COVID-19 in the MENA: Two Years On

June 2022
Contents

COVID-19 in the MENA: Two Years On - What have we learned? ................................. 3
Marc Lynch, George Washington University

Polarization, COVID-19, and Authoritarian Consolidation in Iran .......................... 6
Vahid Abedini, Florida International University

The Amplification of Authoritarianism in the Age of COVID-19 ............................... 12
Yasmina Abouzzohour, Harvard University

Implications of COVID-19 Pandemic for Regionalism and Regional Politics in the MENA Region... 18
Melih Altunışık, Middle East Technical University

The Impact of Egypt's Non-Pandemic State on Society-to-Society Relations .................. 22
Mona Ali, Cairo University

Anti-COVID Volunteers are the New Soldiers: Revisiting UAE's Militarized Nationalism during the Pandemic .......................................................... 33
Eleonora Ardemagni, Italian Institute for International Political Studies & Catholic University of Milan

Implications of the COVID-19 pandemic for politics in Morocco ............................... 38
Lalla Amina Drhimeur, Sciences Po Lyon

Is the Arab region ready for the next pandemic? .................................................. 43
Ghinwa El Hayek, Tahrir Institute of Middle East Policy

The Governance of COVID-19 in Lebanon: Territories of Sectarianism and Solidarity ........ 49
Mona Harb, Ahmad Gharbieh, Mona Fawaz and Luna Dayekh, American University of Beirut

Downplaying, Trust, and Compliance with Public Health Measures during the COVID-19 Pandemic in the MENA ......................................................... 55
Kevin Koehler, Leiden University & Jonah Schulhofer-Wohl, Leiden University

COVID-19 Responses in the Middle East and North Africa in Global Perspective ............. 63
Robert Kubinec, New York University Abu Dhabi

Palestinian-Arab students in the Israeli Periphery Following the COVID-19 Crisis ............. 69
Tal Meler, Zefat Academic College

COVID-19 and Migrant Workers in the GCC Countries: End of the Gulf Dream? ............. 75
Irfan Ahmed Nazir, Jawaharlal Nehru University

Health, Economic and Social Gender Impacts ...................................................... 80
Rita Stephan, North Carolina State University

COVID-19 in the MENA: An Exploration of Gender Sensitive State Responses ............... 85
Claudia E. Youakim, American University of Beirut & Crystel Abdallah, American University of Beirut

COVID-19 and Gender-Based Violence: Pandemic Response and Impact on Civil Society in Tunisia ................................................................. 93
Maro Youssef, The University of Southern California & Sarah Yerkes, Carnegie Endowment for International Peace
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.
COVID-19 in the MENA: Two Years On - What have we learned?

Marc Lynch, George Washington University

The political ramifications for the Middle East and North Africa from the COVID-19 pandemic were difficult to predict when the virus swept through the world in early 2020. The region was already grappling with the aftereffects of a decade of failed uprisings, state failures and civil wars, and economic decline. It was unclear whether the virus would decimate already overburdened health systems, leading to mass death and uncontrollable spread. It seemed likely that autocratic regimes would take advantage of public health measures such as lockdowns and contact tracing to snuff out protest movements and entrench their domination over society. The economic impact seemed likely to hit certain sectors such as tourism especially hard, as well as the poor struggling in the informal economy.

Early in the pandemic, POMEPS convened an online workshop with a diverse group of scholars working across the MENA region to discuss the initial impacts and to think through possible trajectories. That workshop resulted in a POMEPS STUDIES collection of twenty-one essays ranging across the MENA region. Several major themes ran across those essays, as I highlighted in my introductory essay. We collectively expected regimes to securitize the pandemic, using the excuse of lockdowns to crack down on a protest wave that had reached multiple countries in 2019 and to further entrench authoritarian rule. We expected variation in state capacity to be a critical variable in terms of the ability of states to effectively respond to the pandemic. And several essays anticipated soft power international competition, as great powers used vaccine diplomacy to sway public attitudes their way.

Two years on, how did those predictions hold up? POMEPS Assistant Director Prerna BalaEddy suggested that we convene a follow-up workshop with some of the same scholars and a number of new contributors to assess how well those early projections panned out, and to assess the actual impacts of COVID on the region after two years. We are delighted to now publish the results of that workshop and ongoing conversations among a diverse group of scholars of the region.

