

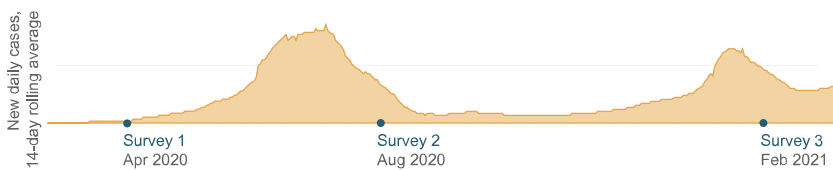
# Finding the Balance: Public Health and Social Measures in Egypt

## What is the purpose of this report?

This report describes findings from a telephone survey with 1,409 people conducted in February 2021. The survey examined how people respond to public health and social measures (PHSMs) to prevent COVID-19. The sample is representative of households with access to a landline or cell phone, but does not include people without access to phones. As phone penetration varies by country, findings should be interpreted with caution.

Survey data are analysed alongside epidemiological, mobility, and media data. Triangulating these data sources offers valuable context to better understand the acceptability, impact and effectiveness of PHSMs.

This is the third survey and analysis conducted since the pandemic began (see the [first](#) and [second](#) reports).



### National COVID-19 Data Snapshot on 26 February 2021

Total reported cases	181,241
Cumulative incidence rate per 100,000 people	179
Test positivity rate	40%
Proportion of people who test positive for COVID-19 among all people who took a test, averaged over 7 days	
Total confirmed COVID-19 deaths	10,590
Case fatality ratio	5.8%
Proportion of total reported deaths among all people reported as testing positive for COVID-19	

## What are the highlights from this report?

### Disease Dynamics and PHSM Implementation

As the third most populous African Union (AU) Member State, Egypt reported the fourth largest number of COVID-19 cases and the second largest number of deaths. During its second COVID-19 wave in January 2021, reports of oxygen shortages in hospitals were amplified across social media. Although reported new cases declined since January, it is likely many cases are going undetected.

### PHSM Support and Self-Reported Adherence

Self-reported adherence to individual measures in Egypt remained higher than for measures restricting public gatherings and movement. While face mask use is required in Egypt, there are currently limited public gathering and movement restrictions in place. About nine in 10 respondents reported wearing a face mask in public, unchanged since August.

### Risk Perceptions and Information

About seven in 10 respondents believed that COVID-19 will affect many people in Egypt. Fewer believed they are personally at risk of catching COVID-19 or that their health would be seriously affected by it. Respondent trust in most institutions decreased significantly since August, particularly for schools and hospitals/health centers. Nearly eight in 10 respondents reported that health care workers should be avoided because they may transmit COVID-19. The majority of respondents reported that they plan to get vaccinated.

### Secondary Burdens

The percentage of households reporting difficulty accessing medication and skipping health care services decreased since August. Health delivery disruptions remained highest in urban areas. Two-thirds reported experiencing income loss since the start of the pandemic and more than one-fourth reported missing meals. As was the case in August, the most common barrier to food access was income loss.

## Disease Dynamics and PHSM Implementation

# What is the relationship between PHSMs and cases reported?

The political and social context influences how well PHSMs are implemented and adhered to, which affects COVID-19 disease transmission and mitigation.

