

Investment case Towards **Ending** Preventable Maternal Deaths in Egypt ●

Executive Summary



June 2025

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Context

Maternal mortality remains a significant public health and development concern globally and in Egypt, reflecting not only health system performance but also underlying broader social and economic inequities. In alignment with Egypt's Vision 2030 and the Sustainable Development Goals (SDG 3.1), this second investment case – developed by the Institute of National Planning in partnership with the United Nations Population Fund (UNFPA) – presents a comprehensive economic rationale for scaling up investments in maternal health and family planning. Its objective is to reduce unmet needs for family planning and end preventable maternal deaths in Egypt by 2030.

Building on the first investment case, which focused on addressing the unmet need for family planning, this second analysis provides an integrated, robust, data-driven justification for prioritizing reproductive and maternal health in Egypt's sustainable development agenda. Together, the two cases reinforce the economic and social returns of investing in women's health,

strongly aligning with the ambitions laid out in Egypt's Integrated National Financing Strategy, which positions women's empowerment as a strategic pillar of national development.

Objectives:

- The primary objective of this investment case is to estimate the costs and benefits associated with increasing coverage of high-impact maternal health interventions given a family planning scenario aligning with SDG target and the Egyptian Population Strategy for 2030. Through rigorous scenario-based modeling, the study evaluates:
- The projected reduction in maternal mortality under varying intervention coverage scenarios, scaled up by a family planning scenario.
- The economic burden of maternal mortality on individuals, families, and societies.
- The benefit-cost of scaling up family planning and high-impact maternal health services.

Methodology:

1. Collaborative Approach

A reference group of experts from various pertinent government entities, academia, and experts, alongside several international organizations, was established. The primary objective of this distinguished group was to ensure the robust validation of the data's integrity, the selected scenarios, assumptions, and inputs.

2. Modelling and Data

The investment case employs the Impact40 toolkit, developed by UNFPA, Avenir Health, and other technical partners - and the Lives Saved Tool (LiST) module within Spectrum to simulate maternal health outcomes and estimate associated costs and benefits. The analysis draws on national data from the Egyptian Family Health Survey, the Central Agency for Public Mobilization and Statistics, and the Ministry of Health and Population, supplemented by regional and global estimates where necessary.

3. Scenarios

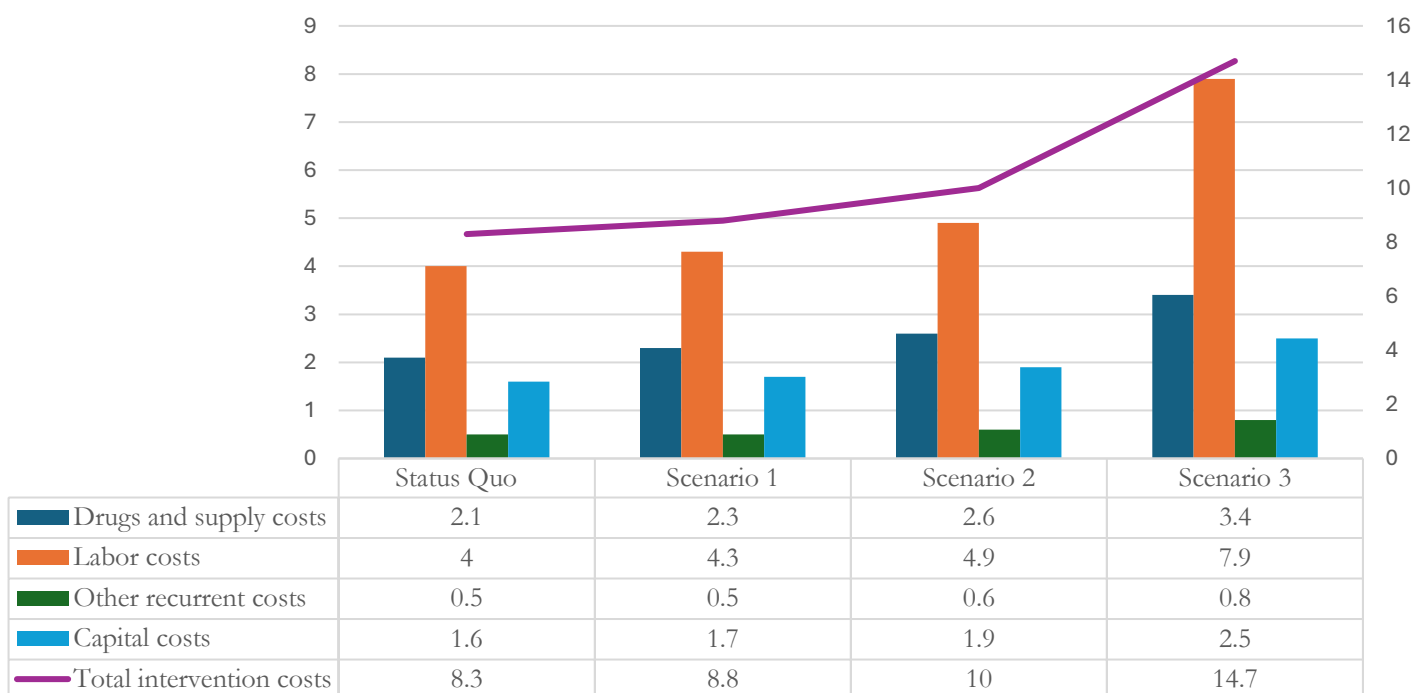
The analysis assumes that reducing MMR and unmet needs for family planning are essential for avoiding preventable maternal mortality. Accordingly, three scenarios, scaled up by a family planning scenario, were formulated beyond the baseline status quo to delineate the potential trajectories for the investment case aimed at achieving this objective.

