The COVID-19 Pandemic in the Middle East and North Africa

April 2020
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The Project on Middle East Political Science

The Project on Middle East Political Science (POMEPS) is a collaborative network that aims to increase the impact of political scientists specializing in the study of the Middle East in the public sphere and in the academic community. POMEPS, directed by Marc Lynch, is based at the Institute for Middle East Studies at the George Washington University and is supported by Carnegie Corporation of New York and the Henry Luce Foundation. For more information, see http://www.pomeps.org.
The COVID-19 Pandemic in the Middle East and North Africa

Marc Lynch

The COVID-19 pandemic swept through a region already struggling with the effects of a decade of uprisings, failed or struggling political transitions, state collapse, civil war and international conflict. As the magnitude of the pandemic’s global impact became clear, the Project on Middle East Political Science issued a call for short papers assessing the response to the pandemic and its likely effects. The response was overwhelming. This special issue of POMEPS STUDIES collects twenty contributions from a wide range of young scholars writing from diverse perspectives, which collectively offer a fascinating overview of a region whose governance failures, economic inequalities and societal resilience were all suddenly thrown into sharp relief.

Several themes run across the essays: the importance of variations in state capacity; the securitization of the pandemic response and the potential for increased repression; the profound challenge to war-torn areas, conflict zones, and refugee concentrations; and the prominence in international relations of soft power, battles over narrative, and non-military interdependencies.

State capacity: The pandemic response has revealed, perhaps more than any other event in recent history, the variation in state capacity across the region. State capacity involves more than wealth or coercive capacity, though both help. State capacity can be observed in the ability to identify virus cases across the population, to impose and enforce lockdowns in a sustainable way, to acquire testing and medical supplies, and to keep people fed and healthy during an economic freeze. It can also be observed, as Justin Schon notes in this collection, in the state’s ability and willingness to credibly communicate its policies to its citizens and prevent the spread of destabilizing rumors and false information. In Jordan, as Elizabeth Parker-Magyar shows, regular and clear governmental communication has made a positive difference, in stark contrast to the disastrous efforts to control information in Iran (Sally Sharif) and Egypt (Lucia Ardovini).

The highest capacity states in the region, by pre-crisis metrics, have, for the most part, responded more quickly, more efficiently, and at larger scale. As Elham Fakhro, Kristin Diwan, Diana Galeeva and Matthew Hedges demonstrate in their essays, the small Gulf states could draw on their vast resources, omnipresent surveillance systems, and relatively competent autocratic technocratic rule to acquire medical and food necessities, identify outbreaks quickly, and deploy the repressive capacity as needed to enforce dramatic societal closures. The GCC states have more than sufficient reserves for an immediate response; Saudi Arabia has already launched a $32 billion stimulus package and the UAE $34 billion. But an extended collapse of oil prices – along with air travel, religious pilgrimages, and construction – could prove more difficult to manage.

Other states have demonstrated relatively high capacity to respond, even where they lack the Gulf’s financial resources. Jordan, as the essays by Elizabeth Parker-Magyar and Allison Hartnett, Ezzeldeen Al-Natour and Laith Al-Ajlouni show, moved rapidly towards one of the most draconian national shutdowns based on emergency law and rigorous enforcement; so did Tunisia and Morocco, as Yasmina Abouzzohour and Yasmine Zarhloule argue in their essays. Lebanon, never known for high state capacity, faces the COVID-19 pandemic at precisely its weakest moment. As Carla Abdo-Katsipis observes, Lebanon’s pandemic response had to grapple with a massive financial crisis and political paralysis already crippling the country and leaving the state virtually incapable of mustering an adequate medical or coercive response. Sudan, in the midst of a precarious political transition, lacks even the basic capacity to deal with the pandemic should it spread.
The responses by lower capacity, higher population states which have long been viewed as deficient in key areas of state capacity have been predictably less effective. Egypt’s military-led response was slow and inadequate, as Lucia Ardovini demonstrates, focused more on controlling information and policing the public sphere than on pandemic response. Similar trajectories can be seen or expected in comparably large, lower capacity states such as Algeria, as Abouzzohour shows, especially where the sudden collapse of oil prices also cut into state resources. Iran fits in this category as well. The rapid, unchecked spread of the virus in Iran came in large part due to the tight control over the flow of information, as Sally Sharif shows. The Iranian regime sought to minimize knowledge of the pandemic in order to go forward with politically important elections and to reduce knowledge of any potential regime-threatening problem. While Iran in ordinary times might have had the financial resources and state capacity to respond more effectively, the sanctions imposed by the United States after its departure from the nuclear deal have crippled Iran’s economy and its ability to import medical and humanitarian goods from abroad.

Finally, the shattered states of the region struggle to demonstrate any capacity whatsoever in terms of a virus response. As Jesse Marks and Eleonora Ardemagni each argue, Yemen, Libya, Syria, Iraq, and Gaza have little ability to respond to rapid, devastating contagion once cases of the virus enter into those spaces. In many of these countries, non-state actors such as the Popular Mobilization Forces in Iraq and Hezbollah in Lebanon have stepped up to fill in gaps left by weak states. Refugee populations have virtually no protection from the transmission of the virus or ability to treat those infected.

One critical point here concerns diffusion effects. The COVID-19 pandemic cannot be contained within borders. This may be felt the most profoundly in Iraq, where the border is porous and the communities are tightly integrated, and where the combination of pervasive governance failure and collapsing oil prices make a competent state response unlikely. Thus, while the U.S. remains bent on imposing maximum pressure and maximum pain on an already suffering Iran, as Elham Fakhro points out, many of its regional rivals such as the UAE have instead offered humanitarian assistance.

**Securitization and the potential for increased repression**: Many of the essays in the collection express well-grounded concern that autocratic regimes will use the powers deployed against the pandemic to also repress political opposition. The pandemic response has legitimated escalated state control over society in ways which are necessary to slow virus transmission but which incorporate all the tools and modalities for future repression. Emergency laws once put in place are unlikely to retreat, especially in the highly security-conscious regimes of MENA. The lessons about the ability to clear the streets, the technology to track citizen movements, the legal authorities to implement lockdowns – all of these are equally useful against political opponents as they are against the virus.

Regimes will seize this opportunity to shut down what had been a robust regional protest wave and seek to prevent any recurrence. Movements in Algeria, Iraq and Lebanon, which had demonstrated great resilience by staying in the streets despite state efforts at repression or co-optation, will likely find it difficult to restart protest movements of the same magnitude and focus after the period of closure. The curfew and closures meant clearing the streets, ending protests in actively mobilized societies. Once these autocratic regimes have regained control over the streets, they will fight hard to retain it. Even small protests will likely be met with severe repressive force, as in the case of Egypt’s arrest of Alaa Abdelfattah’s relatives protesting virus vulnerability for political prisoners. The inability to return to the streets will also cripple the power of activist movements attempting to prevent autocratic backsliding in countries such as Sudan and Tunisia.
In some higher capacity states, as Matthew Hedges and Adam Hoffmann point out, enforcement of the shutdown involves new surveillance technologies which will again likely remain in the toolkit of police and security forces after the crisis passes. Ehud Eiran notes that Israel’s use of smartphone tracking, for instance, to identify close contact among potentially infected citizens, could easily be extended to surveillance of potential political dissidents – and almost certainly will be in high capacity MENA states as the concept is proven during shutdown enforcement.

There is also a political dimension to treating the pandemic response as a war. It is telling that so many MENA states have approached the pandemic through such a security lens. As Hoffman lays out in his essay, there is a logic to securitization, by which the deployment of rhetorical tropes of security justify a range of state and societal responses. Hoffmann, Eiran and Brent Sasley each show how Israeli framing of the pandemic in security terms reshaped its political field, likely keeping Benjamin Netanyahu in office after his seeming political demise. Ardovini and Yasmine Zarhloule trace similar rhetorical practices in Egypt and Morocco. Lebanon’s political elite, as Carla Abdo-Katsipis show, similarly re-emerged from months of challenge by protestors to reassert the traditional rules of the game.

The longer term political impacts may be less friendly towards regime survival, however. One could imagine an inverse U shape to political dissent, with the current pandemic moment marking the lowest point. While the pandemic response will strengthen the state over society, the economic effects of the pandemic will likely exacerbate many of the drivers of political unrest. It is difficult to even begin to calculate the economic implications of this global shutdown at this point. It is difficult to see any society in the MENA region emerging from this pandemic more satisfied with the quality of governance or economic life, or less alienated from the political system. The pandemic will more likely impose severe costs on societies already facing extreme levels of precarity, poverty, and political alienation, while constraining the ability of regimes to mobilize resources to offset those grievances. While the pandemic lockdown will therefore likely mean lower levels of political protest mobilization in the short term, the building of pent-up grievances and high-inevitable perceptions of regime failures in meeting the challenges will likely set the stage for the next round of regional protests.

**Soft power and international competition:** Finally, the pandemic has offered opportunities as well as challenges, especially in the realm of foreign policy. As Diana Galeeva and Elham Fakhro each show, the UAE and other wealthy Gulf states have sought to take advantage of the pandemic to demonstrate soft power, win narrative battles, or shape outcomes through the selective provision of relief. China, as Guy Burton argues, has been especially active in seeking to define a favorably narrative, deflecting blame for its own initial shortcomings while actively pushing alternative narratives and trying to win support through the highly visible provision of aid. The United States has been far less visible, with the Trump administration’s shambolic domestic response inspiring more derision than admiration. This could have enduring effects on what remains of the American-led regional order.

The pandemic has had mixed effects thus far on the active wars. As Ruth Hanau Santini notes, the UN Secretary General’s call for a global ceasefire during the pandemic response has had mixed reception in the Middle East. Saudi Arabia did announce a two week ceasefire, ostensibly due to the pandemic risk, but there has been little movement towards any more comprehensive peace settlement. The fragile ceasefire in northern Syria has thus far held, as international agencies struggle to find ways to protect refugee encampments from the impending disaster. But in Libya, the conflict has actually escalated on both sides.

State capacity, securitization, transformed repression, and soft power battles are only a handful of the themes which run across this rich set of essays. Download and read them all today.

*Marc Lynch, Director of POMEPS*
Endnotes

4 Mark Weston. “Coronavirus reaches Sudan, one of the countries least equipped to deal with it.” The Guardian, 24 March 2020
5 Djavad Salehi-Isfahani, “The Coronavirus is Iran’s Perfect Storm.” Foreign Affairs 19 March 2020
7 Colum Lynch and Robbie Gramer, “The Next Wave,” Foreign Policy 23 March 2020
The CoronaNet Database

Robert Kubinec, New York University at Abu Dhabi

The CoronaNet government response database (principal investigators Joan Barceló, Cindy Cheng, Allison Spencer Hartnett, Robert Kubinec and Luca Messerschmidt) is an effort to collect detailed data on policies taken by countries around the world in response to the COVID-19 pandemic. This project harnesses the efforts of more than 150 research assistants in 18 time zones to track countries across the world. The data is designed to permit inter-country comparisons across a range of policy types, both domestic and international. We also track the targets of policies so that we can identify dyadic and other network-based relationships, such as who implements travel restrictions against whom. The data will be continuously updated during the course of the pandemic, and are available via our website¹ and Github page.²

The data can also shed some light on the actions taken by Middle Eastern and North African countries. The plot below shows the number of national restrictions by policy type for the 14 countries we have managed to collect data...
on thus far (Algeria, Bahrain, Egypt, Iraq, Iran, Morocco, Saudi Arabia, Oman, Sudan, Syria, Turkey, Tunisia, the United Arab Emirates and Yemen). While this plot only counts the total number of policies, not their severity, it is clear that countries in the region have been most active at external border restrictions, while social distancing policies and restrictions of mass gatherings and non-essential businesses arrived relatively late.

It would appear that at least part of the early external border restrictions are due to the early outbreak in Iran. There are 25 policies targeting Iran, the earliest of which was announced on January 31. As of April 8th, the top countries targeted with specific border restrictions were primarily inside the region. Furthermore, by that date, 12 out of the 14 countries in our data had completely closed off borders to any external flights. By comparison, the top most targeted countries were Iran and Italy, followed by China, Bahrain, Kuwait and Iraq. This regional breakdown suggests that countries were very aware of the early threat posed by outbreaks in neighboring states, and were willing to accept the diplomatic consequences of banning travelers within the region. However, these early patterns are now subsumed by the fact that most borders in the region are closing completely, as is happening everywhere in the world.

Please access the full, regularly updated dataset via our website and Github page.

Endnotes

1 https://coronanet-project.org/
2 https://github.com/saudiwin/corona_tscs
3 https://coronanet-project.org/
4 https://github.com/saudiwin/corona_tscs
Total confirmed cases of COVID-19

The number of confirmed cases is lower than the number of total cases. The main reason for this is limited testing.

Source: European CDC – Situation Update Worldwide – Last updated 1st April, 12:30 (London time)  OurWorldInData.org/coronavirus • CC BY
The Securitization of the Coronavirus Crisis in the Middle East

Adam Hoffman, Tel Aviv University

The global need to respond to the spread of the COVID-19 virus played out in distinctive ways in the MENA region. In addition to implementing public health measures such as quarantines, tests and lockdowns, some states in the region also chose to frame the coronavirus as a security threat and not simply as a public health issue. This framing of the COVID-19 pandemic is best understood through the lens of securitization theory. The strategic choice to frame the pandemic response in security terms may seem obvious amid national (and nationalist) efforts to stop the pandemic, especially in Middle Eastern regimes already highly focused on security. But the non-securitized responses to COVID-19 in many countries – including in the Middle East – show that securitization is a political choice by policy makers and not a “natural” state, as scholars of the Copenhagen School have argued.

The theoretical framework of securitization is associated in IR theory with the Copenhagen School of security studies and was originally developed by Ole Wæver. It essentially argues that security is a speech act: an issue becomes a threat whenever an actor declares it to be a matter of national security, a move which has distinctive political consequences. Security issues do not simply exist ‘out there’ as objective facts, but rather must be defined and articulated as threats by political actors. The effect of this process, defined by the Copenhagen School as securitization, is that by labeling something as “security,” an issue is dramatized as an issue of supreme priority. As Buzan, Wæver and De Wild argue, “the special nature of security threats justifies the use of extraordinary measures to handle them” and the suspension of “normal politics” in dealing with that issue. Securitization thus means the elevation of an issue beyond the level of everyday politics, which justifies the use of emergency measures to deal with it.

Securitization theory has been applied before to the Middle East: some scholars have used it to examine the securitization of the Shi’a other in Gulf politics, attitudes towards the Palestinian minority in Israel, sectarian identities in the post-2011 regional order, Saudi Arabia’s attempts to securitize Iran and the securitization of the Iranian nuclear project in Israel, among other issues. However, despite this existing engagement with securitization theory in IR scholarship on the Middle East, existing literature has paid less attention to global health issues as security threats. Such issues have already been securitized in other contexts: Margaret Chan, the former director general of the World Health Organization (WHO), spoke of the Ebola epidemic as “a threat to national security well beyond the outbreak zones” and former U.S. President Barack Obama described the Ebola outbreak as “a growing threat to regional and global security.” This securitization of past pandemics has led to studies of the securitization of Ebola and AIDS – though less in the context of Middle East politics.

The examples of Israel and Jordan help to illustrate how securitization theory can help in the understanding of state responses to COVID-19. These countries were not chosen for their similarity, but due to the fact that despite their many differences, in both countries the national response to COVID-19 has been securitized in similar ways. These are not the only examples in which states in the Middle East have used the military to deal with the coronavirus pandemic, of course: Oman, for example, has deployed the Sultan's Armed Forces (SAF) to check and control points against the movement of citizens and residents in all governorates of the Sultanate, and the Spokesman of the Egyptian Presidency published a video which showed the preparations of the Egyptian Armed Forces for COVID-19, showing soldiers wearing chemical warfare suits and military units displaying disinfection gear. A discussion of the securitization of COVID-19 in Israel and Jordan thus illustrates a wider pattern of MENA state policy behavior in response to the coronavirus crisis.
The COVID-19 Pandemic in the Middle East and North Africa

Israel’s response to the coronavirus

Israel responded to the coronavirus decisively and swiftly, and its responses have been praised by some observers as “right on target” and as an example for “other nations in search of answers” of how to deal with the pandemic. In addition to implementing a variety of measures such as self-quarantine, limiting public gatherings and closing schools, universities and kindergartens, key actors in Israel also securitized the pandemic. Most importantly, Prime Minister Benjamin Netanyahu described Israel’s efforts to contain the coronavirus as being “a war with an invisible enemy, the virus.” Similarly, Defense Minister Naftali Bennett stated that Israel is “in the middle of a war. It is no less significant than the previous Israeli wars, but it is very different,” and referred to the pandemic as Israel’s “First Corona War.” Bennett also explicitly securitized the coronavirus in an official policy document he published in late March titled A National Corona Plan for Israel. The plan stated that “a pandemic is different” from ordinary health issues, being “a combination of medicine and war [emphasis mine].” As a result of this war-like nature of the challenge, different actions are required: “in war, quick decisions must be taken, risks must be taken, and the safety measures must be lowered. The state of mind of war is very different from the state of mind of medicine.”

The securitization of COVID-19 by Israeli actors was not limited only to Netanyahu and Bennett: in a criticism of the Israeli government’s response to the epidemic, Major-General (res.) Giora Eiland, the former head of Israel’s National Security Council, claimed that “Israel is in all-out war with the coronavirus” and argued that “It is time to stop being proud of our so called achievements, and manage the crisis not as though we are at war, but as if we were at all-out war.” In the same vein, Professor Efraim Inbar, President of the Jerusalem Institute for Strategy and Security, argued that the corona crisis should be viewed as “a war that was forced on Israel. The situation has many similarities to a war employing chemical and biological agents.” The fact that prominent voices outside of the Israeli government also securitized the coronavirus crisis can be seen as an example of what political scientists Oren Barak and Gabriel Sheffer term Israel’s “Security Network” in action: a highly informal but at the same time very potent network, made up of actors who are connected by informal, nonhierarchical ties and share common values and perceptions regarding Israel’s security.

While scholars of securitization theory view securitization as a speech act and therefore focus on the rhetorical aspects of defining issues as matters of national security, Israel’s securitization of COVID-19 was also manifested in the actions undertaken by the Israeli government. According to Netanyahu, the new reality of trying to contain the coronavirus justifies the use of extraordinary measures, as Buzan, Wæver and De Wild argue happens in the process of securitization. Netanyahu stated that as part of Israel’s efforts to combat the epidemic, the government will “deploy against it measures we’ve only previously deployed against terrorists.” These measures included an unprecedented use of Israel’s various security and intelligence agencies: Shin Bet, Israel’s domestic intelligence agency, uses surveillance technology to track citizens infected by the coronavirus. This was the first time that Shin Bet used its technological capabilities to openly track Israeli citizens. After the personal details of 10 coronavirus patients were lost in the government’s health system, Sayeret Matkal, Israel’s elite Special Forces unit, was activated to track them. The IDF Intelligence Corps, including its Research Division and elite Unit 8200, were also called on to assist the Ministry of Health in collecting and analyzing intelligence related to the coronavirus. Finally, Mossad, Israel’s foreign intelligence service, was tasked by Netanyahu “to do everything and anything” to procure ventilators and other needed medical supplies from abroad for the country’s health system. These steps reflect not only Israel’s crisis mode response to the coronavirus, but also its securitized response to the global epidemic – using military units, intelligence agents and technologies usually used for fighting terrorism and collecting intelligence for the country’s national security needs.
Jordan’s response to the coronavirus

In mid-May, Jordan introduced some of the toughest anti-coronavirus measures in the world. These measures included an indefinite curfew, a one-year prison sentence to those who violate it by going outside, and the closing of all businesses in the Kingdom.  

In addition to these harsh measures, Jordan also securitized the coronavirus crisis, defining it as a war-like situation. Most notably, this was done by King Abdullah II in a widely viewed speech posted on Facebook.  

In the speech, the King addressed Jordanians in a fatherly tone as “sons and daughters of a dear people” and warned them about the global danger posed by the coronavirus epidemic. In discussing the danger posed by the virus, Abdullah used the metaphor of war by invoking the Battle of Karameh, which was marked in Jordan two days before, on March 21. By invoking the Battle of Karameh, King Abdullah called on Jordanians to show the same spirit of bravery, honor, and sacrifice as the Jordanian soldiers had done fifty years earlier. The King said that today, each and every Jordanian “is a soldier” in Jordan's campaign against the epidemic. Importantly, the King delivered the speech in military uniform. This presentation has been used by the King in the past in times of crisis, such as after the killing of Jordanian Air Force pilot Muath al-Kasasbeh by ISIS in February 2015.  

At first glance, the securitized response to the COVID-19 crisis by both Israel and Jordan indicates a strong state which is able to quickly mobilize its security forces (and in the case of Israel, intelligence services), impose lockdowns and maintain domestic stability in the face of a global crisis. But this conclusion would be misleading: in Israel, while the involvement of the IDF, Mossad and Shin Bet is lauded by many and often presented by Netanyahu and Bennett in heroic terms, the coronavirus crisis exposed the unpreparedness of Israel’s health system to deal with the epidemic. As some Israelis noted on social media, had the country’s health system had enough ventilators and other medical equipment in the first place, Mossad would not have been tasked with procuring it in secret dealings from far-off countries. Thus, despite the advanced capabilities shown by the involvement of Israel’s various security services in response to the pandemic, the coronavirus exposed Israel’s limited state capacity in terms of the health system’s ability to prepare for and respond to the crisis.  

In Jordan, meanwhile, the quick and decisive response to the crisis was done in order to prevent a mass outbreak of the pandemic, due to the government’s awareness of the lack of the necessary resources to deal with such a scenario. Jordan’s economy is already facing major challenges: in 2018, the Kingdom faced country-wide protests over a new income tax bill, and the country has around $1.76 billion in debt payments to make this year. A mass outbreak of COVID-19 would almost certainly overburden the country’s health system and further exacerbate its economic problems. The Kingdom’s securitization of the coronavirus crisis and calls for resilience and resistance in the face of the epidemic therefore show a limited, rather than high, state capacity to deal with the virus.  

Conclusion

Securitization theory argues that security threats do not simply exist as natural facts but are defined and articulated
as such by political actors. A discussion of states’ responses to the coronavirus pandemic in the MENA region, focusing on Israel and Jordan, has shown that many governments in the region have defined the COVID-19 crisis not simply as a public health issue but as a security threat, often describing the state’s efforts to limit the spread of the virus as a war or military campaign akin to previous wars fought in the nation’s collective memory.

Scholars of securitization theory are wary of the political consequences of securitization, as the extraordinary means employed to deal with the security threat could lead to an erosion of democratic norms and debates. This concern is also relevant to Middle Eastern governments’ securitization of the coronavirus epidemic: in Israel, the surveillance powers given to the Shin Bet to track coronavirus carriers could be used for other purposes after the end of the pandemic. Although Shin Bet’s chief Nadav Argaman said that he understands the sensitivity of the issue and promised that the information collected using the service’s technological tools will not be kept in the Shin Bet pool after its delivery to the Health Ministry, there are no guarantees that the technology won’t be used again, and not only for security reasons. Thus, the extraordinary measures adopted by Israel to deal with the coronavirus crisis could significantly improve the state’s repressive capability—and the political consequences of the securitization of the pandemic could become a part of the state’s relationship with society long after the end of the COVID-19 crisis.

