

## **Cleopatra Hospitals Group** Investor Presentation FY20

#### Disclaimer



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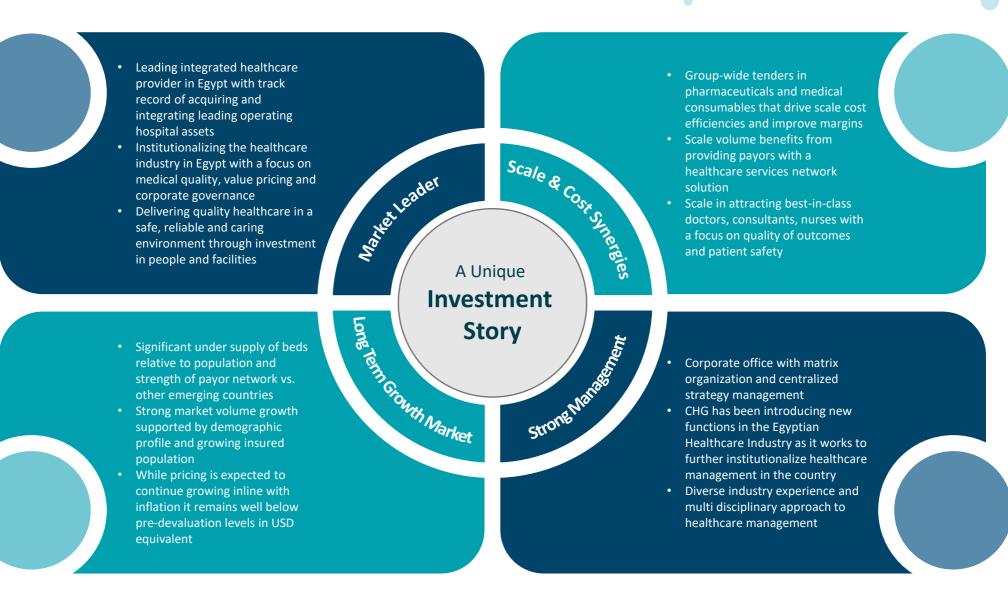
**Business Updates** 

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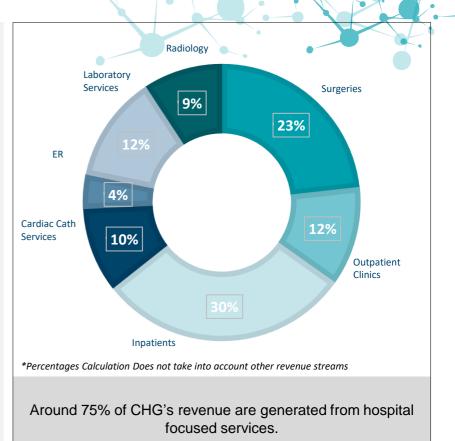
### **A Unique Investment Story**

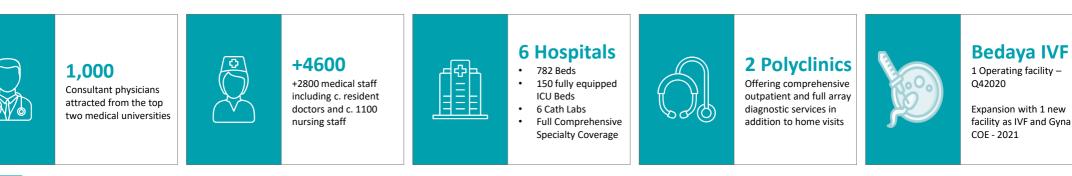




### **CHG is a Diversified Healthcare Services Group**

- Cleopatra Hospitals Group (the "Group" or "CHG"), is Egypt's largest private hospital group by number of hospital beds and operating hospitals and consists of six operational hospitals and two polyclinics in addition to a leading IVF Centre all in Cairo, namely:
  - i. Cleopatra Hospital (100.0% ownership)
  - ii. Cairo Specialized Hospital (55.4% ownership)
  - iii. Nile Badrawy Hospital (99.9% ownership)
  - iv. Al Shorouk Hospital (100.0% ownership)
  - v. Queens Hospital (100.0% ownership)
  - vi. Al Katib Hospital (100.0% ownership)
  - vii. Cleopatra Hospitals Group Clinics (100.0% ownership)
  - viii. Bedaya IVF Centre (60% ownership)
- Over the last five years, the Group has revolutionized the Egyptian healthcare industry by bringing high quality, integrated healthcare solutions to a growing number of patients across a constantly expanding geographical footprint
- Around 75% of revenue generated from insured & contract patients



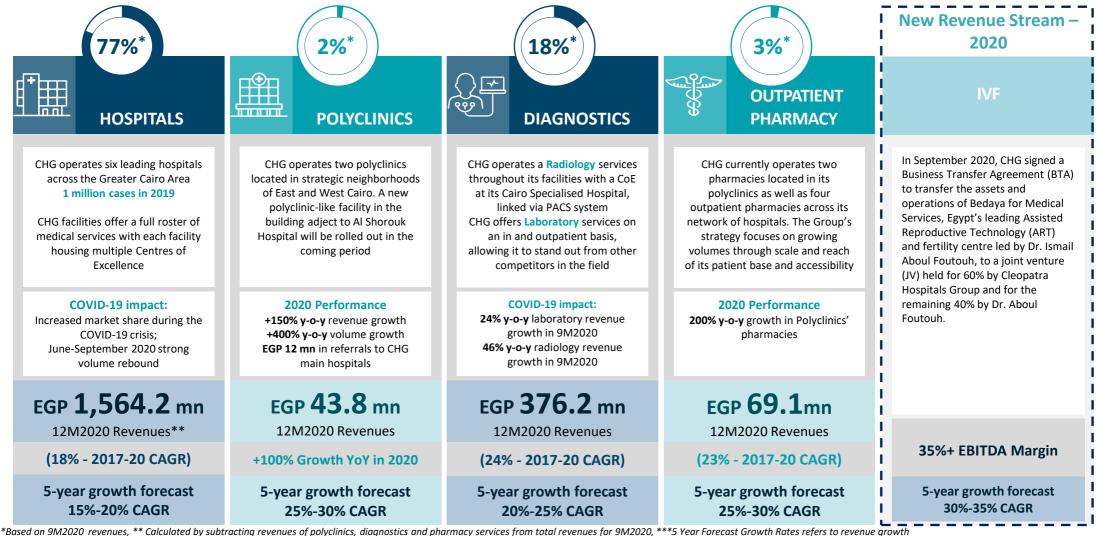


#### THE CHG

#### Cleopatra Investor Presentation FY20

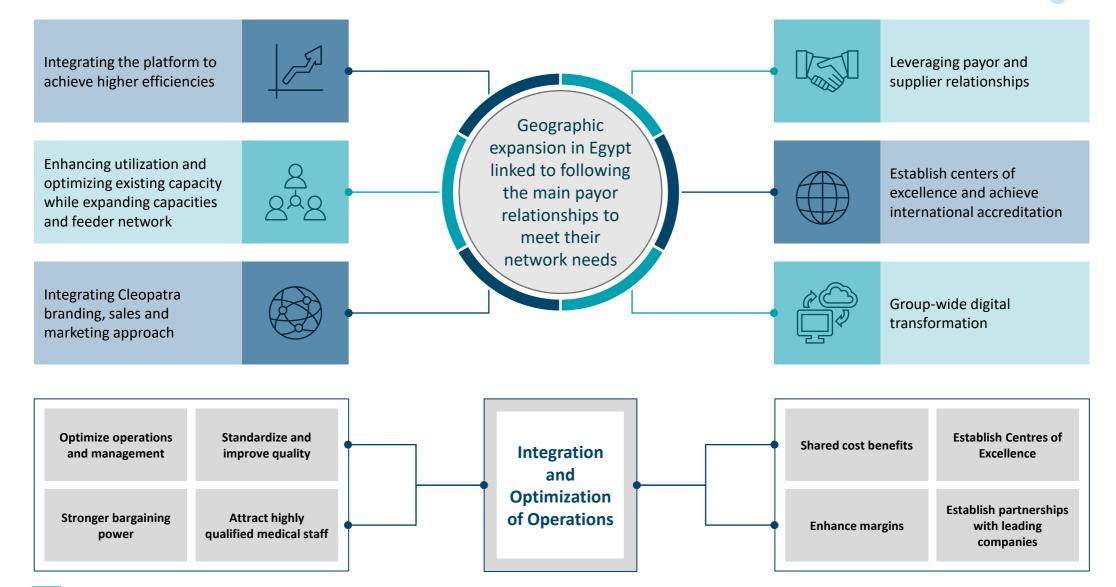
# Diversified Service Offering and Revenue Stream

CHG delivered strong top- and bottom-line growth with robust margins in 2020 supported by a recordbreaking fourth quarter





### **Clearly Defined Core Growth Strategy**

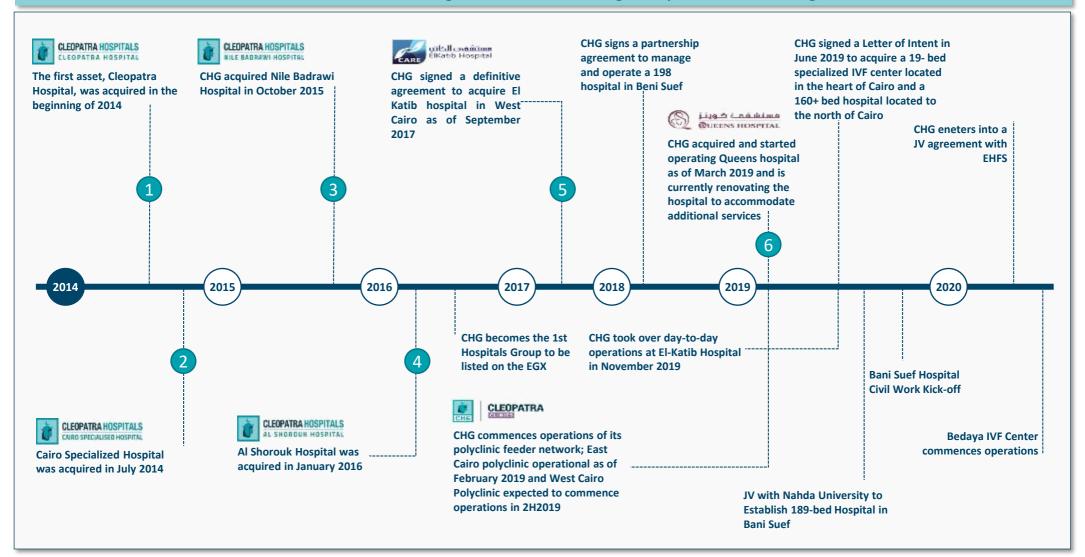




# CHG's Journey History & Timeline



The Evolution of CHG from a Single Asset into one of the Largest Hospital Platform in the Region



### **Broad Network Coverage in Greater** Cairo

Leveraging a growing footprint, CHG continues to penetrate new segments of the population and provide high quality care to currently underserved areas of Greater Cairo

Cleopatra Hospitals Group, is the largest private hospital group in Egypt by number of beds and operating hospitals with a broad network coverage across Greater Cairo

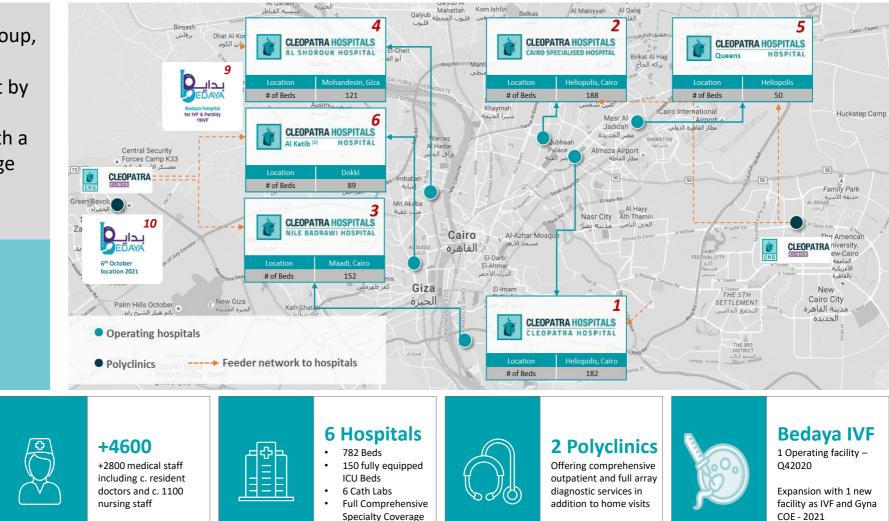
Providing high quality care to thousands of patients

1,000

Consultant physicians

attracted from the top

two medical universities





### **CHG FY2020 Financial Highlights**



CHG delivered a remarkable full-year performance bolstered by a recordbreaking fourth quarter which saw the Group surpass the EGP 600 million mark for the first time to record revenues of EGP 611 million in 4Q2020, up 19% from last year.

