



The Design Of Affordable Accessible And Universal Healthcare For All

**The Egyptian experience in implementing
universal health insurance**

“International Arab Actuarial Conference”

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Country Context

- Egypt has a current population of more than 107 million citizens with a GDP of USD 3541 per capita, of which public health expenditure represents only 4.74% (30% of CHE), while OOP represents approximately 60% of CHE.



Commitment to the SDGs and Egypt's Vision 2030

Egypt is firmly committed to the Sustainable Development Goals (SDGs), particularly the achievement of universal health coverage (UHC), which has driven substantial reforms in the healthcare sector. Pursuant to Law No. 2 of 2018 and its executive regulations, Egypt has embarked on a comprehensive health system reform, scheduled for full implementation by 2032. This reform aims to ensure universal health coverage in alignment with Egypt's Vision 2030 and SDG Target 3.8, with a focus on financial risk protection, equitable access to quality essential health services, and the availability of safe, effective, and affordable medicines and vaccines for all citizens.



3 GOOD HEALTH AND WELL-BEING

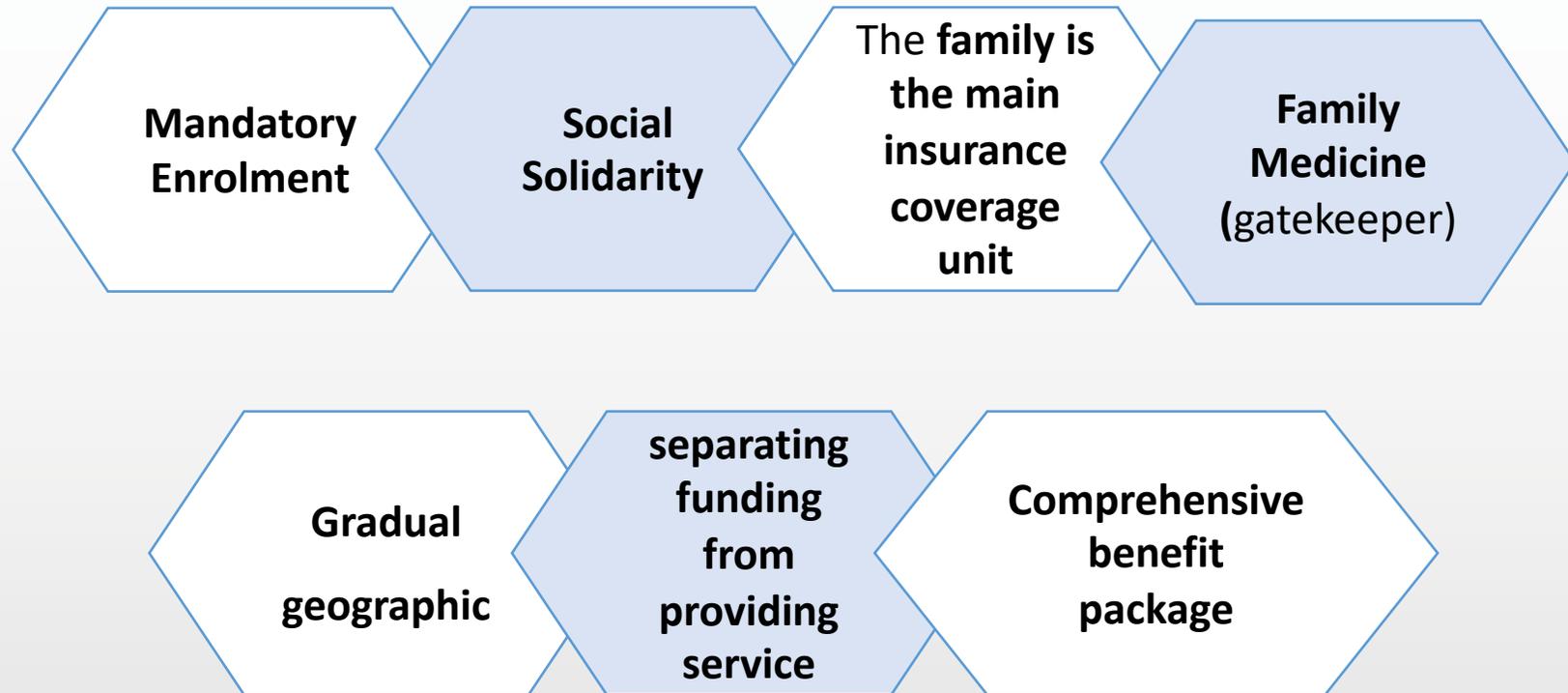