Endnotes

12 https://omannews.gov.om/NewsDescription/ArtMID/392/ArticleID/10983/SAF-ROP-to-Activate-Check-Control-Points
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The battle was a military engagement between the Israel Defense Forces and Palestinian guerillas and the Jordanian Arab Army in March 21, 1968, in which the Palestinian guerillas and the Jordanian forces forced the Israeli forces to retreat and inflicted heavy casualties on the IDF. The battle's legacy in Jordan shattered the myth of the invincibility of the Israeli army, and its outcome was embraced by the late King Hussein.
Islamic Responses to COVID-19

Alex Thurston, University of Cincinnati

On April 1, Saudi Arabian authorities requested “all Muslims around the world” delay making plans for this year’s hajj season, which will begin in late July, until the coronavirus pandemic is under control. The move toward suspending hajj has been building since late February, when the Saudi Arabian government suspended visas for foreigners to make the lesser pilgrimage (‘umrah), which can normally be made at any time of the year. It appears increasingly likely that hajj will be suspended altogether, or will take place in a very limited format. Such a move would be unprecedented in Saudi Arabia’s modern history, but it has precedents from the nineteenth century and before, including for reasons related to public health. Some major Muslims scholars have already said it is permissible to suspend hajj under dire circumstances. Other governments, for example Egypt, have canceled their official hajj delegations for this year. Meanwhile, social media users have been sharing the striking images of the nearly empty sanctuary of Mecca, normally thronged with visitors.

The hajj issue is only one of many challenges now affecting Muslims. Amid COVID-19, social distancing, and lockdowns, Muslim communities confront urgent and painful questions: Should group prayer, and particularly Friday congregational prayer, be suspended? How should funerary rites be performed amid fears of contagion? Who has the authority to make these decisions? And what precedents, if any, does the Islamic tradition offer?

Intra-Muslim debates on these issues have largely paralleled other sectors’ debates about how dramatically to curtail normal life in response to the pandemic. Initially mild and skeptical reactions about the need for upheaval have largely given way to widespread agreement about the desirability of taking drastic steps to “flatten the curve.” Group prayer and pilgrimages are largely now suspended. Many Muslim clerical bodies now also advocate approaching public health questions, including funeral preparation for COVID-19 casualties, with great caution, for example by merely pouring water over the deceased’s body rather than scrubbing it by hand, or by performing tayammum (ritual cleansing with sand or earth) rather than using water. There have, however, been moments of resistance to mosque closures and other measures. Such moments activate pre-existing tensions between certain Muslim constituencies and authorities.

Group prayer has been the key issue and symbol for Muslim communities grappling with COVID-19’s impact. Although Muslims are not obligated to pray their five daily prayers in congregation, well-known prophetic traditions emphasize the spiritual merit of praying with others. The Friday prayer is considered an obligation for healthy adult men who live within reasonable distance of a mosque where the prayer is held. Suspending group prayer disrupts the spiritual and communal lives of Muslims and, to paraphrase one American Muslim scholar, Friday prayer ranks among the “symbols of God” on earth – hence the tremendous initial reluctance of different scholars and ordinary Muslims to temporarily shutter mosques.

In different communities, Muslim scholars and/or governments have sometimes proposed the intermediate step of holding a limited Friday prayer where a small number of worshippers stand apart and use rugs brought from home. Intermediate steps, however, have quickly given way to the indefinite suspension of Friday prayers. By mid-March 2020, videos were circulating capturing muezzins – some of them choking up with tears – replacing the most widespread version of the call to prayer with an alternative version, derived from a prophetic tradition, commanding worshippers to “pray in your houses.” Both visually and aurally, the pandemic is changing the Islamic “sensorium” in nascent ways whose consequences may be felt for some time.

Muslim scholars have dived back into the Islamic tradition seeking precedents for such suspensions. The most
commonly cited precedents are prophetic traditions concerning the permissibility of telling Muslims to pray at home amid rain or cold;\textsuperscript{11} some scholars have analogized from such traditions to make the case for the permissibility of suspending group prayer amid the pandemic. As the disaster has worsened and the debates over group prayer have become more complex, other scholars (Muslim and non-Muslim) have dug into post-prophetic history to find examples of mosque closures during medieval times.\textsuperscript{12} Famous twentieth-century scholars, such as the Saudi Arabian Grand Mufti ‘Abd al-‘Aziz Bin Baz (d. 1999), also recognized the possibility of instructing people to pray at home under certain circumstances.\textsuperscript{13}

Amid debates over Islamic responses to COVID-19, pre-existing tensions have come to the fore, especially between Islamists and authorities, and new tensions are being generated. Part of the backdrop is the ongoing or renewed effort by various states to take more control of the religious spheres in their countries.\textsuperscript{14} One risk for authorities in general, now elevated amid the pandemic, is that overt state interventions in the religious sphere, and/or overt partnerships between rulers and clerics, will discredit the representatives of “official Islam.”\textsuperscript{15}

In different areas, there have been flashes of discontent when authorities order closures of mosques and shrines. For example, in mid-March, Iranian authorities suppressed protests at key sites in Mashhad and Qom;\textsuperscript{16} and at least one Senegalese imam was briefly detained after defying a ban on holding Friday prayers in the capital Dakar.\textsuperscript{17} So far, states have handled such challenges to their authority with relative ease, particularly when populations are largely receptive to the public health arguments – combined with the religious arguments – for suspending group prayer. But there has been some violent pushback against bans on Friday prayer, for example in the northern Nigerian state of Katsina.\textsuperscript{18}

Unsurprisingly, some of the voices most critical of and/or skeptical towards mosque closures have been longtime dissenters, often coming from Islamists’ ranks. The Algerian Islamist Ali Belhadj, who spent much of the period 1991-2006 in detention amid Algeria’s civil war, recently released a video objecting to mosque closures. He asked why the state could not station medical personnel outside mosques to screen congregants before they enter, and he argued – as have others – that “the issue is not [really] about the mosques, based on the fact that the markets are not closed, the soldiers’ barracks are not closed...”\textsuperscript{19} Some clerics have implied that when Muslims continue going to markets but not to mosques, it is an issue of weak faith\textsuperscript{20} – while figures such as Belhadj have implied that the pandemic reveals authorities’ continued desire to constrict Islam.

Meanwhile, some authorities have been reluctant to close mosques. Taking up the case of Pakistan, Arsalan Khan writes, “The mosque economy depends on alms and is therefore tied to the flow of bodies in the mosque. To demand a closing of mosques can, then, potentially invite the ire of one’s constituency. The Pakistani state draws directly on Islamic authority and thus has become beholden to Islamic actors, particularly to the authority of the ulema.”\textsuperscript{21} If state-‘ulama’ relationships place clerics’ credibility on the line in some countries; in others, it is the state’s credibility at risk vis-à-vis the competing demands of different sectors. As of Friday, April 3, Pakistan had a patchwork of regulations and restrictions in place, with some provinces placing de facto bans of Friday prayer and national authorities leaving mosques open but restricting congregation sizes.\textsuperscript{22}

In some Muslim-majority countries, the fates of imprisoned Muslim activists have also taken on new significance. Parts of the Saudi Arabian diaspora have launched a social media campaign called “Before Disaster/ Qabl al-Karitha” to agitate anew for the release of prisoners including the detained cleric Salman al-‘Awda, strongly associated with the country’s Islamist-tinged Sahwa/Awakening movement.\textsuperscript{23} Saudi Arabia, Iran, and other Middle Eastern countries have released hundreds of detainees in recent weeks as part of efforts to slow the virus’ spread,\textsuperscript{24} but most high-profile prisoners remain in custody. COVID-19 has not yet prompted domestic truces between authorities and Islamists.
There have not been, so far, profound divergences between Sunni and Shi'i responses. Although the Twelver Shi'a have a more formalized clerical hierarchy than the Sunni world, many clerics have reached the same conclusions regardless of sectarian affiliations or legal schools. One striking fatwa (Islamic legal opinion) came from the senior Iraqi Shi'i cleric 'Ali al-Sistani, who ruled that knowingly spreading COVID-19 could oblige the spreader to pay compensation to those affected; al-Sistani issued this guidance as part of larger recommendations about following state authorities’ public health edicts and about the need for travelers and sick people to obey quarantine protocols. Iraqi authorities have, however, faced defiance from Shi'i pilgrims heading to holy sites in the country, and pilgrims returning to Iraq from Syria have reportedly tested positive for the virus. From certain Sunni quarters, there were some initial expressions of satisfaction seeing the virus exact a heavy toll from Iran, but the virus’ spread into Sunni communities has turned attention nearer to home. Meanwhile, some Muslims and non-Muslims have been deeply upset with China’s handling of the virus, including because of China’s ongoing maltreatment of its largely Muslim Uighur minority.

Looking ahead, in the near term, key questions include how Muslims will navigate the observance of Ramadan, set to begin around April 23. Ramadan normally brings intensive socializing and group worship, but much of that activity may be prohibited this year. Arguments about group prayer will likely resurface in other forms during the sacred month, especially when it comes to the question of how to observe Eid al-Fitr, a major Muslim holiday involving community prayer following the last day of fasting. In the longer term, if lockdowns stretch into months rather than weeks, profound changes to many Muslims’ daily religious lives are in store, as well as continued debate over who speaks for Islam in the age of COVID-19.

Endnotes

1 Aya Batrawy and Jon Gambrell, “Saudi Officials Urge Muslims to Postpone the Hajj During Coronavirus Pandemic Is Under Control,” Associated Press, 1 April 2020, https://www.yahoo.com/news/saudi-officials-urge-muslims-postpone-102152453.html?guccounter=1&guce_referrer=aHR0cHM6Ly93d3cuZ29vZ2xlMnVsb88guece_refererr_sig=AQAAAAKCAajRh4XY1rhP3CX6pCb1NaYyw84XDNgq54SMKxDzZtvz81_19LZlgDXgtmezzWSM1sdYXM6w59EMIEth7-rhFV9eHav_rxx7f7GorKoZ2zmtH-XdNkS5Jlu-bx5fmOrvBYg_N-zZkqafmgzRq98C5EKTQFKATRQZ009-UHAS.


7 Sahih al-Bukhari 619, Sahih Muslim 650.


9 See, for example, Muhammad al-Hasan Ould al-Dedew, Twitter, 18 March 2020, available at https://twitter.com/ShaikhDadow/status/1240674510015156813.


11 See, for example, Sahih 901.

12 See, for example, Hasib Noor, Twitter, 18 March 2020, https://twitter.com/hasibmn/status/1240438255901913089.


23 See, for example, a Twitter post from al-‘Awda’s son ‘Abd Allah on 27 March 2020, https://twitter.com/aalodah/status/1243464997642145792.
Protecting Refugees in the Middle East from Coronavirus: A Fight against Two Reinforcing Contagions

Justin Schon, University of Florida

Coronavirus is spreading like wildfire. As of March 31, the Johns Hopkins Coronavirus Resource Center counted over 930,000 confirmed cases worldwide. While the virus struck East Asia, Europe, and North America first, Middle East and North African (MENA) countries are bracing themselves for severe damage. Among the many challenges that countries in the region face, refugee protection is particularly difficult. This is because refugees are likely to suffer from two contagions: coronavirus and misinformation about coronavirus.

Refugees are especially vulnerable to coronavirus. International fears about this vulnerability have caused the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM) to suspend resettlement flights for migrants and refugees. Aid programs are also being cut, such as how UNHCR is cutting aid programs for refugees in Libya.1

There are several factors that make refugees vulnerable. They tend to live in areas with high population density. This includes refugee camps and ethnic enclaves in large cities. In these high population density areas, refugees are often already in economically precarious situations that prevent them from staying home. As a result, both for demographic and economic reasons, refugees typically cannot engage in social distancing. In addition, refugee camps have severe shortages of water, sanitation, and hygiene (WASH) infrastructure, so actions like frequent hand-washing are difficult if not impossible to perform. A recent UNICEF survey in Ethiopia, Sudan, and Somalia found that 37% of migrant children and young people lacked WASH facilities.2

Misinformation about the virus makes refugees even more vulnerable. This additional vulnerability comes from two main sources. First, refugees lack information about coronavirus and what to do if they develop symptoms. A recent survey from the Norwegian Refugee Council found that 81 percent of Syrian refugees in Lebanon “lacked knowledge” that they should immediately call the Health Ministry hotline if they develop symptoms of the virus or if they want to report a suspected case.3 Second, long-term refugee populations around the MENA region already experience hostility from host populations. Host-refugee division and mistrust provide fertile ground for misinformation. In sum, refugees are vulnerable to contracting the virus in large numbers, and that vulnerability is magnified by a lack of knowledge on how to respond and a risk that they will be scapegoated.

Two contagions: Coronavirus and misinformation about coronavirus

Refugee populations are not just vulnerable to the possibility of these contagions spreading. Coronavirus and misinformation about coronavirus are already spreading.

There are many limitations to existing data on the prevalence of coronavirus, but trends in confirmed cases still offer valuable perspective. As the figure in the opening essay of this issue shows, MENA countries are exhibiting exponential growth in their numbers of confirmed cases. Iran and Turkey have had two of the fastest growth rates of confirmed cases in the region so far, with the number of confirmed cases doubling roughly every 2 days for the first 10 days after the 100th confirmed case. Israel and Saudi Arabia have also had rapid growth in confirmed cases. The rest of the MENA region has only begun to detect coronavirus cases, has not been willing to admit that it has large numbers of cases, or has not been able to confirm the existence of coronavirus cases.
New coronavirus-specific misinformation risks aggravating these dynamics. Conspiracy theories identifying the “dirty hands” of the United States behind the initiation of coronavirus have already been shared by many political leaders in the Middle East. This conspiracy theory asserts that the United States military brought the virus to Wuhan, China in order to weaken its economic rival China. Hezbollah-affiliated television station Al-Manar is one of many sources that have spread this conspiracy theory. Anti-American conspiracy theories are already popular in the Middle East, so it is easy for this conspiracy theory to spread.

MENA leaders have also used misinformation about coronavirus to target rivals within the region. Sunni-Shia and intra-Gulf rifts have been central cleavages involved in these misinformation efforts. These include incidents like the emergence of a trending “Qatar is corona” Twitter hashtag. Business leaders, such as the CEO of Qatar Airways and leaders in Egypt’s tourism industry, also attempted to dismiss the severity of coronavirus in order to protect economic interests. The Israeli-Palestinian conflict has also become another cleavage for misinformation, with Palestinian PM Mohammad Shtayyeh alleging in a press conference that Israeli soldiers are trying to spread the virus through the door handles of cars.

The scapegoating of refugees for coronavirus is currently more of a feared possibility than current reality. The misinformation that has spread thus far has involved other divisions within MENA, but the fact that misinformation is spreading and that the misinformation is spreading along existing fault lines suggests that refugee-host divisions may soon become a relevant fault line for misinformation about coronavirus as well.

With both coronavirus and misinformation about coronavirus spreading, there is also substantial risk that these contagions will reinforce each other. As coronavirus continues to spread and there is exponential growth in the number of people infected, people will become increasingly scared. Fear is a well-documented emotional facilitator for the spread of misinformation. Misinformation about coronavirus risks leading to people trying ineffective or unproven cures, violence against scapegoated populations (refugees are a common group for host populations to scapegoat), and policy responses that may excessively crack down on human rights and freedom of movement.

**Responding to the contagions**

MENA governments are taking both contagions seriously. Governments are increasingly taking aggressive actions to combat the spread of both coronavirus and misinformation about coronavirus. Egypt has released some prominent opposition activists from jail in response to the pandemic. Saudi Arabia has offered to cover all medical expenses for people with coronavirus. The governments of Algeria, Lebanon, Jordan, Iran, Kuwait, Saudi Arabia, United Arab Emirates, Oman, and Egypt are so concerned about coronavirus rumors that they have all announced legal penalties as severe as flogging and imprisonment for anyone who spreads misinformation about the disease.

Leaders are also taking steps to lock down refugee camps and prevent coronavirus from spreading through refugee communities. Some Lebanese officials have called for Syrian and Palestinian camps to be locked down with nobody permitted to leave, a measure that would place refugees under harsher restrictions than Lebanese citizens. Jordan has already locked down its refugee camps at Zaatari and Azraq.

These measures may be useful for preventing the spread of coronavirus and misinformation about coronavirus. Their deterrent effects might minimize social contact and minimize the opportunity for false information to spread. They could, however, also be abused. Strict movement restrictions on refugees and lockdowns of camps could be extended into long-term denial of freedom of movement and employment opportunities. “Fake news” legislation could create pathways for the repression of political activists. Algeria, for instance, has arrested dozens of people on charges such as “illegal gathering,” “harming state security,” “harming the integrity of national territory,” and “distribution of documents harming the national interest.” These arrests disproportionately include activists...
and dissidents, suggesting that coronavirus policies are being used as tools to increase state repression.\textsuperscript{16}

Conclusion

The Middle East and North Africa region will not be able to avoid coronavirus. It can, however, take action to minimize the damage from the two reinforcing contagions that threaten the region: coronavirus and misinformation about coronavirus. Refugee populations are particularly vulnerable to these contagions, so government action is especially critical for their well-being. If governments fail to act on both fronts, refugees will suffer.

Endnotes


\textsuperscript{7} Jones, Marc Owen (2020) “Myths, lies and the coronavirus: How Middle East tensions are being stoked” \textit{Middle East Eye}. URL: https://www.middleeasteye.net/opinion/coronavirus-middle-east-viral-misinformation-saudi-iran


\textsuperscript{10} Schon, Justin (Forthcoming) How narratives and evidence influence rumor belief in conflict zones: Evidence from Syria. \textit{Perspectives on Politics}.


\textsuperscript{13} Arab News (2020) “As dangerous as the virus: Middle East cracks down on COVID-19 rumor mongers” URL: https://www.arabnews.com/node/1649288/middle-east


\textsuperscript{16} Ghanem, Dalia (2020) “The Disease of Repression” Carnegie Middle East Center. URL: https://carnegie-mec.org/diwan/81499
On March 23rd, 2020, the United Nations Secretary General Antonio Guterres urged warring parties across the world to halt hostilities and to join forces in fending off the deadly threat posed by COVID-19.

Guterres had in mind the Middle East and North Africa, where most violent and prolonged conflicts are concentrated, some of which are almost a decade long, such as in Syria. The call for a COVID-19 ceasefire was premised on the acknowledgement that in most of these countries, health infrastructures have been destroyed or are unequipped to deal with a pandemic, which could turn into mass-scale tragedies given the thousands of internally displaced people within high density refugee camps. Since a health emergency is politically neutral, it offers warring parties a moral high ground to cease combat, but it also offers a strategic time to regroup and plan subsequent steps.

The lonely plea of Guterres has few practical implications in the absence of a UN Security Council Resolution. After weeks of frustrating negotiations, the ten non-permanent members of the Security Council, under the presidency of the Dominican Republic managed to have a virtual meeting on Friday April 9th on the geopolitical dimension of COVID-19. The meeting ended without a resolution and only with a short press statement in which the plea for a humanitarian ceasefire was upheld. This could, according to some, still serve as a mechanism opening a window of opportunity and represent a useful framing device. However, the lack both of a Resolution and of a P5 initiative, point to a structural weakness of the Council at a tumultuous moment. This epitomises the dearth of leadership at the global governance level. In part this follows the blame game between the world’s two great powers. Washington has accused China of insufficient transparency on the origin, spread and rate of infection of the virus. Beijing has blamed the US of politicising and stigmatizing China, depicting COVID-19 as the ‘Wuhan virus’. This cannot but hinder prospect of multilateral responses emerging within the Security Council.

Moreover, even if such a call were advanced by the Security Council, it would be unlikely to significantly impact the prospects for peaceful resolution of those conflicts.

Guterres called the pandemic the ‘most challenging crisis’ since the founding of the UN after WWII. Despite the global impact of the pandemic, which now counts more than one million people infected and a lockdown for half of the global population, COVID-19 has not so far been the deadliest catastrophe suffered in the past seventy years. In the past nine years, over 585,000 civilians have been killed in Syria, ten times the number of people who lost their lives due to the coronavirus. But COVID-19 does have global ramifications and multidimensional ones: impacting work and living conditions across the globe, disrupting mobility and trade, enabling autocratic leaders to impose curfews and tighter media control on their populations, causing countries to increase their debt, and overall pointing to a significant economic slowdown across the US and Europe and paving the way for a global recession.

Guterres’ call for a global ceasefire struck a chord not only among world leaders and regional organizations but among conflict parties too, including in Libya, Syria and Yemen. The topic had been broadly ignored in the global fora such as the G7 and the G20. The G7, which should have met in Camp David in mid-March but was annulled due to the pandemic, released a 16th March communiqué which referred to the need for improved international scientific cooperation to respond to the pandemic and urged coordinated efforts to spur economic growth as soon as possible, with little attention devoted to non-economic issues, be it political or humanitarian. A week later, leaders of the G20 met online and agreed on shared principles essential for maintaining global economic order, first and foremost ensuring markets remain open and continuing the flow of health equipment and medical supplies. Both high level informal groupings expressed alarm mostly focusing on the economic implications of the pandemic.
The COVID-19 Pandemic in the Middle East and North Africa

The impact of COVID-19 on existing conflicts deserves more attention than it has thus far received. The failures of global governance are especially pronounced when it comes to solving conflicts and devising effective instruments for mediation. The virtual single-issue media coverage of everything COVID-related has pushed ongoing regional conflicts to disappear from the main headlines. Inward-looking leaders have barely paid attention to how these conflict countries might handle the outbreak of the pandemic. Global figures such as the UN Secretary General and Pope Francis have been left mostly alone in drawing attention to the uneven consequences the virus can have across the globe. They highlight how, on top of existing tragedies and mass atrocities, the virus could decimate populations and further weaken these countries. The impact will be most gravely felt by the most vulnerable segments of these societies—refugees, internally displaced people, homeless, and more broadly economically fragile communities. Almost everywhere, conflict areas involve severely hit, under-funded, under-staffed, and under-equipped health systems, hardly able to face the challenge posed by a pandemic.

Guterres’ call for a ceasefire is particularly urgent in three conflict hotspots in the Middle East and North Africa: Yemen, Syria and Libya. In Yemen, already the region’s poorest country and in its fifth year of war, the virus could wreak havoc. In Syria, half of the population is displaced and the ongoing fight over Idlib has led to the exodus of one million people. Shattered health care systems and mass displacement camps would prove a fertile ground for a quick and devastating contagion. The UN special rapporteur for Syria, Geir Pedersen, followed Guterres’s call for a ceasefire by urging Syrian parties to adopt a comprehensive truce, which seems to be holding in the north. Shortly before these pleas, on March 5th, Russia and Turkey struck a deal on an Additional Protocol to the Memorandum on the Stabilisation of the situation in Idlib. The ceasefire has overall been respected. The months-long regime attacks on Idlib, the last rebel-held city in Syria have however already destroyed most health facilities. The holding of the truce might also be due to the war fatigue in the north-west and the almost victory there by the regime and the Russians. Previous health emergencies in Syria, such as the 2013-2014 polio outbreak, failed to trigger a ceasefire. Nor did the spread of cholera in Yemen from 2016 onwards halt violence or facilitate humanitarian assistance. Health emergencies limited to one country or a region, in other words, had not only received scant attention from the international community, but also had not facilitated, increased or improved humanitarian assistance and its coordination. This time, things seem to be different because of COVID-19’s global dimension. This is the first time, since the Spanish influenza in 1918-19, that both the US and European countries are heavily affected by a pandemic. While this has turned their attention inwardly, the threat multiplier nature of such health emergency is resonating across Western capitals, making them more aware of the disruptive effect such a health emergency could have across the MENA region.

The Saudi-led coalition announced a two week pause in its military campaign in Yemen on April 9, though there is not yet a negotiated ceasefire in place. All Yemeni parties - including President Hadi and the Houthis - have praised the plea of Guterres for a ceasefire, which was reiterated on March 25th and only addressed to Yemen. Health infrastructures in the country have been severely hit by Saudi airstrikes in the past four years and were a pandemic to strike, also in light of the widespread malnutrition of its population, the humanitarian catastrophe would be unimaginable. But again, prospects for a concrete halt of hostilities seem limited. While paying lip service to the UN Secretary General call for ceasefire, Houthis have little incentives to stand by a truce at a moment when, since January, they have made significant progress in the Jawf province along the Saudi border. Far from respecting a humanitarian ceasefire, Houthis’ missiles have been launched against Riyadh and in the past few days against Jawf.