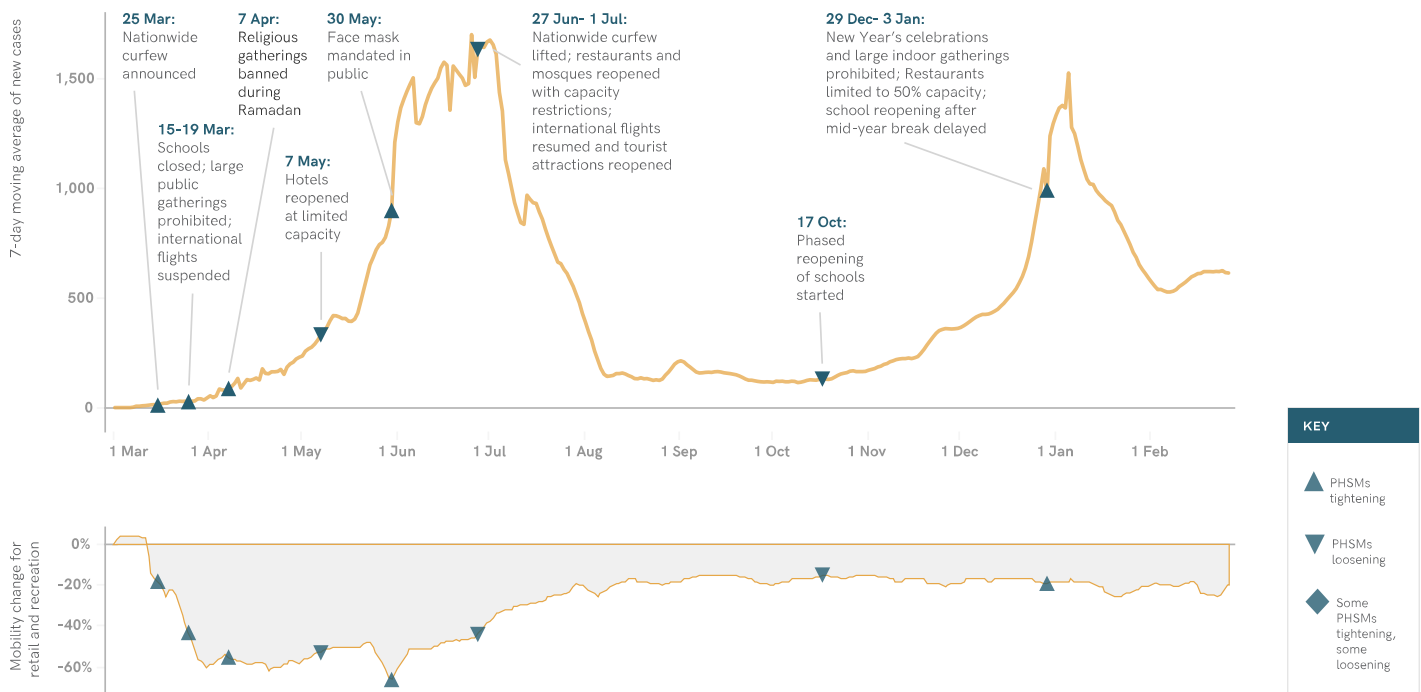
## Situational Awareness

At the peak of its second wave in January 2021, Egypt averaged more than 1,300 new cases and nearly 60 new deaths reported per day. This was slightly smaller than the peak of its first wave in July 2020, when Egypt averaged 1,400 new cases and 80 new deaths reported per day. By the time of this survey, reported new cases decreased, with Egypt averaging about 600 new reported cases per day. However, Egypt's reporting on the number of tests performed per day has been inconsistent and the test positivity rate and the case-fatality rate remain high. Any trends in the data should be interpreted with caution; it is likely that many cases are going undetected.

- In response to rising cases in December, the government announced bans on New Year's Eve gatherings, limited restaurant capacity, and postponed reopening of schools following the mid-year break. According to the survey, about 10% of people travelled outside their city or town for the holidays in Egypt, less than reported in Morocco (17%) and Tunisia (21%). However, there were media [reports](#) that large New Year's Eve celebrations still occurred.
- At the peak of the second wave in January, there were [reports](#) of oxygen shortages, with multiple videos posted on social media depicting overwhelmed hospitals. While reported new cases decreased through January, there was another uptick in February. Reported new deaths remain high. Health officials have [warned](#) of a potential third wave, particularly during Ramadan in April, which may necessitate stricter PHSMs.
- According to the Egyptian Medical Syndicate, [more than 10,000 health care workers](#) have contracted COVID-19 as of February (about 6% of total reported cases) and more than 300 of them have died. One [study](#) estimated nearly 20% of health care workers have been infected. Egypt started to [vaccinate](#) health care workers with both the Sinopharm and AstraZeneca vaccine in February. The government announced that in March, people with chronic health conditions will start receiving vaccines.