- **Status Quo:** assumes no change in intervention coverage levels.
- **Scenario 1 (Modest):** assumes a 10% coverage; if the baseline coverage already exceeds 10%, it is scaled up by 10% over the baseline level.
- **Scenario 2 (High progress):** assumes a 50% coverage, if the baseline coverage already exceeds 50%, it is scaled up by 50% over the baseline level, aligned with Egypt's Vision 2030.
- **Scenario 3 (Ambitious):** assumes universal (100%) coverage.

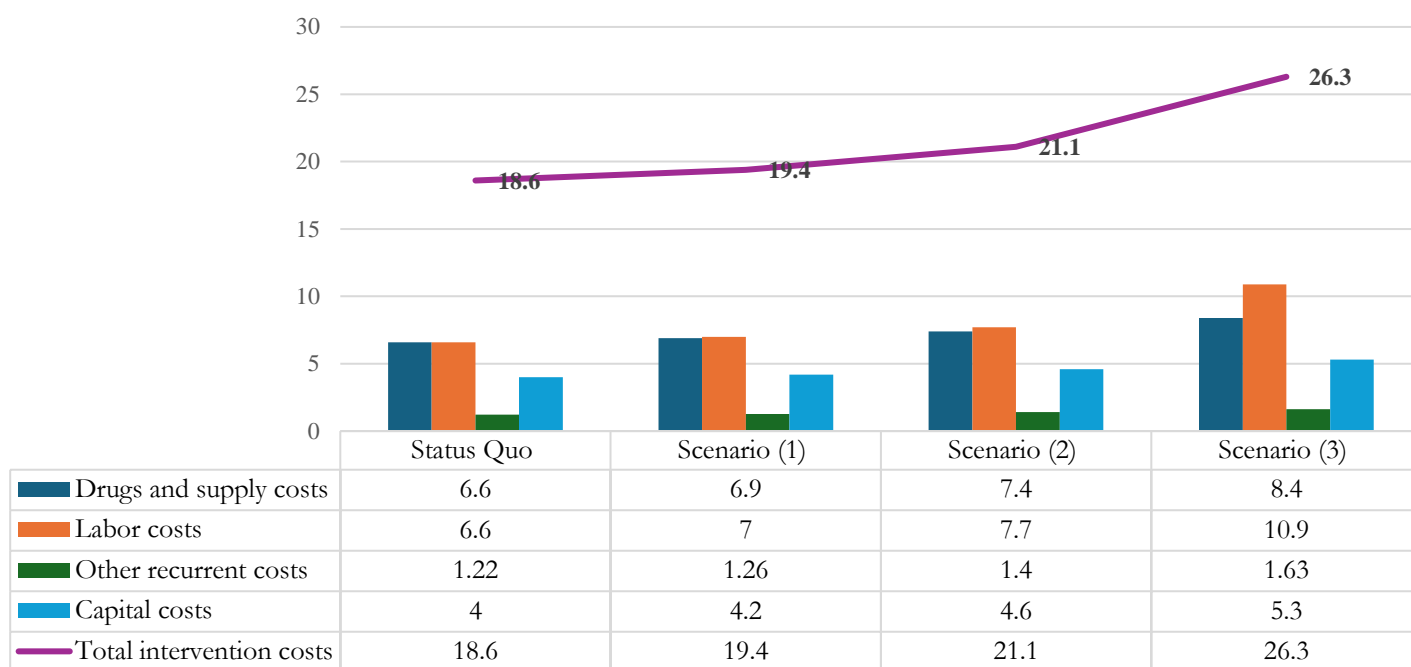
These scenarios were designed to provide a comprehensive framework for the investment case, offering detailed perspectives on potential pathways to boost the high-impact maternal mortality intervention coverage to end preventable maternal mortality in Egypt. Scaling up the interventions is key to avoiding the majority of preventable maternal deaths linked to postpartum hemorrhage, hypertensive disorders, and other direct or indirect complications.

