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Egypt government policy to address COVID-19 Pandemic

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On March 11, 2020, WHO declared Covid-19 as a pandemic after continued assessment of its outbreak worldwide. "WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction. We have therefore made the assessment that COVID-19 can be characterized as a pandemic," WHO¹ director-general said on 11 March 2020. And since Egypt has been living in exceptional circumstances since the coup d'état of the third of July 2013, the situation has become more complicated, particularly in a crisis of this type and size, where security logic prevails over all decisions, taking into account that the regime suffers from a lack of legitimacy complex, always viewing the society as a source of threat to its stability. Since the military coup, the Sisi regime has been trying to restore the State's strength and mental image as capable of imposing unlimited control and security repression against its opponents.

It has been clear since the outbreak of the pandemic in Egypt and worldwide that the Egyptian regime is trying to manage the crisis under full secrecy, without disclosure of any information about infected cases, or, to be more precise, it does not originally seek to discover them. However, the regime was later forced under external pressure – due to the increasing monitoring by a number of world countries of infected cases returning from Egypt – to admit that there are coronavirus infected cases Egyptians returning from abroad, and then the number of infected cases announced by the government began to gradually increase.

However, the Egyptian government's policy in the face of the coronavirus pandemic can be traced through the following main points:

1- Strategically, the State did not disclose a specific and clear strategy on how to face the crisis, as partial measures were gradually adopted, starting with isolation, through a halt of air traffic, up to imposition of a curfew for 11 hours a day starting on the evening of March 24, along with other

¹ WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020, [Link](#)

measures related to the timing of work for some government and private facilities and reduction in number of employees. However, these procedures did not come within a gradual strategic context, amid lack of transparency and insistence on repetition of a reassurance discourse and talking about the strength and readiness of the State to face the crisis (as stated in Al-Sisi's speech on March 22, 2020).

2- Institutionally, the authority to take measures to address the epidemic has been delegated to the Council of Ministers, and no special committee has been formed to manage the crisis as the COVID-19 crisis is currently managed through the cabinet itself and its affiliated institutions, such as the Information Center's Crisis Department, headed by Major General Mohamed Abdel-Maksoud, who explained² that the crisis is managed on two levels: the first is the strategic level, undertaken by the Prime Minister and bodies concerned with facing disasters and crises in general, whose role is to guide relevant ministries, each in its sector. The second level, according to Abdel-Maksoud, is undertaken by the National Follow-up Committee, where all ministries and governorates are members, which coordinates with the sovereign authorities on the agreed measures.

However, there are indications that there is another body which makes decisions other than the Council of Ministers, due to the conflicting statements issued by the cabinet and various ministers. For example, on March 19, 2020, at noon, the Council of Ministers denied in a statement³ rumors about canceling school exams and affirmed that the exams will be held on time. On the evening of the same day, the Minister of Education announced in a press conference cancellation of all due written exams and taking new measures suggesting that school closure may continue⁴.

3- From the early days of the crisis, the health sector appeared to be unprepared to face the pandemic. When Saudi Arabia announced that Egyptians wishing to travel to its territory must obtain a lab test certificate proving they are free from COVID-19, various media and social networking sites circulated scenes of extremely massive crowds of Egyptians in front of the Ministry of Health's central laboratory headquarters to obtain PCR lab test certificates (the only place where a PCR virus test can