A limitation of this survey is that it only includes respondents with access to phones, making it likely that they are more educated (31% of respondents completed college/post graduate degree) and have higher incomes than the general population.

## Egypt limited New Year's Eve gatherings and postponed school reopening after the mid-year break due to the rise in new reported cases. Though declining, reported new cases remain high.



## PHSM Support and Self-Reported Adherence

# Do people support and follow measures?

PHSM effectiveness relies on widespread acceptance and behavior change.

### What the data say

Support for and self-reported adherence to individual measures remain high in Egypt; however, adherence to public gathering and movement restrictions is low due to limited PHSMs currently in place.

- Still, high support for public gathering and movement restrictions indicate that people in Egypt would potentially adhere to more restrictive measures were they to be implemented.
- Recently, Egypt increased its efforts to enforce mask-wearing by fining violators; however, reported adherence to mask use remains high and largely unchanged since August.

### In the media

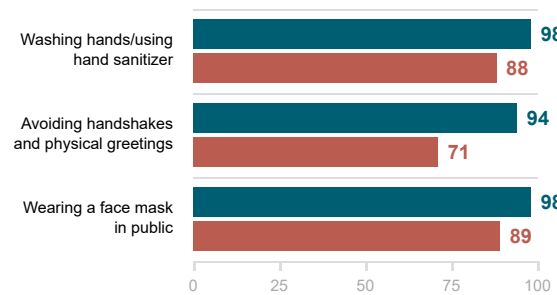
“They’re killing themselves and also the doctors and nurses in hospitals just so they can have some fun”

—Twitter user in Egypt reacting to reports of large New Year’s Eve celebrations, 1 Jan 2021

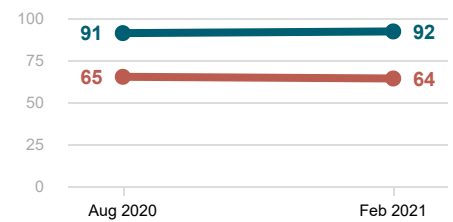
### Individual measures

Support for and adherence to individual measures remains unchanged since August. While adherence to wearing face masks and washing hands is high, adherence to physical distancing could be improved.

Percent that **support** and **adhere** to each individual measure in Feb 2021



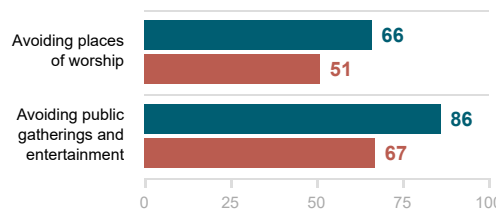
Trend in percent that **support** and **adhere** to all individual measures (composite score)



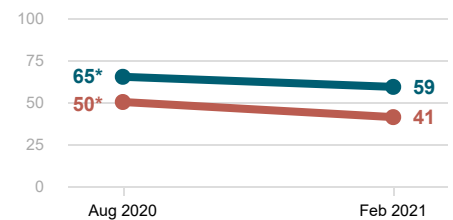
### Measures restricting social gatherings

Support for and adherence to measures restricting social gatherings has decreased since August, likely due to the less restrictive measures currently in place.

Percent that **support** and **adhere** to each social measure in Feb 2021



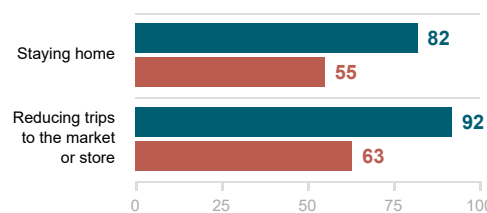
Trend in percent that **support** and **adhere** to all social measures (composite score)



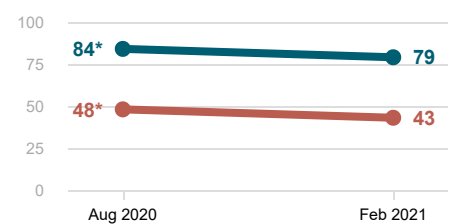
### Measures restricting movement

Support for and adherence to restricting movement has also decreased since August, likely since there are no mobility restrictions in place.