Throughout 2020, the Group effectively mitigated the impacts of COVID-19 on its operations through the roll out of tailored health and safety and business continuity protocols combined with a swift adjustment to its service offering and delivery methods to best cater to patients' changing needs as the crisis evolved.

While cases served in 2020 stood 11% below last year's figure, the strong traffic witnessed in the final months of the year is further fueling our confidence that a full recovery in patient volumes is imminent and management expects to see them return to their pre-crisis growth trajectory in the near future.



EGP **1,989.5** mn Consolidated revenues in FY20,

Consolidated revenues in FY20, up 11% y-o-y



**35% Gross profit margin** EGP 689.6 mn in FY20 **+10% y-o-y** 



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

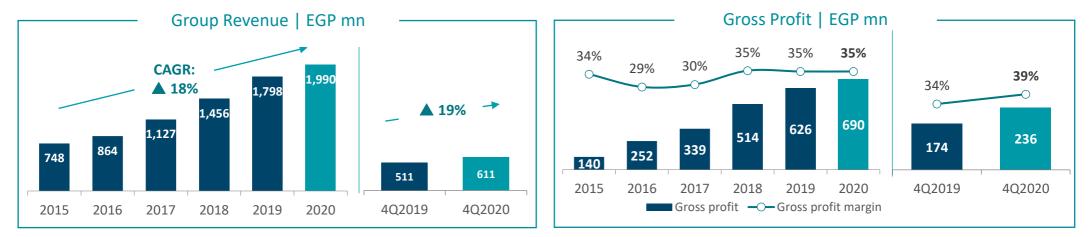
<sup>2</sup> EBITDA does not adjust for impairments booked during the period.

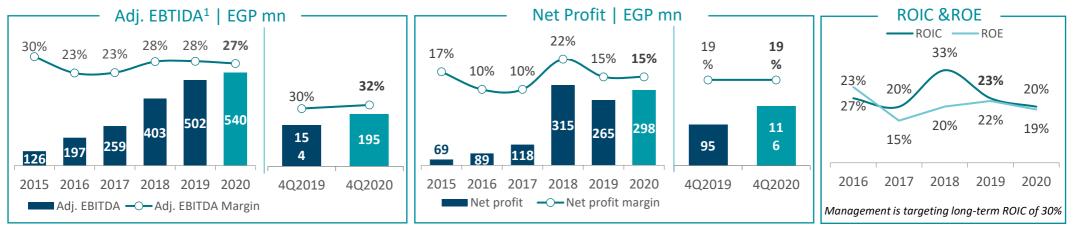
<sup>3</sup> Cases served includes number of in-patients, outpatient visits and ER visits.



# Financial Performance in FY2020

Strong revenue growth on both a quarterly and yearly basis was supported by a sustained recovery in patient volumes following the COVID-19related slowdown earlier in the year, improving utilization, favourable pricing, and an increasingly optimised service mix. Margins were in line with the Group's historical highs maintained by management's wide-ranging cost control efforts, whereby gross profit margin expanded to a record 39% in 4Q2020 and was maintained at 35% on a full year basis compared to 2019. Strong net profit growth for the quarter and year supported by revenue growth and management's cost reduction and optimization strategy, growing 21% on a quarterly basis and 12% on an annual basis



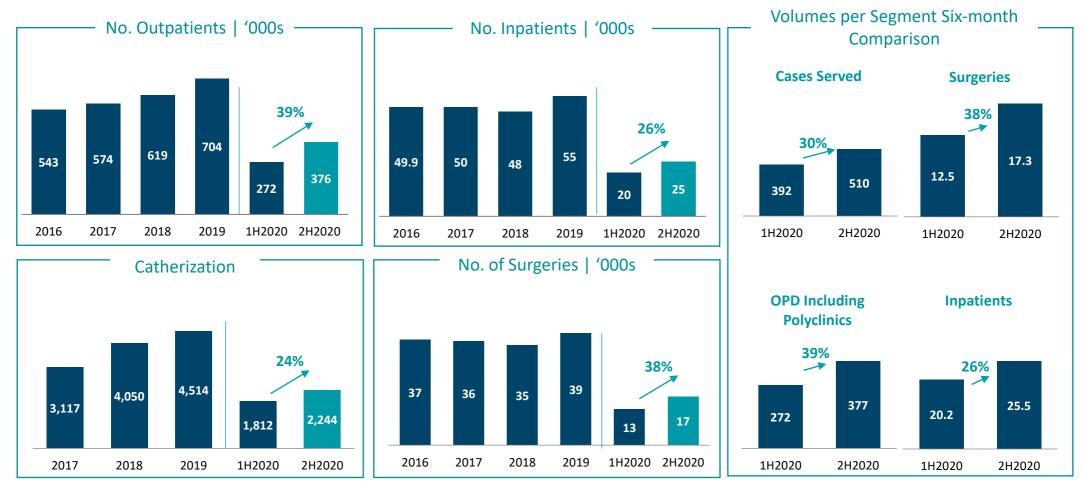


1 Adjusted EBITDA: Earnings before Interest, Tax, Depreciation and Amortization adjusted for provisions, impairments, LTIP, acquisitions expenses, pre-operating expenses and excluding contributions from other income.

CHG

### **Key Revenue Drivers (i)**

In 4Q2020, CHG recorded a 13% q-o-q increase in total cases served, with the total for 2H2020 up 30% from cases served in 1H2020. While cases served for the year stood 11% below 2019's figure, the strong traffic witnessed in the final months of the year is fueling management's confidence that a full recovery in patient volumes is imminent and we expect to see them return to their pre-crisis growth trajectory in the near future.

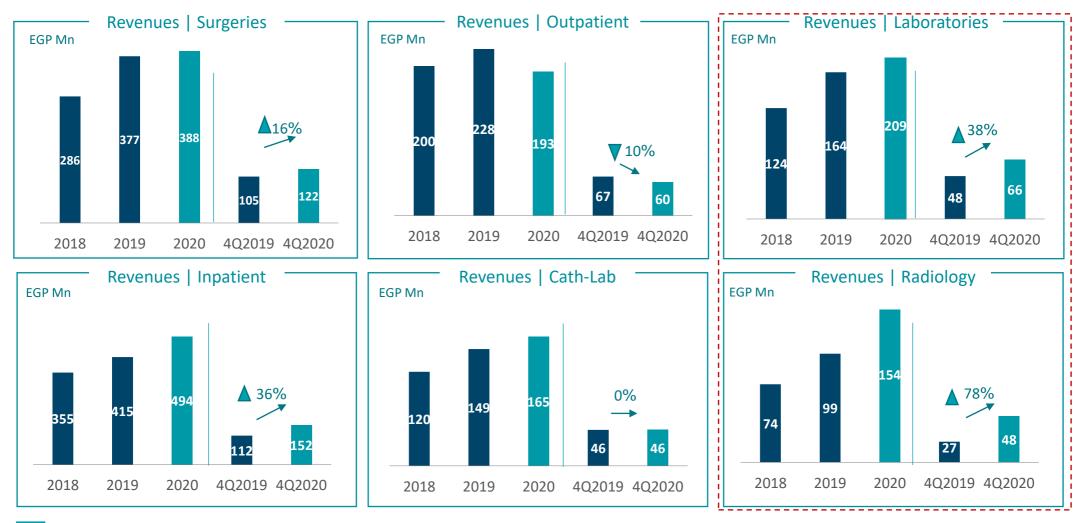


<sup>1</sup>Cases served includes number of in-patients, outpatient visits and ER visits.



## Key Revenue Drivers (ii)

Year-on-year revenue growth was seen across all the Group's segments, apart from Outpatient services, where the Group has been focusing on referrals and utilization from the outpatient clinics and polyclinics without significant price increases. Strong revenue growth in the radiology and laboratory segments is a direct results of management's efforts to expand the Group's diagnostics services.

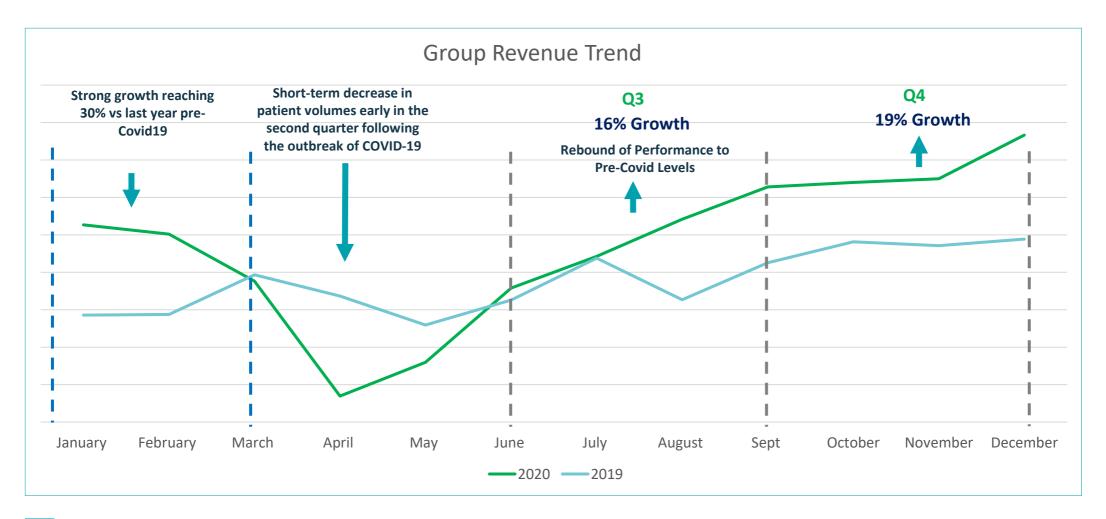




### **Group Revenue Trend**



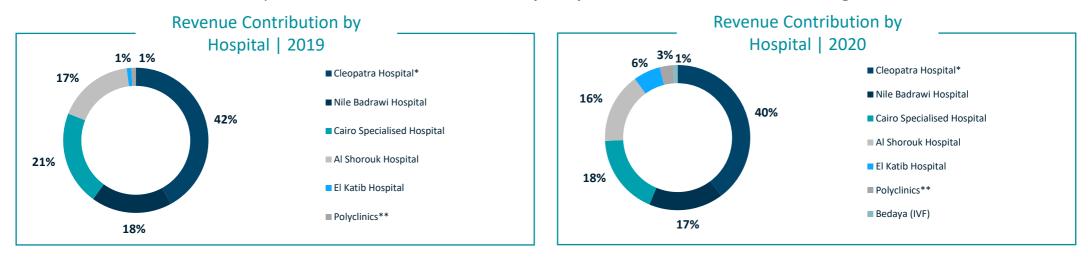
The Group's performance in 4Q2020 shows volume and revenues returning to historical growth trends. Results for the second half of 2020 were inline with the Group's most successful monthly performances on record.