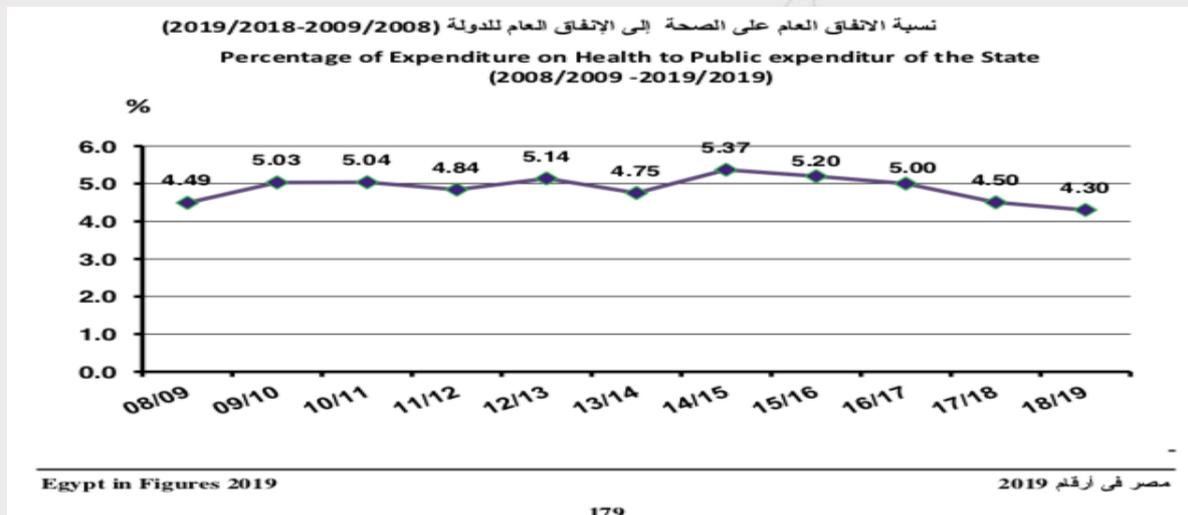
² Crisis Center: We have been dealing with the Corona virus since its appearance in China, El Watan News, [Link](#)

³ An important statement from the Cabinet on school and university 2nd semester, Almasry Alyoum, [Link](#)

⁴ Education Ministry: Written final exams cancelled without cancelation of parts of curriculum, Almasry Alyoum, [Link](#)

be performed). Although the Ministry of Health later announced launch of a website for test date booking to prevent overcrowding, this incident appears to reveal the context of the Egyptian health institution's unreadiness to face such crises.

4- The public spending on the health sector related to the total public spending according to the Central Agency for Public Mobilization And Statistics (CAPMAS)⁵ was 4.3% in FY2018-2019 budget, which represented a significant decrease compared to previous fiscal years (the lowest level since 2009) according to the following indicator:



Source: Egypt in Figures 2019 – issued by CAPMAS⁶

In addition, the government manipulates estimation of the budget of spending on health by adding water and sanitation allocations to the same item, which means that net spending on health services facilities stands at approximately 1.2%, while government spending on health in Europe, for example, is about 13%, according to estimations of the World Health Organization⁷.

5- The number of government sector hospitals reached 691 in 2018 with a total capacity of 95,683 beds, while the number of doctors working in the sector was 91,316, with a sharp drop compared to

⁵ Annual bulletin of health services statistics, CAPMAS, [Link](#)

⁶ Egypt in Figures, CAPMAS, [Link](#)

⁷ World health report 2010, [Link](#)

2017, when the number of doctors in the government sector at the time was 102,773. In the private sector, there were 1,175 hospitals in 2018, and 29,290 doctors, with a capacity of 35,320 beds.

The figures indicate that health facilities are not ready to absorb a rapidly spreading epidemic and infection if we take into account that the number of patients visiting hospitals in the public and private sectors annually is approximately two and a half million, with a bed occupancy capacity of 49.3%, according to the statistics of 2018, taking into account the drop in the rate of doctors to population, amounting to 1.2 doctors per 1,000 citizens, compared to the global average of 1.8/1000⁸.

6- Economically, the pandemic is expected to have severe consequences on the already depressed economic situation, which suffers from deep structural imbalances. The main national income sources that are highly dependent on remittances from Egyptian expatriates, most of whom work in Gulf countries and Europe, will be affected, as these countries in turn will suffer from likely economic crises due to the coronavirus pandemic. The Suez Canal revenues are also expected to shrink due to the expected global recession, in addition to the complete tourism sector halt, airline losses, and the faltering internal economic activity in general, which will affect multiple segments of the Egyptian society, especially the lower classes and low-income people.