First, there is little question that the response to COVID did have some of the anticipated effects on accelerating authoritarian retrenchment. As Abouzzohour argues in this volume, “the global health crisis empowered autocratic regimes to take on extraordinary powers, their response exacerbated existing autocratic practices, thereby amplifying authoritarianism.” Most regional countries did experience a decline in public freedoms after COVID hit. Yerkes and Youssef in this volume argue that a massive spike in COVID cases in the summer of 2021, after relatively effective management in the first year, helped Kais Saied launch his coup against Tunisian democracy. While Tunisia is an exemplary case of democratic backsliding, Abouzzohour pushes us to also focus on autocratic regimes becoming more autocratic. Abedini shows how Iran’s hardliners used the pandemic to undermine support for moderate politicians, including then-President Rouhani, and consolidate their political control.

That said, the effects may have been somewhat overstated. It is difficult to separate out causally how much COVID drove this resurgent authoritarianism as opposed to other possible drivers: a permissive international environment with little external pressure for democratization or respecting human rights, support for autocratic governance from powerful Gulf states, regime survival instincts for governments facing polarized publics with mounting economic grievances. Some of the effects proved relatively temporary: Algeria used lockdowns to silence the Hirak weekly protests, but eventually they returned to the streets. Harb, et al, show in this collection that the Lebanese government took advantage of COVID
to deflect the energies of the 2019 uprising, though new crises such as the explosion at the Beirut Port would soon intrude. Like many political shocks, the novelty tends to wear off and become incorporated into a new normal. And in particularly high capacity states, such as Ardemagni documents in the UAE, the pandemic response was framed in terms of a collective nationalist response and a call to service – a way of building trust between state and society rather than undermining those fragile bonds.

Second, the COVID response revealed the extreme variation in state capacity across the region more than almost any other single event in memory, as anticipated by the earlier collection. As Kubinec argues in this volume, “On the whole, MENA governments have pursued a robust response to the pandemic when and where they have had the capability to do so.” As El-Hayek points out, effective pandemic response requires a highly competent state with both the resources, the will, and the administrative capacity to identify virus outbreaks and effectively respond with vaccinations and targeted non-pharmaceutical interventions. Wealthy, high capacity states such as the UAE, Qatar and Israel took the lead globally in vaccinations, lockdowns, contact tracing, and other interventions which allowed a relatively rapid return to normal life. Relatively high capacity but poor states such as Jordan and Morocco managed to impose lockdowns and curfews but struggled with formulating sustained vaccination and other campaigns.

Lower capacity states such as Egypt’s proved unable – or unwilling – to even count the number of cases; a recent report showed the actual death count in Egypt was 12 times the officially reported number. It is not clear, as Ali points out in her contribution, whether Egypt was unable to know these things, or if it preferred to suppress information about them in the interests of political stability and keeping the tourism sector afloat. Downplaying the pandemic, as Schulhofer-Wohl and Koehler argue, could serve regime survival interests even where it put citizens at greater risk. In failed war-torn states such as Syria or Yemen, only limited international organization interventions offered any COVID response at all. Perhaps the most glaring example of these inequalities could be seen in Israel and the West Bank, where Israelis (including settlers) enjoyed near universal vaccination while stateless Palestinians living in close proximity initially received none at all – a clear example of political will, rather than capability, driving the variations.

There were also some intriguing differences in the type of interventions. Kubinec’s data, which includes both global and MENA countries, shows that “the areas we see noticeable discrepancies are business and mask policies, where the MENA region was somewhat higher than the regional average, and health monitoring, where it was somewhat lower than the global average.” Enforced closures and masking represent the coercive power of the state, what Michael Mann would call its “despotic” power. Health monitoring, by contrast, reflects the ability of the state to render its population legible, what others have called its “informational capacity.” Ghinwa El-Hayek similarly shows that governments often failed to use available digital tracking technologies. A response by MENA states to COVID which reflected high coercive capacity but limited informational capacity would be well in line with prevailing understandings of the unbalanced strengths of Arab states. At another level of analysis, Harb, et al, show in their contribution that the response varied geographically as well, with pockets of high state response and other zones of near total government absence, allowing sectarian parties and NGOs to step in to fill its absent role.

