

Disclaimer



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Cleopatra Investor Presentation 3Q19

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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 the finest quality of healthcare in a safe, reliable and caring environment through investment in people and facilities
- 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 population
- Pricing expected to grow on average inline with inflation yet remains well below predevaluation levels in USD equivalent

- Group wide tenders in pharmaceuticals and medical consumables that drive scale cost efficiencies and improve margins
- Scale volume benefits from providing payors with a healthcare services network solution
- Scale in attracting best in class doctors, consultants, nurses with a focus on quality of outcomes and patient safety
- Corporate Office with matrix organization & centralized strategy management
- Introducing new functions to the Egyptian Healthcare Industry

 institutionalizing healthcare management
- Diverse industry experience and multi disciplinary approach to healthcare management





CHG financial highlights



In 2018, CHG reported solid year-on-year growth in both its top and bottom line, with the Group generating revenue growth from all its operating facilities

EGP **347.4** mn

EBITDA1 in 9M19 with a

27% Margin



EGP **1,287.1** mn

Consolidated revenues in 9M19 with **21% growth y-o-y**

In 2019 revenues are **expected to continue delivering strong growth** as the Group's expansion efforts begin to bear fruit over the coming quarters.



24%

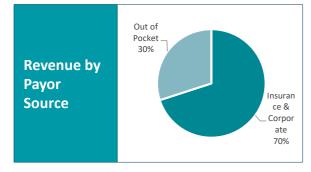
Gross profit growth EGP 451.9mn in 9M19

35% Margin



23%

EBITDA¹ growth y-o-y





725,541²

Cases served in 9M19



个8%

y-o-y growth in cases served in 9M19

² Cases served includes number of in-patients, outpatient visits and ER visits.



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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)



4 (2018) + **2** (2019¹)

Operational hospitals across our platform



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 beds



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

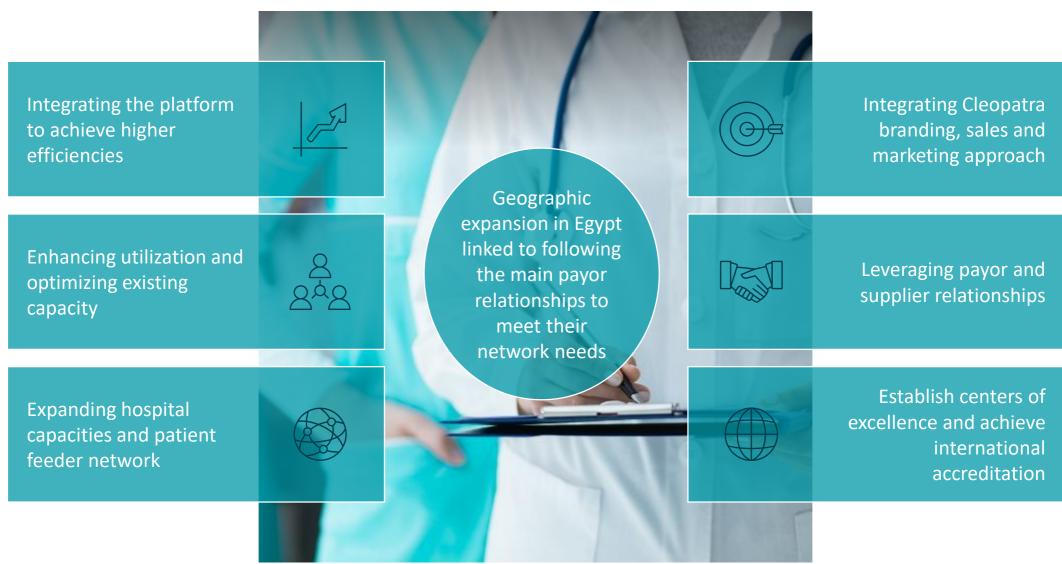
² In August 2019 , CHG signed a SHA with Nahda University to develop a 198-bed hospital in Beni Suef



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Clearly Defined Core Growth Strategy

