

# Finding the Balance: Public health and social measures in Egypt

This report describes findings from a telephone survey with 1,262 people conducted in September 2021, alongside local epidemiological and secondary data. The survey examined experiences and responses to public health and social measures (PHSMs) to prevent COVID-19 transmission. This is the fourth PERC report since the pandemic began (see the [first](#), [second](#) and [third](#) reports).

## What are the highlights from this report?

### Situational Awareness

Following the relaxation of most PHSMs in June and July 2021 and large summer gatherings, reported COVID-19 incidence has increased continually since early August. Because test positivity has remained high, it is likely many cases are going undetected.

### PHSM Support and Self-Reported Adherence

Support for PHSMs remained higher in Egypt than in other surveyed African Union (AU) Member States in the Northern region, but self-reported adherence had declined since February 2021, likely due to the relaxation of restrictions.

### Information and Risk Perception

Perceived risk of infection remained higher than the Northern regional average, consistent with previous surveys, and COVID-19 was the most commonly reported concern among survey respondents. However, stigmatization of health care workers was common: seven in 10 respondents believed that health care workers should be avoided because of COVID-19.

### Vaccine Beliefs and Uptake

Egypt was among the first Member States to initiate COVID-19 vaccine rollout. Eight in 10 survey respondents were either vaccinated or likely to get vaccinated. Among those who reported being unlikely to get vaccinated, low risk perception was the most commonly reported reason.

### Secondary Burdens

Among households who needed health care, about one-fourth reported skipping or delaying care in the previous six months, most commonly because of concerns about catching COVID-19. Seven in 10 respondents reported having lost income since the start of the pandemic and three in 10 reported missing meals in the previous seven days. Higher prices and income loss were the most common barriers to food access.

### National COVID-19 Data Snapshot as of 3 October 2021

Vaccination rate	10%
Percentage of population with at least one dose of a COVID-19 vaccine	
Number of doses in country	19,047,840
Cumulative incidence per 100,000 people	300
Total reported cases	306,798
Total confirmed COVID-19 deaths	17,436

Data source: Africa Centres for Disease Control and Prevention

## What are the key trends from this survey?

**Likelihood of getting vaccinated and risk perception remain high, but support for staying home has declined despite repeated COVID-19 waves. Income loss has become more widespread.**

	Aug 2020	Feb 2021	Sept 2021
Support for staying home	87%	↓ 82%	↓ 73%
Personal risk perception	27%	↑ 35%	→ 31%
Satisfaction with government response	*	*	*
Vaccinated/likely to get vaccinated	**	78%	→ 81%
Income loss since pandemic start	61%	↑ 66%	↑ 71%



\* Questions pertaining to government satisfaction were not asked of survey respondents in Egypt.

