

Policy and Institutional Responses to COVID-19 in the Middle East and North Africa: Egypt^{*}

Summary

The Egyptian government implemented a nationwide lockdown and social distancing measures to control the spread of COVID-19 starting in March 2020. The highest levels of the central government were responsible for executing the country's policy and institutional response, which was coordinated through the Higher Committee to Combat Coronavirus chaired by the prime minister. The Ministry of Health and Population has played a key role in overseeing the government's ongoing health response, releasing daily briefings on total confirmed cases, recoveries, and death rates across the country. Other state organizations, including the armed forces and state enterprises, have been mobilized to support the government's response to the crisis.

The government rapidly launched an online portal through the Crisis Management Unit within the Cabinet's Information and Decision Support Center, which publishes and communicates a wide array of COVID-19-related information to the public through various media channels. The government launched a 24-hour hotline and a smartphone application to enable general access to resources and information on COVID-19. More recently, testing capacity—a challenge in the early months of the outbreak—has been expanded to include 57 laboratories nationwide, as well as mobile drive-through testing facilities. Moreover, the Ministry of Planning and Economic Development has launched an online COVID-19 policy tracker, which provides an interactive platform with details on the 432 COVID-19 policy response measures implemented by 77 government entities to date.

Despite notable efforts to contain the initial spread of the virus, subsequent months saw an acceleration in daily-confirmed cases of COVID-19, with new cases reaching a peak of 1,774 on June 20. Data reported by the Ministry of Health and Population points to a substantial decline in daily cases in the two-month period following the government's announcement that it would significantly ease restrictions and put in place plans to co-exist with the virus to minimize economic repercussions. On August 3, for the first time since April 24, Egypt recorded a daily case count below 200. Moreover, Egypt's total confirmed cases and deaths per capita remain below those of many other Middle East and North Africa (MENA) countries. While Egypt's outlook has markedly improved compared with the daily-case numbers recorded over the summer, official statistics point to a second wave with an uptick in daily cases beginning in November and accelerating to a peak of over 1,400 per day in early January, before subsequently falling off to around 700 per day in late January.

^{*} This case was produced by Robert Beschel for the Brookings Doha Center (BDC). The graphs are by Andrew Letzkus of the MENA COVID-19 Response Project. The author extends his thanks to Dr. Amr El Shalakani, Senior Health Specialist at the World Bank, for his valuable insight on Egypt's responses to COVID-19.

Several key challenges can be behind the acceleration of total confirmed cases, which took place in May and June. Various hospitals and health care facilities designated to receive and treat cases of COVID-19 were ill-equipped to handle the influx of patients, with reports of limited provision of, and access to, personal protective equipment and, in some cases, weak enforcement of health safety guidelines during treatment. This resulted in many medical teams and health care workers contracting the virus. Moreover, testing capacity throughout the country has been limited, preventing a more comprehensive reading of confirmed cases across governorates, though total confirmed cases appear to be concentrated in dense urban centers and within the Greater Cairo region.

To contain the economic fallout resulting from lockdown measures, the government gradually eased restrictions during the month of Ramadan (between April 23 and May 23). By early July, the prime minister announced a substantial easing of measures through the removal of daily curfews, the gradual and partial reopening of restaurants and entertainment facilities, and the resumption of international flights to specific destinations, among other steps. Additional steps were taken in August and September, while a plan to combat a second wave of infections has been put in place.

Egypt's ongoing Economic Transformation Program has been credited with facilitating the government's accelerated spending on the health sector response, as well as the various economic support measures and programs put in place since the start of the pandemic. The International Monetary Fund revised its initial real gross domestic product (GDP) growth forecast for Egypt's 2020 fiscal year from 2.0 percent to 3.55 percent – higher than all Middle East and Central Asia economies and among the few countries globally with a positive growth rate. Given the ongoing impact of the pandemic and anticipated measures to contain a second wave of infections, the country is expected to grow by 2.75 percent in the 2021 fiscal year.¹

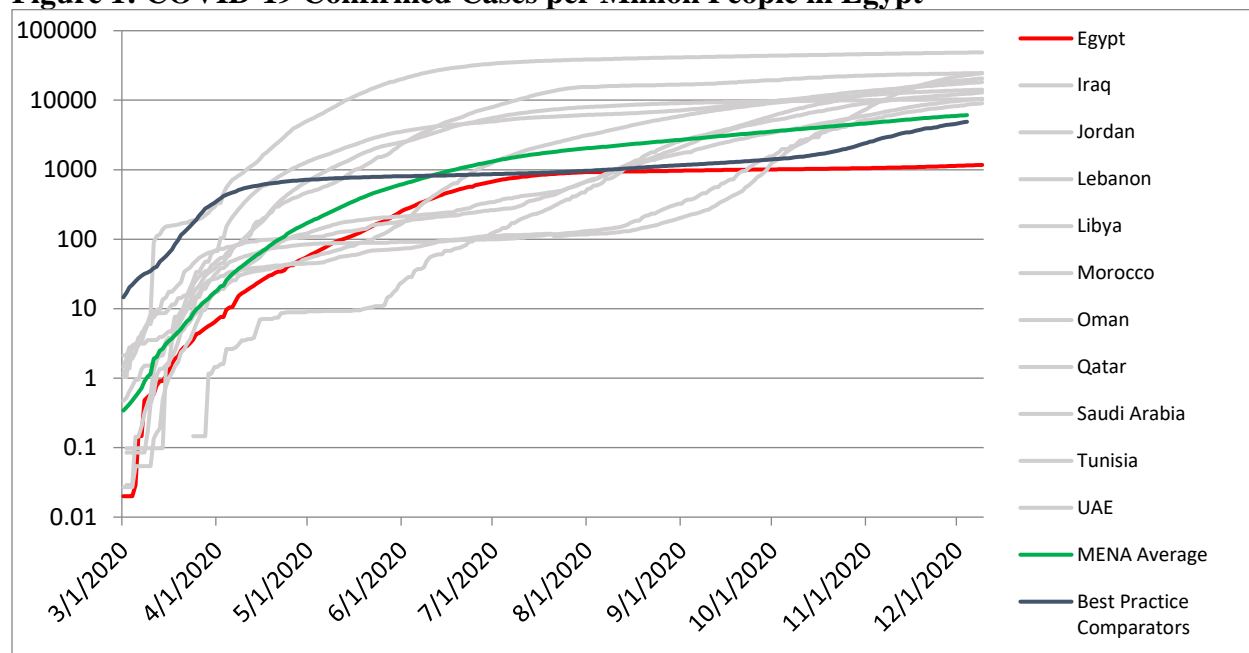
General Information (as of January 25, 2021)

Indicator ²	January 25
Confirmed COVID-19 cases:	162,486
COVID-19-related deaths:	9,012
COVID-19 recovered patients:	127,001
COVID-19 tests administered: ³	-----

