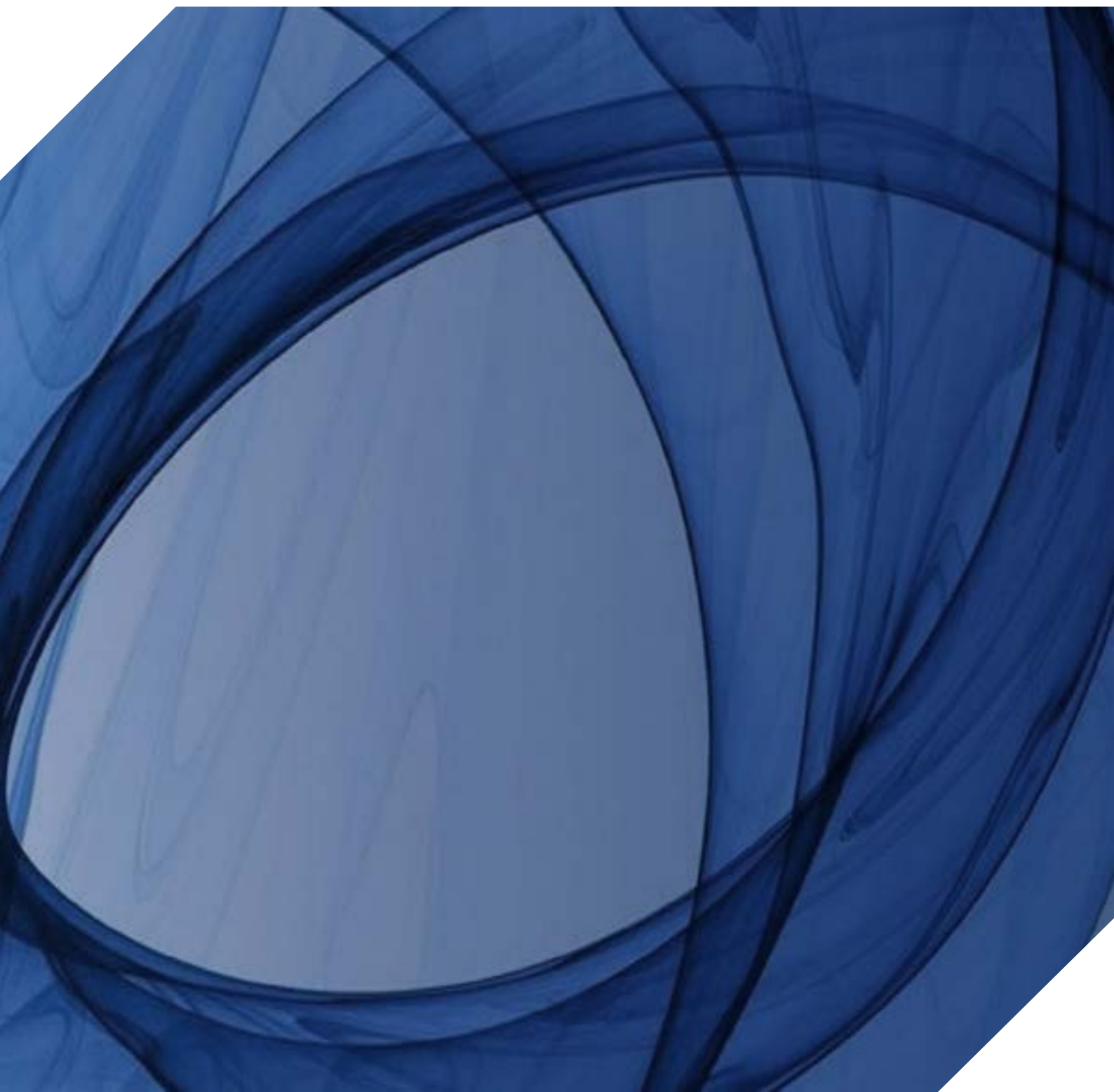


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THE MENA REGION VS COVID-19: ONE CHALLENGE, COMMON STRATEGIES?

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The coronavirus pandemic is the first truly global event of this century. From mainland China, Covid-19 spread quickly to all continents, exposing significant disparities in the responses from different societies and political regimes. The MENA region has been no exception, showing substantial variations in the measures adopted by governments and in the reactions of citizens to the crisis. And while deep uncertainty looms over the medical impact of the coronavirus pandemic in countries with fragile and underfunded healthcare systems, the potential economic and political effects on the region are even more worrisome: especially after a decade of instability and radical transformation. How will these conditions affect regional responses to the crisis? What are MENA governments doing to address the potential impacts of the Covid-19 pandemic? And how is the crisis affecting the geopolitics of the region?

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Covid-19 in MENA: Toward a Shift in the Regional Balance of Power

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The spread of Covid-19 has not spared the countries of the Middle East and North Africa (MENA), all of which are to varying degrees engaged in the fight against the new, common enemy. On 6 April, there were 71,500 recorded cases in the MENA region, with the highest number in Iran (over 58,000), the epicentre of the virus in the region. According to official figures, there are 16 confirmed cases in Syria, 18 in Libya and none in Yemen. While it is obviously impossible to check actual data in conflict-ridden countries, there are many doubts as to the reliability of the figures announced by the governments in the region, as even the World Health Organization has warned. Egypt's reported 1,117 cases, which seem particularly low for a population of over 100 million, is especially surprising.

Although every MENA country has adopted measures to contain the spread of the virus, there is no escaping the fact that here too, as in other regions of the world, the responses have not been as swift everywhere. And even where they have been, they are unlikely to



be able to protect such vulnerable systems as those of the MENA region. Moreover, here more than elsewhere, the pandemic overlaps with hitherto unresolved political, social and economic challenges and could exacerbate pre-existing tensions, thereby turning the area into a huge powder keg waiting to explode.

The most immediate and greatest fear is over how fast the disease can spread in those areas where access to water and electricity is scarce or restricted, hygiene measures are inadequate and social distancing is difficult to implement due to the high density of the population, as in the Gaza Strip or Egypt's urban areas, not to speak of the refugee camps in the Near East, where the impact of coronavirus could be devastating. But there is also concern about the resilience of fragile healthcare systems with inadequate infrastructure and a paucity of health workers, ill-prepared to cope with an emergency that is putting even the most advanced countries under heavy strain. Over the years, the governments in the region have preferred to pour their resources into military spending rather than investing in healthcare, with health expenditure ranging from 0.6% of GDP in Yemen to 4.6% in Israel.

When the number of infections began to rise and the first deaths were recorded from early to mid-March, schools, universities and mosques were closed and a host of social activities were stopped in a bid to contain the pandemic. Many countries declared a state of emergency, imposed curfews, sealed their borders, cancelled flights and severely restricted or banned domestic travel.

But in countries already characterised by strict restrictions on individual freedoms, the exceptional measures adopted by governments to avoid total collapse have only ramped up the regimes' control over their citizens. Such control, exercised by branding as 'fake news' any report that contradicts official information and clamping down on any criticism, is especially tight when it comes to information relating to the pandemic. An emblematic case is that of a journalist from the Guardian expelled from Egypt for reporting on a Canadian study estimating the number of cases in the country to range from 6,000 to over 19,000. The situation is not different in Algeria, where criminal charges can be brought against journalists who publish different figures from those issued by the Ministry of Health. A war of numbers is also underway in Turkey, where widespread criticism has been voiced on social networks for inadequate information and lack of transparency. Here, the recent disclosure of figures on the regional spread of coronavirus by the [Turkish Medical Association](#) has led to a crackdown by the authorities. Throughout the region there is a danger that tighter controls may stretch beyond the need to contain the pandemic, further eroding public trust in government as a result.

No less concerning is the economic and social fallout on already hard-hit economies caused by the slowdown in global growth – particularly that of the Chinese and European economies with which the region has close economic and energy ties – and the worldwide lockdown. While as yet it is difficult to quantify what the



actual economic impact of the pandemic will be, the first negative effects have already hit tourism and remittances, which are key sectors for MENA countries. Tourism revenues account for 16% of GDP in Tunisia, 12% in Egypt, and 11% in Morocco and the United Arab Emirates.

Each country is responding according to its means. In Morocco, the government has made available USD200 million to strengthen the healthcare system. In Libya, the Government of National Accord led by Fayez al-Sarraj has allocated USD350 million to tackle the coronavirus, while Egypt has launched a USD6.35 billion package to prop up its economy. Meanwhile, Iran, battered by international sanctions and the health emergency, has made a request for funding from the International Monetary Fund, for the first time since 1962, in the form of a [USD5 billion loan](#).

The rich monarchies of the Gulf Cooperation Council (GCC), for their part, have launched substantial packages to stimulate economic growth – ranging in value from USD34 billion by the United Arab Emirates to USD1.5 billion by Kuwait, with the GCC as a whole pledging over [120 USD120 billion](#) in all – and are able to tap into substantial foreign currency reserves. Yet the consequences of the collapse in crude

oil price and long-term prospect of low oil prices could stretch well beyond the economic impact and undermine the stability of systems where political and social consensus relies directly on the redistribution of oil revenues. Furthermore, the foreign aid that the oil exporting monarchies have been giving to other countries in the region, like Jordan and Egypt, could also be affected and fall substantially as a result. Some economists estimate that GDP growth across the MENA region in 2020 will be [2.1%, down from the initially projected growth of 2.8%](#), and 1.7% for the GCC alone. But the reduction could be much greater.

While it is hard to predict what the pandemic's political, economic and social consequences will be, from a geopolitical perspective it is not inconceivable that it will lead to a shift in the regional balance of power, with China playing a bigger role. Beijing has been particularly proactive in lending support to governments across the region – from Algeria to Tunisia, and from the Palestinian National Authority to Iran – by supplying medical equipment and sharing medical expertise. Beijing's so-called '[mask diplomacy](#)' – with over 250,000 masks donated to Iran – could be the prelude to a policy that extends beyond the protection of China's economic and energy interests.



Three Points About the MENA Region's Post-Covid-19 Future

Eugenio Dacrema
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Probably not even Nassim Nicholas Taleb in person could have imagined a better example of a black swan. COVID-19 is "the non-predictable" event par excellence, with non-predictable developments and non-predictable outcomes. Even people like us, who for a living formulate everyday analyses and forecasts about present and future events, cannot even begin to outline credible hypotheses about the very communities we live in. Hence, any attempt to formulate future scenarios for an entire region like the Middle East – which tends to be quite unpredictable even in normal times – would be scarcely credible.

However, at least three considerations can be made looking at the (very) little that we know about the current situation and the trends that we had seen developing over the months preceding the pandemic's outbreak. To do that it is also useful to look at the lessons coming from other regions currently dealing with the virus.



In fact, in Europe, and especially in Italy, we are starting to have a clear idea of what impact COVID-19 can have on populations and healthcare infrastructures. It is noteworthy, for example, that most contagions in Italy occurred in the northern region of Lombardy, by far the country's richest. Last year, Lombardy's healthcare system scored 9.9 out of 10 in the OECD healthcare ranking, positioning itself as one of the most efficient worldwide. Not at all impressed by such a score, COVID-19 overwhelmed Lombardy's hospitals in less than two weeks.

Looking elsewhere, Germany has managed for weeks to keep the pandemic's death rate remarkably low thanks to a massive test campaign – half a million tests per week. However, now that the contagion has become widespread, even Germany's death rate has begun to look like those of the other European countries.

These examples help give a credible picture of the kind of pressure healthcare systems all over the world may face rather soon and what sort of impact the pandemic may have on countries possessing few and underfunded hospital networks or that cannot afford to purchase millions of tests for their citizens. Such a situation is even more worrisome if one looks at the limited measures introduced in several MENA countries to contain the contagion, which usually entail only limited and/or scarcely enforced lockdowns, such as night curfews. It is worth remembering that these days Lombardy's hospitals are still operating

at overcapacity despite more than two weeks of extremely severe lockdown, which brought the region's notoriously smoggy sky (one of Europe's most polluted) back to its XIX century pollution levels.

Of course, compared to Europe MENA countries enjoy also some advantages. For instance, a warmer climate – which, some say, may be of help against coronavirus (although no conclusive scientific proof has been provided yet) – and a significantly younger population, which should be able to withstand the virus's symptoms more easily than Europe's elderly. However, it is not difficult to imagine that the impact of COVID-19 will be dire, probably a lot direr than what even the region's most forward-looking leaders have imagined so far.

