

Disclaimer



This presentation contains forward-looking statements, including, but not limited to, statements concerning expectations, projections, objectives, targets, goals, strategies, future events, future revenues or performance, capital expenditures, financing needs, plans or intentions relating to acquisitions, competitive strengths and weaknesses, plans or goals relating to financial position and future operations and development. Although Cleopatra Hospitals Group believes that the expectations and opinions reflected in such forward looking statements are reasonable, no assurance can be given that such expectations and opinions will prove to have been correct. By their nature, these forward-looking statements are subject to a number of known and unknown risks, uncertainties and contingencies, and actual results and events could differ materially from those currently being anticipated as reflected in such statements. Important factors that could cause actual results to differ materially from those expressed or implied in forward-looking statements, certain of which are beyond our control, include, among other things: business integration risk; compliance risk; recruitment and retention of skilled medical practitioners risk: clinical risk; concentration of revenue; currency and macroeconomic; information technology and operational risk; regional tensions and political risk; and other key factors that we have indicated could adversely affect our business and financial performance, which are contained elsewhere in this document and in our past and future filings and reports. No part of these results constitutes, or shall be taken to constitute, an invitation or inducement to invest in Cleopatra Hospital Group or any other entity and must not be relied upon in any way in connection with any investment decision. Cleopatra Hospital Group undertakes no obligation to update any forward-looking statements, whether as a result of new information, future events or otherwise, except to the extent legally required. Nothing in this document should be construed as a profit forecast



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A Unique Investment Story

- Leading integrated healthcare provider in Egypt with track record of acquiring and integrating hospital assets
- Institutionalizing the healthcare industry in Egypt with a focus on medical quality, value pricing and corporate governance
- Delivering quality healthcare in a safe, reliable and caring environment through investment in people and facilities

- Group wide tenders in pharmaceuticals and medical consumables that drive scale cost efficiencies and improve
- Scale volume benefits from providing payors with a healthcare services network
- Scale in attracting best in class doctors, consultants, nurses with a focus on quality of outcomes and patient safety

- Significant under supply of beds relative to population and strength of payor network vs. other emerging countries
- Strong market volume growth supported by demographic profile and growing insured
- Pricing expected to grow on average inline with inflation yet remains well below predevaluation levels in USD
- A Unique Investment Story Long term Growth Market

Anie Leader

Scale & Cost Synergies

- **Corporate Office with matrix** organization & centralized strategy management
- Introducing new functions to the Egyptian Healthcare Industry - institutionalizing healthcare
- Diverse industry experience and multi disciplinary approach to healthcare management



CHG financial highlights



In **2019**, CHG reported strong top-line growth and solid profitability, with fourth quarter margins in line with CHG's all-time highs.

The Group enters **2020** ideally positioned to continue delivering growth at an organic level while executing on its expansion strategy.

2020 performance is set to be further supported by the four newly added facilities which are continuing their ramp up phase.



EGP **501.1** mn

EBITDA1 in FY19 with a

28% Margin



EGP **1,798.1** mn

Consolidated revenues in FY19 with 23% growth y-o-y



22%

Gross profit growth EGP 625.5mn in FY19

35% Margin



24%

EBITDA¹ growth y-o-y



1,015,691²

Cases served in FY19



10%

y-o-y growth in cases served in FY19

 $^{^{2}}$ Cases served includes number of in-patients, outpatient visits and ER visits.



Cleopatra Investor Presentation FY19

¹EBITDA, Earnings before Interest, Tax, Depreciation and Amortization adjusted for provisions, impairments, LTIP, acquisitions expenses, pre-operating expenses and excluding contributions from other income.

CHG facilities and staff



Cleopatra Hospital Company, is the largest private hospital group in Egypt and consists of **four operational hospitals all in Cairo (2018)**, namely:

Cleopatra Hospital

Cairo Specialized Hospital

Nile Badrawi Hospital

Al Shorouk Hospital

Throughout 2019, the Group further expanded adding:

Queens Hospital (part of CHG as of March 2019)

Al Katib Hospital (Operations part of CHG as of November 2019)

West Cairo Polyclinic (July 2019)

East Cairo Polyclinic (February 2019)



6

Operational hospitals across our platform With two additions during 2019 (Queens in March & EL Katib in November)



2 Polyclinics

East Cairo Polyclinic is operational as of February 2019. West Cairo Polyclinic is operational as of July 2019.



643 (4 hospitals) + 50 (Queens) + 89 (Al Katib)

+ 198 (Beni Seuf¹)

Patient beds including c. 420 wards and around 150 ICU beds Plan to reach **1,200**Operational beds by 2021



1,000

Consultant Physicians attracted from the top 2 Medical Universities



+2,400

Total medical staff including c. 850 resident doctors and c. 1000 nursing staff

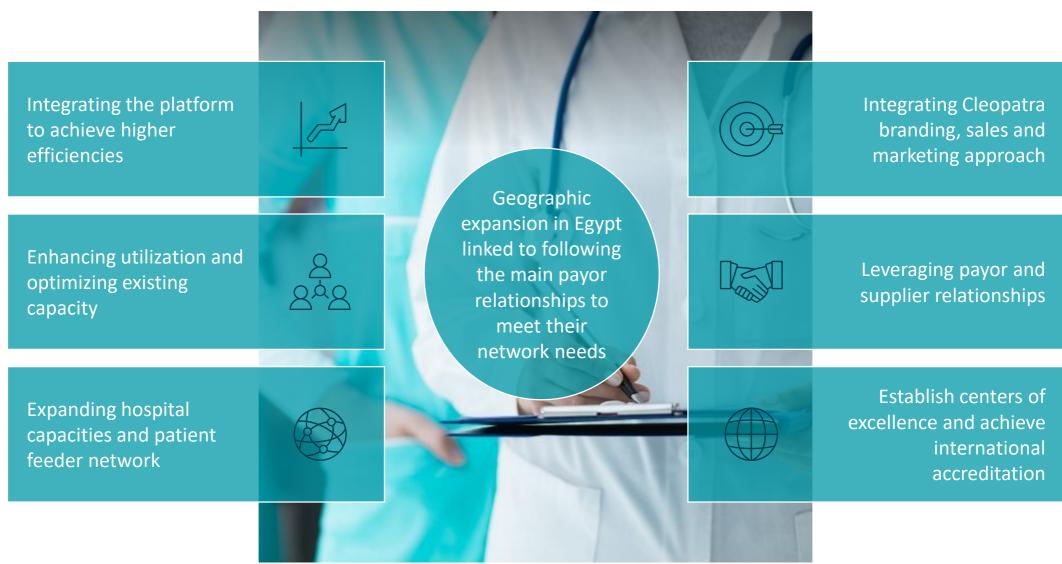
² In August 2019, CHG signed a SHA with Nahda University to develop a 198-bed hospital in Beni Suef