\*\* Vaccines were unavailable at the time of the survey

Changes in percentage of +/- 5% are indicated with an ↑ up or ↓ down arrow

**Situational Awareness**

# What is the situational context influencing COVID-19 response?

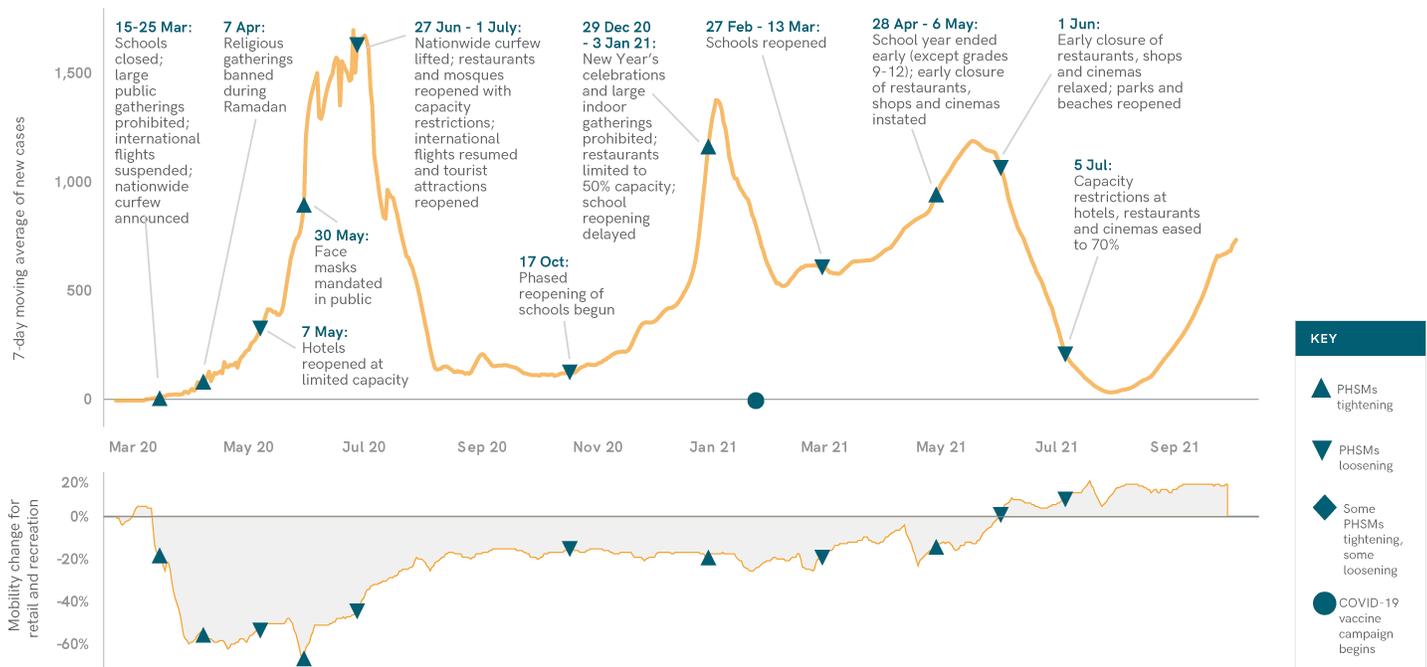
In late September 2021, reported COVID-19 incidence reached more than 600 new cases per day. This was a rapid increase from August 2021, but only half the average incidence reported during Egypt's previous surge in mid-May 2021. However, reporting on the number of COVID-19 tests performed has been inconsistent and the test positivity rate remains high, spiking to nearly 70% in September 2021. Together with the high reported case-fatality rate (5.7%), this suggests that many cases are going undetected and trends should be interpreted with caution.

Relaxation of PHSMs, increased mobility and emphasis on tourism, and the Delta variant may all have contributed to the most recent increase in reported incidence. On 1 Jun 2021, the government lifted [most restrictions to curb the spread of COVID-19](#), after which mobility increased above pre-pandemic levels. The Delta variant was [first detected in Egypt in mid-July 2021](#) shortly after restaurants and hotels were allowed to operate at 70% capacity. Large crowds at events such as summer [concerts](#) and Eid al Adha [celebrations](#) may have enhanced the transmission of COVID-19.

COVID-19 vaccination began on 24 Jan 2021. Five vaccines are in use: AstraZeneca, BioNTech, Johnson & Johnson (J&J), Sinopharm and Sinovac; BioNTech and J&J are available only for travelers. Domestic production of the VACSERA-Sinovac vaccine began in July with [15 million doses](#) produced by 23 Aug, when the vaccine was [licensed for emergency use in Egypt](#). In September, facing a fourth COVID-19 wave, the government sought to accelerate vaccine rollout by expanding vaccination sites and [removing an online pre-registration](#) requirement. By 3 Oct, 10% of the population had received at least one vaccine dose. Egypt mandated vaccines for workers at tourist sites and resorts on the Red Sea and will [require civil servants to be vaccinated](#) effective 15 Nov 2021.

As incidence increases, access to health services and protection of health care workers remain a concern. Although health care workers were prioritized in the first phase of vaccination, the Egyptian Medical Syndicate reported 300 deaths among doctors in the past six months, for a total of [600 deaths since the pandemic began](#).

**After widespread relaxation of public health and social measures in June and July 2021, reported new cases have been on the rise since August 2021.**



## PHSM Support and Self-Reported Adherence

# Do people support and follow measures?

### What the data say

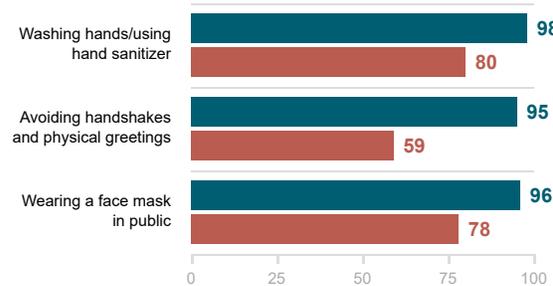
Support for individual measures remained high in Egypt; however, self-reported adherence to all PHSMs declined since the February 2021 survey, likely because few PHSMs were in place in Egypt by September 2021.