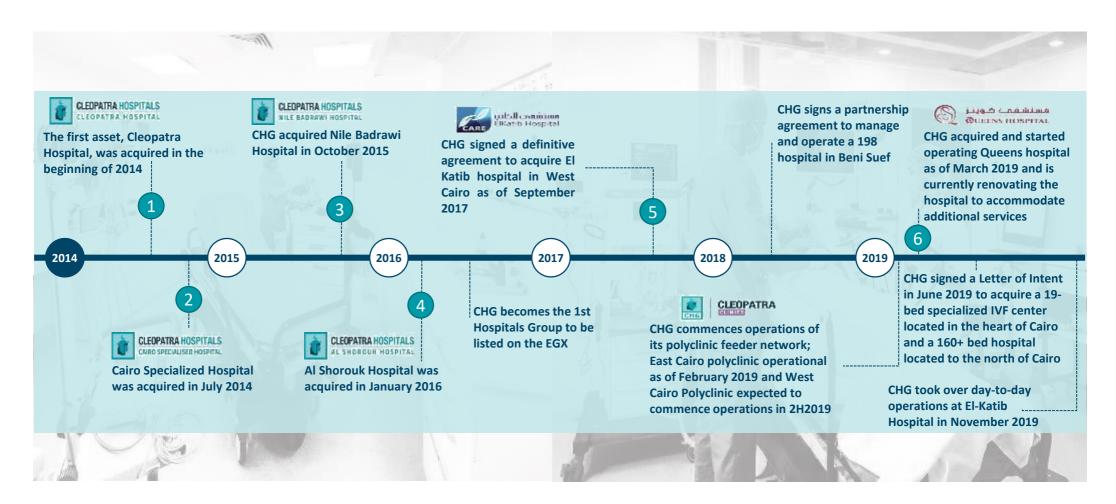




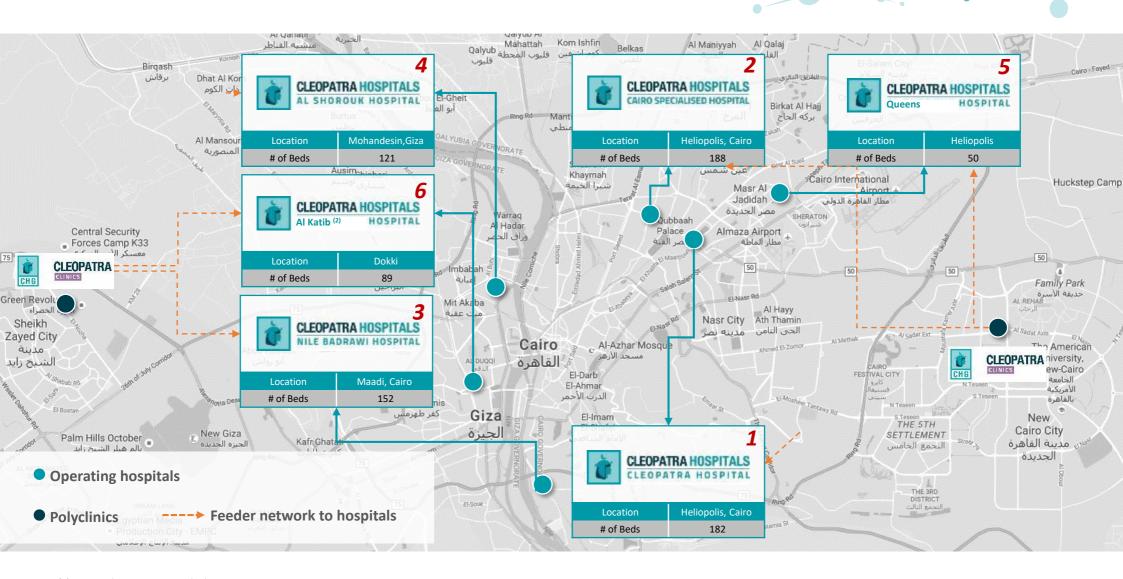


A Scalable Platform, with a Track Record of Integrating Acquisitions





A network of hospitals across Greater Cairo



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



Well Defined Integration model



Integration, Optimization of Operations														Effect o
	Institutionalizing the Group	Corporate Governance	Centralized Corporate Office	Unified Authority Ma		pansion trategy	Umbrell Name fo Individua		Unified Pricion Positionin Strategy	g	nified Financia Sops & Reporting	Value Creation Plans		Optimize ope manage
	Human Resources	Standard Organizational Chart / Matrix	Salary Scale Exercise	New Incent		n Insurance chemes	Traini Develo	pment Satisfaction		n	Profit Share Schemes	Appraisal System		Standardize a qua
III I r		Org						rams	Surveying	3				Enhance
	Supply Chain & Synergies	Group Wide Tenders	Item Unifica	tion	Consumables Unification				cal Capex ss Group	Tend	edication lering And nagement	Material Planning		Stronger barg
	Infrastructure / Technology Upgrade	HIS/ERP System Roll Pa Out	acs System Fa	celitts	COEs uipping R			mechanical grades	al ICU Upgrades And Extensions		Diagnostics & Auxiliary Unit Upgrades			Establish Parti leading co
	Business	One Stop Shop	COEs	Drug Formulary	Cross Asset	†	ctor	Unified Insurance	Reven	ue Cycle	Surgical Packages			Attract high medica
	Development	ЗПОР		Formulary	Referrais	& Ref		Corp Dea	als	gement rackage		S Case IVIIX		Establish C Excell
	Quality	CHG Medical Council	JCI Roadma	an	ed Sops & tal Manuals	Standa			g & Kitchen grades		cialty Club eetings	Nurse & Medical Teams Training		
		Council		Позрі	1103pital ivialidais		Ly Kpis	Oβ	51 duc3	IVI	ccurigo	Programs		Shared cos
	Optimize Capacity and Patient Flow	Centralizing Non- core Functions	Unified Call Co	entre Ambu	Unified & Integrated Ambulance & ER Protocols		Utilization Enhancement Across All Segments		Medical Tourism		PD Slot nagement	ICU Bed Additions		Improve colle

Effect on CHG

Optimize operations and management

Standardize and improve quality

Enhance margins

Stronger bargaining power

Establish Partnerships with leading companies

Attract high qualified medical staff

Establish Centers of Excellence

Shared cost benefits

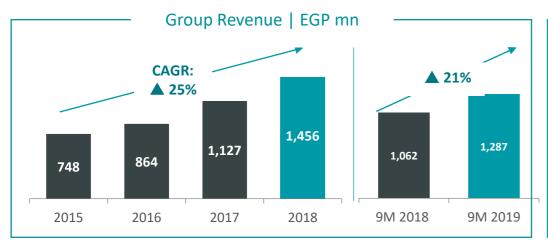
Improve collection / billing

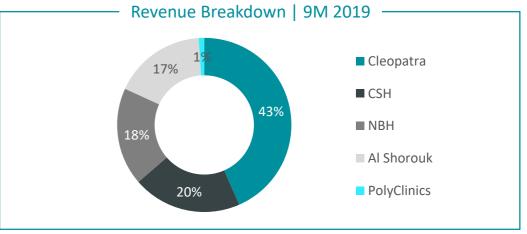


Solid Financial Performance

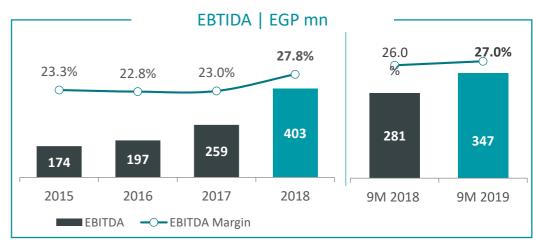


While the group continues its focus on enhancing and maintaining margins organically, performance in 2019 reflected strong margins despite the addition of four newly inaugurated facilities which are currently in the ramp-up or pre-integration phases. The Group's hospitals progressed with growth in the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







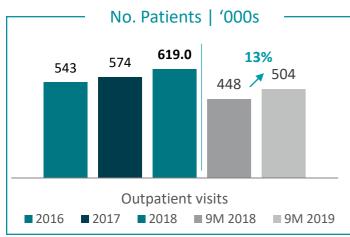


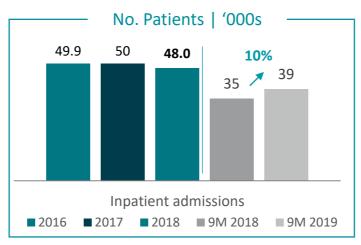


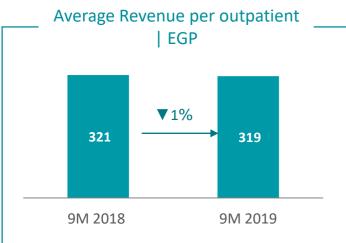
Key Revenue Drivers (i)

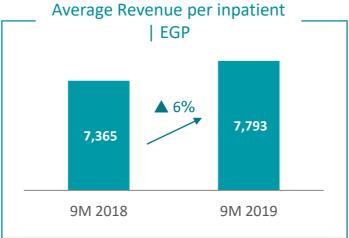


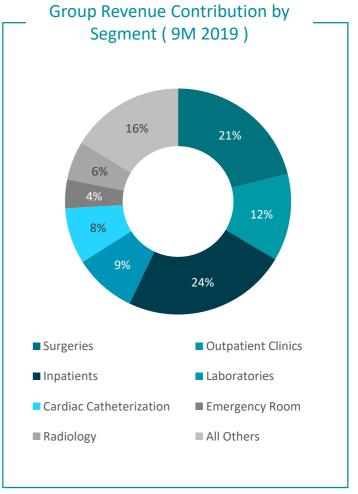
Revenue from inpatient admissions and outpatient visits have continued to report solid year-on-year growth, at 10% and 13% respectively, reflecting CHG's volume and case mix enhancement strategy across its revenue streams







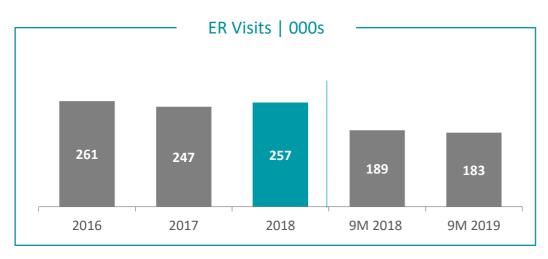


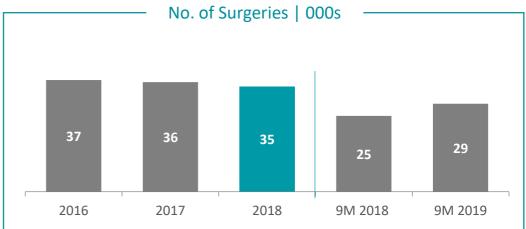


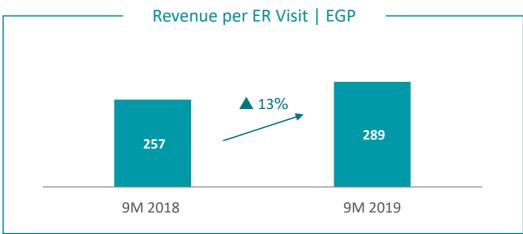
Key Revenue Drivers (ii)

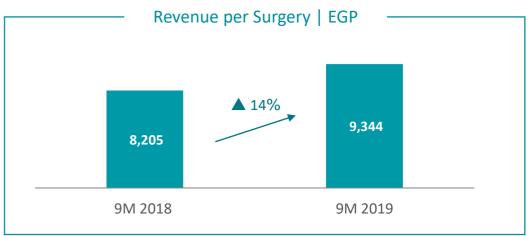


Surgeries and ER visits have also witnessed increasing revenue per visit, which expanded 18% and 13% year-on-year respectively. Overall revenues from both segments have witnessed notable growth