Source: Our World in Data & Worldometer

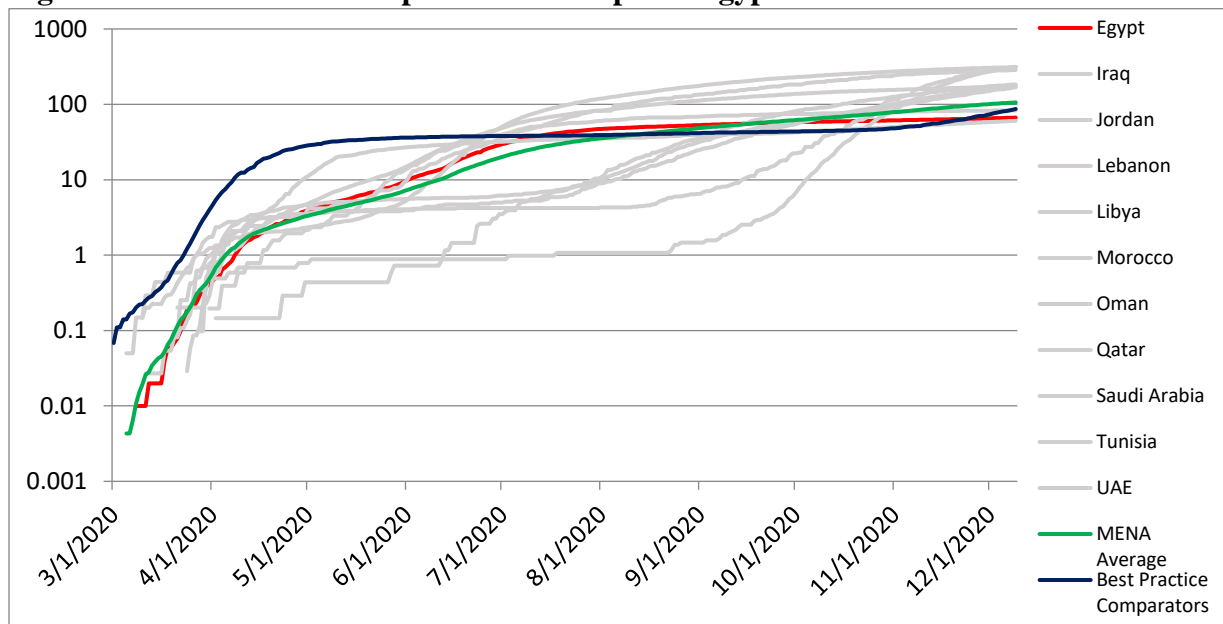
The figures below explore Egypt's efforts to combat the COVID-19 pandemic, providing a comparison of performance and outcomes with other countries reviewed in this series where relevant. Figure 1 and Figure 2 compare outcomes in terms of total confirmed cases and deaths over the course of the pandemic. Figure 3 compares the strictness of governmental responses to the pandemic over time using the Oxford COVID-19 Government Response Tracker's Stringency Index. The index is a composite measure of responses related to school closures, business closures, and travel bans, although it should not be construed as an indicator of the *effectiveness* of the government response. Using this index, Figure 4 tracks the strictness of Egypt's policy response against daily-confirmed cases, allowing for an analysis of how closure policies have shifted with changes in virus incidence.

Figure 1: COVID-19 Confirmed Cases per Million People in Egypt⁴



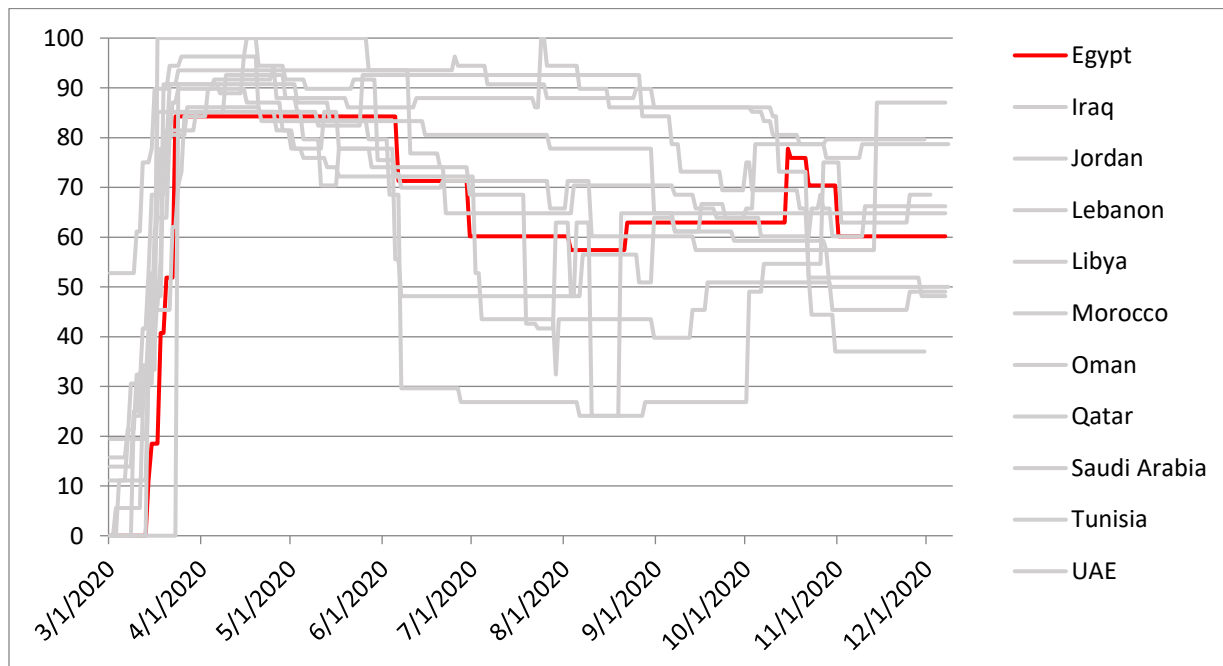
Source: Our World in Data.

Note: MENA Average is a population-weighted average of MENA countries for which data exists, including Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Tunisia, the United Arab Emirates, and Yemen. The Best Practice Comparators average is a population-weighted average of Australia, Denmark, Germany, New Zealand, South Korea, and Vietnam. To compare specific countries identified in this graph, the reader should consult the case studies for relevant countries in this publication series.