The situation in Libya, on the other hand, despite the Berlin conference in January and the latest Geneva round of talks in February, continues to escalate. The continuous violations of the arms embargo and the power politics among international actors over the conflict led...
the UN envoy for Libya, Ghassan Salamè, to resign. The conflict has deteriorated since General Haftar, on April 4th 2019, got a green light from the US and France to move an offensive against Tripoli. The call from the UN Secretary General, after an initial 24 hours’ truce, fell on deaf ears and violence not only resumed but intensified. Turkey stepped up efforts to support the Tripoli-based government in attacking the Haftar-controlled Al-Wutiya airbase. The attack failed and Haftar, forcefully backed by the UAE, allegedly seized control of a string of cities in the country’s north-west. In the meantime, the EU has launched a new naval operation, Irini, replacing the previous Sophia, aimed at intercepting weapons’ shipment. The naval nature of the mission might curtail Turkish aid but not UAE, air-transported military shipments. Despite the limited number of cases of COVID in Libya, risks persist. The country has seen most of its health facilities destroyed during the war since the fall of Qaddafi and its doctors and nurses have either left the country or have failed to be paid from last year. The cases analysed seem to point to a ‘when’ the pandemic will strike more violently’ rather than ‘if’ they will. The three regional crises represent three different cases. In Syria, the plea has been heard and the ceasefire in the North-Western part of the country is substantially respected, albeit unrelated to the virus. In Yemen, the parties have paid lip service to the plea, but are capitalising on the international community’s indifference to gain further leverage. In Libya, all players simply ignored the appeal and the conflict continues unabated. The ceasefire call has been taken up only in those contexts where the balance of power in place was already leading to some form of conflict stabilisation. In those cases, as in Syria, the plea for ceasefire received an instrumental endorsement, enabling specific actors to portray themselves as responsible stakeholders or norm entrepreneurs, i.e. the regime and Russia. Where advantages on the ground had not yet enough materialised, as in Yemen, the plea was ignored whereas it was welcomed by Saudi both as an attempt to halt Houthis’ advances and portray itself as a responsible stakeholder in a war that has already caused over 100,000 deaths. Lastly, where, as in Libya, the strongest party profited from international attention being diverted toward the pandemic, the plea for ceasefire has been largely ignored.

Endnotes

1 Transcript of the Secretary General’s virtual press encounter on appeal for the global ceasefire
10 ICG, ibid.
China and COVID-19 in MENA

Guy Burton, Vesalius College

China has been an early partner in tackling the COVID-19 pandemic in the Middle East. Initially seen primarily as the source of the virus, China has provided material and equipment, as well as advice. China’s actions in the Middle East are similar to those it is carrying out in other parts of the world and reflects its keenness to control and shape the narrative. Rather than be seen as the source of the virus, it wants to present itself as a leader in containing its spread. In addition, its response to COVID-19 in the Middle East is enabling it to broaden and deepen its relations with states across the region, including those where contact has previously been slight.

China’s earliest interaction with COVID-19 in the Middle East involved Iran. Iran’s relationship with China is asymmetric. It has been keen to play up its close ties with China as a way of overcoming global isolation, especially following the US decision to reimpose sanctions after withdrawing from the Joint Comprehensive Plan of Action. Following the outbreak of COVID-19 in China’s Hubei province and the government’s imposition of a lockdown on its cities, Iran’s foreign minister Mohammad Zarif was one of the first to express solidarity with Beijing when he tweeted his support in January.

Iranian authorities’ determination to keep diplomatic relations open with China contributed to the importation of COVID-19 into the country. They kept air travel open with China and also allowed some Iranian airlines to fly China-bound travelers from other countries, even as China was attempting to contain the virus at home. In mid-February the first cases appeared in Iran. The regime initially downplayed the outbreak in ways which likely contributed to its rapid spread. From there it spread to the neighboring Arab Gulf states and then on to the wider region. Iran remains the epicenter of the regional outbreak, with more than 70,000 cases including a wide swathe of the regime’s political elite. While this could have become grounds for a crisis in the Iran-China relationship, relations have instead only strengthened. Iran was the first country to receive Chinese assistance to tackle the virus, receiving experts, test kits and medical supplies as well as two mobile hospitals.

China has also expanded its help to the wider region. Its doctors, nurses and researchers have held conference calls with doctors in Abu Dhabi. It has sent test kits and ventilators to Palestine and Algeria and is establishing a testing laboratory in Baghdad and human temperature measuring equipment in the Beirut airport. The media has also reported that China will send equipment to Egypt while Chinese firms working in Algeria will build a small hospital to support both the local population and resident Chinese engineers working on construction projects there.

China’s actions have been described as examples of soft power. In Joseph Nye’s original explanation of the term, soft power is understood as an actor using its resources to persuade and attract others to its way of thinking and preferred course of action. So what does China want to achieve through a deployment of soft power through its efforts against COVID-19 in the Middle East?

First, China aims to impose its own narrative on the crisis for political advantage. Most clearly, it wishes to counter criticism directed against it, especially any criticisms that the country failed to acknowledge the risk the virus presented or to curb its spread early enough. That includes blunting American attempts to lay the blame for
COVID-19 at Beijing’s doorstep by administration officials calling it the “Chinese virus”. The Chinese were irritated, since they see this as part of the wider American effort to curb China’s rising power. Chinese officials pushed back on social media, claiming that the virus may have been American in origin and claiming that the US was rattled by China’s preparedness to provide aid without making any demands on its recipients.

Whether or not Chinese officials believe such allegations, the claim has found a ready audience in the Middle East, within society as well as among political leaders who are skeptical of the US and keen to weaken its influence in the region. Indeed, Iran’s Supreme Leader Ali Khamenei made a controversial reference to the theory in a public address.

Shaping the narrative and providing assistance to tackle COVID-19 may also benefit China in another, more concrete way: by expanding its regional relationships beyond the economic realm and between states.

During China’s rise to global power status over the past two decades, its relations in the Middle East have been primarily commercial. Since the 1990s, the region has been an important source of energy. By 2019, countries in the Middle East accounted for nearly half of China’s oil imports. China’s two largest oil suppliers – Russia and Saudi Arabia – recently halted an oil price war by agreeing to curb production. The resulting glut in supply and lower oil prices proved a potential economic boon in the form of lower energy costs for Chinese producers and consumers and allowed the government to increase the country’s strategic reserves.

Today, however, China’s interest in the Middle East is about more than oil. In 2013, Beijing launched the Belt and Road Initiative with the prospect of new lines of credit and construction projects and potential new markets. In the Middle East, China’s leaders also hoped to widen and deepen the contacts they have. In 2016, it launched its Arab Policy Paper, which proposed to build ties beyond the economic sphere, to include cooperation in security, social development, healthcare, and people-to-people exchanges. China’s interest in building such connections starts from a relatively positive base, given that public attitudes have broadly been favorable towards China and had even improved in recent years.

Currently much of China’s relations with the region have operated at the state level. The COVID-19 crisis has therefore opened the door slightly for greater interaction at the level of society, especially if it can counter some of the adverse reactions that have occurred at the individual level in the region. During the current pandemic there have been a number of highly publicized attacks against Chinese and other Asian people. In Morocco, for example, several people have made videos blaming China for the virus; in Egypt, a taxi driver threw a Chinese man out of his car after he coughed; and a lawyer has reportedly claimed that he wants to sue China for causing the crisis.

In an effort to boost more interaction at the societal level, in China the government allowed the Iranian embassy to appeal directly to the Chinese to raise funds for medical supplies through Weibo. In Lebanon, Chinese companies and individuals donated medical goggles and testing kits.

The growing health crisis may also enable China to build up ties in other parts of the region where relations have historically been weaker. China’s relations in the region are not uniform. They are densest where they have agreed comprehensive strategic partnerships in recent years: in Iran, Saudi Arabia, the UAE, Egypt and Algeria. Elsewhere, relations are less substantive or wide-ranging. Among the weakest are in the more conflict-affected countries like Libya, Yemen, Syria, Somalia and Palestine, as well as Lebanon.

Whether the China model of dealing with the coronavirus can translate wholesale to the Middle East is unlikely. Not all governments in the region will be sufficiently able to impose their will on large parts of their territory or population. That will make it difficult to impose restrictions on movement, while in some places like refugee camps, keeping people in one place may only increase the spread of the disease. Some governments will lack sufficient healthcare facilities to the crisis, no matter
how much equipment is sent from China. And as for other more high-tech solutions, such as the use of surveillance technology, this may be beyond the reach of some governments and may only be available to some countries in the region, like the Arab Gulf states.

Regardless of states’ differing capacities, China’s offers of largely unconditional help have so far been favorably received by governments in the region. It also stands in stark contrast to more traditional Western donors in the region, whose responses have been slower and more limited. As well as taking charge of the narrative, China’s early involvement in providing assistance to the region may also help it weather some of the recent negative media coverage that has resulted, including the poor quality of the masks and tests which have been supplied to Turkey.19

Looking ahead, China will likely continue to provide medical equipment and aid to those countries that want it. So long as China does that while other, more traditional donors delay, it will not only be able to project itself as an early responder to the regional COVID-19 pandemic rather than its source, but also avoid scrutiny about the quantity and quality of its assistance, especially in countries more skeptical towards the West.20 By the time that others do become more involved, China’s contribution may have served its purpose in both the short- and medium-term: by instilling a favorable opinion among regional governments and populations in the former and by laying the foundations for other, non-commercial interactions and exchanges to develop in the case of the latter.

Endnotes


Coronavirus in the Gulf Imperils National Ambitions and Tests National Unity

Kristin Diwan, AGSIW

The Coronavirus pandemic is proving a severe challenge for governments, testing their ability to anticipate, mobilize resources, and motivate populations – all while placing an unprecedented strain on national economies. The Gulf monarchies have thus far proven more capable than most, blessed with ample resources, widespread technological capacity, and, crucially, prior experience. Gulf countries lived through earlier bouts of Coronavirus outbreaks including the 2003 severe acute respiratory syndrome (SARS) and the 2012 Middle East respiratory syndrome (MERS), the latter of which originated in eastern Saudi Arabia.

Considering their proximity with Iran, a global hotspot for Covid-19, the Gulf region thus far has experienced relatively few deaths at 122, although cases have been climbing to more than 17,000. This result, if sustained, will be achieved only through national mobilization and drastic measures of containment by each of the six countries. The implications of these actions, embedded within similar international responses which have paralyzed the global economy, is sure to leave a profound impact on the regions’ states, economies and peoples. National ambitions will need to be re-calibrated and national responsibilities re-balanced in its aftermath.

National ambitions imperiled

The global pandemic has triggered an unprecedented collapse in oil prices, undermining the region’s main source of revenue. As cities are shut down and airlines grounded, demand for oil has plummeted, sending the price of crude tumbling from $51 to $21 in March. The economic impact on countries whose economies still rely upon fossil fuels for 65 to 85 percent of government revenues will be severe. In addition to the astounding losses in oil revenues, non-oil activity is expected to suffer a contraction of 2% in 2020. Without a strong stimulus from governments already suffering from the oil shock, those losses may not return. The demands of the domestic economies will likely force at least some divestment from the international holdings of sovereign wealth funds, already battered by the global downturn, to support the economy back home.

The oil price collapse was further exacerbated by Saudi Arabia’s decision to accelerate oil production in a war for market share with Russia. This marked an impulsive shift in economic strategy. Heretofore, Saudi Arabia had been focused on maximizing oil revenues, both to maintain Aramco’s value during its limited privatization and to accumulate funds to bankroll Saudi’s ambitious diversification projects. These have been spearheaded by state spending through the Saudi Public Investment Fund which envisages the establishment of whole new industries, and even new cities.

Those projects may now be under question, both due to a dearth of funds, but also due to new vulnerabilities uncovered by this crisis. One need only look to regional leader Dubai, which pioneered the formula being emulated in one form or another across the Gulf. As the transit and logistics hub amongst several continents, it has now seen all flights grounded, supply chains with Asia and Europe disrupted and significant declines in the movement of goods through ports and drydocks. The steep investments already undertaken or under planning for new ports in Oman, Kuwait, Qatar and Saudi Arabia were already facing steep regional competition; now they also face more perilous market conditions.

These are certainly challenges shared across global markets. But Gulf economies more weighted toward the international flow of goods and people are more at risk in an era of global pandemics. This also applies to tourism and hospitality, a prominent sector tapped for future investment across the Gulf states. The Saudi leadership has prioritized the expansion of non-religious tourism in the Kingdom, with investments for Red Sea developments including the futuristic city of NEOM tapped at hundreds
of billions of dollars. Yet even their traditional revenue from religious tourism will suffer in 2020 with the expected cancellation of the hajj at a time when the Saudi government had been hoping to expand religious visits. The UAE has also announced the postponement of Expo 2020 Dubai; the vast six-month event which officials hoped would bring some 25 million visitors to the emirate from October to March.

This global health crisis has offered opportunities for Gulf states to demonstrate leadership and increase their international prestige. Kuwait has lived up to its reputation as a humanitarian leader by contributing the most of any nation to the World Health Organization efforts to combat the pandemic. Other Gulf nations have offered international aid, notably to Iran, even at a time of geopolitical tension. Saudi Arabia has used its chairmanship of the G20 to convene global leaders virtually in an effort to coordinate responses. Still, the steep economic losses are likely to force Gulf states to shift more of their resources and attention back home, and to demand more from their own citizens.

**National unity tested**

As Gulf countries have mobilized to confront the Coronavirus crisis, they have been relying upon a new nationalist rhetoric and collective responsibility which they have been nurturing in recent years, most prominently in the United Arab Emirates, Qatar, and Saudi Arabia. Governments and publics have feted their national response teams through language and imagery - at times militaristic - meant to stir up national pride. Public health campaigns have promoted a positive national spirit and national unity in confronting the crisis. Gulf citizens have registered their support through voluntary campaigns in which tens of thousands have participated.

Still, this national unity is being tested in ways both economic and political. In an era of coming austerity rather than plenty, new national responsibilities are being redefined. Bowing to the new fiscal reality, several Gulf countries have already begun planning bond sales and slashing state budgets. As Gulf leaders prepare their public for greater austerity, state narratives that have emphasized pride and national celebration, will appeal more to national responsibility and the value of work.

Eman al-Hussein, a Gulf-based scholar, argues that these new expectations and pressures are falling disproportionately on the private sector. The preventative closures have hit businesses particularly hard, just at the time when new expectations were being set for the private sector to play a more national role and to step up with sizeable contributions to support the state. Meanwhile, more populist rhetoric has been evident in states like Kuwait where parliamentarians have lobbied against bailouts for prominent merchants. The serious damage to economies, however, may force a reassessment of the peril to businesses and how their contraction or even collapse may hinder national employment. Saudi Arabia recently reversed its modest approach to stimulus during the crisis and offered more significant support for businesses, pledging to pay 60 percent of wages for citizens working in the private sector for three months.

This policy emphasis on citizens is important and is a differential which bears monitoring. Nearly 50 percent of Gulf populations are foreigners, with that percentage reaching nearly 90 percent in the smaller and wealthier Gulf states. The cessation of flights and closure of borders has presented special logistical problems, as well as political ones, as both fears and nationalist sentiments run high. The leaders of the UAE, Saudi Arabia, and Bahrain addressed this directly, with speeches stressing the shared challenge of combating the epidemic, with pledges to pay for testing and treatment for all residents regardless of nationality. However, in Kuwait, while testing and treatment is likewise covered, an anti-immigrant politician, along with other public figures, seized on the crisis to call for the immediate expulsion of guest workers. The government has responded by facilitating the departure of illegal foreign workers while the parliament has been taking the opportunity to press forward with long-sought legislation to prosecute visa traffickers. As the Coronavirus has spread into the segregated and very crowded neighborhoods of foreign workers in Qatar, Saudi Arabia, and the UAE, these governments have ramped up efforts to repatriate them, straining relations with labor exporting countries. These
inequalities pose a daunting health challenge and underline the abuses that plague the guest worker systems. The course of the pandemic in the Gulf has also risked exacerbating communal divisions, as many of the early cases of Covid-19 in the Gulf came via nationals returning from religious pilgrimages in Iran. Given the current hostilities between Iran and many Gulf countries, the risk of increased acrimony as well as elevated suspicion of Shia communities is real. The Saudi Ministry of Foreign Affairs accused Iran of bearing responsibility for the spread of the virus due to its failure to stamp passports of Saudi visitors, a policy Bahraini authorities said amounted to “biological aggression.” However, while Saudi Arabia was quick to quarantine the mostly Shia region of Qatif where the initial cases were found, it did not escalate. Shia citizens who returned from what are considered illegal trips to Iran were pardoned if they acknowledged their visit and went under quarantine. Bahrain likewise had a logistical – and political - challenge as over a thousand of its citizens were left stranded in Iran during the outbreak. Without diplomatic relations or flights between the two countries, the Bahraini authorities delayed their return, leaving many at increased risk, with reports that several have died.

The challenge ahead

The Covid-10 pandemic hit the Gulf at a critical time of transition both in the rentier economies of the Gulf states and in the relationship of the state with its residents, both citizen and non-citizen. While the positive performance of the Gulf governments has provided opportunities to enhance international stature and internal legitimacy, it has also revealed social fissures and weaknesses in economic strategies. The new emphasis on nationalism that has helped to mobilize support for fighting the pandemic will be tested in new ways as states face the economic challenges ahead.

Endnotes

10 Riyadh ALAdasani (@R_ALAdasani), “I will address the public debt project in all constitutional ways and tools, which I warned against a few days ago,” Twitter feed, April 4, 2020, https://twitter.com/ R_ALAdasani/status/1246418787018170369.
COVID and Gulf Foreign Policy

Elham Fakhro, International Crisis Group

In late February, Saudi Arabia, Kuwait, Bahrain, and Oman announced the first cases of the coronavirus (COVID-19) amongst their citizens who had returned from pilgrimages to Iran. In a region accustomed to operating in a state of high alert, policymakers responded swiftly to the growing spread of the pandemic by shuttering flights, ordering the closure of land borders, and enacting sweeping economic stimulus packages.

While GCC policymakers responded swiftly to the threat domestically, they also moved to capitalize on it in their foreign policies. The United Arab Emirates is a case in point. Since the outbreak of the virus, it has used the opportunity it afforded to continue its policy of quiet de-escalation with its main regional rival, Iran, by extending humanitarian medical aid. Likewise, in a call between UAE Crown Prince Mohamed bin Zayed and Syrian President Bashar Al-Assad, the Crown Prince offered to dispatch aid to support Syria’s efforts to cope with the virus outbreak. The call was the first publicized contact between an Arab leader and Al-Assad since most Arab states broke off relations with Syria following the country’s descent into civil war. It was yet another step in the UAE’s gradual efforts to thaw relations with the Syrian regime - which has fought Islamist rebels - as part of the UAE’s broader strategy of countering political Islam in the region.

While the crisis has provided an opportunity for the UAE to pursue its foreign policy objectives, it has also highlighted the intractability of other regional conflicts. A series of terse exchanges between Qatar and Bahrain over the repatriation of Bahraini nationals stranded in Iran is a stark reminder of the extent of the fallout between the neighbours, with few pathways to diplomacy on the horizon.

Humanitarian Diplomacy

The UAE has long touted its humanitarian credentials. As the death toll in Iran surged to the highest level outside China in early March, the UAE announced that it had sent one of its military transport aircrafts to deliver the first aid supplies to the Iranian Republic, despite its adversarial relationship with its larger neighbour. The aircraft carried seven tons of assistance, in addition to five medical experts, from the World Health Organization. This was followed by a second dispatch of medical equipment, consisting of thirty-two tons of medical equipment. The UAE’s Minister of State for International Cooperation celebrated the move as part of the country’s ethos, noting: “Providing life-saving assistance to those expressing distress is essential to the common good. The leadership and people stand shoulder to shoulder with nations in their time of need.” Yet the gesture also illustrated political intent to use the COVID-19 crisis to help ease regional tensions. Iran responded to the gesture noting that the spread of the virus had brought ‘more reason and logic’ to its relationship with the UAE.

Gulf states with warmer relations to Iran have also dispatched aid to their embattled neighbour. In mid-March, Qatar’s Emir Tamim bin Hamad Al Thani ordered the dispatch of six tons of medical equipment and supplies, while Kuwait announced it would send $10 million in humanitarian aid. The gestures of outreach towards Iran are especially notable as part of a policy of de-escalation pursued by the smaller Gulf states since the middle of 2019 and accelerated after the killing of General Qasim Soleimani by a US drone strike in early January, a move which threatened to embroil the region into the conflict between the United States and Iran. Saudi Arabia – a vocal proponent of the US “maximum pressure” campaign that aims in part to press Iran to discontinue its support for allied militias across the region including in Iraq, Lebanon, and Yemen – has not announced any similar measures.

The crisis has also provided an opportunity for the UAE to pursue its policy of gradual rapprochement with Syria. Following the outbreak of the Syrian civil war in 2011,
the UAE initially supported Syrian opposition groups in the context of a coordinated Arab boycott of the Syrian government. As various Islamist groups, which the UAE opposes, seized control of Syria’s insurgency – and as the Syrian army began to consolidate control over swathes of territory it lost – several Arab states have made limited gestures of outreach towards Al-Assad. The UAE has been at the forefront of such efforts, in part owing to its ambition to lead a counter-Islamist coalition in the region, and in the process counter the influence of Turkey, a main supporter of Islamist opposition groups in Syria and beyond. In late 2018, the UAE reopened its embassy in Damascus for the first time since 2011, albeit at the chargé d’affaires level for now. The direct call between the Crown Prince and Assad is a further sign that diplomatic relations between the two states are likely to continue to improve.

Enduring Conflict

While the crisis has provided an opportunity for the UAE to improve relations with states with which it had previously downgraded diplomatic relations, other crises have proven to be more intractable.

On March 24, the Gulf Cooperation Council convened an emergency virtual summit, bringing together finance ministers to discuss unified measures to combat the epidemic. Qatar’s participation in the meeting – the first since Saudi Arabia, the UAE, and Bahrain imposed a land, air, and sea blockade on the country in 2017 – raised hopes that the pandemic might provide an opportunity to improve relations between the states. A diplomatic spat between Qatar and Bahrain in the days following the summit suggested the opposite, however, adding to a growing list of missed opportunities that highlight how entrenched the conflict has become as it soon enters its third year.

The most recent dispute between Qatar and Bahrain is tied to the repatriation of Bahraini citizens visiting Iran. As the number of coronavirus cases in Bahrain soared in early March, Bahrain shuttered flights to Iran, leaving hundreds of Bahraini Shi’a pilgrims stranded in the Islamic Republic, with which Bahrain has no diplomatic ties. Bahraini authorities began slowly repatriating them, with 165 nationals arriving on an Omani flight on March 19. As the repatriation of the remaining stranded citizens stalled, the Qatari government’s communications office issued a statement on March 28 announcing that Bahrain had rejected its offer to ‘fly Bahraini citizens on a private charter flight to Bahrain at no cost to the individuals or the government of Bahrain.’ The remarks were made as dozens of Bahraini pilgrims arrived in Doha on a Qatar Airways flight from Iran on March 27, at Qatar’s invitation, and could not continue on to Bahrain. The Qatari Ministry of Public Health offered to conduct coronavirus tests on the transit passengers and provide medical assistance to those who tested positive.