This brings us to a second important point: such dire consequences will not impact a region that was previously in good political and socioeconomic health. Saying that the economic consequences of the pandemic may bring most MENA countries to the brink of collapse would be a gross underestimation of the situation. In fact, numerous MENA countries were ALREADY on the brink of collapse long before a Chinese pangolin's virus decided to mutate into something affecting humans. Lebanon, for instance, declared default on its debt a few days before the country's first contagion case was officially announced. Furthermore, countries such as Lebanon, Algeria, Sudan, and Iraq had already seen months (if not entire years) of instability and social mobilization before COVID-19's



arrival. If the inception of the COVID-19 crisis, on the one hand, may spare local governments from facing more demonstrations in the next months, on the other it may contribute to worsening the very socioeconomic challenges that caused such protests in the first place. Unequal access to healthcare, lack of welfare safety nets for these countries' millions of informal workers (who, unlike their richer fellow citizens, will be likely forced to keep working to support their families at their health's risk), and lack of budgetary space for fiscal stimuli to buffer the crisis' economic impact can only lead to increased grievances and anger ready to explode once social distancing will no longer be a necessity.

But, in the meantime, social distancing IS a necessity, and this leads to a third crucial element likely to be part of the post-COVID-19 scenario: the relative freedom of action that governments in the region are going to enjoy over the next months, which may be crucial to ensuring their survival. As we have already seen in numerous regions around the world – including Europe, with the Hungarian case – the coronavirus crisis is being used by several leaderships as the perfect excuse to introduce police-state-style measures that are unlikely to be lifted once the crisis is over. The Middle East has all the characteristics – increasingly rebellious populations, economic decline, almost no reform-minded leaders (to use a euphemism) – to be the perfect

laboratory for these kinds of policies. In Egypt, Al-Sisi's regime has already shown during the first weeks of the pandemic that it is more interested in cracking down on journalists reporting on it than in containing the contagion. In Algeria, the new president, Abdelmadjid Tebboune, introduced new legislation to manage the virus crisis which, among other things, bans all public protests. In Israel, Prime Minister Netanyahu has used the current crisis to postpone his corruption trial and block any attempt to end his premiership.

In sum, increased popular mistrust and discontent, economic ruin, and expanded securitization of local societies are the three elements most likely to compose the post-COVID-19 scenario for the Middle East. A region that in a year from now is likely to look like one of those unexploded bombs from old wars that sometimes people find around the world. People expect them to explode at some point and thus isolate and guard them to try to defuse their detonation devices. However, many times, despite all efforts to prevent it, they explode anyway during the operation, causing even more harm than if they had just been left underground. Analogously, some political and socioeconomic bombs, especially if left underground simmering for months, may become simply impossible to defuse, despite local regimes' early preparations to contain them.



GCC Economies to Struggle After Oil Prices “Go Corona”

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The coronavirus – officially known as COVID-19 – crisis has escalated dramatically over the past few weeks, in a way that has shocked billions of people, and taken many politicians around the world by surprise. The economic repercussions of this crisis have plunged the global oil and stock markets to record lows, while the measures taken by governments and central banks to contain the situation were unprecedented.

In Gulf Cooperation Council states, a combination of demand-side pressures from COVID-19 and the subsequent collapse of the OPEC+ supply-cut agreement has led to a rapid deterioration of the GCC's economic outlook.

The effect of low oil prices on the economy is already being felt across the region and prompted Gulf governments to move quickly to deal with the new situation. Indeed, the six members of the Gulf Cooperation Council unveiled a \$120 billion, (Saudi Arabia: \$32 billion, UAE: \$34.3 billion, Oman: \$20.8 billion, Qatar:

\$20.6 billion, Bahrain: \$11.4 billion, and Kuwait: \$1.5 billion), emergency support package to contain the economic downturn.

That said, the economic outlook for the Gulf states this year is still bleak. According to the International Monetary Fund (IMF), GCC countries are expected to post deficits in 2020 and possibly slide into recession. The GCC's fiscal deficits are now projected to reach 10-12% of GDP in 2020, implying additional financing needs of around \$150 billion to \$170 billion.

Lower fiscal revenue suggests that GCC governments will contain or reduce spending, whilst widening fiscal deficits are most likely to push public debt up substantially across the Gulf region. Most countries in the region still have low public debt, but the pace of accumulation will almost certainly rise in the near-term.

Diversification, which is the banner of economic policy in the region, may receive a severe blow due to the current circumstances. Certainly, non-oil sector growth is now projected to fall significantly this year, and shrink in the case of Saudi Arabia for the first time in more than three decades, according to the Institute of International Finance (IIF).

The GCC reserves and sovereign wealth funds (SWF), while still large, are likely to decline, as these are used to finance both fiscal deficits and economic stimulus measures. For example, the decline in SWF assets could exceed \$300 billion this year, according to the IIF.

And the collapse in oil prices is exposing a divide between Gulf States. The United Arab Emirates (UAE), Qatar and Kuwait are comparatively well-insulated against an oil price downturn, given their relatively small populations, their large financial buffers and low levels of public debt. As such, their fiscal adjustments are expected to be more moderate.

Saudi Arabia, while also benefiting from large financial buffers and low public debt, has a much higher fiscal break-even, and is therefore under more pressure to consolidate. Riyadh has already announced about \$13.3 billion in budget spending reductions.

Bahrain and Oman, however, stand out as the GCC's most fiscally vulnerable. Both countries have high debt-to-GDP ratios, fiscal break-even oil prices and small sovereign wealth funds compared to the rest of the bloc, indicating more pressure to consolidate.

Oman has already approved a 5% budget cut to different ministries to help contain the deficit and has instructed state-owned companies to reduce current spending by 10% and pause capital outlays. Worryingly, the Fitch rating agency noted in a recent report that Oman's inability to issue debt beyond the next few months would seriously threaten the sustainability of its currency peg.

These economic difficulties of the Arab Gulf states come on top of other regional problems such as the war in Yemen, US-Iranian tensions, and worsening regional conflicts. This is in



addition to, of course, the pressures caused by lockdowns and attempts to contain the spread of the virus.

These conditions are likely to have negative impacts among GCC countries. The existing tensions due to the crisis with Qatar could be exacerbated as a result of the Saudi-led price war, particularly if the economic downturn persists.

Social instability risks also are rising in Bahrain and Oman as economic conditions deteriorate. With governments set to tighten spending in response to the plunge of oil prices and the consequences of the spread of the coronavirus, this will weigh on both governments' abilities to fill the gap with public sector employment. This implies a higher risk of renewed social

discontent over the medium term, or after containing the coronavirus.

All these developments indicate that Gulf states may sooner or later face difficult or perhaps politically sensitive options, including rolling out more taxes, more austerity measures and further reduction in government spending, or continue to deplete their financial reserves.

Against this backdrop, Saudi Arabia could strike new agreements and eventually reverse its current course by paring back production and allowing oil prices to recover. Any related upswing in prices would, of course, have a major positive impact on public finance forecasts across the Gulf region. However, the current crisis once again demonstrated that dependence on oil is not a sustainable policy.



Coronavirus: Time for Health Diplomacy with Iran

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Iran ranks third, after Italy and China, for the number of coronavirus deaths worldwide. As of March 19, 1,284 people have died and 18,407 have been infected, according to the Iranian Ministry of Health. The World Health Organization (WHO), however, suspects the actual numbers could be five times higher. As in many other countries struggling with the coronavirus pandemic, a paucity of tests means the actual extent of the crisis is unknown. Iran, moreover, suffers of another vulnerability: as the new coronavirus is particularly lethal among people with chronic respiratory illnesses, there is an estimated 100,000 Iranians who suffer of such conditions as a result of having been exposed to chemical-weapons attacks by Saddam Hussein during the 1980-88 Iran-Iraq War.

As the government appears to be digging mass graves in order to cope with an out-of-control number of deaths, the hospital system – usually performing well on the regional average – struggles to take care of the infected, as doctors and nurses fight on the frontline while also trying to keep the spirits up. Among the

population, many are self-quarantined, many others try to keep calm and carry on, others again gather to protest against measures such as the closure of the mosques imposed by the government early this week. While there is not a single and unified reaction, what seems to be prevailing in these days is a sense of uncertainty and suspension: that edge-of-the-cliff sensation that Iran has been experimenting for multiple times in the last months.

But apparently the worst has yet to come: researchers at the Sharif University of Technology in Tehran elaborated three scenarios for the spread of the coronavirus: in the best-case scenario – i.e. the government quarantines all high-risk areas, people strictly obey these rules, and access to sufficient medical supplies is guaranteed – the peak of the pandemic would be reached in one week, with the death toll exceeding 12,000. If people half-cooperate, the death toll would increase to 110,000. In the worst-case scenario, i.e. the government being unable or unwilling to enforce a full quarantine, people not cooperating, and medical supplies being unreachable, the peak would be reached only at the end of May, and the death toll would rise to 3.5 million. It seems quite clear at this stage that the best-case scenario is fully out of reach: the government has not – yet – imposed a full quarantine, and medical supplies are off-limits due to persisting US sanctions.

THE IRANIAN RESPONSE

But how did we get there? As other governments worldwide, Iran too was taken

by surprise, coming up with a delayed response. In the initial stage, Tehran did not take precautionary measures to restrict and monitor travellers from China, as Beijing is currently providing an important lifeline to Iran's struggling economy. Nevertheless, it is impossible to correctly assess the difference those measures could have made, as the coronavirus can have reached the country way before the global alarm rang. In the following stage, however, what caused the virus to spread was the restraint to impose a full national lockdown, mainly for fear of further harming an already battered economy. The initial restraint at closing shrines, for fear of alienating religious devotees, also caused the epidemic to grow. The government has thus tried to contain the spread of the virus by restricting access to severely hit cities and provinces – such as Qom and Gilan –, by promoting social distancing, and by undertaking severe sanitation efforts. More recently it took the unprecedented step of closing shrines and cancelling the Friday prayer in major cities. It also released on temporary furlough 85,000 prisoners, among which the Iranian-British dual national Nazanin Zaghari-Ratcliffe and the American citizen Michael White.

Most of all, the current crisis has revealed in all its urgency the dramatic humanitarian implications of the strict US sanctions regime: Iranian Foreign Minister Mohammad Javad Zarif called for the suspension of such sanctions, also providing a list of the medical material Iran urgently needs and is prevented access to. As a matter of fact, anyone seeking to trade via the recently established Swiss channel is required



to receive a written undertaking from the US that they will not be sanctioned for sending medical supplies to Iran. Tehran also took the unprecedented step of requesting a 5\$ bn loan to the International Monetary Fund (IMF), although it is unclear if it will ever receive it, as the United States may use its veto on the IMF board to block the transfer of funds to Iran.

Moreover, a lack of clarity and some competition among different power centres in Iran further complicates the picture. While President Hassan Rouhani rejects the hypothesis of a full national lockdown, the military seems prone to impose a curfew. Mohammad Bagheri, the chief of staff of the armed forces, said he intends to bring the situation under control within 10 days. Iran's Supreme Leader, ayatollah Khamenei, seems to be trying to manage these contrasts, by stressing the need for coordination and national unity.

A PERFECT STORM GATHERING

While it is unclear what will come next, it seems like Iran is in the midst of a perfect storm. A storm which began in May 2018, when the USA unilaterally withdrew from the Joint Comprehensive Plan of Action (JCPOA) and imposed punitive sanctions on the country, which severely hurt the Iranian economy. Since then, the Iranian population has been caught in the middle of this storm: the growing confrontation between Washington and Tehran that over the last months has repeatedly brought the two countries to the brink of war; the massive demonstrations that erupted in Iran

following the government's decision to raise gasoline prices and the bloody suppression that followed; the US killing of Qassem Soleimani and the Iranian accidental shoot-down of a Ukrainian airliner.

While the coronavirus pandemic is a tragedy worldwide, it is clear that for Iran it comes at the worst-possible moment. While other countries, as in the European Union, are trying to mitigate the devastating impact of the economic crisis that will follow by providing social safety nets and by adopting macroeconomic policies to prevent economic collapse, Iran will struggle to provide a safety net for its population, further aggravating the legitimacy crisis the Islamic Republic is currently going through.

This is exactly the chaos scenario which the US administration seems to be betting upon. The decision, early this week, to introduce further sanctions exactly as Iranian leadership and the international community call for a relaxation of existing measures, indicates that the Trump administration still considers "maximum pressure" as the best strategy to achieve its goals, despite the evident failure of such a strategy over the last months.

CONCLUSION: A TIME FOR HEALTH DIPLOMACY

Instead, this would be the time for some health diplomacy, just like the one the US found in the past with China during the SARS outbreak (but escapes Sino-American relations today). Diplomacy, in this moment, could prove useful in de-escalating tensions between Iran and the US and could give Iranian people some relief



from the daily suffering they are subject to. The medical furlough Iran has granted to US citizen Michael White could represent a first step in this direction. It is up to the United States now to correspond with some sanction relief which could offer temporary respite and provide a basis for future negotiations.