Percent that **support** and **adhere** to each movement measure in Feb 2021



Trend in percent that **support** and **adhere** to all movement measures (composite score)



## PHSM Support and Self-Reported Adherence

# Whom do people trust?

Public trust in government and institutions is a key driver of support for and adherence to PHSMs.

### What the data say

Respondent trust in international and national health organizations, as well as family doctors' management of the pandemic, remains high in Egypt. However, trust decreased significantly since August for most institutions, particularly schools and hospitals/health centers. In news and social media, stories spread about overwhelmed, ill-equipped hospitals and many criticized the government's plans to reopen schools in late February. Although still higher than in Tunisia (21%) and Morocco (26%), there was a significant drop in the percentage of respondents reporting trust in traditional healers (55% in August, to 35% in February).

Note: although trust in government entities was measured in other Member States surveyed, it was not included for Egypt.

### What do people think about their country's institutions?

In Egypt, reported trust in institutional and individual handling of the pandemic was highest for the World Health Organization, followed closely by family doctors and medical professional associations. However, trust diminished for all institutions and individuals surveyed since August—except for family doctors, which remained unchanged.

Trust in schools decreased by nearly 25 percentage points, which may be related to the recent public [debate](#) over school reopenings. Trust in hospitals and health centers also decreased by about 10 percentage points, which may be due to the media [reports](#) of oxygen shortages and overwhelmed hospitals during the second wave.

#### Top five most trusted institutions and individuals

Percent of people reporting trust in each source

World Health Organization (WHO)	79%
Family doctor	77%
Medical professional associations	77%
Hospitals/health centers	71%
UNICEF	62%

### What are people saying in the news and on social media?

During Egypt's second wave, social media posts encouraging mask use increased, as did criticism of nonadherence to PHSMs. Following media reports that there were large gatherings on New Year's Eve, many social media users expressed anger and frustration. In early February, social media users criticized the government's plans to reopen schools following the extended winter break, with people noting that it could lead to another increase in cases.

Similar to trends seen in other Member States, social media users in Egypt often cited government hypocrisy and corruption, criticizing officials for personally violating the same measures they enforce among the population. A media report from 4 January generated a strong reaction on social media with the claim that government officials had collected 1.5 million Egyptian pounds (USD \$95,000) in fines from people not wearing masks in just 48 hours.

#### In the media

"I wasn't taking covid very seriously either at some point. But as I watch it slowly kill my grandmother I've come to realize how vulnerable we really are and how unconditionally evil this virus is"

—Twitter user in Egypt, 3 Jan 2021

"Many students have Corona virus but they do not admit and will all be at risk with our lives #OhPresidentIBegYouTheStudentsWillDie"

—Twitter user in Egypt commenting on school reopening, 23 Feb, 2021

**Risk Perceptions and Information**

# How do people understand risk?

Perceptions of risk are influenced by the epidemiology of an outbreak as well as the type and quality of information disseminated by trusted sources.

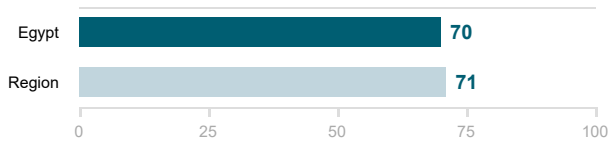
**What the data say**

The majority (70%) of respondents believe that COVID-19 will affect many people in Egypt, a significant increase from August (63%). Since August, more people think they are at risk of catching the virus (35%, up from 27% in August) and that their own health would be seriously affected if they were to contract it (46% v. 35%). Perceived risk of catching the virus was higher in Egypt compared to Morocco (21%) and Tunisia (22%).

