



This submission is made by the Egyptian Initiative for Personal Rights (EIPR) a Cairo based human rights organization working since 2002 to strengthen and protect basic rights and freedoms in Egypt, through research, advocacy and supporting litigation in the fields of civil liberties, economic and social rights, and criminal justice.

## COVID-19 and Maternal Mortality

1. A WHO report in May 2022 estimated the toll of worldwide deaths associated with the COVID-19 pandemic between Jan 2020 and end of December 2021 to be approximately 14.9 million deaths.<sup>1</sup> These estimations of excess deaths document the difference between the deaths occurring in the time period and those expected to occur in the case of the absence of the pandemic based on rates in previous years. The report estimates that excess deaths in Egypt in the timeframe were 10 times the number documented and reported by Egypt as deaths occurring due to COVID-19.<sup>2</sup>
2. Egypt's reported COVID-19 death data was not disaggregated by gender,<sup>3</sup> which makes it impossible to precisely monitor the impact of COVID-19 pandemic on maternal mortality and morbidity.<sup>4</sup>
3. Media monitoring of incidents of deliveries of pregnant women infected by COVID-19 in hospitals during the pandemic showed a 100% rate of cesarean section deliveries without expressed medical justification and against WHO recommendations.<sup>5</sup> This rate is based on reported deliveries where the mode of delivery was known since comprehensive statistics are lacking.

## Decrease in maternal Mortality

4. Very high prevalence of cesarean section deliveries for COVID-19 infected pregnant women is a symptom of a larger trend of prevalence of cesarean sections in Egypt. The Egyptian Family Health Survey of 2021 indicates that 72% of all deliveries in Egypt in the 5 years preceding were cesarean section deliveries.<sup>6</sup>
5. A United Nations Maternal Mortality Estimation Inter-agency Group (MMEIG) recent report reveals that Egypt is among ten countries that witnessed the largest decline in maternal mortality

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<sup>1</sup> WHO "14.9 million excess deaths associated with the COVID-19 pandemic in 2020 and 2021". May 2022 <https://www.who.int/news/item/05-05-2022-14.9-million-excess-deaths-were-associated-with-the-covid-19-pandemic-in-2020-and-2021>

<sup>2</sup> WHO. "Global excess deaths associated with COVID-19" (modelled estimates) 20 May 2021 <https://www.who.int/data/sets/global-excess-deaths-associated-with-covid-19-modelled-estimates>

<sup>3</sup> EIPR. "Covid-19 Protection Policies: Bringing Women to the Center". 28 March 2020. <https://eipr.org/en/publications/tracking-impact-epidemic-containment-policies-women-and-vulnerable-groups-egypt>

<sup>4</sup> EIPR. "In Facing Covid-19, do we remember the Demographic and Health Survey? (Position Paper)" 6 April 2020. <https://eipr.org/en/publications/facing-covid-19-do-we-remember-demographic-and-health-survey>

<sup>5</sup> EIPR. "Covid-19 Protection Policies: Bringing Women to the Center". 28 March 2020. <https://eipr.org/en/publications/tracking-impact-epidemic-containment-policies-women-and-vulnerable-groups-egypt>

<sup>6</sup> CAPMAS. "2022 Egyptian Family Health Survey". March 2023. p. 121. [https://www.capmas.gov.eg/Pages/Publications.aspx?page\\_id=5109&Year=23639](https://www.capmas.gov.eg/Pages/Publications.aspx?page_id=5109&Year=23639)



rate during the period between the years 2000 and 2020. While the maternal mortality rate in Egypt was 79 deaths per 100,000 live births in 2000, it plummeted to 17 in 2020.<sup>7</sup>

6. The report provides only averages at the national level, which does not allow data segregation according to geographical distribution and income. This calls for the state's publication of segregated detailed data, especially since the results of the latest Egypt Demographic Health Survey (EDHS) issued in 2014, which is the last health survey whose data was fully released, showed a clear disparity in antenatal health care services provided between the richest and poorest social segments. It also shows a similar disparity between the central provinces and the poorer and more peripheral provinces in favor of the richer provinces. More details can be found in EIPR's report "Social Justice and Health in Egypt" issued in 2018<sup>8</sup>, which used the data of the 2014 Population Health Survey.