A little diplomatic breakthrough seems to be currently undergoing in the Gulf, as four members of the Gulf Cooperation Council (Qatar, the UAE, Kuwait, and Oman) have so far expressed solidarity and delivered aid to Iran. While this was somehow expected from Qatar, Kuwait, and Oman, the Emirates response seems to be corroborating the de-escalation efforts carried out by the UAE towards Iran over the last months. Still missing, however, is Saudi Arabia (and Bahrain). For Riyadh, too, this could be an occasion to mitigate tensions with Tehran, while opening up a pathway for regional cooperation on specific, this time health-related, common concerns. As the

global nature of the pandemic has revealed, there are no borders, no walls, and most of all no armies which can substitute for inter-states cooperation.

Lastly, as far as the European Union is concerned, an increased and twofold diplomatic effort would be welcomed. While Europe struggles with the coronavirus pandemic itself by closing its external borders, it should not abdicate its aspiration to play a global role: this should translate in this moment in pressuring the United States to provide Iran with sanctions relief and in trying to facilitate a regional initiative in the Gulf bringing together Iran and the GCC in coordinating a common response to the shared coronavirus threat.

If there is one lesson the coronavirus pandemic is teaching us, this is that as we are all sailing in uncharted waters, we should all be looking for opportunities to try to get the best out of the current crisis.



How a Fragile Iraq Is Facing the Covid-19 Challenge

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The COVID-19 pandemic hit Iraq in late February, when the country was in its most fragile and vulnerable state and its caretaker government had been in deep hibernation since the start of mass protests in October 2019. Combined with the sharp drop of oil prices, this new blow is likely to further complicate the security, political and economic dynamics that have plagued Iraq for more than a decade.

Iraq's first case of COVID-19 was an Iranian student attending classes in Najaf, the Shiite holy city and top clerical centre. He was diagnosed on 22 February 2020, quarantined and sent back home. However, it was not long before dozens of patients, almost invariably associated with visits to Iran, were identified across Iraq's provinces, including the Kurdistan Region (KRI).

Initially, the Iraqi government was relatively slow to respond. Although they announced the closure of all border crossings with Iran in late



February (only admitting returning Iraqi citizens), the numerous crossings remained porous and life on both sides of the border continued as normal for some time. It was mid-March when the Iraqi cabinet met and announced a series of strict measures, including a curfew in Baghdad, banning travel between provinces and authorising governors to impose curfews locally. The authorities (in Baghdad and Erbil) later created crisis units with branches in each governorate and developed comprehensive programs to limit the spread of the virus.

Unfortunately, not all Iraqis adhered to government guidelines or the curfew. Crowded religious ceremonies in the Shiite-majority areas continued to be held. Some religious and community leaders went as far as encouraging followers to attend all religious ceremonies and visit sites, stressing they would not be infected by the virus during pilgrimage. However, after a major religious pilgrimage to Imam Musa Al-Kadhim's shrine in Baghdad on 21 March, the top religious and political leaders issued statements asking citizens to use appropriate caution and follow the government's advice. In his latest fatwa, issued March 22, the top Shiite cleric Ayatollah Ali al-Sistani made social distancing a mandatory religious duty. The Supreme Judicial Council also issued statements, expressing their will to impose fines on those who encourage people to gather in any form.

Iraqi officials are clearly anxious, not only due to the lack of cooperation of certain communities, but also the lack of means to face the pandemic. While the disease is spreading

rapidly and has not yet peaked, the health system in Iraq, once one of the best in the Middle East, is in a shambles. Its infrastructure and service provision are grossly inadequate in both quality and quantity. Furthermore, the central government of Baghdad was openly criticised by provincial governors for its late action, poor policing at the border crossings, and poor coordination.

The government is also facing challenges in tackling the social impact of the COVID-19 pandemic, including burial of the deceased. Shiites prefer to be buried in Najaf's vast graveyard, which is organised into grave houses. But guardians of these grave houses and local communities are now refusing to receive COVID-19 victims. Many Sunni communities are joining the Shiites in asking the government to bury the dead in dedicated graveyards well away from inhabited towns.

In contrast, the KRI is in a different position with the pandemic. The number of cases remain limited, thanks to the more efficient closure of border crossings (with Iran and the rest of Iraq) and contact tracing inside the KRI. They applied strict measures to quarantine external visitors and Iraqi returnees. The KRI health system is not necessarily advanced but is in better shape than in the rest of Iraq. A total curfew was strictly imposed in the KRI on 13 March, extended a few times, and is still in place. Fortunately, the Iraqi government also extended curfews and movement restrictions until mid-April, which they are now enforcing more actively.



Obviously, fighting COVID-19 requires a fully functional government. Unfortunately, the Iraqi leaders have so far failed to form a new government despite attempts. A series of prime minister hopefuls or designates were identified recently, but none made it to the end. The latest candidate, Adnan Al-Zurfi (a former governor of Najaf and current member of parliament), was formally asked on 17 March to form a government within 30 days. The task is proving very daunting and he is not certain of winning the backing of the dominant pro-Iranian political parties, or securing the required parliamentary endorsement whilst MPs adhere to social distancing.

The US, on the other hand, seems to have grown less tolerant of the Iraqi government's inability to cut back its ties to Iran, and control the pro-Iranian paramilitaries. US-

Iran rivalry and the series of tit-for-tat military actions between US military and pro-Iranian paramilitary forces had strained relations between all stakeholders. The US has now withdrawn its sanction waiver allowing Iraq to import Iranian gas and electricity for 30 days, and sanctioned 20 individuals and entities said to have been taking advantage of the exemptions to channel money to Iran's Islamic Revolutionary Guard Corps' elite Quds Force.

In short, it is time for the Iraqi leaders to get their act together, expedite the formation of a new government and tackle the numerous challenges the country faces, otherwise the COVID-19 pandemic, the sharp drop in oil prices and international isolation are likely to drive it to the brink and inflict an existential blow to Iraq as a state and a nation.



Jordan's Battle with Coronavirus Is Yet To Start

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Amid the global turmoil caused by the COVID-19 outbreak, the Hashemite Kingdom of Jordan looked resilient in combating the virus outbreak. Jordan adopted harsh measures for the population and the economy with an unwavering intent to eliminate the virus. However, despite the proven efficiency of those measures in containing the virus, their economic impacts are still hard to fathom. These economic impacts show that Jordan's real battle with the virus is not only on the health front but also on the economic front as well.

To contain the virus, the government of Jordan enforced a nationwide curfew in mid-March. This measure brought the Jordanian economy to a standstill, with all economic activities shut down.

A STALLED BUSINESS CYCLE

The shutdown provoked a shock to both sides of the economy, the supply side and the demand side. Hence, Jordanian businesses



started to suffer interruptions in their cash flows which made it harder for them to meet their fixed costs (wages, bank installments, rents, water and energy costs, etc.). Accordingly, Jordanian businesses started to search for possible ways that could help them reduce their costs until the economy operates again. For instance, 67% of Jordanian employers considered laying off some of their workers if the shutdown continued for a longer period, according to a survey conducted by the Center for Strategic Studies at the University of Jordan. If this move is made by Jordanian businesses, it will add to the already high unemployment rates that had reached 19% by the end of 2019. Consequently, this will mean a decline in already low aggregate demand on the Jordanian job market and hence a longer time for Jordanian businesses to recover. More importantly, this will mean a drop in the Jordanian government's tax revenues on business profits and consumption as well.

In addition to the above, a huge part of the Jordanian labor force works in the informal sector and most of them are day laborers, accounting for more than 52% of the Jordanian labor force. They are currently struggling to meet their daily financial needs.

Besides the shutdown and its resultant consequences on Jordanian businesses and labor, COVID-19 will have a long-term negative impact on one of the most promising Jordanian sectors: tourism. This sector will be impacted not only by the shutdown, it will also be negatively impacted by the lower amount of trust and increasing cautiousness among

international tourists about traveling abroad and global tourism. As a result, it's expected that it will cause losses in a main source of foreign currency and job creation.

Externally, Jordan is highly dependent on remittances from Jordanian workers abroad. Those cash inflows to the country are expected to decline due to the expected global economic recession.

Based on the above, the government of Jordan will need a massive amount of funds – which are usually unavailable – to mitigate the emerging economic crisis. These funds will be needed to compensate the vulnerable groups like day laborers and informal workers and the government will need to subsidize private sector wages to sustain employment; finally, the government will need to increase its long-term capital spending to stimulate the economy and accelerate its recovery. However, securing these funds will not be an easy task for the Jordanian government. Jordan suffers from a chronic fiscal deficit and mounting public debt. The spending needed will increase the country's public debt to risky levels that may jeopardize its credit rating. Yet, the main challenge will be the debt source and its cost: the options of getting this credit are few because the liquidity of international credit markets is drying up due to financial shock caused by COVID-19. The main options will be getting concessional loans from the World Bank and the IMF, or, in worst-case scenarios, the option will be getting credit from the local banks. However, getting credit from the local banks will exasperate the SMEs' financing issues if the government is crowding



them for the funds available in Jordan's local credit market.

PROSPECTS OF RECOVERY

Increased economic hardships for Jordan and perhaps a recession will be inevitable. However, what Jordan will need to look for is the acceleration of economic recovery. Despite the few options that Jordan has, it needs to fight its economic battle maybe even harder than the health battle.

To succeed in accelerating the recovery, Jordan needs to stimulate the sectors that were not impacted by the COVID-19 crisis, like ICT, logistics, consulting services, agriculture. For example, the Jordanian ICT sector was able to keep its businesses running where it was able to activate remote working and continue to export

services. Such sectors could be the key drivers of the Jordanian economy if they were given the needed incentives to boost their production. Moreover, if they grew, these sectors could also absorb the newly unemployed workers of the sectors that were negatively impacted by COVID-19, like the tourism sector.

To stimulate the economy, Jordan will need to offer tax exemptions, customs duty exemptions and perhaps subsidies to the private sector. Yet these stimulus packages will be of tremendous cost to government finances and may add long-term pressure on the government's budget.

Jordan is living unprecedentedly exceptional days that necessitate exceptional measures. To survive, Jordan needs to be brave in stimulating the economy in the short run and much braver in implementing market reform in the future.



Between Famine and a Pandemic: Lebanon Is a Ticking Time Bomb

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As Lebanon descended into its long-overdue economic and political crisis on the eve of October 17, 2019, the country's confessional model and its rentier economy were breathing their last. Of course, this didn't mean that Lebanon was leaping into its [Third Republic](#) yet, but it meant that the system as the Lebanese knew it had entered a long and tough transformation process. Nevertheless, the popular protest movement which spanned the country and transcended sectarian fault-lines at the time, achieved the unthinkable; it contested the legitimacy of the sectarian warlords, who ruled the country for decades. The predominant narrative became clear: the alliance of the Lebanese sectarian warlords and the bankers had driven the country into its demise. As Lebanese citizens geared up their involvement in public life, started coalescing and planning, thinking that only a miracle could save the decaying system, fate had a different plan. A miracle in the form of a virus, believed to come from a "wet market" in China's Wuhan, came knocking at the world's door. The irony

in all of this was pretty clear: while the world struggled to deal with the outbreak of the novel coronavirus, Lebanon's oligarchy found an opportunity for its resurrection.

When the government of Prime Minister Hassan Diab was formed back in January, it was claimed to be a break from a post-2005 tradition that was modeled on the representation of all politico-sectarian groups under the banner of "national unity" governments. Hassan Diab's government was mostly formed from so-called "technocrats" giving the illusion that such a recipe is deemed to work faster and with less friction than usually caused by the quota sharing system (Muhasasa Ta'ifia). Albeit supported by Hezbollah and its allies – the predominant camp in Lebanese politics at the moment – the "depoliticized" government gave the sectarian ruling elite the pretext to deflect responsibility, knowing that the coming times will be tumultuous. The rationale was clear: while public pressure and frustration were rising exponentially and the economy was faltering, the depoliticized government would take the fall due to the unpopular measures it had to implement. Meanwhile, sectarian groups would attempt to shore up popularity that had previously taken a massive hit. With dwindling state resources to rely on, the outbreak of COVID-19 offered sectarian groups a silver lining.