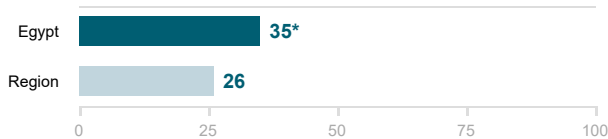
- More than 10% of respondents reported that they or someone in their household had or likely had COVID-19 and almost half (45%) reported that they knew someone who tested positive, which may be contributing to higher risk perception.
- Stigma towards health care workers was markedly high, with eight in 10 respondents believing that they should be avoided because they may transmit COVID-19. Similarly, about three-fourths believed that people recovered from COVID-19 should be avoided. Stigma towards these two groups was highest among respondents with high risk perception.
- More than four in 10 (43%) people reported that COVID-19 can be cured with herbal remedies; this belief was most common among respondents ages 18-25.

**How do people understand the risk of COVID-19?**

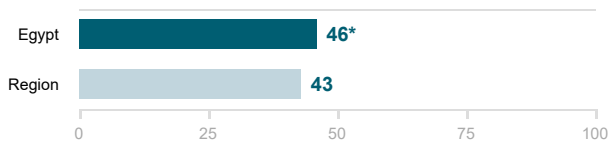
**70% believe that COVID-19 will affect many people in their country**



**35% believe that their personal risk of being infected with COVID-19 is high**



**46% believe that their health would be seriously affected by COVID-19**



**Do people stigmatize others?**

**78% think they should avoid health care workers because they could get COVID-19 from them**

**73% think they should avoid people who have had COVID-19 in the past because they remain infectious**

**Do people believe accurate information?**

**92% understand that infected people may never show symptoms but could still infect others**

**86% understand that infected people may not show symptoms for five to 14 days**

**43% believe that COVID-19 can be cured with herbal remedies**

**Risk Perceptions and Information**

# How are perceptions of risk informing actions?

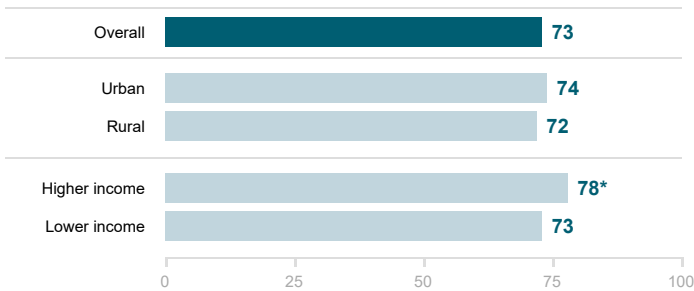
How people understand risk influences key behaviors and decisions that could mitigate disease transmission, including adherence to PHSMs and vaccine uptake.

## How do people feel about resuming day-to-day activities?

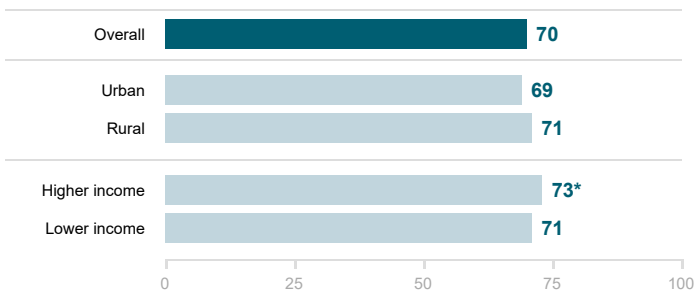
The majority (73%) of people said they feel anxious about resuming normal activities, with hesitancy highest among higher-income households.

- However, a similar percentage (70%) reported that they have already resumed normal activities because they believe their risk is low. The findings potentially indicate that while the economy remains open in Egypt with few restrictions and most have resumed activities, many people still feel conflicted about doing so. Hesitancy to resume normal activity was higher in Egypt than in Morocco (56%) or Tunisia (62%).

