financial investment	Lack of training and trained HCPs	Poor health literacy and behaviour
Food cost and availability	Obesity not recognised as a disease	Lack of treatment facilities	Lack of guidelines or treatment pathways
Failure to recognise or accept all treatment options			

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## Summary of stakeholder feedback

Ethiopia has only recently started working on non-communicable diseases – previously, other diseases have been more of a priority. Still, stakeholders report that obesity is not yet considered a disease and rather, is considered a sign of wealth. As a country that is still working to eliminate malnutrition and undernutrition, obesity is considered a luxury. As a result, there is little being done around prevention with an exception being car-free days on Sundays in major cities.

Healthcare providers too do not consider or treat obesity as a disease, but it is felt that this is slowly changing. There is limited to no coverage for obesity treatment and so if treatment is received, it is paid for out of pocket at great expense to the individual.

According to stakeholders, people living with obesity only enter the system when they have comorbidities or complications (as obesity is not considered a problem by itself). Once in the system they tend to not be referred onto specialist obesity treatment. In fact, one stakeholder reported that for those without comorbidities, they only receive physical activity and dietary advice.

While there is a non-communicable disease strategy, there are no obesity prevention and management guidelines for healthcare professionals. There are also no specialist obesity professionals (which is reflective of the shortage of healthcare professionals overall) and no specialist obesity training

*Based on interviews/survey returns from 4 stakeholders*

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