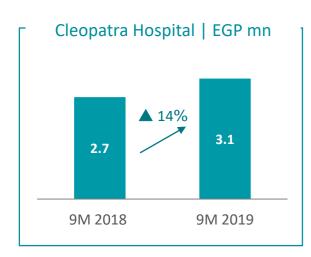


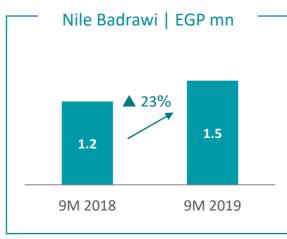


Key Revenue Drivers (iii)

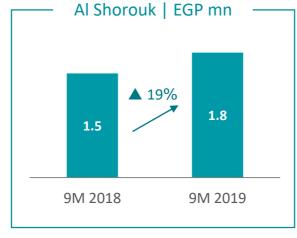


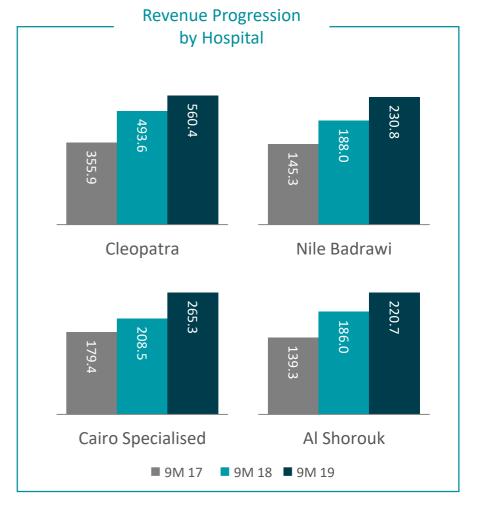
Revenue per bed at group hospitals have continued to post solid year-on-year growth on the back of management's utilization enhancement and case mix optimization strategy.















Renovations & Upgrades





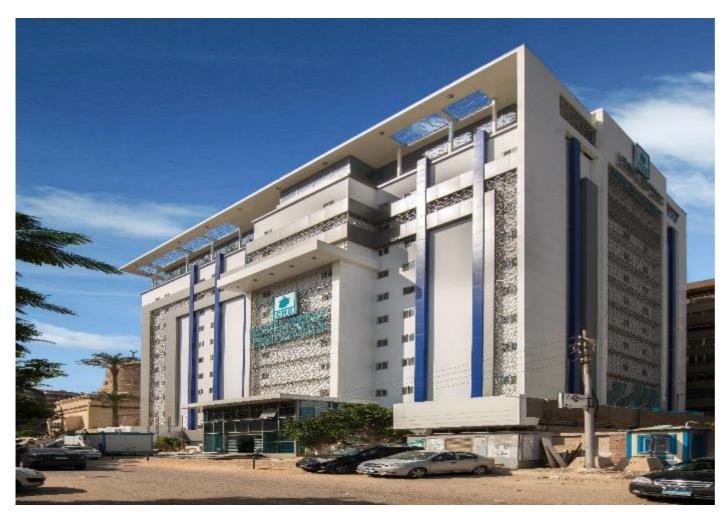


Nile Badrawy Hospital Renovations

- Façade facelift
- Inpatient Wards Renovations (2 floors)
- Started Electromechanical upgrades
- Upgraded all medical equipment
- ICU/CCU Renovation & Upgrade
- Operating Rooms Renovations& Upgrade
- Outpatient Clinics Renovations& Upgrade



Renovations & Upgrades





Cairo Specialized Hospital Renovations

- Façade facelift
- Inpatient Wards Renovations Started Electromechanical upgrades
- Upgraded all medical equipment
- ICU/CCU Renovation & Upgrade
- Operating Rooms Renovations& Upgrade
- Radiology Department
 Upgrade to become COE for east Cairo



Renovations & Upgrades





Al Shorouk Hospital Renovations

- New Clinics Building, availing space for 20 more inpatient during 2020
- Inpatient Wards Renovations Started Electromechanical upgrades
- Upgraded all medical equipment
- ICU/CCU Renovation & Upgrade
- Operating Rooms Renovations& Upgrade
- Introduced Cath-Lab Department



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 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

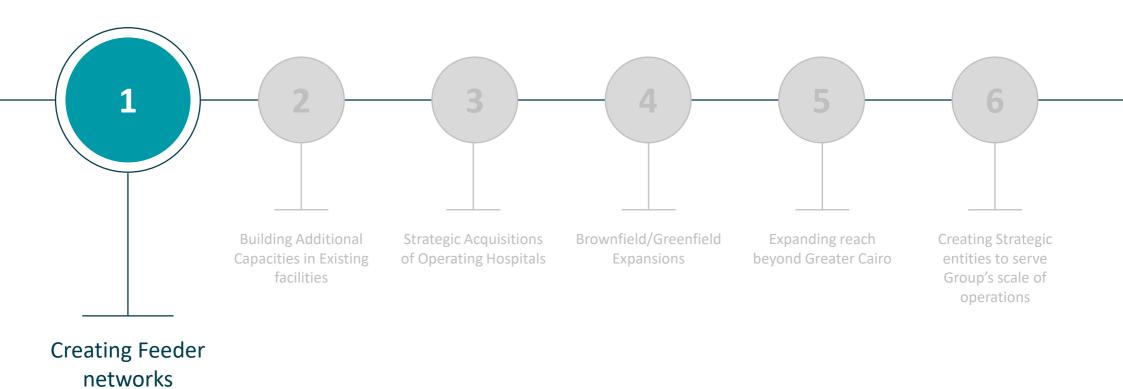


Add new medical services to the Group's service offering



Expansion strategy

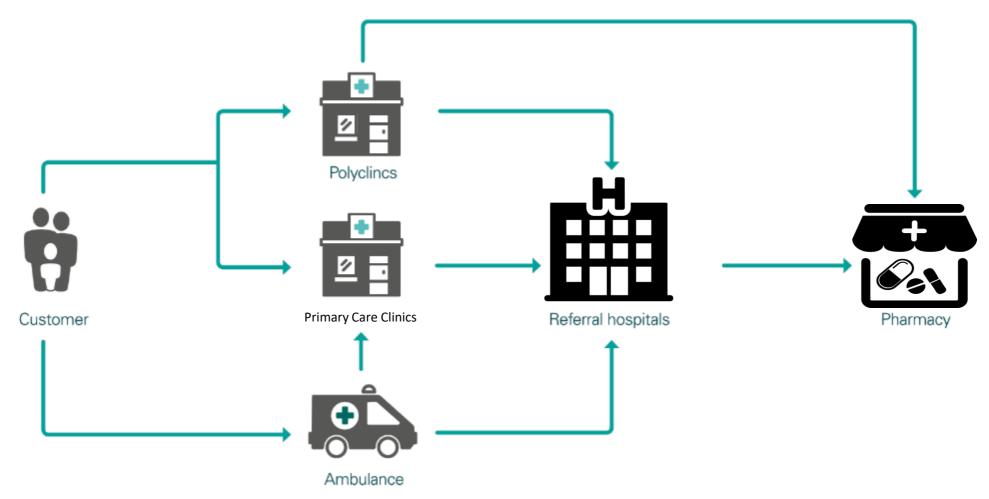






Core Theme - Focus On Patient Pathway Capture To Maximize Share Of Wallet From Existing Payors

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.

