

Finding the Balance: Public Health and Social Measures in Egypt

Data updated 19 August 2020



Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the pressure on health care systems, but they can place a significant burden on people, especially when they restrict movement or access to services. This brief aims to inform policy decisions in Egypt that balance the benefit of PHSMs for reducing transmission with other priorities, including economic and social impacts. It is based on the review, synthesis and analysis of data illuminating different dimensions of COVID-19 in Egypt—including a nationally representative telephone poll, media monitoring, epidemiological data and other publicly available data sources. Data sources and methods are described at the end of the document.

Highlights

Disease Dynamics: Egypt has reported more than 96,000 cases since March, the second-largest COVID-19 epidemic on the continent. Reported cases peaked at the end of June before decreasing in July and August; over the past four weeks, new cases reported each week have decreased by 33% on average. Testing capacity has been a challenge, as the ratio of cumulative tests per confirmed case (5) has stayed below recommended guidelines since the beginning of June. Along with a high case-fatality rate, this suggests that many cases may have not been identified since June.

PHSM Implementation: The government issued a nationwide curfew and closed all public transport in late March. Even as reported cases continued to increase, some measures were loosened in May. Most other restrictions were lifted in June, but reported cases declined in July and August. Schools remain closed but are scheduled to open in October, and some mosques have reopened for prayers.

PHSM Support and Adherence: Support for almost all PHSMs in Egypt is similar to the average for other AU Member States surveyed. Self-reported adherence for these measures is also relatively low, particularly for measures that restrict public gathering and economic activity.

Risk Perceptions and Information: While most respondents in Egypt agree that COVID-19 will infect many people in the country, only one in four respondents in Egypt believe they are personally at risk. Many hold misconceptions or believe rumors or myths that could undermine adherence to PHSMs.

Essential Health Services: Half of surveyed Egyptian households that needed medical care have had difficulty accessing health care visits, and 38% of those needing medicines reported that access has been difficult during the COVID-19 crisis. Some respondents in Egypt with suspected COVID-19 symptoms were unable to access care, suggesting that some people may not have received needed treatment and that contacts were not traced.

Economic Burden and Food Security: Over half of respondents in Egypt report having lost income since last year, and a similar proportion are facing barriers to accessing food. These burdens are particularly acute for low-income households.

Security: There has been some unrest as a result of the COVID-19 crisis and PHSMs. Largely peaceful protests have demanded protections for health care workers.

Disease Dynamics and PHSM Implementation

Total Cases (Cumulative incidence per 100,000 population)	Total Deaths	Diagnostic Tests (Tests per confirmed case ratio)	Case-Fatality Rate
96,753 (96)	5,184	469,238 (5)	5.4%