Figure 2: COVID-19 Deaths per Million People in Egypt⁵

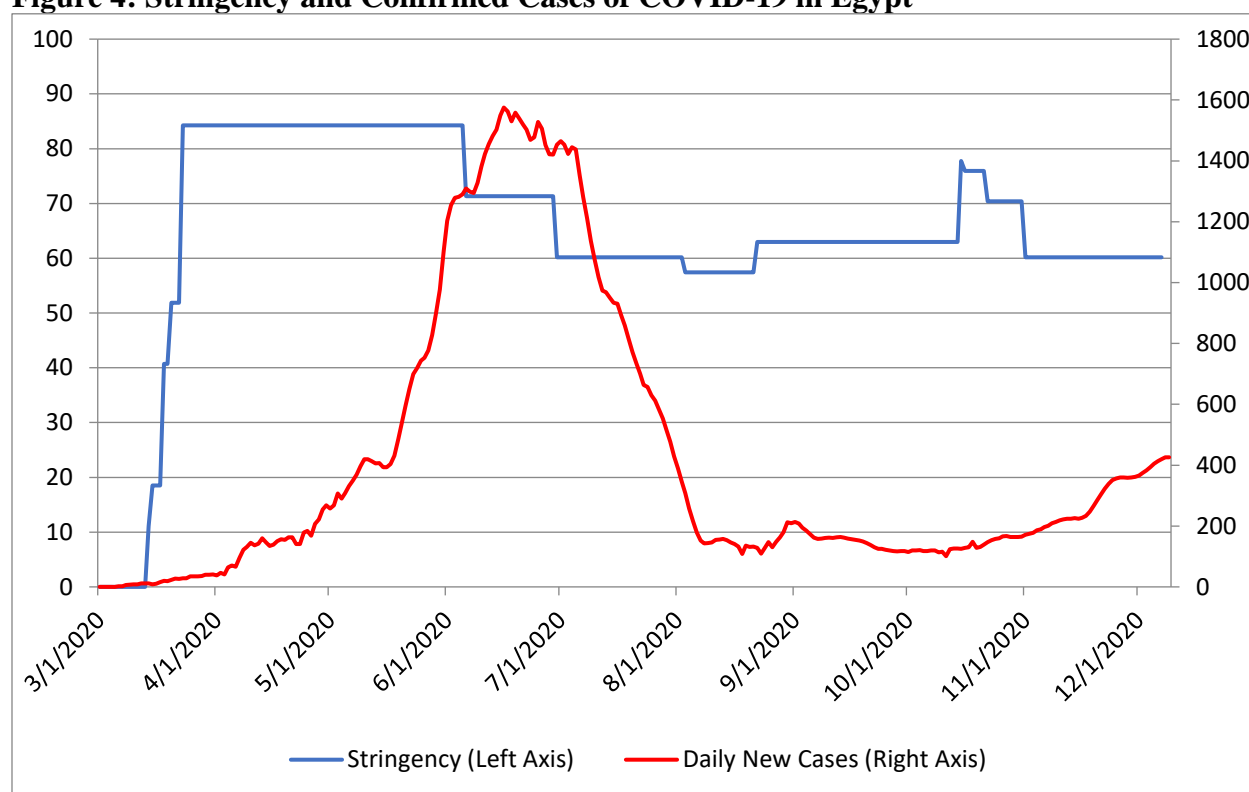
Source: Our World in Data.

Note: MENA Average is a population-weighted average of MENA countries for which data exists, including Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Tunisia, the United Arab Emirates, and Yemen. The Best Practice Comparators average is a population-weighted average of Australia, Denmark, Germany, New Zealand, South Korea, and Vietnam. To compare specific countries identified in this graph, the reader should consult the case studies for relevant countries in this publication series.

Figure 3: Stringency of COVID-19 Response in Egypt Compared to the Middle East and North Africa⁶

Source: Oxford COVID-19 Government Response Tracker.

Note: On the Stringency Index, 100 represents the strictest approaches to closures.

Figure 4: Stringency and Confirmed Cases of COVID-19 in Egypt⁷

Sources: Oxford COVID-19 Government Response Tracker, Our World in Data.

Note: On the Stringency Index, 100 represents the strictest approaches to closures. Daily new cases have been smoothed.

Increase in unemployment associated with the virus:

A recent survey conducted by the Central Agency for Public Mobilization and Statistics (CAPMAS) reflected the impact of the slowdown in economic and business activity, as more than a quarter of respondents reported losing their jobs between the end of February and May.⁸ The official unemployment rate reached 9.6 percent in the second quarter of 2020, compared to 7.5 percent during the same quarter last year.⁹ In a sign of economic activity increase following the easing of social distancing measures, the rate of unemployment declined to 7.3 percent in the third quarter of 2020, decreasing by 151,000 year-on-year to 2.06 million.¹⁰

Description of government response to the COVID-19 pandemic:

The Egyptian government has initiated lockdown and social distancing measures on March 24 to limit the spread of the coronavirus, shortly after a public health emergency was declared on March 17. The containment measures, while comprehensive in nature, were enacted more than a month after the Ministry of Health and Population confirmed the first case of COVID-19 in Egypt on February 14.¹¹ A myriad of other health, economic, and social policy actions have since entered into force. Egypt's implemented measures included a two-week curfew from 7 p.m. to 6 a.m., the suspension of all mass public and private transport during curfew hours, and the closure of shops, malls, and coffee shops on weekends. Public and private schools, universities, and education

centers were closed. They only reopened for the new academic year on October 17.¹² Public events, including government meetings, sports events, and large social gatherings, were restricted.

General assessment of how the response has worked:

Figure 4 captures the extent to which Egypt's measures have fared in containing the internal spread of the virus. While aggressive containment measures appear to have kept daily-confirmed cases within manageable levels, Figure 4 reflects an escalation in total confirmed cases (and daily new cases) in May and June. However, throughout July, and coinciding with the easing of restrictions, daily confirmed cases began a period of rapid decline, with official daily confirmed cases largely remaining below 200. Toward the end of the year, Egypt began experiencing a second wave of the outbreak, with daily cases rising to a peak of 1,400 as of early January 2021.

Oxford University's COVID-19 Government Response Stringency Index, a composite measure of the strictness of the response based on nine response indicators, reflects the tardiness in Egypt's official response. As evident in Figure 4, Egypt's stringency index value remained at zero (with 100 capturing the strictest response) until March 14, when efforts to curb the spread of the virus were put into effect. From this point, the strictness of Egypt's response rapidly increased to 84.3 by March 25.¹³ In turn, Egypt's score on the index by mid-December declined to 60.2, coinciding with gradual ease of initial restrictions.

On Malaysia's Performance Management and Delivery Unit's (PEMANDU) COVID-19 Recovery Index, Egypt scores 72 out of 100 (with 100 being the highest score), positioning it 56 out of 180 countries as of early December 2020.¹⁴ Egypt fares well on PEMANDU's COVID-19 Severity Index, with a score of 14.78 (with zero being the best score), and a severity rating of two, indicating that the relative percentage of infections and the resulting deaths per population remain low relative to other countries and regions.¹⁵

The effectiveness of Egypt's response was impacted by the limited preparedness of its health infrastructure to deal with increased cases, and how slowly the government moved to prepare existing health facilities such as turning certain state-owned facilities into temporary health centers to enhance response capacity. A World Health Organization (WHO) delegation concluded by late March that Egypt only had the capacity to conduct up to 200,000 tests, affecting the ability to gain an accurate reading of total case counts throughout the country. Moreover, Egypt's health infrastructure varies in terms of access and quality across regions. The virus, as expected, appears to have hit urban centers in the Greater Cairo region hardest, with almost 50 percent of confirmed cases reported in these centers by end of May. By mid-December, Egypt's case fatality rate was 5.7 percent, compared to the world average of 2.2 percent.¹⁶

Importantly, shifts in government policy regarding curfews and closures may have undermined initial efforts to address the pandemic. This includes the delayed lockdown and subsequent changes in the intensity of social distancing mandates during, and immediately following, the month of Ramadan. These changes may have sent conflicting signals about the risks posed by the virus, leading to a lack of enforcement, low public compliance, and higher rates of infection.