- Self-reported adherence to most PHSMs was lower and declined more than in other surveyed Member States in the Northern region where more restrictive measures tended to remain in place. However, support for restrictions on social gatherings and movement were higher than the Northern regional averages (59% vs. 43% and 69% vs. 41%, respectively). This suggests that people in Egypt might adhere to targeted measures were they to be implemented.
- Self-reported adherence to all PHSMs was about 10-15 percentage points higher among those with high perceptions of risk, compared to those with low risk perception. For example, 45% of those with high risk perception reported adhering to social gatherings restrictions compared to 28% of those with low risk perception.

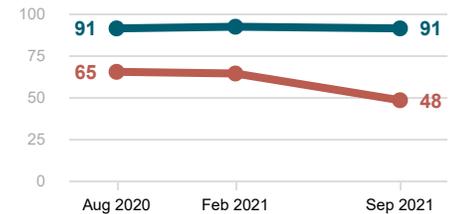
### Individual measures

Self-reported mask-wearing declined by 11 percentage points since the February 2021 survey despite recent increases in reported COVID-19 incidence. This may be linked to reduced enforcement of the requirement to wear a mask in enclosed public spaces.

Support for and adherence to each individual measure in Sep 2021



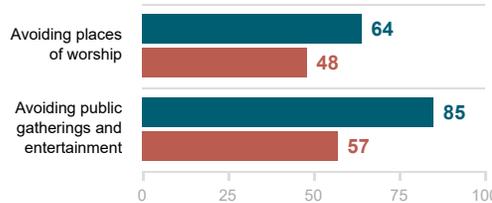
Trend in support for and adherence to all individual measures (composite score)



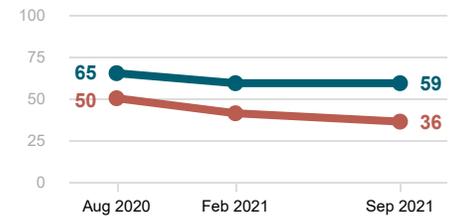
### Measures restricting social gatherings

Support for and reported adherence to avoiding social gatherings were slightly lower among urban than rural respondents (56% vs. 61% and 33% vs. 39%, respectively). Large social gatherings are [still prohibited](#) in Egypt.

Support for and adherence to each social measure in Sep 2021



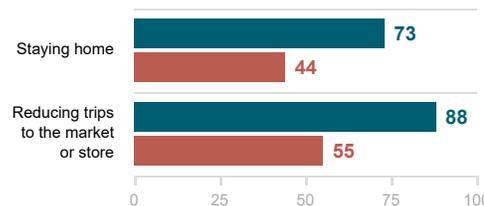
Trend in support for and adherence to all social measures (composite score)



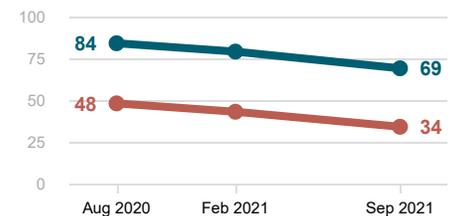
### Measures restricting movement

Staying home was the only restrictive measure for which there was a substantial decline in support since the February 2021 survey (73% in September vs. 82% in February).

Support for and adherence to each movement measure in Sep 2021



Trend in support for and adherence to all movement measures (composite score)



**Information and Risk Perception**

# How do people understand risk?

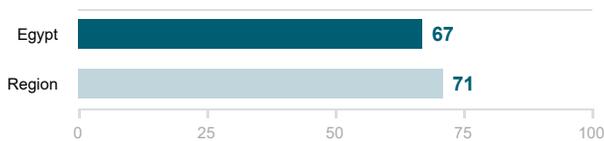
**What the data say**

Perceived personal risk of COVID-19 infection remained higher in Egypt than in other surveyed Member States in the Northern region, consistent with findings from the August 2020 and February 2021 surveys.