Third, the impact of COVID proved to be highly gendered, as Stephan, Youssef and Yerkes, Meler, Youakim and Abdallah, and others in this collection show. The economic impacts have been real, and profound. A 2021 World Bank report concluded that the pandemic could “result in a major setback on the poverty front in the MENA region,” with economic closures disproportionately affecting the welfare of poor households. It also disrupted global migration flows, with significant impact on the vast numbers of migrant laborers in the Gulf, as Nazir shows in
his contribution to this volume. But women faced some of the worst effects.

Women disproportionately found themselves losing jobs and educational opportunities as lockdowns and the demands of care forced them back into the homes. They suffered dramatic increases in domestic violence and abuse. Palestinian female college students from marginal communities in Israel struggled with the shift to online education, as Meler shows in her contribution. Youssef and Yerkes, in this volume, report a five-fold increase in gender-based domestic violence in the first year of Tunisia’s lockdown. Rita Stephan documents the disproportionate effects of COVID on women’s employment, healthcare, and access to information. At the same time, as Youakim and Abdallah stress, those women who did continue working were disproportionately “on the frontline of the pandemic response, primarily working in healthcare and social services, and taking on a significant increased amount of unpaid carework.”

Fourth, there were some intriguing trends in terms of societal receptivity to vaccination and other pandemic interventions. Trust in the state, as Koehler and Schulhofer-Wohl show in this volume, had a significant impact in receptivity towards the vaccine or towards acceptance of conspiracy theories. As Abedi shows, Ayatollah Khamenei’s public endorsement of the vaccine inhibited the religious sector from spreading skepticism towards vaccination, blunting a very real possible source of resistance. But trust generally proved short lived as the crisis dragged on. State policies and societal responses in MENA, as in much of the rest of the world, tended to go in waves. A common pattern characterized several countries, such as Jordan and Morocco (see Drhimeur in this volume). Initial broad societal acceptance of a draconian shutdown which seemed appropriate to the threat of the virus and which the authorities imposed in a largely effective way was the early response. But with each cycle of easing up of restrictions followed by resurgence of the virus, and mounting economic impacts especially on the poor, societal frustration and opposition mounted. Information and social media also took its toll.

Middle Eastern societies are as vulnerable to social media disinformation as any others, and as much conspiracy theory surrounding the vaccines as in the United States and elsewhere.

Fifth, at the international level, COVID did not seem to generate a great deal of regional cooperation, whether through formal institutions or through informal practices, or lasting effects of vaccine diplomacy. Altunisik, in this volume, finds little evidence of any effective collective response through regional international organizations such as the Arab League, the Arab Maghreb Union, or the Gulf Cooperation Council. International NGOs did play a quite significant role in providing COVID vaccines, treatment and relief in countries with large refugee populations, such as Jordan, and shattered states such as Yemen and Syria. Their access to those populations was limited by the war, though, leaving many of these highly vulnerable populations dangerously exposed. The vaccine diplomacy and soft power competition anticipated by the earlier collection did manifest but seems to have had relatively limited effects compared to other systemic trends (growing Chinese investment and presence) and crises (Russia’s invasion of Ukraine). China and Russia certainly sought to make diplomatic gains through vaccine diplomacy, but the initial goodwill was likely compromised as evidence mounted of the relative ineffectiveness of those vaccines.

The effects of the COVID-19 pandemic will be felt for a long time to come. The deaths and hospitalizations may have faded into something like background noise in much of the region, as elsewhere in the world, but the pandemic continues and so many families have already been impacted. The economic effects have been devastating, with the gendered impact and the disproportionate effects on the poor heightening social divides. The incremental increases in state repressive capacity will not likely be easily scaled back – though the variations in state capacity revealed by the responses may offer political scientists an intriguing new window into thinking about the actual strength of MENA states. POMEPS is proud to publish the rich and diverse set of reflections in this new collection.
Polarization, COVID-19, and Authoritarian Consolidation in Iran

Vahid Abedini, Florida International University

The COVID-19 pandemic began in Iran at a time when the Iranian government was facing serious challenges, including severe foreign pressures, divided political elites, sociopolitical polarization, and widespread antigovernment protests. Comparing how the 14th-century Black Death resulted in the collapse of the feudal system, some observers anticipated that the COVID-19 pandemic would result in the end of the current religious government in Iran. But Iran's Supreme Leader's sided with the scientists instead of the religious sector, especially in ordering the closure of religious sites and vaccinations. Not only did the Islamic Republic not face the legitimacy crisis of the medieval church but took advantage of the crisis to consolidate all branches of power in the hand of the most loyal forces. This paper discusses the impact of the COVID-19 pandemic in Iran. In line with the trends in democratic backsliding in a lot of countries around the world, especially the Middle East, Iran devolved into further autocratization. In both parliamentary and presidential elections held during the pandemic, voter turnout dropped below the 50 percent level for the first time in the history of the Islamic Republic, which dealt a major blow to the institution of election as the most important democratic element in Iran's hybrid regime.