### **Group Revenue Contribution** in FY2020

**On a per hospital basis**, Cleopatra Hospital, which includes revenues of around EGP 60 million generated by Queens Hospital, recorded a 6% y-o-y rise in revenues in FY2020, with its contribution to consolidated top-line at 40% for the year. While Cleopatra Hospital continues to make the largest contribution to total revenue, this year's share was the lowest of record, **proof positive of the effectiveness of management's diversification efforts.** 



#### Revenue Progression By Hospital | EGP mn



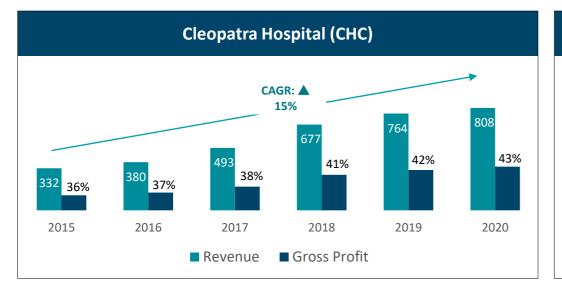
\*Cleopatra Hospital results for the period include revenue generated by Queens Hospital

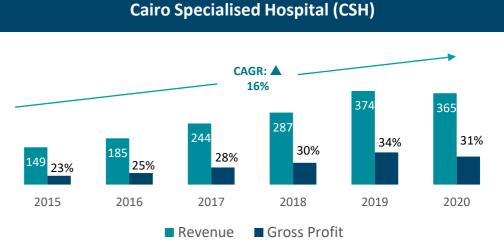
\*\*Polyclinic revenue includes both East and West Cairo Polyclinics (CHG for medical services) in addition to the polyclinic pharmacies segment (CHG Pharma)



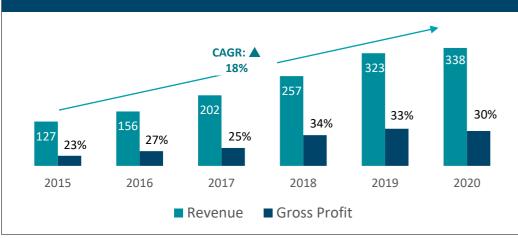
### **Group Performance Trends**

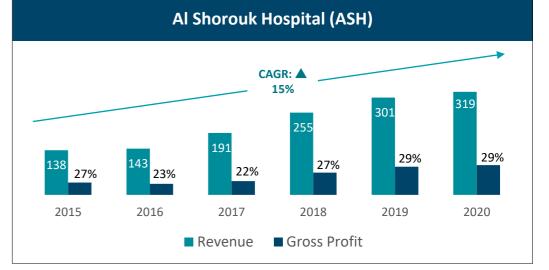












#### 2020 in Review



#### Securing Inventory

Purchasing and securing of PPE, Medication and Consumables in anticipation

#### **Business Contingency**

Crisis Management planning phase – medical operations and back-office – insurance rejecting claims – suppliers panic – lockdowns

#### **Patient Pathway**

Medical Council & Quality protocols handling patient pathways – suspected cases – referral to MOH.

#### **Investor Assurance**

engaging investors with updates and assurance against risks/fears

#### Al Katib Conversion

Converting El Katib Hospital into a Covid hospital – hiring – training – pay structure medical protocols- moral support New Revenue Streams Launching Home Visits & Telehealth – marketing campaigns

#### Cost Avoidance

Reconsidering capital expenditure plans – variable costs management – efficiency applications

#### **Employee Safety**

Health & Safety precautions – fear of infection – treatment planning and reporting

#### **Queens Conversion**

10 day conversion into Covid treatment hospital – quick fixes – capex – consumables and medication – hiring – training

#### Support & Manage

Supporting and managing teams/reviewing performance – responding to changes – following up initiatives – moral support

#### **Negative PR**

Covid Pricing pressures from MOH and Media – earnings release – approval of MOH pricing – lobbying

#### **Rebound Marketing**

focusing on recovering volumes and confidence of patients and consultants – sales team activities – MD focus

#### December

#### **Business Continuity**

Performance management – opportunistic rebound – subaccount management – margin efficiencies

#### **EHFS outsourcing**

Operational changes and management.

#### Bedaya Acquisition

Integrating and consolidating Bedyaa operations with operational challenges

#### **Strategic Focus**

2021 strategic and business planning exercises – project genesis



#### 2020 in Review (Cont'd)



#### 2020

	JAN – FEB	MAR	APR	MAY	JUN	SEP	OCT – DEC
F	Strong results in January and February as CHG built on strong nomentum from	COVID-19 crisis begins mid-March; Government imposed restrictions weigh down on patient	CHG rolls out extensive <b>mitigation</b> <b>strategy</b> ; <b>response</b> <b>protocols</b> to tackle health and business	El Katib and Queens Hospitals are converted into COVID-19 treatment	Volumes begin to recover following easing of restrictions and supported by the Group's dedicated	Group acquires <b>Bedaya</b> IVF centre and forms the Egyptian Healthcare Facilities Services	Record-breaking fourth quarter sees the Group report revenues in excess of EGP 600 mn for the
2019		volumes continuity risks		facilities	strategy	(EHFS) company	first time

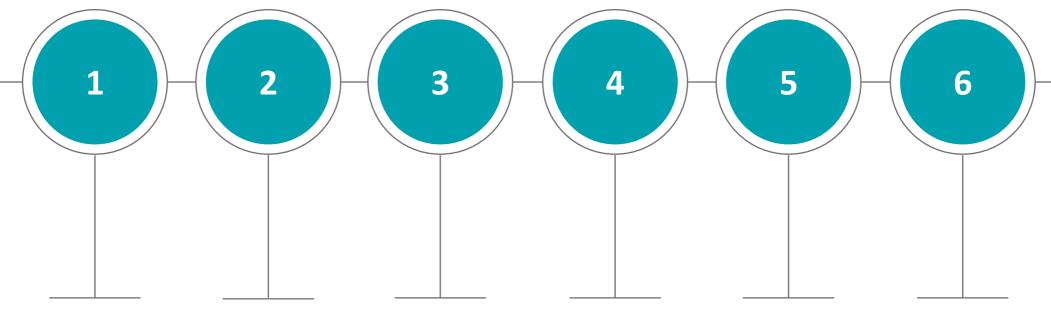
2020 Expansion Highlights			Since the IPO*			
IVF	Facility Management	24 beds + 2 executive floors	30%	Revenue CAGR (2015-20)	30%	Gross Profit CAGR (2015-20)
The Group acquires majority stake in Bedaya and ventures into fast- growing ART segment	CHG forms EHFS and enters the underpenetrated facility management segment	Capacity expansion at existing hospitals	27%	EBITDA CAGR (2015-20)	20%	ROIC (2020)



# Expansion Strategy & Updates

### **Expansion strategy**





Creating Feeder Networks & Expanding Services Offering Building Additional Capacities in Existing Facilities

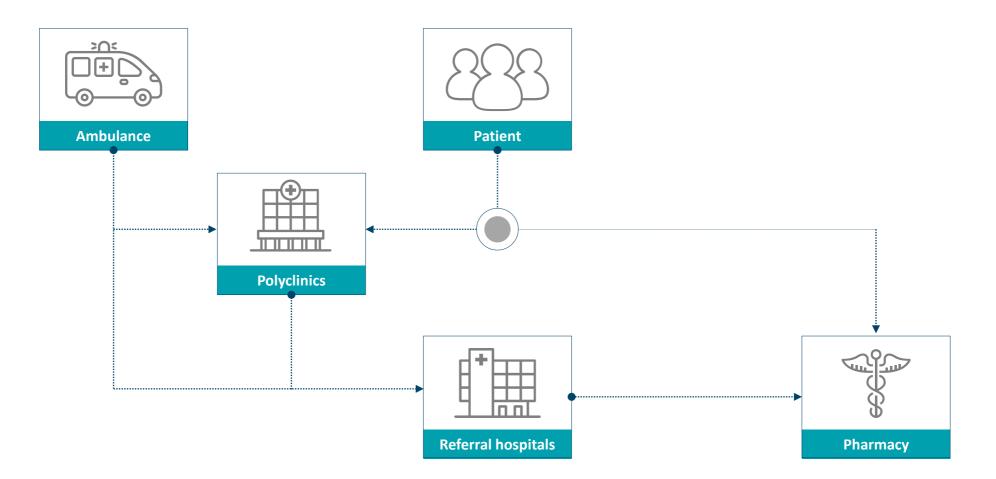
Strategic Acquisitions of Operating Facilities Brownfield / Greenfield Expansions Expanding Reach Beyond Greater Cairo Creating Strategic Entities to Serve Group's Scale of Operations



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



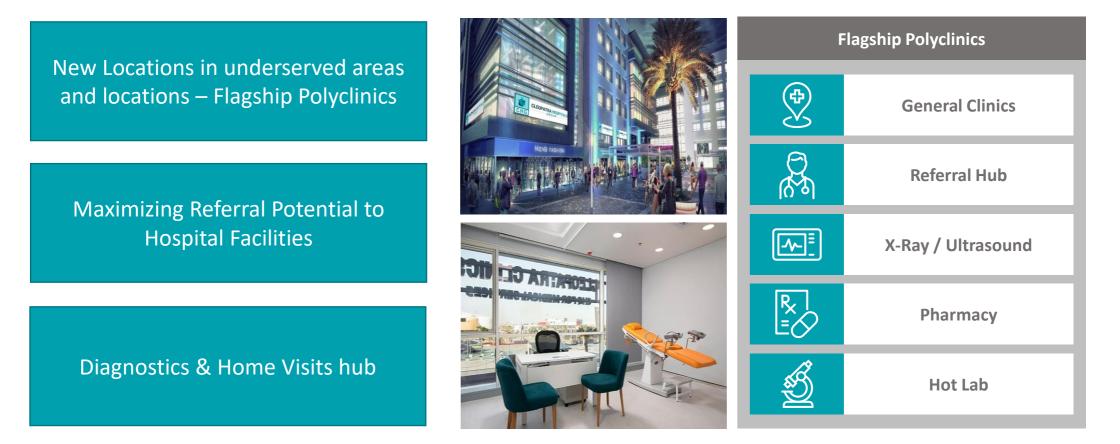
Increase number of registered patients through increasing the outpatient network, while a focus on patient pathway capture results in increased network revenue from the core payors.





#### Launched in 2019 and Now Present in East and West Cairo and a Strategy to further expand

With both East and West Cairo ramping up to target utilization and performance, the Group is now looking into further expansions of the model. During the ongoing COVID-19 crisis, the Group's polyclinics witnessed a significant increase in demand from patient looking for an alternative to traditional hospitals.



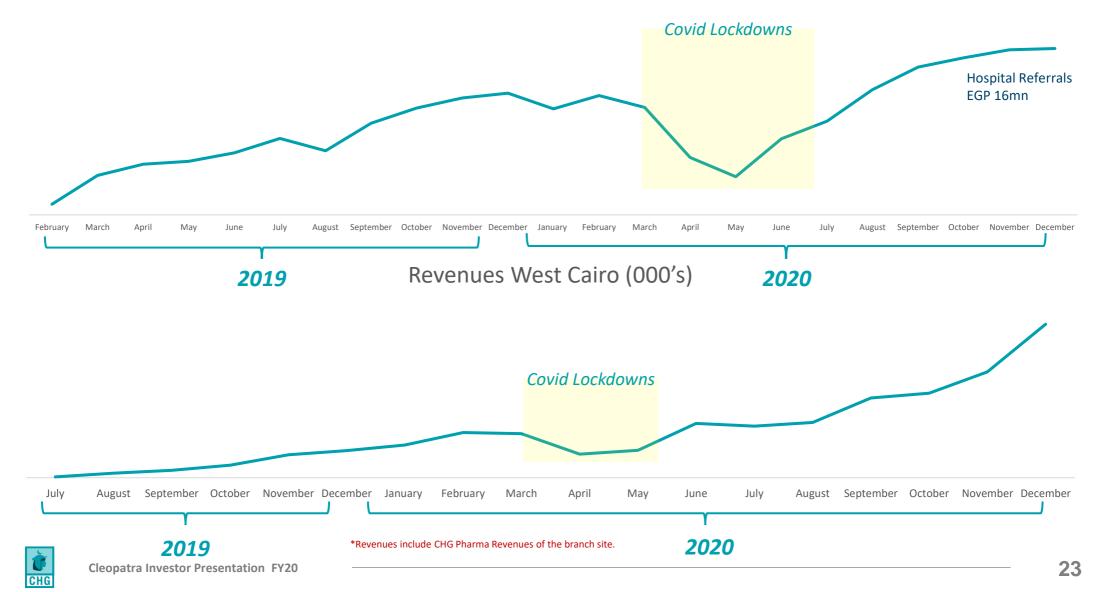


#### **New Business Models**

#### **CHG Polyclinics Ramp- Up**



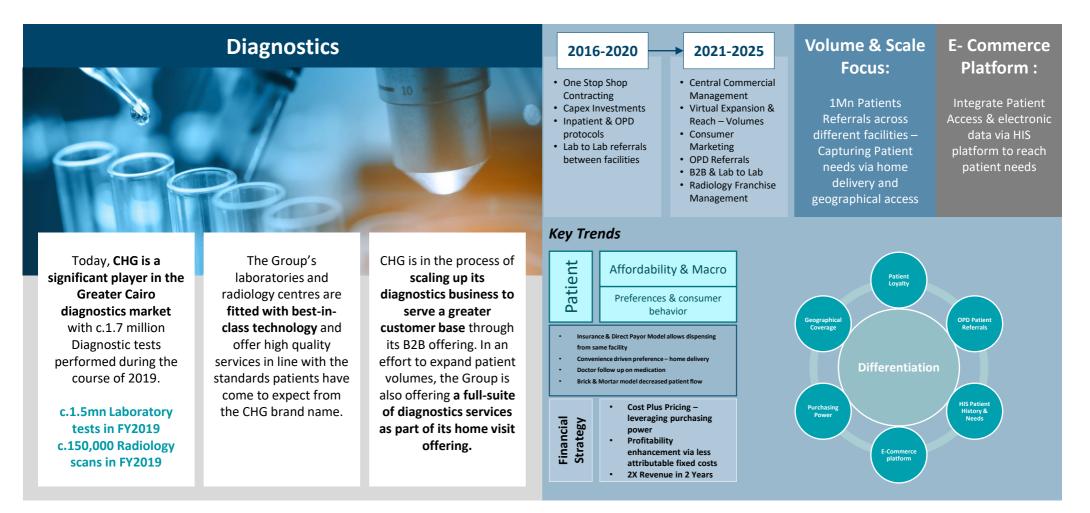




### **Expanding Services Offering:** Diagnostics



In line with CHG's strategy to further diversify its revenue streams and service offering, the Group has been expanding its diagnostics and pharmacy capabilities, with both segments representing areas of future expansion for the Group.