Qatar’s announcement did not go over well in Manama. Bahrain’s Foreign Minister Khalid bin Ahmed Al Khalifa issued a statement on his Twitter account accusing Qatar of interference: “What Qatar has done is reprehensible and requires a clear international position against it. Doha should stop using a humanitarian issue such as the Covid-19 pandemic in its plans and ongoing conspiracies against countries and peoples.” He added that Bahrain had arranged special flights directly from Iranian airports to Bahrain in adherence to health and safety procedures, and that Tehran’s decision to place Bahraini citizens on a commercial flight to Doha placed them at risk, suggesting that Qatar did not comply with measures to preserve the health of the travellers and crews. Bahrain had previously accused Iran of ‘biological aggression’ by covering up the spread of the virus and failing to stamp the passports of Bahraini travellers visiting the country. Up until March 15, Bahrain had reported that all cases in the Kingdom were directly linked to those who had returned from Iran.

Conclusion

As a global black-swan event, the COVID-19 outbreak has created enormous medical and economic challenges, but also new diplomatic opportunities. By engaging in bilateral humanitarian diplomacy, some Gulf states deftly used the crisis to advance their foreign policy objectives with
states with which they have had adversarial relationships.
While the immediate results are limited, a strategy of
gradual confidence-building can help lay the groundwork
for politically-focused diplomatic overtures down the
line. At the same time, the absence of a coordinated GCC
multilateral aid response to the region's COVID-19 crisis –
and continued discord between Qatar and its neighbours
– represents a missed opportunity to de-escalate regional
tensions at an otherwise especially perilous time.

Endnotes

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3 “UAE Sends Medical Aid to Iran as Coronavirus Outbreak Intensifies”; Al-Monitor, 17 March 2020
4 A spokesman for the Iranian Ministry of Foreign Affairs also thanked the UAE, Uzbekistan, and the WHO for their efforts simultaneously, noting via Twitter: "My country is sincerely thankful for these humanitarian efforts and will never forget the way they stood with Iran in hard times." See https://twitter.com/SAMOUSAVI9/status/1239603004904558593
5 Shahla, Arsalan and Mottevali, Golnar. "Iran Says Virus Coordination Has Improve Its Ties With the UAE", Bloomberg, 6 April 2020.
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The COVID-19 Pandemic in the Middle East and North Africa

Matthew Hedges, Durham University

Unlike traditional kinetic security threats, the 2020 COVID-19 pandemic has clearly levelled vulnerabilities across GCC society. The GCC states have fought the pandemic through measures ranging from nationwide sterilisation programs to enhanced societal restrictions. The immediate impact has been a sharp deterioration of economic capabilities, strained social relations, and a check on foreign policy strategies. However, this pandemic has also provided the platform for upgrading authoritarian measures; such as after events of strong regional impact, like 9/11, the ascension of Saudi Crown Prince Mohammed bin Salman, and the martyrdom of 45 Emirati soldiers at a military camp in Marib, Yemen.

The COVID-19 pandemic spread from China in the fall of 2019, with the Beijing authorities repressing information in a bid to contain the spread of the virus. Initial reports from the epicentre of the virus outbreak, Wuhan, downplayed its potential and even suggested that the virus could be contained. It is only through the whistleblowing of Dr. Li Wenliang and his subsequent harassment by local authorities, that the world was able to clarify the true potential of COVID-19. Evidence of Dr. Li Wenliang’s experience was deemed ‘false information’ and his subsequent reprimanding by the Chinese authorities is a standard tool of authoritarian practice.

The GCC states are abundantly aware of the threat of information control and are learning to harness it for their own purposes. Through nationalistic and ideological lenses, all GCC states have either been victims or proponents of the propaganda and misinformation campaigns that have proliferated the region. The COVID-19 pandemic has further highlighted the points of contention and intensified information warfare. This authoritarian weapon enables states to successfully monopolize truth and create societies proficient in double-think; but it also puts nations at risk during crises, such as a pandemic, where effective response demands reliable information and societal trust.

Repressive Foundations

Overt repressive mechanisms are commonplace across the Middle East, with secret police and heavy-handed control of the public sphere leading to a profound lack of civil and political liberties. In the GCC, demonstrations of power such as routine public executions and unreasonable judicial approaches to acts of civil defiance illustrate the disproportionate balance of power between the regime, the state, and society.

The adoption of technological innovations has increased the array of repressive tools available to GCC states. The UAE’s embrace of technology has greatly aided its ability to enforce a nationwide lockdown. Paranoia had justified the restriction of voice over internet protocol (VOIP) technology such as WhatsApp calls, Skype, and Google Hangouts, however with the enforcement of curfews, both locally and internationally, the economic cost to the population’s isolation could not be afforded. As a result, the UAE’s Telecommunications Regulatory Authority (TRA) authorised the temporary use of such programs on this ‘exceptional basis.’ Their use, however, is restricted to fixed-line internet connections, ensuring a persistent capability to geo-locate users.

Measures of enhanced control are also felt among the residents of the UAE’s Emirate of Dubai who are allowed to leave their place of residence only if they have a valid reason and complete an online form. While this is not, in principle, dissimilar from practices elsewhere, the permit requires personally identifiable information (PII), linked through centralised biometric identification, and to the individual’s phone and car number plate. This means that the government can have permanent track of its residents’
movements. Furthermore, across the Emirate of Dubai the movement permits are aligned with a smart surveillance network of cameras which analyses the number plates and can directly issue fines for movement violators. Due to the UAE’s federal structure, there are different requirements and restrictions from Emirate to Emirate.

In comparison to the formal movement permits issued in Dubai, Bahrain has opted for a more precise form of control. All persons within Bahrain who are quarantining are now forced to wear an electronic tag linked to its user’s phone. The similarity between a victim of COVID-19 and a criminal – or the historical treatment of social pariahs, lepers, and the disabled – is clear.

**Fragile Nations**

While COVID-19 has not drastically amplified the direct authoritarian capabilities of the GCC states, it has illustrated the values and norms by which authoritarianism in the region is underpinned. Currently, the traditional foundations of society are being manipulated to react to immediate threats, feeding into a wider strategy to enhance the population dynamics in favour of the GCC regimes. Structured programs – ongoing prior to the pandemic – have been aimed at fortifying relationships between the indigenous population of the GCC and their respective leadership. In this sense, COVID-19 represents a threat in the guise of genetic dilution, and it is through this paradigm that the careful management of the pandemic in the GCC should be perceived.

The entire region’s states exhibit fragile manpower dynamics, with expatriates forming the largest social group across most of the countries. This population deficiency exacerbates tensions surrounding the authority and legitimacy of the regimes, as the dominant portion of the population is not linked to them through the same traditional means as the native population. As a result, all regional states augment their regime, national and state survival strategies to include an emphasis on manipulating population dynamics. For example, to alter sectarian dynamics within Bahrain; Jordanian, Pakistani, and Syrian nationals hired by the Bahraini Armed Forces were assigned Bahraini citizenship to bolster the number of Sunni Muslims within the Kingdom. Meanwhile, following the outbreak of COVID-19, Emirati nationals were banned from travelling abroad. When these actions are combined with the common practice of stripping nationality and exiling unwanted persons, and the enforcement of rigid and patriarchal nationality laws, the strategic cultivation of national populations across the GCC states can be interpreted as a modern project of eugenics.

The ruling elites in GCC states are a product of their social order, linking family and tribe to political power. But this delicate relationship is under increasing threat as modernisation has been primarily blamed for the perceived disintegration of the family unit. Increased rates of marriage to foreigners and divorce are clear symptoms of this social fracturing. This has caused private family issues, to become matter of national, strategic concern in the GCC, as it is only through a relationship with a homogenous national population that the GCC rulers can retain their legitimacy. Through this paradigm, the GCC states have utilised the COVID-19 pandemic to increase control of their citizens’ mindsets and enlarge the space for societal control.

Moreover, in support of the strategy to increase direct control over the imagined national family, GCC regimes have been utilising targeted discourse to forge direct connections that support their traditional position of power. The UAE is the foremost example of this pattern having credited Sheikh Zayed bin Sultan al Nahyan as the Father of the nation, and his third wife Sheikha Fatima bint Mubarak al Ketbi as the Mother of the nation. While these claims provide powerful platforms for support amongst the native population, they are also evidence of a new era of conservative nationalism across the GCC. At the forefront of the new political movement is a security-focused and assertive set of practices. These are aimed at ensuring a cohesive and infallible leadership. This has already been tested by the COVID-19 pandemic due to the non-discriminatory transmission and resultant universal threat of the virus. While some authoritarian states can survive a degree of domestic criticism, the GCC rulers

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8. Syrian nationals hired by the Bahraini Armed Forces were assigned Bahraini citizenship to bolster the number of Sunni Muslims within the Kingdom.
9. Meanwhile, following the outbreak of COVID-19, Emirati nationals were banned from travelling abroad.
10. When these actions are combined with the common practice of stripping nationality and exiling unwanted persons, and the enforcement of rigid and patriarchal nationality laws, the strategic cultivation of national populations across the GCC states can be interpreted as a modern project of eugenics.
11. The similarity between a victim of COVID-19 and a criminal – or the historical treatment of social pariahs, lepers, and the disabled – is clear.
12. The ruling elites in GCC states are a product of their social order, linking family and tribe to political power.
13. But this delicate relationship is under increasing threat as modernisation has been primarily blamed for the perceived disintegration of the family unit. Increased rates of marriage to foreigners and divorce are clear symptoms of this social fracturing.
14. This has caused private family issues, to become matter of national, strategic concern in the GCC, as it is only through a relationship with a homogenous national population that the GCC rulers can retain their legitimacy.
15. Through this paradigm, the GCC states have utilised the COVID-19 pandemic to increase control of their citizens’ mindsets and enlarge the space for societal control.
16. Moreover, in support of the strategy to increase direct control over the imagined national family, GCC regimes have been utilising targeted discourse to forge direct connections that support their traditional position of power.
17. The UAE is the foremost example of this pattern having credited Sheikh Zayed bin Sultan al Nahyan as the Father of the nation, and his third wife Sheikha Fatima bint Mubarak al Ketbi as the Mother of the nation.
18. While these claims provide powerful platforms for support amongst the native population, they are also evidence of a new era of conservative nationalism across the GCC. At the forefront of the new political movement is a security-focused and assertive set of practices. These are aimed at ensuring a cohesive and infallible leadership. This has already been tested by the COVID-19 pandemic due to the non-discriminatory transmission and resultant universal threat of the virus. While some authoritarian states can survive a degree of domestic criticism, the GCC rulers
cannot afford the same degree of culpability. As result, legislation curtailing freedom of expression has been expanded to punish persons publishing and spreading ‘false information’ – that which contradicts state-owned messaging – about COVID-19 in the GCC.14

The authoritarian behaviour of the region’s states will continue to increase as their direct exposure to global threats rises. Kneejerk reactions will retain the predominant focus for external audiences. However, the enhancement of their underlying authoritarian behaviour will evidence the most fundamental changes. This deliberate strategy will continue to concentrate the exclusive kinship of native society away from a growing array of biological threats.

Endnotes

Small states response to COVID-19: View from the UAE

Diana Galeeva, St. Antony’s College, Oxford University

Large states with big populations and territory, such as the US, China and Russia, would normally be viewed as influential by realist International Relations (IR) theory. But they have proven to be among the most challenged by the COVID-19 outbreak, struggling to deal with the pandemic and suffering ever growing human and economic losses. In contrast, some small states with a small geographical area and population, but with a strong economy and a high degree of state capacity, appear to have the ability to successfully address their national security concerns caused by the pandemic. They have even, surprisingly, been able to diversify their financial resources by providing foreign aid globally. Why have some small states, such as the United Arab Emirates, been more able to maintain their national security and at the same time have a global reach during such globally insecure times?

The differential impact of COVID-19 raises questions about the neo-realist tradition which considers small territories with small populations as ‘weak’. During this global pandemic, such small countries can be ‘strong’, if the situation leads to economic advantages. For example, due to its small population, the UAE has been able to distribute its resources and protect its citizens from the pandemic. Although the impact of COVID-19 has indeed challenged the ‘Dubai model’, namely a key regional trade and transport hub which developed in the 1990s: the spread of the virus caused airlines to shut down, stifled global trade and foreign investment, and hit tourism, cultural linkages and exchanges. At the same time, the UAE has provided significant foreign aid, a litmus test of influence in world politics. An alternative IR literature which focuses on small states and alternative sources of power is more helpful to understanding the UAE’s foreign aid initiatives as an effective response to the pandemic.

Small states and COVID-19

The COVID-19 pandemic challenges the existing literature concerning small states by highlighting ways in which smaller size may confer advantages rather than the disadvantages. During such a crisis the small size of a state’s population allows an astute government to apply more flexible measures. Thus, while providing citizens with prompt testing for the virus, social distancing/isolation measures are easily enforced, and the health care system (depending on its quality) can cope with the relatively small number of cases who need to be hospitalised. Nevertheless, small states vary considerably, in terms of political systems, population size and economic strength. For example, the UAE as a rentier state, ‘a responsible but undemocratic state’ with a strong economy has had little difficulty in controlling its citizens, borders, and territory to avoid any further spread of the pandemic. Moreover, the UAE government’s control of rents has been a distinctive tool to deal with the economic impact of the pandemic on the local economy, and has enabled it to maintain its foreign aid programme.

Neo-realists see the fear of anarchy as a key cause of competition for security; therefore, such threats, such as an armed confrontation, would normally emerge from other states. In contrast, COVID-19 is an invisible ‘enemy’ from a national security perspective. Some recent attempts to theorise about the coronavirus crisis suggest a focus on the Securitisation concept, which is associated with the Copenhagen School of security studies. Hoffman proposes to ‘securitise’ COVID-19 as a global health issue, and as a threat to national security. He stresses the language of battle and war used by global leaders to show the challenge posed by the coronavirus. However, COVID-19 is a human security global threat, rather than an inter-state military one. As previously mentioned, the spread of the virus has revealed the vulnerability of the UAE’s efforts (as a regional hub) to diversify its economy. At the same time, by closing its borders, and with a relatively small number of citizens to manage, its national security concerns prompted by the virus are minimal. Moreover, because of its state capacity
and economic strength, the UAE has been able to join other ‘strong’ and ‘weak’ states in providing foreign aid to deal with this invisible ‘enemy’ globally.

The UAE response to COVID-19

Using an absolute definition, the UAE should be classified as a small state: a territory of 77,700 km² and population of 9.89 million people, of which only 11.48% are Emiratis. However, in spite of its small population (including a mere million or so ‘locals’), it is one of the richest states in the globe.

Such a combination became essential to address the challenges posed by COVID-19. By April 12, 2020 the UAE had recorded 4,123 cases and 32 deaths. A variety of measures were taken to protect its citizens. Abu Dhabi Crown Prince and Deputy Supreme Commander of the Armed Forces Shaykh Mohammad bin Zayed launched a drive-through COVID-19 test centre. The National Sterilisation Programme was launched, a national cleaning campaign, initially for three-days, in an attempt to curb the spread of the virus. The economic security of the country was addressed by the establishment of a committee to tackle the impact of the virus on the national economy. In fact, the economic strength of the country allowed for an automatic renewal of the UAE’s residents’ visas, and new directives were issued to protect Abu Dhabi and Dubai tenants who were challenged to pay their rent during the pandemic. The UAE cabinet also decided to decrease utility bills for hotels and retailers.

The UAE’s activities in fighting the pandemic can be seen as a savvy attempt to increase their influence, pursuing a cooperative strategy, which has included making alliances. The UAE’s economic strength combined with the small number of cases of COVID-19 domestically have allowed it to emerge, remarkably, as the world’s largest aid donor during the pandemic.

The UAE has distributed foreign aid both regionally and globally. Despite political tensions, since the outbreak of the pandemic, the UAE has twice delivered medical aid to Iran. The first Emirati aid, along with that of the World Health Organisation (WHO), to Iran included 7.5 tonnes of medical supplies and five WHO experts. Within a few days, two aircrafts left Abu Dhabi carrying over 32 metric tons of medical supplies and equipment, including thousands of surgical masks, gloves and protective equipment. Medical supplies, including face masks and gloves were provided to Wuhan, China. Through its Homeland of Humanity Initiative, the UAE evacuated 215 people of different nationalities from China’s Hubei Province to the Emirates Humanitarian City in Abu Dhabi. The Emirates also dispatched an urgent aid shipment containing 20,000 testing units and equipment to Afghanistan. As well as EU members (Croatia, Greece, Cyprus and Italy), Pakistan, Seychelles, Serbia and Somalia have also received medical supplies from the UAE.

This might not appear unusual, as the UAE has been acknowledged as the largest Arab aid donor since the 1970s, although most of its aid has gone to poorer Arab and Muslim countries. This time, however, providing medical aid to Iran (albeit a Muslim country) is quite a remarkable gesture, as their bilateral relations have been tense. Additionally, in comparison with other foreign aid donors globally during the pandemic, the UAE has been the second largest aid provider after China, where the centre of the outbreak began. China has sent foreign aid to more than 15 countries in Europe, Asia and Africa. Current recipients of Emirati aid, in contrast to previous initiatives, are not primarily poor states, but all types, ‘weak’ and ‘strong’. Some other small states with a high economic capacity have also managed (so far) the outbreak effectively, but have not been as generous as the UAE on the foreign aid front. While well-known aid donor Norway only sent medical teams to Italy, other notable Arab donors – Qatar and Kuwait – both sent donations to China and Iran. Qatar also provided urgent medical assistance to the Palestinian Authority and Italy. Overall, the pandemic – through the lens of foreign aid – has underlined the emergence of the UAE on the global stage as a potentially ‘strong’ state.
Endnotes


3 Gray, M. 2011. 'A Theory of 'Late Rentierism' in the Arab States of the Gulf of the Gulf'


9 Ibid.

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How Robust is the Authoritarian Social Contract? 
Social Dissent during Iran’s COVID-19 Outbreak

Sally Sharif, The Graduate Center, City University of New York

Iran’s President, Hassan Rouhani, has said on multiple occasions since the COVID-19 outbreak that the country’s efforts to stop the spread of the virus have been met with nationwide acts of social dissent, emphasizing the pandemic would not end unless people follow official public health recommendations. There are two broad categories of Iranians that willingly defied state directives, each for its own reason: one in its desire to engage in religious rituals, the other in its quest for freedom in the private sphere.

The religion enthusiasts stormed holy shrines and mosques despite directives to avoid congregating, while religious institutions refused to stop offering their services to the public. Despite orders by the Provincial Council, the holy shrine in Qom, the epicenter of the virus, refused to close its doors, arguing that holy sites are free of the virus, are places of healing, and cannot infect people. The second category of Iranians ignored state directives to stop domestic travel, especially during the Persian New Year holidays, to the extent that the military commander co-heading the Corona Control Task Force stopped travel in and out of Tehran by March 27th, putting the capital city under an informal quarantine.

How can such acts of social dissent be explained during a public health emergency? Why should citizens deliberately engage in behavior that jeopardizes their health and wellbeing? I offer a two-pronged explanation that takes into account both structure and agency. The failing call for “national unity” in the face of a pandemic and the outright defiance of state directives by Iranian citizens point to two plausible explanations of citizen conduct under an authoritarian regime: (1) the fragility of the authoritarian social contract, and (2) exploiting the weapons of the weak. The first framework applies to Iran’s religious conservatives and the second to dissenters.

There were, of course, countless Iranians that for various reasons had to leave their homes during the outbreak. This essay limits itself to explaining why those who could stay at home chose to congregate or travel, focusing on the particular conditions of the Islamic Republic shaped by an economic crisis and a recent wave of popular protest. While many in the United States also disregarded or blatantly challenged local or federal directives for mitigating the spread of COVID-19, the rule-breakers in North America acted under very different political circumstances. They might have operated under a general sense of American exceptionalism, trust in the US healthcare capabilities, or a generational trend—none of which was present among Iranians. The difference between democracies and autocracies is a matter of kind and not degree: citizens in an autocracy function under a constant risk of repression and their defiance of state laws has much graver consequences than for those seeing fit to spend their Spring Break in Miami or writing critiques of the US government’s handling of the epidemic in busy cafes of New York City.

Religion-motivated non-compliance

Non-compliance in Iran among the ultra-religious institutions and citizens – the selectorate and the support base the regime appeals to and relies on for unconditional support – is not common. The regime does not depend on its support base for winning elections; rather, it relies on them for manifestations of support in the public sphere when it needs to demonstrate its popular legitimacy. The base includes people that turn up on Jerusalem Day (Quds Day) while fasting, sit on hot tarmac for Friday prayers held on the street in smaller cities, show up year after year at rallies commemorating the country’s Islamic Revolution, and go to the ballots fastidiously at every election. Some of the institutions that make up the selectorate and the regime’s support base, which usually behave the way they
are expected to, stopped complying with state directives in the midst of a viral pandemic.

Opposition to state directives and regulations by religious conservatives points to a schism in what is commonly perceived as the reason for resilience in authoritarian rule – the authoritarian social contract. The social contract between an authoritarian regime and its citizens is supposed to create compliance with repressive laws and practices in exchange for security and prosperity. Acts of social dissent during a pandemic point to the fragility of the social contract between the authoritarian regime of Iran and its citizens: people refuse to respect authoritative social directives the moment the state loses its capacity to provide security and prosperity to the people.

From the point of view of the religious sector, the authoritarian social contract in Iran includes an extra service that the state is contracted to dispense – securing people's rights to practice Islam freely and eliminating all symbols of non-religiosity from society. Iran is different in this sense from MENA countries, in its former experience being a secular state not imposed by foreign colonizing powers. The Iranian state's contract with its support base includes guarantees of a specific kind of religious freedom – that which involves restriction of civil liberties for a large part of the Iranian population. Women, for instance, are obliged to cover in public in order to not offend the sensibilities of the ultra-religious or to bring them to sin.

Non-compliance with the state's social distancing directives by those congregating for religious purposes points to the fragility of this social bond. Restricting religious practice is the last straw on the contract's back. The state's social base only follows state directives as long as it is given free reign in religious practice. The regime's support base signaled a red line, beyond which it would end its support for state regulations.

Their defiance towards public health orders prompted a conciliatory reaction by the state. The state opted for appeasing its support base irrespective of the decision's grave consequences for the public: the holy shrines remained open and the city of Qom, in spite of its economic insignificance, was not quarantined. The appeasement strategy continued until March 16th when the holy sites were temporarily closed. The holy places announced on their websites that the closures occurred due to pressure from the Corona Control Task Force, as they had been content to serve the worshippers with precautionary measures until then. The COVID-19 pandemic revealed the state does not enjoy unconditional support from religious conservatives; rather, it would either have to appease them with extraordinary measures or, as I explain below, suppress them with the help of a newly constructed friend/enemy narrative.

**Defiance unmotivated by religion**

The second category of Iranians that ignored state warnings did so in order to continue with their supposedly private activities. They travelled around the country, especially to the beaches of the Caspian Sea, refused to close their businesses, and flocked to busy bazaars to shop for the Persian New Year festivities, while constantly critiquing the state for lack of transparency in informing the public about the virus when it first appeared in Qom and its unwillingness to quarantine the city. These acts of defiance can partly be explained as exploiting the weapons of the weak.

As theorized first in everyday forms of peasant resistance, this resistance mostly stops short of collective outright defiance and takes the form of dissimulation, false compliance, pilfering, feigned ignorance, etc. As ordinary weapons of relatively powerless groups faced with repressive laws of an authoritarian regime, the weapons of the weak give people agency in implicitly disavowing the regime's public and symbolic goals. The state usually has an interest in keeping silent in the face of such acts, as the alternative would be admitting to unpopular policies or a tenuous authority over the population.

Exploiting the weapons of the weak, however, is only a partial explanation for defiant acts by non-religiously motivated citizens. Another important factor is the
perceived lack of state authority in matters that are traditionally associated with the citizens’ private sphere. When authoritarian regulations only apply to conduct in the public sphere, as it does in Iran, citizens don’t need to act “as if” they are complying with the regulations in their private space. In fact, the private sphere becomes a place of respite where freedom of thought, speech, and action can be practiced in full. Once the divide is established, the state has little prospect of ensuring compliance with directives that are people’s “private” decisions: travelling, spending the Day of Nature in a park, going shopping for delicacies, or holding parties at home. Resisting authoritarian power in this sense is not necessarily directed at the immediate source of oppression, but is simply perceived as acting in one’s private sphere, the only space left for citizens to act willfully.