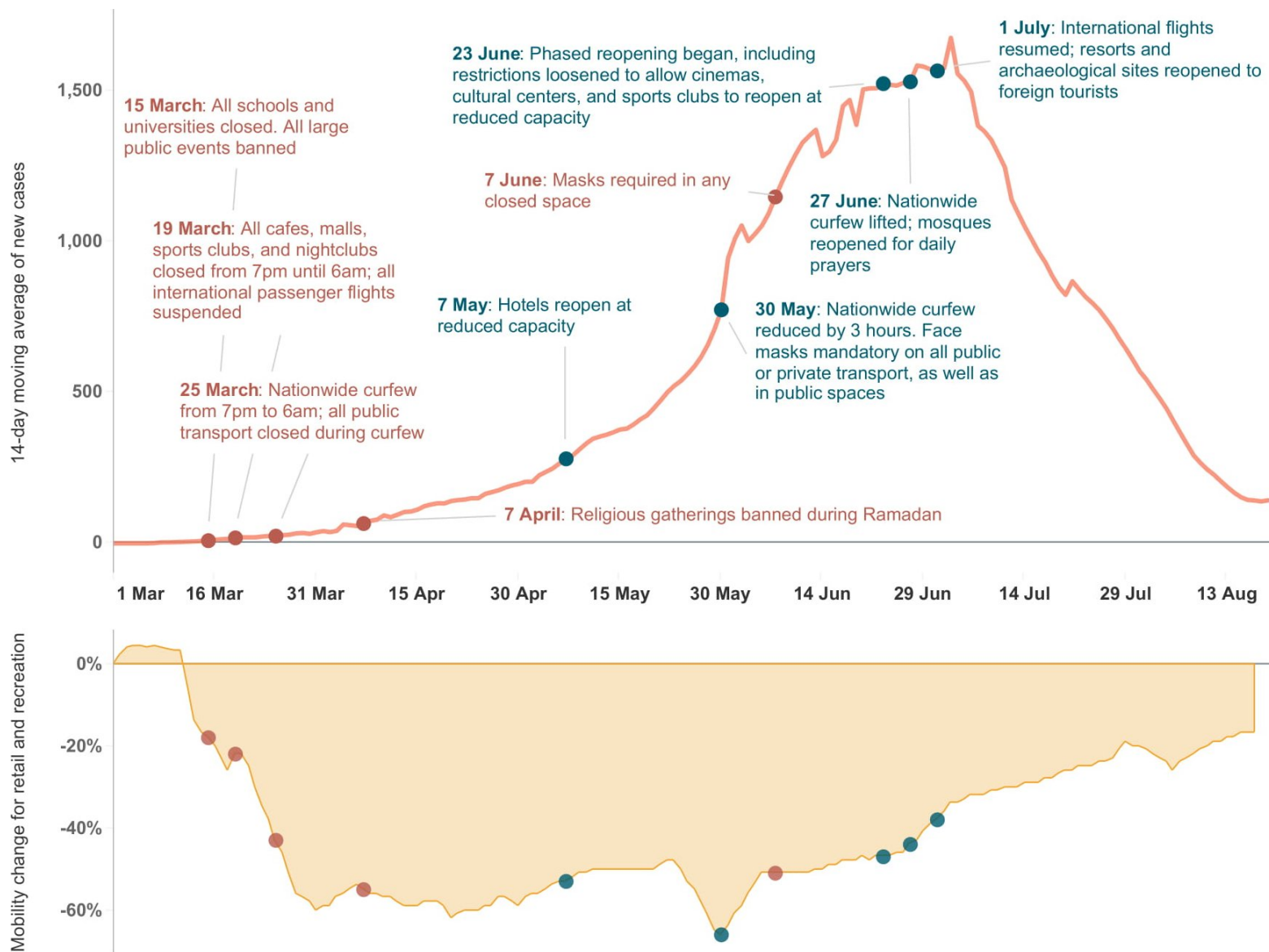
WHO recommends 10-30 tests per confirmed case as a benchmark of adequate testing.

The use of PHSMs should respond to the changing epidemiological situation. When these measures are effectively implemented and adhered to, they can significantly reduce disease transmission. Phased and adaptive loosening of measures can prevent spikes in transmission while lessening the burden on communities. If transmission accelerates, reintroduction of targeted measures may be needed to control the epidemic.

Egypt has experienced the second largest COVID-19 epidemic on the continent. Following an increase in reported cases from May through June, reported cases peaked in late June and decreased throughout July and August. Low testing capacity suggests that many cases may not have been identified.

- As reported cases were rising in early March, the government instituted a series of restrictive measures, from closing schools and public transport to implementing a nationwide curfew.
- The nationwide curfew was lifted in late June as reported cases were peaking. Nonetheless, reported cases began to decline and have continued declining through July and August.
- Currently, all cafes, restaurants, sporting clubs, and cultural facilities are open to the public at reduced capacity. School openings have been delayed from their regular September start date to October, and some mosques have reopened for prayers.
- While more than 460,000 tests have been conducted, testing capacity is low, with only 5 tests per confirmed case. This suggests that the epidemic may be much larger than reported cases imply.

Egypt implemented a nationwide curfew in late March, but lifted it as reported cases were peaking in late June. Mobility gradually increased following the lifting of the curfew.