GOVERNMENT'S RESPONSE

Lebanon registered its first official COVID-19 case on February 21 as per [the Ministry of Public Health \(MoPH\)](#); as of April 5 the country

had declared 527 cases and 18 deaths. Albeit numbers in Lebanon seem reasonable compared to countries like Italy and Iran, it is important to note that the total number of people tested stands at about 9411 out of a population of 6.8 million – including refugees – according to [UN data](#) (no official census has taken place in Lebanon since 1932 due to the sensitive balance between the country's religious groups). However, does the comparatively lower number of COVID-19 cases and related deaths reflect positively on Diab's government?

The answer is no. The response of Diab's government has been relatively slow, filled with loopholes, [insensitive to low-income people](#) and hindered by political pressure. Additionally, while most governments around the world were wholly consumed by addressing the COVID-19 outbreak, Diab's government was busy splitting its efforts in half: the first entailing a response to the pandemic and the other curtailing the popular protest movement and attempting to erase whatever legitimacy it had carved out for itself. In this case, the government was doing the bidding of the sectarian ruling elite and serving its purpose.

To start with, Diab's standard response came in the form of suspending classes at schools and universities on February 29, shutting down bars, restaurants, markets and public places on March 11, in addition to suspending flights from 11 coronavirus-hit countries including Iran, Egypt, Iraq, Syria, Italy, Germany, France, Spain, the United Kingdom, China and South Korea. The government finally declared a state



of "general mobilization" on March 15, as the country's COVID-19 victims reached 100. The state of "general mobilization", as President Michel Aoun dubbed it – a play-off on the term "medical state of emergency" – dictated the shuttering of all educational institutions, the cancellation of public and religious events, and the closure of land and sea border crossing points as well as shutting down Rafic Hariri International Airport on March 18. Yet, a major spike in reported cases (67 in one day) on March 21 raised alarms around the country, and put further strain on Diab's weak measures, forcing him to demand that security forces adopt stricter measures to keep people at home.

Diab's reluctance to implement strict measures resulted in major [controversy around the country](#), increased mistrust between citizens and the state, and exposed the prime minister's fragility and the great sway Hezbollah and its allies had over his government. In fact, the reason Diab waffled early on until he suspended flights from highly infected countries (namely Iran and Italy) was precisely because [Hezbollah opposed the decision](#), as the party was rushing to bring its members (clerics, students, businessmen and military personnel) back from Tehran. Additionally, unlike most countries around the world dealing with the pandemic, Diab's government was unable to declare a state of emergency because both Hezbollah and the president's team were opposed to granting the commander of the Lebanese Armed Forces (LAF), Joseph Aoun, [wider powers](#). Such a decision would have left the American funded, equipped and trained LAF with greater authority over the state, as the

emergency law dictated, something that both Hezbollah would reject, and Michel Aoun would perceive as a threat. The LAF is perceived to have played a positive role during the protests in the past few months, at many times standing between protestors and the security forces that were brutally cracking down on them. This left bad blood between the president and the commander of the LAF. The army stands as the only state institution that enjoys nation-wide support and many Christians associate themselves with it because the top commander position is filled with a Christian-Maronite, according to the sectarian quota system.

BUSINESS AS USUAL

As repercussions of the pandemic take their toll on economies globally, COVID-19 is set to accelerate the meltdown of the Lebanese economy resulting in possible famine and further social unrest, unprecedented in [both scope and violence](#). In fact, during the protest movement that engulfed the country prior to COVID-19, the World Bank had estimated that poverty could rise to 50% of the population while already high unemployment rates, especially among youth, [could rise sharply](#). Lower and middle classes were hurting already, and unlawful capital controls prevent Lebanese citizens from withdrawing their bank deposits.

While governments across the political spectrum are now planning vast sums of state spending and loans to shore up their own societies, the insensitivity of Diab's government towards the already struggling citizens was



evident when it expected a successful response to its measures regarding lockdown absent any economic vision for the lockdown or articulation of state fiscal spending measures. Two weeks after the government enacted its "general mobilization" videos of beleaguered citizens started making rounds on social media as bread winners became more vulnerable and protestors took to the streets to denounce the omnipresent dire economic situation. The government intervened by stating that it would offer a \$5 million one-time stimulus package of 400,000 Lebanese pounds – about \$150 at the black-market exchange rate – to people in need, without providing [any further explanation](#). Meanwhile, the World Bank is developing a \$450 million programme to support the lower classes. While COVID-19 signaled the return of big government across the world, the Lebanese government set up bank accounts and [called on expats](#) to donate money. In the meantime, Diab's police is fining impoverished citizens if they violate the curfew.

The government also fixed fuel prices at gas stations at higher oil prices than before the Saudi-Russian oil market war and will soon increase electricity costs in a country where all its citizens pay two electricity bills – one to Electricité du Liban (EDL) and the other to their local generator owner. Moreover, the cash-strapped government has moved forward with the implementation of the Bisri Dam project, funded by the World Bank, while ignoring the environmental catastrophe that will result from it, in addition to brushing off the resistance of the popular protest movement's groups that initially stopped the work of the

contractors there. Lebanon, one of the top three most indebted countries in the world, will rack up a further \$625 million price tag in debt.

At such critical times, Diab's government decided to make its move on the symbolic sit-in staged by Lebanese protestors since the early days of the popular protest movement. Security forces were ordered to dismantle tents in Martyr's Square and Riad el-Solh Square in downtown Beirut, once deemed ground zero for protestors. These squares had symbolized the struggle against the Lebanese oligarchy and protestors had planned to return to them once the pandemic would be defeated. Tents were burnt and destroyed, while a handful of activists still present there were arrested. Meanwhile, security agencies interrogated activists and journalists critical of government policies and corruption as late as March 6, 2020, under the pretext of insult and defamation, considered criminal offenses in Lebanon. It is expected that with the worsening of the socio-economic situation in the coming days, the crackdown of security forces will increase twofold.

POLITICAL PARTIES

The expected fragility of Diab's government has opened the door for the sectarian political parties to go back to their old ways and assume the role of the state, capitalizing on human fear in such times with a clear message: you have no one but us. In a theatrical scene reminiscent of the Civil War days, members of sectarian political parties are donning medical coveralls, patrolling their sectarian enclaves in branded trucks and sanitizing neighborhoods. Food



parcels are distributed with logos of the parties stamped on them while some are offering free testing. So far, Kalashnikovs are the only missing element in the scene. Additionally, the sectarian parties are relying heavily on whatever cash is left in municipalities within their area of influence, which are funded by the state, but whose representatives mostly owe their allegiance to these parties. The pandemic, a perfect storm, is allowing the sectarian ruling elite to revamp its legitimacy and clientelist networks. Due to years of neglect, lack of funding, and patronage practices in hiring, the country's public medical system is in danger of collapse in case of an outbreak. Out of 33 public hospitals across the country, only 10 have been set up to deal with cases of COVID-19 thus far, according to the MoH, while 4 private ones have stepped up as well.

The parties have financed and prepared at least **84 quarantine centres** (consisting of private property) in their areas. Lebanon's reliable medical system is the privatized one and many Lebanese rely on political parties to provide for healthcare, pay bills, or tap into the quota-reliant social security funding provided by the MoH. Yet what really raises alarms are practices such as closing down respective areas of parties and setting up "fever testing" and "awareness checkpoints" at the entrances. "Foreigners," as in non-residents of said areas, are at times ordered to turn away. In a country riddled with sectarianism that hasn't shaken off the trauma of a 15-year civil war, nor has gone through a national reconciliation combined with a transitional justice process, the pandemic is feeding long-existing sectarian-protectionist instincts.

Although all parties are involved with such practices, Hezbollah appears to be leading a larger effort than all combined. The party's resources have allowed it to mobilize a team of over 24,000 health workers and 70 ambulances. It also stated that it allocated 3.5 billion Lebanese pounds (\$1.75 million at the black-market exchange rate). The party that had perfected the propaganda game invited dozens of local and international journalists into its stronghold in the southern suburb of Beirut, to give them a tour of tents it had erected for purposes of diagnosis and isolation. Yet, **Hezbollah has the biggest responsibility of all**, as it has the largest following and has hailed itself as the party that takes care of all, relying on monthly cash handouts from Tehran. However, the party's legitimacy took a hit, like all other parties, during the popular protest movement as internal dissidents have increased within its ranks.

The pandemic will indeed serve as a short-term fix for the sectarian ruling elite especially since it requires them to provide only the bare minimum as the country struggles to survive: a food parcel to stay safely at home, while previously the transactional relation between them and their followers was **more expensive**. With dwindling resources, both Diab's government and the sectarian parties will not be able to meet people's increasing needs over the medium and long term. Already, a different type of protestor than those observed before, are taking to the streets with cries of hunger. Left to choose **between famine and the pandemic**, Lebanon is a ticking time bomb.



“How Much Worse Can It Get?” Fear, Skepticism and Cynicism Cover Syrian Terrains

Maya Milani
Syrian Journalist

It's been almost a decade into a devastating war that displaced two thirds of the population, hundreds of thousands of whom barely survive in makeshift, chaotic camps. Syrians had barely come to terms with the latest regime attacks on the north-western Idlib province, which made over 60 health facilities inoperable and displaced over 1 million civilians. News of a looming medical catastrophe so huge it collapses the most advanced medical systems in the world, is still barely comprehensible to most. So far people's reactions have shifted from negating the severity of the pandemic, to distrust in official regime numbers, to cynicism over what form of death there is left for them to survive, to the plain nihilism of not trying to save themselves anymore.

DIVERSE MEDICAL REALITIES ON THE GROUND

After over 9 years of conflict, the country is currently split into three control areas, and such fragmentation also impacts management of the

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coronavirus crisis. Two thirds of the country has been returned to regime control with Russian and Iranian support since 2015. The other two parts are the northeast under Kurdish-led, US-backed, Syrian Democratic forces, known as the Autonomous Administration areas, and the rebel-led northwest, under no real central administration, but with a clear upper hand for Turkey-backed forces and institutions. The medical infrastructure and preparedness also differ from one zone to the next, with much reliance on local and international NGOs and aid in northern areas. However, those differences remain marginal, compared to the scale of response needed to confront such a tsunami.

A recent report released by [LSE](#) has estimated the country's overall capacity for treating COVID-19 patients at around 6,500 cases, in a country with a population estimate of over 17 million. According to their calculations, there are only 325 available ICU beds with ventilators in the whole of Syria. They are disproportionately distributed, with the highest concentration in the hands of the regime (ca. 200 in the capital and the coast alone), while the city of Dier Ezzour, for instance, has none, despite being swamped with Iranian militias, believed to be the main source of virus entry into Syria.

China and Russia lead an international call to lift sanctions against the regime under the pretext of prioritising health over politics, but the regime still refuses to allow international monitors into its detention centres, let alone [release](#) the tens of thousands of political prisoners believed to be crowded together in inhumane conditions,

potentially turning into gas-chamber situations any minute.

REGIME AREAS: A HEALTHCARE SYSTEM WITH DEPLETED RESOURCES

After about a month of jokes about the [brazen regime denial](#) of COVID-19 cases, by mid-March, confirmed cases in [Pakistan](#) and Iraq officially reported to have arrived there from Syria forced the regime to admit the presence of only 1 case. It then immediately moved on to measures like shutting down schools and universities, imposing a night curfew, and halting reserve drafting. Some travelers coming in from Iran were put into inadequate quarantine facilities as the last flights arrived before airports were closed. Land borders currently only allow emergency cases, military and essential commercial goods to pass, in addition to aid. The regime has since admitted the existence of 5 more cases, and [2 deaths](#) only. Leaks from hospital staff about a sudden rise in fatal "asthma and respiratory disease" cases sweep through the country. No reporting has yet been able to estimate what the real number of cases may be, and not many care to investigate. The war, destruction, economic collapse, sanctions, skyrocketing levels of corruption and security chaos left medical services at less than [half their original capacity](#), even in the least damaged areas.

Huda M., a 45-year-old school teacher in Damascus has a 19-year-old daughter with a heart condition, due to repeated shocks during the war: "We're staying at home, only going out with masks on, cleaning and disinfecting all day.

I've bought regular flu medication, it's not like there is a cure for it yet anyway. We know we don't stand a chance at a turn in the hospitals after all the military members, the corrupt and influential, the rich that bribe staff... it's best to die with decency at home".

Huda's middle-class income and small household allows her the "luxury" of social distancing in a clean home, as prices for detergents and face masks have rocketed out of regulation control to over tenfold their original price. Almost all other basic goods have had increases, although smaller, in prices, and government-subsidised goods are only a cause of worry as people crowd their outlets to get their share. Over 80% of Syrians today live [below the poverty line](#), as the currency value dropped from 45 Syrian pounds per US Dollar in 2011, to around 1150 according to the latest estimates.