The role of the military

Faced with widespread defiance of state regulations to curb the spread of the virus and with the number of infected having mounted to 11,000 (according to national sources and the World Health Organization, WHO), the Iranian state resorted on March 13th to employing the armed forces, militarization of law enforcement, and restriction of civil liberties (see Graph 1). Unable to admit to the broken social contract with Iran’s citizens, the Head of the State called the outbreak a biological warfare waged by Iran’s enemies to destroy its population from within.

The armed forces, including the Islamic Revolutionary Guard Corps (IRGC), immediately apprehended critics of state performance in managing the viral outbreak, announced they would monitor all citizens via the Internet, telephone, or in person within the following 10 days, and promised to clear the streets of people. By March 27th, the Corona Control Task Force, now co-headed by an IRGC military commander, restricted inter-city and inter-province travel, with IRGC and Highway Patrol stopping non-local car plates from entering cities. Despite data from the WHO showing no dwindling in the numbers infected by the virus, Iran’s President has reported that the number of cases in some provinces has plateaued. Since the turn around on March 13th in state policy, official media outlets have repeatedly underscored the military’s assertive effort as the cause of the country’s overall improvement in dealing with the pandemic.

Graph 1. Prepared by the author using WHO data on the number of COVID-19 infected cases and deaths

Citizen reactions during social crises of this type point to potential holes in the robustness of the authoritarian social contract, and especially to the different forms that this contract takes with different sectors of society.

Endnotes

Israel: Politics and Identity in Coronavirus times

Ehud Eiran, University of Haifa and University of Stanford

The early phase of the Coronavirus spread in Israel in March 2020 had two major immediate political effects. First, the public health crisis allowed Prime Minister Netanyahu to break the political impasse and secure his position. Secondly, the government handed new authorities to national security institutions, as growing parts of the Coronavirus public health challenge were securitized.

The crisis – and the manner in which it was framed by the political elite and part of the media – provided hints as to some of the potential long-term societal and political effects. The crisis – at least in this early phase – strengthens Israel’s traditional identity as a society that is conflicted but can coalesce around a Jewish-Zionist collectivist ethos, that trusts its security apparatus, and that idolizes technology despite potentially adverse effects on civil liberties. Two large groups – Israeli-Palestinian and Ultra-Orthodox (Haredi) Jews, remain, to various degrees, outside of this identity. The current crisis, therefore, will strengthen Israel’s traditional self-image while rejecting, at least for now, more inclusive models, either in civic or multicultural forms. In the longer term, however, as the public health crisis fades, the demographic realities will force Israel to re-open the conversation about national identity and the institutional arrangements that flow from it. After all, 47.5% of children in elementary schools are members of the two groups that do not accept the secular-national-Jewish identity of the state – Ultra-Orthodox Jews and Israeli Palestinians.

The Coronavirus hit Israel in the midst of a political impasse. The country went to inconclusive elections three times in eleven months (April 2019, September 2019, March 2020). Prime Minister Netanyahu’s used the crisis to solidify his leadership. Polling showed that the public generally felt that he was handing the crisis well. This could be either the result of a rallying around the flag effect, or due to some objective measures that show that aspects of the Israeli approach are working well. In late March 2020, the head of the main opposition party, Gen. (Ret.) Benny Gantz agreed to join a Netanyahu-led government. Gantz justified this stark breach of his election promise, by citing the emergency situation, and the possibility that under the emerging agreement he will replace Netanyahu later in the term (the parties are still negotiating as these lines are being written). The crisis also protected the Prime Minister from legal risks as most trials in the land were postponed on March 15, 2020 by the Minister of Justice, Amir Ohana, a close Netanyahu ally.

Israel’s security organizations assumed an important role in combating the pandemic, and deployed technologies that pose a challenge to civil liberties. On March 15, 2020, the Israeli cabinet approved regulations that allow the nation’s internal security agency (Shabak) to use location data to analyze the physical movements of citizens, and send messages ordering self-quarantine to anyone who was in the vicinity of an infected person in the 14 days prior to their diagnosis. The regulations were passed while the 22nd Knesset was adjourned (following the March 3, 2020 elections) and despite an earlier effort of one of its sub-committees to slow down the process. A challenge in the Supreme Court was deflected, under the condition that the 23rd Knesset will move quickly to create effective oversight once it is convened. On March 31, 2020 the new Knesset did indeed place some restrictions on the Shabak’s surveillance. However, the head of the sub-committee that led the discussions, Gen. (Ret.) Ashkenazi, was about to enter the coalition, possibly as the Minister of Defense.

The general public seems to trust the security establishment in the face of the new surveillance measures: 55% of Israelis polled in 24-26 March, 2020 reported that they believe that the data will only be used to fight the Coronavirus. An expose written by journalists Ronen Bergman and Ido Shevertzuk a few days later, revealing that the Shabak has been collecting phone, internet,
and location data on all Israeli citizens for almost two decades, was not followed by any public outcry. Further surveillance may be ahead. The Minister of Defense, Naftali Bennet, is trying, as these lines are written, to deploy a system that will analyze large data sets and ascertain the probability of an individual being infected with COVID-19. The plan was developed together with NSO, an Israeli corporation accused of surveillance and breach of privacy in numerous countries around the world.

Israel’s external intelligence agency, Mossad, was entrusted with leading the national procurement effort for relevant medical supplies, and soldiers were authorized to assist the police in enforcing social distancing around the country. Military intelligence units opened a joint war room, in which data relevant to the illness – including data regarding Israeli citizens – was collected and analyzed. The military also overtook the management of a number of hotels that were transformed into centers for voluntary internment of persons identified as sick with Coronavirus disease. The military is preparing for an even greater involvement, including an expansion of deployment of personnel in population centers.

These security-driven moves reinforce core aspects of Israel’s national identity: A country that sees itself as Jewish and Zionist, able to form a centrist national unity government, even in the face of personal animosities and corruption charges. Indeed, a plurality of Israelis polled on 24-26 March, 2020, supported the national unity government. Israel also comes across as a society that relies on, and places trust in, its security apparatus — even when it curtails aspects of civil liberties.

Two groups are left out of this identity: Israeli-Palestinians, and Ultra-Orthodox Jews. Their political representatives generally reject, in various degrees, the current national identity as reflected in state symbols, institutions, practices, and cultural ethos. Arab members of Knesset oppose the exclusive Jewish elements the state boasts; while Ultra-Orthodox reject Jewish nationalism as they perceive Jews as a religious group that should not be politically sovereign until the eschatological times of the Messiah. Both groups are highly suspicious of the state apparatus. Ultra-Orthodox played a minor role in coalition governments, while Arabs were — and still are — all but absent. Indeed, as noted, the main opposition party preferred to join a national unity government with Netanyahu after the March 2020 elections, over the possibility of creating a winning coalition that would include an Arab Non-Zionist party. This cleavage is further reinforced as members of both groups are exempt from the draft, and are therefore not part of the security establishment. In part due to inferior STEM education, both groups are also grossly under-represented in the high-tech industry, despite efforts to expand their participation there.

Moreover, media reports highlight that both populations do not follow the social distancing rules imposed by the state. Many members of these communities reside in crowded towns, and as they are more religious compared to rest of the population, they congregate often for prayer and other communal events. Indeed, Ultra-Orthodox have contracted the disease in larger proportion compared to other groups in society. As a result, the state took more aggressive measures to enforce social distancing and limit movement in and out of major Ultra-Orthodox population centers. A large number of soldiers were deployed in early April in a large Ultra-Orthodox town, Bene Bark, to distribute food and assist in Coronavirus testing. Among some Ultra-Orthodox, the aggressive public health moves, are seen as part of a broader campaign by the state and elements of the secular civil society, and media to discredit them.

There is no comparable data about the spread of the disease among Israeli-Palestinians but it seems that, at least in some localities, the security forces are more assertive. On April 1, 2020, for example, aggressive police enforcement of a limited curfew led to clashes with dozens of protesters in Jaffa, the largely Arab sector of Tel-Aviv.

This overlap: ideological opposition to the state, lack of representation in high-tech and security, limited political participation, and alleged avoidance of the rules against the
disease, all reinforce the ‘otherness’ of Israeli-Palestinians and Ultra-Orthodox Jews, when posits next to the traditional Jewish-Zionist-largely secular model of national identity.

The success of the traditional identity model to secure further legitimacy in the face of the health crisis will help deflect, at least for now, two more inclusive models that were put forward in the last few years. The first is a multicultural vision that was articulated, among others, by President Rivlin. According to this approach, Israel is no longer a state with a clear Jewish-Zionist-secular majority as it was. Rather, it should be understood as a society comprised of four groups (“tribes’): Jewish-secular, Jewish-religious, Jewish Ultra-Orthodox (Haredi) and Israeli- Palestinians. Therefore, numerous arenas such as the public service, local government and education should be transformed to reflect this reality. The presidency is largely a ceremonial position so, for now, the idea did not have any significant institutional effect. The second alternative to the current model is a civic, liberal state, a “state of all its citizens”. The state would give no preference to any ideology or ethnic group, nor will it support such groups. This idea has not gained much traction for now, as it contrasts with collective self-identity as the nation-state of the Jewish people. It is further rejected due to a civic republican notion that suggests that only citizens that serve the nation (in the armed forces) are full members of the political community. Both new conceptualizations of Israeli identity are driven by the demographic change to come. As noted above, almost 50% of elementary schools are comprised of Ultra-Orthodox Jews and Israeli Palestinians.

The global response to the Coronavirus includes swift moves in many countries to changes in areas such as economy, civil liberties, and education. Israel adopted some of these changes, but in regards to the core question of national identity, the preliminary phase of the response to the Coronavirus seems to further support its existing identity: a Jewish, Zionist state that relies on a technology-prone, forward-leaning security establishment; thus, protecting its core value of providing physical security, while deflecting ontological challenges to its sense of self.

The author wished to thank Professor Marc Lynch and Dr. Doron Navot for their most useful comments on an earlier version of this paper, and Preerna BalaEddy for her edits.

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A Resurgent Netanyahu?
The Political and Constitutional Effects of COVID-19 in Israel

Brent E. Sasley, University of Texas at Arlington

The first case of the novel coronavirus in Israel was confirmed on February 21. As of April 6, Israel had over 8,900 cases of COVID-19, and 57 people have died from the virus. The government reacted relatively swiftly to the pandemic, especially compared to other governments, such as in Italy and the United States.

At the same time, it is struggling in key areas: containing a rapid spread of the disease in Orthodox communities, many of which have refused to stop congregating in large numbers in synagogues and yeshivas; preparing for the period of Passover, when millions of Israelis will have wanted to hold services and a commemorative dinner with family and friends; and confronting a lack of testing and medical infrastructure in several areas populated by Arab citizens.

This patchwork of efficacy highlights the ways in which Israel exhibits both high and low state capacity in dealing with the infection. The crisis has also had different types of effects in Israel compared to its regional neighbors because of the country’s democratic structures. There has thus far been one major political effect and one constitutional effect.

First, the crisis strengthened Benjamin Netanyahu’s bargaining position in the race to form a new government after three elections in which he was unable to win a strong enough majority in the Knesset. This is a short-term effect. Second, the urgency of stopping the spread of the disease facilitated Netanyahu’s weakening of the constitutional order, by subjecting the judicial system to his political whims and by undermining the authority of the Supreme Court. This is a long-term effect.

The Political Effect

Netanyahu has been Prime Minister of Israel since March 2009 (in addition to a three-year period from 1996 to 1999). In April 2019, Netanyahu faced his first serious challenger in many years: Benny Gantz of the Kachol v’Lavan party, who at least potentially commanded enough seats to form a government. But the emergence of COVID-19 enhanced Netanyahu’s position by allowing him to present himself as a competent manager of the country’s welfare and safety, at the expense of his rival’s credibility.

In December 2018, the government collapsed and early elections were held on April 9, 2019. Netanyahu’s Likud and Kachol v’Lavan both received 35 seats out of the 120-seat Knesset. But neither leader had enough support from other parties to put them over the 60 seats necessary to form and maintain a coalition government. New elections were called for September 17, 2019. The results were similar to the April election: Kachol v’Lavan received 33 mandates, while Likud won 32.

On November 21, 2019, Netanyahu was indicted for corruption and breach of trust in three separate legal cases, leading many to believe that his long political career might finally be coming to an end. But the September election had not changed anything; neither Gantz nor Netanyahu had enough support in the Knesset to form a government. Their positions were far enough apart that they could not agree on a unity government that included both of them. Yet another new election was called, for March 2, 2020.

By the time the third round of polling took place, the novel coronavirus had hit Israel. At the same time, Netanyahu’s trial was set for March 17. Netanyahu was desperate to avoid a trial, since it would likely mean the end of his tenure as prime minister and probably end his political career. It was also widely assumed that Gantz was in a stronger position now, with the trial coming soon and Netanyahu’s failure to improve his bargaining position over two elections.
The March election gave Likud 36 seats to Kachol v’Lavan’s 33. But after a long struggle between the two, Gantz was able to garner enough parliamentary support, with the backing of the Arab Joint List, to be given the mandate on March 15 to start negotiations on forming a government.

While coalition negotiations were ongoing, Netanyahu began to take a more public role in explaining his caretaker government’s efforts to deal with COVID-19. These included increasing restrictions on public activity. On March 11, the government began implementing versions of stay-at-home requests, and on March 19 declared a set of national “emergency ordinances.”

Netanyahu ramped up pressure on Gantz to form a unity government shared by the two parties. On March 21, for example, Netanyahu said in a televised interview that he would share the prime ministry with Gantz, offering to rotate the office halfway through the Knesset’s four-year term.

Public opinion reinforced Netanyahu’s arguments. In March, an Israeli Voice Index survey, by the Israel Democracy Institute, found that 76% of citizens “greatly” or “moderately” feared that they or a family member would become infected with COVID-19. More telling, the priority was for a national unity government: 57% preferred that option (36% wanted Netanyahu to serve as prime minister first, 21% wanted Gantz to go first). Finally, the poll found that 60% of Israelis judged Netanyahu’s handling of the crisis to be “good” or “very good,” while only 34% said the same for Gantz.

Gantz responded on March 26 with a major turn-around. Referring to the onset of COVID-19, Gantz called it an “emergency” that required a government that could bring the country together. To that end, Gantz proposed himself as speaker and, breaking repeated campaign promises, pronounced that he was willing to serve in a government under Netanyahu. Under the terms of a draft deal, Netanyahu would serve as prime minister for the first 18 months, after which Gantz would rotate into the office.

Gantz’s defection gave renewed life to Netanyahu’s campaign to remain prime minister. The gambit may fail. Even if negotiations are successful, there is a chance that Netanyahu will manage to pass a law by the time set for rotation that brings him immunity from prosecution and trial, thereby enhancing the likelihood that he will stay in power even beyond the date the two leaders set for rotation.

There is an even greater chance that developments over the next year and a half will weaken Gantz considerably (his party has already split in half after his desertion), such that Netanyahu might be able to hold on to power with enough Knesset votes, or call a new election in which he and Likud emerge stronger. For example, Netanyahu might survive his trial, or an urgent external security threat emerges that allows him to push off rotation in the name of national security.

Netanyahu may be genuinely concerned about the infection, and want to protect the country and its citizens from the disease. But his political maneuvering indicates that he also saw this as an opportunity to save himself from political death.

The Constitutional Effect

Whether or not Netanyahu succeeds in staying in power in the short-term, the damage he has done to Israel’s legal and constitutional frameworks is long-term and will outlast him.

Netanyahu engaged in a series of moves designed to subvert the existing constitutional order to protect himself from prosecution. First, on May 14, he had the Justice Minister, a close ally; declare a state of emergency due to the spread of COVID-19. The decision meant that the courts could only meet for urgent purposes, such as arrest and remand orders. An effort to hold criminal proceedings via video call was restricted by Netanyahu supporters in government to defendants already in custody. Because Netanyahu was not, his trial was postponed until May 24.
Second, the Speaker of the Knesset, Yuli Edelstein, another Netanyahu ally, refused to hold a vote for a new speaker, under the assumption that a Gantz supporter would be selected and the parliamentary agenda subject to Gantz’s preferences. His first explanation was that this was necessary to protect Israelis from further infection. By doing this, Edelstein also blocked the Knesset’s creation of a new Arrangements Committee, which according to law organizes new Knesset committees by assigning memberships and chairs to the parties in the parliament.

The Supreme Court first issued a non-binding declaration that the Speaker could not postpone the vote and then, when Edelstein still refused, ruled unanimously that the Speaker had to hold a vote. Edelstein ignored the court again, and resigned rather than proceed, delaying the process further.

Israel does not have a written constitution. Instead, a series of Basic Laws serve as quasi-constitutional laws that have higher status than other legislation. But the lack of a single document makes the Basic Laws easier to amend, remove, or add to. This serves as a somewhat tenuous basis for the courts to exercise judicial oversight over the other branches of government.

Since 2009, several of the rightwing and religious parties have engaged in a slow but sustained effort to curtail the authority of the courts even further. After having seen the Supreme Court try to force Edelstein to hold a vote the rightwing parties wanted to avoid, they are likely to renew their efforts. Edelstein’s precedent of ignoring the Court will also be the foundation for future similar decisions.

These efforts have centered around trying to reduce the Supreme Court’s ability to limit or reject laws passed by the Knesset, primarily by changing the laws (including the Basic Law: The Judiciary) and by changing how justices are selected.

When the Speaker refused to give up power in order to keep Netanyahu in office, the legal norms and structures that have kept the political system intact were further eroded. Defying the Supreme Court’s ruling to obey the law constituted an even greater breach of the constitutional order, and undermined the ability of the courts to maintain themselves as a separate branch of government.

Gantz’s decision to join Netanyahu represented tacit permission for this assault. Thus, the main rightwing and center-right parties have now agreed in principle that the legal system can be ignored when its suits their politics. While the judicial system is not in danger of immediate collapse, further efforts to chip away at the legal and constitutional order are more likely now, and more likely to be successful.

That Netanyahu has worked to prevent his trial will further strengthen the Prime Minister at the expense of the courts. If he succeeds in avoiding trial after an indictment, future premiers will exhibit less concern with potential corruption, knowing that there are ways around accountability.

Although Israel proudly calls itself a democracy, with the people electing their leaders and the rule of law paramount over the interests of individual leaders or parties, the coronavirus pandemic has allowed for a useful comparative approach to studying the effects of COVID-19 in Middle Eastern states. It has done so by showing that both autocracies and democracies have imposed restrictions on the public in part to stop the spread of the infection, but also out of political expediency.
COVID in the Maghreb: Responses and Impacts

Yasmina Abouzzohour, Brookings Doha Center

As the COVID-19 pandemic spread across the Maghreb in March 2020, governments in Morocco, Algeria, and Tunisia sought to slow its progression through drastic steps, including suspending all travel, partially demobilizing the workforce, closing mosques, using military and police forces to impose mandatory confinement, shutting down schools and businesses, and banning public gatherings. These measures will have far-reaching consequences on their already struggling economies and volatile political dynamics. In the medium term, Maghreb economies will contract as the outbreak and associated restrictions negatively impact key sectors and lead governments to increase public spending to protect citizens. The region’s political landscape will also shift as social movements re-direct their focus toward outbreak-related problems (such as weak welfare provision, social inequality, and/or poor healthcare), and as regimes increase their use of repression – either to enforce confinement (as is happening across the region) or to contain opposition actors (as has been happening this past year in Algeria and Morocco).

Interestingly, the pandemic has brought to light important revelations about state capacity across the Maghreb. While all three regimes have successfully used their coercive apparatus to impose lockdowns, Morocco has emerged as a stronger state than might have been expected. The kingdom successfully acquired and produced medical supplies (including protective masks and ventilators), while elites rallied behind the regime by donating over three billion dollars to an emergency fund to fight the outbreak. On the other hand, the military regime in Algeria, which ten years ago was able to survive and surpass Arab Spring-related shocks, is currently facing a crisis of legitimacy, and the military-imposed president struggles to deal with the crisis as oil prices continue to dip. In Tunisia, where parliament granted the government special powers for up to two months to deal with the outbreak, the government is unlikely to abuse these powers or resort to excessive force. Rather, what may threaten or strengthen the fledgling democracy is how the state deals with the economic fallout from the outbreak.

Tough economic conditions

The pandemic will negatively impact the Maghreb’s economic performance by disrupting trade flows, reducing tourism, and leading to increased public spending. These are significant consequences for a region that, despite some positive macroeconomic indicators, already faces deeply-rooted structural economic issues (ranging from overdependence on a low-performing agricultural sector in Morocco, unsustainable levels of public spending in Tunisia, and reliance on hydrocarbon exports in Algeria).

Algeria, Morocco, and Tunisia—which have medium-to-low GDPS—all struggle with high inequality (the inequality index score was 40.9 in Morocco, 40 in Tunisia, and 35.3 in Algeria in 2019), high unemployment rates, especially among young people (30.8% of the labor force in Algeria, 21.9% in Morocco, and 34.8% in Tunisia), and high public spending (around 38% of GDP in Algeria, 30% in Morocco, and 30% in Tunisia).

Hydrocarbon-importing Morocco and Tunisia have towering public debts (65.2% of GDP for Morocco in 2018, and 71.4% in Tunisia), while Algeria’s economy is highly dependent on hydrocarbon exports and is currently suffering from the recent drop in oil prices which are unlikely to recover soon (in fact, the situation is made worse as oil companies consider the possibility of oil prices falling to 10 dollars per barrel). Furthermore, the ongoing political instability triggered by anti-regime Hirak protests (which will restart as soon as the outbreak is under control) will impact the country’s economy due to investment uncertainty, an adverse business environment, and the re-distribution of revenues from public spending toward social measures.
Disruptions to trade with China as a result of the outbreak will negatively impact Morocco, Algeria, and Tunisia. In 2017, 2.5% of Moroccan exports went to China, compared to 1.1% from Tunisia, and 1.8% in Algeria. That same year, Moroccan imports from China reached 3.14 billion dollars, compared to 1.85 billion in Tunisia, and a record 7.8 billion in Algeria.14

As Europe heads towards a recession (which the EU commission expects will be deeper than the 2008 crisis),15 key economic partners in the Maghreb will suffer. European markets will likely fall as concerns over the rising numbers of confirmed cases persist.16 The EU estimates that one million citizens in EU states have already lost their jobs in recent weeks.17 A prolonged European crisis will be particularly difficult for Morocco, which is Europe’s largest trade partner in the Mediterranean.18

Travel restrictions imposed by Maghreb governments to slow the pandemic’s spread will harm key sectors for Morocco and Tunisia’s GDP growth, namely tourism, air and sea transport, agricultural exports, and—in Morocco’s case—phosphate exports.

Finally, the informal sector in all three countries will take a hit during the mandatory confinement period, especially given the partial demobilization of the workforce. All three governments have addressed the ensuing loss of income of informal workers by pledging emergency stipends over the coming months. However, workers who have already lost their jobs are struggling as the stipends (some of which are yet to be released) only partially cover their basic expenses.

**Political impact**

On the political front, the outbreak comes at a challenging time for the Maghreb countries, and it will likely lead to new developments in terms of popular contestation and the use of repression by regimes. Indeed, protest movements will recur across the Maghreb once the pandemic has ended, and, in the medium term, citizens and opposition actors will re-focus on healthcare needs, social inequality, and welfare benefits. Furthermore, the freedom which Maghreb regimes currently enjoy in terms of pandemic response may lead to increased repression in the long-term, especially in Morocco and Algeria where authorities show a recent pattern of imprisoning critics and activists.19

In Algeria, anti-regime protests had been taking place for over a year and persisted despite unseating former President Abdelaziz Bouteflika, who had ruled the country for twenty years. In Morocco, which over the last year has seen smaller-scale protests over socioeconomic conditions, heightened regime repression against critics and activists has led to significant criticism by domestic and foreign sources.20 Tunisia’s President Kais Saied, who was elected in the end of 2019, only named a cabinet in February 2020.

