

## **Cleopatra Hospitals Group** Investor Presentation 1H20

#### Disclaimer



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

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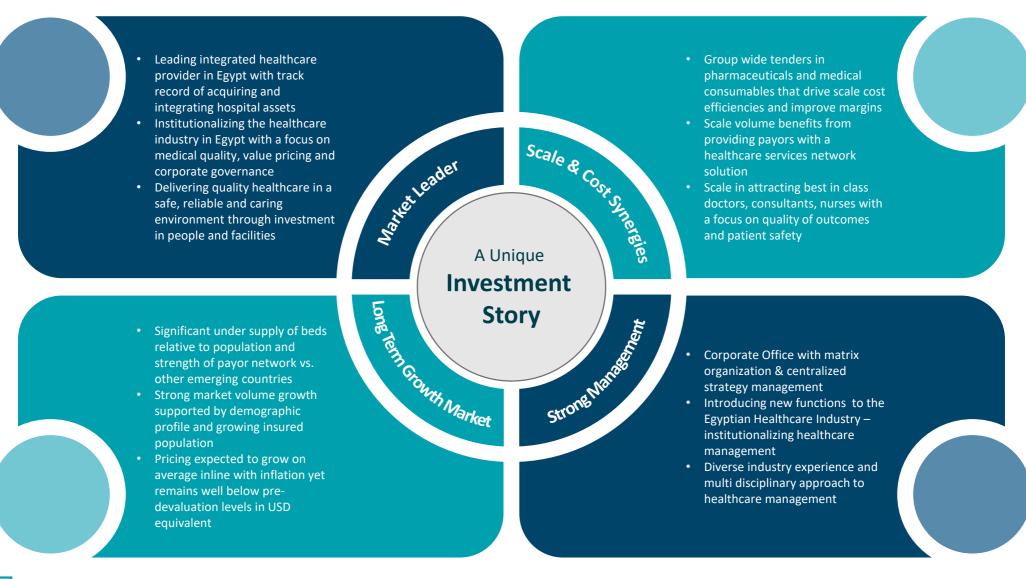
**Business Updates** 

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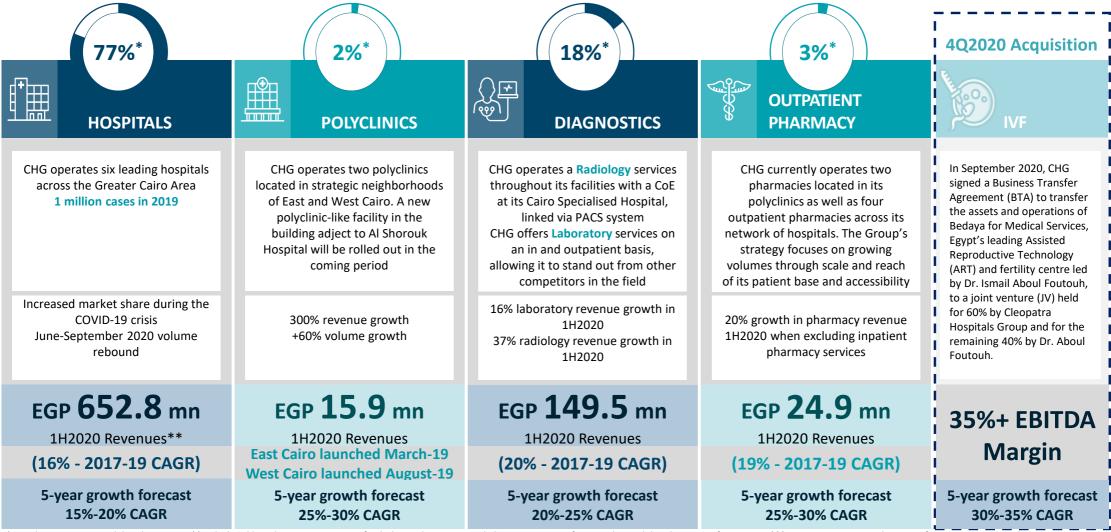
#### **A Unique Investment Story**





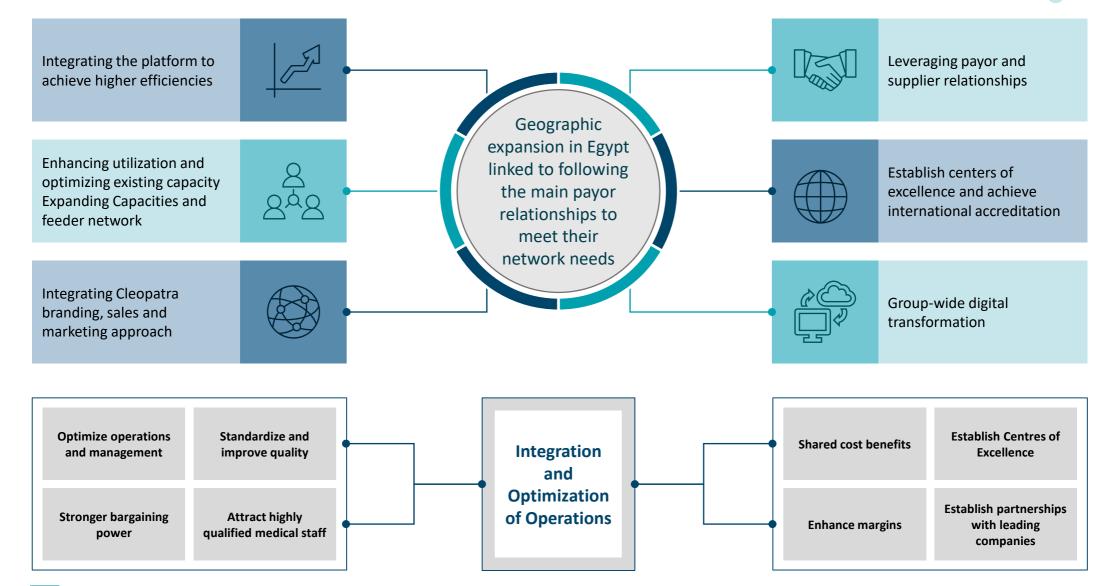
## Diversified Service Offering and Revenue Stream

Resilient operational and financial results for 1H2020 despite the ongoing COVID-19 challenge



\*Based on 1H2020 consolidated revenues, \*\* Calculated by subtracting revenues of polyclinics, diagnostics and pharmacy services from total consolidated revenues for 1H2020, \*\*\*5 Year Forecast Growth Rates refers to revenue growth

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



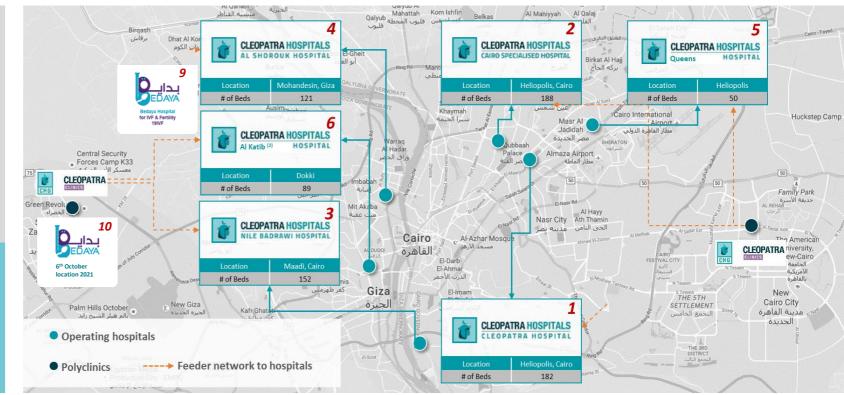


#### **Broad Network Coverage in Greater Cairo**

Maximizing referral potential while maximizing utilization across facilities during COVID-19

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

#### Serving over 1 Million Patients per Year





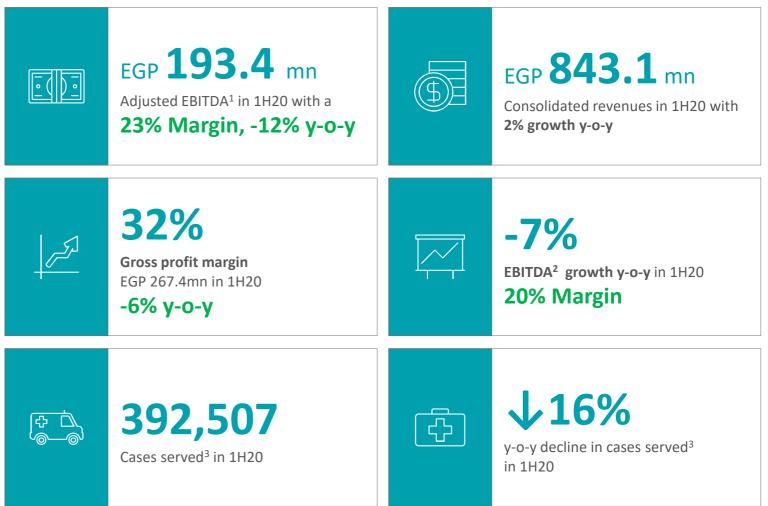
#### **CHG 1H2020 Financial Highlights**



CHG reported resilient operational and financial results for the first half of 2020 despite the ongoing COVID-19 crisis weighing down on patient volumes in the first part of the second quarter.