THE NORTHEAST IN DESPERATE NEED OF MEDICAL RESOURCES

Under the somewhat organised Autonomous Administration, this area has the weakest medical resources. It has less than 25 ICU ventilators for an estimated population of over 4 million, 600,000 of whom are displaced and about 100,000 living in rough and makeshift camps. A recent cut in water supply from the Turkish side took much [local](#) and [foreign](#) pressure to get desperately needed water back to those camps, some of which hold the families of ISIS fighters. A recent jailbreak in the central [prison of Al Hasakeh](#) by the imprisoned ISIS members there went almost entirely without any news coverage, as everyone has bigger worries now.

The area's first defence line so far has been the organisation of its administration that enjoys more local credibility than what the regime has in its areas. Schools and universities were closed, the annual New Roz festivity of 21 March was cancelled, borders were shut and a [lockdown was announced](#) even before any cases were reported.

Lack of test kits, medical staff and facilities remains a huge concern for the population, which doubts the area's ability to detect any cases. Samples are being sent to the northwest for testing, despite political alliances with the regime reportedly being better and the WHO overtly prioritising government-controlled areas over rebel-held territories in aid supply.

Prices of basic goods, except for bread, have also started to rise. There are doubts as to the ability of the local administration to enforce a long quarantine with most people depending on the daily odd job or money transfers from family members overseas they can no longer receive with borders closed and international sanctions complicating bank transfers.

Abu Abdallah, a 34-year-old truck driver from the city of Raqqqa with a chronic digestive illness told us: "People are more scared for their livelihoods. They are starting to display symptoms of bankruptcy, not corona symptoms. This is scary. In war and relative chaos..."

WILL THE WAR-RAVAGED NORTHWEST SURVIVE CORONAVIRUS?

Most of the province of Idlib and some parts of rural Aleppo and Lattakia remain outside of



regime control, but not really under any single organised rule either. This makes enforcing any quarantine measures particularly complicated. The population estimates are around 4 million, about 1 million of whom live in poorly constructed camps, or even caves and olive groves. Access to water and sanitation and health services are **beyond modest** for this population. Local **medical sources** say there are only about 240 ICU beds and 100 ventilators available in the entire area. The WHO has so far sent only 600 of the 2,000 testing kits it had planned for this zone, and local doctors confirm there have not yet been any cases detected.

This comes as somewhat of a relief to locals, who tend to trust those sources. But they know this can only be controlled for so long. Civil society organisations, very active in all aspects of life in the area, have been on **full force** to spread awareness of the importance of social distancing and hand washing, knowing how hard it is for a displaced family of 15 people

living in one tent to stay home. The most difficult challenge they encounter has been a tendency for some to think that after surviving years of regime shelling, chemical attacks, hunger sieges and displacement, a flu virus is not going to kill them. This does not come from ignorance, argue some of those workers, but from a mental state that simply needs the denial. Cecelya Taweel, a local activist in rural Idlib, explained through Facebook a reaction she faced last week: "We were distributing brochures in the shops in a village near Afrin, when a man came up to us and tore them up, saying we don't have corona here". On Tuesday, she posted a statement saying the village mosque was going to announce quarantine, requiring everyone to go home.

Despite the grimness of the overall reality, people still console themselves with the hope that the virus will be less contagious as it warms up in spring, or that the youthfulness of the population will minimise casualties.



A Very Israeli Pandemic Response

Gabriel Mitchell

MITVIM Institute and Virginia Tech University

As in other countries, COVID-19 has exposed the weaknesses particular to Israel society and governance. These shortcomings are not revelatory. Instead, the coronavirus' spread shines a spotlight on familiar, systemic issues consistently neglected over the decades.

Israel's health care system was unprepared to handle COVID-19. Although as of this article's submission there is a comparatively low death toll – 56 individuals (as for April 6), the majority of whom were senior citizens – the main concern is that Israel's medical institutions will soon be overrun by coronavirus patients which will indirectly affect the mortality rates of non-coronavirus patients. Israel only possesses some 4,000 ventilators – a critical tool to aid those suffering from the worst conditions. Each day, more health care employees are being sidelined from their tasks due to possible exposure to the virus. Inventive solutions like converting vacant hotels into housing units for patients with mild symptoms may not be



enough if government measures cannot flatten the curve.

Mass coronavirus testing – one of the most successful policies adopted by countries like South Korea and Taiwan – [has yet to take off efficiently](#) in Israel. Many patients who have been tested received incorrect results, further delaying the health system's ability to provide a vital service in a timely fashion. An absence of essential chemicals has slowed the existing testing process.

But befitting its moniker as the “startup nation”, Israel has tried to employ technology in order to curtail COVID-19. One initiative is the Health Ministry's [app](#) that permits citizens who download it to see whether their movement has overlapped with anyone with a confirmed infection. The government has also granted the Shin Bet – Israel's internal security agency – permission to track the movements of coronavirus patients through use of their phones and credit card data. This controversial decision reportedly identified at least [500 individuals](#) carrying the disease.

Not surprisingly, these efforts have proven both imperfect against the coronavirus. Israel's national expenditure on healthcare is lower than the OECD average and [a 2019 Taub Center report](#) deemed the country's acute care system insufficient for public demand. Ad hoc solutions rarely solve chronic problems. An increasing number of public figures are asking whether the Health Ministry should be the primary actor in this saga or [whether the Defense Ministry should assume the lead](#).

Enforcing a rigid policy of social distancing and lockdown has also proven challenging. Since March 12, Israeli schoolchildren have been homebound but the Education Ministry has been [inconsistent with its execution](#) of nationwide distance learning. Air traffic has all but ceased and public transportation has been significantly reduced, but that hasn't stopped many from seeing Prime Minister Benjamin Netanyahu's almost nightly addresses as merely a polite suggestion. Israel's police – and, more worryingly, its military – now patrol public spaces (including beaches), fining and arresting those violating the government's directives.

Since day one, communicating a single, clear message to Israel's diverse population has been a serious challenge for the Israeli government. No case exemplifies this better than the ultra-Orthodox community. Ultra-Orthodox Jews (around 12% of the general population) observe a rigid set of customs that centers around mass religious education and communal participation in lifecycle events. They often live in distinct neighborhoods and cities, separate from mainstream Israeli society. Whether portions of the ultra-Orthodox community did not receive or were willfully ignorant to the Health Ministry's directives remains unclear, however images capturing Haredim disregarding government policy seriously damaged the already frayed bonds between this community and mainstream Israeli society. Health Minister Yaakov Litzman, who represents one of the Haredi parties in the Knesset, also violated these public safety restrictions and [contracted the coronavirus](#). Senior government officials,



including Netanyahu, are now under quarantine. Haredi leaders are now instructing their devotees not to gather in large numbers, but it has taken longer for these communities to adapt and, unsurprisingly, about [half of hospitalized Israelis](#) with COVID-19 are ultra-orthodox. Major Haredi population centers are now under lockdown, cut off from the rest of Israel.

These manifold pressures, in addition to a ballooning unemployment numbers, have manufactured perhaps one, shallow ray of light: the end of Israel's political deadlock. Publicly, Blue & White leader Benny Gantz claimed that the coronavirus threatened Israel's future and required that he "[put politics aside](#)" after three grueling election cycles. But many see Gantz's decision as capitulation. And it is difficult to overlook how Netanyahu and Knesset Speaker Yuli Edelstein strained an already tense political

atmosphere to its breaking point by utilizing the coronavirus as legitimate cause for shutting down the legislature and [refusing to follow a Supreme Court order](#) to reopen parliament. The cost of establishing a unity government with Netanyahu is high; Gantz's decision left Israel's opposition movement in tatters. Firmly back in the driver's seat, Netanyahu can refocus his attention on his legal battles - and of course coronavirus as well.

As the Passover holiday approaches, most Israelis are trying to look past the egg shortages and the looming economic fallout in order to count their blessings. There is good reason to believe that the national mortality rate will remain low. But similar to many other states affected by the coronavirus, the pandemic's damage to public trust may require years of rehabilitation.



Coronavirus Exposes Palestine's System Fragilities

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Bethlehem

The outbreak of the coronavirus pandemic in Palestine has exposed its structural vulnerability in a context of occupation. Events are still unfolding, but there is great concern that COVID-19 may severely affect Palestinian society, possibly causing a devastating sanitary, economic, and political crisis.

On March 5, the President of the Palestinian Authority (PA) Mahmoud Abbas declared a state of emergency for 30 days (extended of another 30 days on April 3), after seven people tested positive in the city of Bethlehem. These first cases were reported after some tourists who visited Bethlehem and Jericho were diagnosed with COVID-19. The [closure order](#) was given by the Israeli Defense Minister Naftali Bennett, and executed by the Israeli Army (Israeli Defense Forces, IDF) and the COGAT (Coordinator of Government Activities in the Territories) in coordination with the PA. Following the state of emergency, all PA schools and universities were closed, while movement, both between

governates and inside municipalities, was limited to only necessary cases.

The announcement of the state of emergency coincided with the Jewish holiday of Purim, during which all crossings from the West Bank and Gaza into Israel are closed. Checkpoints tightened restrictions and controls even at the end of the festivity, and on March 18 the closure of the West Bank and Gaza was extended until further notice. Border crossings to and from Egypt and Jordan were also suspended. A day prior to closure, the Palestinian labourers in Israel –working in agriculture, construction, industry and low-value-added services – had been prohibited from moving back and forth and given three days to decide whether to stay in the West Bank or cross and stay in Israel (this measure did not apply to Israeli settlements) for at least two months.

These measures were meant to contain the spread of the virus by avoiding daily overcrowding where people are often queuing cheek by jowl at the checkpoints. In fact, the first COVID-19 positive case outside Bethlehem was a manual labourer from Tulkarem working in Israel and, according to the Palestinian authorities, most of the new confirmed cases are among workers in Israel or in the Israeli settlements. Tens of thousands of Palestinians took the painful decision to leave their families and find an accommodation at their workplaces. A series of [heart-breaking pictures](#) portrays these workers while crossing into Israel on a gloomy, rainy day, carrying their belongings in small suitcases and plastic bags. The number

of Palestinian labourers working in Israel and the Israeli settlements is estimated to be between 100,000 and 130,000 people (a considerable number of West Bankers work without a permit and cross illegally), and their income represents approximately 15 percent of Palestinian GDP. For a fragile and increasingly unequal economy such as the Palestinian, this is a vital source of income, particularly amongst the poorest segments of the society. On the other hand, key sectors for the Israeli economy, like the construction and infrastructure sectors, have been declared “essential” by the latest emergency regulations, and allowed to continue operating within set limits. A huge debate has recently sparked about the possible return of an estimated number of 45,000 Palestinian workers – many of them without a valid permit – to the West Bank for the Jewish holiday of Passover. While the PA is pushing for Israel to test the workers, out of fear of a massive contagion, Israeli employers are afraid of the labour shortage that they may have to face if the workers will not be permitted back into Israel.

On March 22, the PA Prime Minister Mohammed Shtayyeh ordered the lockdown, including a curfew, with PA security forces patrolling the main roads and connections. The PA Ministry of Health is following up on the situation in close partnership with the WHO, while the donor community has been working to mobilize additional funds to put a COVID-19 response plan in place. The PA has not yet recovered from last year’s budget crisis (due to Israel’s withholding of the taxes it collects on behalf of



the PA, as per the Oslo Accords), and does not have the financial capacity to prepare and equip its health system for a pandemic, particularly in terms of access to test kits, medical supplies and availability of ICU beds and ventilators.

The conditions of the lockdown ordered by the Israeli government also apply to East Jerusalem, with movement restrictions and the shutdown of non-essential economic activities. While several observers criticize the lack of testing among Israeli Arabs and East Jerusalem residents, Israel is also considering the possibility of closing the checkpoint at the entrance to the Shuafat Refugee Camp, in an attempt to cut off a number of neighbourhoods in East Jerusalem and prevent the circulation of thousands of Jerusalem ID holders. On March 23, access to Al-Aqsa Mosque – the third holiest Muslim site – was closed to Muslim worshippers, which in turn spread worry that Jewish extremists might take this chance to take over the Haram El-Sharif. In a similar vein, many Palestinians fear that the lockdown may embolden settler violence in the West Bank and occupation-related violations, such as demolitions and confiscations, as confirmed by many episodes occurred over the course of the past weeks.