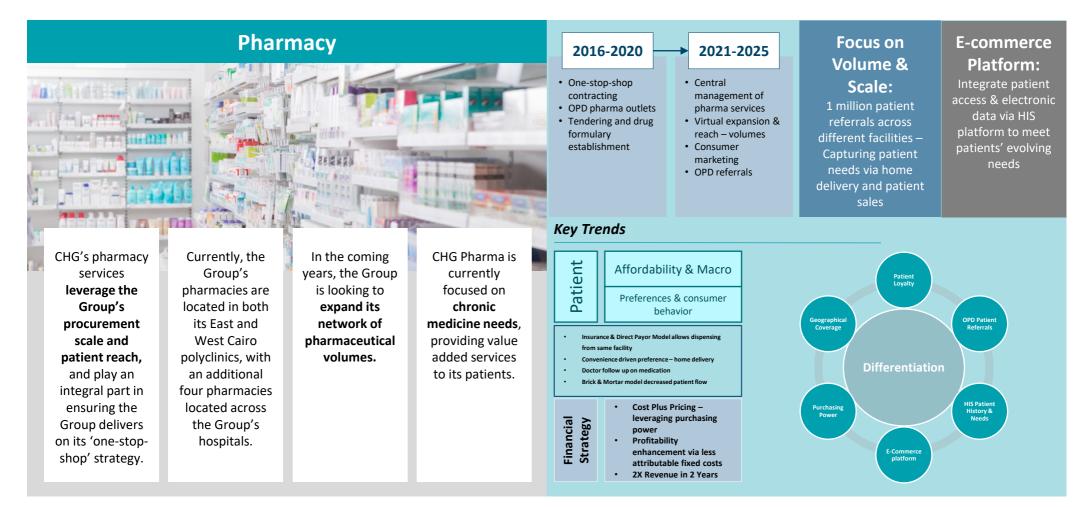




# **Expanding Services Offering: Pharmacy**



In line with CHG's strategy to further diversify its revenue streams and service offering, the Group has been expanding its diagnostics and pharmacy capabilities, with both segments representing areas of future expansion for the Group.





## **Expanding Services Offering: Home Visits**



In an effort to make healthcare accessible to as many Egyptians as possible, CHG has recently launched its new home visits service. The service is a particularly important new addition to the Group's roster as it allows patients unwilling or unable to visit facilities in person to continue enjoying access to high quality healthcare in the midst of the COVID-19 crisis.

#### **Home Visits**

- The home visit initiative was launched on the 25th of March, to curb lower outpatient volumes and help patients unable or unwilling to visit healthcare facilities in person in light of the ongoing COVID-19 outbreak.
- "We Will Come to You" campaigns were launched to promote the new initiative
- The services under the new offering include:
  - Home visit service (available 24/7)
  - 24/7 Radiology examinations by portable equipment (X-ray, Ultrasound, Echo, ECG)
  - At home physiotherapy mobile clinic
  - Laboratory samples collection at home with results delivery within 24 hours (within 2 hours for emergency cases)
  - Medical care for the elderly
  - 24/7 pharmacy delivery
- Home visit deals completed with following insurance companies: Met life, Axa, Bupa, Mednet, Med Right, Next Care, Globerned, as well as petroleum companies
- Exclusive deal with Palm Hills to act as its healthcare provider for all its compounds
- In addition, the Group is currently working to launch two ambulatory clinics in Hacienda White and Hacienda Bay, where we will have on site ambulances and doctors as well as a clinic to extend the home visit service from.
- **COVID-19 at home follow up protocol** completed and due to launch second week of June.





### **Expanding Services Offering:** Telehealth



In early 2020, CHG partnered with Elbalto, Egypt's first telemedicine mobile app, to offer patients consultation and followups through video calls.

#### CHG Telehealth – Video Call App

The new telemedicine services are accessible from the CHG App (available at both the iOS and Android stores).

The new service allows patients access to CHG's world-class roster of doctors and consultants without having to visit a facility in person.

This has **helped relieve pressure from the Group's outpatient facilities** during the outbreak of COVID-19 and has given patients unwilling or unable to visit medical facilities access to medical consultations from the comfort of their homes.

The launch of the Group's telemedicine services comes as part of CHG efforts to help the Egyptian government and people during the ongoing healthcare emergency. This was complemented by the launch of a series of webinars aimed at raising awareness on the virus and outlining the infection control and hygiene protocols developed by the Group.



### **Expanding Services Offering:** Facility Management



The Group also formed a joint venture (JV) with Egypt's EFS Facilities Services (EFS) to create the Egyptian Healthcare Facilities Services (EHFS) company, the country's largest healthcare-dedicated facility management business.

#### The Egyptian Healthcare Facilities Services (EHFS) company

The Group also formed a joint venture (JV) with Egypt's EFS Facilities Services (EFS) to create the Egyptian Healthcare Facilities Services (EHFS) company, the country's largest healthcare-dedicated facility management business, with CHG retaining a 49% non-operating stake in the JV.

The new JV will also see the Group penetrate into a new, fast-growing segment of the healthcare industry with significant room for further growth in the future as it takes advantage of the recent growth experienced by the Egyptian healthcare industry with new hospitals and clinics constantly being launched. CHG has already started the process of outsourcing its non-core services including security, cleaning, and facilities maintenance, in turn driving significant improvements CHG's efficiency.

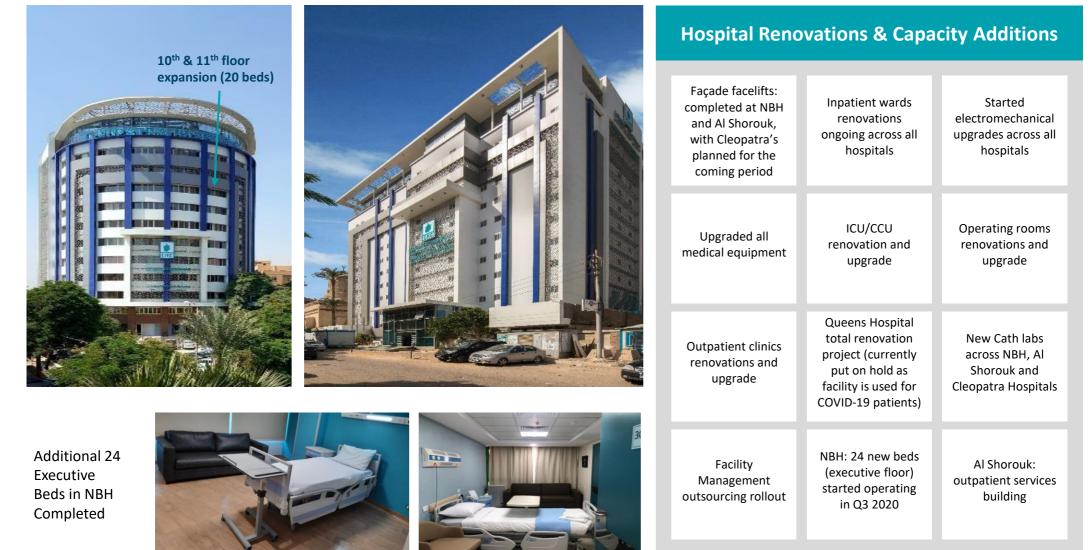
Egypt's EFS Facilities Services employs over 2,000 employees and manages over 10 million square meters of facilities for its clients. Currently, the company's client roster includes several of Egypt's leading real estate companies such as Palm Hills Developments, Emaar Properties, and Inertia.





### **Building Additional Capacities in Existing Facilities**







### **Building Additional Capacities in Existing Facilities**



#### **Nile Badrawy Hospital**

The Group has completed the renovations of Nile Badrawi Hospital's tenth and eleventh floors which now feature 24 modern and fully equipped patient suites.





#### **New Business Models**

### **Queens Hospital Conversion to an Oncology COE**

#### Vision

CHG aims to create the first integrated private oncology center of excellence in East Cairo. The center will provide the full spectrum of oncology specializations and services including radiotherapy and PET CT in East Cairo, expanding the group's service offering and elevating the quality of care and service across the Group

#### Rationale

Currently in Egypt, there is a pronounced undersupply of private oncology services, in East Cairo specifically radiotherapy services are only offered at governmental / military hospitals with the remaining suit of services such as (Onco-surgeries and Chemotherapy) fragmented across hospitals and private clinics. Through the establishment of the Cleopatra Cancer Center, CHG will have the first mover advantage to capture the growing undersupply and establish itself as the leading authority in the private oncology space. The center would be the first state of the art private "One Stop Shop" for the treatment of cancer patients in Egypt.







### **Strategic Acquisition of Operating Facilities: IVF Segment – Bedaya**

CHG signed a Business Transfer Agreement (BTA) to transfer the assets and operations of Bedaya for Medical Services, Egypt's leading Assisted Reproductive Technology (ART) and fertility centre led by Dr. Ismail Aboul Foutouh, to a joint venture (JV) held for 60% by Cleopatra Hospitals Group and for the remaining 40% by Dr. Aboul Foutouh.

<b>ĕ</b>	19 Beds & 3 ORs		8 OPD Clinics				
Å	1 Operating Facility & 1 Expansion Facility in West Cairo						
-	Referral from Virtuou	Referral successf Procedure	ul IVF				







- The IVF market in Egypt, valued at USD 238.9 million, captures 16% share in the Middle East IVF market.
- The market is project to grow on account of a decline in the fertility rate among women coupled with Egypt Government's 2030 vision to increase women participation in workforce.
- According to the three forecasted scenario analysis, the forecasted market is expected to be in the range of USD 257.7 million to USD 442.4 million.