Cleopatra Investor Presentation FY19

Clearly Defined Core Growth Strategy

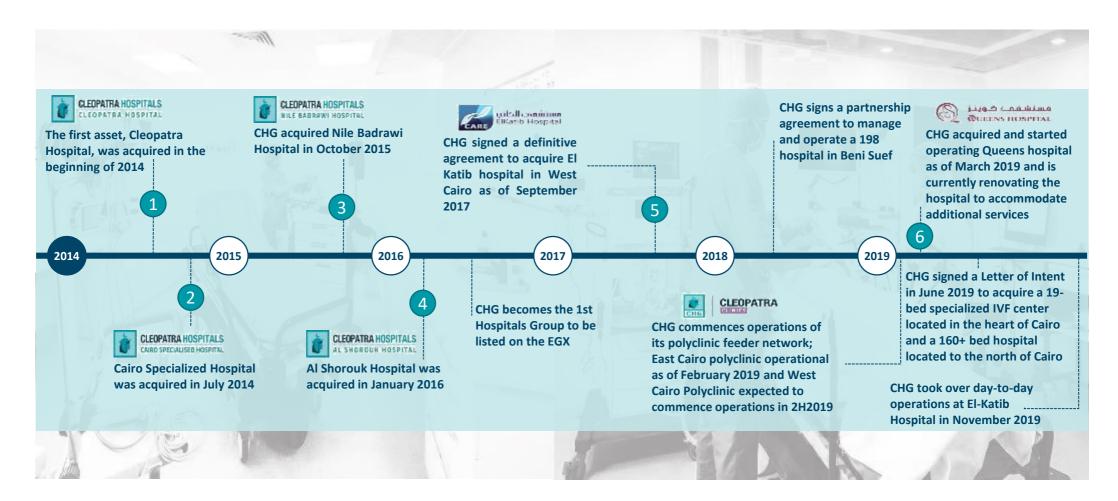




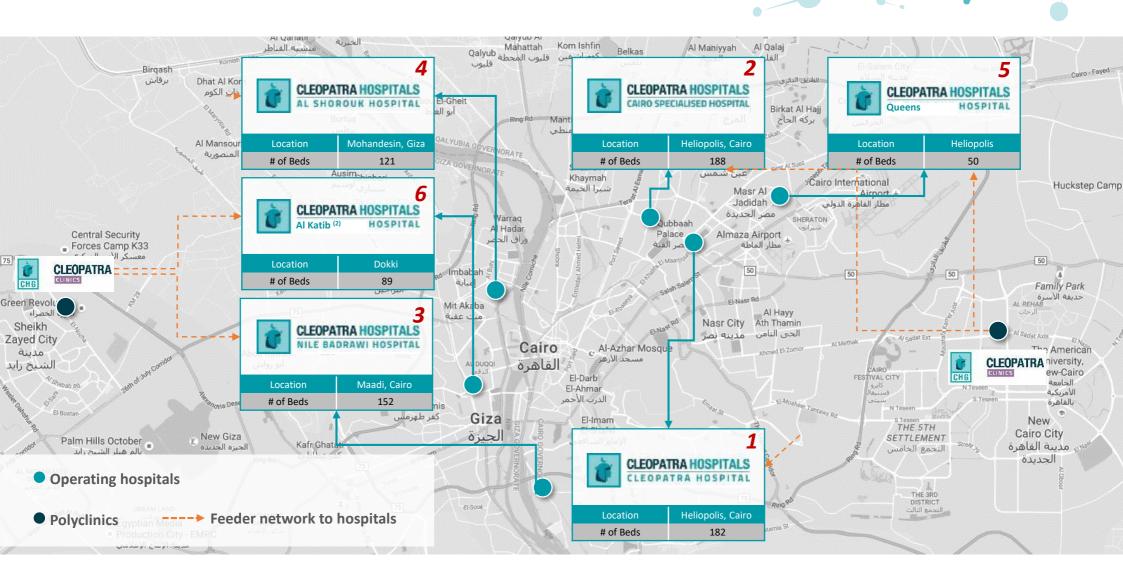


A Scalable Platform, with a Track Record of Integrating Acquisitions





A Network of Six Hospitals across Greater Cairo



Note (3): expected to increase to 98 beds post expansion



Well Defined Integration model



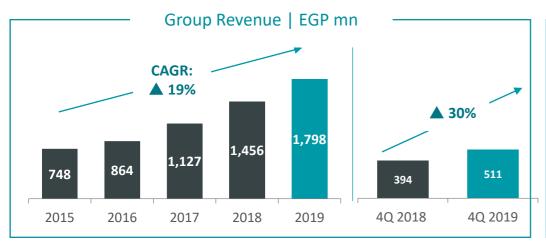
Integration, Optimization of Operations											Effect on CHG			
	Institutionalizing the Group	Corporate Governance	Centralized Corporate Office	Unified Authority Ma		Expansion Strategy		lla Brand Unified Prici for Each Positionin al Group Strategy		ıg	Inified Financial Sops & Reporting	Value Creation Plans	ı	Optimize operations and management
	Human Resources	Standard Organizational Chart / Matrix	Salary Scale Exercise	New Incenti		n Insurance	Traini Develo	pment	Employe Satisfaction	on	Profit Share Schemes	The state of the s		Standardize and improve quality
	Resources	Org					Progr	rams	Surveyin	B				Enhance margins
	Supply Chain & Synergies	Group Wide Tenders	Item Unificat	on	umables fication		Standard Warehousing		al Capex Medication s Group Tendering And Management		dering And	Material Planning		Stronger bargaining power
	Infrastructure / Technology Upgrade	HIS/ERP System Roll PA Out	CS System Fac	elitts	OEs ipping F	OR g Renovations		omechanical ICU Upgrad pgrades And Extensi			Diagnostics & Auxiliary Units Upgrades	New Cath-labs		Establish Partnerships with leading companies
	Business	One Stop	COEs	Drug	Cross Asse	†	ctor	Unified Insurance	Rever	nue Cycle	Surgical Packages	Enhancing		Attract high qualified medical staff
	Development	Shop		Formulary	Referrals	& Re	ferrals	Corp Dea	als	Management		Case Mix	П	Establish Centers of Excellence
	Quality	CHG Medical Council	JCI Roadma	n	ed Sops & al Manuals				ng & Kitchen pgrades		cialty Club	Nurse & Medical Teams Training	П	
		Council		поѕрії	ai ividiludis	Quali	ty KPIS	Ор	graues	IV	icetiligs	Programs		Shared cost benefits
	Optimize Capacity and Patient Flow	Centralizing Non- core Functions	Unified Call Ce	ntre Ambul	ified & egrated ance & ER otocols	Enhan Acro	Utilization Enhancement Across All Segments		Medical Tourism		PD Slot nagement	ICU Bed Additions		Improve collection / billing

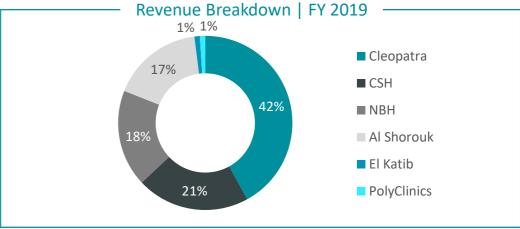


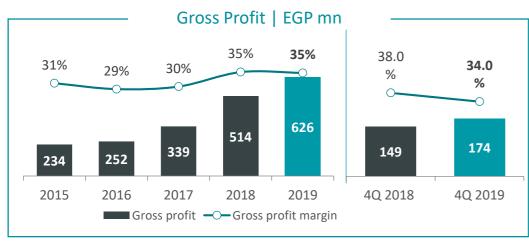
Solid Financial Performance



While the group continues its focus on enhancing and maintaining margins organically, performance in 2019 reflected strong margins despite the addition of four newly inaugurated facilities which are currently in the ramp-up or pre-integration phases. The Group's hospitals progressed with growth in the overall group revenues, gross profit and EBITDA.











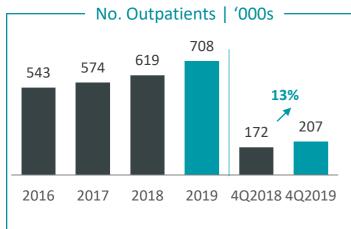
EBITDA, Earnings before Interest, Tax, Depreciation and Amortization adjusted for provisions, impairments, LTIP, acquisitions expenses, pre-operating expenses and excluding contributions from other income.

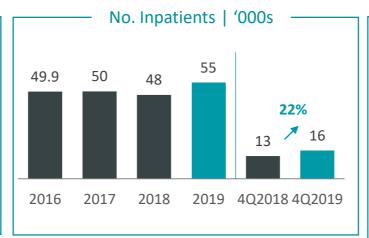
Cleopatra Investor Presentation FY19

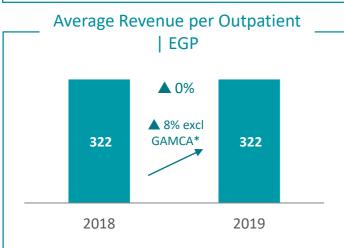
Key Revenue Drivers (i)

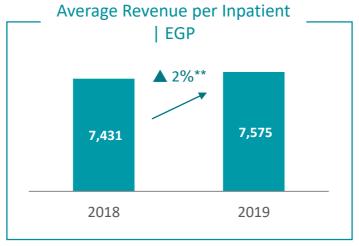


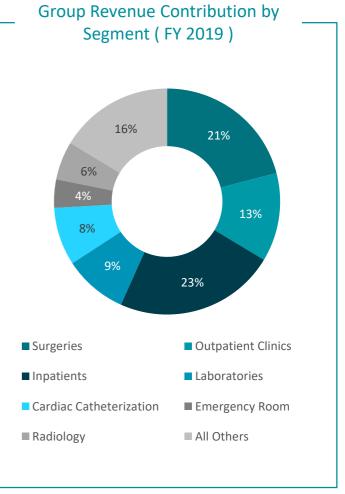
Volumes from both inpatient admissions and outpatient visits continued to report solid year-on-year growth, at 22% and 13% respectively, reflecting CHG's volume enhancement strategy across its revenue streams













^{*} ARO Includes effect of high fee per service GAMCA services that were conducted in 2018 and partially paused in 2019. Organic ARO showed around 8% for OPD consultations excluding GAMCA Services

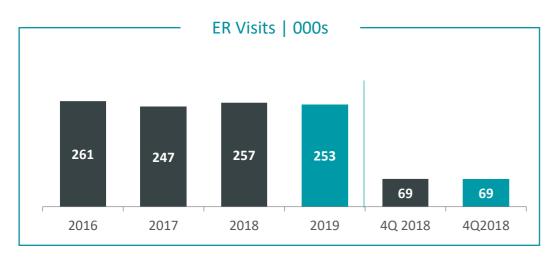
^{**} ARI , there was a reduction in ALOS; accordingly, revenue/ occupied bed night has increased by around 16% on an organic level (while revenue/ inpatient may not necessarily be indicative)