The State response to these likely risks seemed biased to the business class and owners of major capitals, according to a study recently published by the Egyptian Institute for Studies on the Egyptian government's decisions to face the repercussions of the coronavirus pandemic⁹, where the state announced on March 17, 2020 an economic aid package¹⁰ that included:

- Reducing the price of natural gas for industry at \$4.5 per million thermal units, and also reducing the prices of extra high-voltage, high-voltage and medium-voltage electricity for industry by 10 piasters per kilowatt hour, while fixing and not increasing the electricity prices for the rest of the industrial uses for a coming period of 3-5 years.

⁸ CAPMAS Statistical Yearbook – Health (1997-2018), [Link](#)

⁹ Dr. Ahmed Zikrallah, EIS, "Egypt's economic decisions to address coronavirus repercussions", [Link](#)

¹⁰ Egypt .. a package of economic measures to avoid effects of COVID-19, Sky News Arabic, [Link](#)

- Provision of LE1 billion for exporters during March and April 2020 for payment of part of their dues in accordance with the agreed mechanisms (the investment and cash payment initiative announced to exporters), with an additional 10% cash payment to exporters in June 2020.
- Postponing payment of the real estate tax due on factories and tourist facilities for a period of 3 months, allowing installment of the real estate tax due on factories and tourist facilities for the previous periods, through monthly installments for a period of 6 months, and lifting administrative provisional seizure on all tax payers against payment of 10% of taxes due on them and settlement of their files through dispute settlement committees.
- Reducing the price of the dividend tax to companies listed on the Stock Exchange by 50 percent to 5 percent.

While those procedures did not include any aid or exemptions related to ordinary citizens and low-income people, the Minister of Manpower and not the Prime Minister announced an exceptional allowance worth LE500 for irregular workers, perhaps because it falls within the framework of the routine work of the Ministry of Manpower, which provides similar quarterly aid to about 300,000 irregular workers, taking into account that the number of irregular workers is estimated at 10 to 14 million of daily-paid laborers, but about 300,000 of them are registered in government records.

Moreover, the potential COVID-19 victims exceed daily workers to include, for example, workers in the medium private sector companies, and owners of small projects, most of whom do not enjoy insurance rights, and the government has so far ignored approval of any economic aid packages to support them.

Conclusion

In light of the lack of confidence in statements of various parties to the government, and amid multiplicity of indicators about the inefficiency of the health system in Egypt and its inadequate preparedness, as well as the prevalence of the security logic in addressing the crisis, it is unlikely that this system can manage the COVID-19 pandemic with adequate efficiency to overcome it. But there is still something that can be done, in case of existence of the government will to do so, or if the

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regime places calculations of the health of citizens among its priorities rather than its political security calculations and taking advantage of any event to further suppress dissent and abuse political detainees.

In this regard, the government can adopt a number of measures, including:

- 1- Adoption of exceptional allowances for medics and health-care workers, especially ordering a rise in the infection allowance.
- 2- Putting all private hospitals under the State administration with exceptional decisions and directing their operational priorities to addressing the pandemic's infected cases.
- 3- Benefiting from the final-year students of medical professions and nursing colleges to help provide medical services with appropriate financial rewards.
- 4- Imposing an exceptional tax on all capitals that exceed LE5 million starting from 10% and gradually escalating for once and directing the proceeds for supporting those affected by the crisis.
- 5- Imposing strong control through labor offices on the behavior of private sector companies whose annual net profits exceeded LE1 million during the last 3 years, and preventing them from dismissing any of their employees whatever the circumstances may be, while providing support to companies whose income is less than that limit.
- 6- Directing qualified factories, both military and civilian, to produce respirators and filling oxygen cylinders in return for operational costs only.