#### Yearly revenue: EGP 100 mn

#### EBITDA margin: 35%

Facility volume growth via expansion site and CHG satellite clinics

Revenue is expected to **double over 2** years



### **Strategic Acquisition of Operating Facilities: Alameda Healthcare Group**

- Alameda is among the leading healthcare service providers in Egypt with its origins first rooted in Professor Salah Khater's investment in As-Salam International Hospital in 1999. Alameda is majority owned and chaired by Dr. Fahed Khater, a prominent pioneer investor in the Egyptian healthcare market and a qualified physician with an MBA in International Healthcare Management. Alameda management is led by Mr. Neeraj Mishra, an experienced healthcare professional, since Q2 2019 (previously he was COO of Max Healthcare in India).
- Alameda Healthcare's network currently includes three tertiary care hospitals in Cairo with 671 beds currently operating under the Dar El Fouad Hospital and As-Salam International Hospital brand names in addition to a 95-bed expansion in As-Salam International Hospital and a 137-bed hospital in New Cairo that is currently under construction with more than 700mn invested to date. In addition to the well invested asset base, Alameda has one hospital under construction, one new hospital that is currently ramping up and two expansions on the fully operated hospitals which suggest high room for growth on all assets
- For the nine-month period ended 30 September 2020, Alameda's un-audited revenues amounted to approximately EGP 1,493 million(1) compared to EGP 1,435, representing a growth of 4% year-on-year despite the overall market challenges resulting from the COVID-19 pandemic and the lock-down imposed during the first few months of the pandemic

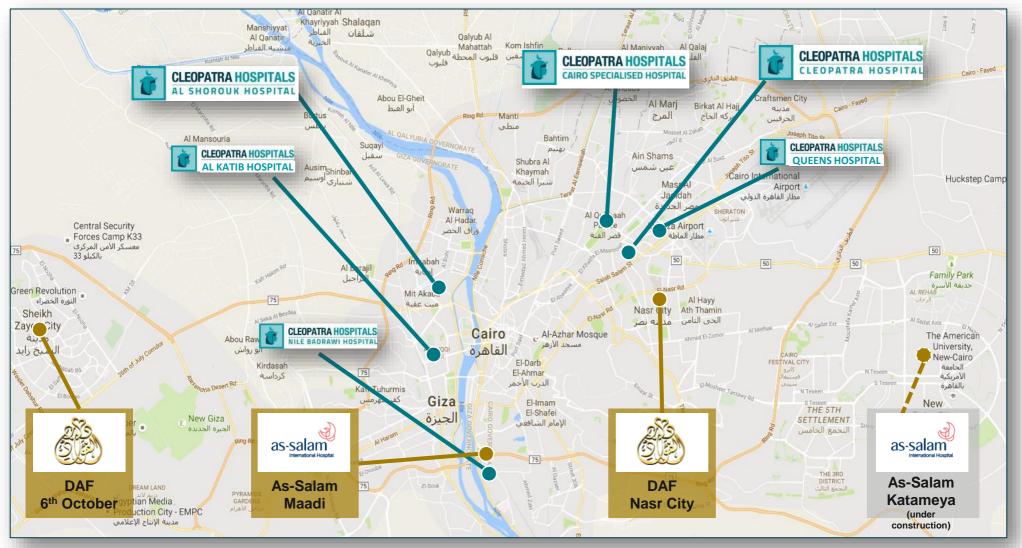




**Alameda Overview** 

### Alameda Group Acquisition – Complementary Network







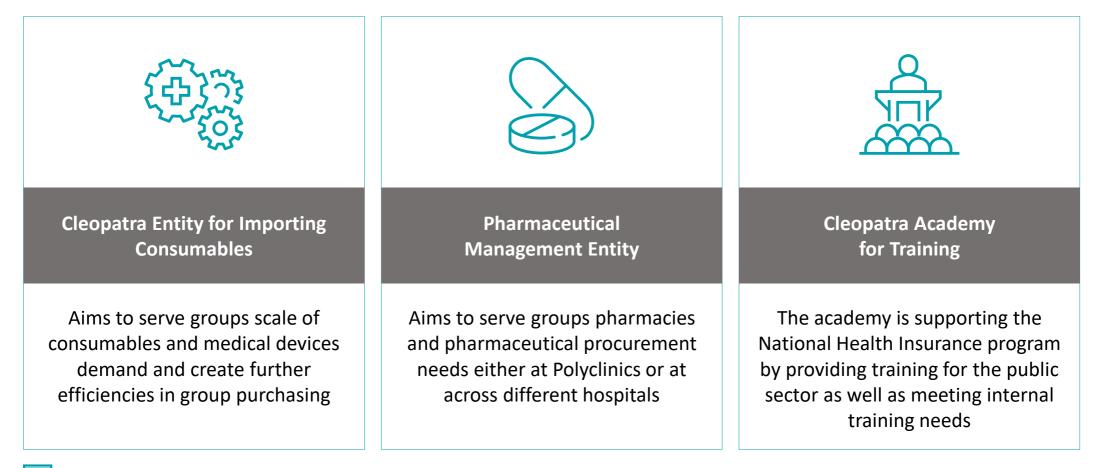
### **Expansion Projects in Brownfield Hospitals in and around Greater Cairo**

#### **Brownfield Pipeline Expanding Reach Beyond Greater Cairo** The Group is currently assessing and The Group is looking to CHG entered into a JV The new facility, not only shortlisting potential Brownfield sees the Group expand its with Taaleem (Al Nahda penetrate the Bani Suef acquisitions in locations where the governorate (Upper Universities) to complete footprint into Upper Group does not have presence or in Egypt), an underserved and finish a 189-bed Egypt, but also sees CHG areas that are currently underserved governorate with one of hospital in Bani Suef – tap into a new segment the lowest healthcare design mostly completed, of patients through its NAHDA UNIVERSIT service quality in Egypt and construction started new, low-cost teaching IN BENISUEF جامعة النهضة ، ببنى سويف hospital Targets are located within underserved areas across Greater 2021-2022 Outlook Cairo that are purposely built facilities pending fitting and **Hospital Facility Leased (long term** contract EGP 850k/Year) equipping Partial opening by end of 2021 Total Investment 2020-2021 EGP 360mn Average revenue per bed is expected to be around **20,000** sqm **IRR 20%** f == h 25% to 30% below the Group's average Average Built Up Areas Margins are expected to be around 5% lower than **Designs & Tendering Process** the Group's average 200 bed capacity Completed Potential



# 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:





# Recent Business Updates

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#### **CHG Medical Council**



During the third quarter of 2019, 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.





### **COVID-19 Response Protocols** (I/IV)



CHG response protocol was developed to ensure the health and safety of its patients and staff while guaranteeing the quality and effectiveness of its medical care despite the ongoing difficulties.

Health and Safety			Business Continuity			
From the very beginning, the Group's number one priority has been guaranteeing the safety and wellbeing of its staff, both medical and non-medical, and of its patients and their families. Across all eight of the Group's medical facilities and offices, health and safety protocols have been tightened, with additional measures including:		In parallel, the Group has enhanced its Hospital Incident Command System to guarantee CHG's ability to adapt to the evolving COVID-19 situation from an operational point of view As of today, measures include:				
Daily deep cleaning and sterilization of all medical and non-medical facilities.	Provision of necessary Personal Protective Equipment (PPE) for all staff and patients.	Strict internal hygiene and sanitization protocols for all medical staff, patients, and visitors.	The draw up of an emergency staffing plan to ensure the Group can meet round-the-clock staffing needs.	Back-office contingency planning to ensure business continuity.		
Infrared temperature screening at all group hospital entrances.	Switch to facial recognition and away from fingerprint identification across all CHG facilities.	New patient engagement and visitor management protocols to minimize the risk of exposure.	Engagement programme with the Group's consultants to address any needs or concerns that may arise.	Supply chain and inventory management protocols to ensure the availability of all necessary medical supplies and avoid disturbances to operations.		
New ER and outpatient clinic protocols to ensure prompt detection, isolation, and referral of all potential COVID-19-positive patients.		Transformation of El Katib and Queens Hos isolate potential positive and confirmed C facilities to continue				



#### **COVID-19 Response Protocols (II/IV)**



Back office & Operations		Medical Council Responsibilities			
٩		Training	Patient Pathway		
and Agile tality"	Ensuring the safety of our staff and patients	Disinfection & PPE	Space Optimization		
Key Pillars "To Adopt and <sub>.</sub> Decision-Making Mentality	Cash preservation & cost efficiency	Potential COVID-19-Positive Patient Lab Department Protocol: A set of unified tests as per guidelines is done per	Identification and Referral Protocol Radiology Department Protocol: CT Scan done for every patient and reviewed by		
BCP Key Pillars Decision-M	Revenue stabilization	patient for each patient according to ER Protocol Chest Department Protocol: Group of consultants across the group review and recommend next referral point/step across the group around the clock	group of consultants before recommending next steps ICU Department Protocol: ICU protocol to ensure right treatment and diagnostics		



### **COVID-19 Response Protocols (III/IV)**



As demand for private COVID-19 treatment centres increased so did the number of suspected cases approaching CHG hospitals.

In response to this rise, CHG devised a clear strategy to treat and isolate suspected COVID-19-positive patients providing them with high-quality care.

The most significant step was the conversion of two of CHG's hospitals into COVID-19 isolation facilities, allowing the remaining facilities to continue offering the full suite of services and procedures regularly offered by the Group.

Medical Council									
STEP	1	STEP	2	STEP		3	STEP		4
Patients flowing int of our four core hos CSH, NBH, ASH		Patients are triaged a suspected COVID-19 undergo a full assessr including lab tests, ch and a swab is taken a to MOH for PCR COVI testing	patients nent est CT's, nd sent	patient is a are provide appropriate with MOHF patient req hospitalizat transferred	e guidelines i P protocols. If	, they n line the r El	they w CHG to one of facilitie transfe	he MOHP is inform ill either instructe treat the patient the Group's COVI es or arrange for tl er of the patient to ted government-r	d at D-19 ne o a
800	•		]+Ď ;∪:	4		+	-	Queens (East Hospit Referrals)	
	CHC, CS	H, NBH, ASH	<u> </u>			+	-	<b>El Katib</b> (West Hospit Referrals)	



### **COVID-19 Response Protocols** (IV/IV)

In light of the COVID-19 pandemic and in an effort to better serve its patients and aid the Ministry of Health and Population in its fight against the virus, Cleopatra Hospital Group has transformed both Queens Hospital (which was currently undergoing a full renovation) and El Katib into dedicated isolation hospital to treat COVID-19-positive patients. Given the recent resurgence in COVID-19 cases across the country, the two hospitals will continue to operate COVID-19-treatment units. In parallel, management is devising a plan to add new services to both facilities.

	Queens Hospital		El Katib Hospital			
COVID-19 CAPACITY	X-RAY	24/7	COVID-19 CAPACITY	X-RAY	24/7	
	ייבעונוטין קיוונוטין			יינונוטין קווווטין		
<b>36 Beds</b> IP Room + ICUs 100% Occupancy	CT Scan and Lab	Equipped with Ambulances	<b>41 Beds</b> IP Room + ICUs 100% Occupancy	CT Scan and Lab	Equipped with Ambulances	
The Group's Crisis Management Team has utilized the Group's resources to deliver an accelerated plan to complete a quick three- week renovation to start receiving patients	The hospital renovation was completed on the 25th of May and the first patient was admitted on the 28th of May	In parallel, the Group worked to launch its Clinisys operating system, which was rolled out in record time	At the time the decision was made, El Katib was operating at minimal occupancy so preparing the hospitals to receive patients took less than a week	patients came at very limit hospital was already well-eq	receive COVID-19-suspected ed CAPEX expenditure as the juipped and ideally positioned lation and treatment facility	
Re	cord Time 3 Week Renovat	ion		Fully Trained Medical Tean	n Constant of the second of th	



# Digital Transformation and HIS/ERP Rollout Update



The Group sees digitalisation as a key driver of future growth. Over the last few years, CHG has embarked on a digital transformation strategy, which sees the Group looking to introduce the latest digital solutions available on the market to enhance all aspects of its day-to-day operations both on the medical and non-medical fronts.

HIS/Enterprise Resource Planning System (Clinisys)			Other Digitalisation Initiatives			
Core benefits se	e benefits seen from successful implementation of HIS:		In parallel, the Group has enhanced its digital capabilities through:			
Improvement of the healthcare services quality	Inventory & Consumption Management	Daily financial and operating reports	The launch of the new CHG App (book appointments, follow up on diagnostic results, telemedicine, etc.) CHG Call Centre – a new unified call center allowing for inbound and outbound calls to and from patients			
Referral Tracking	Big Data Management	Real-time record of the results of clinical and administrative work	Enhanced data storage and security capabilities to ensure operations run effectively across the entire CHG network and patient data is stored securely			
Development and ef implementation of clini control function	fective Hosp cal quality Sho ns Hospi	now operates in Cleopatra pital, Cairo Specialised tal, Queens Hospitals, Al rouk and Nile Badrawi als as well as the Group's nd West Cairo polyclinics	CHG Innovation Hub – focused on helping and funding healthcare- focused startups			

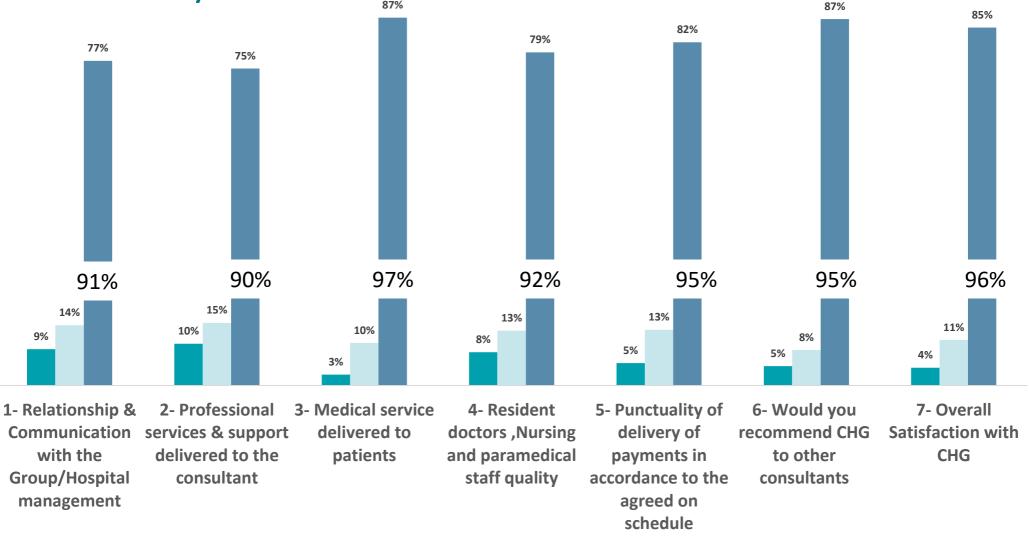


### **CHG's Journey**

#### **Consultants Relationship**

#### Satisfaction Survey – December 2020





Dissatisfied Neutral Satisfied

**CHG** 

# Governance & Shareholder Information

### **Governance (I)**



The Group's Board of Directors provides the necessary oversight and combination of expertise to thoroughly oversee the Group's corporate governance framework, a cornerstone of the Group's long-term success and value creation.