To what extent have there been protests and/or unrest surrounding the virus outbreak or stay-at-home orders?

Since the emergence of the COVID-19 outbreak in Egypt, there have been accounts of protests concerning the government's handling of the pandemic, despite broad public support for the government's efforts to combat the virus's spread. Further government measures are unlikely to generate significant discontent among the population. However, rising hardships, due to increased unemployment, persistent poverty, and limitations on social protections, may increase grievances.

Authorities have asserted that the government will prosecute anyone spreading false news on social media concerning the pandemic. Since the outbreak, tensions between frontline medical staff treating patients at COVID-19-designated hospitals and authorities have surfaced. This is best captured by criticism from the Egyptian Medical Syndicate about the absence of adequate safeguards, personal protective equipment (PPE), and testing for medical staff throughout the country, even after an outbreak at the National Cancer Institute in early April. Moreover, since the beginning of the outbreak and by early-May, at least 113 doctors (out of 6,813 total infections as the time) had reportedly contracted the virus.¹⁷ In mid-June, the WHO reported that medical workers constituted 11 percent of total COVID-19 infections in Egypt. Additionally, tensions came to a head when the Medical Syndicate called for an apology from the prime minister over a statement in which he blamed the recent surge in COVID-19 fatalities on negligence and absenteeism among doctors.

How accurate are the statistics perceived to be by neutral external observers (i.e., WHO, World Bank, etc.)?

Egypt's health ministry releases statistics on daily COVID-19 infections, recoveries, and deaths. National data is utilized by various international organizations, and the official curve reported by the government is likely an accurate depiction of general infection trends. For example, the International Monetary Fund's (IMF) COVID-19 Policy Tracker reports data for total confirmed cases and deaths that reflect those officially published by the Egyptian government.¹⁸

As is the case in many countries, uncertainties remain as to whether official data fully captures the extent of COVID-19 infections in the country. A prominent example is a claim made on June 1 by the Minister of Higher Education and Scientific Research that total COVID-19 infections could be five to ten times higher than official figures, based on a ministry presentation modelling the spread of the virus throughout the country.¹⁹ Moreover, the limited availability and administration of tests has been a challenge. There are no clear official figures on the total number of polymerase chain reaction (PCR) tests conducted to date, although the government has expanded testing capacities, including through drive-through and walk-in testing clinics. This has raised concerns regarding the extent of infections as the country enters a second wave.

While COVID-19 deaths per million in Egypt are lower than best practice comparators and other MENA countries (according to official statistics as reflected in Figure 2), the fatality rate of 5.7 percent is far higher than the global average. This may reflect either incomplete testing coverage or a more constrained approach to testing concentrating upon those who display severe symptoms of the disease. It could also indicate that treatment capacity is constrained and uneven across the

country. Finally, it may reflect differences in underlying health outcomes and the prevalence of non-communicable diseases in Egypt,²⁰ leading to lower survival rates among those who contract the virus. In response to claims of underreporting the scale of total infections and deaths resulting from the virus, the Egyptian government has reaffirmed that affiliated hospitals are reporting daily cases fully and accurately in coordination with the Ministry of Health and Population and the World Health Organization.²¹

Institutional Response: Health Sector

Did the government create special institutions to coordinate its virus response (such as a task force), or did it work through existing structures such as the Cabinet?

Egypt's response to the pandemic was implemented by the highest levels of government, with strong support from the political leadership and the presidency. The central government led the response, while members of the Cabinet played an active role in policy implementation and communication efforts. Many ministries and government agencies beyond the health ministry have been involved in efforts to contain the pandemic. To oversee and coordinate this response, the government established a national coordination and response taskforce called the Higher Committee for the Management of the Coronavirus Crisis.

In addition, the Legislative Committee of the Egyptian House of Representatives approved new amendments to Emergency Law 162 of 1958, strengthening presidential powers to tackle the outbreak effectively.²² Measures bolstering the executive powers of government leaders have been enacted in many countries to strengthen central government implementation and coordination capacity to tackle the virus. The measures give the president the right to suspend classes in schools and universities, stop work in government and private institutions, and postpone utilities and water payments. It also allows the president to ban public and private meetings, demonstrations, processions, celebrations, and other gatherings. In addition, the president can impose quarantine on returnees from abroad, ban exports of certain goods, and place restrictions on trading, transporting, and selling or possessing specific commodities and products. Furthermore, the president may direct some government and private hospitals to work at full capacity to tackle the pandemic and convert schools, youth centers, other state-owned buildings, and public sector companies into temporary field hospitals.

The Ministry of Planning and Economic Development launched a COVID-19 Policy Tracker, which is a centralized hub with descriptions of all 432 policies undertaken across 24 sectors to combat the virus to date.²³ The aim is to strengthen coordination and integration among the 77 implementing entities. Among all the policies, 60 policies aim to mitigate the virus spread, 47 policies target support to the tourism and civil aviation sectors, and 39 policies support the health sector and affected families, each.

If the former, which ministries and agencies are participating in the task force? How frequently does it meet? Who chairs the meeting?

The prime minister leads the Higher Committee for the Management of the Coronavirus Crisis, which includes various ministers,²⁴ the presidential advisor on health affairs and prevention, and the head of the Egyptian Drug Authority. The committee has received regular briefings from

ministry representatives, particularly from the health ministry, on the status of the outbreak and policy implementation. Meetings have included discussions on the government's preparations and policies. Meetings have been convened on a regular basis, though it is unclear whether the frequency of meetings has been formalized.

Have various operational subcommittees been formed addressing specific dimensions of the challenge? What are they, who chairs them, and how often do they meet?

The Scientific Committee to Combat Coronavirus was established under the Ministry of Health and Population. The committee is tasked with designing and updating the ministry's COVID-19 management protocols. Its chair, Dr. Hossam Hosni, regularly reports COVID-19-related data via various media channels and communicates medical and treatment developments such as the manufacturing of COVID-19-related medications locally. The committee anticipated that daily-confirmed cases would remain below 2,500 and would gradually decline towards the end of July.²⁵ This projection was consistent with the significant decline in daily-confirmed cases reported throughout July, August, and September.

Is there a secretariat supporting the government's response or a designated ministry that is providing technical support?

The Ministry of Health and Population is leading the health sector technical response to the pandemic. It has established treatment protocols and manuals. It also oversees the allocation of the government's emergency health expenditure. Other ministries and authorities are facilitating the government's broader response to mitigate the spread of the pandemic in coordination with the health ministry. Working groups have been set up across ministries and government agencies to monitor the implementation of COVID-19 measures. Under the president's orders, Egypt's Ministry of Defense supports state agencies and ministries in the implementation of COVID-19 measures.