In the short-term, the Algerian regime will benefit from the Hirak movement’s decision to delay protests (for the first time since February 2019) to avoid exacerbating the number of infected cases. However, this delay will mark only a brief respite for the regime, as regular protests will almost certainly continue once the outbreak is controlled. In the meantime, the population will closely watch the recently and controversially elected President Abdelmadjid Tebboune, whose socioeconomic and security policies during the crisis will be scrutinized. His lofty promise to not cut wages or the education and health sectors will be undermined by the announced plans to drastically reduce spending (i.e., cutting the country’s energy import bill by 10 billion dollars, halving Sonatrach’s budget, freezing state-funded projects, and reducing the state’s operating budget by 30 percent).21 Politically, whatever Tebboune’s actions during the pandemic, the opaque military leadership will remain in power, most likely triggering further protests in the future. For now, the Hirak movement will likely seek to organize on new platforms; hence, online activism will increase. The movement will have ample opportunity to re-direct its criticism during confinement toward the country’s poor healthcare system, regional inequality, and social benefits.
The Moroccan regime’s swift and firm reaction to the pandemic will likely increase the legitimacy of key actors in the eyes of the population, which has been mostly supportive of the government’s decisions. King Mohammed VI’s contribution to Morocco’s COVID-19 fund will pay off in terms of approval ratings, despite the lack of a royal speech to address the situation. However, the wide gap between the wealthy and poor will continue to be a source of popular discontent. Indeed, in the kingdom, which ranks lower than its neighbors in terms of healthcare, people are forced to pay high prices in private clinics. Furthermore, inequality is especially prevalent in rural areas; indeed, poverty rates amongst the rural population are twice as high as at the national level and the rural population accounts for 79.4% of the poor. Although the regime currently enjoys popular support, once the outbreak is controlled, small protests targeting inequality will likely take place. If different factions of the opposition come together, these fragmented protests may boil over to a full-blown movement demanding concrete and effective socioeconomic reforms.

The government of Tunisia, which has a better healthcare system than Morocco and Algeria, will face contestation triggered by economic hardship. Although the International Monetary Fund (IMF) gave Tunisia $400 million to alleviate the outbreak’s impact on the population, and the government pledged an additional $850 million for the same cause, the economy is bound to suffer. First, the confinement will negatively impact the informal sector, which accounts for around 40% of the economy, and will leave some members of this workforce without wages and force others to choose between earning a living and staying at home. The current situation will therefore highlight informal workers’ lack of social security benefits, which may fuel further small-scale protests to those that took place on March 30, 2020. Although the government announced an aid plan to help close to 285,000 low-income, unemployed, or poor families, it is unclear whether this aid will be directed towards workers in the informal sector. These workers’ inherent vulnerability may discourage people from seeking employment in this sector in the future and may strengthen Tunisians’ preference for public sector jobs. This may lead to a higher demand for public sector jobs to fight unemployment, which would require more public spending. The latter—which Tunisia’s international lenders (such as the IMF) have repeatedly discouraged—is bound to increase due to the government’s aforementioned pledge. These factors will exacerbate Tunisia’s economic outlook and may lead the government to impose austerity measures once the outbreak is under control. This would result in further protests.

Conclusion

In the immediate future, the COVID-19 pandemic will cause significant loss of human life across the Maghreb. In fact, as of April 13, 2020, the number of confirmed deaths due to COVID-19 has increased by a factor of 2.3 over the last eight days in Algeria, by a factor of 2 over the last eight days in Morocco, and by a factor of 2.4 over the last nine days in Tunisia. While the outbreak-triggered crisis will likely end in the medium term, it will leave Maghreb governments to deal with far-reaching economic and political impacts. Indeed, Maghreb economies are bound to contract as key sectors and trade flows are being disrupted while governments increase public spending. Furthermore, state repression may increase in Morocco and Algeria as regimes are granted even greater powers to control the pandemic. Increased repression in Morocco and Algeria, along with an outbreak-inspired focus on social inequality and poor welfare provision across the Maghreb will lead to protests seeking socioeconomic and political reform. These protests may be delayed in Morocco, whose strong state response to the pandemic will improve the regime’s approval ratings, but not in Algeria (whose military-controlled leadership will be weakened by the ongoing situation) nor in Tunisia (whose fledgling democracy may be threatened by the economic fallout from the outbreak).
Endnotes


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27 Biaze, “En Tunisie, l’économie informelle mise à mal par le coronavirus.”


Morocco implemented strict measures as a means to curb national infection rates after the outbreak of COVID-19. These have included the closure of schools, universities, non-essential shops, as well as mosques. The regulation of the population’s movements is consolidated through curfews and the prohibition of accessing the public space without a state-issued authorisation. While Morocco was hailed for its fast response, and the implemented measures were applauded by a vast majority of the population, the country’s lockdown could have significant long-term costs. On the societal and political fronts, the pandemic highlights important dynamics between the regime’s structural responses and the nationalist rhetoric deployed to sustain it.

Morocco faces major economic hardships due to the pandemic. It will especially suffer from the loss of tourism which is the second largest contributor to the economy, accounting for 11% of the country’s GDP and 532,000 jobs in 2017 (nearly 5% of jobs in the overall economy). Due to the decision to close borders and the suspension of all international flights, announced in a communiqué by the Ministry of Foreign Affairs, Royal Moroccan Airlines recorded a loss of around $400 million in just two months. With nearly 13 million tourists in 2019, the Kingdom’s economic outlook for the coming year remains bleak. This is not likely to be reversed soon. The UN World Tourism Organisation (UNWTO) expects international tourism to drop by 20-30 per cent in 2020 due to the global pandemic. The severity of the economic impact is even greater when considering the health crisis’s burdens on the agricultural and trade sectors at a time when Europe, Morocco’s main trading partner, is battling the virus on its own grounds.

The Moroccan state acted firmly in its response to the pandemic. On Wednesday 18th March, in Casablanca, officers of the Auxiliary Forces ordered people to stay in their homes, ‘to be conscious and stay united.’ The following days, the military and police forces took over Moroccan streets to ensure the lockdown was rightfully implemented. The government placed the country officially under a state of medical emergency until April 20th, 2020, with the possibility of extension. Besides the imposition of state issued authorisations to leave the house and a national curfew, the directive established a 24-hour hotline in coordination between the Ministry of Interior and the Royal Armed Forces. The service aims to provide necessary health recommendations and to ‘urge vigilance to fight the impact of the coronavirus pandemic and safeguard the health of citizens.’

Two aspects of regime behaviour have been particularly interesting. One aspect, the emergency state and the restrictive measures put in place to contain the pandemic, have raised fears about the rise of repression. The strict enforcement of the emergency state, and the general applause for state decisions, were defied by protests in Tangier, Sale and Fez. On the night of March 22nd, groups of people were shown on social media and local media demonstrating in the streets, chanting ‘God is the greatest and only he can help us.’ The government responded to these protests by arresting 450 individuals in the first week for violating measures of the state of health emergency. This decision is in accordance with the draft decree Law 2.20.292, stipulating sanctions against those who violate the precautionary measures laid down by authorities to curb infection. Those who disobey the protective measures during the quarantine period could face jail terms from one to three months as well as fines ranging from 300 to 1,300 Moroccan dirhams (roughly $30-130). Another 56 were prosecuted over spreading COVID-19 fake news, following the adoption of the bill no. 22.20 regulating the use of social networks and cybercrime. Overall, an intensified policy of street patrols has brought the total number of people arrested for breaching the state of emergency to 22,541, since its start on March 20th.
The imprisonment of protestors stands in stark opposition to worldwide calls to contain the spread of the pandemic in prisons by releasing inmates. Others have been subject to repressive measures by security authorities. There is no disputing the importance of the confinement measures put in place to contain the pandemic. However, the specific strategic apparatuses of control deployed have the potential to produce new configurations of power and political agency, contributing to the normalisation of certain security practices. The mechanisms of power at play could ensure the continuous institutionalization of state control and the regulation of society’s movement in the public space.

Mass surveillance is a good example of these new mechanisms of control. Governments would have the ability to take advantage of statistics from the High Commission of Planning, or the National Census, as a means of dissenting areas under high surveillance and increasing gatherings’ repression. Such methods might achieve the overt goal of keeping the population at home and flattening the contamination curve in the short run. However, the instrumentalization of fear and repression are likely to harm long term trajectories of civil-state relations. This is particularly important considering the pre-existing tensions over Morocco’s crackdown on activists and journalists prior to the outbreak. A serious focus on a holistic approach to health, where information is provided transparently and efficiently by the concerned authorities, would prove more effective – but this would not serve the objective of institutionalizing new forms of repression.

Second, the shift towards mobilising the population’s support is even more strategic in the face of current challenges to the healthcare and governance systems in Morocco. Within conventional security, security is conceived as an inherent protective strategy, thrown to a subject or object whose existence is thought to be prior and independent of the security practices. When the object to secure is human life itself, the provision of security is no longer defined by military capacity and the defence of a limited territory. It goes beyond traditional concerns; emphasizing a ‘version of security which prioritises homeland livelihood systems and infrastructures.’ In the absence of sustainable and efficient institutions to attain this, the response to the threat becomes primarily framed within the logic of ‘winning hearts and minds.’ Government and popular calls for unity and solidarity expand to the core building of the nation, as they seek to legitimize the security practices used to formulate a coherent state narrative. Thus, by tying social groups directly to national survival, political leaders can reduce the possibility of being overthrown and increase their institutional capacity to overcome non-ordinary, spontaneous crises. In this, the state is the primary and sole mediator of security; framing any intervention in terms of sovereignty and locating power within its apparatus. Power functions discursively through the deployment in the public sphere of norms, values, and assumptions on how communities ought to feel and which ensuing behaviour is legitimate.

In the case of the Moroccan response to COVID-19, this rhetoric is found in the mobilisation of the ulema (theologians), preachers and imams to raise awareness on the prevention of COVID-19. Their cooperation in the important decision to close down mosques sets a precedent and sends a symbolic message to the population with regards to the gravity of the situation and the necessity to act responsibly. Winning hearts and minds to strengthen nationalism appears to be effective so far. The pandemic provides an avenue through which the state is not only able to control and diffuse existing political tensions; but the powerful tide of nationalism, in times of insecurity, yields the ability to reinsta a renewed and shared understanding of the nation. Yet this approach might be short-lived considering the weak healthcare infrastructure systems and the public’s low levels of trust in political institutions. Whether we see uprisings or a tighter union between the state and the people remains highly contingent upon the levels of repression deployed and, more importantly, the state’s ability to absorb the crisis.
Endnotes

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3 Boutaleb, O. (2020) 'Face au Coronavirus, l’Afrique se prepare au pire' [In the face of coronavirus, Africa prepares for the worst], Policy Center for the New South Policy Brief.
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Resilient Authoritarianism and Global Pandemics: Challenges in Egypt at the Time of COVID-19

Lucia Ardovini, The Swedish Institute of International Affairs

Egypt appears to be the worst-hit North African country by the COVID-19 pandemic so far, with 779 confirmed cases and the widespread suspicion that the real numbers are indeed drastically higher.¹ Fears over the uncontrollable spread of COVID-19 are aggravated by the country’s demographics, with over 100 million inhabitants living on approximately 5% of the land, making it almost impossible to practice any form of social distancing.² The weakness and unpreparedness of much of the Egyptian state, complicated by the ever-growing role of the military, makes the challenge even more acute.

The spread of global pandemic COVID-19 to Egypt poses a serious threat to the regime led by President Abdel Fattah el-Sisi. Since the coup d’état in July 2013, the regime has not only wiped out what little gains were made after the 2011 uprisings, but also driven Egypt into the worst human rights crisis of its history. A renewed wave of popular uprisings in the fall of 2019 revealed that the country’s deep-seated issues, such as widespread corruption, social inequalities, and systemic poverty remain a key driver of popular discontent.³ The reality and urgency of these challenges have led the Egyptian government to prioritize controlling the narrative over fighting the spread of the virus itself— with potentially disastrous results.

Structural challenges and regime insecurities generally explain what is behind the attempts of MENA regimes to minimise the scale of the threat posed by the COVID-19 pandemic. Nevertheless, the speed at which COVID-19 is spreading and its multi-layered implications considerably complicate such a task. In Egypt, the regime appears to be more invested into silencing those who openly talk about the virus’s impact on the country’s fragile society rather than attempting to fight the disease itself.

Globally, virus containment measures are most effective when populations trust their governments. However, the Sisi regime has long seen transparency as a weakness and prefers to inspire fear rather than trust. The majority of Egyptian society has only experienced living under a continuous state of emergency and associates political rule with the seizing of extra-constitutional powers. In the case of a global pandemic, familiarity with such draconian authoritarian rules considerably facilitate the process of imposing curfews and lockdowns, as Egyptians are used to the routine imposition of escalating emergency measures. Yet, this also creates the potential for increased repression and for the regime to tighten its control over freedom of expression even more, as there is no assurance that these measures will be lifted once the health crisis is over.

Imposing lockdown on a country that has existed under almost uninterrupted emergency regulations for the majority of its history as a modern nation state might not be a challenge in itself. The greater challenge is doing so without lowering the population’s trust in institutions. The regime’s mishandling and lack of transparency on the actual spread of the pandemic has left many Egyptians wary of the official narrative. General mistrust towards the regime’s reporting of the health crisis was in part shaped by the denial and misinformation that state-owned media displayed at the beginning of the outbreak of the pandemic in late February, mostly promoting the narrative that Egypt is “untouchable” and that Egyptians “are immune” to coronavirus.⁴ The reality of the health threat was also further dismissed by several celebrities who publicly mocked the pandemic and by numerous conspiracy theories gaining momentum on social media. However, reality has now started to sink in and anxiety and fear began to spread after the suspension of international flights on March 16⁵.

The first measurable impact of COVID-19 is the blow it is already dealing to the Egyptian economy, the stability of which is heavily dependent on external funding and
Tourism revenues. The outbreak of the virus in the city of Luxor at the peak of this year’s season was ominous, especially as the touristic sector had only just started to recover after the turmoil that followed the 2011 uprisings. To put things into perspective, in 2018-2019, 11,346,000 people travelled to Egypt generating approximately 12.6 million US dollars. 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, coupled with 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.

Despite its attempts to cover up the real number of infections from the very beginning, it looks like the regime is now following the World Health Organization’s (WHO) guidelines on how to handle and contain the crisis. It shut down schools and universities, imposed a night-time curfew enforced by police patrols and announced the investment of 1 billion Egyptian pounds in improving the health services. Nevertheless, decades of underinvestment left the public health sector struggling to stay afloat, with many hospitals and health centres depending on public donations.

Sisi’s regime has attempted to shift the attention away from the COVID-19 crisis by further cracking down on freedom of expression and by accusing its political opponents of spreading misinformation. Given the political risks, the regime appears most concerned with hiding the real extent of the crisis by silencing those who try to spread the truth about the virus. Heavy restrictions on media and freedom of speech are two of the main tools that allow authoritarian rule to be as resilient as it is in the country.

Yet, it appears that at time of COVID-19 the regime is pushing this even further. Perhaps unsurprisingly, one of the first attempts was to point the finger at the banned Muslim Brotherhood, accusing the organization of spreading panic and fear by reporting fake statistics of infection. What is more worrisome, however, is the banning of British journalist Ruth Michaelson, who reported that a Canadian study estimated that the real number of cases in Egypt is likely much closer to 19,000. Together with the ongoing ban on domestic media that are not directly affiliated to the regime, such an overt lack of transparency has left the Egyptian population, as well as the international community, uncertain about the truth.

This came to a head with the arrest on March 19th of prominent activists Mona Seif, Laila Soueif, Ahdaf Soueif and Rabab al-Mahdi, who staged a public protest to raise concerns over the potential spread of the virus in Egypt’s overcrowded prisons, already infamous for their mistreatment and neglect of inmates. Even though they have since been released, they have drawn the attention to a likely unprecedented health crisis waiting to happen, as there are over 60,000 political prisoners currently being detained in degrading hygienic conditions. Egyptian prisons are at least 160% over capacity and uncovering widespread abuse and inadequate medical care during the advent of the pandemic could have unprecedented and disastrous consequences.

While the way in which Sisi’s regime is responding to the outbreak of COVID-19 is in line with decades of abuse of extra-constitutional powers, systemic inequalities and routine crackdowns on freedom of speech and opposition, the attention that it is generating is also shedding light on such issues. The deep lack of transparency displayed by the Egyptian regime reveals that its institutions are largely unprepared to deal with what awaits ahead. The further crackdown on information suggests that the president is deeply worried about its decreasing rates of legitimacy. As online opposition movements declare that “Sisi and the coronavirus are two sides of the same danger,” the way in which COVID-19 develops in Egypt will have a drastic impact on an already fragile economy and ongoing socio-political issues, possibly dealing an unprecedented blow to resilient authoritarianism.
Endnotes


8 ‘Egypt’s Health Sector Races to Scale Up Coronavirus Readiness’


COVID-19: Lebanon’s Experience and Response

Carla B. Abdo-Katsipis, Wesleyan University

The spread of COVID-19 and its consequences are unprecedented. As of April 5th, the virus has taken over 64,500 lives worldwide—an amount which will increase significantly before the pandemic dies down, as the disease has no known vaccine. Global economic shock reverberated as an increasing number of countries implemented “shut-down” policies—closing all but essential businesses, and mandating that citizens stay at home. COVID-19 is not only a disease; it is a test of state capacity. In Lebanon, the COVID-19 crisis response occurred within the contours of a country already mired in its worst economic crisis since its civil war from 1975-1991. Currently, the state implements preventive measures against COVID-19, largely using punitive tactics as a form of enforcement. However, the majority of crisis support comes from private citizens.

COVID-19 in Lebanon

On February 21, 2020, Lebanon confirmed its first coronavirus patient: a 45-year-old woman returning from Iran. She and two other passengers were brought immediately to Rafik el-Hariri University Hospital upon arrival to the airport, and the other 150 voyagers were asked to self-quarantine for the next 14 days. Seven days later, the Ministry of Education shut down all nurseries and K-12 schools, originally setting the date of return to March 8th. However, the coronavirus pandemic continued to expand, and by March 15, 2020, Lebanon declared a public state of emergency. The order mandated closure of universities, sports clubs, cafes, and other public locations, and a stay-at-home order for non-essential movement was issued. 11 days later, Lebanon imposed a curfew, whereby citizens must remain at home between the hours of 7:00 pm and 5:00 am. Measures of enforcement include an increase in street checkpoints, army patrols in the streets, and fines imposed on violators. These enforcements have significantly decreased public circulation.

The government established the public Rafic El-Hariri University Hospital and the private Hotel Dieu hospital as locations for hospitalizing COVID-19 patients. The state also created a special account for the purposes of citizen donation. On March 26, 2020, the government pledged to distribute an aggregate of $5 million in direct payments to families in need, and pledged $600 million towards medical supplies. Two days later, the Ministry of Health rented the Lebanese-Canadian hospital in order to use it as a treatment center for COVID-19 patients exclusively for a minimum of one year.

As of April 5, Lebanon has 527 cases of COVID-19, and 18 deaths. The degree to which the rate of infection has been mitigated by these measures is unclear, as the actual numbers of cases of COVID-19 are likely higher than the number of confirmed cases. While testing is free at the public hospital, it costs $100 at private clinics, and people are only tested if they display symptoms. Asymptomatic patients are not tested, and the cost of the test discourages many from taking it.

The governmental measures enforce social distancing and expand medical treatment centers; many describe them as effective against COVID-19. Others who rely on daily income feel that their survival is threatened. Indeed, a video surfaced of a street vendor throwing his vegetables on to the street, and screaming that he will not be able to feed his children when the Internal Security Forces threatened him with a fine for being outdoors. The measures that limit the spread of COVID-19 are also the final nail in Lebanon’s economic coffin, as businesses were already struggling in the midst of an economic crisis. Lebanon relies heavily on remittances from expatriates, and acute political instability reduced confidence in the country’s banking sector. The flow of remittances slowed, and businesses across the country either closed or downsized. 33% of Lebanese lived under the poverty line in September 2019—as of April 2020, nearly 50% do.
The October Revolution

The virus response took place in the context of months of widespread popular protests against the political and governance failures of the Lebanese system. Prompted by protests against prospective taxes on gas, tobacco, and VoIP calls on WhatsApp to counter a looming economic crisis, what started as a small group of dissidents snowballed into a country-wide movement. It called for an end to sectarianism, economic mismanagement, unemployment, corruption, lack of public accountability, and failure to provide basic services such as electricity, water and sanitation. Unlike prior protests, this movement was not motivated by partisanship, and called for the removal of all political leaders with the phrase “kilon ya3neh kilon”—“all of them means all of them.” The movement called for a resignation of all incumbent political leaders, and the creation of government led by independent experts, meant to guide the country out of crisis.

There were limits to its political effectiveness, though. The movement was leaderless, and other than voicing the desire to have independent experts in government, had no concrete agenda. They also became associated with several unpopular effects. Protesters blocked major roads throughout the country, severely limiting citizen mobility—and by extension, significantly reducing economic activity. When asked as to when protesters would clear the streets, the response was that they would cease dissent upon the establishment of an “independent government.”

On the premise that such political instability would result in residents withdrawing their dollars from local banks and deposit their money outside the country, banks unofficially (and illegally) imposed a system of capital controls on withdrawals. The banks originally limited dollar withdrawals to no more than $1000 weekly, and restricted dollar transfers outside of the country. By January 2020, these unpopular measures were approved by government, and the withdrawal restrictions tightened further. While the capital controls are based on a sliding scale of the size of the account, some are even as low as $100 a week. The Lebanese Lira lost 40% of its value against the dollar, with severe consequences for the majority of Lebanese who held their assets in the local currency, and economic deterioration became more acute.

This was the political and economic context within which Lebanon confirmed its first case of COVID-19, and the protective measures were implemented. The mandatory stay-at-home orders shut down the protests and required business owners to close their businesses completely. Combined with the capital controls, economic activity was brought to a near-complete halt.

Citizen Response

Citizens have responded to this pandemic by providing crisis support. MTV host Marcel Ghanem facilitated a fundraising campaign to offset the cost of COVID-19 testing and treatment. NGOs such as Matbakh El-Balad, Lebanese Food Bank, Boutata, Foodblessed, 3ajineh, The Donation Booth, KilnaYa3niKilna, Beit El-Baraka, Ajialouna, Lebanese Under Cover, Survivors, and Leap4love collected and delivered food for the needy. Other NGOs addressing medical needs are Lebanon Needs, Restart Center, SIDC Lebanon, The Vibe Wellness Circle, Bedayati, and Embrace.

Another citizen initiative titled “Baytna Baytak” finds free locations for medical staff and Red Cross members to reside; it allows them to focus on their jobs without having to worry about exposing their families to the COVID-19 virus. Defining them as “front line heroes”, Baytna Baytak has housed 165 medical personnel thus far. Housing is provided by citizens who have real estate available, and hotels such as Edde Sands.

What must be emphasized is that these initiatives were developed under harsh austerity measures. This being said, there are other citizens who respond with fatalism, indicating that all will die anyway, and thus, are not taking precautions. Prices for goods such as hygienic wipes have skyrocketed, and government has not stopped the price-gouging.
Conclusion

Lebanon is unique in that the mechanisms needed to combat COVID-19 are informally distributed between state and citizenry. In the fight against COVID-19, the state’s capacity is limited to i) enforcing the stay-at-home order and ii) increasing resources available for treatment. Citizens are providing crisis support resources, such as food, shelter, and most financial assistance. In most governmental systems, the state is responsible for providing both. It is difficult to measure the effectiveness of Lebanon’s shared capacity model; without universal testing, the true rates of infection are markedly higher than confirmed cases, and as such, any attempt at evaluating success would yield inaccurate results.