Non-Executive Board Members		Executive Board Member	Independent Board Members			
	Ahmed Badreldin Chairman		Nabil Kamhawy Former Head of Ernst & Young Egypt	Dr. Mohamed Awad Tag El Din Former Minister of Health		
Dr. Sherif El Kholy Director	Omar Ezz Al Arab Director	Dr. Ahmed Ezzeldin Executive Member & Group CEO	Dr. Manal Hussein Abdel Razek Director	Omar Kinawy Former Deputy Head of Intelligence		
Mohamed Roushdy Director	Samia El Baroudy Director			Tarek Kabil Former Minister of Trade and Industry		

#### **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 nonfinancial risks, including clinical performance, health and safety and facilities



### **Governance (II)**



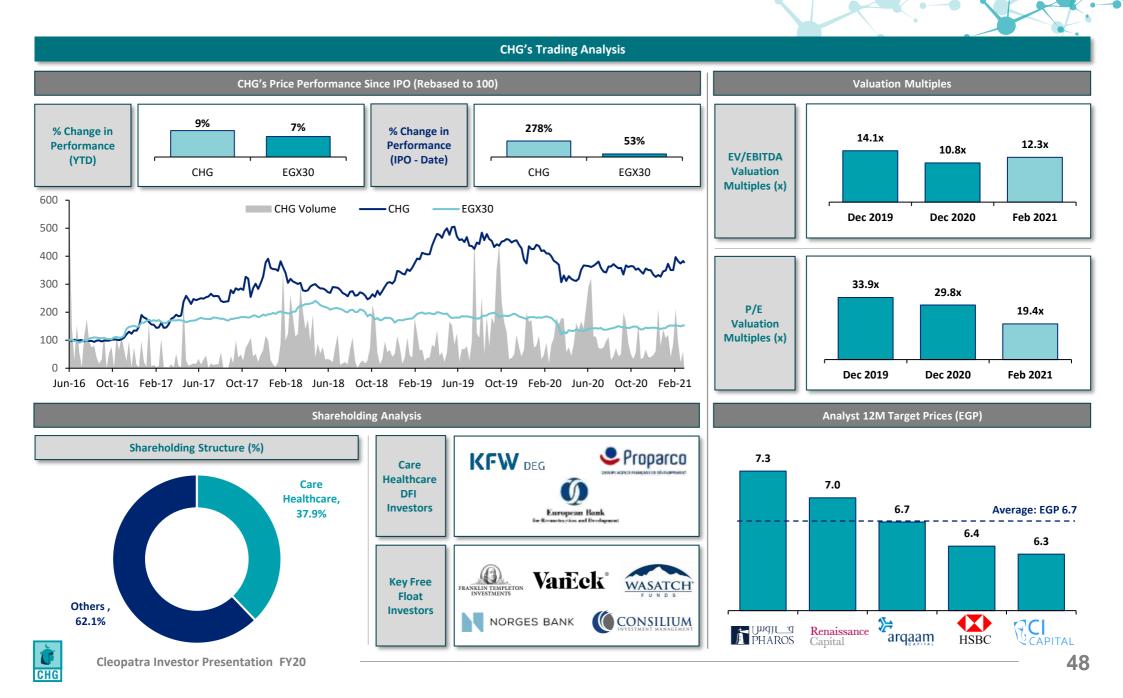
#### **OPERATIONS**

#### ABC No Referral Fees **Medical Council** • CHG has a zero-tolerance approach to bribery and • CHG does not pay any referral fees or kickbacks to • CHG recently launched a group-wide medical council corruption with a clear anti-bribery and anti-corruption physicians and instead has recently developed a Doctor with multiple responsibilities – including (1) ensuring Sales team to revolutionize the sector in Egypt policy for all stakeholders to abide by that medical personnel are providing the best medical CHG follows all applicable local laws and more stringent The sales team focuses on improving the hospital care and outcomes for their patients (2) keeping CHG at international frameworks to ensure that there are no service to the physician and maintains close the forefront of medical research and technology across all relevant services facilitation or bribery payments made communication - improving loyalty and engagement **Audit Committee Remuneration Committee Quality & Medical Ethics Committee** • The Audit Committee oversees the Group's financial The remuneration committee has established a formal • The Quality and Medical Ethics Committee reviews the guality of care provided to the patient as well as controls with emphasis on: (1) integrity of internal and transparent process for fixing and reviewing the medical KPIs for the Group in line with international controls and financial reporting; (2) performance of the remuneration for the senior executives of the Company internal auditors and the function (3) review of audited The remuneration committee also reviews KPIs and standards • financials and external auditor performance (4) achievement of the Group's targets • The committee reports to the board compliance with compliance with legal and regulatory requirements the Group's Quality manuals and realization of medical outcomes

#### **BOARD COMMITTEES**



### **CLHO Trading Analysis**



# Appendix

## Additional Information and Financial Disclosures

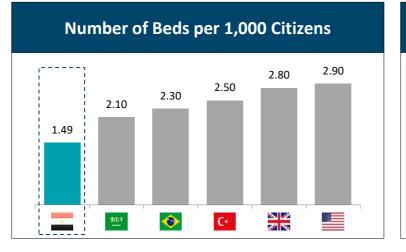


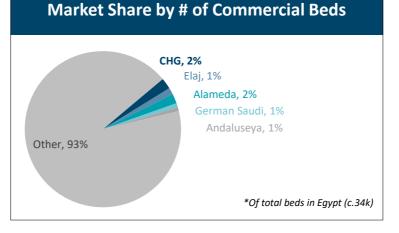
## A Unique Investment Story (I/III)



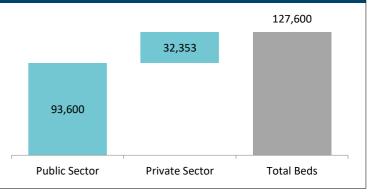
#### Market Leader in a Growing Market with Strong Long-term Prospects

- Highly fragmented market with a small number of institutionalized and strong brand players
- Significant under supply of beds relative to population and strength of payor network versus other emerging countries
- Strong and growing demand supported by demographic profile and growing insured population
- **Pricing expected to grow** inline with inflation but remains well below predevaluation levels in USD terms
- CHG is a leading integrated healthcare provider in Egypt with track record of acquiring and integrating key operating hospitals around the Greater Cairo area
- Since inception, CHG has been institutionalizing the healthcare industry in Egypt with a strong focus on medical service quality, value pricing and corporate governance





#### Egypt's Number of Beds Breakdown



#### Hospital Groups in Cairo – Bed Count



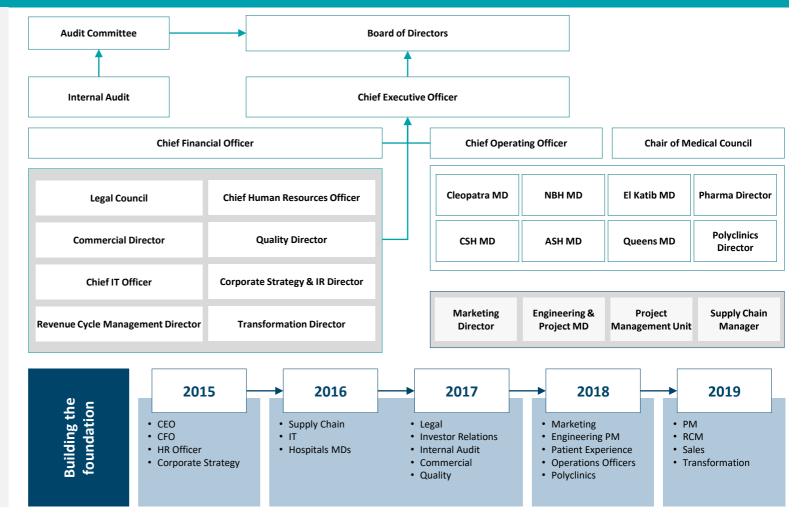


## A Unique Investment Story (II/III)



#### Strong Management with Structured Organizational Chart to Oversee All Aspects of the Business

- CHG has created a central management team that focuses on setting the overall strategy of the Group
- Centralized back-office functions
- A key initiative which has seen CHG stand out from other private hospital groups in the country has been its institutionalized approach of healthcare management with new concepts to the healthcare market in Egypt
- CHG continues to attract the most qualified and experienced talent across both its medical and non-medical departments
- CHG's management brings a diverse skill set back by decades of experience in healthcare management
- The Group's corporate office has a clear organizational matrix which allows for a smooth and efficient decision-making process
- When necessary, CHG introduces new business functions to oversee various aspects of the business





## A Unique Investment Story (III/III)



#### Scale and Cost Synergies

- Group-wide tenders in pharmaceuticals and medical consumables that drive scale cost efficiencies and improve margins
- Scale volume benefits from providing payors with a **network of healthcare services solutions**
- The size of the Group's operations facilitates the recruitment of experienced and highly-skilled doctors, consultants, and nurses with a focus on quality of outcomes and patient safety
- Sales and commercial strategy with focus on referrals and surgeries
- CHG's Medical Council designs and implements medical policies in line with global best-practices
- Human resources and staff evaluation based on a series of **benchmark KPIs** to evaluate staff performance and intervene when necessary



- Comprehensive medical services allowing cross asset referrals
- Enhancing utilization across all revenue streams
- Case mix strategy
- COE development
- Capacity utilization

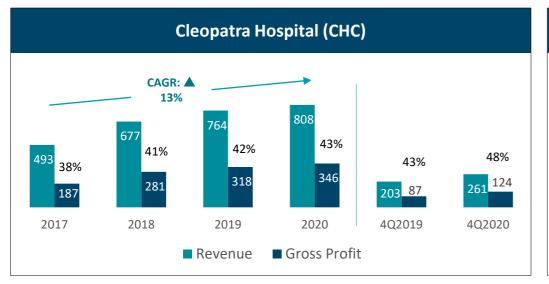


- Cost Synergies
- Inventory Management
- HIS system
- Group wide tenders
- Capex purchasing
- Medication tendering Pharma
- Material Planning