How is communication taking place with sub-national government entities?

Governors and local government units are tasked with enforcing rules and procedures controlling the pandemic within their jurisdictions, such as the enforcement of the curfew, control of traffic flow, and monitoring local health sector response efforts. There is evidence of movement restrictions and the isolation of specific communities with identified outbreaks to prevent cross-country transfer of the virus.²⁶ Furthermore, directors of health offices at the local and governorate level monitor coronavirus cases in their respective areas, providing the health ministry with daily updates on confirmed cases, deaths, and the status of infected individuals.

The Ministry of Local Development ensures the effective implementation of rules and procedures approved by the Higher Committee across the country's governorates. The minister coordinates with governors and local entities to ensure the measures' implementation locally. The Cabinet has approved extensive guidelines to ease lockdown measures starting in July and has communicated these to local authorities to ensure their effective and adequate enforcement.²⁷

The prime minister regularly monitors the implemented efforts to tackle the pandemic across governorates. As head of the higher committee, he assesses hospital occupancy rates and calls for necessary measures to address capacity and supply constraints across governorates.

How are governments reaching out to external expertise in the medical and scientific communities? Have they developed mechanisms for channeling this expertise into government?

The health ministry's Scientific Committee to Combat Coronavirus contributes to the ongoing medical research efforts in treating COVID-19 patients. The committee updated treatment protocols and guidelines throughout the country in May. Egypt's extensive research efforts were mainly directed toward treatment and containment of the virus. While the ministry aims to publish medical research conducted to date, the initial findings would require additional and more rigorous testing.

A WHO delegation concluded a technical support mission to Egypt on March 25 with the objective of better understanding the outbreak situation, reviewing ongoing institutional responses, providing onsite technical support as needed, and identifying strengths and gaps. The delegation praised the Egyptian government's efforts to control the outbreak and outlined areas for improvement such as adopting a risk-assessment approach and increasing testing and screening capacities.²⁸ The World Bank established the Egypt COVID-19 Emergency Response Program to strengthen existing COVID-19 measures. It provides health worker training, supports securing improved personal protective equipment, and reinforces testing capacities like localized testing, among others.²⁹

Egypt aims to become a regional hub for the manufacture and distribution of vaccines.³⁰ It has coordinated with the Chinese government and Group 42 (G42), a company based in the United Arab Emirates, regarding the possibility of a coronavirus vaccine development.³¹ In December, the Egyptian Cabinet announced plans to contract with the Global Vaccine Alliance (Gavi) for around 20 million vaccine doses. Meanwhile, a private Egyptian company – Pharco – will import millions of doses of Russia's Sputnik V vaccine under an agreement with the Russian Direct Investment Fund. Egypt has also secured the vaccines developed by Pfizer and Oxford-AstraZeneca covering up to 50 percent of the country's needs. More recently, Egypt's health ministry received the first batch of 50 thousand vaccines developed by the Chinese state-owned pharmaceutical company Sinopharm, becoming the first country in Africa to receive the vaccine. A website and hotline will be launched to allow eligible individuals to register and receive the vaccine, with priority given to medical staff and patients with chronic conditions, including kidney and heart diseases.³²

Has the government taken any decision to ramp up the production of medical supplies and equipment during the crisis? Have procurement rules been waived or modified to facilitate the purchase of supplies?

According to the Citizen's Budget published by the Ministry of Finance, the Egyptian government has allocated 63 billion Egyptian pounds (\$4 billion, 1.1 percent of GDP) to combat COVID-19 to date.³³ Of these, 10.72 billion Egyptian pounds (\$681.6 million) have been directed toward strengthening the health sector response. The health ministry is allocating these funds through existing budgetary channels, and promptly securing medical suppliers through an electronic payment system. The additional allocations were directed toward the health ministry, its affiliated bodies, and university hospitals, to increase medical supplies and equipment and expand health capabilities by increasing the number of health care workers and their preparedness to treat the

virus.³⁴ Allocated funds ensure the provision of essential medical supplies and distribution of bonuses and incentives to frontline health care workers. Medical professionals working in university hospitals were entitled to up to 75 percent of allowance over existing wages.

The minister of finance has affirmed that the government is ready to increase health spending if necessary. In mid-September, he announced that health expenditure would reach 3 percent of GDP in the current fiscal year, totaling 258.5 billion Egyptian pounds (\$ 16.47 billion). This includes increased investments totaling 7 billion Egyptian pounds (\$ 446 million) for hiring 25,000 health care workers for health ministry-affiliated hospitals, and another 8,200 health care workers at university hospitals.³⁵ The education sector spending has also been increased to 6 percent of GDP. Health and education spending will increase by almost half (43 percent) compared to the 2020 fiscal year, meeting quotas mandated in the Egyptian constitution.

In efforts to ramp-up preparedness of the health sector, more than 370 hospitals, several university hospitals, and temporary medical facilities have been designated as COVID-19 treatment facilities throughout the country. Moreover, the government has dedicated a number of state-owned facilities for medical isolation. Since May 21, the health ministry has allowed the provision of COVID-19-related health services by the private sector. Additionally, citizens with mild COVID-19 symptoms have been able to seek testing at non-specialist, state-run hospitals to reduce the pressure on COVID-19-designated hospitals. An additional 320 hospitals will be added under government plans to adequately respond to the second wave of infections.

During the start of the pandemic, Armed Forces General Command directed the provision of protective medical masks to citizens free of charge in major urban centers and transportation hubs. The armed forces have also launched five new production lines for medical respirators in accordance with WHO specifications, maintaining production of 100,000 masks daily.³⁶ Other public business sector companies and organizations have pledged to support protective mask production in response to increased demand. Moreover, the Ministry of Supply and Internal Trade recently mandated the distribution of masks to ration cardholders with four or more family members to contain the virus's spread and impact on vulnerable and low-income communities. This is among broader efforts to expand existing social protection programs.

In addition, to ensure medical equipment needs were met, Egypt implemented a ban on exports of medical supplies, disinfectants, and ethanol among other supplies until June 2020.³⁷ In September, the Ministry of Trade and Industry began permitting the export of excess supplies of medical masks and infection prevention equipment and products.

How are health response communications being handled? How frequently do briefings occur?

Meetings take place regularly to debrief the president and prime minister on the virus trends and implemented procedures as well as proposed measures. It is unclear whether there is a formalized mechanism for meetings or communications, or whether they take place on an ad hoc basis. However, Egypt's Cabinet has held frequent meetings, with daily briefings sometimes, to discuss existing and new policy actions and measures to confront the virus. Regular health ministry briefings are presented to the Higher Committee.

Communication with the broader public takes place through various media channels. Senior policymakers clarify the implemented measures on widely viewed television shows and through print media. Moreover, the public can convey their coronavirus-related inquiries through a dedicated hotline. Actions taken within governorates across the country, including decisions and policies implemented by governors to enforce the government's plans, are reported regularly in various media channels.