Starting in mid-March and for the entire month of April, patient volumes reported significant declines across the Group's entire service offering as patients opted to postpone elective procedures and non-urgent consultations.

However, in the months of May and June, the Group witnessed a sustained recovery in volumes with total cases served at the Group's organic hospitals in the month of June standing 64% above April 2020's figure.



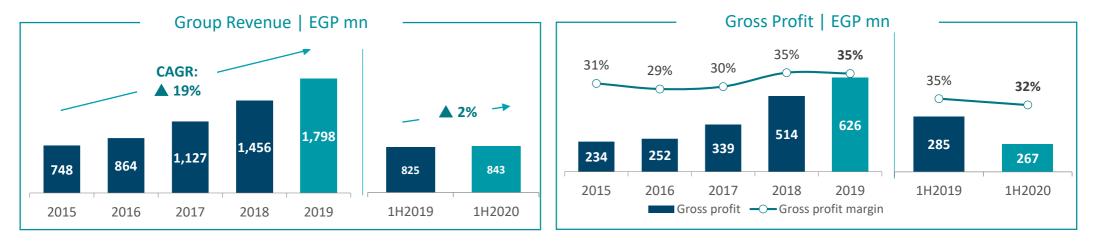
<sup>1</sup>Adjusted EBITDA: Earnings before Interest, Tax, Depreciation and Amortization adjusted for provisions, impairments, LTIP, acquisitions expenses, pre-operating expenses and excluding contributions from other income. <sup>2</sup>EBITDA does not adjust for impairments booked during the period.

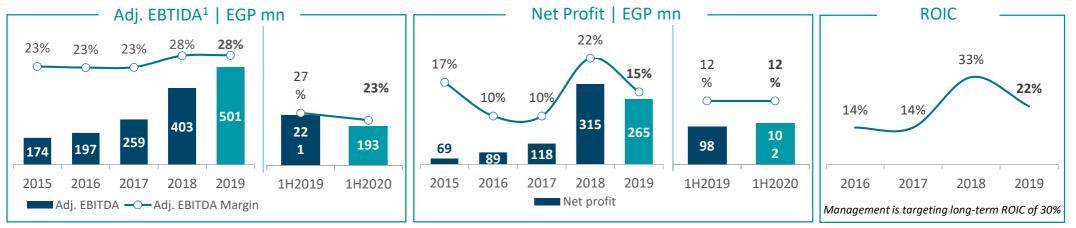
<sup>3</sup> Cases served includes number of in-patients, outpatient visits and ER visits.

#### **Resilient Financial Performance** in 1H2020

CHG

Revenues witnessed a 2% y-o-y expansion in the first half of the year to EGP 843.1 million. Gross profit margin (GPM) for the period stood at 32%, broadly in line with the Group's historical average as the Group's efficiency enhancement strategy helped mitigate the decline in revenues booked in the second quarter of the year. Net profit for the period was up 4% from the comparable period a year ago as the adverse impacts related to COVID-19 were cancelled out by the year-on-year decrease in LTIP expenses and impairments recorded during the period.



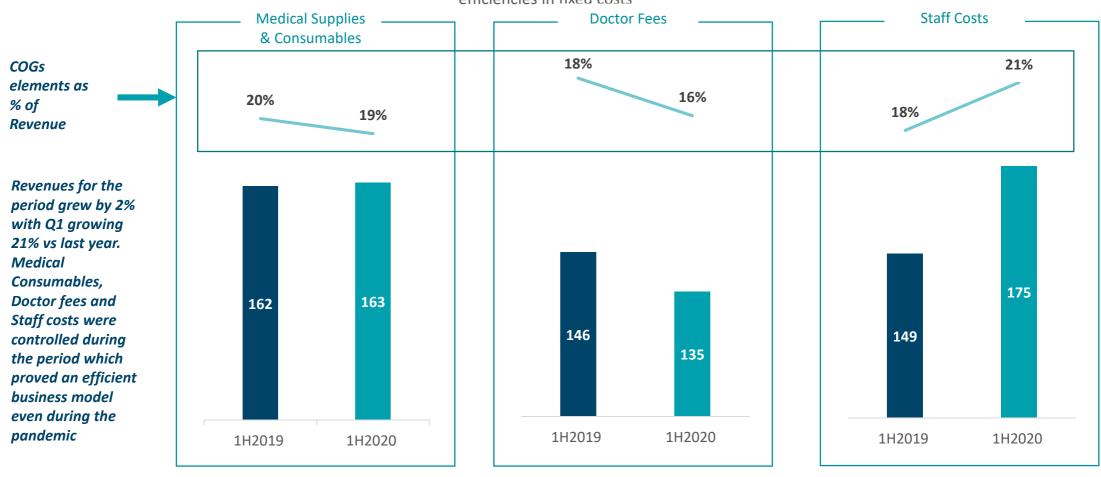


<sup>1</sup>Adjusted EBITDA: Earnings before Interest, Tax, Depreciation and Amortization adjusted for provisions, impairments, LTIP, acquisitions expenses, pre-operating expenses and excluding contributions from other income. **Cleopatra Investor Presentation 1H20** 

#### **Resilient Financial Performance** in 1H2020

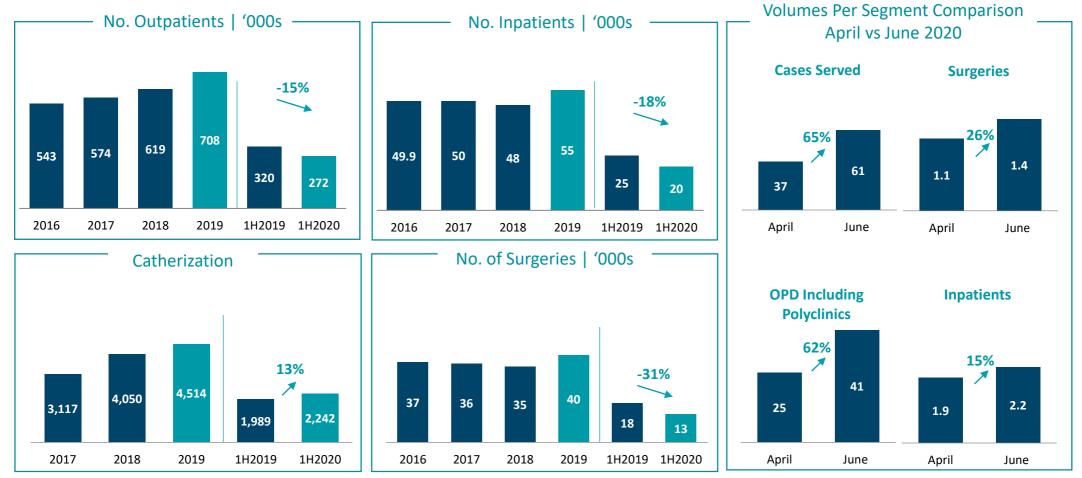


Through a multifaceted approach, the Group was able to successfully maneuver its operations and business model implementing several cost avoidance and control initiatives to better confront decreased revenues and volumes throughout the period. Despite the additional costs incurred from the purchase of additional PPE and other expenses, the Group was able to efficiently control all variable cost components while enhancing efficiencies in fixed costs