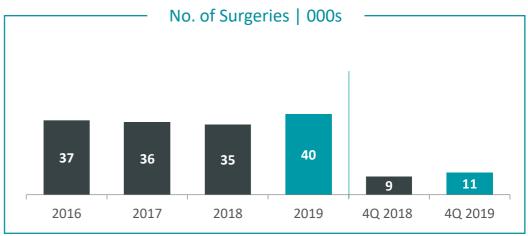
Cleopatra Investor Presentation FY19

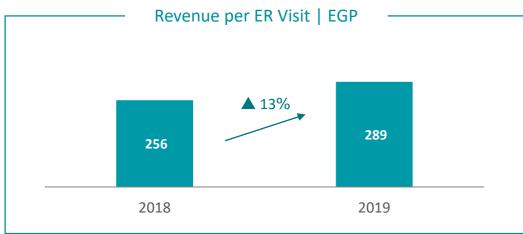
Key Revenue Drivers (ii)

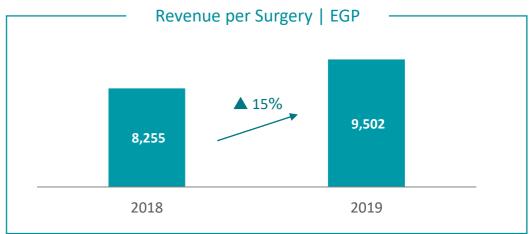


Surgeries and ER visits have also witnessed increasing revenue per visit, which expanded 13% and 15% year-on-year respectively. Overall revenues from both segments have witnessed notable growth over the year.







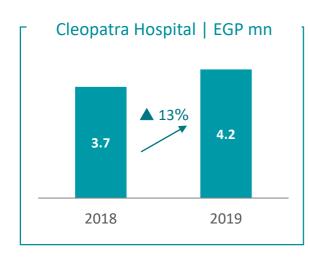


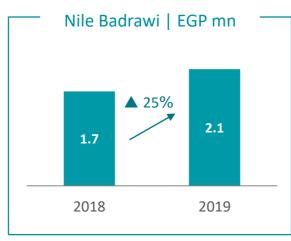


Key Revenue Drivers (iii)

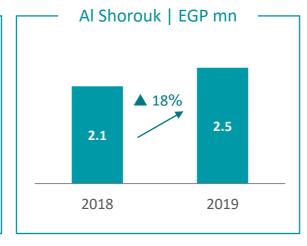


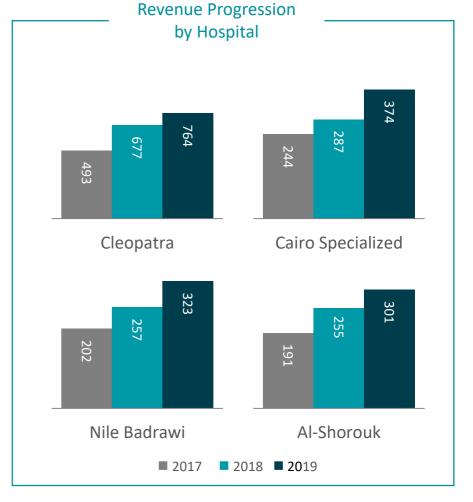
Revenue per bed at group organic hospitals have continued to post solid year-on-year growth on the back of management's utilization enhancement and case mix optimization strategy.













COVID-19 Update



CHG is closely monitoring, and proactively responding to the developments in Egypt associated with coronavirus (COVID-19) under the guidance of the Egyptian Ministry of Health and Population (MOHP).

As the number of reported COVID-19-positive patients in Egypt slowly rises, the Egyptian government and MOHP have been implementing a series of protocols to control the risk of exposure across the general public.

In addition to a focused process to ensure quick detection, quarantine and treatment for COVID-19 patients, the government's efforts have also focused on raising public awareness and promoting social distancing and prevention measures.

With businesses around the country mobilizing to aid in the government's COVID-19 containment efforts, CHG is implementing a series of additional internal protocols to mitigate the risks that the virus poses for our patients and employees and to safeguard our operations in the midst of these challenging times.

In line with MOHP guidelines, CHG does not offer COVID-19 testing or treatment and all potential cases are isolated and reported to MOHP to ensure they receive immediate care at the dedicated government-run facilities.

CHG has strict infection control and prevention protocols in place to protect patients, health care workers and visitors to minimise the risk of any infection, including COVID-19.





Recent Business Updates

Renovations & Upgrades









Hospital Renovations & Capacity Additions

- Façade facelifts: completed at NBH and Al Shorouk. 2020 planned: Cleopatra.
- Inpatient wards renovations ongoing across all hospitals
- Started electromechanical upgrades
- Upgraded all medical equipment
- ICU/CCU renovation & upgrade
- Operating rooms renovations & upgrade
- Outpatient clinics renovations & upgrade
- Queens Hospital total renovation project
- New Cath labs across NBH, Shorouk and Cleopatra Hospitals
- Facility Management outsourcing rollout
- NBH: 20 new beds (executive floor) to operate in 2020
- Al Shorouk: outpatient services building to operate in 2020



Recent Business Updates

Revenue Cycle Management

Service Conducted

- Price, Description & Classification standardized
- (Pre-)Approval of all services for credit and insurance clients

Monitoring & Reporting

- Track all resubmitted claims and contact claim management for claims rejected two or more times
- Monthly reporting of claim KPIs (DSO, rejection rates and total amounts, FTP, etc.)

Senior head of Revenue Cycle Management function has been recruited

Medical Review

- -Ensure service conducted matches initial symptoms and diagnosis
- -Consumables and charges meet diagnosis and length of stay

Claim Management

- e-Tracking of submission date and response status
- Coordinate with medical and nonmedical teams for additional documentation if required
- Claim Re-submission

Claim Submission

- Standardized submission frequency (weekly, monthly, etc.)
- Ensure all medical documentation is attached
- Ensure timeliness and accuracy of all claims



Revenue Cycle Management

- Since the beginning of 2019, the group has taken strong steps to introduce a full-fledged Revenue Cycle Management Function
- Restructuring the function will increase efficiency and integration across the group
- Standardization for claims and processing with dedicated claim management teams
- Structured approach to reconcile claims, rejection management and claim audit
- Decreasing bad debts and impairments



CHG Medical Council



During the third quarter of the year, the Group officially launched its new Medical Council. The new body will be under the direct supervision and guidance of the Board's quality committee and will be composed of renowned specialized consultants from across the Group's hospitals.

Medical Council Objectives



Improve direct patient care across all Group Hospitals



Develop centres of clinical specialty excellence



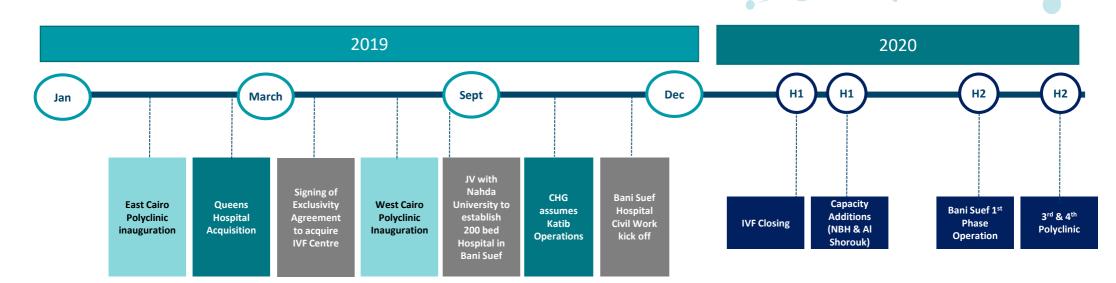
Organize professional development training for all Group staff members



Add new medical services to the Group's service offering



2019 Acquisitions









89 Hospital Beds

General Hospital with Kidney Specialized COE

2019/2020 Revenue

- Q4 (November & December) EGP 14-15mn
- 2020: EGP 130-150mn

Margins

- GP Margin 30%
- EBITDA Margin 20%
- · Ramp up to group margin levels

2020 Integration Outlook

- Detailed integration plan in place
- Strong operations ramp up into 2020 and beyond
- Additional medical equipment for incremental specialties such as cardiology Cath labs
- Continuation of Clinisys rollout with CSH, CHC and Polyclinics completed and remainder by year-end 2020





50 Hospital Beds

Performance Outlook

- Revenues EGP 30-40mn in 2020 ramping up to 125mn in 3 years
- GP Margin 25% after 1st year of full operations