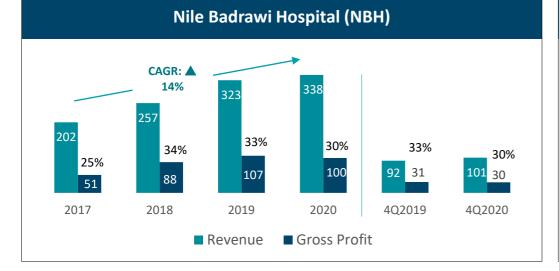


### **Financial Performance by Hospital**

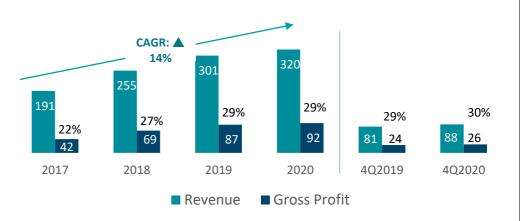






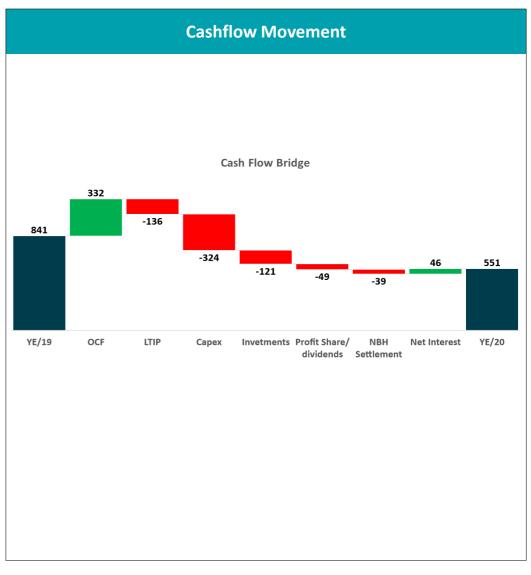






#### **Balance Sheet and Leverage**

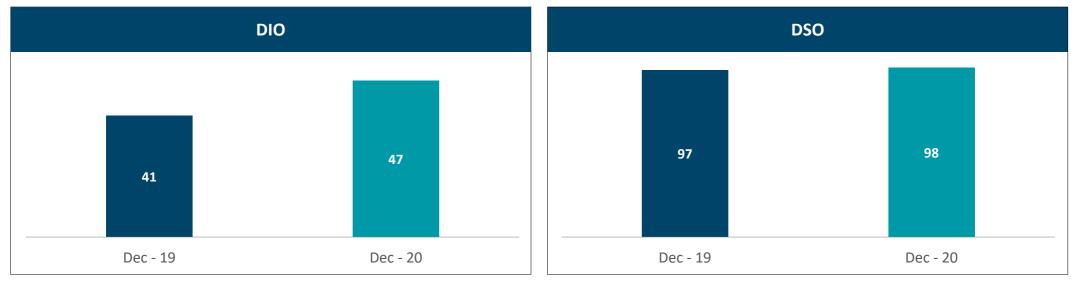
Balance Sheet Summary					
Balance Sheet Summary (EGP 000')	Dec-19	Dec-20			
Cash & Cash equivalent	841	551			
Inventory	49	66			
Debtors and other debit balances	444	514			
Current Assets	1,335	1,131			
Intangible Assets	414	428			
Non-Current Assets	919	1,225			
Total Assets	2,667	2,783			
Current portion of capital lease	3	5			
Creditors & other Credit balance	650	500			
Current Liabilities	652	506			
Non-Current Liabilities	81	104			
Total Liabilities	733	609			
Net Assets	1,935	2,174			
Total Equity	1,935	2,174			
Leverage Ratios	Dec-19	Dec-20			
Total Liabilities / Total Assets	0.27 X	0.22 X			
Net bank debt / Equity	-0.41	-0.15			

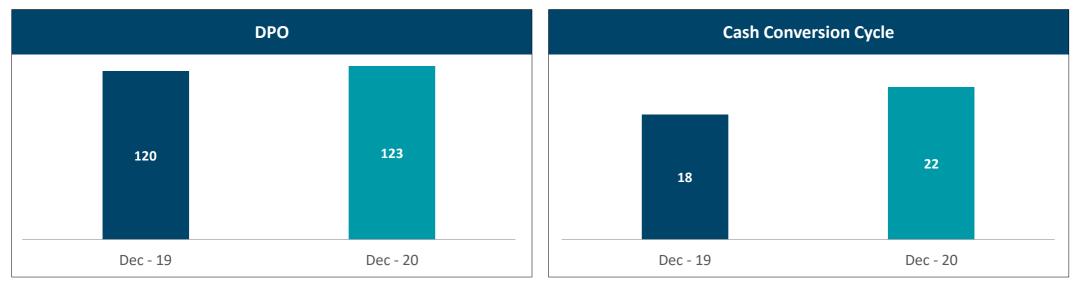




### **Cash Conversion Cycle**



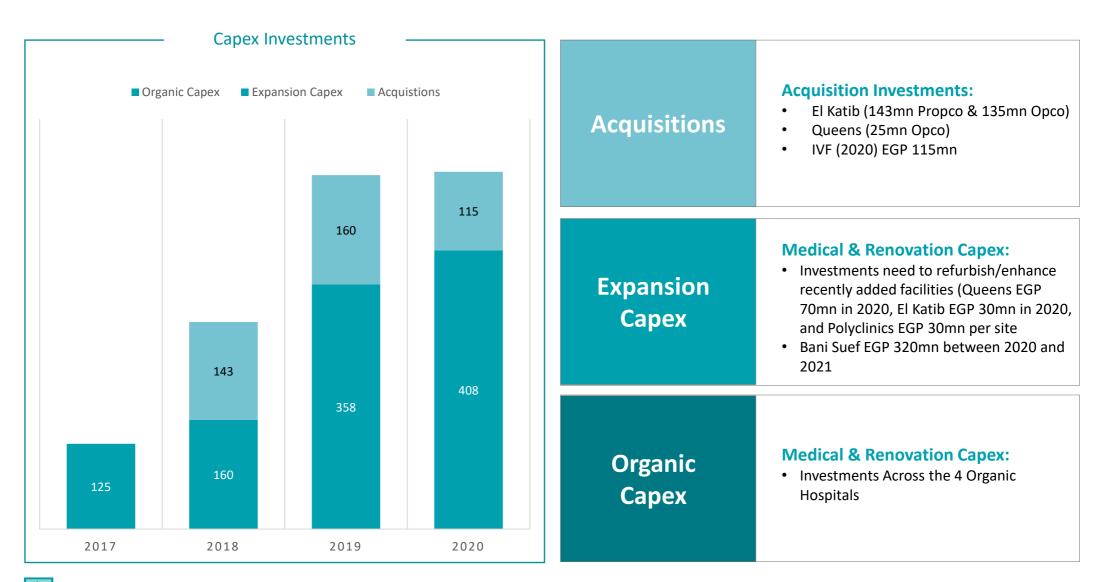






#### **Capex Profile**







#### **Consolidated Income Statement**



All figures in EGP mn	4Q2020	4Q2019	% change	FY2020	FY2019	% change
Revenues	610.6	511.1	19%	1,989.5	1,798.1	11%
Cost of sales	(374.8)	(337.1)	11%	(1,300.0)	(1,172.7)	11%
Gross profit	235.7	174.0	35%	689.6	625.5	10%
Gross Profit Margin	39%	34%		35%	35%	
General & administrative expenses	(80.7)	(65.0)	24%	(308.9)	(338.0)	-9%
Cost of acquisition activities	(8.6)	(1.8)	365%	(13.2)	(6.3)	109%
Provisions	(10.2)	(6.0)	70%	(24.7)	(7.4)	231%
Other income	0.6	4.3	-87%	6.7	10.7	-38%
Pre-Operating Expenses	0.0	0.0	N/A	0.0	(3.4)	N/A
EBIT	136.9	105.4	30%	349.5	281.1	24%
EBIT Margin	22%	21%		18%	16%	
Interest income	8.0	21.4	-63%	49.1	93.3	-47%
Interest expense	(0.5)	(1.1)	-53%	(2.4)	(6.9)	-64%
Profit before tax	144.4	125.8	15%	396.2	367.5	8%
PBT Margin	24%	25%		20%	20%	
Income tax	(26.4)	(25.5)	3%	(95.5)	(94.3)	1%
Deferred tax	(2.3)	(4.9)	-52%	(3.1)	(7.9)	-61%
Net profit after tax	115.6	95.4	21%	297.6	265.4	12%
Net Profit Margin	19%	19%		15%	15%	
Distributed as follows:						
Shareholders of the company	107.7	90.9	19%	286.9	257.4	11%
Minority rights	7.9	4.5	76%	10.7	8.0	35%
Profit for the period	115.6	95.4	21%	297.6	265.4	12%

#### **Consolidated Balance Sheet**



All figures in EGP mn	31 December 2019	31 December 2020
Non-current assets		
Fixed assets	908.5	1,205.2
	413.6	427.6
Intangible assets	10.2	18.8
Right of use	10.2	
Payment under investment		
Investments in associates	-	
Total non-current assets	1,332.4	1,652.7
Current assets		
Paid under subsidiaries capital increase	49.3	66.3
Inventory	337.2	418.8
Accounts receivables	105.2	94.6
Other receivables and debit balances	2.0	0.4
Due from related parties	50.1	220.6
Treasury bills	791.3	330.0
Cash	1,335.0	1,130.5
Total current assets	2,667.4	2,783.3
Total assets		
	800.0	800.0
Equity	284.4	281.3
Share capital	746.2	984.9
Reserves	1,830.6	
Retained earnings	1,830.0	2,066.2
Equity attributable to the parent company		107.7
Non-controlling interest	1,934.5	2,173.9
Total equity		
Non-current liabilities	· ·	17.9
Long term debt – non-current portion	•	-
Non-current portion of lease liability	5.8	8.0
Deferred tax liability	74.8	77.9
Total non-current liabilities	80.6	103.8
Current liabilities		
Provisions	15.6	21.6
Creditors and other credit balances	442.3	442.0
Due to related parties	-	0.6
CPLTD		
Current portion of lease liability	2.7	5.3
Long term incentive plan	129.1	-
Current income tax	62.6	36.1
Total current liabilities	652.3	505.5
Total liabilities	732.9	609.3
	2.667.4	2,783.3
Total liabilities & shareholders' equity	2,007.4	2,783.3



#### **Consolidated Balance Sheet**

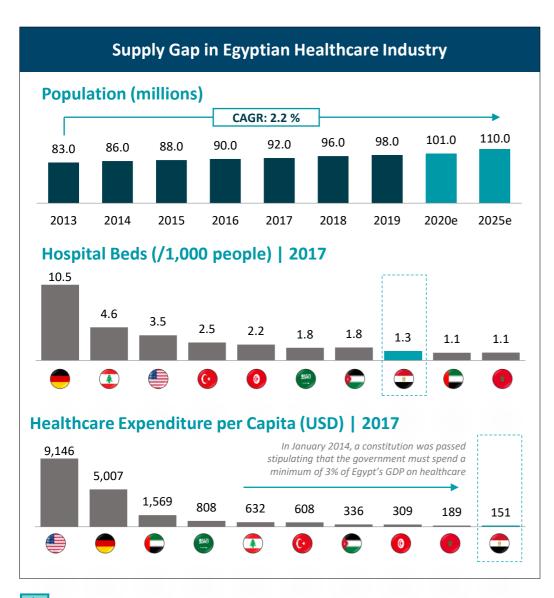


All figures in EGP mn	31 December 2019	31 December 2020
Cash flow from operating activities:		
Profit before tax	367.5	396.2
Adjustments for:		
Depreciation	65.0	84.4
Amortization of intangible assets	-	4.0
Allowance for impairment of current assets	57.5	51.4
Provision	(9.3)	6.1
Capital gain/loss	(1.0)	(0.5)
Credit/debit interest	(89.6)	(47.0)
Changes in current tax liability	(101.0)	(122.1)
Loss in investments in subsidiaries	· ·	0.1
Employee incentive	83.8	7.8
Operating profits before changes in assets and liabilities	372.9	380.3
Changes in working capital:		
Changes in inventories	(7.1)	(17.4)
Change in trade receivables, debtors, and other debit balances	(86.6)	(96.0)
Changes in due from related parties	5.1	2.2
Change in trade and other payables	149.0	39.6
Paid from employee incentive plan	-	(136.8)
Net cash flows generated from operating activities	433.2	172.0
Cash flow from investment activities:		
Proceeds from sale of fixed assets	1.6	2.0
Payments for purchase of fixed assets	(101.1)	(159.5)
PUC purchased	(194.1)	(221.1)
Advanced payments for purchase of fixed assets	(64.8)	(27.3)
Payments for acquisition of a subsidiary, net cash acquired	(160.1)	(14.4)
Payments under investment	-	(41.1)
Credit interest collected	97.2	50.5
Treasury bills	(50.1)	50.1
Paid under subsidiaries capital increase	-	-
Paid for investment associates		(1.2)
Net cash flow from investment activities	(471.4)	(362.1)
Cash flow from financing activities:	(	()
Proceeds from minority share in subsidiary capital increase	22.5	-
Dividends paid	(31.9)	(48.5)
Repayment of borrowings	(95.1)	
Cash proceed from overdraft	85.2	-
Cash paid to overdraft	(85.2)	-
Interest paid	(20.0)	(2.2)
Net cash flow from financing activities	(124.6)	(50.6)
Net change in cash & cash equivalents during the period	(162.7)	(240.7)
Cash and cash equivalents at the beginning of the period	953.4	791.3
Cash and cash equivalent in acquired subsidiaries at beginning of period	0.6	
Cash & cash equivalents at the end of the period	791.3	550.5
	, , , , , , , , , , , , , , , , , , , ,	550.5