Data sources: Africa CDC, Google Community Mobility Reports, ACAPS, OxCGR

PHSM Support and Adherence

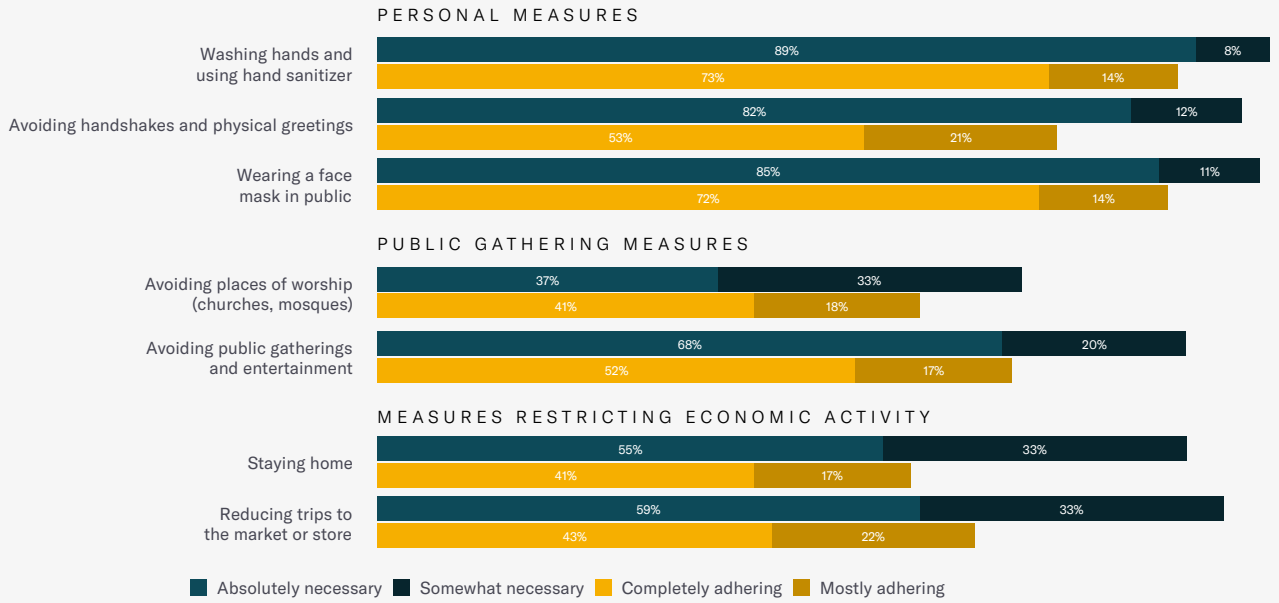
PHSM effectiveness relies on widespread behavior change. To identify measures that have a higher likelihood of acceptance, it is critical to monitor public support, adherence, and overall trust and confidence in the government response. Where adherence is lower, further analysis of barriers to behavior change can strengthen PHSM implementation and help to mitigate burdens.

Support for almost all PHSMs in Egypt is similar to the average for other AU Member States surveyed, according to survey findings.

- The majority of survey respondents (95%) report having a face mask, and 86% reported using a mask in the previous week.
- Support for personal preventive measures (washing hands, wearing a mask, avoiding physical contact) is slightly higher than in other AU Member States surveyed. But self-reported adherence to physical distancing could be improved, with one-quarter of respondents reporting that they were not avoiding physical greetings in the previous week.
- Self-reported adherence to more restrictive measures, such as reducing trips to stores and staying home, is slightly higher than other AU Member States surveyed, despite the fact that few PHSMs are in place in Egypt.
- Respondents in Egypt were split fairly evenly among those who favor loosening restrictions overall to reduce economic burdens and those who favor waiting to loosen restrictions. However, two in three respondents are anxious about resuming their normal activities. This suggests that there may be room to tighten measures if required to control the epidemic.
- Narratives in traditional and social media around PHSMs were primarily positive, with most negative sentiment directed toward the government response.

Support and self-reported adherence for almost all PHSMs is similar compared to other AU Member States surveyed.

Support (perception of necessity over previous month) and adherence (over previous week) for preventive measures



Data Source: Ipsos Survey

Face Masks

Egypt requires the use of face masks in public, and fines may be issued for non-compliance.