Polarized Society: The Tension between Tradition and Modernity

Iran has been embroiled in a conflict between tradition and modernity for the past century, and at times has experienced moments of high polarization. The political conflicts that emerged between constitutionalists and monarchists in the early 20th century, along with the outbreak of World War I and the Persian famine of 1917–1919, resulted in the emergence of authoritarianism under Reza Shah. The conflict between the secular Prime Minister Mohammad Mossadegh and the religious leader Ayatollah Kashani and the economic crisis sparked by the global boycott of Iranian oil in the early 1950s paved the way for the 1953 coup and Mohammad Reza Shah's authoritarian rule. After the 1979 Revolution, conflicts between Islamists and Marxists/liberals and the Iran-Iraq war led to the suppression of Marxists and liberals by Islamists and authoritarianism in the 1980s. Homa Katouzian calls this repetitive cycle of instability and authoritarianism “arbitrary rule-chaos-arbitrary rule” and argues that in a time of chaos, Iranians demand a more powerful ruler who can end the division and instability and “bring peace, stability and better material standards establishing a new arbitrary state.” Following Katouzian's theory, this paper argues that the increase in tensions and insecurities in recent years and the COVID-19 crisis have paved the way for further autocratization.

In the past decade, especially with worsening economic and foreign relations crises and the emergence of social media, socio-political tensions have been increasing in Iranian society. The Green Movement that arose after the controversial 2009 elections is one example of high political polarization in Iranian society in which social media played an important role. Despite the decrease in polarization after the election of moderate Hassan Rouhani in 2013, conflicts began to increase during Rouhani's second term (2017-2021). One reason for this could be the dramatic expansion of Internet availability and the use of social media during the Rouhani era, especially in small cities and towns and among the lower classes. Another reason is the Trump administration's campaign of maximum pressure on Iran, which resulted in a great economic crisis and gave Iranian advocates for regime change hope that these outside pressures would lead to the fall of the government. Some research suggests that during Trump's presidency, social media, used by the exiled opposition, played an important role in organizing antigovernment protests. In response, the Iranian government attempted to prevent the influence of these social media campaigns by creating a cyber army. As a result, the Persian-language social media became highly...
polarized during the Trump administration and the conflicts between center and periphery increased. These conflicts peaked in late 2019.

Gas Protests, Soleimani, and the Downing of Ukraine’s Plane

On the eve of the arrival of COVID-19, three important events in less than two months greatly widened sociopolitical gaps and increased instabilities in Iran. First, in November 2019, protests erupted in more than one hundred Iranian cities, incited by a sudden increase in the price of gasoline. The government violently suppressed the protests, leaving hundreds dead, and shut down the Internet across the entire country for some days to control the protests. These protests were a stronger version of the December 2017-January 2018 protests, which were triggered by hardliners against the economic policies of the Rouhani administration, but quickly turned into anti-government demonstrations in more than a hundred cities. These two waves of protests indicated important facts about the legitimacy and base of supporters of the Islamic Republic. If the 2009 Green Movement protests were by the urban middle classes of Tehran concerned with civil and political liberties, the 2017-2019 protests were considered “the revolt of the middle-class poor” living on the periphery, cities, and provincial towns. These protests were sparked by anger over the economy—especially unemployment, inflation, and rising inequality “produced by a neoliberal age.” The violent repression of these two waves of protest, especially in 2019, effectively discredited the reformist-backed Rouhani administration in the eyes of some of its supporters. It also dramatically widened the gap between the government and the people, or center and periphery, and added a horizontal polarization of oppressed/oppressors to the already vertically polarized society.