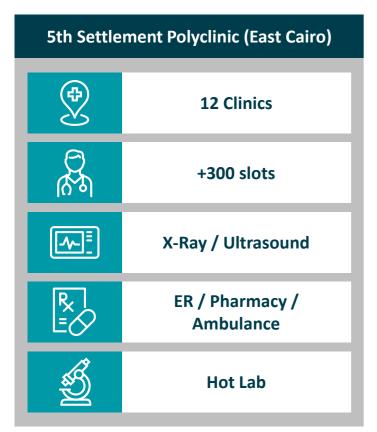


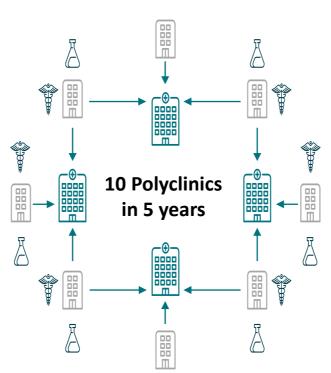


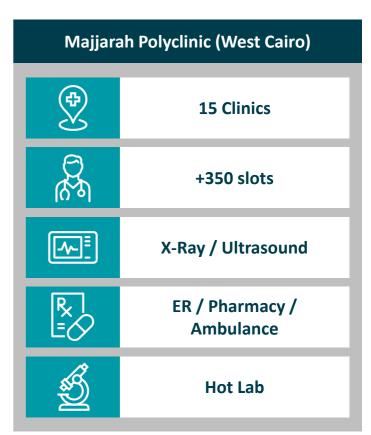
Feeder Network Expansion Began with the Launch of CHG's First Two Polyclinics Located in East and West Cairo – The Group Has Recorded Growing Demand at both Facilities



Polyclinics act as feeder networks for patient referral for the group hospitals. Specialized across different specialties including internal medicine, dentistry, radiology, ENT, cardiology, orthopedic, gynecology and procedures room







Feeder networks expansion in 2019 compose 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



West and East Cairo Polyclinics – The Group's First Two Facilities Launched in 2019





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



New Extension for Al-Shorouk Hospital





Al Shorouk hospital expansion

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





Strategic Acquisitions of Operating Hospitals (i)





El Katib Hospital (Dokki, Giza)(1)

During September 2017, CHG signed definitive agreements to acquire the real estate assets and the operational assets of a new hospital in West Cairo





89 Hospital Beds

Kidney Specialist offering a complementary service

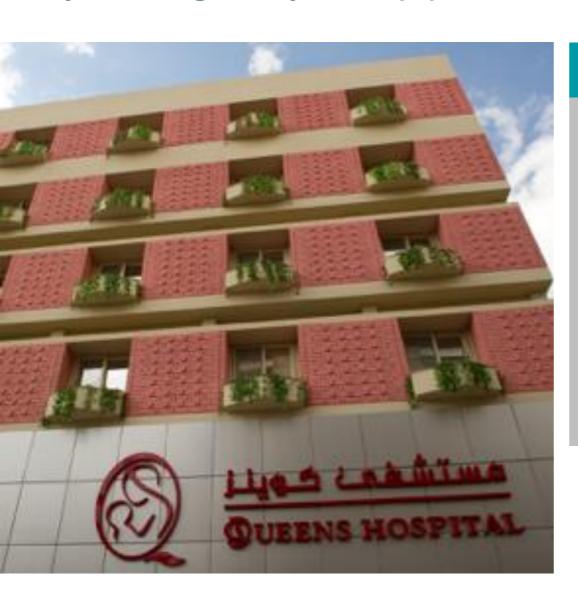
The hospital is also undergoing an additional expansion in order to reach 108 beds, as is expected to contribute around EGP 25-30mn⁽²⁾ of EBITDA to CHG over the coming period

Note (1): Based on management accounts, and is to subject to diligence and audit, and involve a number of risks, uncertainties and assumptions that could cause actual results and performance to differ materially



Strategic Acquisitions of Operating Hospitals (ii)





Queens Hospital (Heliopolis, East Cairo)

cHG has finalized and started operating Queens hospital as of March 2019 50 Hospital Beds in Heliopolis (Segment A area) Hospital current focus is on gynecology and pediatrics specialties.

CHG in process to expand its services to include other general services and a Cardiology COE and upgrade the infrastructure Cleopatra staff has started handover of operations and implementing business plan for 2020



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**

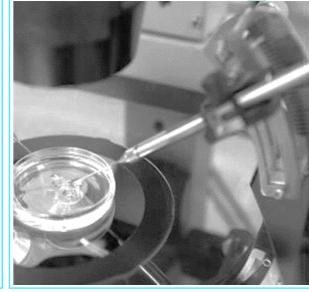


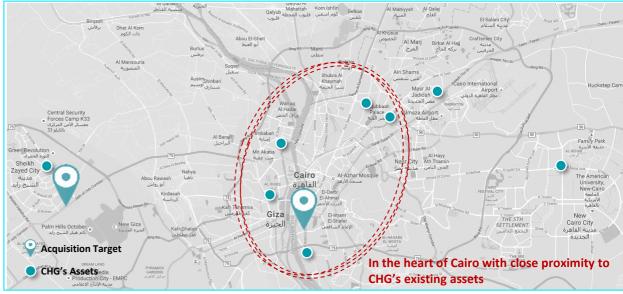
Embryo Freezing Lab







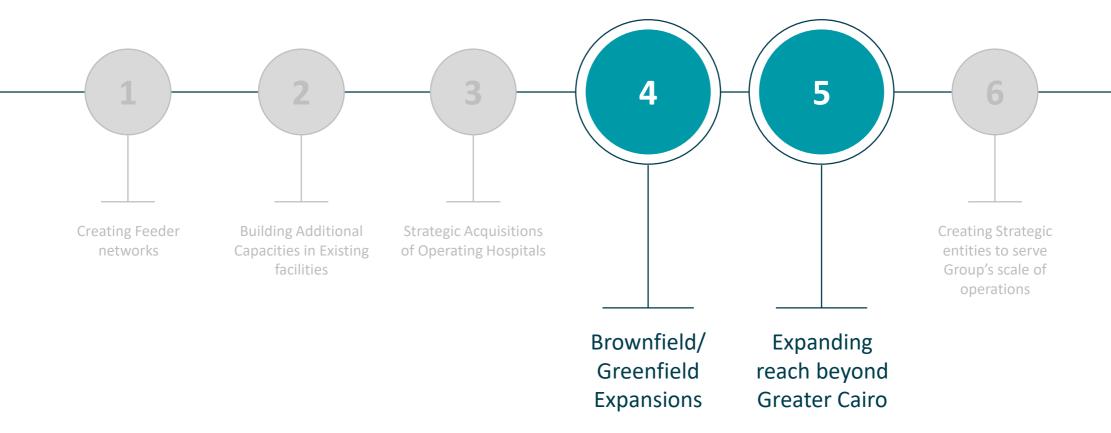






Expansion strategy







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



Brownfield / Greenfield expansion

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



7 operating room



Cath lab



20 Outpatient clinics

Expanding reach beyond 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

Status



Hospital Facility
Leased



Capex Budget Finalized

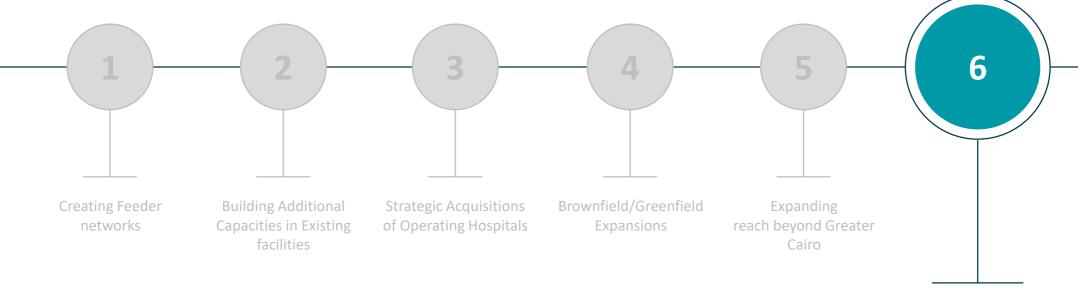


Business Plan Completed



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:





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

Executive Board Members



Dr. Ahmed EzzeldinExecutive Member &
Group CEO

Independent Board Members



Tarek KabilFormer Minister of
Trade and Industry



Dr. Mohamed Awad Tag El Din Former 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

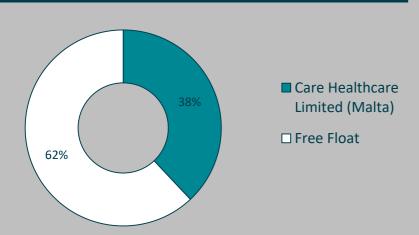


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Key Investor Information



Cleopatra Hospitals Company's Shareholder Structure



Care Healthcare Limited's DFI Shareholders



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

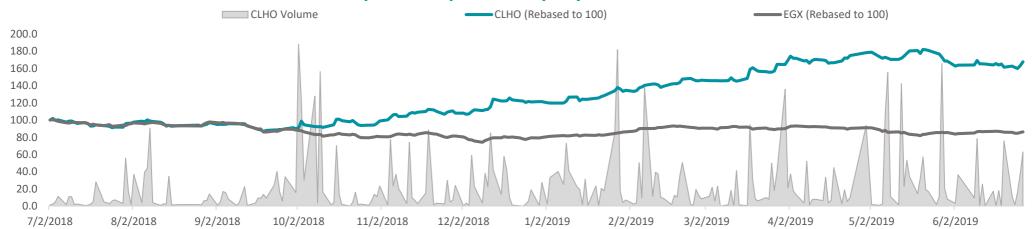


A Development Financial
Institution partly owned by
Agence Française de
Développement (AFD), which
promotes private investment
in developing countries to
reach the Millennium
Development Goals



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



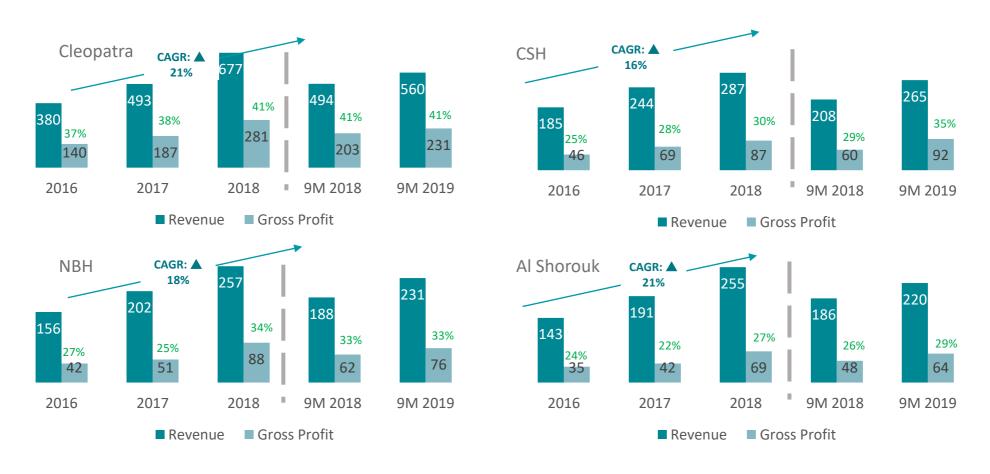
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Per Hospital Performance

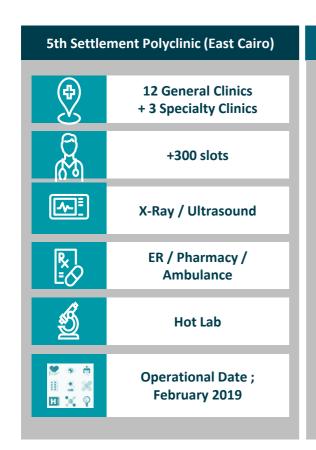






Expansion KPIs Polyclinics – East



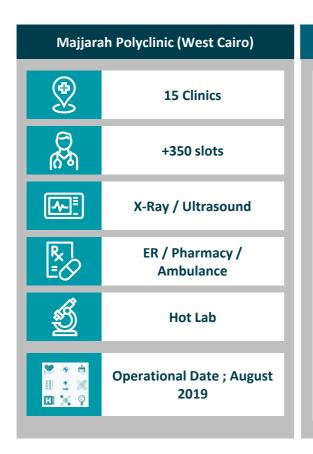


Volumes Ramp Up Initial Investment Real Estate; 2019 Utilization; 20 Year rental ~50% contract (EGP 400k 200-300 patient per per month day Capex; Medical & Civil Capex; ~EGP 30mn 2020-2023 Utilization; IRR & Payback Period ~60-100% utilization **IRR 20%** 500 patients per day Payback 4 Years

Performance Outlook Revenues 2019 Monthly ramp up reach EGP 3-3.5k /Month 2020 Outlook; EGP 40-45mn **Margins outlook** GP positive in 2020; ~ 20-25% **EBITDA Positive** after 1st year of operations

Expansion KPIs Polyclinics – West





Initial Investment

Real Estate;

- Part of High End
 Commercial
 Complex
- 20 Year rental contract (EGP 400k per month

Capex;

• Medical & Civil

Capex; ~EGP 30mn

IRR & Payback Period

- IRR 20%
- Payback 4 Years

Volumes Ramp Up

2019 Utilization;

- · ~10%
- 50-100 Patients per day

2020-2023 Utilization;

- ~40-100% utilization
- 2020 utilization similar to East Cairo
 2019 Performance
- 500 patients per day at full utilization

Performance Outlook

Revenues

- 2020 Monthly ramp up reach EGP 2 /Month
- 2020 Outlook ; EGP
 20-25mn

Margins outlook

- GP positive in 2020;~ 10%
- EBITDA Positive
 after 1st year of
 operations



Expansion KPIs Queens Hospital



Queens Hospital – East Cairo Joining Date; March 2019

Bu Ag

Real Estate; 25 Year rental contract (EGP 300k per month + EGP 5mn one off payment)

Investment

Business Transfer Agreement for previous operators (BTA);

 EGP 25mn for assets and business transfer

IRR & Payback Period

• IRR 20%

Status Quo Scope

Scope

- 50 Bed Hospital
- Maternity Hospital with limited scope
- Outsourced Diagnostics

2020 Onwards;

- Expand Hospital
 Services (include ICUs,
 ER, Rad etc)
- One Day Surgery
 (Orthopedic & General)
- Full Fledged
 Diagnostics

Performance Outlook

2019/2020

- Ongoing Renovations and refurbishments to enhance hospital scope
- Medical & Non Medical
 Capex Investments;
 EGP 70mn

Performance Outlook

- Revenues EGP 50mn in
 2020 ramping up to
 125mn in 3 years
- GP Margin 25% after 1st year of full operations

Expansion KPIs EL Katib Hospital





Investment	Scope	Performance Outlook
eal Estate; EGP 143mn (December 2018) usiness Transfer greement for previous perators (BTA); EGP 135mn for assets and business transfer	Existing Scope • 89 Bed General Hospital • Urology Centre of Excellence 2020 Onwards; • CHG Integration • Cross referrals from	Performance Outlook 2019/2020 Revenue Q4 (November & December) EGP 14- 15mn in Revenues 2020; EGP 130-150mn Revenues Margins GP Margin 30%
ER & Payback Period EV/EBITDA 10x IFA Valuation; EGP 266mn IRR 20%	 West Cairo hospitals Pricing & client enhancement Capex; EGP 30mn in 2020 	 EBITDA Margin 20% Ramp up to group margin levels