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

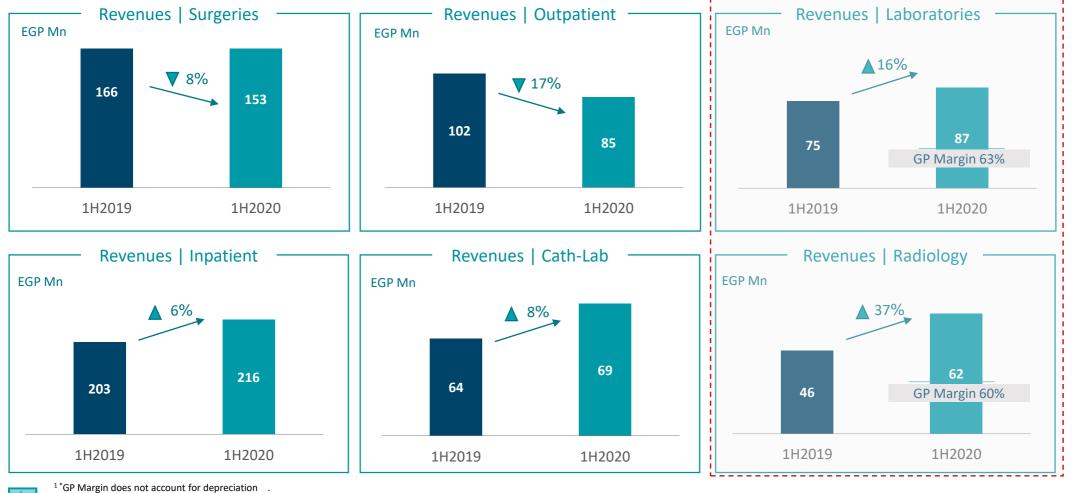
Cases served<sup>1</sup> stood at c.393 thousand versus the c.466 thousand served in the same period a year ago, as a slowdown related to COVID-19 weighed down on volumes for the second half of March and April. **However, in the months of May and June, the Group witnessed a sustained recovery in volumes** with total cases served at the Group's organic hospitals in the month of June standing 64% above April 2020's figure.



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

#### Key Revenue Drivers (ii)

While revenues generated by the Group's outpatient and surgery segments recorded declines in 1H2020, inpatient services saw a 6% y-o-y rise in revenues offsetting the larger decrease in volumes on the back of better utilization . Similarly, laboratory and radiology saw year-on-year revenue growth of 16% and 37% respectively, reflecting management's efforts to grow the Group's diagnostic segment.





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#### 2H2020 Guidance



The Group's current performance in Q3 is showing volume and revenues growing back to historical trends during the months of August & September with record results. As a result of the successful campaign and strategy during Q2, the group will be able to deliver a growing performance in Q3 and Q4 across all financial metrics.

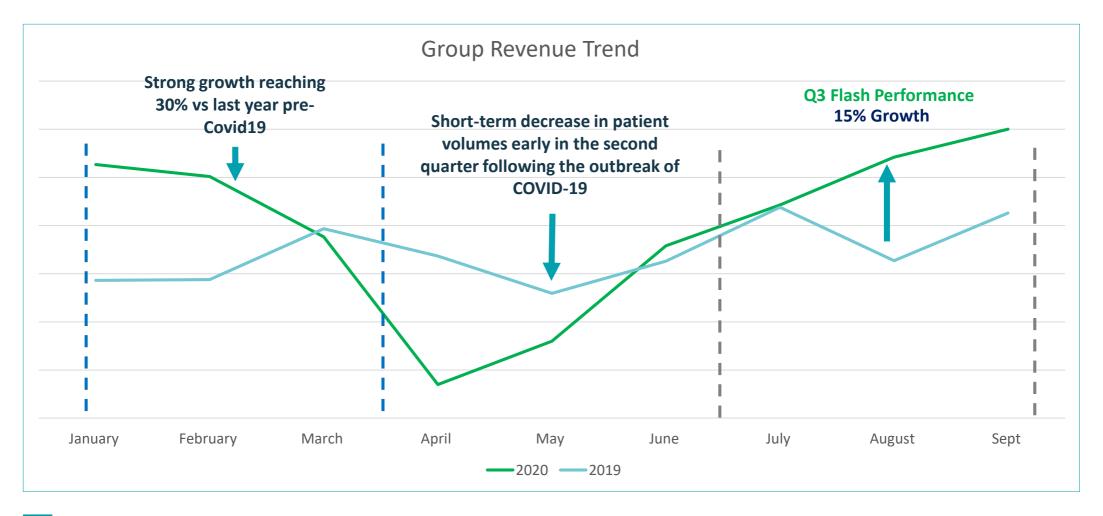
Revenues	Margins	Utilization		
3Q: 15% Growth vs Last Year	Historical Margins offsetting	Enhanced Utilization across		
FY: 10% Growth vs Last Year	Q2 pressure	all facilities		



#### 2H2020 Guidance

#### **3Q2020 Flash Revenue Performance**

The Group's performance in 3Q2020 based on latest flash figures shows volume and revenues returning to historical trends during the months of August and September with record results.



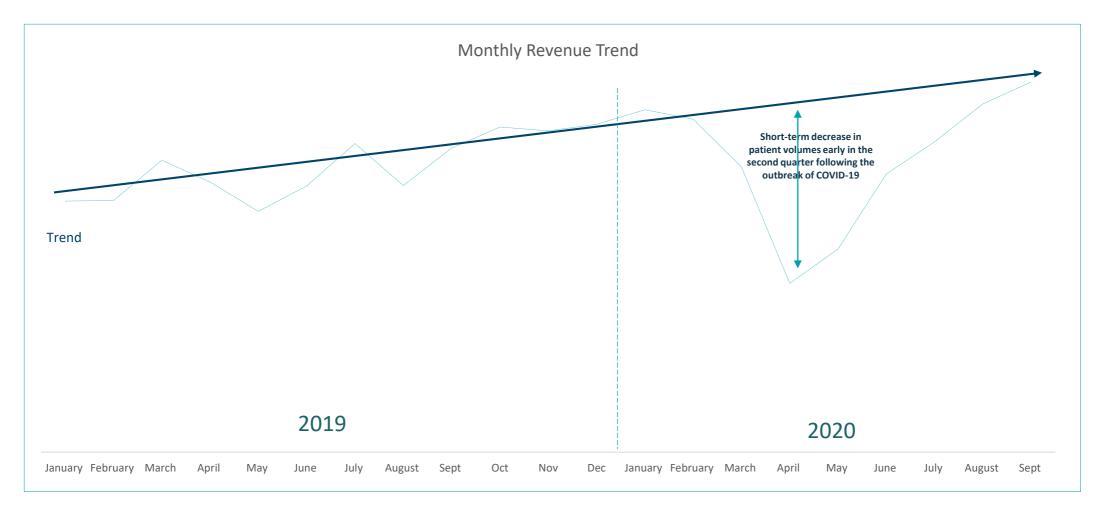


#### 2H2020 Guidance

#### **3Q2020 Flash Revenue Performance**



The Group's performance in 3Q2020 based on latest flash figures shows volume and revenues returning to historical trends during the months of August and September with record results.

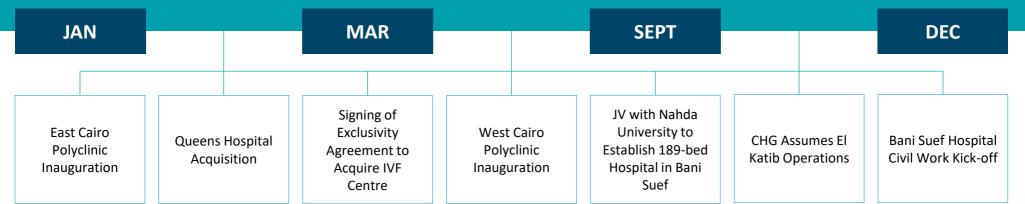




#### 2019 in Review (Cont'd)



#### 2019



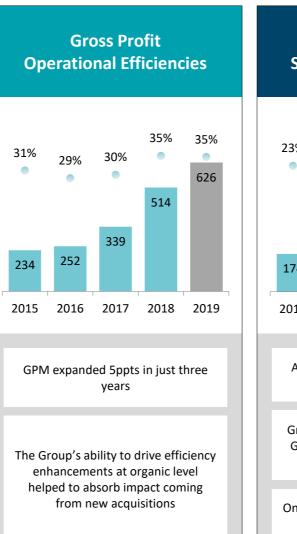
2019 Expansion Highlights			Since the IPO			
2	2	139	240%	Revenue Growth	254%	GP Growth
Operating Hospitals Added	New Polyclinics Launched	Additional Hospital Beds Added	237%	EBITDA Growth	24%	Average ROCE



#### 2019 in Review



Revenue growth supported by a mix of favourable pricing (10-12% inflation benchmarked), volume increase and case mix optimization



## Adj EBITDA Sustainable Profitability

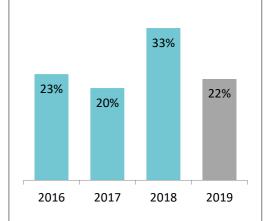


Adj. EBITDA margin up by 5ppts in three years

Growth came despite the increased G&A expenses associated with the expanded hospital network