Second, two months later, the killing of Quds Force Commander Qassem Soleimani by the United States and its aftermath roiled Iranian politics by revealing deep socio-political divisions, especially in social media, and polarization in Iranian society reached an unprecedented level. Amid the tensions that followed this killing, the Islamic Revolutionary Guard Corps (IRGC) shot down a Ukrainian passenger plane that had taken off from the Tehran airport, killing 178 passengers and crew. Initially, Iranian aviation authorities denied that the plane had been shot down, but a few days later the IRGC admitted that it had shot down the plane, mistaking it for a cruise missile. This revelation sparked public outrage and street protests, especially from more modern segments of society. The victims on the Ukrainian plane were mostly Iranian students and graduates who lived in Canada. Symbolically, Soleimani and the victims on the Ukrainian plane were important to each pole of society: more religious, traditional, and anti-Western segments mourned for Soleimani, while more modern and pro-Western segments mourned for the victims.

The Arrival of COVID-19 and Parliamentary Elections

Iranian government facing widespread protests with an almost bankrupt economy due to draconian economic sanctions, one could anticipate that the COVID-19 pandemic could be the last straw for the Islamic Republic. While the Iranians were still in shock, news of the COVID-19 pandemic was spreading. Iranian authorities initially denied that the pandemic had entered Iran, but finally, on February 19, 2020, they confirmed the first infections. Three days after the announcement, with the public preoccupied with the pandemic, parliamentary elections were held, with the lowest turnout in the history of the Islamic Republic. General discontent and the panic caused by the pandemic were instrumental in reducing turnout. In the absence of the active participation of reformists in the elections because of their high rate of disqualifications by the Guardian Council, the Priniciplists (hardline supporters of the regime) won an unprecedented majority of seats in parliament. The more hardline parliament put opposition to Hassan Rouhani’s moderate government on its agenda. For example, when U.S. President Joe Biden came to office, the parliament passed a bill forcing Iran to ratchet up its nuclear activities, thus eliminating any possibility of reviving the 2015 Joint Comprehensive Plan of Action (JCPOA, the “Iran nuclear
deal," from which President Trump withdrew in 2018) during Rouhani’s remaining time.

With the identification of the first cases of COVID-19 in Qom, the religious capital of Iran, the Iranian government found itself in the middle of the tradition/modernity conflict. On the one hand, the more religious sectors insisted on continuing religious rituals despite the pandemic by emphasizing the healing impact of religious sites. On the other hand, the more modern sectors of Iranian society, in the polarized atmosphere of 2020, could not easily trust the government and its ability to manage the crisis. Religious forces initially opposed the closure of religious sites during the pandemic. On February 26, 2020, the chief custodian of the Qom holy shrine stressed the healing impact of the shrine and ruled out the possibility of closing it.

The Islamic Republic tried to stand in the middle of the tradition/modernity split and grabbed the opportunity to present itself as the only force for stability and order in times of crisis. Ayatollah Khamenei recorded a video with Alireza Marandi, president of Iran’s Academy of Medical Sciences and his trusted physician, acknowledging the “outstanding work” of doctors and nurses. In the following days, he called the activities of doctors and nurses a “jihad for God” and called those who lost their lives in service to patients “martyrs for health.” In all these messages, he emphasized the importance of full observance of the recommendations and instructions issued by medical specialists and experts. Ayatollah Khamenei’s support for scientific methods in the fight against COVID-19 blocked the way for opposition from traditional and religious forces, and the government closed all religious sites. In August 2021, Ayatollah Khamenei insisted that “the rules should be followed carefully” in the reopening of religious rites. His support for the vaccine also blocked religious sectors from opposing vaccination, and as a result, more than 90 percent of the country’s target population has received at least one dose of the COVID-19 vaccine. With 77%, Qom had the lowest vaccination rate, which confirms the resistance of parts of religious sectors to vaccination.

Despite initial distrust, the modern sector of Iranian society supported the government in fighting the pandemic. Due to economic restraints caused by the US sanctions, the government could not adopt and enforce full quarantine measures, but in March 2020 with the arrival of the Iranian New Year holidays, the government implemented a travel ban for two weeks and successfully managed the first wave of COVID-19. Extensive quarantine would not have been possible without the support of large sectors of society, especially celebrities and the more modern and middle-class sectors. This level of support from the society, particularly from the more modern segments, even surprised Iranian authorities. Ayatollah Khamenei said that “no one could believe that people would not observe the Sizdah Bedar” (a festival in which people usually spend the day out in the parks, because based on an old Iranian belief it is bad luck to stay at home). The fact that people complied with the quarantine rules and stayed at home on this day and did not perceive this order as an anti-Persian move by the Islamists demonstrates that the COVID-19 crisis built trust in the government among large sectors of society and helped to bridge the previous wide gap between the government and the people. Some polls after the first COVID-19 wave also showed increased confidence and satisfaction with the government’s performance.