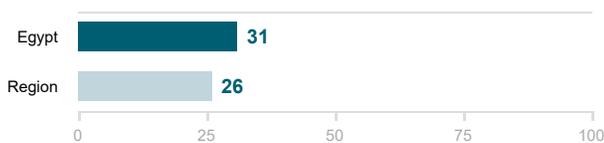
- The share of respondents who believed they were at high or very high risk of infection was similar to the February 2021 survey (31% vs. 35%); both surveys were conducted midway through a surge in cases, which may have contributed to higher perceived risk of infection. A smaller share of respondents thought their health would be seriously affected by COVID-19 in September compared to February (34% vs. 46%).
- Two in three respondents remained anxious about resuming normal activities in Egypt, where many PHSMs have been lifted. A greater share of those with high risk perception reported anxiety about resuming normal activities (78% vs. 56% of those with low risk perception) and identified the pandemic as a top concern (49% vs. 30% of those with low risk perception). Together with strong support for PHSMs, this may suggest that people in Egypt would favor targeted measures to help control current increases in reported COVID-19 cases.
- Despite seven in 10 survey respondents reporting having lost income during the pandemic, only a small share of respondents reported access to income and employment as a top concern, compared to the average among other surveyed Member States (11% vs. 55%); perhaps because of [pandemic government assistance](#) programs in Egypt.
- However, it is also notable that one-third of survey respondents in Egypt reported no concerns at all whereas fewer than 10% of respondents reported no concerns in most other surveyed Member States.

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

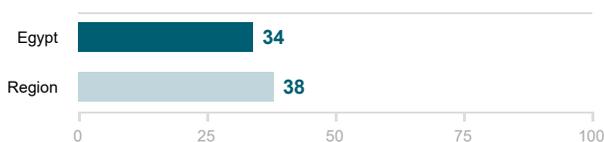
**67% believe that COVID-19 will affect many people in their country**



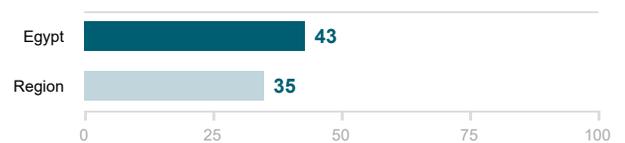
**31% believe that their personal risk of being infected with COVID-19 is high**



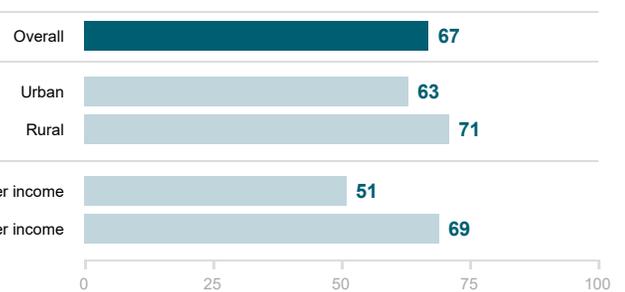
**34% believe that their health would be seriously affected by COVID-19**


**How concerned are people about COVID-19?**

**43% report COVID-19 as being a top concern**



**67% are anxious about resuming normal activities**


**The issues most concerning to people**

Percentage of people reporting concern about a particular issue

COVID-19 pandemic	43%
Access to income/work/unemployment	11%
Other health concerns	11%

Note: 33% of respondents reported no concerns.

## Information and Risk Perception

# Whom do people trust?

## What the data say

About three in four survey respondents trusted the handling of the pandemic by multilateral organizations and health professionals and centers, which is consistent with findings from the February 2021 survey. It is important to note that questions pertaining to respondent satisfaction with and trust in governmental institutions' COVID-19 response were excluded from the survey fielded in Egypt.

- The share of survey respondents who trusted medical institutions was almost 10 percentage points higher among those who reported being vaccinated or likely to get vaccinated than those who reported being unlikely to get a COVID-19 vaccine.

The most trusted information sources included health care workers and community leaders; however, fewer than one in 20 survey respondents normally got information about COVID-19 from these sources. In contrast, local television was both highly trusted and the most commonly consumed source of information about COVID-19. Nearly six in 10 (59%) respondents trusted information about COVID-19 from local television and more than half (55%) normally got information from it.

- About one in three respondents (35%) commonly used Facebook for information about COVID-19, making it the second most commonly used information source overall, and the most commonly used information source among respondents aged 18-25 years (44%). One in three respondents trusted Facebook for information about COVID-19, including 41% of respondents aged 18-25 years.

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

Trust in medical institutions' handling of the pandemic remained on par with results from the February 2021 survey after declining between the August 2020 and February 2021 surveys. In 2020, the government media regulatory entity released a [warning](#) against contradicting official statements on the COVID-19 response.