Increase in access to antenatal care and unintended consequence:

7. The clear decline in maternal mortality rates in Egypt between 2000-2020 is directly linked to an improvement in access to antenatal care. In 2000, only in 50% of all deliveries in the previous five years preceding the survey did the woman receive any form of antenatal care<sup>9</sup>. While in 2021, 97% of all women who had delivered in the preceding 5 years have received some form of antenatal care by a doctor.<sup>10</sup> Also, between 2000 and 2020, the rate of deliveries in a health facility increased from 48%, to 95% of all deliveries.
8. However, the increase in rate of deliveries in medical facilities and access to medical antenatal care in the period between 2000 and 2020 also correlates with a stark increase in the rate of cesarean section deliveries. In 2000, only 10% of deliveries in the preceding 5 years were cesarean section deliveries. While in 2020, 72% of life births in the preceding 5 previous years were delivered through cesarean section.<sup>11 12</sup>
9. The WHO puts the ideal rate of cesarean section to be between 10 and 15% of all deliveries.<sup>13</sup>
10. This is accompanied by a marginalization of discussing maternal morbidity as an essential indicator, while focusing only on maternal mortality. Only a human rights-based approach to

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<sup>7</sup> WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. "Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division". 23 February 2023.

<https://www.who.int/publications/i/item/9789240068759>

<sup>8</sup> EIPR. *العدالة الاجتماعية والصحة في مصر*. April 2018.

<https://eipr.org/publications/%D8%A7%D9%84%D8%B9%D8%AF%D8%A7%D9%84%D8%A9-%D8%A7%D9%84%D8%A7%D8%AC%D8%AA%D9%85%D8%A7%D8%B9%D9%8A%D8%A9-%D9%88%D8%A7%D9%84%D8%B5%D8%AD%D8%A9-%D9%81%D9%8A-%D9%85%D8%B5%D8%B1-%D8%AA%D9%82%D8%B1%D9%8A%D8%B1-%D8%AD%D8%A7%D9%84%D8%A9>

<sup>9</sup> El-Zanaty, Fatma, and Ann Way. 2001. *Egypt Demographic and Health Survey 2000*. p. 133

<https://dhsprogram.com/publications/publication-fr117-dhs-final-reports.cfm>

<sup>10</sup> CAPMAS. "2022 Egyptian Family Health Survey". March 2023. p. 111.

[https://www.capmas.gov.eg/Pages/Publications.aspx?page\\_id=5109&Year=23639](https://www.capmas.gov.eg/Pages/Publications.aspx?page_id=5109&Year=23639)

<sup>11</sup> El-Zanaty, Fatma, and Ann Way. 2001. *Egypt Demographic and Health Survey 2000*. p. 143

<https://dhsprogram.com/publications/publication-fr117-dhs-final-reports.cfm>

<sup>12</sup> CAPMAS. "2022 Egyptian Family Health Survey". March 2023. p. 121.

[https://www.capmas.gov.eg/Pages/Publications.aspx?page\\_id=5109&Year=23639](https://www.capmas.gov.eg/Pages/Publications.aspx?page_id=5109&Year=23639)

<sup>13</sup> WHO. "WHO statement on caesarean section rates". April 2015.

<https://www.who.int/publications/i/item/WHO-RHR-15.02>



elimination of preventable maternal mortality as well as preventable maternal morbidity can ensure that all women can enjoy their right to the highest attainable level of health.