Egypt's Universal Health Insurance System Reform

- **Egypt's transition to a Universal Health Insurance System (UHS) , aimed at providing mandatory, high-quality care, particularly for vulnerable populations. This reform aims to reduce high out-of-pocket expenses by implementing a new, sustainable financing model, incorporating private sector participation, and strengthening governance.**
- **The Government of Egypt aims to achieve health equity, or social justice in health care, by reorganizing the health system through financial protection, the expansion of services to all, better quality of services, and also greater accountability and monitoring of results and governance. The reform's priorities are to increase financial protection and ensure efficiency in the provision of services and mobilize resources ensuring financial sustainability.**
- **The system aims for mandatory enrolment, shifting the burden from individual, point-of-service payments to a, prepaid, social health insurance model , aiming to reduce high out-of-pocket (OOP) expenditures.**
- **All Egyptians will be covered on a mandatory basis through family membership.**

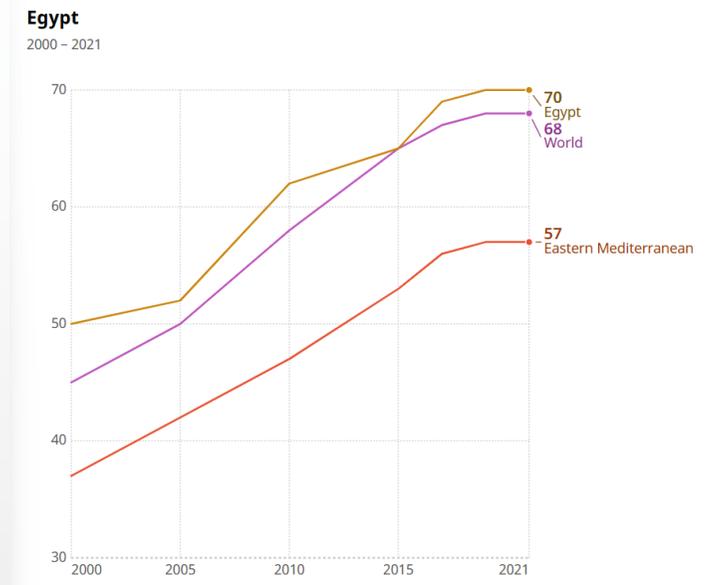
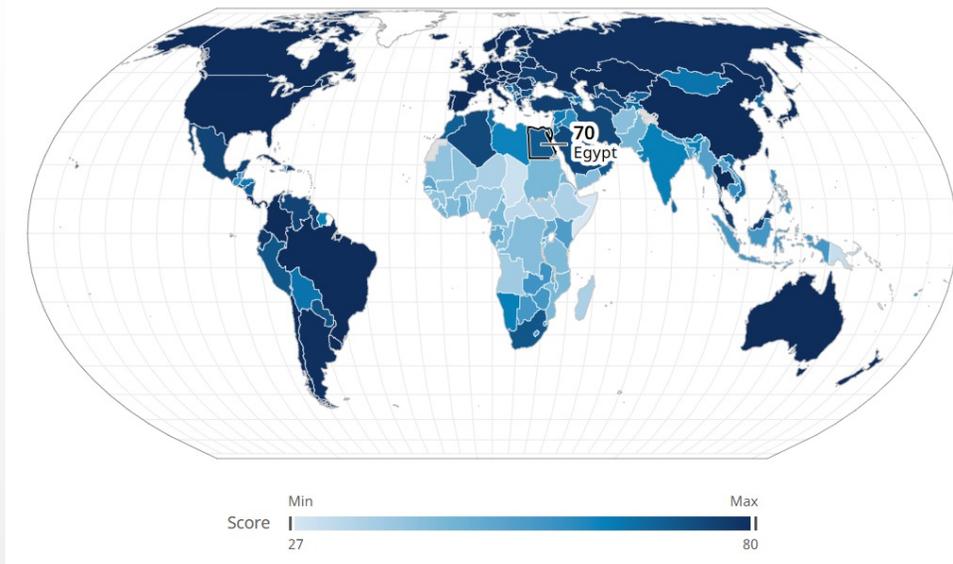
Key features of the Egypt's Universal Health Insurance System Reform