### Top three most trusted institutions and individuals

Percentage of people reporting trust in each person's or institution's approach to the pandemic

World Health Organization (WHO)	77%
Medical professional associations	75%
Hospitals/health centers	74%

## Do people believe accurate information?

Health care workers were the most trusted source of information. There was also widespread belief that they should be avoided, potentially in part because of [reporting on the high rates of COVID-19 among health care workers](#). This belief may have contributed to concern about catching COVID-19 being the most commonly reported reason for skipping needed health care visits. However, fewer respondents believed this misconception than in February 2021, when nearly eight in 10 held this view. Because local television was both highly trusted and widely consumed, it may be a useful platform to help dispel myths and promote accurate health information.

### Most trusted sources of information

Percentage of people reporting trust in information sources about COVID-19

Health center/health workers	69%
Friends and family	67%
Community leaders	65%

**89%** understand that infected people may never show symptoms but could still infect others.

**79%** understand that infected people may not show symptoms for five to 14 days.

**42%** believe that COVID-19 can be cured with herbal remedies.

**69%** think they should avoid health care workers because they could get COVID-19 from them.

**Vaccine Beliefs and Uptake**

# Do people want to get the COVID-19 vaccine?

These survey questions aim to describe the available market for COVID-19 vaccine uptake and target populations for information campaigns. We therefore show those reporting being vaccinated or likely to get vaccinated, and those unlikely to get vaccinated. The survey does not seek to validate COVID-19 vaccine coverage.

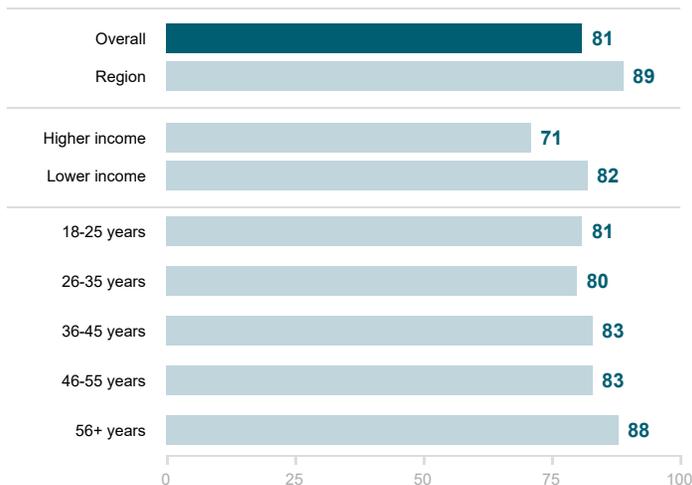
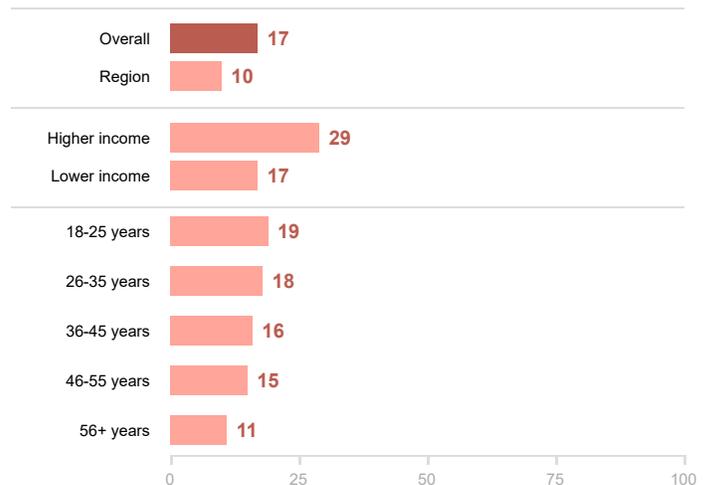
**What the data say**

About eight in 10 survey respondents reported that they were either vaccinated or likely to get a COVID-19 vaccine, similar to the likelihood of vaccination reported in February 2021 (78%). Egypt was among the first AU Member States to initiate vaccination, and [all people](#) aged 18 or older were eligible for vaccination in Egypt at the time of this survey.