Additionally, the Office of the Prime Minister and the Cabinet's Information and Decision Support Center (IDSC) rapidly launched a dedicated online hub for centralized access to a multitude of resources related to COVID-19 and the government's response.³⁸ The IDSC's Crisis Management Unit presents research and publications to inform the Cabinet's policy design and strategy. To date, the IDSC has issued several periodical publications, newsletters, weekly reports, and sector-focused briefs related to COVID-19. It relays daily briefings and reports emanating from the health ministry and other relevant government entities. The platform also regularly disseminates coronavirus-related news, infographics, and other media products, to spread awareness among the general population on best practices to minimize infection risks.

Where do COVID-19 response arrangements appear to be working well? Are there any success stories that are particularly relevant?

Egypt's centralized top-down approach has been successful in terms of the implementation and enforcement of lockdown measures and mobilization of health care services across the country. This is in spite of major challenges faced to contain the virus's spread in May and June, and lower abidance overall in social distancing measures in recent months. The political leadership and direction have been echoed across key state functions, with the Cabinet playing a critical role in coordinating and executing the policy responses. Moreover, cross-ministerial efforts to tackle the virus and its fallout have taken place, including between the health and defense ministries, and the health and housing ministries. For example, efforts to resume public works on national infrastructure projects such as the New Administrative Capital involved collaborations between the health ministry and the Ministry of Housing to ensure safe working conditions. The United Nations secretary-general praised the Egyptian government's early response and adopted measures to control the spread of COVID-19.³⁹

The government's online hub has been an important part of its efforts to combat the spread of the virus. As noted above, the IDSC has provided timely and transparent data, analysis, and information about COVID-19 and its prevention. These efforts contributed to the emergence of a national dialogue around effective practices to support increased adherence of social distancing measures, greater usage of protective facemasks throughout the population early on, and stronger communication on new rules and procedures.

What key institutional challenges are being encountered (staffing, finances, supplies, etc.), and how is the government responding to them?

The key challenges faced by the health sector have included meeting the demand for PPE and other medical supplies, increasing testing capacity, and boosting intensive care capabilities and human resources capacity. Hospital management teams have identified training needs, which were

conducted by the health ministry. The ministry announced advanced public health quarantine measures and designated various facilities for the quarantine and treatment of patients.

The increase in daily-confirmed cases during the summer and more recently during the fourth quarter of 2020 has raised questions surrounding gaps and weaknesses in the government's policy measures and actions since the start of the pandemic and regarding the enforcement of these measures. It also raised concerns around general public adherence to the mandated measures. The health ministry changed the health protocols to encourage individuals with mild symptoms to self-isolate, freeing up intensive care unit (ICU) beds and medical supplies for more critical cases. Since July, the government has significantly eased restrictions, with pre-approved operational guidelines in place, and has reaffirmed its commitment to ensuring social distancing and containment protocols after the rapid decline in daily-confirmed cases. In addition, relevant ministries have discussed plans for the continued adoption of a hybrid-learning model for the upcoming academic year, and measures in preparation for a potential second wave of infections toward the end of 2020.

Egypt's Medical Syndicate published a rebuke of an official statement by the prime minister suggesting that absenteeism and lack of abidance to established treatment protocols among certain COVID-19 medical teams have caused increases in infection rates.⁴⁰ The Medical Syndicate points instead to limited health care capacity and the insufficiency of medical supplies and ICU beds as critical gaps preventing medical teams from effectively treating patients.⁴¹

Disagreements between the health ministry and private health care providers on the mandatory pricing scheme has led to numerous accounts of private hospitals overcharging COVID-19 patients. In return, the ministry has pledged to monitor strictly treatment costs at private hospitals, with calls for intensified inspection visits to ensure compliance with state directives. In addition, Egypt's parliamentary speaker warned that amendments to the country's emergency law might be utilized to compel private hospitals to refrain from overcharging patients and to abide by the pricing scheme set up by the health ministry.⁴²

Institutional Response: Economic Sector

How has the government responded economically to the crisis? Has it shut down all or parts of the country to enforce social distancing?

To control the spread of the virus, the Egyptian government initiated an economic lockdown and social distancing measures on March 24 shortly after declaring a public health emergency. The lockdown included a two-week curfew from 7 p.m. to 6 a.m., the suspension of all mass public and private transport during curfew hours, and the closure of shops, malls, and coffee shops on weekends. Public and private schools, universities, and education centers were closed, and orders to keep them closed were extended indefinitely. Public events, including government meetings, sports events and other large gatherings, were restricted. While subject to restrictions on timings, most businesses remained open for business during the pandemic response.

During the Cabinet's first virtual meeting following the implementation of social distancing measures, the prime minister stipulated that there was an urgent need to minimize the number of civil service staff in administrative bodies to avoid crowding, particularly in transport hubs. The

prime minister also directed that civil servants whose functions involved travel across governorates be provided paid leave, and he tasked the Ministry of Transportation with restricting public transport during curfew hours.⁴³

The government suspended work on megaprojects on March 22, as the government implemented a curfew and new social distancing measures. These actions led to a substantial decline in the workforce at certain construction sites. The government resumed works on megaprojects after a two-week hiatus. An agreement between the Minister of Housing and the Egyptian Federation for Construction and Building Contractors (EFCBC) guaranteed a full implementation of sanitation and health guidelines under the supervision of the prime minister and the health ministry. The EFCBC estimated that 70 percent of workers would resume working at the sites, protecting them from unemployment and loss of income.⁴⁴

Has the country taken any unique or extraordinary economic measures to address the crisis, such as providing support to various sectors, payments to businesses to retain staff, or direct payments to individuals?

Egypt's coordinated response to the pandemic and its economic repercussions have led the Egyptian government to implement a multitude of fiscal and monetary policy actions, in addition to sector-based support initiatives.⁴⁵ According to the minister of Planning and Economic Development, objectives of the economic policy measures include: supporting economic activity; boosting domestic demand; implementing measures to alleviate impact on the main sectors affected (health, industry and tourism); supporting vulnerable groups; and allocating to the government's comprehensive plan 100 billion Egyptian pounds (\$6.35 billion), the equivalent of 1.8 percent of GDP.⁴⁶ This stimulus package was announced a month after the first confirmed case on February 14. By end of June, Egypt spent 63 billion Egyptian pounds (\$4 billion) of the response package on health and non-health expenditures, social support, industry support, and tax incentives. According to the Ministry of Planning and Economic Development's COVID-19 Policy Tracker, the government has adopted 29 fiscal and monetary policy measures to support the Egyptian economy to date, with a multitude of other measures to support hard-hit sectors.