In the early days of COVID-19 in 2020, two series of videos went viral on Iranian social media. One series showed people licking the shrines of the Imams, to indicate that the holy shrines could not be infected and oppose their closure. The other series, showing doctors and nurses dancing, was released to inspire the people and create public solidarity among the nation. Contrary to the initial perception of the reaction of the religious government, the Islamic Republic arrested the religious “lickers” and did not react negatively to the medical staffs’ dance videos. This difference in behavior showed that the government recognized the need for modern sectors of society to overcome the pandemic crisis and that it was willing to back down from some of its positions to gain people’s trust. One month later police also arrested some individuals who claimed to treat COVID-19 with “Islamic
Eastern versus Western Vaccines

Despite the Rouhani administration’s initial success in controlling the COVID-19 crisis and the general coordination of government institutions, the issue of vaccinations reopened the conflict, leading to a rift between pro-West and pro-East elites. In the last two decades, Iran’s political elite has been divided into two camps: reformists in favor of improving relations with Europe and the United States, and Principalists in pursuing a “Pivot to the East” policy to cultivate ties with China and Russia.

The Rouhani administration had difficulty purchasing vaccines during President Trump’s administration. Trump had opposed Iran’s request for a loan from the World Trade Organization, and Iran was struggling to buy the vaccine because of US sanctions. After Biden’s election victory, there was hope that these obstacles would be eased. The purchase of the vaccine could have given credit to Rouhani’s pro-Western government and been effective in the 2021 Iranian election. The Biden administration could also use the vaccine to influence negotiations with Iran. However, on February 8, 2021, Ayatollah Khamenei declared that he did not trust the American, British, and French vaccines and banned the import of coronavirus vaccines from these countries. This conflict between institutions in charge severely damaged the Rouhani administration’s credibility for resolving the pandemic. Some observers believe that the sabotage of the efforts to import vaccines was politically motivated to discredit reformists and moderates and defeat them in the 2021 presidential election. They argue that the ban was lifted after Ebrahim Raisi came to power. Following Raisi’s inauguration, Ayatollah Khamenei ordered that “the vaccine must be provided to all people in any way possible.” In practice, after Raisi’s inauguration, with large imports of vaccines, public vaccination was carried out quickly. Explaining the Rouhani government’s inability to import the vaccine, a former lawmaker familiar with the details of the vaccine purchase said that the import ban was not limited to France, Britain, and the United States, and that it “practically tied the hands of officials to import the Astra-Zeneca vaccine.” He cites China’s good relations with the Raisi administration as another important factor and believes that after the change of administration in Iran, the Chinese “provided vaccines more easily.”

The West’s inability to control the COVID-19 crisis was another issue that was widely used in Iranian government propaganda. Referring to the high number of deaths in the West due to the pandemic, Ayatollah Khamenei said, “If their Pfizer manufacturer can make a vaccine, why do they want to give it to us? Well, they should use it themselves so that they do not have so many deaths.” He also praised the solidarity among the Iranian people in the fight against COVID-19 and compared it with the Western countries, where “people fight over a few rolls of toilet paper.” Despite the devastating sanctions which affected Iran’s capacity to respond to health crises, Iran managed to distribute essential goods and people did not experience shortages.

COVID-19 and the 2021 Election

The presidential election was not different from the parliamentary election, with disqualifications of moderate candidates, an unprecedented low turnout, and a decisive victory for hardline candidate Ebrahim Raisi. One of the most important factors in the low turnout was the failure of the Rouhani government to solve the country’s problems. The idea strengthened among reformist supporters that if the various components of government were under the control of the Principalists and the government became more cohesive, it would be
more possible to solve the country’s problems. Ahmad Zeidabadi, a critic of the Islamic Republic, opposed the participation of reformists in the election and emphasized that “the political system in the country should become unified…the continuation of this dichotomy in the political system and decision-making of the country has wasted all resources in recent years.”

Principlists’ sabotage of the Rouhani administration’s efforts to import vaccines or revive the JCPOA was seen as an example of this divided political authority.