95%

of survey respondents had a face mask ready to use

91%

recognized that wearing a mask could prevent spread

86%

report wearing a mask in the previous week

Data Source: Ipsos Survey

Attitudes About Reopening

Timing of reopening:

44%

favor waiting longer to loosen restrictions

52%

favor opening up to get the economy moving

Comfort with resuming activities:

67%

report that resuming normal activities makes them anxious

60%

would feel comfortable using public transport if it were not too busy

Data Source: Ipsos Survey

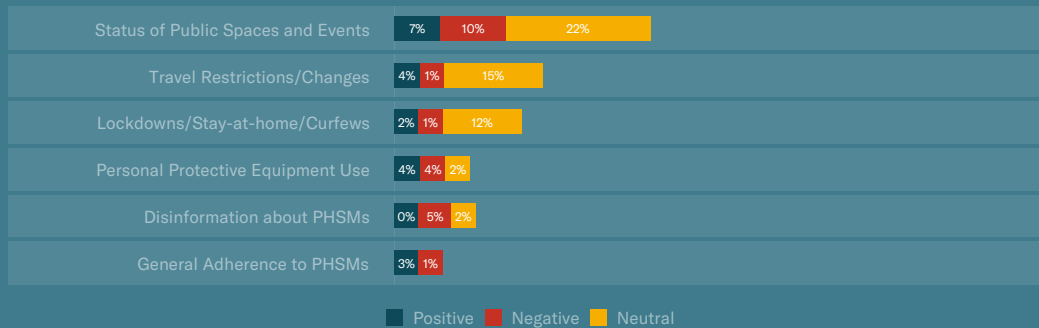
Traditional news and social media coverage of PHSMs

Monitoring public narratives in traditional news and social media can shed light on how critical issues are perceived and beliefs are formed. By design, media monitoring and analysis captures the views and opinions expressed by a subset of the population that is actively engaged in public debates and discussion through online and social media. These data are qualitative and are not intended to be representative of the views of the wider population.

From May to August, public narratives in both traditional news and social media around PHSMs in Egypt have been predominantly positive.

- Negative sentiment toward the Egyptian government's lifting of PHSMs peaked in late June as critics of the administration denounced the government for an announced reopening of schools and exam facilities.
- The Egyptian Medical Syndicate also drove criticism of the Egyptian government and its COVID-19 response, holding demonstrations and leading social media campaigns to protest lack of payment and personal protective equipment for health care workers between May and July.

Top Trending Topics in Traditional News and Social Media Coverage of PHSMs, May-August



Data Source: Novetta Mission Analytics

On 25 June, a Facebook user wrote in response to the announcement of reopening of schools, “@WHO #Egypt_kills_graduates Save us from death. Egypt kills its students. No to the exams. No to the minister's stupid decision.”

On 17 June, a Twitter user in Egypt wrote, “@WHO Help us It is dangerous for more than 600,000 students to take tests in light of the Coronavirus crisis in Egypt.”

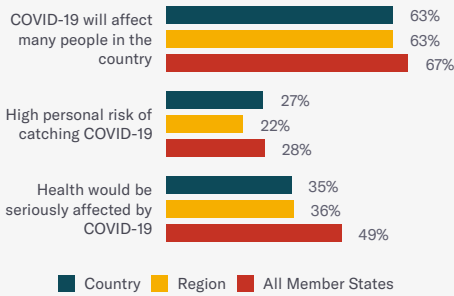
Risk Perceptions and Information

Evidence from past epidemics shows that both information and risk perceptions influence preventive behavior, including adherence to PHSMs. People who are well informed may have a high level of awareness about COVID-19, but may not perceive that their personal risk of catching the disease is high or that the disease would have severe health implications. In addition, people must believe that they can change their behavior to effectively reduce risk—both for themselves and the community at large. Misinformation narratives can undermine motivation to adhere to preventive measures.

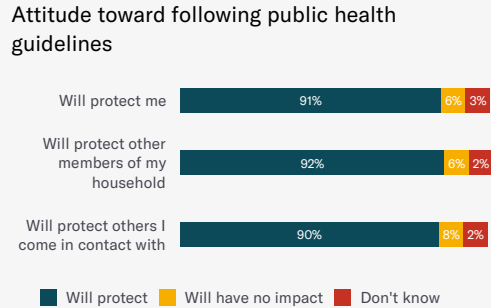
Respondents in Egypt are aware of the risk to their country from COVID-19, but their personal risk perceptions are low. Many hold misconceptions about the disease or believe in rumors.