2020 Integration Outlook

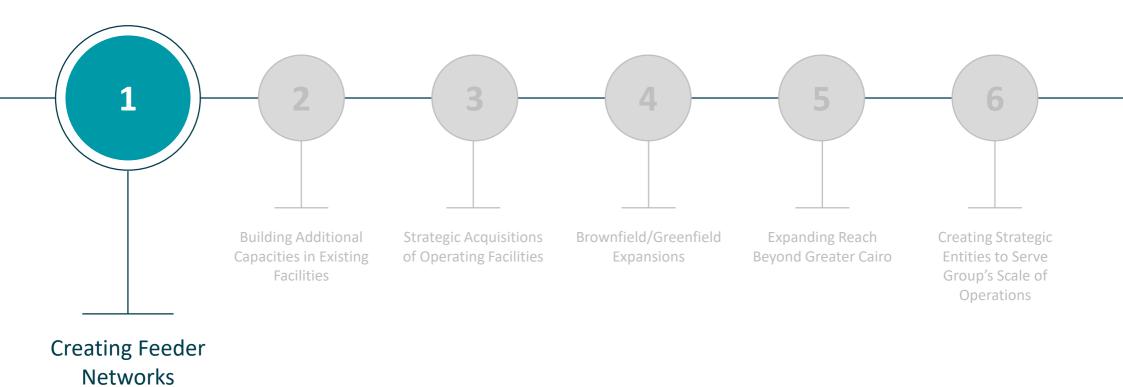
- Converting Hospital from limited services ObGyna Hospital into a general hospital with special focus on day case surgeries
- Adding all diagnostic & supplementary services
- Additions of ICU beds to act as extension to East Cairo Facilities
- Undergoing complete renovation expected to launch operations towards mid 2020





Expansion strategy



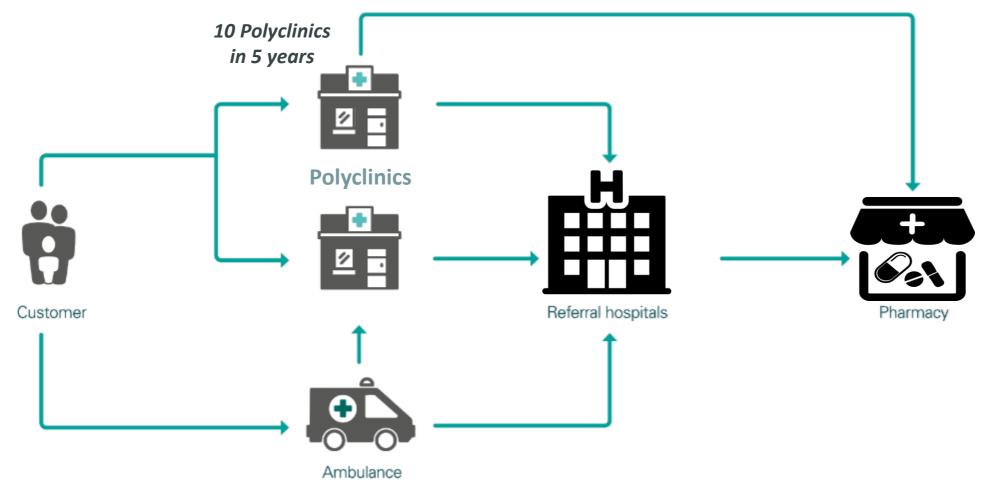




Core Theme – Focus on Patient Pathway Capture to Maximize Share of Wallet from Existing Payors



Increase number of registered patients through increasing the outpatient network, while a focus on patient pathway capture results in increased network revenue from the core payors.



Feeder Network Expansion Began with the Launch of CHG's First Two Polyclinics Located in East and West Cairo – The Group Has Recorded Growing Demand at both Facilities

From a strategic point of view, Polyclinics act as feeder networks for patient referral for the group hospitals.

Comprehensive outpatient offering focusing on convenience and private medical insurance coverage.

5th Settlement Polyclinic (East Cairo)



Majjarah Polyclinic (West Cairo)



Initial Investment

Real Estate;

20 Year rentalcontract (EGP400k per month)Per Site

Capex Investments

 Medical & Civil outlay; ~EGP 25-30mn per site

IRR & Payback Period

- IRR 20%
- Payback 4 Years

Utilization Ramp Up

East Cairo

2019 Reached
 ~50% utilization
 with 200-300
 visits/day

West Cairo

2019 Reached
 ~10-20%
 utilization 50 100 visits/day

2020-2023 Utilization

- ~50-100%
 utilization
- 500 visits/day

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12 – 15 Clinics per site

+300 slots

X-Ray / Ultrasound

ER / Pharmacy / Ambulance

Laboratory

24 Hours Home visits

Performance Outlook

East Cairo

- Outlook 2020 Rev; EGP 3.5-4mn/Month
- Outlook GP ~20-25%

West Cairo

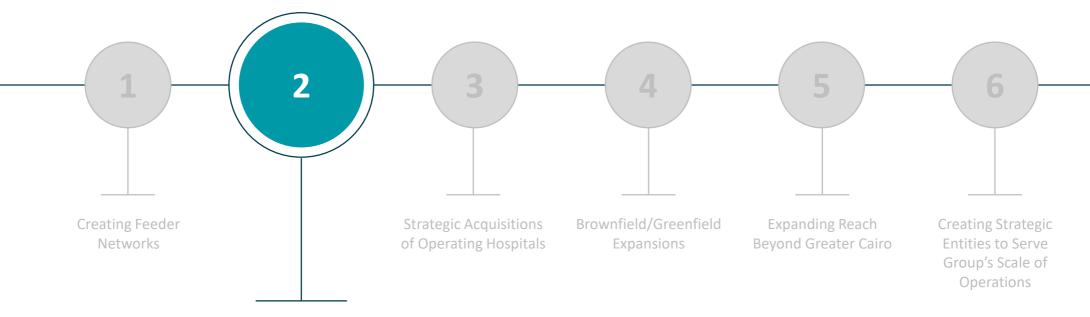
- Outlook 2020 Rev reaching EGP 2mn/Month
- Outlook GP ~10% in 2020

Feeder networks expansion in 2019 saw addition of two polyclinics (East and West Cairo). East Cairo Polyclinic is operational as of February 2019, while West Cairo Polyclinic is operational as of July 2019.



Expansion strategy





Building Additional Capacities in Existing Facilities



Building Additional Capacities in Existing Hospitals





Al Shorouk hospital Extension Building

In Q2 2018, the group signed Vital Konzept, a leading Engineering & Consultancy Firm to start the process of Drawings for the extension in preparation for releasing the project for tendering with expected timeline of completion 18 months.

The renovation and capacity increase is expected to

Add 40 beds to the hospital capacity

Total renovation of existing facility

Facelift development for the facility

Al Shorouk hospital Outpatient Centre

Al Shorouk Hospital Acquired space in an adjacent building to reallocate all OPD services from main building. Space availed in the main building will be converted to around 20 additional beds that can offset renovation partial closures within 2020.



NBH Executive Floors

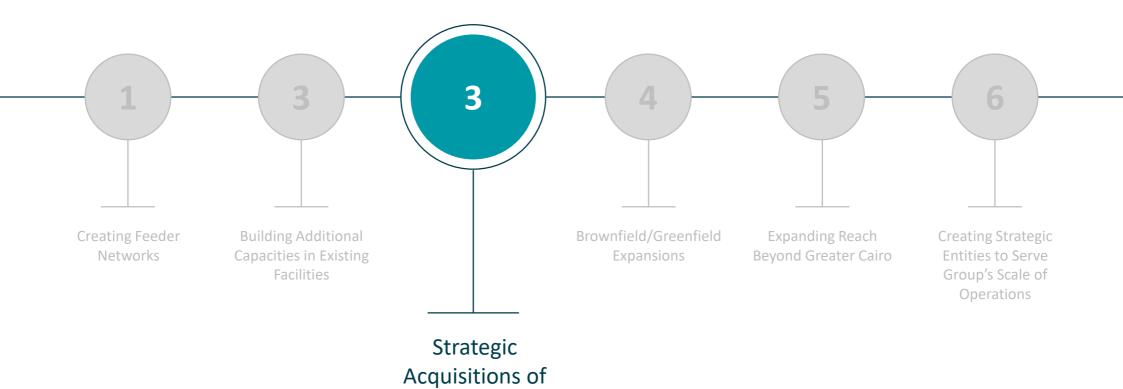
Adding 20 new additional beds in NBH last 2 floors – repurposed form admin offices that were occupied by selling shareholders.