- Among those who reported that they were unlikely to get vaccinated, low risk perception was the most commonly reported reason. However, among female respondents who were unlikely to get vaccinated, special medical conditions such as pregnancy were the top reason (reported by 17% of respondents). Pregnant people are at high risk for severe COVID-19 and are an important subgroup for future vaccination efforts.
- Four in 10 respondents did not want to receive any additional information about vaccines, which could reflect widespread availability of vaccine information. However, concerns have been raised about whether vulnerable groups — including [migrants](#), refugees and people in [detention facilities](#) — are aware of vaccine availability and have adequate access to COVID-19 vaccines.

**How many people reported getting or planning to get the COVID-19 vaccine?**

Fewer than 5% of respondents reported being unsure about COVID-19 vaccine uptake and are therefore not shown. Percentages reported are among the entire sample.

**81% are vaccinated or are likely to get vaccinated**

**17% are unlikely to get vaccinated**

**What do people think about COVID-19 vaccines?**
**Top information wanted about vaccines**

Percentage of people reporting each type of information

Nothing/I don't want to receive information	41%
What are the main side effects and are they painful/serious?	17%
What types of vaccines are there, what are they made of and how do they work?	12%

**Top reasons people would not get the vaccine**

Among people who were not planning to get vaccinated, their reasons were:

I do not feel I am at risk of catching the virus	22%
Lack of trust (i.e. in vaccine, government)	14%
The vaccine is killing people/it is a deadly vaccine	12%

**Secondary Burdens**

# Are people skipping or delaying health care?

**What the data say**

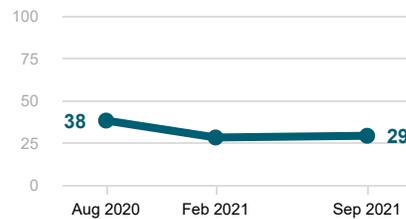
Among respondents reporting they or someone in their household needed health care, nearly one-fourth reported skipping or delaying services in the previous six months, on par with the February 2021 survey and far below the Northern regional average (39%).

- Among those who skipped care, diagnostic services were the most common reported type of missed service, in addition to nearly 10% who reported skipping care for suspected COVID-19 symptoms. The top reason for missed care was concern about catching COVID-19. These findings – unchanged from the February 2021 survey – suggest that people continue to be hesitant to seek care for COVID-19 symptoms and underscore the importance of communicating that health care facilities are safe and encouraging people to seek care for COVID-19.

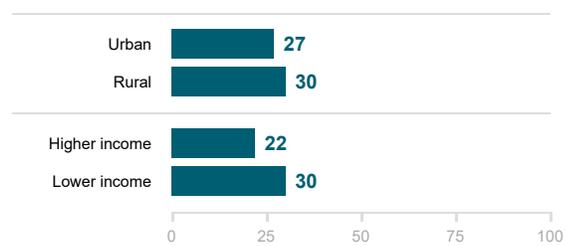
**Difficulty getting medicines**

A much smaller share of respondents reported difficulty accessing needed medicines in the previous three months in Egypt (29%) than in Morocco (52%) and Tunisia (48%), consistent with findings from the February 2021 survey.

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



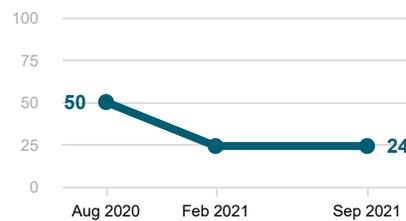
*Percentage having difficulty getting medicines by category*



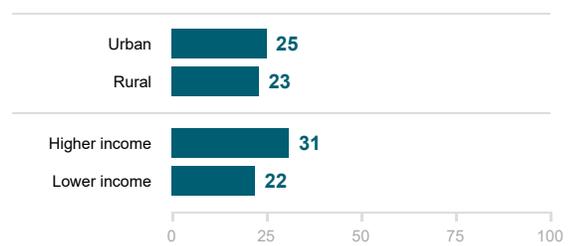
**Skipping or delaying health visits**

Among households who needed care in the previous six months, those that included children under five years of age reported skipping needed health care at a higher rate (27% vs. 19% of households without children under five).

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



*Percentage skipping or delaying health care visits by category*



**Reasons for skipping or delaying visits**

People could choose multiple responses

Worried about catching COVID-19	54%
Cost/affordability	18%
Health facility disruption	14%
Mobility restrictions/transport challenges	5%
Self-isolating with suspected COVID-19	4%

**Types of health visits that were skipped or delayed**

People could choose multiple responses

Diagnostic services/symptoms	30%
Noncommunicable diseases	28%
Reproductive, maternal, newborn, child health	15%
General/routine check-up	11%
Suspected COVID	9%

Note: 39% of visits categorized as "other".