- Personal risk perception is similar to the average for all AU Member States surveyed, with around one in four respondents in Egypt agreeing they are at high personal risk of catching COVID-19. Respondents in Egypt have a very low perception of disease severity compared to other AU Member States surveyed, with only one in three believing that the disease could seriously affect their health.
- Continued risk communications and community engagement can help to maintain adherence to personal preventive measures to prevent further increases in transmission.
- Most respondents in Egypt agree that following preventive guidelines will help protect themselves and others.
- A significant proportion of respondents in Egypt hold misconceptions about COVID-19 and believe that people who have recovered from the disease should be avoided, which could contribute to stigma of those affected by the disease. About half of respondents also believe in foreign interference around vaccines and medicines. Early communication and community engagement to dispel misinformation about vaccines will be critical to ensuring vaccine uptake when a vaccine becomes available.
- The Egyptian Cabinet's Media Center has taken a proactive role in fighting misinformation through the production of reports that dispel rumors and incorrect information about COVID-19. The Ministry of Health also launched an automated response service on WhatsApp to provide fast and accurate answers about COVID-19.

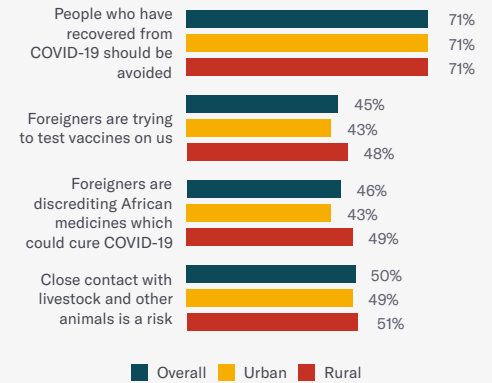
Respondents in Egypt have high perceptions of the risk COVID-19 poses to the country but low perceptions of personal risk from COVID-19.



A large majority of respondents in Egypt agree that following public health guidelines will help protect themselves and others from getting COVID-19.



A significant proportion of respondents in Egypt hold misconceptions about the disease, particularly avoiding people who have recovered from COVID-19.



Data Source: Ipsos Survey

Risk perceptions and information in traditional news and social media

Recent social and traditional media coverage of COVID-19 reinforced the ongoing risk of COVID-19 in the country and the need for adherence to PHSMs.

- Egyptian media outlets and private citizens largely acknowledged the high transmission risk and severity of COVID-19, while simultaneously citing the need for adherence to PHSMs.
- Local NGOs, civil society organizations, and social media users reminded their fellow Egyptian citizens that a decline in case numbers does not equal an end to COVID-19 in the country.

On 14 August, the South Sinai Branch of the Egyptian Teachers' Syndicate posted a reminder on Facebook: "Corona ain't over! The numbers decrease because people are afraid to go to hospitals, so they are isolated at home, and hospitals do not receive anything but difficult cases, and the rest is home isolation."

On 9 August, Dr. Hany Elnazer, the former dean of the National Research Center, told Egyptian citizens on Facebook not to "worry about the very minor rise in cases that has happened in the last few days" and encouraged them to continue adhering to PHSMs.

Data Source: Novetta Mission Analytics

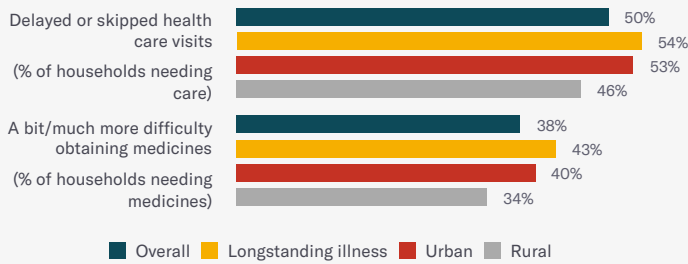
Burden of PHSMs

Essential Health Services

The COVID-19 epidemic can disrupt essential health services through the burden it places on health systems, disruptions to medical supply chains and restrictions on movement. People may also be hesitant to seek care due to the risk of transmission or inability to pay for care. Evidence from past epidemics and initial reports from COVID-19 suggest that the indirect health effects can be far larger than the direct effects of the disease. Closely monitoring essential health services can inform policies to adapt PHSMs and maintain essential care. Data on disrupted services should be interpreted within the context of a country's disease burden and health care utilization patterns.