One offs in 2019 included higher LTIP and impairment expenses

Rate of Return on Capital Strong Return on Capital Metrics



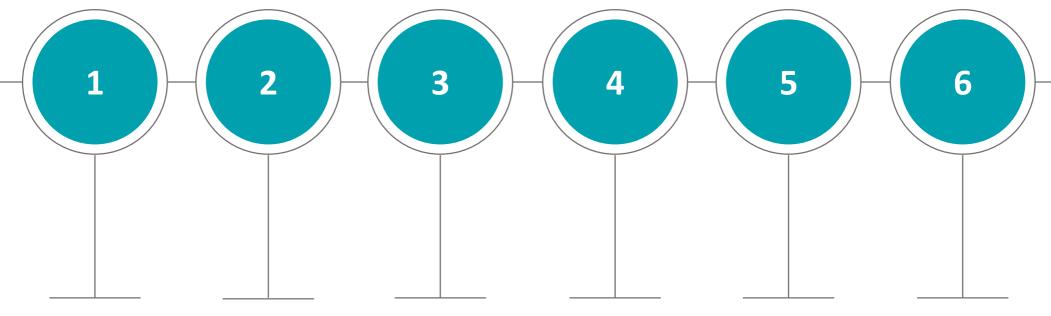
Consistent revenue growth coupled with the Group's constant efforts to drive efficiency enhancements have seen steady improvements in the Group's return on capital metrics



# Expansion Strategy & Updates

#### **Expansion strategy**





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

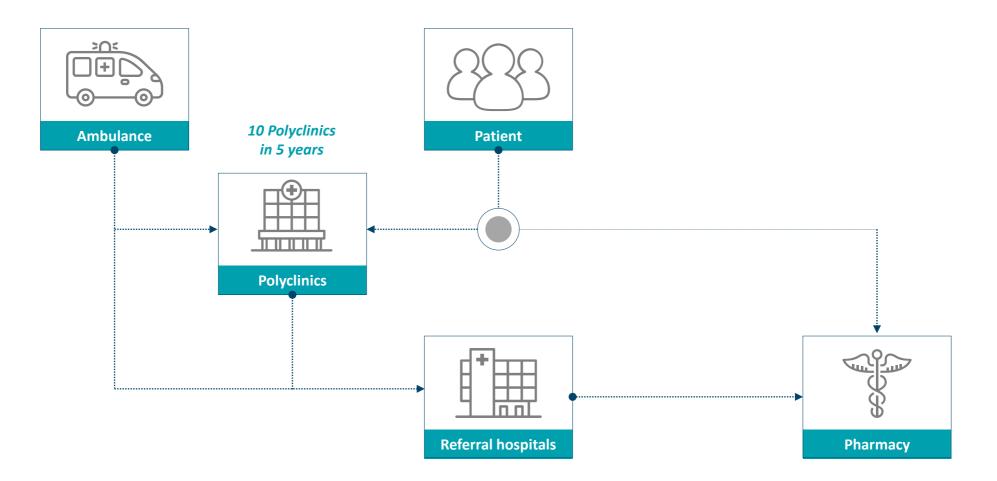
Strategic Acquisitions of Operating Facilities Brownfield / Greenfield Expansions Expanding Reach Beyond Greater Cairo Creating Strategic Entities to Serve Group's Scale of Operations



#### **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.





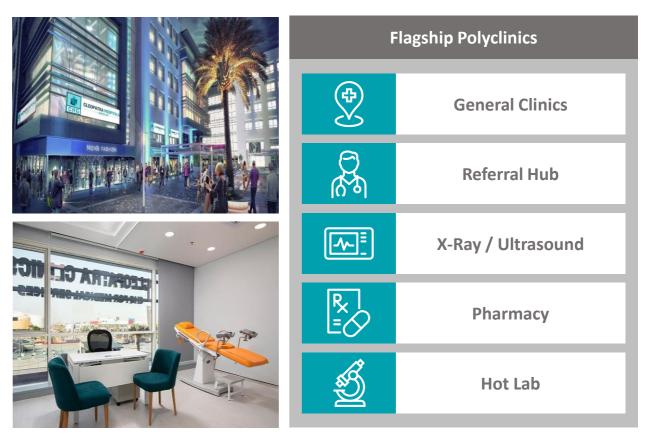
#### Launched in 2019 and Now Present in East and West Cairo and a Strategy to further expand

With both East and West Cairo ramping up to target utilization and performance , the group is now looking into further expansions of the model

New Locations in underserved areas and locations – Flagship Polyclinics

Maximizing Referral Potential to Hospital Facilities

Diagnostics & Home visits hub

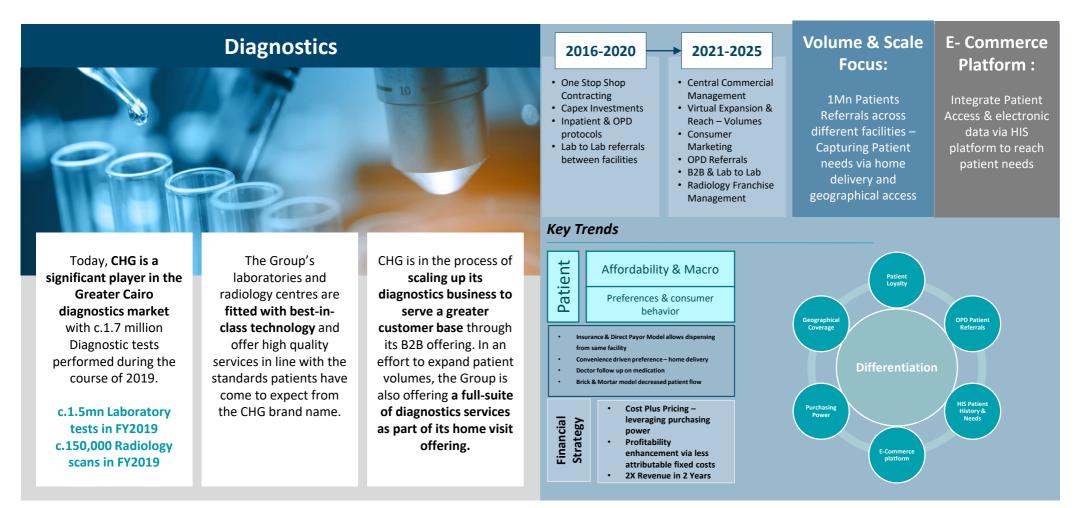




### **Expanding Services Offering: Diagnostics**



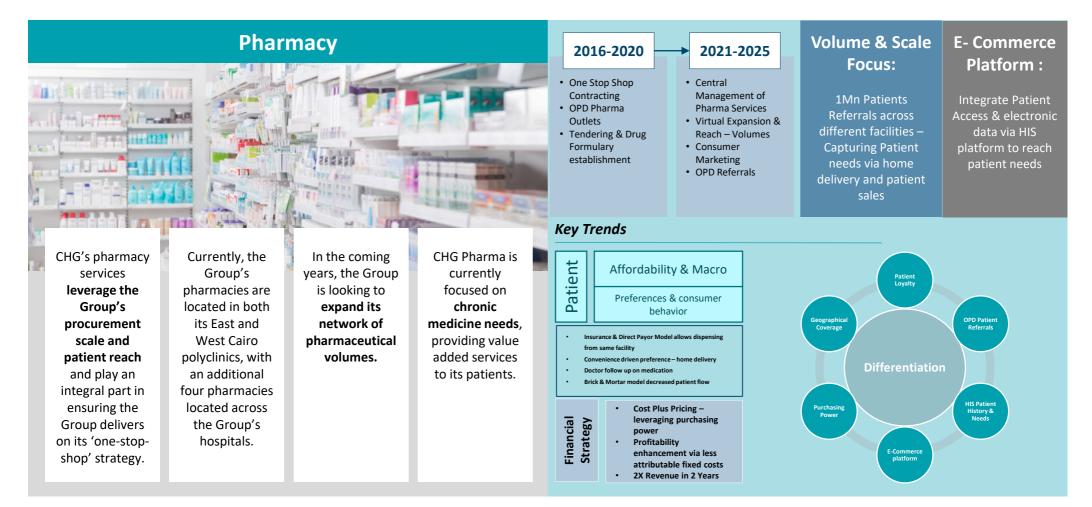
In line with CHG's strategy to further diversify its revenue streams and service offering, the Group has been expanding its diagnostics and pharmacy capabilities, with both segments representing areas of future expansion for the Group.