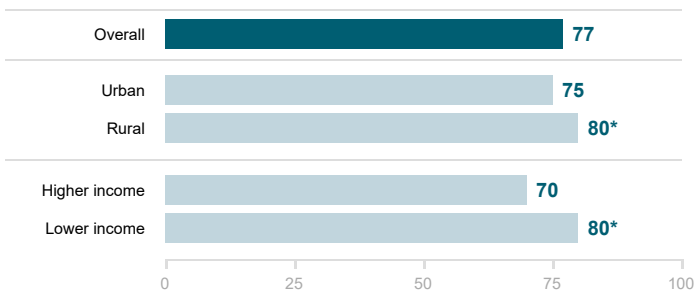
### 73% feel anxious about resuming normal activities



### 70% have already resumed normal activities because they believe COVID-19 risk is low



### 77% feel comfortable taking public transportation

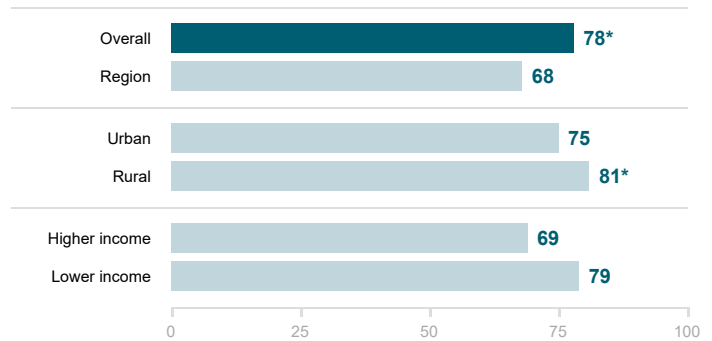


## What do people think about vaccines?

More than three in four (78%) respondents reported that they definitely or probably plan to get vaccinated, fewer than in Morocco (91%) and much more than in Tunisia (35%).

- Vaccine confidence was higher among lower-income than higher-income households, and among rural compared to urban populations. Among those who did not plan to get vaccinated, hesitancy appeared to be related to a lack of information about the vaccine and fear of the approval process—which could potentially be remedied with information from trusted sources.

### 78% plan to get a vaccine when available



### Top reasons people would not get the vaccine

Among people who said they would not get the vaccine, their reasons were:

I do not yet know enough about the vaccine to make a decision	23%
I do not feel I am at risk of catching the virus	14%
Approval/development for the vaccine may be rushed and not thoroughly tested	12%

### In the media

Anti-vaccine sentiment was highest on social media between August and October 2020, declining in December and January as access to vaccines increased globally; the second wave of cases in Egypt drove concern over COVID-19 and interest in vaccination.

**Secondary Burdens**

# Are people skipping or delaying health care?

Mobility restrictions, overburdened health care facilities, and fear of catching COVID-19 can prevent people from seeking essential health care; understanding the barriers to access can help improve linkages to care.

**What the data say**

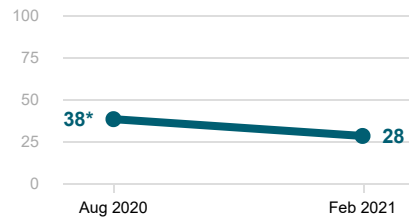
Among respondents that reported they or someone in their household needed health care or medication, 24% skipped or delayed services and 28% reported difficulty obtaining medication, a marked decrease since the August survey. Worry about catching COVID-19 continued to be the most common barrier to seeking care reported.

- Among respondents that skipped care, more than one-third reported it was for diagnostic services for conditions such as sinus congestion and respiratory issues. Additionally, nearly 10% reported having skipped care for suspected COVID-19 symptoms. The findings are telling—indicating that people may be hesitant to seek care for COVID-19—and call for further exploration.
- Health access issues continue to be more common in urban areas than in rural areas, which may be due to the higher reported incidence of COVID-19 in cities. Additionally, reported health care disruptions are more common among higher-income households than lower-income, similar to August.