Operational by H1 2020



Expansion strategy





Operating Facilities



Strategic Entry into IVF Segment

- CHG signed a Letter of Intent "LOI" to acquire majority control of an IVF center located in the heart of Cairo – CHG is now finalizing the DD process
- A highly scalable specialized center that can generate substantial referrals to CHG's network of hospitals and can be easily replicated across the Group through "branchizing"
- The target is considered as one of Egypt's leading fertility clinics, providing a wide variety of fertility treatments for both women and men, ranging from basic infertility care to the most advanced procedures in Vitro Fertilization IVF technology
- In 2018, the center has performed over 9,100 consultations, 6,480 procedures, 2,400 ICSI cycles, 75 PGD, 205 sex selection, 25,500 investigations, and 771 embryo freezing & transfer cycles with a 45% success rate



19 **Beds**



West Cairo Upcoming Expansion Facility



Operating **Theaters**



Outpatient Clinics



+45% Success Rate

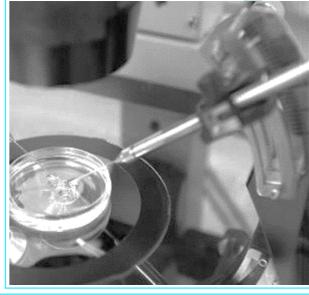


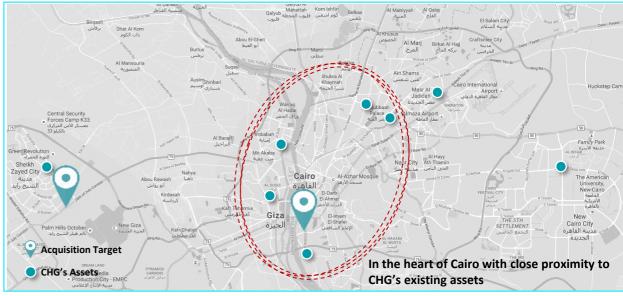
Embryo Freezing Lab

Services Offered





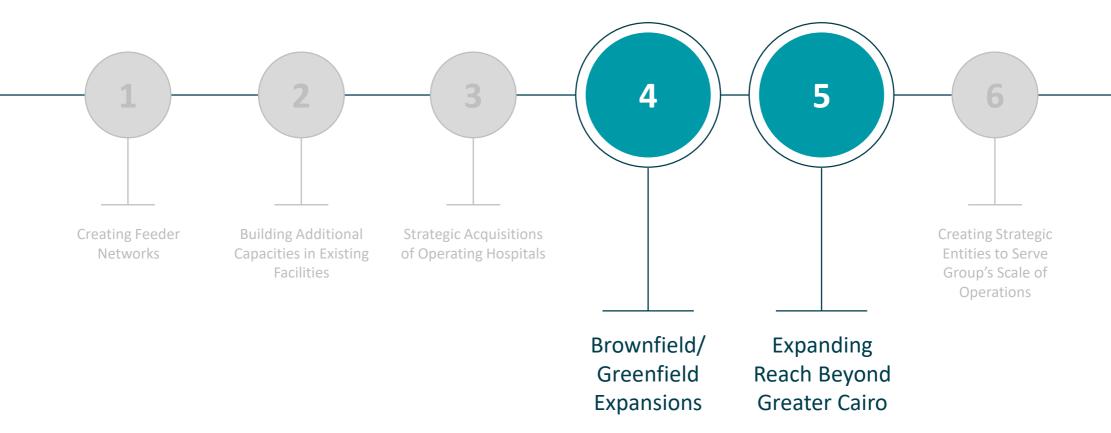






Expansion strategy





CHG Is Working on Expansions in Brownfield Hospitals in and around Greater Cairo



In Bani Suef
governorate (Upper
Egypt) an
underserved
governorate with
one of the lowest
healthcare service
quality provided in
Egypt

CHG entered into a JV with Taaleem (Al Nahda Universities) to complete and finish a 200-bed hospital in Upper Egypt – design mostly completed and construction started

Footprint expansion to Upper Egypt and tapping into a different segment of patients through a low-cost model teaching hospital







Hospital Facility
Leased (long term
contract EGP
850k/Year)



Total Investment 2020-2021 EGP 360mn

IRR 20%



Civil Work & Fitting started as of Dec 2019

2020-2021 Outlook

- Partial Opening by end of 2020 (70-90 beds)
- Average Revenue Per bed 25%to 30% below group average
- Margins 5% lower than group average

Brownfield Pipeline

The group is currently assessing and shortlisting potential Brownfield acquisitions in areas where the group does not have presence or in areas that are underserved.

Potential hospital is named "
New Cairo brownfield hospital "
and is expected to operate at
Cleopatra segment with the
following capacities:



21,000 sqm BUA

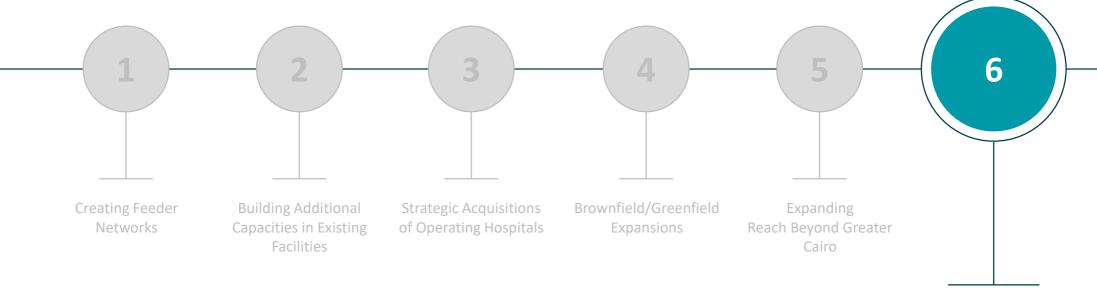


200 bed capacity



Expansion strategy





Creating Strategic Entities to Serve Group's Scale of Operations

Strategic Initiatives and Entities Created by CHG to Enhance Efficiencies in Operation



As part of the group's strategy to leverage synergies and expand its service offerings, CHG is now in the process of creating business operation entities:



Cleopatra entity for importing consumables

Aims to serve groups scale of consumables and medical devices demand and create further efficiencies in group purchasing



Pharmaceutical management entity

Aims to serve groups pharmacies and pharmaceutical procurement needs either at Polyclinics or at across different hospitals



Cleopatra Academy for Training

The academy is supporting the National Health Insurance program by providing training for the public sector as well as meeting internal training needs





Governance (I)

The Board is composed of majority independent directors.

Non-Executive Board Members



Ahmed Badreldin Chairman



Dr. Tarek ZahedVice Chairman



Omar Ezz Al Arab Director



Samia El Baroudy
Director





Dr. Ahmed EzzeldinExecutive Member &
Group CEO

Independent Board Members



Tarek KabilFormer Minister of
Trade and Industry



Dr. Mohamed Awad Tag El DinFormer Minister of
Health



Nabil Kamhawy Former Head of Ernst & Young Egypt



Lobna El Dessouky
Director



Sameh Mohsen Founder / Previous CEO Cleopatra Hospital



General Omar Kinawy Former Deputy Head of Intelligence

Board Committees

- Audit committee recommends the financial statements to the Board, and matters such as internal and external audits, financial and non-financial risk
- Remuneration committee determines and recommends to the Board matters regarding the framework for senior management remuneration
- Clinical quality and safety committee monitors non-financial risks, including clinical performance, health and safety and facilities



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Governance (II)

ABC

- CHG has a zero-tolerance approach to bribery and corruption with a clear antibribery and anti-corruption policy for all stakeholders to abide by
- CHG follows all applicable local laws and more stringent international frameworks to ensure that there are no facilitation or bribery payments made

No Referral Fees

- CHG does not pay any referral fees or kickbacks to physicians and instead has recently developed a Doctor Sales team to revolutionize the sector in Egypt
- The sales team focuses on improving the hospital service to the physician and maintains close communication improving loyalty and engagement

Medical Council

 CHG recently launched a group-wide medical council with multiple responsibilities – including (1) ensuring that medical personnel are providing the best medical care and outcomes for their patients (2) keeping CHG at the forefront of medical research and technology across all relevant services

Operations

Audit Committee

 The Audit Committee oversees the Group's financial controls with emphasis on: (1) integrity of internal controls and financial reporting; (2) performance of the internal auditors and the function (3) review of audited financials and external auditor performance (4) compliance with legal and regulatory requirements

Remuneration Committee

- The remuneration committee has established a formal and transparent process for fixing and reviewing the remuneration for the senior executives of the Company
- The remuneration committee also reviews KPIs and achievement of the Group's targets

Quality & Medical Ethics Committee

- The Quality and Medical Ethics Committee reviews the quality of care provided to the patient as well as medical KPIs for the Group in line with international standards
- The committee reports to the board compliance with the Group's Quality manuals and realization of medical outcomes

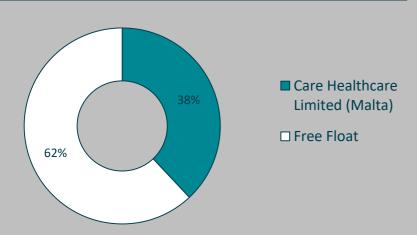
Board Committees



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Key Investor Information

Cleopatra Hospitals Company's Shareholder Structure



Care Healthcare Limited's DFI Shareholders

KFW DEG

DEG, the German Investment and Development Corporation, is a subsidiary of KFW, aiming at promoting business initiative in developing and emerging market countries as a contribution to sustainable growth and improved living conditions of the local population