Expansion KPIs Bani Suef Brownfield



Bani Suef Hospital	Investment	Scope	Performance Outlook
I Signed - August 2019	JV Agreement; • 90% CHG and 10% Taaleem Real Estate; • Secured long term rent of brownfield facility (EGP 850k per year) Investment 2020-2021; • Total investment EGP 360mn (EGP 320mn CHG share) IRR & Payback Period • IRR 20%	Medical Scope; General Hospital with 198 Beds Partially used as Teaching Hospital (20 beds) Timeline; Civil Work; beginning of 2020 Partial Operations end of 2020 -50 beds Full operations by end of 2021	 2020-2021 Average Revenue Per bed – 25% to 30% below group average Margins 5% lower than group average



Balance Sheet and Leverage



Balance Sheet Summary					
	EGP 0	00			
Balance Sheet Summary	Dec-18	Sep-19			
Cash	953	592			
Inventory	41	47			
Debtors & other Debt balance	358	603			
Current Assets	1,353	1,242			
Intangible Assets	241	255			
Non-Current Assets	704	943			
Total Assets	2,298	2,440			
Overdraft & Short Term Loan	27	9			
Creditors & other Credit balance	457	545			
Current Liabilities 485 554					
Non-Current Liabilities	135	70			

619

1,679

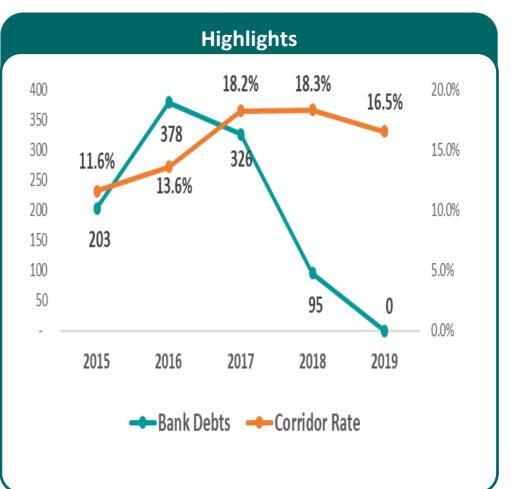
1,679

624

1,817

1,817

Leverages Ratios	Dec-18	Sep-19
Total liabilities / Total Assets	0.27 X	0.26 X
Net bank debt / (cash) / equity	-0.55	-0.32
Debt Service Coverage Ratio	NA	NA





Total LiabilitiesNet Assets

Total Equity

Balance Sheet and Returns Overview

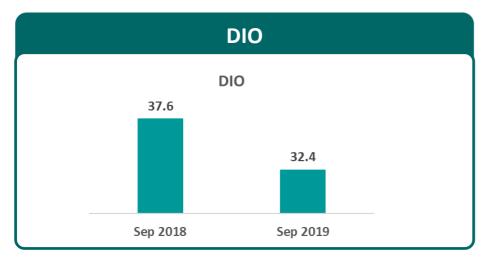


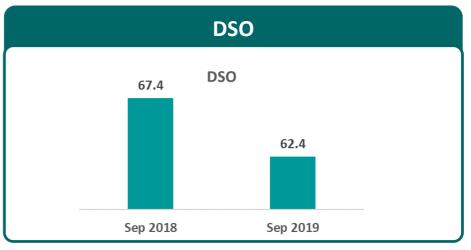
EGP 000							
Balance Sheet Summary	Dec 2016	Dec 2017	Dec 2018				
Capital employed							
Shareholders equity	565,877	1,330,499	1,603,997				
plus minority interest	44,620	55,729	74,720				
plus deferred taxes	59,993	64,430	66,869				
plus interest-bearing liabilities	378,147	351,939	95,104				
plus pension and other provisions	24,925	21,580	24,902				
plus accumulated goodwill amort.	5,350	10,700	-				
plus other long-term liabilities	-	24,821	45,232				
less cash and cash equivalents	(439,583)	(1,007,131)	(953,423)				
Capital employed	639,329	852,568	957,401				
EBIT	145,008	170,317	316,649				
ROCE	23%	20%	33%				
ROE							
Net income post exceptionals*	162,671	205,966	338,897				
Shareholder's equity	610,497	1,386,229	1,678,717				
ROE	27%	15%	20%				

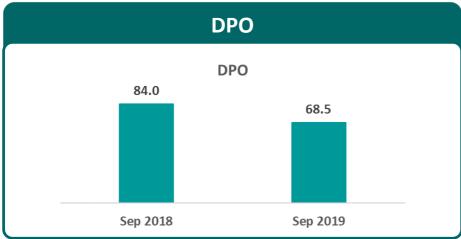


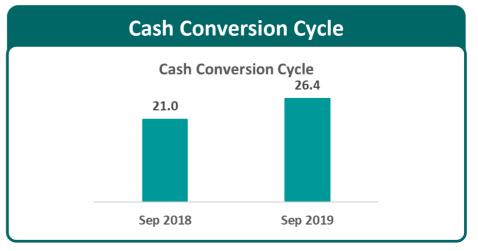
Cash Conversion Cycle









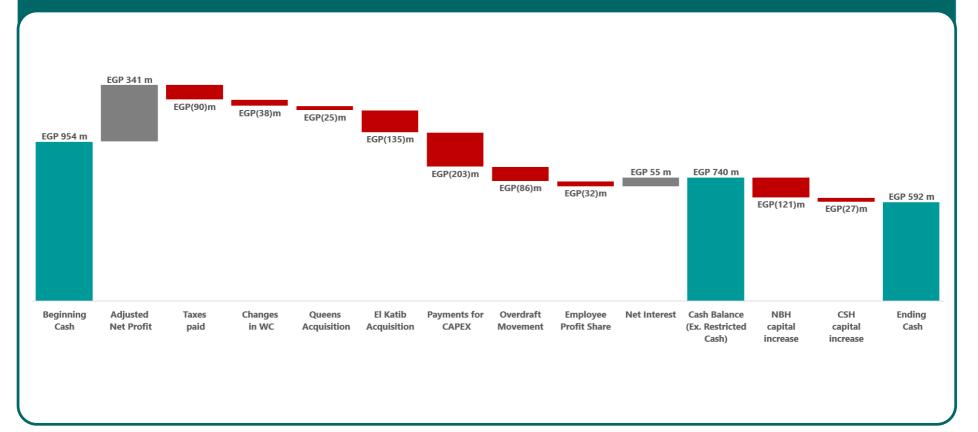




Cash Flow Walkthrough in 2019



Ending consolidated cash balance amounts to EGP 740m as of Sep 2019, of which EGP 148m is earmarked for NBH and CSH upgrade capital expenditure