To effectively respond to the pandemic, the IMF approved the government's request for emergency support totaling \$ 2.77 billion in May 2020, followed by an additional 12-month Stand-By Arrangement amounting to \$5.2 billion in June.⁴⁷ The government also received a support package of \$50 million from the World Bank to combat COVID-19. Other multilateral and development organizations, including the European Bank for Reconstruction and Development, have provided loans to address the economic impact of the virus, targeting national and private banks, and directed toward bolstering Small- and Medium-sized enterprises (SMEs) and local business activity, with a focus on hard-hit sectors like tourism.⁴⁸

Fiscal Measures:

- The government increased pensions by 14 percent.
- It expanded the Takaful and Karama cash transfer programs to include more families.⁴⁹
- It introduced a targeted support initiative for irregular workers in severely hit sectors, providing them with monthly grants of 500 Egyptian pounds (\$31.75) for three months.

- It lowered the energy costs for the industrial sector, through a reduction in natural gas prices to \$ 4.50 per million British Thermal Units (Btu).⁵⁰
- It introduced a real estate tax relief for the industrial and tourism sectors.
- It increased subsidy payouts for exporters.
- It allocated 50 billion Egyptian pounds (\$3.18 billion) under a tourism financing initiative and reduced the cost of lending to 8 percent.
- It extended the moratorium on the tax law for agricultural land by two years.
- It also reduced the stamp duty on transactions and the tax on dividends, as well as deferring capital gains tax payments.

Monetary and Macroeconomic Measures:

The Central Bank of Egypt sought to put more liquidity into the economy and support businesses, particularly SMEs and businesses in hard-hit sectors, to weather the crisis. These efforts include:

- Reducing the policy rate by 300 basis points (followed by an additional 50 basis points in November) and decreasing the preferential interest rate on loans to SMEs, industry, tourism, low-income, and middle-class housing from 10 percent to 8 percent.
- Establishing a 20-billion-Egyptian-pounds (\$127 million) stock purchase program and temporary daily limit set for deposits and withdrawals for individuals and companies.
- Providing a two-year grace period to firms in the aviation sector.
- Offering short-term loans of up to a year for small businesses in industrial and labor-intensive sectors.
- Raising of electronic payment limits via mobile phones for individuals and firms.
- Debt relief for individuals at risk of default on debt under 1 million Egyptian pounds (\$63,000).
- Relaxation of requirements for detailed borrower information by banks.
- Suspension of credit score blacklists for irregular clients.

The Egyptian government also passed several legislative amendments and decisions, giving it greater policy space to address the economic impact of the pandemic. Egypt's parliament approved a seven-article law on financial measures necessary to contain the negative impact of COVID-19 on productive, economic, and service sectors. The law gives the Cabinet the power to defer certain tax payments and allow longer-term installments. Moreover, the government introduced a COVID-19 salary tax of 1 percent of employees' monthly salaries and 0.5 percent of pensions for a 12-month period. This started with the passing of law no. 170 on August 13, 2020, to help fund the state's economic response.⁵¹ The government noted that these taxes, directed at public and private sector employees, could generate between eight and 10 billion Egyptian pounds (\$508 to 635 million) in added revenue.⁵² The salaries of Cabinet members were cut by 20 percent for three months as an expression of solidarity with those affected by the pandemic.

The Ministry of Finance and the Ministry of Planning and Economic Development have developed new scenarios to forecast GDP growth, based on revised budgetary allocations for the fiscal year 2021. These revisions include accelerated spending on human capital sectors to address the virus's impact on people's livelihoods. Increases in expenditures and investments include expanded health, education, and social protection programs, as well as investments in critical sectors such as information technology and communications.

Does the government have a plan in place for reopening the economy once the virus passes? What are its key dimensions?

The Ministry of Planning and Economic Development has prepared various scenarios for economic recovery depending on when the virus is contained. Moreover, the IMF revised its GDP growth forecast from 2.0 percent at the start of the pandemic to 3.55 percent for the 2020 fiscal year. Egypt recorded the only positive real GDP growth rate in the MENA region, and one of a few globally. However, the IMF predicts a further slow-down in GDP growth to 2.75 percent in the 2021 fiscal year.

The Egyptian government began easing social distancing measures by the start of Ramadan. It later re-imposed strict measures to control the virus's spread during the weeklong Eid al-Fitr holiday (which raised confusion among businesses and the wider public regarding strategic policy direction), before gradually easing these restrictions again. Following the Eid holidays, a Cabinet resolution detailed a series of new measures. These included a nationwide curfew in effect from 8 p.m. to 5 a.m., and the obligation to wear protective masks in most establishments (with a 4,000 Egyptian pounds fine for violators). The resolution also ordered the continued closure of sports clubs, youth centers, gyms, public parks, and beaches. The prime minister announced a further easing of the mentioned measures taking effect starting in July, which included the removal of the night curfew. Cafes, restaurants, and other venues could operate within health safety requirements until midnight and at a 50 percent capacity; hotel occupancy rates were capped at 50 percent; malls and shops were required to close by 10:00 p.m. daily. Starting in September, a negative PCR test conducted within a 72-hour period was mandatory to enter the country.

By mid-September, the government further eased existing restrictions by permitting weddings in open-air venues that acquired health certifications. Other relaxations of measures included allowing conferences and symposiums at 50 percent capacity and with a maximum of 150 people. Moreover, the state allowed the resumption of Friday prayers in major mosques, under strict measures. This follows the decision in June to allow mosques to reopen for daily prayers.

Initially, the health ministry had released a three-stage plan on May 13 to ease lockdown measures and co-exist with the virus, which was made available through the ministry's website. The initial implementation was due on June 1. The plan included an initial stage of strict restrictions, an intermediate stage for a one-month period, and a final stage of reduced measures, which would stay in place until the pandemic is contained. Later, the plan was removed from the health ministry's website.

Which ministries and agencies are coordinating the government's economic response to the crisis? Is there a separate task force? How frequently does it meet? Who chairs the meeting?

The Cabinet's Economic Group appears to lead Egypt's economic response to the COVID-19 pandemic. Led by the prime minister, the Economic Group includes the ministers of Planning and Economic Development, Finance, Trade and Industry, and Public Enterprises, the Central Bank governor, and the head of the General Authority for Investment. The president met with the prime minister and members of the Economic Group in April to discuss efforts and measures to mitigate the economic damage of the pandemic.⁵³

As the daily-confirmed cases decreased, the president presided over another meeting of the Economic Group to discuss efforts to accelerate the economic recovery. The Economic Group also discussed the ongoing support package targeting more than 3 million seasonal workers impacted by the COVID-19 pandemic and reviewed efforts to develop training programs improving employment prospects and job opportunities.⁵⁴

Have various operational subcommittees been formed addressing specific dimensions of the challenge? What are they, who chairs them, and how often do they meet?