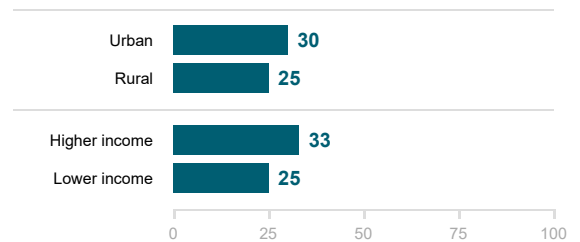
**Difficulty getting medicines**

Since August, difficulty accessing medication decreased by 10 percentage points in Egypt, and is much lower than in Morocco (49%) and Tunisia (56%).

*Trend in percent of households having difficulty getting medicines in the past three months*



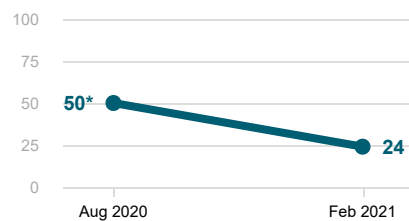
*Percent having difficulty getting medicines by category*



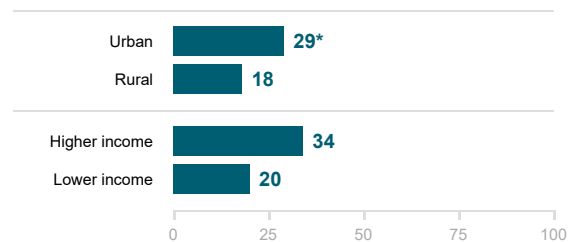
**Skipping or delaying health visits**

Since August, reports of skipped or delayed health services decreased by 26 percentage points in Egypt, and is much lower than in Morocco (49%) and Tunisia (47%).

*Trend in percent of households skipping or delaying health care visits in the past six months*



*Percent skipping or delaying health care visits by category*



**The reasons why visits were skipped or delayed**

People could choose multiple responses

Worried about catching COVID-19	61%
Health facility disruption	16%
Cost/affordability	9%
Mobility restrictions/transport challenges	8%
Caretaker responsibilities	2%

**The types of visits which were skipped or delayed**

People could choose multiple responses

Diagnostic services/symptoms	36%
Non-communicable diseases	31%
General/routine check-up	21%
Reproductive, maternal and child health	15%
Suspected COVID-19	7%

## Secondary Burdens

# Are people experiencing income loss or food insecurity?

Measures restricting economic activities can severely disrupt livelihoods and access to markets; understanding the type and extent of these burdens can help inform policy changes and identify people who need support.

## What the data say

Two-thirds of respondents in Egypt reported experiencing income loss since the start of the pandemic; however, reported income loss was much lower than in Morocco (87%) and Tunisia (76%). Similarly, the percentage of households reporting missed meals was lower in Egypt (28%) compared to Morocco (48%) and Tunisia (45%).

- Less income was the most common reason reported for difficulty accessing food. This reflects the high rate of unemployment brought on by the pandemic. According to the World Bank, between April and June 2020, 2.7 million people [lost their jobs](#) in Egypt.
- Nearly 30% of people in Egypt reported complete income loss, which is in line with Tunisia (27%), though still less than Morocco (47%). People that reported complete income loss were also more likely to report skipping health services (35%).
- In November, Egypt [announced](#) the extension of its conditional (Takaful) and unconditional (Karama) cash transfer to include additional beneficiaries as part of its COVID-19 social protection program.
- Egypt is one of the only Member States that reported positive gross domestic product (GDP) growth in 2020; however, the world bank [suggests](#) this may be misleading.

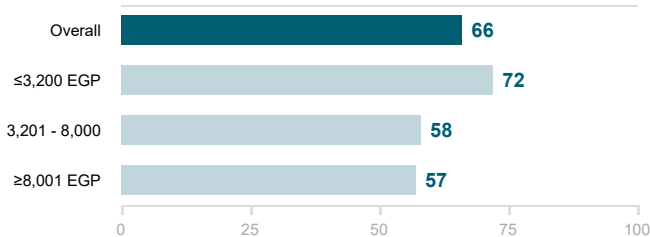
### Reported barriers to food access

Percent of people reporting each barrier

Less income	40%
Higher food prices	29%
Food markets closed	14%
Mobility restrictions	17%
Food market supply shortages	18%