From 2023 to 2030, total maternal healthcare intervention costs under the **status quo** are estimated at EGP 8.3 billion, largely driven by **labor costs**. Expanding coverage of high-impact maternal health interventions would raise these expenditures. Scenario 1 would raise costs to EGP 8.8 billion, while scenario 2 would require EGP 10 billion, and full coverage (100%) would push the total cost to EGP 14.7 billion. For example, achieving a 50% increase (scenario 2) in high-impact maternal health interventions necessitates a **20.5% boost in investment** compared to the status quo.

Total Maternal Health Coverage Intervention Costs under Different Scenarios, 2023-2030 (in billions EGP)



Total Interventions Costs of Maternal Health and Family Planning for the Different Scenarios 2023-2030 (in billions EGP)



Key Findings:

- High-Return investment: Each EGP invested in family planning and high-impact maternal health interventions yields EGP 170 in economic and social returns. This implies that each \$0.02 invested yields almost \$3.33. (Exchange rate 1\$ is approximately EGP 51). The high cost–benefit ratio strongly suggests that expanded maternal healthcare can drive both short-term well-being and long-term economic prosperity. This means that

an additional EGP 2.511 billion invested from 2023 to 2030 in family planning and high-impact maternal health interventions could yield EGP 427 billion in economic benefits between 2023 and 2050, underscoring the powerful financial rationale and developmental case for prioritizing maternal and reproductive health-care. This reduces unmet needs for family planning to 8.6% and preventable maternal mortality rate to 31/100k following Scenario 2.

- Preventing maternal deaths: by expanding coverage of essential high-impact interventions, Egypt can avert about 806 maternal deaths and reduce stillbirths and neonatal deaths significantly by 2030. Such reductions not only save lives but also alleviate the burden on healthcare systems, families, and communities.
- Reducing or eliminating the unmet need for family planning is necessary to improve the health of Egyptian women of reproductive age. Addressing the unmet need is estimated to prevent 1.5 million unintended pregnancies and 733,113 unsafe abortions between 2023 and 2030. This dramatically reduces maternal complications, fosters healthier family outcomes, and boosts women's labor force participation.
- Health care workforce costs remain the largest share (up to 50%) of total intervention expenditures, highlighting the importance of building and retaining skilled healthcare professionals.
- Quality of the care provided to women is key to improving their health outcomes and increasing the use of family planning services. Targeted capital investments in infrastructure and supplies ensure further higher-quality care.
- Resource mobilization. Egypt's current public health spending (1.6% of GDP) and total health expenditure (4.4% of GDP) indicate the need for enhanced resource mobilization that is projected to yield substantial health and economic benefits for Egypt.
- Donor support is key to unlocking this high-impact economic benefit. Investing an extra EGP 2.511 billion, representing a 20.5% increase over status quo spending, could yield EGP 427 billion in economic benefits, underscoring the powerful financial rationale and developmental case for prioritizing maternal and reproductive healthcare. The long-term economic gains are generated from increased workforce participation, improved productivity, and reduced healthcare costs associated with maternal and neonatal complications.

Key Recommendations:

- Increasing public investment in maternal health and family planning aligned with the demonstrated high return on investment.
- Strengthening human resources for health, especially through midwifery and obstetric training programs in underserved areas.
- Enhancing data systems and monitoring frameworks to inform policy decisions and resource allocation.
- Ensure inclusion of comprehensive maternal and reproductive health services, including family planning, within the evolving universal health insurance package to promote equitable and sustainable access.
- Integrate maternal health and family planning into national social protection programs, and introduce targeted health vouchers for antenatal, birth, and postpartum care to enhance access among vulnerable and underserved women.

In conclusion, this investment case reaffirms that investing in maternal health and family planning is not only a moral and public health imperative but also a smart and sound economic choice. Through targeted interventions and strategic resource mobilization, Egypt has the opportunity to accelerate progress toward ending preventable maternal mortality, improving the well-being of women and families, and advancing inclusive and sustainable development.





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