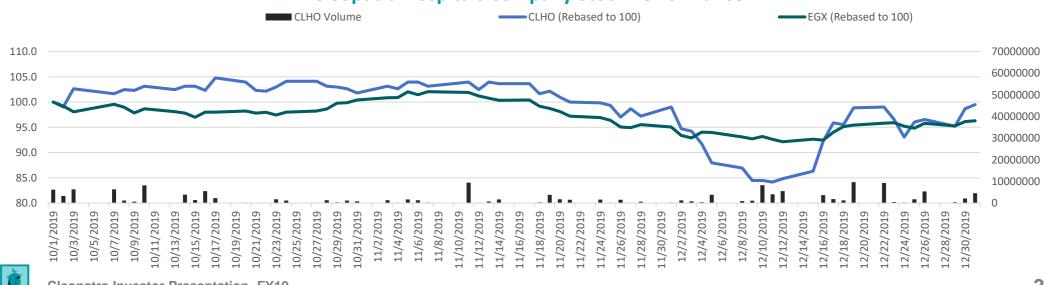


A Development Financial
Institution partly owned by
Agence Française de
Développement (AFD), which
promotes private investment
in developing countries to
reach the Millennium
Development Goals



An international financial institution, which uses investment as a tool to build market economies, supporting the development in 30 countries from central Europe to central Asia

Cleopatra Hospitals Company Stock Performance

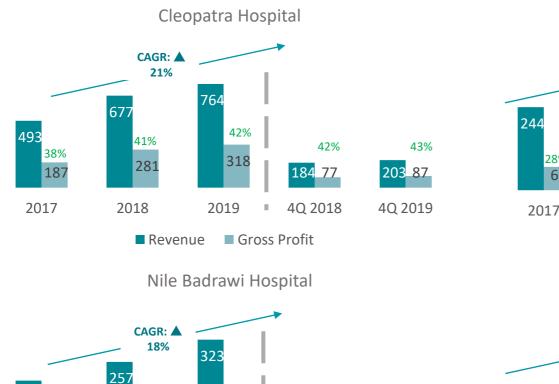






Financial Performance by Hospital





33%

2019

■ Revenue ■ Gross Profit

33%

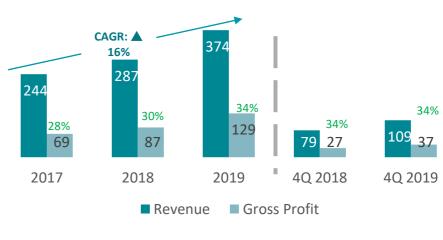
92 31

4Q 2019

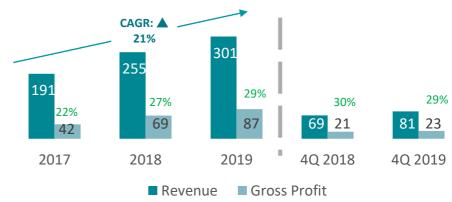
38%

69 26

4Q 2018



Al Shorouk Hospital





202

25%

2017

34%

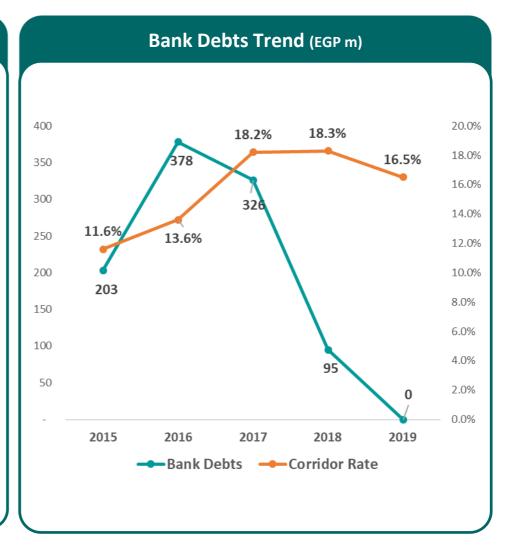
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2018

Balance Sheet and Leverage



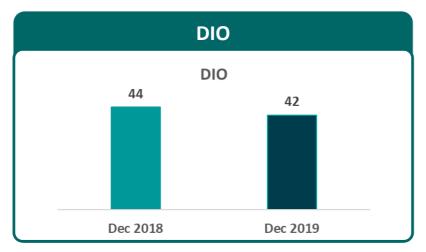
Balance Sheet Summary					
EGP 000	Dec-18	Dec-19			
Cash	953	841			
Inventory	41	49			
Debtors & other Debt balance	358	444			
Current Assets	1,353	1,335			
Intangible Assets	241	414			
Non-Current Assets	704	919			
Total Assets	2,298	2,668			
Overdraft & Short Term Loan	27	0			
Creditors & other Credit balance	457	653			
Current Liabilities	485	653			
Non-Current Liabilities	135	81			
Total Liabilities	619	734			
Net Assets	1,679	1,934			
Total Equity	1,679	1,934			
Leverages Ratios	Dec-18	Sep-19			
Total Liabilities / Total Assets	0.27 X	0.28 X			
Net bank debt / equity	-0.55	-0.44			
Debt Service Coverage Ratio	NA	NA			
ROE (post eceptional)	20%	22%			





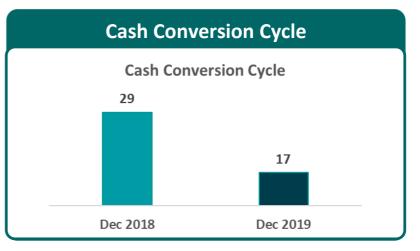
Cash Conversion Cycle







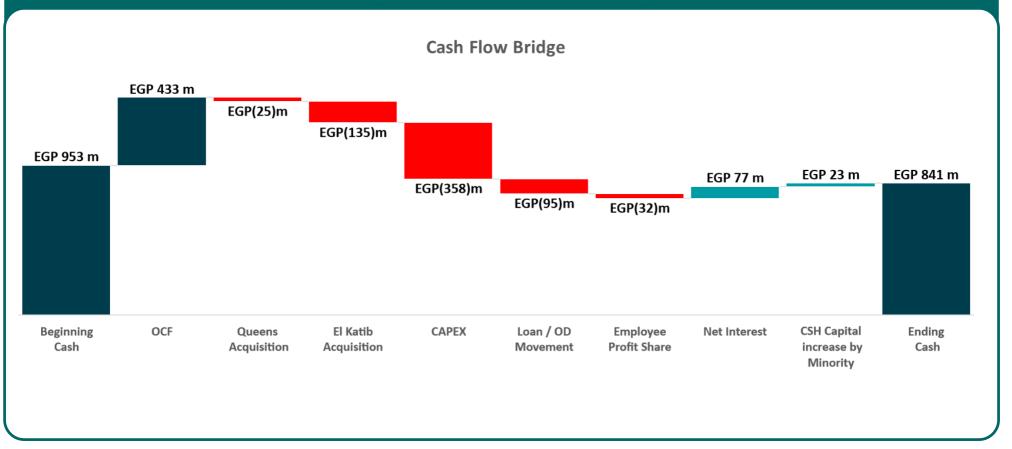




Cash Flow Walkthrough in 2019



Ending consolidated cash balance amounts to EGP 841m as of Dec 2019, out of which EGP 50m in Treasury Bills and EGP 177m time deposits

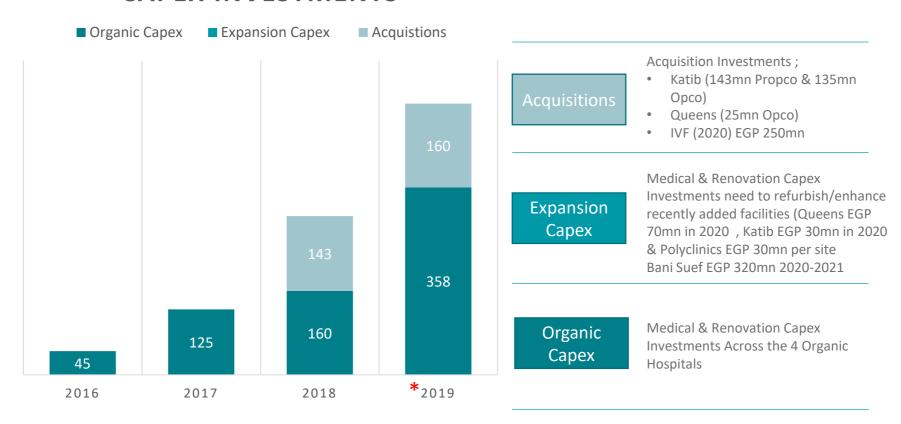




Capex Profile



CAPEX INVESTMENTS



*2019 preliminary figures subject to closing





Consolidated Income Statement



All figures in EGP mn	FY2019	FY2018	% change	4Q2019	4Q2018	% change
Revenues	1798.1	1456.1	23%	511.1	394.0	30%
Cost of sales	(1172.7)	(942.5)	24%	(337.5)	(245.5)	37%
Gross profit	625.5	513.6	22%	173.6	148.6	17%
Gross Profit Margin	35%	35%		34%	38%	
General & administrative expenses	(338.0)	(183.1)	85%	(64.6)	(45.7)	41%
Cost of acquisition activities	(6.3)	(4.6)	37%	(1.8)	(0.0)	0%
Provisions	(7.4)	(17.2)	-57%	(6.0)	(13.5)	-56%
Other income	10.7	7.9	36%	4.3	2.3	86%
Pre-Operating Expenses	(3.4)	0.0	-	0.0	0.0	-
EBIT	281.1	316.6	-11%	105.4	91.6	15%
EBIT Margin	16%	22%		21%	23%	
Interest income	93.3	129.4	-28%	21.4	35.2	-39%
Interest expense	(6.9)	(38.0)	-82%	(1.1)	(7.0)	-85%
Profit before tax	367.5	408.0	-10%	125.8	119.7	5%
PBT Margin	20%	28%		25%	30%	
Income tax	(94.3)	(90.4)	4%	(25.5)	(28.7)	-11%
Deferred tax	(7.9)	(2.4)	225%	(4.9)	(0.8)	0%
Net profit after tax	265.4	315.2	-16%	95.4	90.2	6%
Net Profit Margin	15%	22%		19%	23%	
Distributed as follows:						
Shareholders of the company	257.4	294.9	-13%	90.9	84.0	8%
Minority rights	8.0	20.3	-61%	4.5	6.2	-28%
Profit for the period	265.4	315.2	-16%	95.4	90.2	6%