From Fragmented Coverage to Comprehensive Coverage



Universal health coverage (UHC) service coverage index

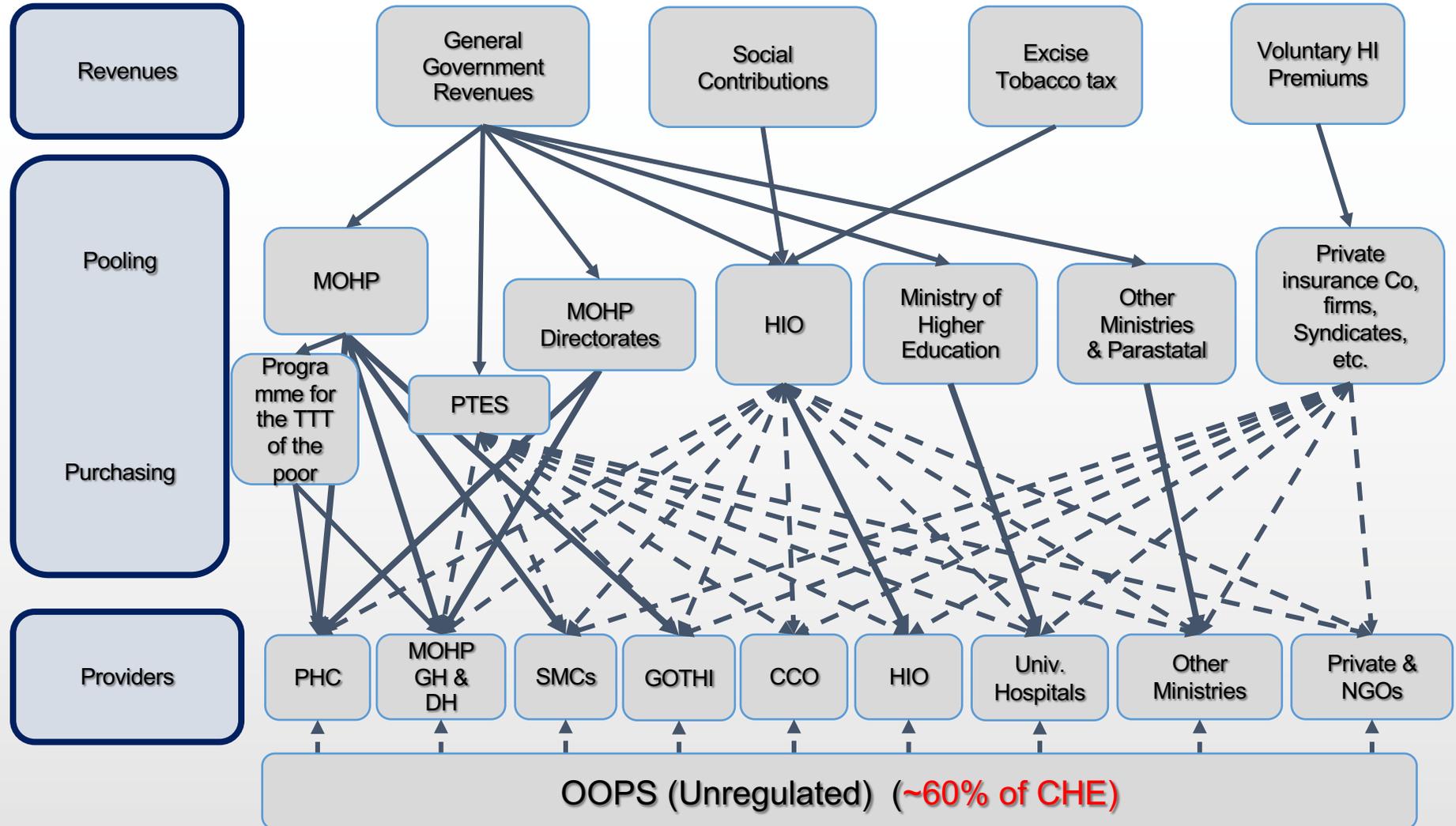
UHC service coverage index combines 14 tracer indicators of service coverage into a single summary measure, as a measure of SDG Indicator 3.8.1.