## **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.

#### **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



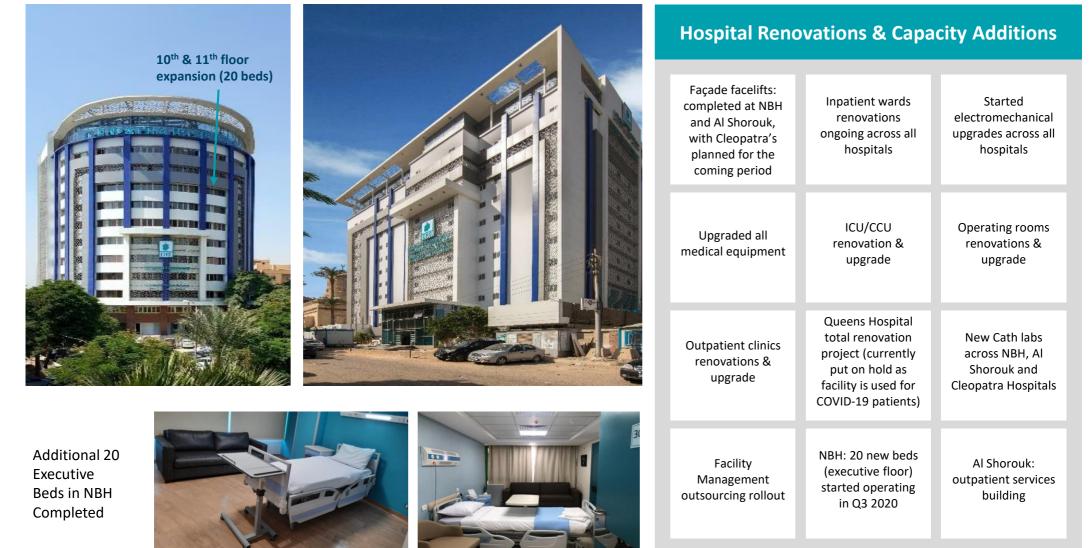
In early 2020, CHG partnered with Elbalto, Egypt's first telemedicine mobile app, to offer patients consultation and followups through video calls.

# 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.



#### **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.





#### **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.







- 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 & CHG satellite Clinics

2X Revenue in 2 Years

delivery

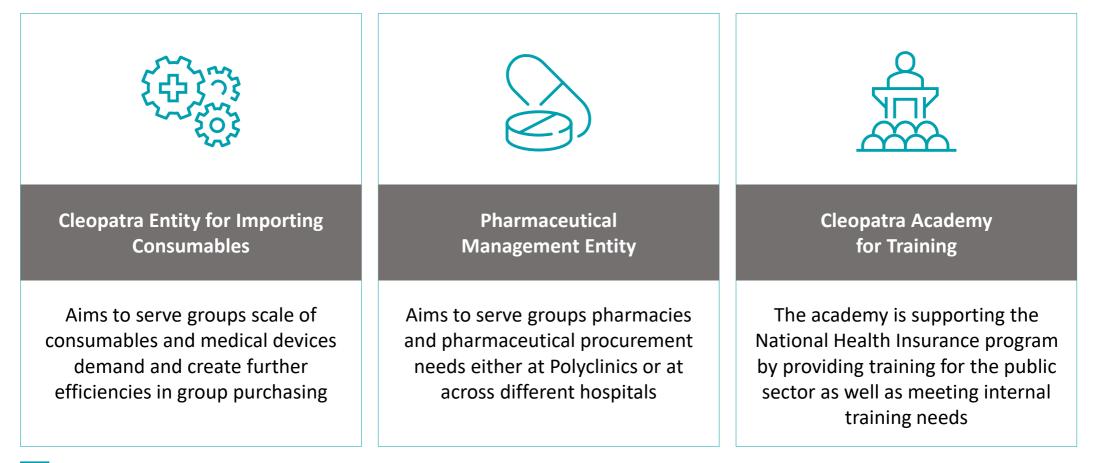
#### **Expansion Projects in Brownfield Hospitals in and around Greater Cairo**

#### **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

0

#### **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 Hospitals into COVID-19-dedicated facilities to isolate potential positive and confirmed COVID-19 patients and allow the remaining facilities to continue to operate normally.				



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



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

#### **()** Chg

#### **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.

CHG

Medical Council							
STEP	1	STEP	2	STEP	3	STEP	4
Patients flowing into the ER's of our four core hospitals CHC, CSH, NBH, ASH Patients are triaged and suspected COVID-19 patients undergo a full assessment including lab tests, chest CT's, and a swab is taken and sent to MOH for PCR COVID-19 testing			If results are positive and patient is asymptomatic, they are provided with the appropriate guidelines in line with MOHP protocols. If the patient requires hospitalization, they are transferred to Queens or El Katib Hospitals and MOHP is informed		Once the MOHP is informed they will either instructed CHG to treat the patient at one of the Group's COVID-19 facilities or arrange for the transfer of the patient to a dedicated government-run facility		
8000	•		)+ > > 1: -				<b>Queens</b> (East Hospital Referrals)
		H, NBH, ASH	<u> </u>			] (	<b>El Katib</b> West Hospital 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. Since mid-May, the facilities have treated more than 300 COVID-19-positive or suspected cases since their conversion. The majority of the treated cases involved patients requiring treatment at the facilities' ICU units.

Queens Hospital			El Katib Hospital				
COVID-19 CAPACITY	X-RAY	24/7	COVID-19 CAPACITY	X-RAY	24/7		
				רווויייין געוווייייין געוווייייין			
<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	Preparing the hospital to receive COVID-19-suspected patients came at very limited CAPEX expenditure as the hospital was already well-equipped and ideally positione to become a dedicated isolation and treatment facility			
Fully Trained Medical Team							



# 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 seen from successful implementation of HIS:			In parallel, the Group has enhanced its digital capabilities through:		
Improvement of the healthcare services quality	Consu	tory & mption gement	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 M	anagement	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	السكر بيعلي عليك ! هنجيلك أوفلايون المناها
implementation of clinical quality control West Cairo		ow operates in the East and Polyclinics, and Queens and leopatra Hospitals	CHG Innovation Hub – focused on helping and funding healthcare-focused startups	CLEOPATRA HOSPITALS GROUP video call app	



## 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 EgyptDr. Mohamed Awad Tag El Din Former Minister of Health
Dr. Sherif El Kholy Director	N Dr. Ahmed Ezzeldin Executive Member & Group CEO	Dr. Manal Hussein Abdel Razek Director
Mohamed Roushdy Director Samia El Baroudy Director		<b>Tarek Kabil</b> 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 that medical personnel are providing the best medical policy for all stakeholders to abide by 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 facilitation or bribery payments made all relevant services 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

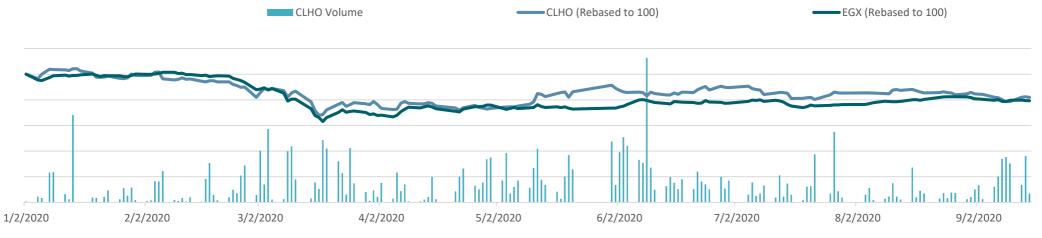
#### **BOARD COMMITTEES**

### **Key Investor Information**





#### **Cleopatra Hospitals Company Stock Performance**





# Appendix

## Additional Information and Financial Disclosures

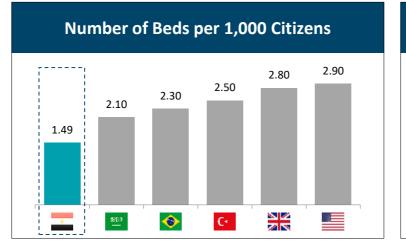


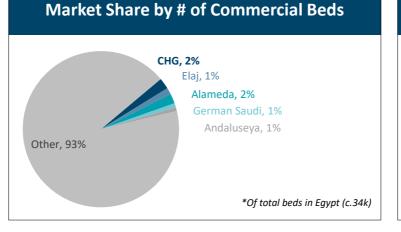
## A Unique Investment Story (I/III)



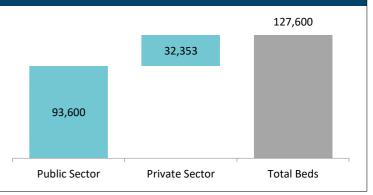
#### Market Leader in a Growing Market with Strong Long-term Prospects