Sadly, the situation is even more dramatic in the Gaza Strip. The health system in the Strip has been near collapse for years, as dramatically witnessed during the poignant scenes of massive casualties and injuries during the Great March protests of 2018-2019. Moreover, the Gazan population has been

experiencing a constant deterioration in their living conditions, characterised by high poverty rates, unsustainable food dependency levels, a chronic shortage of electricity and lack of potable water (approximately only 3 percent of the aquifer water in Gaza is fit to drink). The Hamas government has been trying to prepare for COVID-19 with the technical assistance of the WHO, especially by building or rehabilitating quarantine and medical facilities, but the major challenge remains access to medical supplies, along with test kits. Cafés, restaurants, and reception halls were closed on March 20, Friday prayers were suspended. Nevertheless, social distancing is almost impossible in one of the most densely populated regions of the world, already battered by 13 years of blockade. Many experts fear that the outbreak of the pandemic in the Gaza Strip will very likely cost the lives of many people, and similar concerns may also be raised with respect to the population of the Palestinian refugee camps, highly vulnerable and largely dependent on UNRWA aid (which in the health sector only covers primary healthcare).

As of April 5, the WHO recorded 226 confirmed cases of coronavirus, 214 in the West Bank and 12 in the Gaza Strip. In addition, [Al Jazeera](#) reported that 4 Palestinian prisoners in Israeli jails tested positive for COVID-19 (5 including a 19-year-old prison released from Ofer, who tested positive at his arrival in Betunia, Ramallah, on April 1). The future of Palestine is rife with uncertainty. The PA and Hamas are well aware that an escalation of corona virus cases may have severe consequences not only



in terms of the death toll, but also on control measures and restrictions that Israel may adopt in the West Bank, East Jerusalem, and the Gaza Strip within the context of handling a health emergency and counteracting the spread of the virus. As aptly pointed out by the scholar Tareq Baconi on [his Twitter page](#), the PA declared the state of emergency as an enforcement of Israeli measures, which in turn makes clear that Palestine is not managing this crisis as a sovereign entity.

Second, the outbreak of the pandemic has shown how dramatically dependent Palestine is on foreign aid, and it will need development

cooperation funding and humanitarian aid even more than ever in the years to come to recover from the deep economic crisis that will follow. Regular economic activity has been heavily affected, the people operating in the informal sector will soon run out of liquidity because of the lockdown and the lack of safety nets, their incomes will likely be severely eroded, which would cause an increase in the level of private and household indebtedness. As combating the coronavirus is set to be the main priority for the months to come, the crisis looming over the horizon will make Palestine and the Palestinian people once again pay the price for their multidimensional fragility under occupation.



How is Turkey Responding to the Covid-19 Pandemic?

Mustafa Kaymaz
Al Sharq Forum

Covid-19 has now hit most of the world since its outbreak in December 2019. Governments around the world are trying to contain the virus with measures aimed, in particular, at limiting human contact as much as possible. The main fear is the explosion of critical cases to a level that could overwhelm healthcare systems. While measures seem to be working with varying degrees in each country, the damages they incur to the economy are yet to be measured. In fact, governments worldwide have to tread a fine line between fighting the pandemic effectively while at the same time making sure that their economies will not collapse. This is precisely the dilemma that Turkey faces as well.

The COVID-19 outbreak and the government's response to it are reshaping socio-economic life in Turkey. The government was arguably late in its response to the looming crisis. However, as the number of positive cases and deaths continues to grow at an exponential rate, the government is taking drastic measures, albeit ad hoc. So far, the Turkish government has:

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- Introduced [online education](#). Starting from March 16, all schools were closed, followed later by the decision to hold classes online. In addition to recorded lectures broadcast on the state TV station, TRT, teachers are holding their classes on the online meeting app Zoom. Online classes have now begun for undergraduate and graduate students as well. Given that children and youths can be highly contagious despite showing little to no symptoms of the disease, they run the risk of transmitting it to more vulnerable segments of the population, which is why social distancing measures are so crucial.
- [Closed bars, gyms](#), night clubs, shopping malls, and other places of social gathering and postponed court hearings. This step is also vital in minimizing human contact and containing the transmission of the virus.
- Placed [pilgrims in quarantine](#): Turkish citizens returning from Mecca and Medina, in Saudi Arabia, were initially advised to observe a 14-day self-quarantine. However, after the images of people visiting these pilgrims were shared and criticized on social media, the pilgrims were put into quarantine in public student dormitories that were mostly vacant after students returned home to their families.
- Suspended [Friday prayers](#), a widely observed Islamic ritual.
- Imposed measures to allow government employees who are over 60 or with chronic conditions to [work from home](#) as they are the most vulnerable group in the face of this pandemic.
- Imposed a curfew for [people aged 65 and over](#) and for the chronically sick. Although, by itself, this does not prevent contact as those not under the curfew can still transmit it to their family members at risk, it helps avoid the unnecessary movement of those most at risk. Several municipalities have introduced measures to meet the needs of these age groups, such as buying their groceries and providing regular medications.
- Banned flights to/from 68 countries (including many in Europe): This measure was put in place [relatively late](#). More ominously, Turkey closed its land border with Iran, a country that was severely hit by the COVID-19 outbreak, only in late February. By that time, the number of cases and casualties in Iran were already skyrocketing. As the picture in Turkey is getting grimmer, the government has taken stricter measures on international travel. In fact, starting from March 27 onwards, Turkey's official carrier Turkish Airlines (THY) will fly only to five destinations: Moscow, New York, Washington, Hong Kong and Ethiopia.
- Launched public awareness campaigns. From public text messages to TV and social announcements, the ministries



of health and internal affairs have urged citizens to stay home, practice good hygiene, and call the authorities if they notice symptoms in either themselves or those around them.

- Last but not least, the government unveiled a 100 billion Turkish Lira (approx. \$15.4 billion) [stimulus package](#). It aims at easing the burden on the most vulnerable sectors. It includes the postponement of VAT and insurance payments by corporations for six months, the provision of cash to the sectors most at need, support for the banks, and the postponement of credit card and debit payments owed by citizens to public banks. However, most economists saw the package as insufficient.

The public's initial perception of the government's handling of the crisis was largely positive. However, as time passes, the number of positive cases is exponentially growing, and the mood is changing, increasingly becoming more critical. In particular, criticisms revolve around the delay in halting travel from countries hit hard by the virus, the insufficient preparation in terms of test kits and protective gear for health workers, and the insufficiency of the economic stimulus package. While the number of cases and fatalities are sharply increasing, healthcare providers still need a better supply of protective equipment. Many are comparing the stimulus package and lack of sufficient medical supplies and test kits with the government's allocation of [110 billion TL](#) (more

than the package) for the [Istanbul Channel Project](#), a highly controversial and grandiose project. Moreover, so far, the official number of casualties has been announced daily on Twitter by the [minister of health](#). These announcements don't provide any details about the location, age groups or similar features of the patients. This lack of transparency arouses suspicion and anxiety amongst the general population.

Moreover, until very recently, instead of immediate testing and forced isolation, the government only recommended self-quarantine for those coming from abroad - except for the pilgrims (only after the public outcry) and those with a fever and other symptoms.

Last but not the least, the effectiveness of the government's measures in containing the coronavirus pandemic in Turkey is yet to be seen. However, what is certain is that these measures will carry a heavy economic bill. Bearing in mind that Turkey is facing the coronavirus pandemic at a time when its economy is already suffering from a weak currency, a high budget deficit, coupled with high inflation, a fragile financial system and a dwindling central bank reserve, the prospective economic toll to come would be daunting for any government. Likewise, given the important share of the Turkish economy coming from the tourism sector (in 2019, Turkey was the sixth most visited country in the world), Turkey's economic woes, resulting from the coronavirus pandemic, are only set to increase as we move forward into summer, unless the crisis is contained in the near future. Indeed,



the mounting economic cost is bound to carry a political cost for the government. Hence, the government is facing the uphill battle of saving both lives and the economy at the same time. At this stage, this might seem to be "mission impossible", but in any scenario, the government will face blowbacks from this sprawling crisis.



Covid-19 in Egypt: Global Pandemics in Times of Authoritarianism

Lucia Ardovini

The Swedish Institute of International Affairs

The spread of COVID-19 has hit countries and regimes in the Middle East and North Africa (MENA) region at a time already characterised by deep-seated issues, such as ongoing conflicts, widespread popular protests and economic crises. These ongoing insecurities partially explain what is behind several governments' attempts at minimising or dismissing the real threat posed by the pandemic, as presidents and rulers attempt to maintain a hold on increasingly unstable societies and political systems. Yet, the velocity at which COVID-19 is spreading globally has made such a task impossible and a closer analysis of how this is being handled leads to some valuable insights into the status of state-society relations, resilient authoritarian rule and the real state of sociopolitical conditions.

Egypt is one of the countries that has been hit the hardest by the pandemic, despite the regime's attempts to disguise the real number of infections. With a burgeoning population of over 100 million people who mostly live in

high-density areas and an estimated 35% of Egyptians living below the poverty line, the country has the perfect structural conditions for a virus to spread exponentially fast. The first confirmed cases of COVID-19 were reported on February 14, with numbers escalating in the tourist city of Luxor at the beginning of March. From the very start the Egyptian government was accused of attempting to cover up the number of infections and of not carrying out tests so as not scare tourists away, it being the peak of the tourist season. Egypt's economy is heavily dependent on the tourism industry, as are thousands of locals and workers from across the country who flock to tourist hotspots for seasonal work. As the virus continued to spread, officials were forced to shut down all airports on March 16, essentially putting an end to a season that had just began. While it is too early to speculate, economists estimate that the loss of income from tourism could reach \$1 billion per month if these measures remain in place, which for now they undoubtedly will.

An initial look reveals that the most damaging effects of COVID-19 on Egypt will likely be economic, given the country's reliance on tourism and the already high levels of youth unemployment. Nevertheless, widespread corruption and widening social inequalities mean that the unemployed and the working classes will be those who get hit the hardest, further contributing to the growth of popular grievances and discontent that recently led to renewed mass protests despite the regime's harsh crackdown on dissent. Perhaps unsurprisingly, the way in which the regime is

handling the virus tells us more about the status of state-society relations in the country than of the preparedness of the healthcare system in itself. In particular, a closer analysis of the ways in which President al-Sisi is responding to the looming health crisis reveals that the regime is highly preoccupied with its decreasing levels of legitimacy, and is more concerned with silencing those who talk about the virus and criticise state responses, than with focusing on containing the virus itself.

On paper, once it publicly acknowledged the danger posed by the pandemic, it seems like Egypt is closely following the World Health Organization (WHO) guidelines on how to handle the crisis and complying with the measures that need to be put in place to hopefully slow the spread of the virus. With over 450 cases reported on March 25, the government imposed a night-time curfew enforced by police patrols and extended the closure of schools and universities until at least mid-April. It even sent 1.5 million medical masks to Italy and earned the WHO's praise for the "solid work being done to control the outbreak".

Nevertheless, the regime's responses are not being well received by the population. One of the key issues is the high level of mistrust in the government, with many Egyptians claiming that they are not being given the full picture and small groups of people even taking to the streets in Alexandria to voice their discontent. Moreover, al-Sisi's announcements that there might be further exceptional measures implemented soon did not sound reassuring



to a population that has mostly only known political rule under a continuous state of emergency and associates authority with the seizing of extra-constitutional powers. Plainly put, how can one lockdown a country that has existed under emergency status and regulations for the majority of its history as a modern nation-state?

Perhaps unsurprisingly, recent events show that the regime is more preoccupied with silencing those who talk about the effects that COVID-19 is having on Egypt's deep-seated issues than with effectively containing the virus itself. On March 19 police forces arrested four prominent activists – Mona Seif, Laila Soueif, Ahdaf Soueif and Rabab al-Mahdi – who staged a public protest to raise concerns about the potential spread of the virus in Egypt's overcrowded prisons, already [infamous for their mistreatment and neglect of inmates](#). Similarly, British journalists working for The Guardian had their [press credentials revoked and were banned from the country](#) after reporting that, based on a study by the University of Toronto, the number of [cases of COVID-19 in Egypt is likely closer to 19,000 rather than the reported](#)

[456](#). While this does not necessarily come as a surprise, given Egypt's crackdown on journalism and free speech, it is deeply concerning that censorship remains in place despite the spread of a potentially crippling pandemic.

Overall, the overt persecution of those who try to shed light on the real impact that COVID-19 is having on the country reveals that both the regime and Egyptian institutions are unprepared to deal with what is to come, with potentially catastrophic consequences for both the economy and society. While al-Sisi's attempts to hold on to what little legitimacy he has left by downplaying the real extent of the crisis is unsurprising, it appears that his efforts are not going undetected this time. The online opposition movement Batel recently stated that "Sisi and the coronavirus are two sides of the same danger" and "the real pandemic that is more dangerous for this beloved country is not corona, but [is the Al-Sisi pandemic that has spread day after day](#)". Therefore, while the pandemic keeps spreading, it is worth keeping an eye on the impact that it will have on Egypt's resilient authoritarianism, as it hits already simmering economic, political and social issues.