In Egypt, the number of **UHC service coverage index** has **increased** from 50 Score in 2000 to **70** Score in 2021.*

*<https://data.who.int/indicators/i/3805B1E/9A706FD>

The old system



Overview of the UHS entities



UHIA

Universal Health Insurance Authority MANAGING & FINANCING

- Pools funds & collects contributions
- Contracts service providers
- Sets pricing & reimbursement
- Strategic purchasing
- Manages beneficiary database

EHA

Egypt Healthcare Authority SERVICE PROVISION

- Manages public hospitals/PHCs
- Delivers medical services
- Ensures clinical governance
- Supervises medical staff

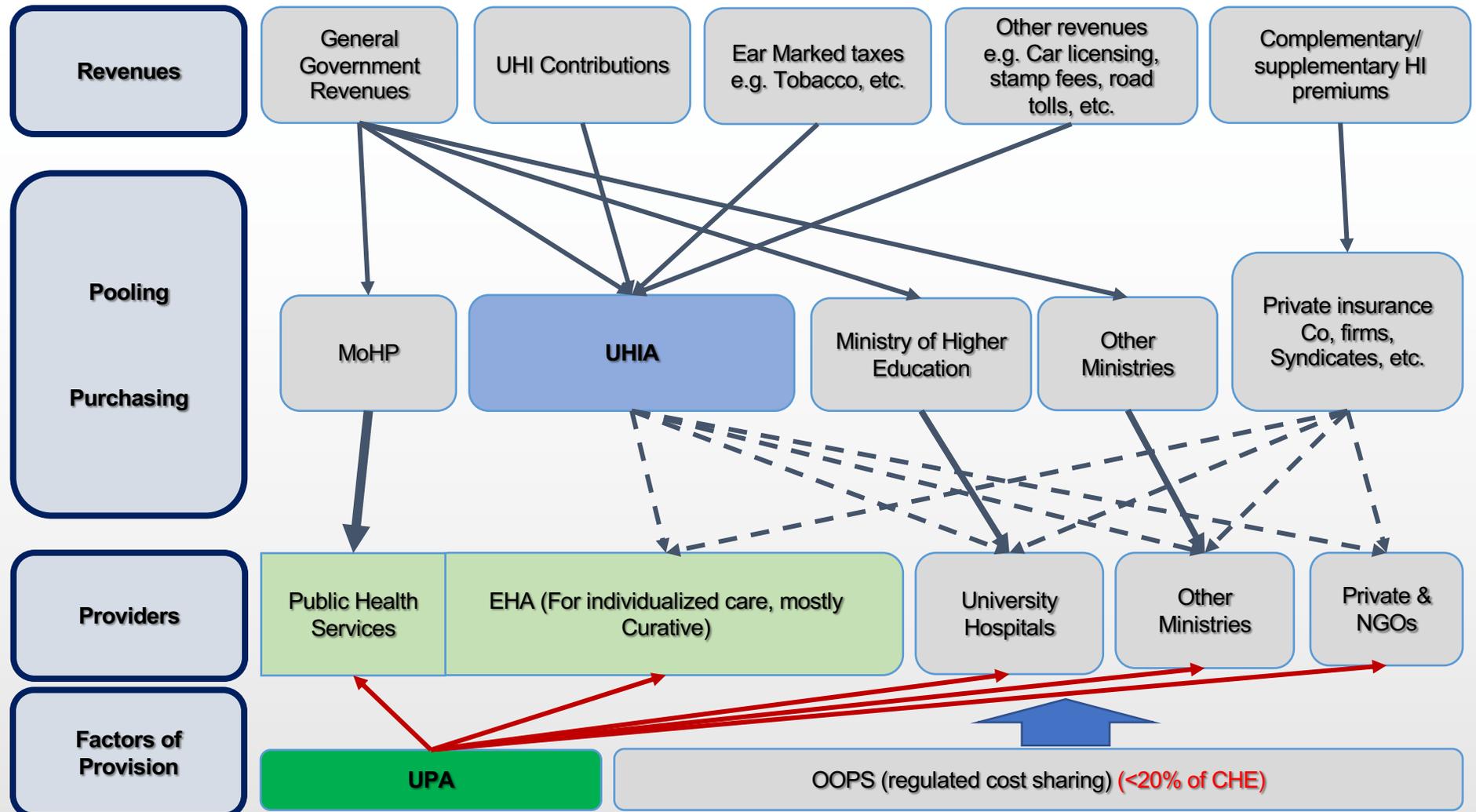
GAHAR

Gen. Authority for Healthcare Accreditation

QUALITY ACCREDITATION & REGULATIONS

- Sets quality standards
- Accredits facilities (public/private)
- Monitors compliance