In the context of planning an economic response to COVID-19, the prime minister requested the government come up with scenarios and projections for the economic impact of the virus. A working group was established to develop these scenarios. Another working group, chaired by the prime minister and including the minister of Planning and Economic Development, was set up to coordinate the government's policy measures to support irregular workers impacted by the economic repercussions of the lockdowns and the pandemic. This working group was also focused on unifying efforts of various entities and coordinating measures with civil society organizations and the private sector. Finally, the prime minister set up a committee of relevant ministries and agencies to coordinate efforts to return Egyptians stranded abroad due to global travel restrictions. The Ministry of Foreign Affairs, the Ministry of Civil Aviation, and the Ministry of Immigration and Expatriate Affairs were all involved in this effort. It is unclear whether the frequency and objectives of the committees and working groups have been formalized.

Is there a secretariat supporting the government's response or a designated ministry that is providing technical support?

Unlike the health sector response, which has depended largely on the health ministry, Egypt's economic response does not appear to depend on any particular ministry. The Ministry of Finance and Ministry of Planning and Economic Development have updated the budgets for the current and upcoming fiscal years. The Ministry of Finance has ensured financial and budgetary allocations to the relevant entities needed to implement the adequate policy response to COVID-19. The Central Bank of Egypt has attempted to reinvigorate the economy through a significant interest rate reduction, and an investment injection into Egypt's stock exchange. Meanwhile, the Ministry of International Cooperation has adopted a new framework to accelerate the implementation of projects and programs toward achieving the Sustainable Development Goals (SDGs) and has undertaken a comprehensive mapping of official development assistance inflows across the SDGs. It is unclear the extent to which coordination mechanisms between the different ministries have been established to mitigate the economic impact, although the Economic Group has provided a platform for broader coordination between ministries.

How is communication taking place with sub-national government entities?

As with the health response, economic directives and resolutions adopted by the Higher Committee are communicated to governors, who are then tasked with implementing and overseeing general adherence within their respective governorates. The Ministry of Local Development also communicates new guidelines to governors, who then take actions through local government directorates and authorities. Amidst the second wave of daily confirmed cases, the Ministry of Local Development has cut staffing levels by half in December, and it has urged governors to continue implementing precautionary measures and abiding by government restrictions.

How are governments reaching out to external expertise in the business and economic communities? Have they developed mechanisms for channeling this expertise into government?

Government officials have met and consulted with various business and economic communities, providing an avenue to communicate and share knowledge. These meetings also strengthen policy measures through an exchange of information and expertise. For example, the American Chamber of Commerce has held multiple events and consultations since the pandemic started, and it has produced various outputs on COVID-19's impact on the Egyptian economy.⁵⁵ The events have brought together senior government officials and relevant sector experts from the business community to address pressing issues across various sectors, including on critical issues such as e-government and digitization.⁵⁶

How are economic communications being handled? How frequently do briefings occur?

Cabinet meetings have involved regular briefings and discussions on enacted economic measures. Moreover, senior officials within the Economic Group, including the minister of finance, the minister of planning and economic development, and the minister of trade and industry have conducted numerous briefings. These concerned general government measures and budgetary plans to tackle the virus, both within the comprehensive package allocated to combat COVID-19, and in the state's annual program and general budget for the 2021 fiscal year.

Where do these arrangements appear to be working well? Are there any success stories that are particularly relevant?

Improvements to recent growth forecasts and a rebound in employment in the third quarter of 2020 – in addition to low rates of inflation – point to a comprehensive and targeted response supporting critical sectors to remain afloat amidst the pandemic. The economic transformation program has afforded the government with critical fiscal space to respond adequately – in comparison to massive disruptions as experienced in previous economic shocks. The pandemic has invigorated the government to expedite much-needed reforms, remove some red tape, and enact economic and governance reforms that would continue to realize improvements in the quality and equity of its services and functions.

While the health impact can be tracked through infections, recoveries, and deaths data, it is not as easy to measure the economic repercussions across a multitude of sectors and key drivers of the economy, such as tourism, remittances, and global trade activity reflected in Suez Canal revenues. The Ministry of Planning and Economic Development and the Ministry of Finance have released preliminary growth projections for the current fiscal year and medium-term forecasts, with different scenarios depending on when a vaccine for COVID-19 becomes broadly accessible. More data will be needed in the coming period to assess the full impact of COVID-19 on the economy. This would allow the government to adapt policy measures to optimize its response and ensure a sustained recovery within the ongoing economic reform program. This will also be crucial to assess the impact on poverty, which – according to recent CAPMAS data – declined, in the months prior to the pandemic, for the first time since the 2000 fiscal year to 29.7 percent of the population.⁵⁷

What key institutional challenges are being encountered, and how is the government responding to them?

A study published by the International Food Policy Research Institute on the economic impact of COVID-19 on tourism and remittances in Egypt cites a significant economic toll if the crisis persists and lockdown measures remain in place. The study predicts a fall in national GDP between 0.7 percent and 0.8 percent of GDP per month. In addition, household incomes would likely fall, particularly among the poor, slowing Egypt's progress on its economic reform agenda.⁵⁸ As a result, the government might choose to risk easing lockdown measures and support the economic recovery.

Egypt faces an additional challenge of how to mitigate the economic damage while effectively implementing social distancing measures. The prime minister has announced an approach that is delicately balanced between safeguarding the health of Egyptians and ensuring an effective economic recovery. More data will be needed to assess the response. This includes continued tracking of COVID-related data and monitoring of economic indicators at the macro and micro level, but should also incorporate indicators on human and spatial development. Improving economic conditions was a key driver for the major policy shift to ease measures by the end of June, though a recent uptick in daily-confirmed cases may necessitate a return to more aggressive social distancing measures until vaccines are made widely available.

The government's response to date has witnessed a multitude of efforts to implement the approved economic support package, and the various measures across sectors have been documented comprehensively.⁵⁹ However, more must be done to shield the most vulnerable sectors, to support Micro-, Small and Medium enterprises (MSMEs), and to protect informal and seasonal workers who are especially hard hit by the pandemic (and who account for up to 70 percent of Egypt's economy, and 90 percent of MSMEs).⁶⁰ A survey conducted by CAPMAS reveals that 61.9 percent of workers were negatively impacted by the pandemic, 20 percent of whom lost their jobs – with minimal safety nets such as unemployment benefits in place. Moreover, support programs targeting informal workers have only reached 5.4 percent of households.⁶¹ The government has sought to encourage entry into the formal economy through coordinated efforts, including bank financing for MSMEs.⁶² The Economic Group is working to develop strategies and planning to promote job opportunities for seasonal workers in the coming period. It also seeks to establish training programs for skills upgrading, factoring for existing labor market demands and trends.

Accurate data on seasonal workers and the broader informal sector are crucial to gain a better understanding of the virus's impact on the population and national projects that have proven highly reliant on short-term seasonal and informal workers. Moreover, the pandemic has reaffirmed the need to strengthen and expand critical support programs and alleviate existing inequities in employment and broader development outcomes. Anticipated increases to budgetary allocations in health, education, and social protection are a welcome development that will support the government's ongoing response to the pandemic. However, more efforts are required to bolster the human development agenda toward attaining inclusive and sustainable growth in the long term as set out in Egypt's Sustainable Development Strategy and the SDGs by 2030.

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