Libya and Coronavirus: What Are the Political and Health Risks?

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One year from the start of General Khalifa Haftar's offensive against Tripoli, the civil war in Libya is still raging despite continuous demands from the [United Nations and the international community](#) for a humanitarian truce to help combat COVID-19.

General Haftar has even intensified his attacks on the suburbs of Tripoli and the regions near the border with Tunisia, and has seized the towns of Abu Kammash and Ras Jedir from the troops of the UN-backed government. These attacks have in turn triggered a response from the Government of National Accord which, on 26 March, launched operation "[Peace Storm](#)" to avenge Haftar's actions and the deaths caused by Bengasi's troops.

In the meantime, the country has recorded its first case of coronavirus. Now, in the face of innumerable difficulties, the two rival governments are trying to put in place restrictions on population movement in an attempt to slow the spread of the disease. Unfortunately, in a country devastated by



war and lacking in strong institutions, the measures adopted by both leaders look more like propaganda initiatives than practical steps. Healthcare structures are inefficient and the few hospitals left standing have been shelled by Haftar's forces in recent days.

TRIPOLI, CAUGHT BETWEEN ECONOMIC CRISIS AND THE CORONAVIRUS

Al-Serraj, who controls the west of the country, has pledged some **350 million dollars** to improve the healthcare system and enforce containment rules. Since 22 March, the Tripoli government has introduced strict measures including the closure of all mosques, schools and universities and has set up a quarantine centre in Mitiga airport, which Haftar shelled on 23 March.

Following Haftar's advances in 2019 and given the **resolutions of the Berlin Conference**, the GNA has appeared increasingly isolated within the international community and is presently supported only by Turkey. This isolation has led the government in Tripoli to exploit the COVID-19 emergency to move closer to China for support in fighting the virus, though approaches have so far been half-hearted.

China, while merely a spectator in the civil war, has frequently shown an interest in including Libya in its Belt and Road initiative, given the country's enormous energy resources. In this sense, China's presence (with five Chinese doctors apparently supporting Libyan medical personnel) might well represent a card that Al-Serraj could play at the international level.

At this moment in time, following Haftar's decision to block all oil exports, the government in Tripoli is suffering from **serious cash-flow problems and a crisis of legitimacy**. As a result of the late payment of public sector salaries, this is causing growing unrest among the population. According to the Central Bank of Libya, since 17 January (when the oil blockade was imposed), the country has lost around \$US 3 billion and oil production has fallen below 100,000 barrels a day. This oil crisis is causing a war of its own in Libyan waters. From mid-March, a cargo ship (the Gulf Petroleum 4, flying the Liberian flag but originating from the UAE) had been illegally supplying Bengasi with fuel. This eventually triggered the ire of the GNA, which reacted in the evening of 22 March by impounding the vessel.

The present economic difficulties coupled with a lack of international support is severely testing the Tripoli government. The spread of SARS-CoV-2 and the possible collapse of the already fragile healthcare system could well throw the government into an even deeper crisis.

HAFTAR: THE ANTIVIRAL STRONGMAN

Like his counterparts in Tripoli, General Haftar has also imposed severe restrictions on movement and has closed the ports and airports (except for arms supplies) along with public and private offices. Nevertheless, what seems to frighten Haftar most is the large number of COVID-19 cases in nearby Egypt, mainly because of the frequent journeys recently undertaken by emissaries of both nations. The announcement by Haftar's



spokesman, [Ahmed al-Mismari](#), that he had entered voluntary self-isolation after a trip to Egypt, badly shook Bengasi and forced the government there to set up a commission under the control of the army's high command to fight the novel coronavirus.

The measures taken by the Haftar regime also serve as an excellent platform for his propaganda machine. The LNA's [Twitter accounts](#) continuously show images of security forces checking the prices of medicines in pharmacies and at check-points in the deserted streets of Sirte, Sabha and Bengasi. Two weeks ago, the Bengasi government even sent aid and medicines to the west of the country. While presented as normal humanitarian aid, this move is typical of the soft-power strategy the general is following to discredit the measures put in place by the government in Tripoli which, since the start of the coronavirus crisis, has been severely criticised by the population for the inefficiency of its actions. Haftar seems to be convinced that the GNA is on its last legs and that the time is right for the umpteenth assault on Tripoli to further erode its power base.

Nevertheless, despite Haftar's aggression and the restrictions he has imposed in response to the coronavirus emergency, the lack of funds for his own health system is making itself felt and the general is perfectly aware of this. This understanding has led the parliament in Tobruk, acting through Aqila Saleh, its highest representative, to ask the Central Bank of Libya – controlled by the government in Tripoli – for funds to prepare quarantine centres. A mass outbreak in Cyrenaica or Fezzan, the regions

controlled by the general, could well have a dramatic impact on Haftar's power, especially if the Central Bank of Libya, as seems likely, refuses to grant Bengasi the funds it is seeking for its healthcare system.

SYRIAN FORCES AND THE POSSIBLE WAR OF NUMBERS

There is a very high risk of COVID-19 spreading rapidly nationwide and current countermeasures are evidently insufficient. The presence of mercenaries on both sides represents a further danger.

[Al-Serraj's recent statements](#) concerning possible cases of coronavirus among Syrian troops faithful to Haftar triggered a [response by Al-Mismari](#) who accused other Syrian mercenaries fighting in Al-Serraj's Turkish coalition of contaminating Libyans.

It is the potential spread of the disease, however, that is really worrying both sides. In other countries in the region, as in Western nations, a high number of cases represents a real risk to government power and many are already wondering to what extent restrictions will actually be relaxed when the emergency finally passes. A few days ago, neighbouring Egypt, an ally of Haftar, [expelled a Guardian journalist](#) it accused of publishing figures exaggerating the situation in the country. In Libya, although the spread of COVID-19 is not yet cause for real concern, such a war of numbers could easily represent yet another destabilising factor and make matters even worse for a civil population already enduring terrible hardships.



Tunisia and Coronavirus: The Reality of a Poor Governance

Meriem Guetat
CEMAT

In many countries, the COVID-19 outbreak brought to the surface the sad reality of poor governance in the public health sector. In Tunisia, the pandemic only exacerbated an already glaring problem. From 2013 onwards, Tunisian health professionals highly mobilized and contested the rapid decline of public health services. In 2019, the country was struck by a massive exodus of its skilled medical doctors and para-medical staff. A movement that is often justified by the sector's outdated infrastructure and very limited resources.

Ironically, it is the awareness of the inherent shortcomings of the Tunisian public health system that pushed the newly appointed Tunisian government to react to the pandemic threats by adopting proactive measures and a clear narrative focused on prevention. Public health authorities communicated on many occasions that Tunisian hospitals will be very quickly overwhelmed by the exponential growth in the number of cases. As a recent research on intensive care services in Tunisia



shows, the country has only 331 ICU beds nationwide which translates into 3 intensive care beds per 100,000 inhabitants. Bearing in mind the impact of Tunisia's deeply rooted problems of regional disparities and corruption on supply systems for drugs and medical equipment, the anticipated outcome of a COVID-19 outbreak in Tunisia is rather gloomy. Indeed, this outbreak highlights Tunisia's own "pandemic". Fiscal injustice, regional inequalities, poor governance, archaic bureaucracy and a crumbling public sector are the country's long untreated diseases. COVID-19 is perhaps a providential opportunity for looking inwards and initiating a long-awaited reform of the Tunisian administration. Indeed, in the midst of dealing with the COVID-19 outbreak, the government issued a [decree](#) suppressing the Ministry of Civil Service, Modernisation of the Administration and Public Policies and including its structures within the Prime Ministry. While this measure hasn't been the centre of much debates because of the current context, it seems clear that fighting the pandemic and moving away from old school bureaucratic structures goes hand in hand. Despite its name, the Ministry of Civil Service, Modernisation of the Administration and Public Policies, created in 2018, was yet another unnecessary relic unveiled by the outbreak.

Starting in January 2020, the Tunisian Ministry of Public Health and its National Observatory of New and Emerging Diseases created a leadership and coordination committee in charge of monitoring the spread of the disease. One of the committee's first actions was to

deploy a set of measures aiming at controlling the inflow of travellers from high-risk zones as well as an early warning and response system to the detected cases. To support its efforts in fighting the spread of COVID-19, the Tunisian government has created a [voluntary donation fund](#) that has reached 61,931.377 Tunisian dinars to date. While the fund was initially created to support Tunisian hospitals, its final official denomination hints that the collected money will be also directed towards controlling the devastating economic and social repercussions of the COVID-19. Despite the challenges stemming from its deeply rooted structural issues and the difficulties of balancing economic hardships and urgent sanitary measures, Tunisia's example in dealing with the COVID-19 could be seen under a very positive light, that of transparency, active communication and so far, reasonable decision-making.

By March 2020, and as the situation rapidly deteriorated on the other side of the Mediterranean, Tunisian authorities implemented a set of gradual decisions which, on March 20, culminated in a night curfew followed by the total lockdown announced by Kais Saied, President of the Republic. A day later, the head of government, Elyes Fakhfakh, also addressed citizens to explain the functioning of the total lockdown as well as precise economic measures to support the private sector and sustain the most vulnerable. These announcements sparked criticism as they embody a power play between Tunisia's heads of the executive and yet another lengthy constitutional debate.



In his announcement to the public, Elyes Fakhfakh suggested a bill that activates implementation of article 70-2 of the constitution. This article gives the head of government the right to issue decree-laws of a legislative character. Later, Presidential Decree n. 2020-28 dated 22 March 2020, based the "limitation of circulation and gatherings outside of the curfew hours" (namely the lockdown) on article 80 of the constitution which could, exceptionally, provide the president of the republic with legislative powers. Who rules in the time of corona? The Tunisian parliament recently approved the bill on delegating legislative powers to the head of government for the period of two months starting its

adoption. Only time will let us know the outcomes of applying both articles 70 and 80 of the Tunisian Constitution concomitantly. This situation, regardless of the outbreak's evolution, could contribute to reconfiguring political alliances and determining the epicentre of the Tunisian executive during this mandate. Up until now, almost every post-2011 crisis unfolded into putting to test the sustainability of Tunisia's newly established democratic institutions as well as strengthening the understanding of its legal arsenal and political transition, and COVID-19 is no exception. To date, Tunisia has registered [574 confirmed cases and 22 deaths over 7145 tested individuals](#).



Algeria: Coronavirus' Effects on a Nation in Turmoil

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Last year was a crucial year for Algeria. This year could be the year of constructing a new Algeria thanks to the rediscovery of an active citizenship and political engagement by a large part of society and to the efforts made by the new president, Abdelajid Tebboune, to find a way to political legitimization far from military control. In a situation of turmoil where political institutions are trying to reconstruct a relationship of trust with the Algerian people – who now have as their priority the quest for democratic legitimacy, something that cannot be procrastinated – the COVID-19 pandemic, added to the current drop in oil-prices and the drought, risks bringing the country back into a very difficult situation.

Research done in mid-February 2020 by the Inserm Institute of Sorbonne University (French Institute for Health and Medical Research) evaluated that the main gates for coronavirus in Africa would be Algeria, Egypt and South Africa due to high air traffic with the contaminated Chinese provinces. The



first confirmed case in Algeria on 25 February was an Italian worker probably linked to the oil & gas sector, but apart from this case, the prediction was exact. The same research also stated that these countries are among the best equipped on the continent to quickly detect and deal with new cases. Perhaps this is true for South Africa, but not so much for Algeria, where for a population estimated at 42 million people the Health Minister, Abderrahmane Benbouzid, declared on 16 March that the country has only "over 400 resuscitation beds".

After the first case, the contagion's progression has continued to be focused on two major areas: the Blida wilaya (province) and the capital, Algiers. Since mid-March President Abdelajid Tebboune first ordered closure of the schools and then of all cultural and sporting events and the mosques. Algeria opted for partial containment as early as 23 March when the country had 230 cases and 17 deaths confirmed. The confinement was first totally concentrated to the wilaya of Blida and partially that of Algiers (with a curfew from 7pm to 7am) before being gradually extended, first to nine wilayas, then to four others and finally to the whole territory since this Saturday, April 4. On 6 April, Algeria officially had 1320 people with COVID-19 and 152 deaths, with a worrying but still not severe progression of contagion. Curfew violators are liable to fines ranging from 3,000 to 6,000 dinars and three days' imprisonment. The partial lockdown is extended also to journalists and this has made workers for the independent journal *El Watan* denounce a "confinement of mass media" added to the health restrictions.