The new system



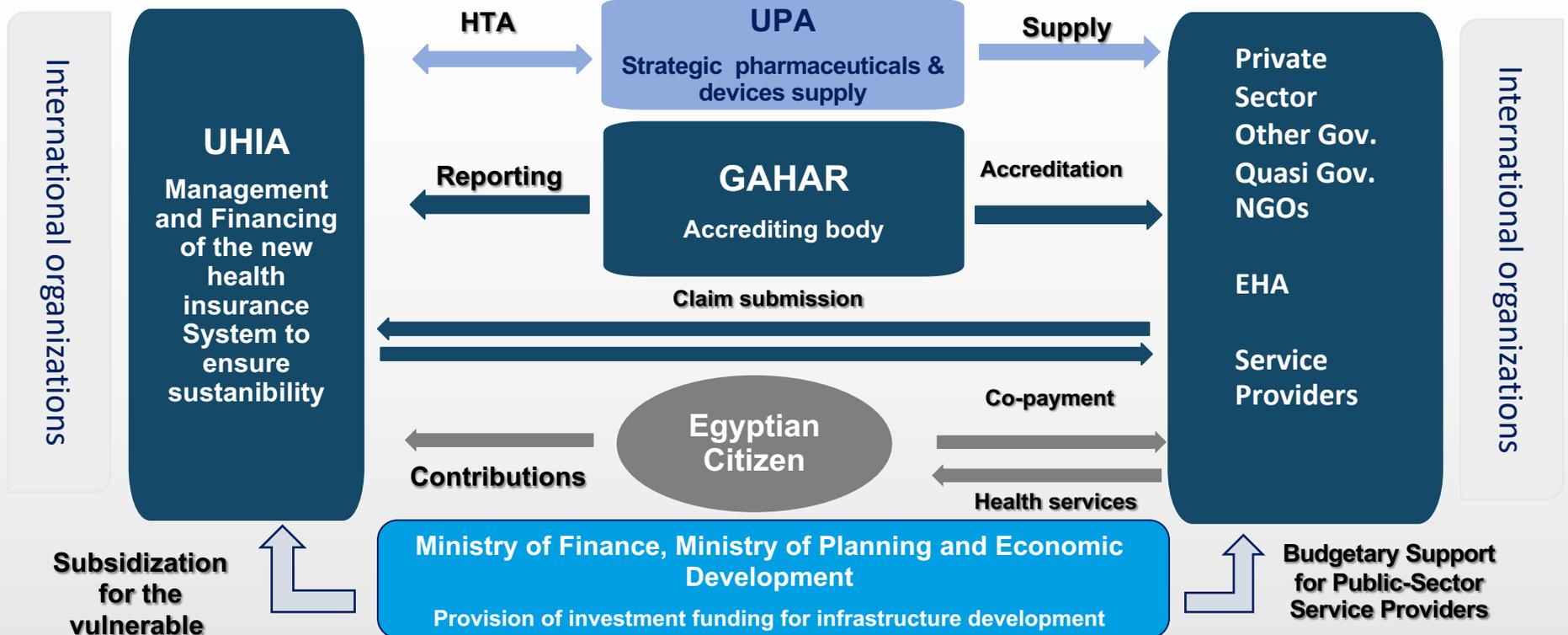
UHS Governance Structure

Ministry of health & population

Super-regulator, Coordinator, & Purchaser of Preventive/Reproductive health services

Egyptian Health Council
Regulator for Healthcare practitioners

Egyptian Drug Authority
Regulator of Pharmaceuticals and Health Technologies



Entity Established Under Law No. 151/2019

Entity Established Under Law No.12/2022

Entities Established Under Law No. 2/2018 and Its Executive Regulations

Entity Established Under Law No. 151/2019



Overview of the UHIS & the UHIA



5.2 million
Beneficiaries



82%
Average Enrolment



526
Contracted Providers
(of which 32%
Private Sector)



2018

Phase 1 Governorates
(5.2 Million Beneficiaries)

Phase 2 Governorates
(Target 15 Million new Beneficiaries)

Phase 3 Governorates

Phase 4 Governorates

Phase 5 Governorates

Phase 6 Governorates

2032

Actuarial Study and Financial Sustainability

Universal Health Insurance Law No. 2 of 2018 places utmost importance on **financial sustainability**; therefore, it established the "**Actuarial Study**" as a cornerstone to ensure the system remains solvent and avoids future financial distress.

The law mandates the General Authority for Comprehensive Health Insurance to conduct a periodic actuarial study **at least once every 4 years**. The objective extends beyond a mere audit of figures to include:

- **Ensuring Financial Balance:** Verifying that revenues (subscriptions, contributions, and earmarked taxes) adequately cover expenditures (the cost of medical services).

- **Risk Forecasting:** Predicting future financial risks based on medical inflation rates and the growing number of beneficiaries.

The assumptions of actuarial study of the UHIS

General assumptions

Financial assumptions related to the development of economic factors and income growth (wages and pensions) of the state.

Demographic assumptions

Assumptions related to the demographic composition of different governorates and how they have changed over the years.

UHIS revenue assumptions and projections

Assumptions about the factors that affect the revenue levels of the UHIS and how those factors change over the years.

Assumptions and projections of UHIS expenditures

Assumptions about the factors that affect the levels of expenses of the UHIS and how those factors change over the years.