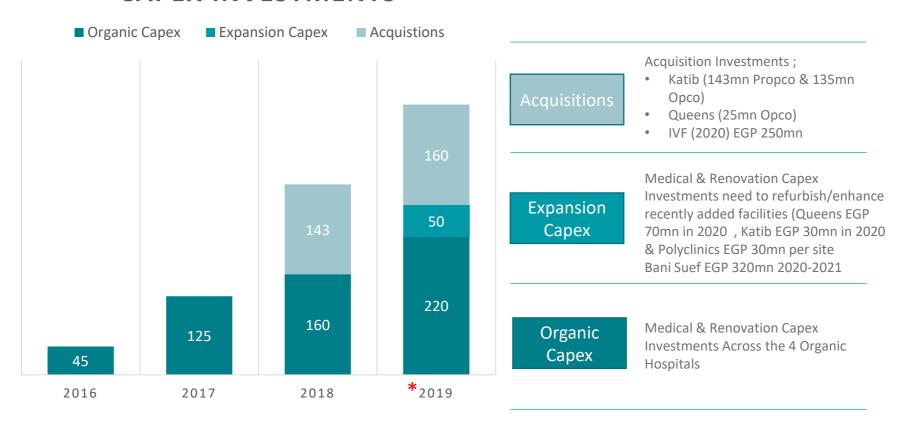




Capex Profile



CAPEX INVESTMENTS



*2019 preliminary figures subject to closing





Consolidated Income Statement



All figures in EGP mn	3Q2019	3Q2018	% change	9M2019	9M2018	% change
Revenues	462.0	388.3	19%	1,287.1	1,062.1	21%
Cost of sales	(295.0)	(246.3)	20%	(835.2)	(697.0)	20%
Gross profit	167.0	142.1	18%	451.9	365.1	24%
Gross Profit Margin	36%	37%		35%	34%	
General & administrative expenses	(83.2)	(48.4)	72%	(273.4)	(137.4)	99%
Cost of acquisition activities	(3.8)	(0.3)	N/A	(4.4)	(4.6)	-3%
Provisions	0.3	0.5	-29%	(1.5)	(3.7)	-60%
Other income	2.4	1.7	40%	6.5	5.6	15%
Pre-Operating Expenses	-	-	N/A	(3.4)	0.0	
EBIT	82.7	95.6	-13%	175.7	225.1	-22%
EBIT Margin	18%	25%		14%	21%	
Interest income	16.5	32.0	-48%	71.9	94.2	-24%
Interest expense	(1.0)	(9.2)	-89%	(5.8)	(31.0)	-81%
Profit before tax	98.2	118.4	-17%	241.7	288.3	-16%
PBT Margin	21%	30%		19%	27%	
Income tax	(23.1)	(24.7)	-6%	(68.7)	(61.7)	11%
Deferred tax	(2.9)	(2.1)	35%	(3.1)	(1.6)	85%
Net profit after tax	72.2	91.6	-21%	170.0	225.0	-24%
Net Profit Margin	16%	24%		13%	21%	
Distributed as follows:						
Shareholders of the company	69.3	86.3	-20%	166.5	210.9	-21%
Minority rights	2.9	5.3	-46%	3.5	14.1	-75%
Profit for the period	72.2	91.6	-21%	170.0	225.0	-24%



Consolidated Balance Sheet



All figures in EGP mn	31 December 2018	30 September 2019
Von-current assets		
rixed assets	560.5	664.5
ntangible assets	241.0	255.1
Payment under investment	143.9	278.6
Cotal non-current assets	945.4	1,198.2
Current assets		
raid under subsidiaries capital increase	-	148.5
nventory	40.8	47.3
Accounts receivables	302.8	331.1
Other receivables and debit balances	48.5	118.8
Due from related parties	7.1	5.0
Cash	953.4	591.5
Cotal current assets	1,352.5	1,242.2
Cotal assets	2,298.0	2,440.
Equity		
hare capital	800.0	800.0
Reserves	274.2	284.4
Retained earnings	529.8	655
Equity attributable to the parent company	1,604.0	1,739.
Non-controlling interest	74.7	76.
Cotal equity	1,678.7	1,816.
Von-current liabilities		
ong term debt – non-current portion	67.9	
Deferred tax liability	66.9	69.9
Cotal non-current liabilities	134.7	69.9
Current liabilities		
rovisions	24.9	19.6
Creditors and other credit balances	317.7	359.
CPLTD	27.2	8.
ong term incentive plan	45.2	117.:
Current income tax	69.4	48.
otal current liabilities	484.5	553.
otal liabilities	619.3	623.
otal liabilities & shareholders' equity	2,298.0	2,440.



Consolidated Cash Flow Statement



All figures in EGP mn	30 September 2018	30 September 2019
Cash flow from operating activities:		
Profit before tax	288.3	241.7
Adjustments for:		
Depreciation	32.6	45.8
Allowance for impairment of current assets	(3.6)	48.4
Provision	(3.6)	(5.3)
Capital gain/Loss	(0.5)	(0.3)
Credit / Debit Interest	(63.2)	(69.0)
Changes in current tax liability	(26.3)	(89.6)
Share-based payments financial liabilities	16.8	72.7
Operating profits before changes in assets and liabilities	240.4	244.2
Changes in working capital:		
Changes in Inventories	(5.3)	(5.2)
Change in trade receivables, debtors and other debit balances	(114.6)	(83.9)
Changes in Due from related parties	(18.7)	2.1
Change in trade and other payables	66.6	56.0
Net cash flows generated from operating activities	168.5	213.2
Cash flow from investment activities:		
Proceeds from sale of fixed assets	0.6	0.6
Payments for purchase of fixed assets	(47.3)	(52.9)
PUC purchased	(29.6)	(88.6)
Advanced payments for purchase of fixed assets	(12.0)	(62.6)
Payments for acquisition of a subsidiary, net cash acquired	-	(25.0)
Payments under investment	-	(135.1)
Credit interest collected	94.4	72.5
Time deposits with maturity more than 3 months	11.0	-
Paid under subsidiaries capital increase	-	(148.5)
Net cash flow from investment activities	17.3	(439.5)
Cash flow from financing activities:		
Dividends paid	(21.7)	(31.9)
Proceeds from borrowings	-	-
Repayment of borrowings	(130.9)	(95.1)
Cash proceed from overdraft	60.0	62.6
Cash paid to overdraft	(80.6)	(53.9)
Interest paid	(45.2)	(17.9)
Net cash flow from financing activities	(218.3)	(136.1)
Net change in cash & cash equivalents during the period	(32.6)	(362.5)
Cash & cash equivalents at the beginning of the period	996.1	953.4
Cash & Cash equivalent at in acquired subsidiaries at the beg. of the period	-	0.6
Cash & cash equivalents at the end of the period	963.5	591.5

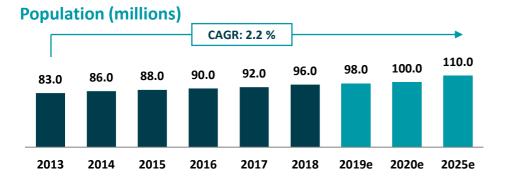




Underserved and Under-penetrated Market with Steady Demand Growth



Supply Gap in Egyptian Healthcare Industry

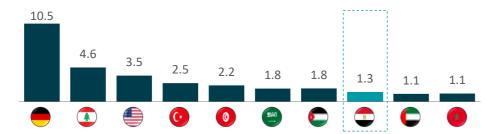


Healthcare Expenditure in Egypt



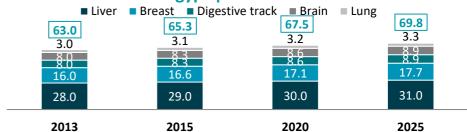


Hospital Beds (/1,000 people) | 2017

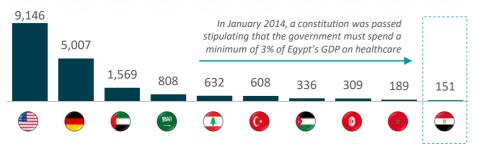


Lifestyle Disease Profile in Egypt

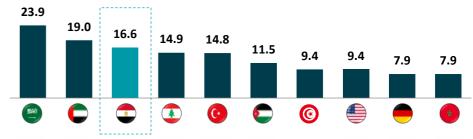
Cancer Prevalence in Egypt | 000 cases



Healthcare Expenditure per Capita (USD) | 2017



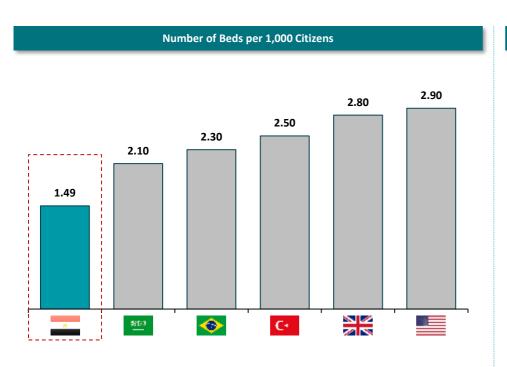
Diabetes Prevalence in the 20-79 Age Group