Households in Egypt are experiencing significantly disrupted access to health services. Of Egyptian households that reported needing health care in the survey, half reported delaying or skipping health care visits; those with longstanding health issues and urban residents were more affected. The largest barrier to accessing care was concern about getting COVID-19 while seeking care, which suggests that communication around when and how to safely seek care may help improve access. Other barriers included difficulties getting to the facility due to mobility restrictions and closed facilities. The most commonly missed visits were routine check-ups, suspected COVID-19 symptoms, and cardiovascular issues. Missed care for COVID-19 symptoms suggests that at least some people needing treatment for the disease were not able to get it, and many cases were likely not able to get tested, reinforcing the concern that the epidemic is likely underreported. Because heart disease is the leading cause of death in Egypt, lack of care for cardiovascular conditions could also have significant health implications. According to a report by Amnesty International, Egypt is among the top ten countries with the highest known health care worker deaths from COVID-19, with 111 deaths reported. The high rate of infection and death among health care workers may also impact availability of essential services.

Half of surveyed households in Egypt needing health care reported delaying or skipping visits, while nearly four in ten that needed medicine had access issues.



Barriers to Essential Services

Among those who reported that someone in their household had delayed or skipped health care visits, the top three reasons cited were:

- 48%** Worried about risk of COVID-19
- 13%** Couldn't get to facility due to mobility restrictions
- 9%** Facilities closed

The most common self-reported reasons for missed visits were:

- 18%** General/routine check-up
- 9%** Suspected coronavirus symptoms
- 8%** Cardiovascular issues

Data Source: Ipsos Survey

Economic Burden and Food Security

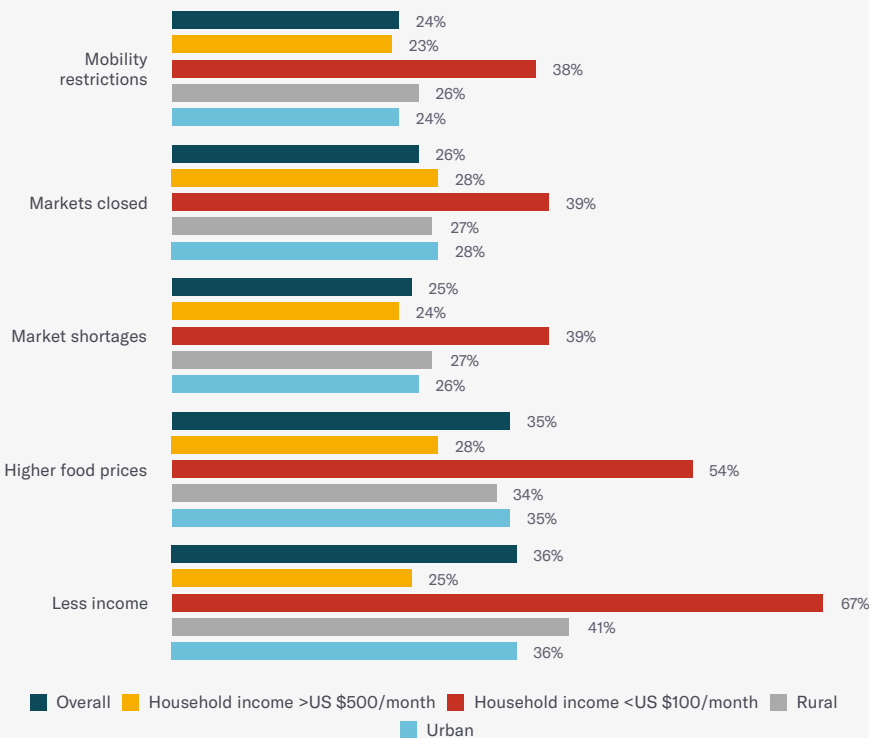
PHSMs that restrict economic activity—such as workplace closures, restrictions on movement of people and goods, and stay-at-home orders or curfews—place high burdens on people by disrupting livelihoods and access to markets. Monitoring household economic burdens and food security can help identify people in need of support and inform the design of appropriate relief measures.