#### Privatization of healthcare

11. Women who delivered in private health facilities in Egypt were significantly more likely to deliver through cesarean section. This amounted to 81% of deliveries in private health facilities done through cesarean section, compared to 63% of deliveries in public health facilities in the 5 years preceding 2021.<sup>14</sup> This is driven by a profit oriented private health care system, lack of sexual and reproductive education in the country, and lack of accountability.
12. The Office of the United Nations High Commissioner for Human Rights (OHCHR) previously stated that “The realization of the right to education is essential to women’s ability to enjoy the full range of human rights. Moreover, a comprehensive understanding of sexual and reproductive health is imperative to ensuring individuals’ ability to protect their health and make informed decisions about sexuality and reproduction”.<sup>15</sup> and that “The rights to information and the benefits of scientific progress are firmly rooted in the most fundamental human rights, including the rights to life, health, education and non-discrimination. Access to information is a necessary part of women’s ability to make informed choices with respect to their sexual and reproductive lives and to access health services needed to ensure healthy pregnancy and delivery.”
13. The low expenditure on health in the public budget<sup>16</sup> fuels women's need for private sector antenatal care and deliveries, leading to very high rates of non-medically required cesarean section deliveries. This low expenditure is motivated by austerity measures as well as service of foreign debt.<sup>17</sup>
14. The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health previously stated that: “the global trend towards privatization in health systems poses significant risks to the equitable availability and accessibility of health facilities, goods and services, especially for the poor and other vulnerable or marginalized groups. In many cases, privatization has led to increased out-of-pocket payments for health goods and services, disproportionate investment in secondary and tertiary care sectors at the expense of primary health care, and increased

disparity in the availability of health facilities, goods and services among rural, remote and urban areas.” And also stated that: “The right to health approach to health financing is especially critical in the light of these global trends and challenges in financing for health. It provides a framework to ensure the prioritization of health in State budgets, strengthened by the active and

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<sup>14</sup> ibid

<sup>15</sup> United Nations Office of the High Commissioner for Human Rights, Preventable Maternal Mortality and Morbidity and Human Rights, paragraph 30  
<https://www.ohchr.org/Documents/Issues/Women/WRGS/Health/ReportMaternalMortality.pdf>

<sup>16</sup> EIPR. “The launch of a position paper titled "Despite expected continuity of the pandemic, Covid-19 is missing in government fiscal plans" at the beginning of the new fiscal year 20/21” July 2020.  
<https://eipr.org/en/press/2020/07/launch-position-paper-titled-despite-expected-continuity-pandemic-covid-19-missing>

<sup>17</sup> EIPR. “External debt increases during first year of COVID-19 pandemic, each Egyptian indebted by \$900”. March 2022. <https://eipr.org/en/publications/external-debt-increases-during-first-year-covid-19-pandemic-each-egyptian-indebted-900>



informed participation of affected individuals and communities in the formulation, implementation, monitoring and evaluation of health budgets.”<sup>18</sup>

#### Recommendations:

- State parties should collect and publish detailed and disaggregated data on maternal mortality and different forms of maternal morbidity, including those related to mental health.
- Ensure girls and women have access to comprehensive sexual education, including all information that would empower them to make informed decisions on sexual and reproductive health services.
- State parties should design and implement systems of accountability in both public and private sector health care facilities to ensure that medical professionals are well informed about best practices and monitored in their practice, including in providing women with accessible information that would enable them to get the best attainable health services during pregnancy and delivery.
- State parties must ensure that the effort to decrease maternal mortality by better access to medical health services does not fuel an increase of medically unrequired cesarean section deliveries.
- Increased public spending on public health services, including universal health care, can improve the state’s ability to ensure that maternal care and deliveries are not driven by profit, but by ensuring that women’s health needs, bodily autonomy and other human rights are respected.
- Ensure that policy interventions aimed at decreasing maternal mortality and morbidity are rooted in a human rights-based approach.

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<sup>18</sup> A/67/302. Report of Special Rapporteur to the Right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Paragraphs 3 and 4 <https://undocs.org/A/67/302>