Consolidated Balance Sheet



All figures in EGP mn	31 December 2019	31 December 2018	
Non-current Assets			
Fixed assets	560.5	908.5	
Intangible assets	241.0	413.6	
Right Of Use	-	10.2	
Payment under investment	143.9	_	
Total non-current assets	945.4	1,332.4	
Current assets			
Paid Under Subsidiaries Capital Increase	-	-	
Inventory	40.8	49.3	
Trade receivables	302.8	337.2	
Debtors and other debit balances	48.5	105.2	
Due From Related Parties	7.1	2.0	
Treasury Bills	-	50.1	
Cash on hand and at banks	953.4	791.3	
Total current assets	1,352.5	1,335.0	
Total assets	2,298.0	2,667.4	
Equity			
Share capital	800.0	800.0	
Reserves	274.2	284.4	
Retained earnings	529.8	746.2	
Equity attributable to the parent company	1,604.0	1,830.6	
Minority interests/ non-controlling interests	74.7	103.9	
Total equity	1,678.7	1,934.5	
Non-current liabilities			
Non-current portion of borrowings	67.9	-	
Creditors and other credit balances - non-current portion	-	-	
Due to related parties	-	-	
Non-Current portion of lease liability	-	5.8	
Deferred tax liabilities	66.9	74.8	
Total non-current liabilities	134.7	80.6	
Current liabilities			
Provisions	24.9	15.6	
Creditors and other credit balances	317.7	442.3	
Due To Related Parties		-	
Current portion of borrowings	27.2		
Current portion of lease liability		2.7	
Share Base payment	45.2	129.1	
Current income tax	69.4	62.6	
Total current liabilities	484.5	652.3	
Total liabilities			
Total liabilities & shareholders' equity	619.3 2,298.0	732.9 2,667.4	



Consolidated Cash Flow Statement



All figures in EGP mn	31 December 2019	31 December 2018
Cash flows from operating activities		
Net (Loss) / Profit before tax for the period / year	367.5	408.0
Adjusted for:		
Depreciation	65.0	46.8
Allowance for impairment of current assets	57.5	(4.4)
Provision	(9.3)	3.3
Capital gain/Loss	(1.0)	(1.0)
Credit / Debit Interest	(89.6)	(91.3)
Changes in current tax liability	(101.0)	(32.9)
Share-based payments financial liabilities	83.8	20.4
Operating profits before changes in assets and liabilities	372.9	348.9
Changes in working capital		
Changes in Inventories	(7.1)	(10.5)
Change in trade receivables, debtors and other debit balances	(86.6)	(115.0)
Changes in Due from related parties	5.1	(1.6)
Change in trade and other payables	149.0	78.0
Net cash flows generated from operating activities	433.2	299.8
Cash flows from investing activities		
Proceeds from sale of fixed assets	1.6	1.2
Fixed assets purchased	(101.1)	(86.6)
PUC purchased	(194.1)	(48.4)
Advance payment for purchase of fixed assets	(64.8)	(24.6)
Payments to acquisition of a subsidiary, net cash acquired	(160.1)	-
Payments under investment	-	(0.4)
Credit Interest Collected	97.2	129.3
Deposits with a maturity of more than 3 months from the date of placement	(50.1)	11.0
Net cash flows used in investing activities	(471.4)	(18.4)
Cash flows from financing activities		
Paid to increase share capital	22.5	
Dividends paid out	(31.9)	(21.7)
Repayment of borrowings	(95.1)	(230.9)
Cash Proceed From Overdraft	85.2	106.6
Cash Paid to Overdraft	(85.2)	(132.6)
Interest paid	(20.0)	(45.5)
Net cash generated (used) from financing activities	(124.6)	(324.1)
Change in cash and cash equivalents during the period	(162.7)	(42.7)
Cash and cash equivalents at the beginning of the period	953.4	996.1
Cash And Cash /equivalent In Acquired Subsidiaries at Beg. Of The Period	0.6	_
Cash and cash equivalents at the end of the period	791.3	953.4

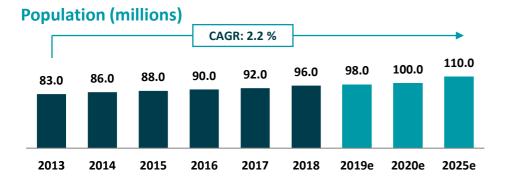




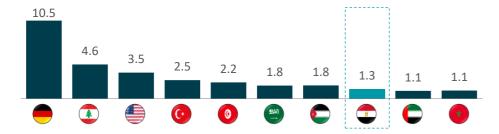
Underserved and Under-penetrated Market with Steady Demand Growth



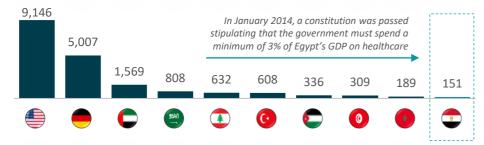
Supply Gap in Egyptian Healthcare Industry



Hospital Beds (/1,000 people) | 2017



Healthcare Expenditure per Capita (USD) | 2017



Sources: World bank, Business Monitor International (BMI), CAPMAS, FROST & SULLIVAN

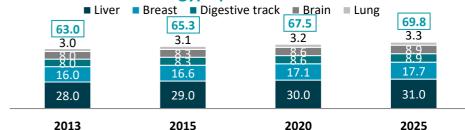
Healthcare Expenditure in Egypt

Public vs. Private Healthcare Expenditure | EGP bn

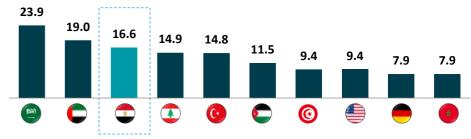


Lifestyle Disease Profile in Egypt

Cancer Prevalence in Egypt | 000 cases

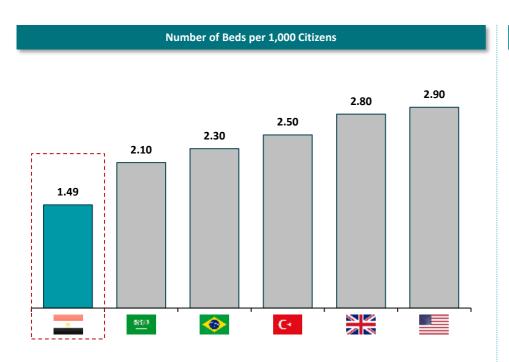


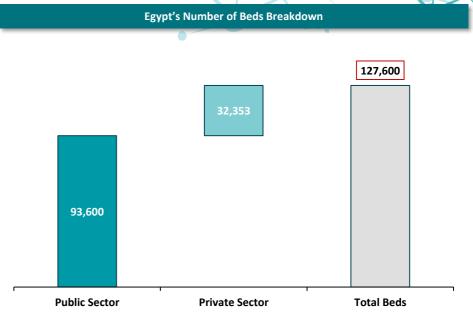
Diabetes Prevalence in the 20-79 Age Group



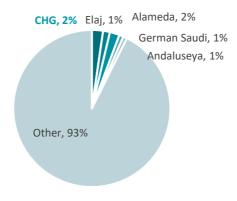


Egypt Total Hospital Beds





Market Share in Egypt by # of Commercial Beds

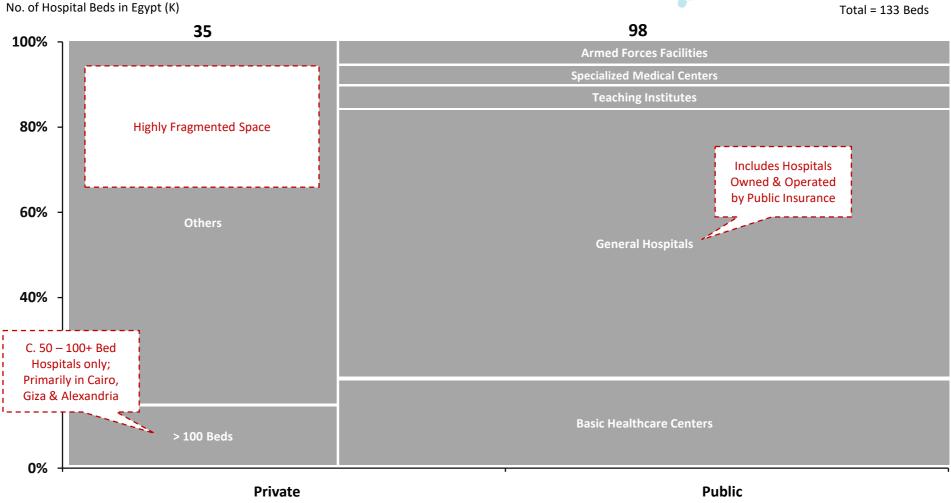


Total c34,000 beds in Egypt*



Egypt Total Hospital Beds (cont'd)