Other assumptions

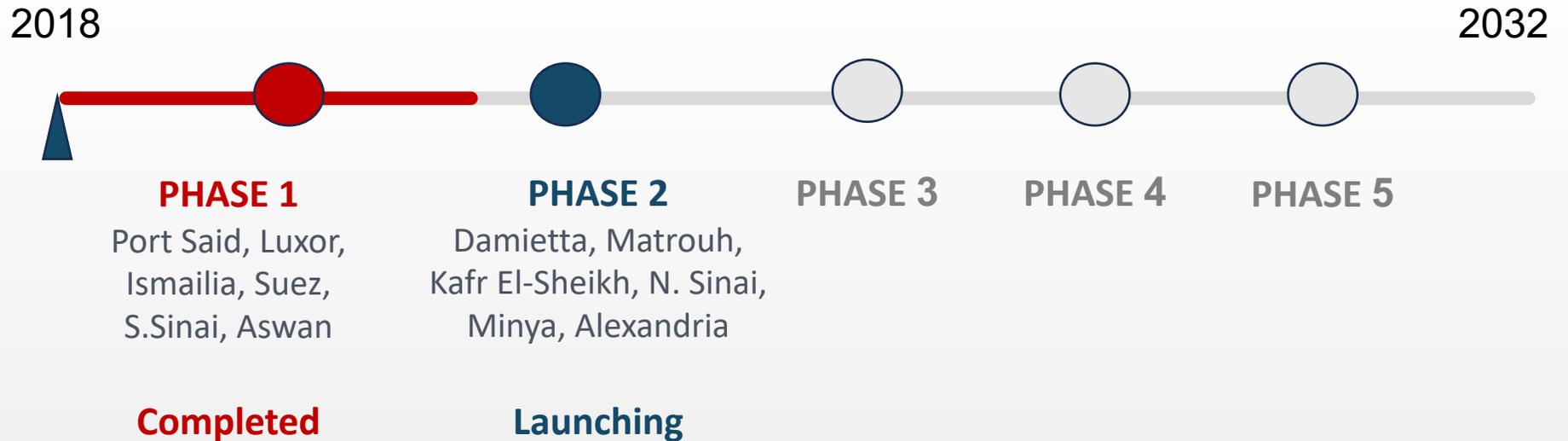
Assumptions about factors affecting the incomes and expenses of other health funding agents as well as service providers.

The assumptions of actuarial study of the UHIS

- The actuarial results demonstrate that the scheme remains financially viable, supported by diversified income sources comprising contributions, government subsidies, and investment income. Expenditures are driven primarily by benefit payments under different provider payment mechanisms, including capitation for primary care services, alongside claims and other administrative expenses.
- The long-term financial sustainability requires periodic adjustments to contribution levels, benefit design, and capitation rates, as well as continued monitoring of claims experience and administrative efficiency.

The most important parameters of the of actuarial study

1. Geographical gradation of application in the governorates:



The most important parameters of the of actuarial study

2. Revenues that fall under other resources to finance the system:



Earmarked taxes and fees dedicated to supporting the scheme



- Corporate Social Solidarity contribution
- Cigarettes Toll.
- Tobacco derivatives other than cigarettes .
- Traffic of vehicles on highways.
- The proceeds of obtaining or renewing a driver's license and car operating license .
- The proceeds of contracting with UHIS.
- Proceeds from obtaining licenses for hospitals & medical centers.
- The proceeds of solidarity taxes
- Outcome of self-resource development regulations to improve hospital efficiency
- Collection of stamp stamps

Contributions paid by beneficiaries and applicable co-payments for health services



Obligations of the Public Treasury for those who are unable (Vulnerable)

Revenues generated from the investment of financial surpluses



play an important role in strengthening the system's financial capacity and supporting its long-term sustainability, thereby ensuring the continued provision of comprehensive and equitable healthcare services for all citizens.



Important indicators of health expenditure

Main indicators for the FY 2041/2042	Expected for 2031/2032
Total Health Expenditure % of GDP 2031/32	4,8%
Out of Pocket Expenditure % of GDP 2031/32	22%
UHS Surplus % UHS Expenditure 2031/32	-5%
Treasury Financing % of THE 2031/32	37%
Reserves deplete in fiscal year	After the FY 2041/2042

*Reserves are still projected positive all the way to 2042 , even if the system is assumed to be rolled out in Alexandria in 2025/2026.

**Total health expenditure is approximately characterized by stability under all scenarios, assuming that the system will fully finance its costs under any of these scenarios.

***According to the latest National Health Accounts study, out-of-pocket health spending at the national level amounted to approximately **59% of total current health expenditure**, based on data for fiscal year 2019/2020.



UHIA at a Glance *



The total accumulated surplus amounted to **EGP 196.7 billion.**



The Authority's total investments amounted to **EGP 172.9 billion**



5.2 million Beneficiaries
(**82%** Average Enrolment)



EGP 15.867 billion
The total amount paid to healthcare service providers



526
Contracted Providers
(of which **32%** Private Sector)

*Updated in December 2025



Thank you