Lebanon faces the prospect of emerging from multiple crises: the COVID-19 pandemic, economic depression, and political turmoil. Indicated by the rapid increase in poverty, the emergency measures against COVID-19 are amplifying the preexisting catastrophes. Lebanon plans to restructure its debt, but evidence of reform must be made clear in order to unlock over 11 billion dollars in pledged aid. Without political change, a financial stimulus, and a plan to emerge from its economic crisis, Lebanon’s state capacity will further deteriorate, and the country will be unable to surpass these calamities.

Endnotes

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The COVID-19 Pandemic in the Middle East and North Africa

**Drastic Measures:**
Coercive Enforcement and Economic Effects of Pandemic Suppression in Jordan

*Allison Spencer Hartnett, Yale University; Ezzeldeen al-Natour, Independent Researcher; and Laith al-Ajlouni, Independent Researcher*

**Introduction**

The Hashemite Kingdom of Jordan stands out for its aggressive response to the COVID-19 pandemic in comparison to other MENA countries. Two weeks after the first case was announced on March 2, 2020, Jordan decided to “flatten the curve” with a multi-pronged approach centered around mandatory physical distancing with a nationwide curfew, closed borders, and military patrols of the like last seen in the early 1990s.

Jordan’s high coercive capacity is at the heart of its response. The prominent role of the coercive apparatus in formulating and implementing the COVID-19 response also underscores the marginalization of the bureaucratic and civil state in a time of crisis. With the police and military strategically controlling population movement early on, the state played to its martial strengths in order to compensate for long-standing deficiencies in other realms of state capacity.

As every country grapples with the question of how to respond to a pandemic in a globalized world, we reflect on how pre-existing problems of state capacity contextualize the lived experience of lockdown in the case of Jordan. Using an original survey, we describe how ordinary Jordanians’ experience the lockdown personally and in their locality. We then reflect on what this means for the political preferences of the Jordanian public in the short to medium term. The pandemic has exacerbated a decades-long trend of increasing economic precarity for the Jordanian labor force. Economic woes here, as in other country contexts, are fueling a move toward grassroots “right-wing” populism that could become more pronounced as the lockdown leaves more Jordanians outside the social safety net.

**Data, Methodology, and Findings**

Most accounts of Jordan’s aggressive approach to suppressing the public health effects of COVID-19 narrate a story that begins and ends in Amman. This is true for two reasons. First, policy-making in Jordan is highly centralized, and local governments have no autonomy to formulate their own responses to the pandemic. Second, accounts of Jordanian political life rarely extend beyond the borders of the capital city, a trend reinforced by current restrictions on domestic movement. For a summary of policies, dates implemented, and a running tally of COVID-19 cases, see Table A1 in the Appendix. Throughout this analysis, we cite the official COVID-19 case count from the Jordanian Ministry of Health website.

We conducted a subnational pilot study from March 30 to April 1, 2020 that asked respondents to evaluate how the COVID-19 lockdown affected their personal and communal economic well-being. We also asked them to rate their access to health care and to tell us how the government was enforcing the curfew in their locality.

This study is preliminary and comes with several caveats. We used a snowball sampling methodology that is often effective in reaching hard-to-study populations such as populations under lockdown. Given that this is not a random sample, we are unable to validate our conclusions statistically. What we provide, however, is rich contextual evidence for how the economic effects of the curfew vary by locality and by sector, and provide an original account of how Jordanians witness their government’s management of a global public health crisis.

We interviewed a total of 188 individuals across Jordan’s 12 governorates. Figure 1 maps the distribution of our
188 respondents by sub-district. The governorates with the highest response rates were Irbid (45) - Jordan’s only city under isolation - and Tafileh (41).

State Capacity and Pandemic Policy Implementation

The efficacy of the lockdown is determined by two factors: the health system’s ability to treat infected patients and the coercive apparatus’ ability to keep citizens at home. Our respondents had a high opinion of both.

Participants in our survey generally approved of the Jordanian health care system. 87.2% of respondents said that they believed that they would have adequate access to health care if they needed it. The majority of Jordanian hospitals are public, and the military-run Royal Medical Services account for 34% of all public sector hospital beds. Jordan’s medical system is unprepared to accommodate a fast influx of patients; hospitals only have 1.4 beds per 1000 inhabitants, which is lower than the global average. The state’s strategy to minimize cases and protect the healthcare system through curfews and lockdowns appears to be working. By April 10, there were only 372 cases out of a population of 9.7 million, and only a percentage of our respondents in Irbid, Amman, al-Karak, and Ma’an reported knowing a COVID-19 patient in their area.

Jordan justified its strict lockdown measures by the necessity of maintaining the capacity of the health sector to absorb the people infected with COVID-19. We asked our respondents to tell us about the entity primarily responsible for enforcing the curfew in their locality and how enforcement was accomplished. The PSD, Jordan’s police force, was reported to be the primary enforcer of these policies by our respondents. Irbid governorate is the notable exception where the military is the primary

Figure 1: Map of Survey Respondents by Subdistrict (n=188)
enforcing body of a regional isolation order due to a local spike in cases. The bureaucracy and decentralized political bodies like municipalities, mayors, or governorate councils appear to play a minor or non-existent role in enforcing the Defense Orders. See Table A2 in the appendix for a governorate-level summary of our main results.

We also asked our respondents what enforcement looks like in their area. Combinations of arrests, rounds by officials, and road closure checkpoints were present in every district, but to different extents. Checkpoints were cited by respondents from every governorate. Arrests for curfew violations were reported in every governorate except for Aqaba, Jerash, and Ajlun. 22% of respondents from Ajloun reported that they did not witness any security services at all. In the capital Amman, rounds and checkpoints were the most frequently cited forms of implementation, although seven respondents also reported arrests in their locality.

The majority of Jordanians agree that this response is the right one, at least in the short term. According to a survey by the Center for Strategic Studies at the University of Jordan, 91% of Jordanians believe that things are going in the right direction. In the same survey, 71% of the population believes that the activation of the defense law and the curfew came at the right time, and a majority (62%) supports a partial curfew in lieu of a complete lockdown. One respondent in our survey from Hosha, Mafraq made peace with the closure of his business as “a sacrifice for my homeland.”

Fiscal Capacity and Unequal Economic Effects

The lockdown has brought Jordan’s economy to a standstill, and long-standing structural inequalities mean that the most vulnerable are the first to suffer. “The cost until now is 56 Jordanian patients suffering from this virus. The rest is just details,” stated the Jordanian Minister of Finance, Mohammad Al-Ississ, when asked about the coronavirus’ impact on the Jordanian economy. However, the strategy for suppressing the pandemic weighs heavily on the Jordanian labor force and firm owners. Within days of announcing the curfew, Jordanian businesses started to report complaints due to the interruption of cash flows. The Jordanian Private Schools Syndicate declared that a high proportion of private schools might not be able to pay teachers monthly wages. Moreover, 67% of Jordanian employers are thinking of laying off some of their employees if the curfew continues for a longer time.

Prior to the pandemic, the Jordanian government was forced to enter a period of austerity while poverty rates, the informal sector, and unemployment grew. According to official numbers before the pandemic, 15.7% of Jordanians lived under the poverty line, and 19% of them were unemployed. Estimates for the unemployment rate climb to almost 40% among Jordanian youth. Informal workers constitute around 46% of the Jordanian labor force and 25% of national income. Most firms in the country are micro or small enterprises and are less likely to access credit or have savings to weather the crisis. In our survey sample, 62.9% of the unemployed respondents said that they are unemployed due to the virus, and 58% of the respondents said their income was impacted negatively by the pandemic. Table A2 reports the full breakdown by governorate.

Table 1 shows a breakdown of our sample by sector. Jordan’s drastic public health strategy is most severely felt among the day laborers and informal sector workers. 86.7% of informal workers in our sample reported that their income has been negatively affected by government measures, and 71.4% have lost their job because of the curfew. “My daily subsistence comes entirely from my shop, and now it’s closed,” said one respondent from the Southern Ghor district in al-Karak. Another respondent from al-Tafileh reported that they couldn’t pay their monthly bills due to pandemic-related unemployment. An informal worker from northern Mazar in Irbid said that the lockdown made his work impossible: “I work in satellite maintenance. It’s my main source of income. Now with the curfew, I can’t go out and work.” The most vulnerable segments of the Jordanian labor force are also those most likely to suffer the long-term economic consequences of the pandemic due to persistent unemployment and other financial burdens like debt that push them deeper into poverty.
Public employees feel the economic effects of the curfew the least of all sectors; 42.6% cite income loss and 25% lost their job. In general, these respondents depend on additional sources of income in the private sector to improve their living conditions.

Table 1: Economic Effects of COVID-19 Measures by Sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>N</th>
<th>Income negatively impacted</th>
<th>Job lost due to curfew</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(of those who said they are currently unemployed, n=134)</td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>47</td>
<td>42.6% (20)</td>
<td>25% (7)</td>
</tr>
<tr>
<td>Private</td>
<td>77</td>
<td>54.5% (42)</td>
<td>36.2% (17)</td>
</tr>
<tr>
<td>Informal</td>
<td>45</td>
<td>86.7% (39)</td>
<td>71.4% (42)</td>
</tr>
<tr>
<td>INGOs and NGOs</td>
<td>5</td>
<td>40% (2)</td>
<td>N/A</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>42.9% (6)</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>188</td>
<td>58% (109)</td>
<td>41% (55)</td>
</tr>
</tbody>
</table>

A survey by the Center for Strategic Studies Survey shows that these early days may only be a preview of continued economic hardship. 67% of employers are thinking of laying off some of their employees if the curfew continues. 44% of private sector workers didn’t receive their paycheck by the end of March, and 36% of them borrowed money from their friends or families to cover their expenses. Although 31% of Jordanian workers are able work from home, 59% are not working at all. With the expected closure of micro and small enterprises, the lockdown will push more people out of the formal labor market, decimating incomes, and decreasing much needed tax revenue.

At the policy level, the lockdown devastated the government’s economic policy goals for 2020. After a period of austerity from 2012 to 2018, the 2019 and 2020 budgets shifted toward more expansive welfare policies, including a sales tax exemption for several commodities and new economic stimulus packages. After the passage of controversial tax reforms in 2018, the IMF and World Bank extended loans to finance these expansionary measures. With the pivot to emergency response, the government will be unable to fund policies that would have resulted in improvement of public services like health and education.

The government is keenly aware of these inequalities. As part of Defense Order Number 4, the government initiated a special account at the Central Bank to receive donations from the private sector and the public, and redirect it to day laborers, informal workers, and needy families. However, those funds might not be sufficient and the government will need more funds to subsidize micro and small enterprise wages to maintain employment rates. Such funds will be only secured through borrowing, which will consume public revenues now and in the future. Jordan’s public debt service consumed around 11.1% of the government total expenditure in 2019 and around 14.8% of the total local revenues.

Poverty and Populism Pre- and Post-COVID-19

Our pilot study underscores a need to disaggregate geographically and sectorally to understand the short, medium, and long-term implications of a complete lockdown. While undoubtedly these policies are a public health victory, we need to be mindful that this crisis has exacerbated long-standing inequalities in the Jordanian economy and introduced new political uncertainties. We offer four conclusions from our examination of Jordan’s lockdown response to the COVID-19 pandemic.

First, the pre-pandemic Jordanian economy left many citizens hanging on the margins of the social safety net. High informality and high unemployment pre-pandemic and stagnating incomes for the middle class mean that the lockdown has made a bad situation worse for informal and day wage workers, as well as micro and small business owners who make up the majority of the Jordanian labor force. Under crisis conditions, their income evaporates and small businesses will likely be unable to bear the cost
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of long-term closure. Informal workers and firms are unregistered and therefore illegible to the state, leaving them unable to access the social safety net. In a post-pandemic Jordan, this shock will further hamper the government’s plans to increase tax revenue from a strapped population who may struggle to find work, particularly in the informal sector if firms are forced to close.

Second, the crisis amplifies Jordanians’ deepening distrust in the central political institutions. According to the Arab Barometer Survey, Jordanians consistently trust the military more than either elected or appointed officials. Figure 2 shows that while Jordanian trust in the Parliament and Government has declined significantly since 2007, 95.3% expressed trust in the military in 2019. This trend is unlikely to change as unpopular policies related to the economy fall under the government’s mandate. Unpopular policies are frequently blamed on the government, and the typical strategy is for a government to be dissolved in the face of popular discontent. Furthermore, widespread perceptions of government corruption and legacies of austerity plague the current government, even as they planned to embark on expansive welfare spending that will almost certainly be undermined by the current crisis. With the governments’ limited fiscal capacity and a low trust among the public, respondents in our own sample show how local communities are banding together independent of the state. One al-Zarqa resident reported that his family tried to send a donation to those affected by the lockdown. “The community, relatives, and neighbors are trying to help others survive the crisis,” another said. Respondents from Amman and al-Karak reported individuals helping those in their social circles and reports of receiving assistance from other residents.

Third, we believe that worsening economic conditions and the new national role assumed by the military have transformative implications for Jordanian politics. This should not be interpreted as a power play by the military. It is important to remember that procedure has been followed and the enforcement authority enjoyed by the coercive apparatus is entirely legal and granted by the executive and legislative branches. Rather, the pandemic response provides policy evidence of a trend that many Jordanians already subscribed to before the outbreak began, namely that the coercive apparatus can be more trusted to “take care of business” than civil state. Furthermore, in a country where political and economic power often enable connected individuals to skirt the rules, it appears that even the elite are not insulated from the rule of law under lockdown. Two MPs were arrested on April 3, 2020 for violating the defense orders in Amman. The

Figure 2: Trust levels in state institutions according to the Arab Barometer Survey

![Figure 2: Trust levels in state institutions according to the Arab Barometer Survey](image-url)
state’s demonstrated capacity and widespread acceptance of the military’s current role may raise Jordanians’ expectations concerning efficient and fair law enforcement.

Fourth and finally, the coercive apparatus’ perceived efficacy, combined with the persistent and upcoming economic hardships for ordinary Jordanians, has the potential to unsettle national political rhetoric. In the post-Arab Spring era that preceded the pandemic, there was a tendency among Jordanians - mainly tribal Jordanians - toward nationalist “right-wing” politics, which was adopted by populist Jordanian politicians. This neo-tribal right-wing built its political narrative on grassroots economic and social grievances that are widely viewed to be the result of neoliberal development failures since the 2000s. The increasing inequality between the capital Amman and the other provinces, “the absence of the state,” and the feeling of weak political representation among Jordanians led them to call for a stronger presence of the state in their daily lives. However, the ruling elite espouse a strong current of neoliberalism that alienates the Jordanian public. This tendency pushes some Jordanians to express nostalgia for the early days of the Kingdom where the military played the main role in building the state. With the military and PSD playing a central role in the successful containment of the coronavirus in Jordan, neo-right wing sympathizers may see this crisis as a validation exercise for their political platform. It is not unreasonable to believe that a worsening economy will drive more Jordanians into the populist camp and call for more military intervention in governance. It is important to note that there is no evidence that the populist agenda resonates with the coercive apparatus, but in the long run, this trend might lead to growing tensions between a populist citizenry and a political establishment beleaguered by low fiscal capacity and a deficit of public trust.

Data Appendix

Table A1: Timeline of COVID-19 Policy Instruments in Jordan

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Case Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 27, 2020</td>
<td>Kingdom begins screening for COVID-19 at airports; two week quarantine for all positive cases.</td>
<td>0</td>
</tr>
<tr>
<td>March 2, 2020</td>
<td>First positive case announced</td>
<td>1</td>
</tr>
<tr>
<td>March 15, 2020</td>
<td>Schools closed</td>
<td>12</td>
</tr>
<tr>
<td>March 19, 2020</td>
<td>Government declares State of Emergency</td>
<td>69</td>
</tr>
<tr>
<td>March 21, 2020</td>
<td>General curfew imposed; all stores closed (Defense Order 2)</td>
<td>99</td>
</tr>
<tr>
<td>March 25, 2020</td>
<td>Citizens permitted to walk to grocery stores and pharmacies</td>
<td>172</td>
</tr>
<tr>
<td>March 26, 2020</td>
<td>Defense Order 3 imposes punishments (fines, jail, vehicle expropriation) for breaking Defense Order 2.</td>
<td>212</td>
</tr>
<tr>
<td>March 31, 2020</td>
<td>Defense Order 4 establishes a national fund for donations to fight the pandemic.</td>
<td>274</td>
</tr>
<tr>
<td>April 1, 2020</td>
<td>Defense Order 5 halts all judicial proceedings</td>
<td>278</td>
</tr>
<tr>
<td>April 8, 2020</td>
<td>Defense Order 6 obliges employers to keep their employees and provides them with flexibility in wages payment.</td>
<td>358</td>
</tr>
<tr>
<td>April 9, 2020</td>
<td>Announcing a full curfew for 48 hours (April 10 and 11)</td>
<td>372</td>
</tr>
</tbody>
</table>
### Table A2: Main Findings by Governorate

<table>
<thead>
<tr>
<th>Governorate</th>
<th>N</th>
<th>Coronavirus and Health</th>
<th>Economy</th>
<th>Implementation and Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Do you know anyone in your area who is a COVID-19 patient?</strong></td>
<td><strong>Do you think you have adequate access to health services if you should need them? (Yes)</strong></td>
<td><strong>Job lost due to curfew (of those who said they are currently unemployed, n=134)</strong></td>
</tr>
<tr>
<td>Irbid</td>
<td>45</td>
<td>17.8% (8)</td>
<td>86.7% (39)</td>
<td>62.2% (28)</td>
</tr>
<tr>
<td>Tafila</td>
<td>41</td>
<td>0% (0)</td>
<td>82.9% (34)</td>
<td>48.8% (20)</td>
</tr>
<tr>
<td>Amman</td>
<td>25</td>
<td>4% (1)</td>
<td>80% (20)</td>
<td>64% (16)</td>
</tr>
<tr>
<td>Az-Zarqa</td>
<td>21</td>
<td>0% (0)</td>
<td>91.3% (21)</td>
<td>60.9% (14)</td>
</tr>
<tr>
<td>Al-Balqa</td>
<td>13</td>
<td>0% (0)</td>
<td>100% (13)</td>
<td>38.5% (5)</td>
</tr>
<tr>
<td>Al-Karak</td>
<td>13</td>
<td>15.4% (13)</td>
<td>100% (13)</td>
<td>53.8% (7)</td>
</tr>
<tr>
<td>Ajlun</td>
<td>9</td>
<td>0% (0)</td>
<td>77.8% (7)</td>
<td>55.6% (5)</td>
</tr>
<tr>
<td>Al-Mafraq</td>
<td>8</td>
<td>0% (0)</td>
<td>100% (8)</td>
<td>50% (4)</td>
</tr>
<tr>
<td><strong>Low N- Governorates</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jerash</td>
<td>4</td>
<td>0% (0)</td>
<td>75% (3)</td>
<td>100% (4)</td>
</tr>
<tr>
<td>Al-Aqaba</td>
<td>3</td>
<td>0% (0)</td>
<td>100% (3)</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Madaba</td>
<td>2</td>
<td>0% (0)</td>
<td>50% (1)</td>
<td>50% (1)</td>
</tr>
<tr>
<td>Maan</td>
<td>2</td>
<td>50% (1)</td>
<td>100% (2)</td>
<td>100% (2)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>188</td>
<td>6.4% (12)</td>
<td>87.2% (164)</td>
<td>58% (109)</td>
</tr>
</tbody>
</table>
Endnotes

3. Our response rates in the southern governorates of Ma’an (2) and Aqaba (3) and in the central governorates of Jerash (4) and Madaba (2) are too few to draw meaningful conclusions and so will be discussed mainly in aggregate figures for sectoral analyses. We present the findings for these governorates in Table 1 for completeness.
17. PSD is the main police force of Jordan
The COVID-19 Pandemic in the Middle East and North Africa

Transparency and repression in Jordan’s response to COVID-19

Elizabeth K. Parker-Magyar, Massachusetts Institute of Technology

Jordan’s relatively early and expansive measures to combat the coronavirus appear to have limited the extent of its outbreak thus far, earning the government’s response praise from many quarters. Like those from across the region and the world, the images accompanying the nation’s response have been remarkable: families rushing to local supermarkets, soldiers distributing flowers to those completing quarantines at upscale Dead Sea resorts, individuals queueing for hundreds of yards behind the dukkan that have remerged as the center of neighborhood life.1 As elsewhere, the images underscore the ongoing mobilization to limit the virus’s lethality that could lead to impactful, long-term transformations in social cohesion, local governance, and state capacity.

Less obvious, perhaps, is the government’s determination to unify the messaging around the state response to the virus. These efforts, which have placed the ministers in Prime Minister Omar Razzaz’s cabinet at the center of public attention, could portend long-term transformations in Jordanian media habits and mark a turning point in the transparency Jordanians expect of their government leaders. At the same time, increased government powers to combat the spread of potentially false information online could also empower the government to impose harsher limitations on public criticism – a troubling development amid continued contestation over freedom of expression. The outcomes of these transformations are less clear than in some of the more repressive states of MENA: the pandemic could leave Jordan with governance that is either far more transparent or far more repressive.

Razzaz’s cabinet, thrust into the spotlight, to thrive or flail

A glance at the nation’s media renders obvious Razzaz’s informational strategy. A parade of ministers have held near-daily press conferences, pushing their messaging out across the government’s social media channels. They have appeared in interviews across the nation’s television channels while explaining the latest on the virus’s spread and the regulations to combat them. As Jordan’s popularly elected but denuded parliament remains virtually absent, Sa’ad Jaber, the nation’s Minister of Health, and Amjad Odailah, the State Minister for Media Affairs, have been particularly omnipresent.4 In many ways, these ministers have become the face of the government response – perhaps even more so than Razzaz or the monarch himself.

As the virus upends every element of daily life, individuals I have spoken with this week across diverse communities in Jordan underscored their rapt – and unprecedented – attention to government statements and policy. Several elements of the nation’s early response were at times counterproductive and signaled some elements of state weakness. These include early measures that provoked a rush on supermarkets in the hours before the country went on lockdown, and later measures that created crowding at buses delivering bread after five days of lockdown.

By effectively updating less successful policies while publishing a breadth of information, the more recent response suggests the government may have been able to overcome these early mishaps while retaining a high degree of citizen compliance with and support for stringent regulations. At least some of the circulating acclaim is highly nationalist – resurfacing inevitably favorable comparisons between Jordan and its weaker, less transparent, and more repressive neighbors – and highly dependent on continued success in combatting the virus nationally. But those I have spoken with also insisted the governments’ visible efforts to share credible information and to adapt when policies fail could help smooth inevitable moments of confusion moving forward. It can only help regime legitimacy and state efficacy if the public believes that the government can and will respond to popular criticism.
For Jordan’s leaders thus far, the cautious praise accruing to some members of the government is welcome relief after the direct criticism of the monarch and deepening skepticism of Razzaz’s government—particularly its unwillingness to tackle systemic corruption and economic inequalities in the months before the pandemic. The 2018 Arab Barometer surveys in Jordan and regular surveys from the International Republican Institute continue to report declining trust in government and increased beliefs that corruption pervades state institutions, and in particular the government’s ministries. Nevertheless, concerns around corruption will inevitably hang over the response—and carry the potential to limit its effectiveness. Despite a recent statement from King Abdullah that there are “no places for exceptions due to wasṭa and favoritism” in the response, reports circulated at the time of writing that Jordan’s agricultural minister had resigned after involvement in the corrupt distribution of permits allowing individuals to circulate during curfew. To a certain extent, the ministers’ resignation also reprises a consistent pattern in Jordanian politics. In allowing ministers to take charge of the response, Jordan’s leaders retain the option of blaming any corruption on these individuals rather than acknowledging corruption as a more systemic issue.