Low turnout in Iranian elections has always meant the defeat of reformists and moderates. The COVID-19 pandemic played an important role in low turnout. A poll one month before the election found that nearly one-third of those who were dubious about voting said that a decrease in the pandemic would have a big impact on their decision to vote. Research shows that rallies and street campaigns have always played an important role in high turnout and the victory of reformists in Iran. In the 2021 election, due to the COVID-19 outbreak, reformists were forced to limit their campaigns to social media, which dealt a severe blow to their campaigns.

Conclusion

As discussed by Abouzzohour in this volume, “the global health crisis empowered autocrats to take on extraordinary powers and carry out different types of violations of democratic norms.” The COVID-19 pandemic helped Iranian authoritarians to consolidate their power and weaken the electoral institution more than ever. Both parliamentary (2020) and presidential (2021) elections were held in the situation that, for the first time in the Islamic Republic, the majority of eligible voters did not participate. In the presidential election, not only did the Guardian Council disqualify all the key reformists’ candidates, but they also disqualified Ali Larijani, the former speaker of parliament and a moderate candidate. Autocrats easily removed the reformists and moderates from power without any serious resistance. All power is now completely in the hands of the Principlists, and they benefit from the global energy crisis after Russia’s invasion of Ukraine. This situation may pave the way for structural changes, including transition to a parliamentary system and a new supreme leader, to secure their power in the long-term prospect.

However, in the first step to reverse the Rouhani administration’s accomplishment in expanding internet freedom, they have faced strong public opposition to the so-called “Protection Bill,” an internet restrictions bill. The end of the epidemic may be the end of the honeymoon of the authoritarians. While on June 2, 2022, for the first time in 2 years, Iran reported zero deaths from COVID-19, the public protests have started to become a new normal. The Raisi administration’s inability to solve the economic crises and disappointment with the revival of JCPOA and the lifting of sanctions has resulted in a new wave of protests. In recent weeks, strikes and protests by workers and teachers and public protests, especially in Khuzestan province, have increased.

With the end of the health crisis, the divided society might revive the duality in the Islamic Republic again. The 2023 elections for parliament and the Assembly of Experts and the 2025 presidential election might show how much the COVID-19 pandemic was a blessing for Iranian authoritarians.
Endnotes


The Amplification of Authoritarianism in the Age of COVID-19

Yasmina Abouzzohour, Harvard University

State responses to COVID-19 have engendered fears of expanding authoritarian rule around the globe. Over the last two years, heightened repression, militarization, and restrictions triggered by the pandemic have led to various types of regimes’ violation of democratic standards, from full and flawed democracies to competitive authoritarian systems and absolute monarchies. The Freedom in the World score dropped by 45 points in 2020, marking the most significant decline in the last fifteen years. This trend has given rise to renewed scholarly interest in democratic backsliding, also known as de-democratization, meaning the gradual decline of democratic norms within democracies (see Figure 1).

Alarmed by the de-democratization of five regimes globally from 2020 to 2021 and by the occurrence of violations of democratic norms in full democracies like the United States and France, recent research delved into the impact of COVID-19 on democracies. Less attention has been paid to further autocratization in authoritarian systems, even though dictatorships are especially vulnerable to adopting autocratic practices during crises, given their struggles with low legitimacy, overreliance on coercion, and regime monopoly over power. In fact, autocracies comprised 36 of the 57 countries that recorded moderate violations of democratic standards during the pandemic and 30 of the 44 that recorded major violations.

Figure 1 Types of Autocracies and Regime Transitions

Author’s figure based on Economic Intelligence Unit’s Democracy Index and political science literature on regime type.
Focusing on the Middle East and North Africa (MENA), which is home to the largest concentration of dictatorships in the world, this essay builds on data from the Varieties of Democracy’s Pandemic Backsliding Project, the Economist Intelligence Unit’s Democracy Index, and Freedom House to examine how state response to the pandemic impacts autocratization in authoritarian contexts. It further leverages media analysis of reports of state-sponsored violence during the pandemic to categorize state responses that violate democratic norms and distinguish between measures that have led regimes to further autocratize and those that are merely part of their crisis management. It finds that, as the global health crisis empowered autocratic regimes to take on extraordinary powers, their response exacerbated existing autocratic practices, thereby amplifying authoritarianism. Interestingly, this could be seen across a spectrum of authoritarian states, and it manifested through what this essay qualifies as active and passive backsliding.