Egypt Total Hospital Beds (cont'd)

	Basic Healthcare Centers	General Hospitals (Public Insurance)	Specialized Medical Centers	Teaching Institutes / Medical Colleges	Armed Forces Facilities	Private Hospitals (Non-Government)
				KASR ALAINY Cast BAARG UNIVERSITY		
Level of Care	 First level of public healthcare Access to basic preventive & diagnostic treatment for common diseases & risk factors 	 Support basic healthcare centers as well as some advanced care / treatment centers Accessible to members of the insurance scheme 	 One of the highest level of public healthcare Provide advanced. Specialized care across key diseases & intervention 	 Provide medical education, specialization across levels & fields Facilitate training & research 	 High-end multi specialty facilities for the armed forces Available for access by paying premium rate 	 Provide diagnosis, treatment advice, specialist inpatient services, and advanced care Better equipped than public hospitals
Number of Units	153	420	42	19	20	1,484
Number of Beds	C. 18,000	C. 50,000	C. 1,500	C. 5,000	5000+	> 34,000
Level of Technical Facilities	Basic	Low	Mid to High	Medium	Extremely High	Mid to High (Depending on Location)
Presence / Location	Across Egypt – national network	Located in all key cities / tows for each governorates	Concentrated in metro & tier 1 cities	Concentrated in metro & tier 1 cities	Located in key governorates / cities	Across Egypt – concentrated in metro & tier 1 cities
Client Type	All	All Egyptians with HIO / COO cover	All – primarily referrals for specialized care	All	Armed forces (free) private by paying	Mid to higher income segment
Price	Negligible	Low	Low to Mid	Low	High	Mid to High Focus of Next Slide



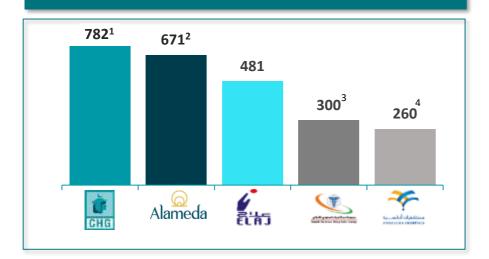
Egypt Total Hospital Beds (cont'd)

	Large Hospitals (100+ Beds)	Medium Hospitals (50 – 100 Beds)	Small Hospitals (<50 Beds)
Level of Care	 Large multi super-specialty care centers with ability to do high-complexity cases Coverage across care continuum (potentially emerging tertiary care across key specialties) Potentially include CoEs with focus on 1 – 2 key specialties Comprehensive OP, pharmacy, diagnostic (imaging & pathology), trauma / ER, etc. 	 Multi-specialty centers focused on mid to basic complexity work - focused up to secondary level care Serve as a feeder network to large hospitals for more complex cases Basic OP, pharmacy, trauma / ER, etc. 	 Basic centers with beds (average size of 15 – 20 beds) with focus on triage & observations Basic intervention work (e.g. suturing, bonesetting, and IV administration) conducted at such facilities Only basic support amenities available (e.g. portable X-ray, suction machine, and a basic / minor surgery suite)
Number of Unites	40 – 50	50 – 100	C. 1,300
Number of Beds	C. 5,000	C. 2,000 – 3,000	> 27,000
Level of Technical Facilities	Mid to High (Depending on level of care)	Mid – Low (As required for basic secondary care)	Low
Presence / Location	All located in Cairo, Giza or Alexandria	Majority concentrated in metro & tier 1 cities	Across Egypt
Client Type	High to mid income individuals / families with high payor coverage	High to mid income individuals / families with low probability of any form of payor coverage	Mid to low income individuals & families with limited to no cover
Price	High	Mid to High	Mid to Low
	Focus of Next Slide		

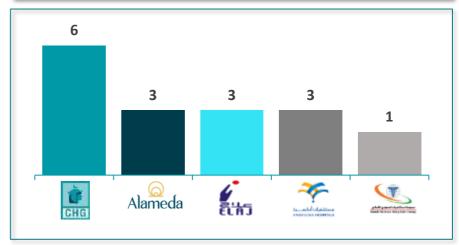


Greater Cairo Hospital Groups by Commercial Bed Count

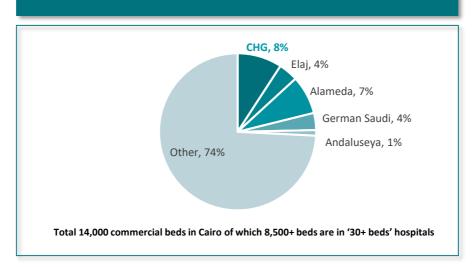
Hospital Groups in Cairo (Operational) – Bed Count



Hospital Groups in Cairo - # of Operational Hospitals



Market Share in Cairo by # of Commercial Beds





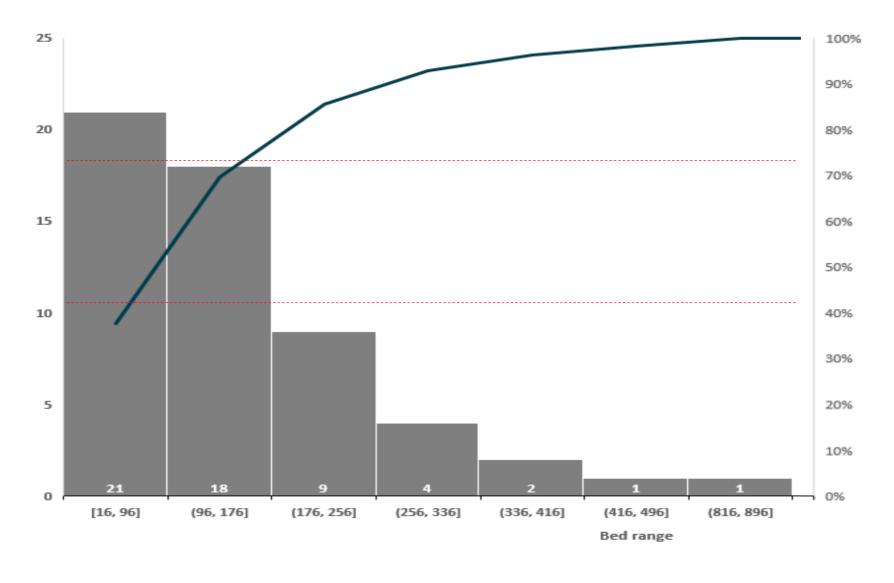
^{2.} Building new capacity to reach c900 beds

Building new capacity to reach c600 beds
 Building new capacity to reach c500 beds

Cleopatra Investor Presentation FY19
Source: CAPMAS, Egypt Ministry of Health, consultants

Greater Cairo Distribution of Hospitals by Commercial Beds



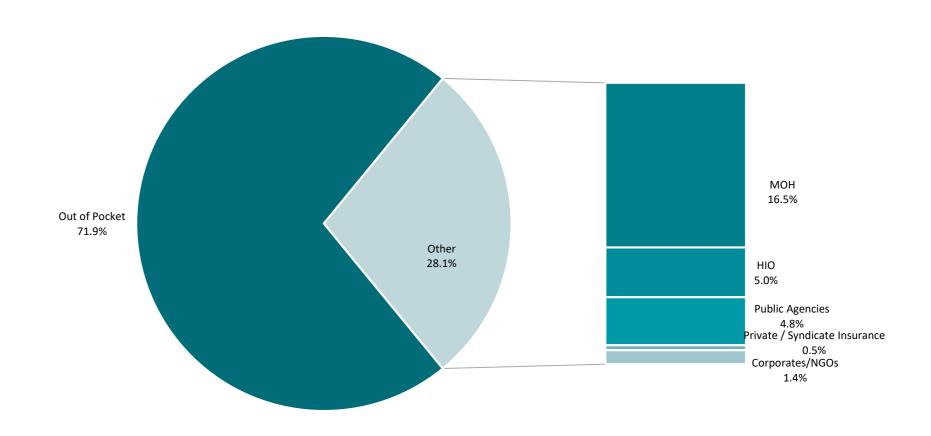




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Egypt Healthcare Market Payor Profile







Thank you

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SHAREHOLDER INFORMATION

EGX: CLHO.CA Listed: June 2016

Shares Outstanding: 1.6 billion