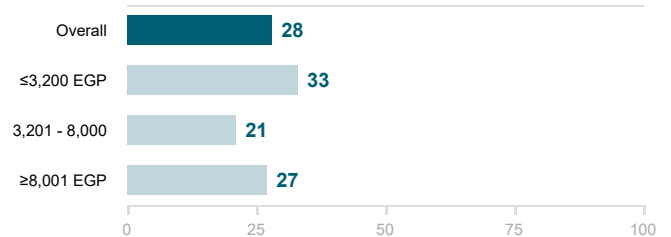
## Household income

Percent of households experiencing **income loss** by category



\*Household income is significantly associated with income loss.

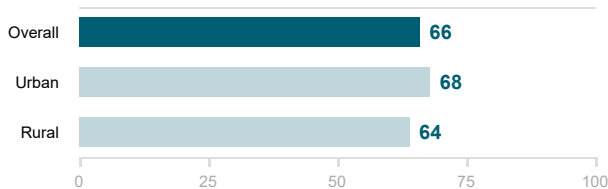
Percent of households **missing meals** by category



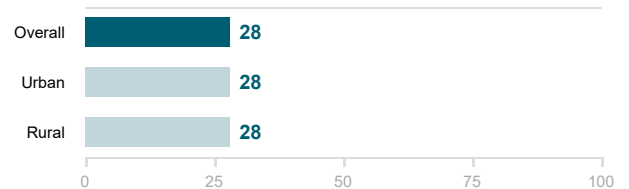
\*Household income is significantly associated with missing meals.

## Location

Percent of households experiencing **income loss** by category



Percent of households **missing meals** by category





## Appendix

## Endnotes

### Report notes

Regional comparisons were conducted as per the following categories: East Africa (Ethiopia, Kenya, Uganda, Sudan); West Africa (Ghana, Nigeria, Liberia, Guinea Conakry, Senegal, Côte d'Ivoire); Northern Africa (Tunisia, Morocco, Egypt); Central Africa (Cameroon, Democratic Republic of Congo); and Southern Africa (Mozambique, South Africa, Zambia, Zimbabwe).

Two-tailed t-tests to compare two categories, and chi-square tests to compare more than two categories were conducted to assess whether there were statistical differences. An asterisk (\*) indicates statistical significance where  $p < 0.05$ .

The figure on page 2 of the report shows the 7-day rolling average of new cases alongside test positivity and mobility data from March 2020 to February 2021. Where test positivity data and/or mobility data are missing, the data are unavailable.

Full survey results are available here and on the PERC online [dashboard](#). For full details on data sources, methods and limitations, see [preventepidemics.org/perc](http://preventepidemics.org/perc).

- Ipsos conducted a telephone survey of a nationally representative sample of households with access to a landline or cell phone. Results should be interpreted with caution as populations without access to a phone are not represented in the findings. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of these data. Differences may be reconciled by investigating the denominator and/or weights used.
- Novetta Mission Analytics conducted research to collect insights from *traditional and social media* sources 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. Content from social media sources in the public domain should be interpreted with caution given that views reflected might be extreme in nature and are not representative of the population of a given country or demographic.
- Africa Centres for Disease Control and Prevention (Africa CDC) provides *epidemiological* data daily for African Union (AU) Member States. Africa CDC receives case, death and testing data from each AU Member State. Because not all AU Member States report daily, numbers could be delayed, especially for testing data which is more commonly reported late, or in periodic batches (e.g. weekly).
- Other Data is 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.

### Country notes

The survey sampled from Egypt consisted of 1,409 adults (626 urban, 783 rural), collected between 11 to 23 February 2021.

Income classifications were based on existing data on local income distributions, which were used to create four income bands, defined as:

- Low income: Monthly household income 3,200 EGP and below
- Middle income: Monthly household income 3,201 EGP - 8,000 EGP
- High income: Monthly household income 8,001 EGP and above