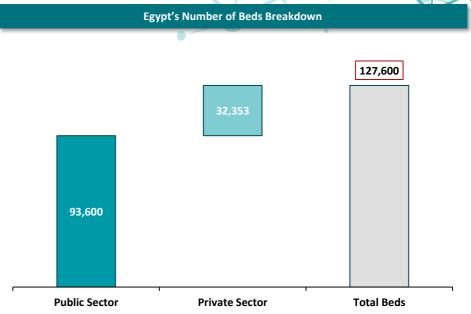


Sources: World bank, Business Monitor International (BMI), CAPMAS, FROST & SULLIVAN

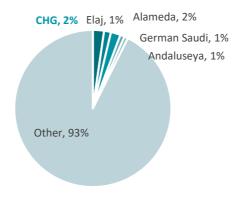


Egypt Total Hospital Beds





Market Share in Egypt by # of Commercial Beds

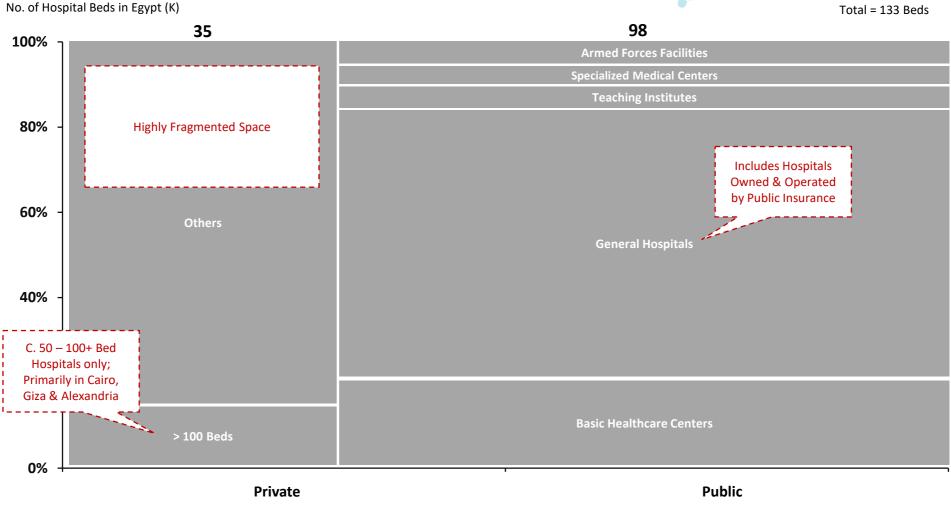


Total c34,000 beds in Egypt*



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 ON BUANG SHOWNESTY		
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



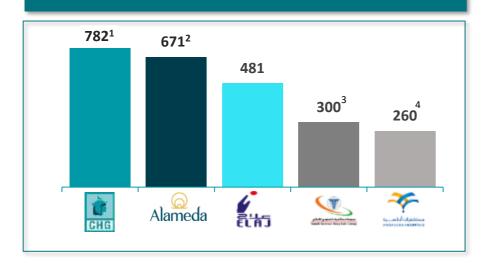
Egypt Total Hospital Beds (cont'd)

	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		

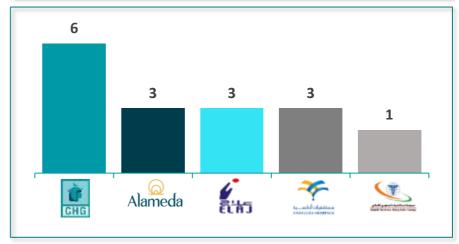


Greater Cairo Hospital Groups by Commercial Bed Count

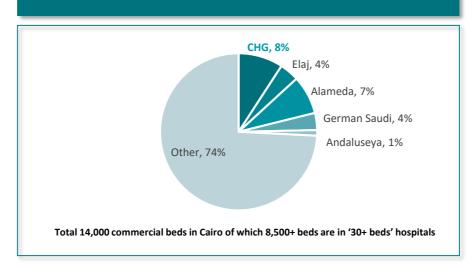
Hospital Groups in Cairo (Operational) – Bed Count



Hospital Groups in Cairo - # of Operational Hospitals



Market Share in Cairo by # of Commercial Beds





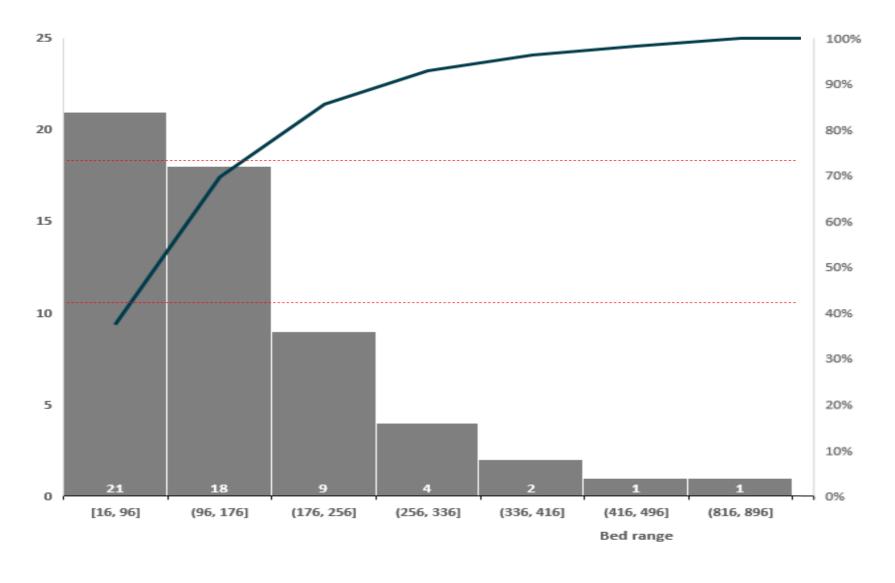
^{2.} Building new capacity to reach c900 beds

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

Cleopatra Investor Presentation 3Q19 Source: CAPMAS, Egypt Ministry of Health, consultants

Greater Cairo Distribution of Hospitals by Commercial Beds

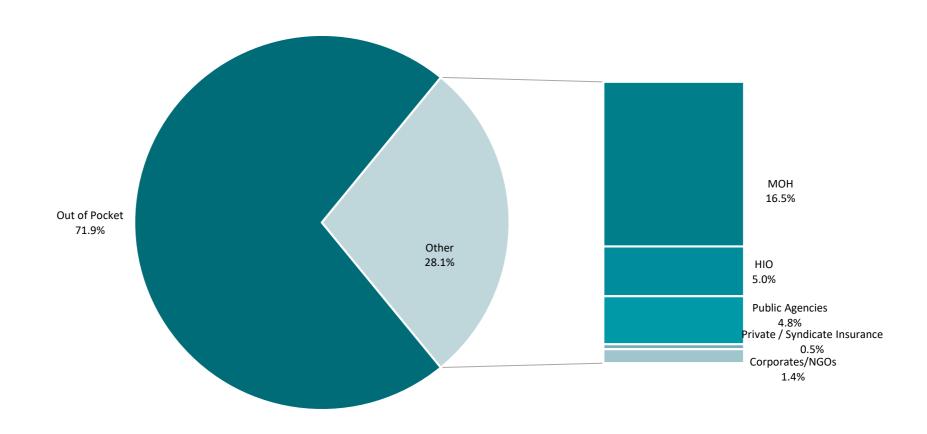






Egypt Healthcare Market Payor Profile







Thank you

INVESTOR RELATIONS CONTACTS

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SHAREHOLDER INFORMATION

EGX: CLHO.CA Listed: June 2016

Shares Outstanding: 1.6 billion