Currently the wilaya of Blida in the north of the country, near Algiers, is the only real hotspot for COVID-19 (40% of the cases are there). The epidemic spread here because of the link with Europe: after a week-long marriage celebration a family who took part in tested positive on their return to France. Again, the tradition of long and heavily attended social events became a new source of contamination: on 13 March, a lady from a big family in the city died. The burial was an excuse for all local notables, relatives and friends to not abide by the measures recommended by the authorities to avoid gatherings. As in other parts of the world, in Algeria the measures, even if still not as strict as Italy's for example, are poorly respected. There are long queues in front of stores and food storehouses or where semolina, a commodity of primary necessity is sold in public places in several wilayas, giving rise to distressing scenes where the unawareness/carelessness of citizens is added to the very poor organization of sales operations. This is the result of the breach of trust between the rulers and the people, aggravated by an official communication that is often clumsy and insufficient. A deficit that cannot be filled by the awareness campaign entrusted only to the security services, since the fracture stems from decades of mistrust that is now difficult to manage with the usual methods, which moreover the authorities attempt in an unprecedentedly complex situation. The need, according to Algerian sociologist Mohamed Mebtoul, is "to deeply rework the notions of trust, of solidarity and collective responsibility which are for the future of our society the



powerful weapons to build our citizenship claimed by the Hirak”.

On 20 March, the 57th Friday of Hirak – the popular movement that last year caused the resignation of the president in power since 1999 and has continued to take to the streets every Friday since 22 February 2019 demanding deep changes in the overall regime system – only police officers, most with masks, were present, deployed in the streets of the centre of Algiers. Apart from some initial resistance by the demonstrators, the appeals to the precautionary principle and to prudence brought about some results. But in this situation several Algerian citizens and international human rights NGOs called on the Algerian authorities for an “immediate” release of political and opinion detainees. The signers of the petition denounced “the unprecedented relentlessness against activists and journalists

while the whole world is focused on the fight against the spread of the COVID-19 pandemic”.

As for the economy, this pandemic is the crisis that Algeria really didn't need. In fact, in addition to the pandemic there is also the drop in oil prices and the drought. Assuming a sustainable stable oil price of around \$20, the budget deficit could double from \$12.8 billion (calculated on a barrel at \$50) to \$25 billion. And if the government planned to cut imports by half (\$41.39 billion in 2019), including of food and animal products, finally encouraging domestic production – a diversification in economic measures for a long time awaited – the drought that has been raging for several months will not only impact on this production, but will also create tensions regarding the distribution of drinking water. A situation that even without coronavirus the Prime Minister, Abdleaziz Djerad, considered “catastrophic in every respect”.



Coronavirus in Morocco: The Kingdom's Forward- Looking Strategy

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The Kingdom of Morocco has been implementing a set of extremely severe measures to curb the spread of COVID-19 in the country, so harsh that the Spanish newspaper *El País* classified it at the top of the countries that adopted major restrictions in their fight against the pandemic. Up to April 5th, the country reported **990 cases and 69 deaths**; the number of infections has grown exponentially in the last two weeks, the region of Casablanca being the most affected. The Moroccan response to the forthcoming crisis has been decisively forward-looking: from mid-March on, the government has not hesitated to take strong, progressive preventive measures, also involving the security forces and the army to have them respected. **The state of a health emergency** was declared on March 20, when all unnecessary movements and activities within the country were suspended; educational facilities and mosques had already been closed within the previous week, when the reported cases were still less than forty.

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One of the reasons why such a strong and timely response was enacted lies in the will to reduce the burden on a national health system with a limited capacity to manage a wide health emergency due to lack of [staff and infrastructure](#) – only [1642](#) beds in ICUs are normally available in both the public and private sectors for more than 3,850,000 inhabitants (Source: Haut Commissaire au Plan- HCP). The remarkable deployment of forces also responds to the government's strategy to send an effective, authoritative message to all strata of the population living in the kingdom. To do this, a comprehensive communication strategy has been devised: the state of emergency was announced by the Interior Minister in both Arabic and Moroccan dialect (Darija). Other important communications are equally broadcast or translated in Darija and in Amazigh, the Berber language that since 2011 represents one official language of the country. Furthermore, local [sensitization campaigns](#) have been organized to reach the rural population and invite citizens to practice social distancing, avoid public gatherings and respect hygiene standards.

Limiting movements inside and outside the kingdom was one of the most significant measures carried out to stem the infection: in this regard, Rabat almost completely suspended public and private transportation within the whole country, something that not even China had resorted to. When the reported cases were still just a few, Morocco undertook a progressive closure of its borders, starting from the Spanish enclaves

of Ceuta and Melilla. After flights to and from China, Italy, France, Spain and Algeria were halted, more and more destinations were added to the list until the complete closure of Moroccan airspace. Such a step was taken after having completed, in cooperation with foreign governments, a procedure allowing for the [repatriation of thousands of tourists](#) who had remained blocked in the country due to the trickle-down cancellations of their flights. As many as [25,000 French nationals](#) were repatriated through the mobilization of 140 ad hoc flights.

The iconic picture of the empty Jemaa el-Fna, the central square in Marrakech which was inscribed in UNESCO's list of the [Intangible Cultural Heritage of Humanity](#) in 2008, is an omen of the strong [blow](#) to Moroccan economy that will result from this crisis: according to official [data](#), tourism accounts for about 11% of the North-African kingdom's GDP, with a record [13 million](#) tourist arrivals registered in 2019.

After the latest developments, the Centre Marocain de Conjoncture, an independent monitoring center focused on the national economy, updated its [forecasts](#) for 2020, projecting a 25% decline for hotels and restaurants as well as a 50% slowdown in the extractive industry due to the international economic recession – Morocco has a leading role in the production of phosphates worldwide. In the globalized framework of the current emergency, another matter of concern is represented by the tight economic relations



interwoven between Rabat and Beijing: the crisis is having a strong impact on [Moroccan imports from China](#), in particular for what concerns raw materials and production components, especially in the electronics industry. On the other hand, all those sectors depending on exports, such as the leading automotive industry, are in serious difficulties. The negative economic situation triggered by the implications of the pandemic goes hand-in-hand with a severe [drought](#) that is expected to lead to a strong decrease in grains production. This comprehensively leads to a rate of GDP growth that might not exceed 0.8% – a gloomy forecast, if we consider that at the beginning of this year, the growth rate was officially estimated around 3.5% (source: HCP).

In order to ease the [socio-economic burden](#) of the crisis, the government has devised measures to assist employees, small and micro enterprises, independent contractors and [informal workers](#), whose activities are particularly affected by the current lockdown. To these ends, a special fund was created, to which both public and private entities are generously contributing; this fund is also aimed at improving medical infrastructures to deal with the emergency. National efforts are being complemented by international support: China recently sent the kingdom a plane full of [medical equipment](#), while both the [US](#) and

the [UE](#) have allocated financial aid to help Morocco manage the emergency. The World Bank has announced it will adapt the terms of a \$275 million "Disaster Risk Management Development Policy Loan" to Morocco which has approved last December, so as to allow its immediate release to tackle the present health-related crisis.

Notwithstanding the timely and specific response of the government, the actual situation further increases social inequality in the country, with the risk of worsening it until reaching a breaking point. Should the lockdown continue in the medium term, the conditions in the poorest areas of the country, especially in the suburbs of the biggest cities, might become unbearable, thus triggering social unrest and disrespect for governmental provisions. This would partially neutralize the efforts to contain the spread of the virus, while also representing a serious challenge to the country's sociopolitical stability. It follows that this crisis and its sociopolitical consequences are a serious testing ground for Moroccan government and for the functioning of national institutions as seen by citizens and the international audience. On the other hand, a positive management of this emergency would also be a chance for the kingdom to confirm its status as a vanguard country on the African continent.



The Covid-19 among MENA Refugees: A Great Humanitarian Concern

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While some may have initially underestimated the potentially disastrous effects of the COVID-19 pandemic outbreak, presuming that vulnerable people such as refugees would have more serious issues to deal with than a bad flu, the new coronavirus turns out to be an uncomfortable litmus test for the current state of aid in crisis-hit areas. There is no doubt that it is, however, premature to assess how the pandemic will affect the ways in which crises have been managed over the years to rehabilitate life and livelihoods in the Middle East and North Africa's conflict-stricken settings, now home to internally displaced people (e.g. Syria, Iraq, Libya and Yemen) and refugees (e.g. Lebanon, Turkey and Jordan).

Although (un)forced migrants are often believed to be carriers of infectious diseases, today's pandemic has actually been caused by the arrival of professional travelers or tourists in spaces inhabited by refugees. Echoing [past concerns](#) about the 2003 Severe Acute



Respiratory Syndrome (SARS) and the 2012 Middle East Respiratory Syndrome (MERS), the imminent outbreak of the COVID-19 pandemic in refugee camps worldwide is daunting because large numbers of refugees – who normally do not own equitable access to healthcare and reside in host countries where health infrastructures have been literally [eroded](#) by long-standing conflicts – may be particularly prone to respiratory infections. Refugee camps have become a matter of particular concern, as they tend to be crowded spaces across the Middle East region, where (mostly war-produced) refugees have been residing over decades and, at times, since birth.

In the wake of the COVID-19 pandemic, among other [self-started measures in camps](#), Lebanon's Palestinian refugees have begun fabricating masks to protect personal and collective health before the enactment of formal responses. In the framework of [UNHCR's Coronavirus Emergency Appeal](#), some international humanitarian agencies enforced prevention and protection measures (e.g. temperature screening at camp entrances). The formal COVID-19 response has primarily been coordinated with [governments](#), even when refugees' lives are endangered by the former. In Jordan's [Za'tari and Azraq](#), mostly hosting thousands of refugees who fled conflict in neighboring Syria and are now in lockdown as per national policies, humanitarian workers have been providing guidelines in Arabic through SMS and street posters about how to preserve personal hygiene and health. However,

protective material such as latex gloves, surgical masks and disinfectants – whose prices soared dramatically over the last few weeks due to their scarcity – has been distributed in only [a small number of cases](#).

Also non-camp refugees, who actually make up the vast majority across the Middle East region and who are [indiscriminately](#) labeled as “urban refugees”, have become the object of great humanitarian concern. Although they are likely to be more exposed to an urban health system and to have easier access to information, many of them still lack potable water, remain unlikely to access healthcare facilities, and cannot afford quarantine arrangements and [social distancing](#) restrictions.

After INGOs implemented anti-COVID-19 measures, some refugees voiced the need to be informed more broadly rather than simply being taught basic hygiene rules: “Aid providers promised Dettol and masks, but did not mention how we can learn what happens outside of here. No family in this camp owns a TV [...] What are the most affected countries, and what are they doing to face all of this?”, as a Syrian refugee living in Bireh (northern Lebanon) put it in one of our recent conversations (March 31, 2020). Humanitarian agencies should therefore scale up simple aid and advice to include deeply informative sessions held in the languages of the camps. Mere guidelines like “washing hands with soap” limits aid to an instrument of biological survival and “human dignity”. Thus far, humanitarian programs have seemingly approached the



pandemic as an exclusively health matter that they can only provide technical advice for. Refugees have instead proven to be a key soft-power tool for global and regional power-holders who, in turn, adopt catastrophe as a back-route to convenient politics. For example, some municipalities in Lebanon have enforced extra curfews on Syrian refugees to reassert territorial sovereignty, [parading](#) such measures as needed to limit the spread of COVID-19 in a bid to take advantage of the political leverage that states of exception [typically](#) provide. Meanwhile, Syrian refugee families in the Greater Beirut area recently (April 2, 2020) told me that local municipalities highlighted the need for refugees to exclusively address their aid requests to UNHCR and UNRWA (respectively addressing non-Palestinian refugees and Palestinians in Lebanon) in order to deal with the current pandemic.

As today's emergency crises are mostly of prolonged nature, the COVID-19 pandemic

certainly amounts to a series of ageing crises, made up of high unemployment rates among older-date refugees, a chronic lack of available cash – mainly needed to cover the costs of home rent and medications – and, sometimes, even food scarcity. During the pandemic, refugee camps and high-density slums are faced with the challenge of rethinking coping mechanisms while relying on weak infrastructures, while global humanitarian actors historically tend to [prioritise later emergencies and under-resource the earlier](#).

In a world of unequal political geographies, Western countries will possibly be prioritized in the future provision of a vaccine. Instead, the virus is likely to affect refugee camps and spaces for a long time. By then, host states may end up using social distancing as a way of further isolating and warehousing refugees while sugarcoating it as public health protection.