**Secondary Burdens**

# Are people experiencing income loss or food insecurity?

**What the data say**

Seven in 10 survey respondents reported losing income since the start of the pandemic. Although this percentage was higher than in previous surveys (61% in August 2020, 66% in February 2021), the prevalence of income loss in Egypt remained lower than the Northern regional average (77%). The share of respondents reporting missed meals in the previous seven days also was lower in Egypt (30%) than in Morocco (52%) and Tunisia (43%).

- Higher food prices and less income were the most common reasons reported for difficulty accessing food. [Food prices rose 3.5%](#) in Egypt in September 2021 amid rising inflation.
- One in three respondents (34%) reported complete income loss during the pandemic. Respondents who experienced complete income loss were among the groups that reported the highest rates of missing meals in the previous seven days (44%) or skipping needed health care visits in the previous six months (32%), reflecting compounding challenges in fulfilling basic needs during the pandemic.
- The pandemic is also exacerbating existing disparities; respondents from lower-income households reported income loss during the pandemic at a higher rate. Vulnerable groups include informal workers, who were among the most affected by [income loss](#) during the pandemic and less likely to have benefited from [government assistance](#) during the pandemic. Egypt also hosts more than [265,000 refugees and asylum seekers](#); in July 2021, the [unemployment rate](#) was 29% among refugees compared to 9% nationally. [UNICEF](#) reported that as of the end of June 2021, regular cash grants to refugees were significantly reduced in Egypt due to underfunding. Easing of PHSMs, particularly the expanded capacity limits for restaurants and the hospitality sector that were enacted in July 2021, may help to reduce unemployment among these groups.

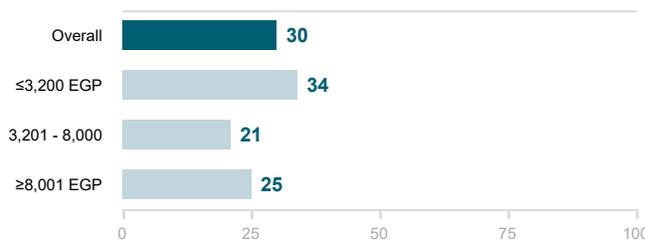
**Reported barriers to food access**

Percentage of people reporting each barrier

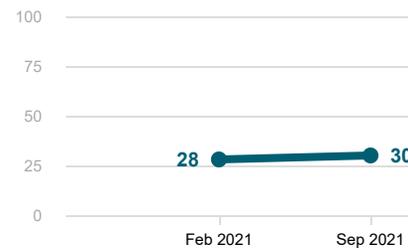
Less income	45%
Higher food prices	46%
Food markets closed	23%
Mobility restrictions	24%
Food market supply shortages	28%

**Missing meals**

Percentage of households *missing meals* by category



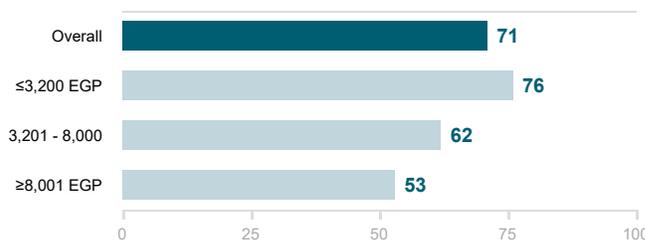
Percentage of households *missing meals* over time



Note: Data on missing meals were not collected in Aug 2020.

**Income loss and receiving government assistance**

Percentage of households experiencing *income loss* by category



Note: the question pertaining to receipt of government assistance was excluded from the survey fielded in Egypt.

## Appendix

# Endnotes

### Report notes

Regional comparisons were conducted as per the following categories: Eastern Africa (Ethiopia, Kenya, Uganda, Sudan); Western 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).

The epidemiology curves on pages one and two of the report shows the 7-day rolling average of new cases from March 2020 to October 2021. Where epidemiology 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.
- 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 are more commonly reported late, or in periodic batches (e.g., weekly).
- Other data are 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 1,262 adults (562 urban, 700 rural), collected between 15 Sep and 1 Oct 2021.

Income classifications were based on existing data on local income distributions, which were used to create three 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