- 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

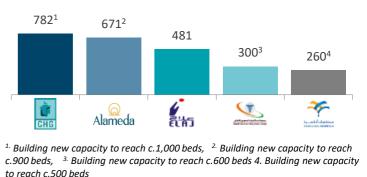




#### Egypt's Number of Beds Breakdown



#### Hospital Groups in Cairo – Bed Count



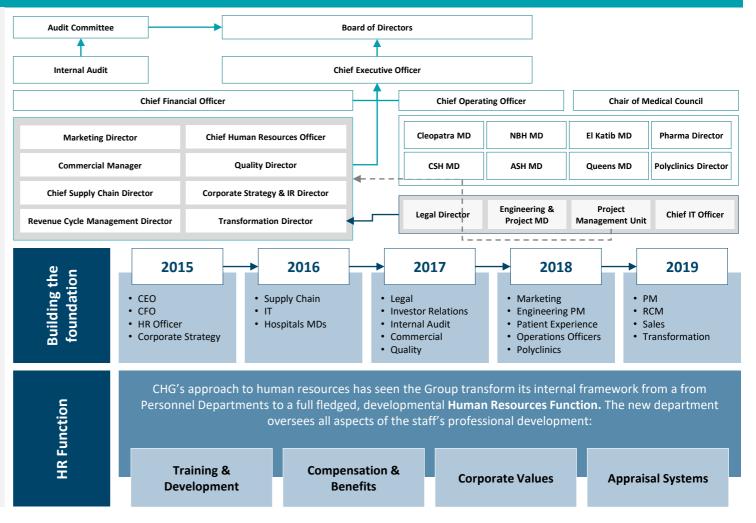
#### CHG

### 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
  - Enhancing utilization across all revenue streams
  - Case mix strategy
  - COE development
  - Capacity utilization

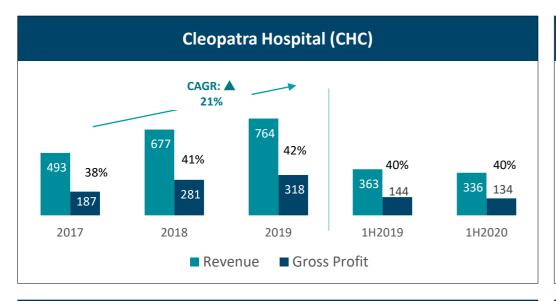


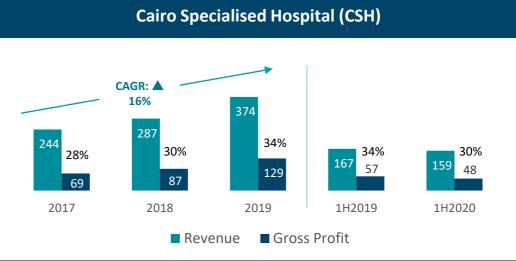
- Cost Synergies
- Inventory Management
- HIS system
- Group wide tenders
- Capex purchasing
- Medication tendering Pharma
- Material Planning

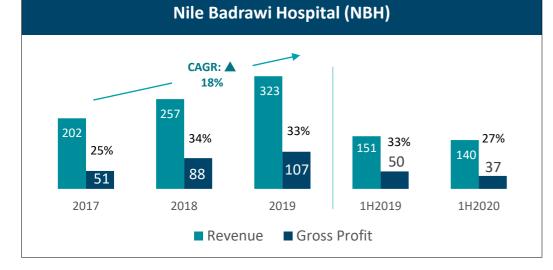


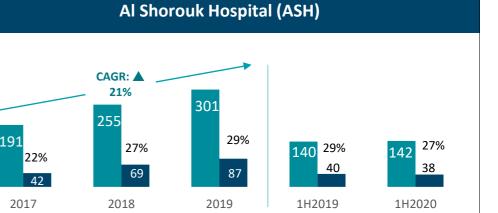
### **Financial Performance by Hospital**











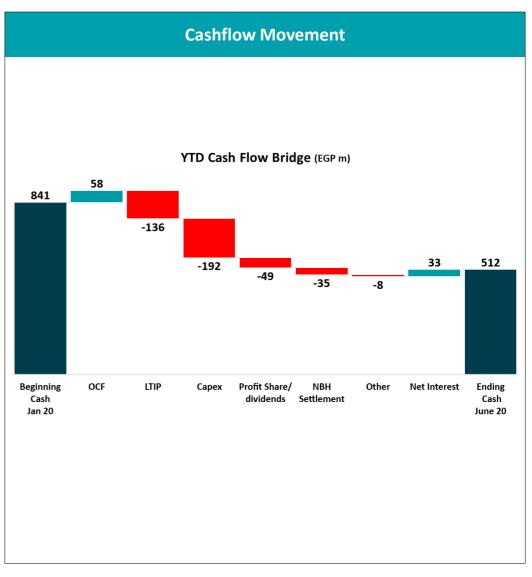
Gross Profit

Revenue

CHG

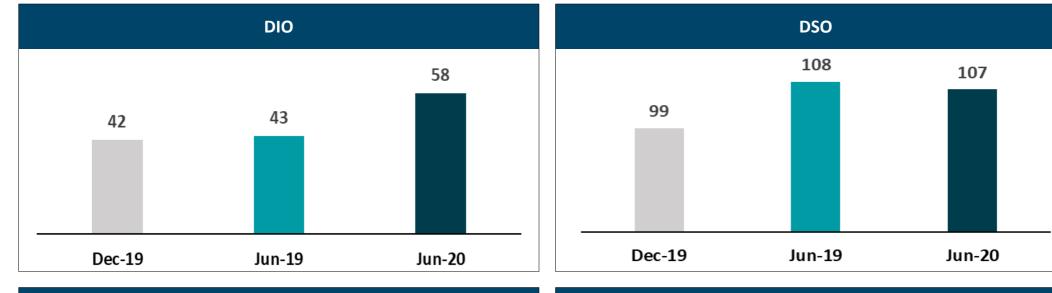
### **Balance Sheet and Leverage**

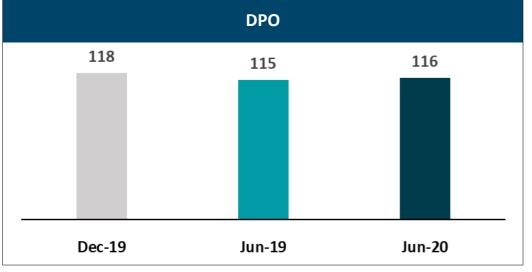
Balance Sheet Summary					
EGP 000					
Balance Sheet Summary	Dec-19	Jun-20			
Cash	841	512			
Inventory	49	67			
Debtors & other Debt balance	444	456			
Current Assets	1,335	1,035			
Intangible Assets	414	414			
Non-Current Assets	919	1,033			
Total Assets	2,667	2,482			
Overdraft & Short Term Loan	0	0			
Creditors & other Credit balance	652	415			
Current Liabilities	652	415			
Non-Current Liabilities	81	85			
Total Liabilities	733	500			
Net Assets	1,935	1,983			
Total Equity	1,935	1,983			
Leverages Ratios	Dec-19	Jun-20			
Total Liabilities / Total Assets	0.27 X	0.20 X			
Net bank debt / equity	-0.43	-0.26			