Egypt was experiencing economic challenges prior to the COVID-19 crisis, and the global pandemic has affected key sources of income, including tourism, remittances, and revenues from the Suez Canal. In line with the macroeconomic challenges, respondents in Egypt experienced severe economic hardships. More than half currently face food access barriers, including income losses, higher food prices, market shortages and other barriers. Low-income households faced far greater challenges in accessing food. More than half of survey respondents said their households are surviving on lower incomes compared to this time last year, with widespread unemployment reported in traditional media. The government has announced some social assistance measures—including adding 160,000 households to an existing cash transfer program, providing a new three-month cash transfer to 1.9 million informal workers, and providing assistance to workers whose companies closed as a result of COVID-19. Cash transfers to vulnerable female-headed households and widows are ongoing by the World Food Programme in support of the Ministry of Social Solidarity.

Respondents in Egypt face continued challenges with accessing food, with over half of respondents reporting barriers to access in the past week. Low-income households face more widespread challenges.

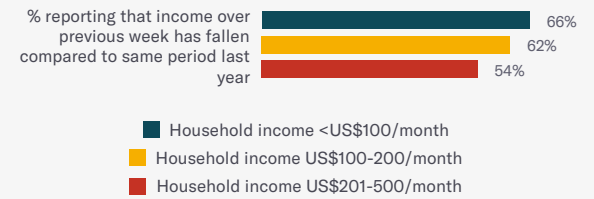
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

(% of respondents reporting that they had difficulty buying food in the previous week for each of the following reasons)



More than half of respondents in Egypt have experienced income losses. (Households with monthly income >US\$500/month excluded due to small sample size.)

Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.



Data Source: Ipsos Survey

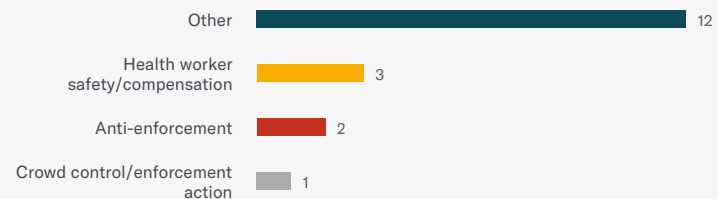
Security

A rise in unrest or insecurity—including peaceful protests as well as riots and violence by and against civilians—can affect adherence to PHSMs and serve as a warning sign of the burden such measures are imposing on people.

A total of 18 COVID-19-related security incidents have been reported in Egypt since May. The majority of these incidents occurred in March and April and were non-violent incidents. Many involved protests against the burial of people who had died from COVID-19 in communities and demands for better protection of health care workers. At least seven doctors and two pharmacists are in pretrial detention and face charges related to terrorism and misusing social media after they spoke out about working conditions and against the government response. There have also been at least two reports of PHSM enforcement by security forces, one of which became violent.

Security incidents in Egypt included several local protests against the burial of COVID-19 victims.

Number of reported events by category, March-July



Data Source: ACLED Coronavirus-Related Events Database

Data Sources and Methods

Survey Data: Ipsos conducted telephone poll of a nationally representative sample of 1,206 adults (548 urban, 658 rural) in Egypt between 12-19 August. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of this data. Differences may be reconciled by investigating the denominator used, as indicated in each instance of use.

Traditional News and Social Media: Research is conducted by Novetta Mission Analytics using online, open-source African media, and geolocated African Twitter and Facebook sources. These qualitative data reflect public narratives in online media sources and among social media users. Quotes have been edited where necessary for clarity, with modified text in brackets.

Epidemiological Data: Provided by Africa Centres for Disease Control and Prevention.

Other Data: Drawn from publicly available sources.

Findings reflect the latest available information from listed sources at the time of analysis, and may not reflect more recent developments or data from other sources. Data vary in completeness, representativeness, and timeliness; limitations are discussed further at the link below.

For full details on data sources and methods see preventepidemics.org/covid19/perc/.