# Underserved and Under-penetrated Market with Steady Demand Growth



#### Healthcare Expenditure in Egypt Public vs. Private Healthcare Expenditure | EGP bn 102 104 104 106 108 118 124 113 130 70.9 73.8 68.1 65.6 63.6 63.5 63.2 62.9 63.3 50.1 53.1 56.2 47.3 42.4 44.6 38.8 40.2 41.1 2014 2015 2016 2017E 2018E 2019E 2020E 2021E 2022E

#### Lifestyle Disease Profile in Egypt

Private

0

#### Cancer Prevalence in Egypt | 000 cases ■ Liver ■ Breast ■ Digestive track \_■Brain ■ Lung 69.8 67.5 65.3 63.0 3.3 3.2 3.1 3.0 89 86 X U <del>- 8.4</del> 17.7 16.6 17.1 16.0 30.0 31.0 28.0 29.0 2013 2015 2020 2025 **Diabetes Prevalence in the 20-79 Age Group** 23.9 19.0 16.6 14.9 14.8 11.5 9.4 9.4 7.9

0\*

\$540

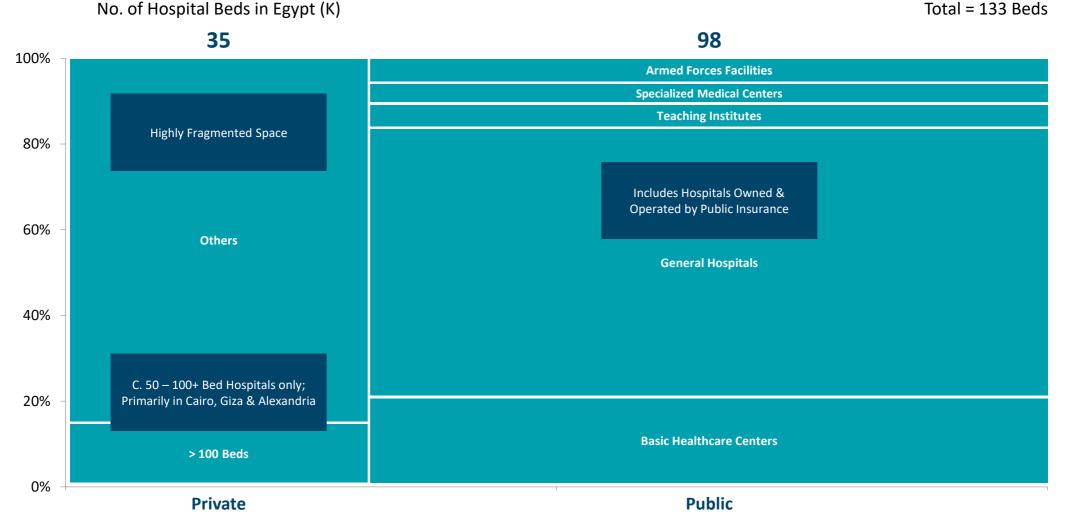
Public



7.9

### Egypt Total Hospital Beds (1/111)





Source: CAPMAS, Egypt Ministry of Health, consultants



### Egypt Total Hospital Beds (II/III)

	Basic Healthcare Centers	General Hospitals (Public Insurance)	Specialized Medical Centers	Teaching Institutes / Medical Colleges	Armed Forces Facilities	Private Hospitals (Non-Government)
				KASR ALAINY	٢	
Level of Care	<ul> <li>First level of public healthcare</li> <li>Access to basic preventive &amp; diagnostic treatment for common diseases &amp; risk factors</li> </ul>	<ul> <li>Support basic healthcare centers as well as some advanced care / treatment centers</li> <li>Accessible to members of the insurance scheme</li> </ul>	<ul> <li>One of the highest level of public healthcare</li> <li>Provide advanced. Specialized care across key diseases &amp; intervention</li> </ul>	<ul> <li>Provide medical education, specialization across levels &amp; fields</li> <li>Facilitate training &amp; research</li> </ul>	<ul> <li>High-end multi specialty facilities for the armed forces</li> <li>Available for access by paying premium rate</li> </ul>	<ul> <li>Provide diagnosis, treatment advice, specialist inpatient services, and advanced care</li> <li>Better equipped than public hospitals</li> </ul>
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

Source: CAPMAS, Egypt Ministry of Health, consultants

Focus of Next Slide



### Egypt Total Hospital Beds (III/III)

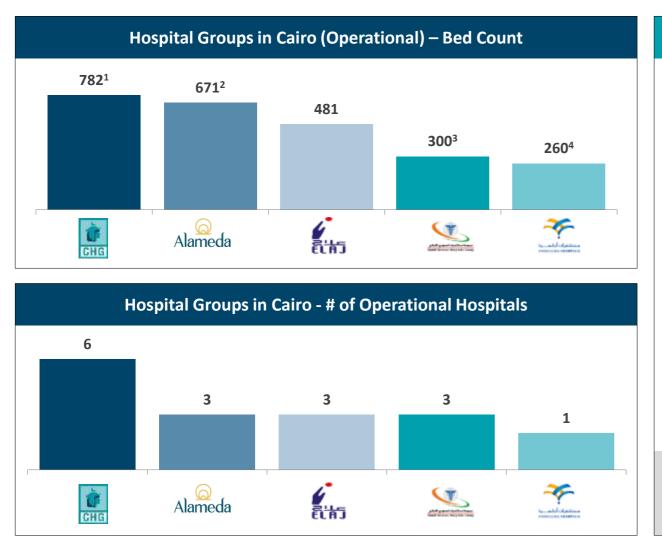


	Large Hospitals (100+ Beds)	Medium Hospitals (50 – 100 Beds)	Small Hospitals (<50 Beds)
Level of Care	<ul> <li>Large multi super-specialty care centers with ability to do high-complexity cases</li> <li>Coverage across care continuum (potentially emerging tertiary care across key specialties)</li> <li>Potentially include CoEs with focus on 1 – 2 key specialties</li> <li>Comprehensive OP, pharmacy, diagnostic (imaging &amp; pathology), trauma / ER, etc.</li> </ul>	<ul> <li>Multi-specialty centers focused on mid to basic complexity work - focused up to secondary level care</li> <li>Serve as a feeder network to large hospitals for more complex cases</li> <li>Basic OP, pharmacy, trauma / ER, etc.</li> </ul>	<ul> <li>Basic centers with beds (average size of 15 – 20 beds) with focus on triage &amp; observations</li> <li>Basic intervention work (e.g. suturing, bone-setting, and IV administration) conducted at such facilities</li> <li>Only basic support amenities available (e.g. portable X-ray, suction machine, and a basic / minor surgery suite)</li> </ul>
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
Source: CAPMAS, Egypt Ministry of Health, consultants	Focus of Next Slide		

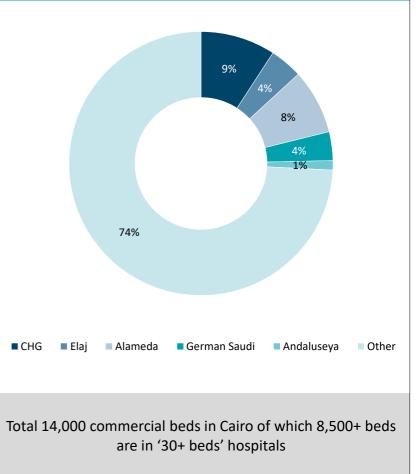


### **Greater Cairo Hospital Groups by Commercial Bed Count**





#### Market Share in Cairo by # of Commercial Beds



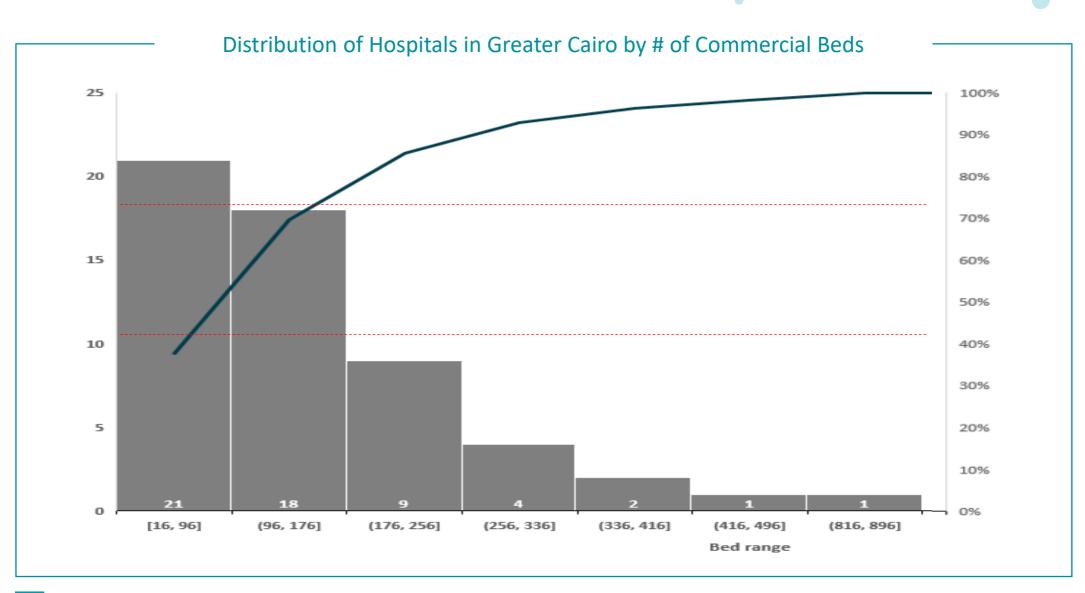
 Building new capacity to reach c1,000 beds
 2. Building new capacity to reach c900 beds
 3. Building new capacity to reach c600 beds

 Source: CAPMAS, Egypt Ministry of Health, consultants
 3. Building new capacity to reach c600 beds

4. Building new capacity to reach c500 beds



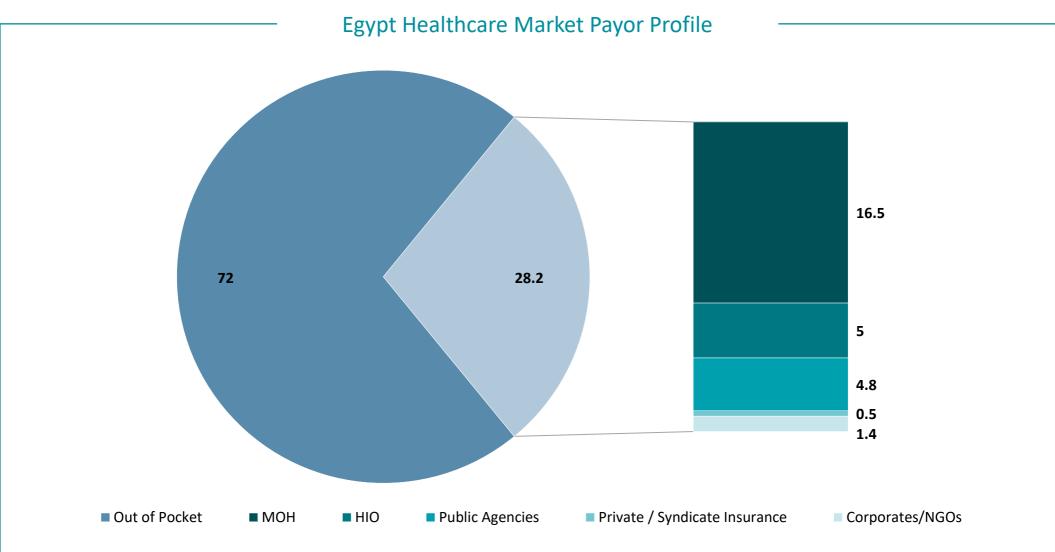
### **Greater Cairo Distribution of Hospitals by Commercial Beds**





### **Egypt Healthcare Market Payor Profile**







## Thank you

#### **INVESTOR RELATIONS CONTACTS**

Telephone: +2 02 23103771 E-mail: <u>ir@cleopatrahospitals..com</u> <u>investors.cleopatrahospitals.com</u>



Cleopatra Investor Presentation FY20

#### SHAREHOLDER INFORMATION

EGX: CLHO.CA Listed: June 2016 Shares Outstanding: 1.6 billion