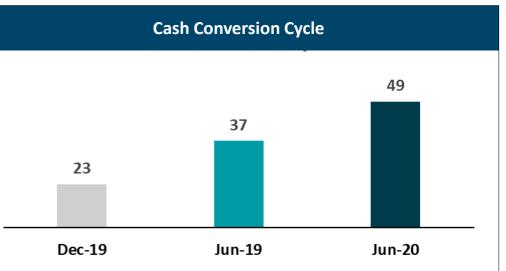


### **Cash Conversion Cycle**



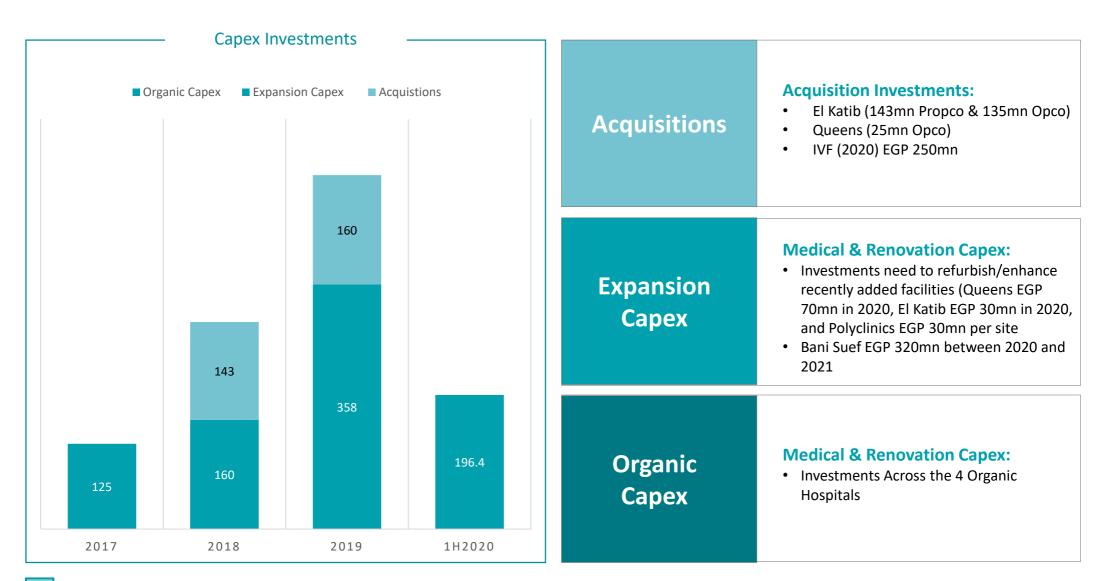






#### **Capex Profile**







#### **Consolidated Income Statement**



All figures in EGP mn	2Q2020	2Q2019	% change	1H2020	1H2019	% change
Revenues	340.2	409.1	-17%	843.1	825.0	2%
Cost of sales	(244.0)	(278.4)	-12%	(575.7)	(540.2)	7%
Gross profit	96.2	130.7	-26%	267.4	284.9	-6%
Gross Profit Margin	28%	32%		32%	35%	
General & administrative expenses	(80.5)	(91.5)	-12%	(150.5)	(190.2)	-21%
Cost of acquisition activities	(4.9)	(0.1)	0%	(4.9)	(0.6)	0%
Provisions	(1.7)	0.9	-297%	(5.6)	(1.8)	207%
Other income	2.1	2.1	3%	3.9	4.1	-5%
Pre-Operating Expenses	0.0	(3.4)	-100%	0.0	(3.4)	-100%
EBIT	11.2	38.6	-71%	110.3	92.9	19%
EBIT Margin	3%	9%		13%	11%	
Interest income	13.9	26.0	-47%	32.2	55.4	-42%
Interest expense	(0.6)	(1.7)	-64%	(1.2)	(4.8)	-75%
Profit before tax	24.5	63.0	-61%	141.3	143.5	-2%
PBT Margin	7%	15%		17%	17%	
Income tax	(9.8)	(19.3)	-49%	(39.5)	(45.6)	-13%
Deferred tax	(0.7)	(1.0)	-33%	0.2	(0.2)	-216%
Net profit after tax	14.0	42.6	-67%	102.0	97.7	4%
Net Profit Margin	4%	10%		12%	12%	
Distributed as follows:	40 5	40.7	500/	100 6	07.0	
Shareholders of the company	18.5	43.7	-58%	100.6	97.2	4%
Minority rights	(4.5)	(1.1)	329%	1.4	0.6	133%
Profit for the period	14.0	42.6	-67%	102.0	97.7	4%

CHG

#### **Consolidated Balance Sheet**



All figures in EGP mn	31 December 2019	30 June 2020
Non-current assets		
Fixed assets	908.5	1,017.0
Intangible assets	413.6	413.6
Right of Use	10.2	20.0
Payment under investment	-	-
Total non-current assets	1,332.4	1,450.7
Current assets		
Paid under subsidiaries capital increase		-
Inventory	49.3	63.0
Accounts receivables	337.2	347.9
Other receivables and debit balances	105.2	112.3
Due from related parties	2.0	0.5
Treasury Bills	50.1	121.8
Cash	791.3	390.5
Total current assets	1,335.0	1,035.9
Total assets	2,667.4	2,486.6
Equity		
Share capital	800.0	800.0
Reserves	284.4	288.3
Retained earnings	746.2	798.6
Equity attributable to the parent company	1,830.6	1,886.9
Non-controlling interest	103.9	99.1
Total equity	1,934.5	1,986.0
Non-current liabilities		
Long term debt – non-current portion	- ·	-
Non-current portion of lease liability	5.8	10.2
Deferred tax liability	74.8	74.6
Total non-current liabilities	80.6	84.8
Current liabilities		
Provisions	15.6	15.5
Creditors and other credit balances	442.3	375.6
CPLTD	- ·	-
Current portion of lease liability	2.7	5.3
Long term incentive plan	129.1	-
Current income tax	62.6	19.3
Total current liabilities	652.3	415.7
Total liabilities	732.9	500.6
Total liabilities & shareholders' equity	2,667.4	2,486.6



#### **Consolidated Cash Flow Statement**

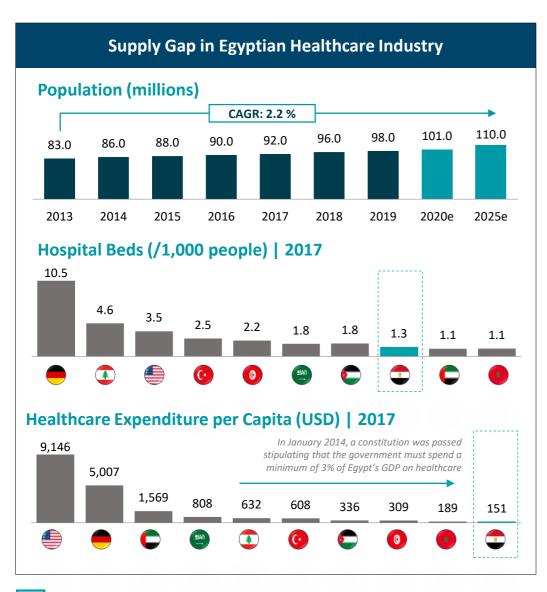


All figures in EGP mn	30 June 2020	30 June 201
Cash flow from operating activities:		
Profit before tax	141.3	143.5
Adjustments for:		
Depreciation	40.2	29.7
Allowance for impairment of current assets	25.6	40.9
Provision	(0.0)	(2.4)
Capital gain/Loss	(0.7)	(0.3)
Credit / Debit Interest	(31.0)	(52.7)
Changes in current tax liability	(82.8)	(84.0)
Share-based payments financial liabilities	7.8	53.3
Operating profits before changes in assets and liabilities	100.3	128.0
Changes in working capital:		
Changes in Inventories	(13.8)	(4.6)
Change in trade receivables, debtors, and other debit balances	(7.1)	(84.9)
Changes in Due from related parties	1.5	1.7
Change in trade and other payables	(19.2)	25.5
Change in trade and other payables	(136.8)	-
Net cash flows generated from operating activities	(75.2)	65.8
Cash flow from investment activities:		
Proceeds from sale of fixed assets	0.7	0.6
Payments for purchase of fixed assets	(37.3)	(29.7)
PUC purchased	(121.2)	(66.6)
Advanced payments for purchase of fixed assets	(37.8)	(70.2)
Payments for acquisition of a subsidiary, net cash acquired	(6.6)	(25.0)
Payments under investment	(35.5)	-
Credit interest collected	34.0	55.6
Time deposits with maturity more than 3 months	50.1	-
Net cash flow from investment activities	(153.8)	(135.4)
Cash flow from financing activities:		
Proceeds from Minority Share in Subsidiary Cap Increase	-	_
Dividends Paid	(48.9)	(31.9)
Repayment of borrowings		(95.1)
Cash proceed from overdraft		53.9
Cash paid to overdraft	-	(43.9)
Interest paid	(1.2)	(15.4)
Net cash flow from financing activities	(50.0)	(132.4)
Net change in cash & cash equivalents during the period	(279.0)	(202.0)
Cash & cash equivalents at the beginning of the period	791.1	953.4
Cash & cash equivalents acquired subsidiaries at beginning of period	-	0.6
Cash & cash equivalents at the end of the period	512.3	752.0