At a moment of unprecedented public scrutiny and demands for transparency, the degree to which Jordan’s leadership directly addresses rather than represses these reports and other inevitable rumors circulating around favoritism—and punishes wrongdoers regardless of status—will be critical in the days ahead.

**“Wartime” emergency powers amid limitations on freedom of expression**

More worryingly, and as is the case elsewhere in the region, the fight against the pandemic may allow the government to further tighten limitations on freedom of expression under the pretense of controlling the spread of the virus. In announcing the government’s invocation of emergency powers on March 17, Prime Minister Razzaz emphasized the need to “differentiate between the right to express an opinion, which is guaranteed, from the publication of rumors, slanders, and false news that spread panic. We will deal with this [publication] firmly.” Just as it has used the constant publication of fines for at least 1,600 individuals who have broken curfew, those I spoke with this week underscored their beliefs the government would punish or was already punishing those sharing unsubstantiated information. Even before seizing the new powers, the media publicized several arrests for spreading rumors about the virus. A more recent statement carried across national newspapers raised troubling implications for how favoritism and inter-group politics may impact the application of these laws; as one tribe obliquely threatened prosecution via cyber crime laws of those publishing any information regarding the family, a recent wedding, and the virus’s outbreak in Irbid.

A broad swathe of nations—some democratic and some less so—are working to combat rumors that can weaken the effectiveness of government response, and the Jordanian military’s statements on these measures include valid concerns around the protection of COVID-19 patients’ privacy. At the same time, these emergency powers can also be ripe for abuse in a context where freedom of speech is already highly politicized. Before the virus outbreak, political activism in Jordan had centered on corruption and freedom of expression, especially amid continued arrests of several prominent activists due to their social media posts and the government’s renewed push to strengthen a controversial 2015 Electronic Crimes Law. In Jordan, where opposition movements have in recent years been gaining steam, the government’s seizure of emergency powers could be more impactful than in regimes that already use harsher tools to repress dissent.

The tension between transparent ministerial action and the government’s expansive new emergency powers reveals the potential for a critical inflection point in national governance. Close public scrutiny over each and every step of the nation’s battle with its outbreak could force a turning point in the responsiveness of the government.
to its citizens. At the same time, the government may be able to use new emergency powers – and broad support to punish those endangering others – as a pretext for further repression of its opponents.

Even as Jordan’s overall rate of infection remains comparatively low, the pandemic’s disruptions are far from over. Individuals in refugee communities that I have spoken with raised fears of scapegoating if an outbreak spreads in their community, or if the national health care system is overwhelmed to the point of rationing. Even spared such worst-case scenarios, the economic costs of Jordan’s stringent crackdown disproportionately fall on the poor and will reinvigorate calls for political reform. But in also generating unprecedented scrutiny on the government’s ministers while empowering that government to impose harsher censorship, the pandemic may also meaningfully transform the participants and content of this debate.

Endnotes

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8 Mohammed Al-Arsan, “(AR) ‘Mobility permits’ are behind the resignation of the Minister of Agriculture,” AmmanNet, April 2, 2020, https://ammanet.net/%d8%a3%d8%ae%d8%a8%d8%7c%d8%b1/%d8%aa%d8%b5%d8%a7%d8%b1%d9%8a%d8%ad-%d8%a7%d9%84%d8%aa%d9%86%d9%82%d9%84-%d9%88%d8%b1%d8%a7%d8%a1-%d8%a7%d8%b3%d8%aa%d9%82%d8%a7%d9%84%d8%a9-%d9%88%d8%b2%d9%8a%d8%b1-%d8%a7%d9%84%d8%b2%d8%b1%d8%a7%d8%b9%d8%a9
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14 “(AR) The armed forces warn against circulating personal information and violating the privacy of those infected with the novel coronavirus,” Jordane.net, http://www.jo24.net/post.php?id=354880
15 The government has recently released at least one of these activists, possibly as part of an effort to de-densify prisons after a riot over reduced visitation during the virus killed two. See: “Coronavirus: Jordan prison riot leaves two dead after visits banned,” Middle East Eye, March 16, 2020, https://www.middleeasteye.net/news/coronavirus-two-dead-prison-riot-jordan-after-visits-banned
The Impact of Syria’s Fragmentation on COVID-19 Response

Jesse Marks, Tsinghua University and Schwarzman College

Syria reported its first COVID-19 cases on March 15 — and has now reported its first coronavirus deaths. Many analysts say the total number of cases is much higher, noting independent reports of coronavirus-like cases in Damascus, Tartus, Latakia, Homs and Deir-Ezzor.

How does a country engaged in civil war for the past decade face the coronavirus challenge? The U.N. special envoy called for an immediate ceasefire to prevent an outbreak of the virus in the conflict-ridden country — but no single authority can implement a ceasefire. Syria is ill-equipped to face a global health crisis, but the World Health Organization (WHO), state authorities, and non-state actors in all three administrative regions of Syria have no choice but to take preventative measures to lessen the impact of the coming COVID-19 crisis.

Several key challenges impede any meaningful nation-wide disaster response across contested regions. Few actors trust the Syrian government, which they largely blame for the country’s humanitarian conditions, to manage an emergency response. The state’s explicit targeting of hospitals and clinics have severely damaged the country’s healthcare infrastructure. State-led political impediments to UN humanitarian access limit the flow of life-saving equipment into high-risk areas on Syria’s periphery. If the war continues, as seems likely, Syria’s fragmented and limited health services may leave many regions with little or no outside assistance to fight COVID-19 outbreaks.

State contestation and emergency response

The responsibility for healthcare service and emergency response to a crisis normatively lies with the state. When global health crises emerge, the World Health Organization (WHO) supports governments and non-state actors at the state level to strengthen their national health policies and strategies to effectively respond in the midst of crises. However, coordinating disaster response efforts in Syria means partnering with a state accused of war-crimes and genocide against its own—this will deter many international and non-state actors from joining. The offer and delivery of international aid to the Syrian government could also empower the state to inhibit or appropriate humanitarian aid to contested regions, actually increasing the vulnerability of those-in-need in peripheral areas.

State authority over the disaster-relief response in affected areas of Syria is contested. The country is presently fractured into three competing administrative zones—the Syrian government-held center/south, the Turkish-held north/northwest (including Idlib); and the Syrian Democratic Forces (SDF)-controlled east/northeast. These regions are governed or administered by competing, distinct political entities and a kaleidoscope of militant non-state actors who rely on a series of fragile, inconsistent ceasefires brokered by competing international actors to facilitate humanitarian access for aid providers in order to reach the nearly 6.2 million internally displaced Syrians (IDPs), most of who fall outside of government areas.

A state divided by civil conflict often lacks the capacity to mitigate, prevent, prepare, or respond to natural shocks and stresses in both their own territory and those in contested areas. This is driven not only by military realities on the ground but also by the costs of conflict. The cost of the Syrian civil war on the Syrian government has strained state resources and manpower, reducing state spending on other critical public goods, such as health and medical services. This has severely diminished and weakened the national healthcare system and limited the regime’s patient threshold.

Outside of the government-controlled areas, the systematic targeting of critical medical infrastructure—hospitals and clinics—throughout the course of the civil war has severely diminished the capacity of the healthcare infrastructure to meet the increasing demand resulting from compounding
humanitarian crises. The WHO has identified more than 500 military attacks on medical facilities in Syria since 2016, the majority of which occurred in northwest Syria. This has forced many Syrian doctors to flee to neighboring countries leaving critical areas-in-need with limited healthcare access. Even if a dedicated healthcare workforce remained, access constraints and conflict-related impediments will inhibit the level of healthcare services to adequately support civilians-in-need in areas outside of state control.

**Syria’s government’s response to COVID-19**

The Syrian government unrolled sweeping measures on March 15 to combat the spread of the coronavirus, closing universities, schools, government offices, restaurants and markets, as well as shutting down all intercity public transportation across the country. The government also suspended military conscription, a cornerstone of its sustained military campaign. On March 20, the government banned entry for foreigners, after the first coronavirus victim reached Syria by road from Lebanon after returning from Europe. Health officials have limited testing capacity, but have deployed medical teams at the national level and to 1,864 health clinics across the country. The World Health Organization also supplied the government with testing kits, but only one Damascus-based lab is reportedly testing for the virus. Damascus has further committed to setting up labs in all governorates, with three underway in Aleppo, Homs, and Lattakia. Prices for masks, disinfectant and medicine have surged while the public health infrastructure remains fractured and under-resourced.

The pandemic response has offered Syria the opportunity to break out from its diplomatic isolation. China has already deployed several medical teams to assist with the outbreak in Iraq and Iran, and has provided testing kits to Syria. China’s U.N. ambassador joined the U.N. call for the lifting of sanctions on Syria. It is only a matter of time before Beijing assists Damascus. The U.S. has committed an additional $16.8 million for humanitarian programming for Syria under its USAID’s $274 million fund for countries affected by coronavirus. Perhaps most significantly, last week, following the G20 summit, Abu Dhabi Crown Prince Sheikh Mohamed bin Zayed extended the UAE’s support for the Syrian people in his first call with the Syrian president since a 2011 break in bilateral ties.

**Idlib braces for the worst**

Syria’s opposition-held areas face a dire threat without the proper resources to prevent the spread of the disease – or even identify it. In Idlib, nearly 3 million Syrians are particularly vulnerable, particularly the 1 million living in crowded camps along the Turkish border. The World Health Organization has shipped 300 test kits to the city of Idlib, and promised to supply an additional 2,000 tests, and a testing lab at Idlib Central Hospital is currently testing suspected cases. The WHO will deploy an additional 1,000 healthcare workers and as many as 10,000 masks and 500 respirators to the city and surrounding areas to run the emergency response and testing process in the few remaining healthcare clinics and hospitals.

But tests alone will not be sufficient to prevent the spread of coronavirus, particularly in densely populated displacement camps. Many in these camps already lack shelter and access to water and food. The simplest preventative actions – quarantine, washing hands, disinfecting – are infeasible options for most displaced Syrians. Any coronavirus outbreak would likely prove fatal for hundreds of thousands of civilians, particularly the elderly and those with chronic illnesses.

The compounding needs in Idlib suggest extensive multilateral support will be needed for logistics and delivery of medical services to respond to coronavirus cases, as well as a comprehensive response from emergency aid providers to address existing shortages of food, water, shelter, and other daily essentials. However, hope for such an outcome is grim as major donor countries—the U.S., U.K., and E.U. states—address their own coronavirus crises.
Out of reach in Northeast Syria

In northeast Syria, the Kurdish-led administration ordered the closure of businesses, restaurants and events as well as a curfew. The border with the rest of Syria is now closed, other than cross-border aid deliveries from Damascus. Only 1 of 16 hospitals in the region is fully-functional. Two additional hospitals identified to quarantine and treat patients, are under-equipped, with only 28 beds for intensive care and 11 ventilators reported, as well as two doctors trained to use them.

Ongoing disputes between Turkish-held groups and the SDF exacerbate the situation. On March 24, Turkish-backed groups shut off water to the city of Al-Hasakeh, creating increased risks of coronavirus and other disease outbreaks for some 460,000 residents, including tens of thousands living in the Al-Hol displacement camp.

The immediate challenge for Northeast Syria is access to outside coronavirus experts. The region received a U.S. donation of $1.2 million in humanitarian assistance and medical equipment. However, the bulk of USAID-allocated medical equipment is delayed because the Whitehouse coronavirus taskforce froze USAID medical shipments to countries-in-need. While WHO officials can reach Idlib via U.N.-approved borders, they cannot cross from Iraq into northeast Syria. China and Russia’s push to end the Syria cross-border aid mechanism under Resolution 2449 in January left the northeast out of reach of U.N. assistance.

Obtaining testing kits and expanding the region’s healthcare capacity depends heavily on if the WHO can access northeast Syria from Damascus, a process which historically has been fraught with political challenges for U.N. agencies. The U.N. Security Council could opt to grant WHO authorization for cross-border assistance at all official crossings – allowing aid to arrive via Iraq and Jordan. This might give the peripheral areas of Syria access to life-saving medical care as the coronavirus spreads – which seems inevitable, given other countries’ experiences.

Moving Forward

The WHO faces steep odds in its efforts to coordinate a response with government and nonstate groups that addresses all of Syria’s medical needs, but the country’s geographic and political fragmentation, deteriorating health-care infrastructure and lack of government resources could derail emergency response efforts. Time is rapidly running out for considering alternatives. A fragmented emergency response, like Syria’s political situation, will leave peripheral regions ill-equipped to face the coming crisis.

Endnotes


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Government, De Facto Authority and Rebel Governance in Times of COVID-19: The Case of Yemen

Eleonora Ardemagni, Italian Institute for International Political Studies

Governments, de facto authorities and rebel-governed areas aspiring to “counterstate sovereignty” all have to cope with the pandemic threat posed by COVID-19. Both official militaries and armed non-state groups find themselves at the centre of emergency plans in response to the pandemic, declaring and enforcing social distancing measures such as lockdowns and curfews. The case of Yemen shows how in conflict-torn or fragmented countries, governments, de facto authorities and rebels may show a convergent, although not coordinated, response to COVID-19. The internationally-recognized government and the Houthis are implementing similar measures, so far, but what differs - and what can make the difference in terms of crisis containment - is the pattern of security governance adopted on the territory. The government and the Houthis established two distinctively different forms of “war time social orders”: The Houthis have centralized security governance, while the recognized government has developed a fluid scheme of multiple and competing security providers at a local level. This uncoordinated model could diminish the effectiveness of the anti-pandemic response, and also undermine state capacity.

Most Arab armies have been deployed in the streets to enforce social distancing measures, as in the case of Egypt, Tunisia and Algeria. In Morocco, the army also set up field hospitals and in Jordan it also organized the delivery of basic services at home. In the Gulf monarchies, police forces rather than armies oversee citizens’ compliance with the emergency rules, as well as leading COVID-19 awareness campaigns. The exception is Oman, where the Sultan’s Armed Forces (SAF) are deployed alongside the police at the checkpoints established across the Sultanate. The spread of COVID-19 is therefore likely to mark a new turning-point in civil-military relations across the region as armed forces and police rebrand themselves as the guardians of public health. One initial outcome of their role in enforcing curfews and lockdowns has been an intensified militarization of public space, as the state of emergency further erodes the boundaries between internal security forces and the military.

In conflict-torn or fragmented countries such as Syria, Iraq, Libya and Yemen, however, the armies and militias cooperate, coexist or compete within the state boundaries. Anti-pandemic policies are being implemented only partially by traditional military institutions, but also by complex military structures resulting from security hybridization between state and non-state actors. In areas with multiple security players, the response to COVID-19 results so far in, at best, an uncoordinated convergence of policies among governments, de facto authorities and rebels. This is likely to incentivize centrifugal forces and decentralization from below.

In Iraq, for instance, President Barham Salih launched an anti-pandemic initiative “for the defense of the homeland”, the army ordered a 50% reduction in on-duty personnel and women were granted extended leave; Grand Ayatollah Ali Al Sistani issued a fatwa declaring the fight against COVID-19 a collective obligation (wajib kifai), the peshmerga forces patrol the streets of the Kurdistan Regional Government (KRG) to implement the curfew. As part of Salih’s initiative, the Hashd al Shaabi are engaged in sanitization efforts, medical assistance and in the provision of field hospitals, assisting also the army to enforce the curfew across the country; Muqtada Al Sadr exhorted his followers, at last, to comply with anti-crowd measures. In Syria, the army suspended recruitment and the penalties for those avoiding conscription; in the Kurdish held northeast, Syrian Democratic Forces closed schools, border crossings and limited public events, although they did not halt conscription. In Libya, both of the warring coalitions imposed lockdowns and curfews, while actually accelerating the fighting in the midst of the crisis. In
Lebanon, both the government and Hezbollah organized emergency plans that are enforced, respectively, by the internal security forces, the Lebanese Armed Forces (LAF) and Hezbollah, who test all the fighters coming from and leaving for Syria.

The case of Yemen does show a formal convergence of policies, since the internationally-recognized government and the de facto authority of the Houthis have opted for similar emergency choices. But they show two different patterns of security governance: centralized (the Houthis) vs multiple (the recognized government). In the areas held by the Houthis, security governance is monopolized by the “supervisors” (see below), who answer only to the governorate-level supervisor and report directly to the movement’s leader. Conversely, security governance in the territories formally under the recognized government is performed by a number of competing security players, who pursue different and often conflictual political interests at a local level.

Yemen has registered only one case of COVID-19 as of 10 April 2020 (in coastal Hadhramawt), but a Yemeni response to the pandemic would not be manageable. First, the World Health Organization (WHO) recorded 142 attacks against hospitals since 2015, with less than 50% of the health facilities now functioning at capacity. Second, there is no coordination due to the existence of two health ministries in opposed state authorities. The areas formally held by the recognized government have (1) a variety of security providers operating on the same territory (multiple security governance) and (2) governorates and local authorities with conflicting political allegiances and agendas with respect to the recognized government, all taking part in decision-making (multilevel security governance).

There are clear signs of convergence. Both the government and the de facto authority of the Houthis launched bureaucratic institutions to handle the health crisis: in Aden, the government established the Supreme National Emergency Committee for Coronavirus; in Sanaa, the Houthis organized their Supreme Committee for Epidemics Control. Both the government and the Houthis halted flights from and to Yemen (including the UN flights from/to Sanaa), with land crossings opened only for humanitarian and commercial shipments. Both the government and the de facto authority closed schools, stopped prayers at mosques, limited public gatherings, began regulating markets and shops to reduce crowds, and organized quarantine facilities. About 800 prisoners have been released so far by the Houthis and the government as a preventive measure to reduce the spread of the infection. The government allocated an emergency budget to support the health sector, while the Houthis reduced the number of the public sector employees and private workers by 80% (with the exception of the health, interior, defense and intelligence).

The Yemeni government and the Sanaa-based de facto authority differ significantly in security governance, however, in ways which could influence how the potential pandemic would be handled. In the territories controlled by the Houthis, security governance is centralized under the Houthi’s core leadership. Security enforcement is monopolized by the supervisors (musharafeen): they work at the interplay between security provision and adjudication. The supervisors rule on a hierarchical “shadow system”, since their authority exceeds that of institutions (including the self-proclaimed government): they answer only to the governorate-level supervisor and report directly to the office of the leader, Abdel Malek Al Houthi. The supervisors come predominantly from Saada and Hajja governorates (home of the Northern insurgents) and belong to the Houthi movement. The centralized approach strongly emphasizes how the Houthi movement and militia have transformed from rebel to de facto authority.

Since 2015, traditional security providers have been marginalized or had to change their role. For instance, tribal chiefs (shuyukh) lost their prominent position in security provision and enforcement, as well as the police forces were subjugated to the supervisors. The case of the aqils exemplifies how the Houthis reshaped security relations. Aqils are locally-elected representatives linking...
state security providers with the community: they perform police tasks in rural areas and the Yemeni law (13/2001) defines them as justice enforcement officers. But in the territories under the Houthi control, the aqils had to adapt their tasks, thus shifting from community-level security provision to acting like informants of the supervisors. Therefore, aqils are not challengers of the Houthi’s centralized pattern of security governance, which should contribute to forging a coherent response to the pandemic.

In pro-government areas and where the secessionist Southern Transitional Council (STC) has the upper hand, many security providers (such as military and police officers and tribal chiefs) vie for local security governance in the same territory. Some tribes try to continue with self-governance despite external powers’ interferences, as in the peripheral Mahra governorate. The multiplicity of security actors shapes uncoordinated, fluid and often competitive patterns of security enforcement and provision. This is likely to undermine the response against COVID-19, since local authorities are called to play a decisive role in the identification of cases and in the implementation of emergency measures.

In these areas formally held by the recognized government, Yemen’s state multilevel architecture, made of central government, governors and local councils, lacks coordination. In fact, these institutions now have competing political allegiances and agendas. During Ali Abdullah Saleh’s presidency, the Local Authorities Law (LAL, n°4/2000) strengthened centralized authority through formal decentralization: despite the presence of a voting mechanism, Saleh appointed loyalist governors by decree. With the outbreak of the 2015 civil war, most of the local authorities collapsed since they mirrored political divisions; they lost much of their budget and capacity, especially in Houthi-held areas.

The COVID-19 crisis sheds light on the dysfunctional relationship between what remains of the central state and local authorities. For instance, the local authorities of Marib, Taiz, Mukalla, Sayun, Al Mahra and Shabwa each established an emergency committee and drafted preventive plans to implement government measures. Trying to raise public awareness about the virus, they partnered with local activists in urban centres (as Aden, Taiz and in Hadhramawt) for awareness campaigns. However, local authorities are often not able to practically translate government measures and sometimes act autonomously. For instance, the Yemeni minister for endowments and guidance suspended the directors of many offices at the governorate level since they failed to comply with the ministry’s ban on Friday prayers and mosques. The governor of Hadhramawt and commander of the second military zone, General Faraj Al Bahsani, declared the state of emergency and a night curfew during a televised speech, asking the police to prevent public gatherings. After the first case of COVID-19 was registered in the port town of Ash-Shihr, the governor imposed a daytime curfew in Ash Shihr and neighbouring cities, closing the port for one week; the governors of Shabwa and Al Mahra ordered the immediate closure of the borders with Hadhramawt. The local authorities of Shabwa released forty-three prisoners to reduce the risk of contagion for the prison population, after a committee established by the governor decided to free those who had already served at least 75% of the sentences. Finally, a comparison between the governance of the recognized government and the governance of the de facto Houthi authority vis-à-vis the pandemic crisis reveals something on the evolving state capacity in Yemen, but also about “counterstate” authority. Governance has three dimensions: rule-making, rule-enforcing, goods and services provision. With regard to COVID-19, the Yemeni-recognized government and the Houthis opted for similar rule-making, choosing converging policies. On rule-enforcing, the Houthis’ centralized pattern of security governance limits internal contrasts with respect to the uncoordinated, often competing scheme of multiple security governance shown by the government. But the Houthis have limited resources for security provisions, as Iran is also severely hit by the pandemic, while the government can still rely on oil/gas fields control and donors’ funding (Saudi Arabia and the UAE). If state capacity further declines due to the health emergency,
other authorities would have many possibilities to establish alternative forms of governance on the ground.

In the medium-long term, the COVID-19 related state of emergency is likely to strengthen centrifugal forces and decentralization from below in conflict-torn countries like Yemen. The presence/threat of the pandemic alters resources allocation, impacting state capacity, and thus allows local forms of authority to gain power. The suspension of conscription (ex. in Syria) and the reduction of the military personnel (ex. in Iraq) and budget are likely to favour the recruitment by militias: many combatants could return or join armed non state groups for a salary and a status.

In Yemen, convergent policies to face the health crisis are implemented without coordination between the government and the de facto authority of the Northern Shia movement. The Houthis follow a centralized pattern of security governance. Conversely, the recognized government sees competing security providers on the same territory. A health crisis in Yemen would diminish prospects for a nationwide ceasefire, since it could trigger further political fragmentation within the recognized government side, as in the other conflict-torn Arab countries. The Houthis advanced militarily in government-held oil/gas-rich strategic areas (Marib) and continue to fight despite the start of a two-week Saudi unilateral ceasefire: recognized institutions cannot accept this balance of forces. In such a framework, decentralization emerges as a rising bottom-up phenomenon in fragmented countries, rather than a top-down concession: the implosion of state capacity empowers local governance experiments, and some of them can have a “rebels face” opposed to the legitimate authorities. The government and its local authorities have been gradually shifting from a polycentric scheme of governance, based on expected cooperation, towards competition and subtle conflict. With timely and local responses needed, the looming health emergency is likely to accelerate this trend. Even if the response is effective, the deployment of the armies to enforce lockdowns and curfews in authoritarian contexts can turn into a weapon of social control, generating lasting repression and militarization.

Endnotes

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The Project on Middle East Political Science

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