# Underserved and Under-penetrated Market with Steady Demand Growth



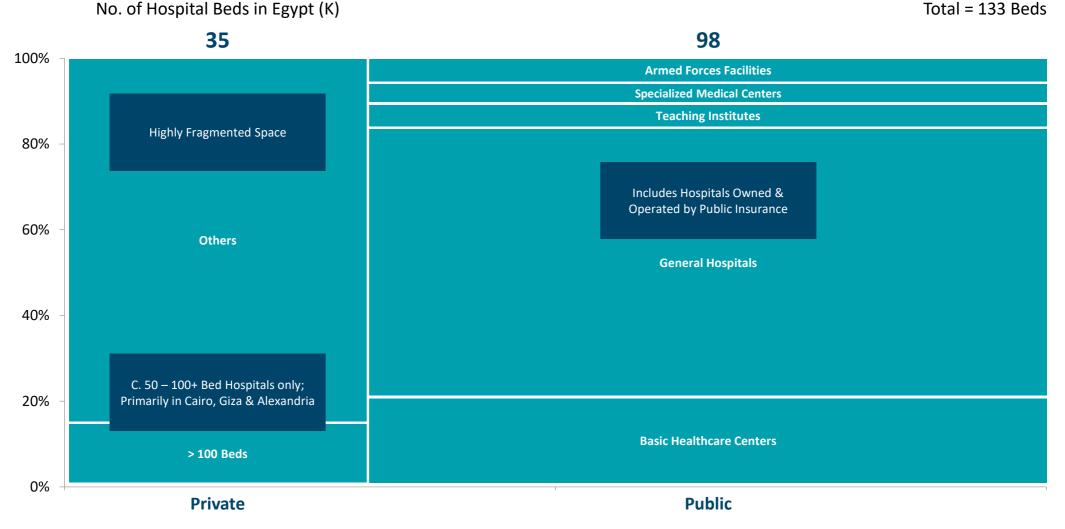
#### Healthcare Expenditure in Egypt Public vs. Private Healthcare Expenditure | EGP bn 102 104 104 106 108 118 124 113 130 70.9 73.8 68.1 65.6 63.6 63.5 63.2 62.9 63.3 50.1 53.1 56.2 47.3 42.4 44.6 38.8 40.2 41.1 2014 2015 2016 2017E 2018E 2019E 2020E 2021E 2022E Public Private

#### Lifestyle Disease Profile in Egypt 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 ਤ ਤ X N <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 7.9 \$540 0 0\*



### 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



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

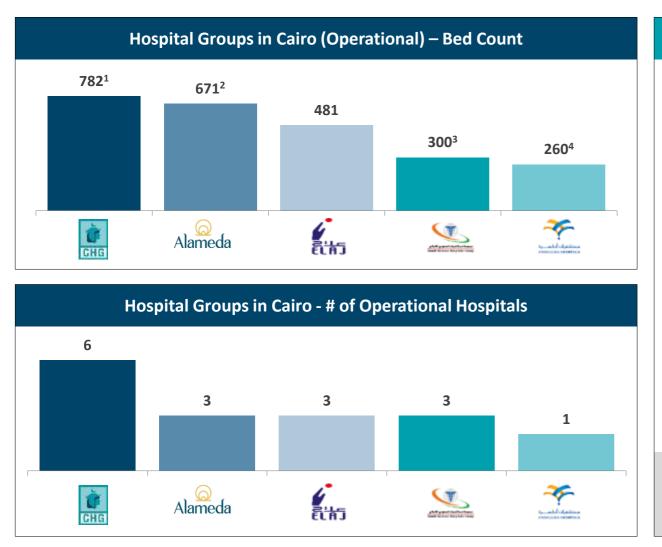


	Large Hospitals (100+ Beds)	Medium Hospitals (50 – 100 Beds)	Small Hospitals (<50 Beds)
Level of Care	<ul> <li>Large multi super-specialty care centers with ability to do high-complexity cases</li> <li>Coverage across care continuum (potentially emerging tertiary care across key specialties)</li> <li>Potentially include CoEs with focus on 1- 2 key specialties</li> <li>Comprehensive OP, pharmacy, diagnostic (imaging &amp; pathology), trauma / ER, etc.</li> <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	0 - 50 50 - 100	
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)	<b>Mid – Low</b> (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		

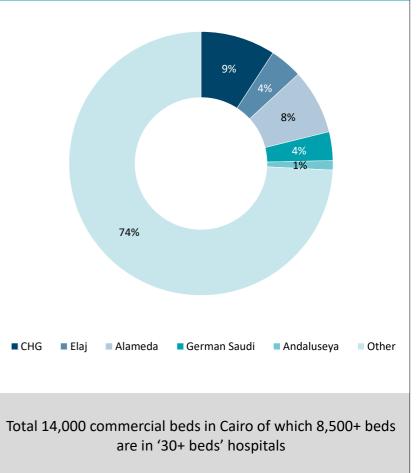


### **Greater Cairo Hospital Groups by Commercial Bed Count**





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

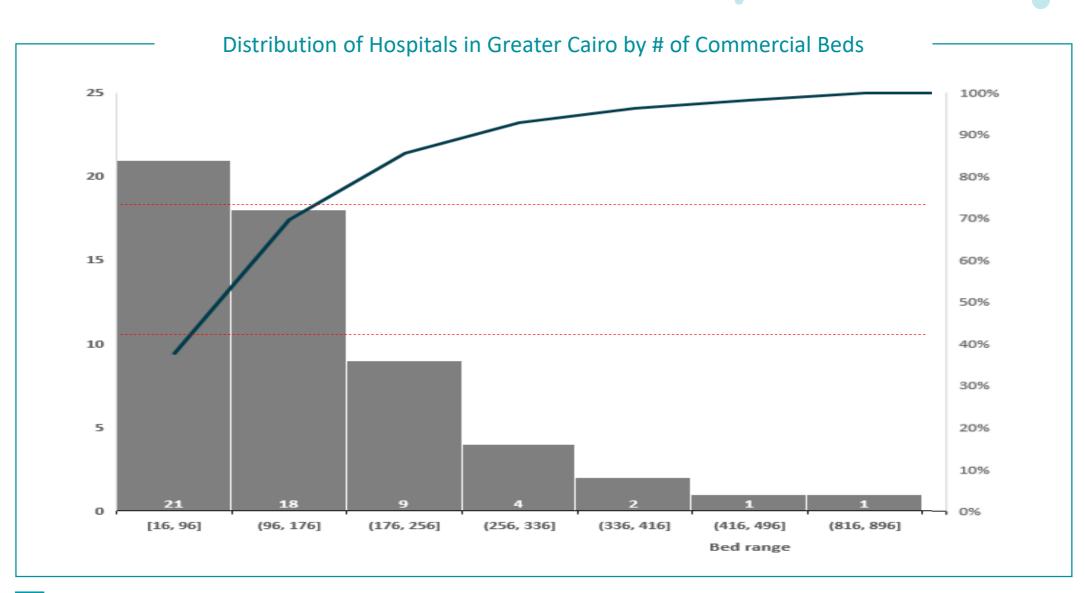


 Building new capacity to reach c1,000 beds
 2. Building new capacity to reach c900 beds
 3. Building new capacity to reach c600 beds

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

4. Building new capacity to reach c500 beds

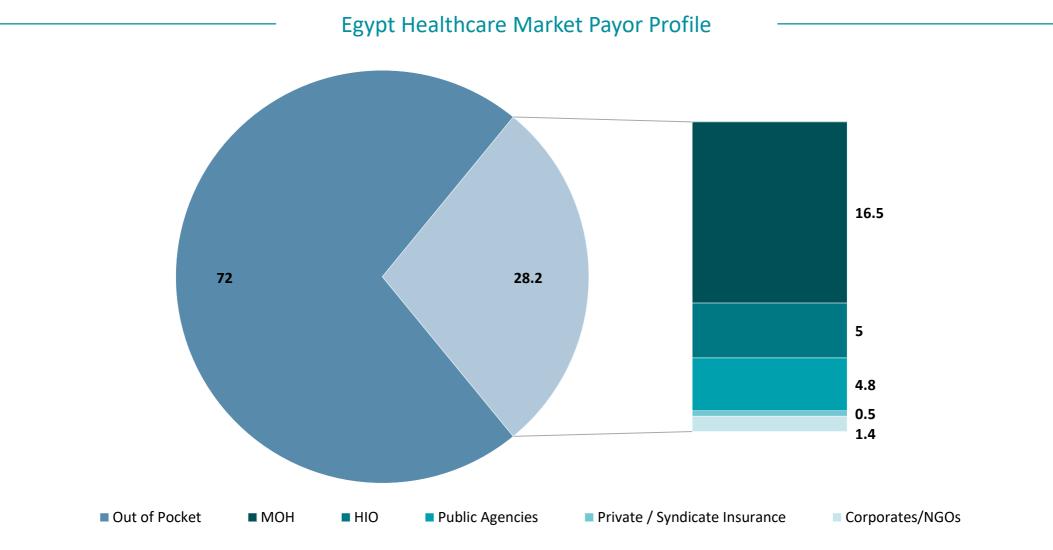
### **Greater Cairo Distribution of Hospitals by Commercial Beds**





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







## Thank you

#### **INVESTOR RELATIONS CONTACTS**

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#### Cleopatra Investor Presentation 1H20

SHAREHOLDER INFORMATION

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