Assessing Backsliding in Authoritarian Systems

The Middle East and North Africa – already the lowest-ranked region according to the Economist Intelligence Unit’s (EIU) Democracy Index – saw its annual score decline from 3.53 in 2019 to 3.41 in 2021 (on a scale of 0-10, where these scores measure the quality of democracy from 1, autocratic to 10, full democracy). This decline, mainly driven by backsliding in Tunisia and Lebanon, falls in line with a decade-long downward trend. In fact, the region’s score is now lower than it was prior to the 2011 uprisings when some MENA regimes temporarily moved away from authoritarianism leading to a short-lived improved score. However, it can be difficult to assess further autocratization in dictatorships from year-on-year datasets. This is because drops in global democracy and freedom rankings where regimes already have a low base may seem negligible.

Figure 2 The Pandemic Violations of Democratic Standards Index (PanDem), 2020-2021

Author’s map using data from the Pandemic Backsliding Project, which tracks the impact of state responses to COVID-19 on the quality of democracy in 144 countries between March 2020 and June 2021.
Many MENA states experienced a rise in authoritarianism during the pandemic. This was seen across different categories of authoritarian regimes, from those closed autocracies where the public sphere is highly constrained, like Saudi Arabia and Oman, to non-absolute regimes that boast a minimum democratic component like Morocco and Algeria. Even the region's then single nascent democracy, Tunisia, reverted to an electoral autocracy in 2021 and is further autocratizing as President Kais Saied tightens his hold over state power. This is corroborated by data from the Pandemic Violations of Democratic Standards Index (PanDem), which measures different types of violations of democratic norms due to the pandemic between 2020 and 2021 (see Figure 2). According to this data, the MENA region was the only one whose countries unanimously experienced moderate or significant violations; and MENA countries saw the consistently highest averages of violations since 2020.

**Categorizing Pandemic Backsliding in the Middle East and North Africa**

Given the difficulty in assessing further autocratization in dictatorships from year-on-year datasets, categorizing violations against democratic norms during the pandemic can help trace and estimate autocratization and distinguish between regimes in crisis management mode and regimes that have autocratized further. Building on PanDem data and media analysis (see Figure 3), this essay finds that autocratization during the pandemic manifested through two types of violations by the regime: active and passive backsliding.

In the first, attributes of authoritarian regimes led to exaggerated or mishandled crisis management measures, which eventually resulted in backsliding. During the pandemic, this was seen when authoritarian regimes, which generally suffer from overreliance on coercion and overcentralized decision-making structures, over-deployed police forces, leading to excessive use of violence and took epidemiological, security, and economic decisions in a non-transparent manner. For example, the borders in Morocco were shut down with little prior notice, and curfew-related decisions were announced on the day, often close to midnight. In Algeria, emergency funds were made available to provide relief for citizens, but the distribution process was opaque and lacked follow-up. In another example, the deployment of security forces and, in some cases, the militarization of pandemic response led to excessive use of violence, especially against crowds and protestors. In Bahrain, riot police brutally repressed prison protests in April 2021 using batons, stun grenades, and solitary confinement. Similarly, Iranian authorities used live ammunition and tear gas against prison protests in April 2020; 36 prisoners may have been killed. In Jordan, police officers used teargas to disperse protests against the imposed curfew in March 2021; furthermore, thousands of riot police were deployed to respond to said curfew violations.

While both democracies and dictatorships experienced violations that led to passive backsliding, autocracies took advantage of the crisis to actively constrain citizens and institutions. In fact, different categories of authoritarian regimes, from absolute monarchies to soft dictatorships, adopted measures that led to active backsliding. Across the board, civil and political freedoms were curtailed. This was especially apparent concerning freedom of expression, media censure, and physical violence against protesters. In Iraq, Kurdish security forces detained and used electric shock batons and beatings against journalists covering protests pandemic restrictions in June 2020. In Algeria, where mass mobilization had been ongoing when the pandemic hit, the military regime took advantage of the crisis to deploy the coercive apparatus against protesters and used curfews to contain the gatherings. Critical voices experienced a significant crackdown in Turkey and Tunisia as the authorities criminalized fake news, banned protests, and targeted activists. As Nazir (2022) overviews, migrants’ already harsh living conditions in the Gulf deteriorated further. Religious persecution increased in Saudi Arabia and Egypt since the start of the pandemic.

Along similar lines, regimes exploited the health crisis to extend their powers and diminish checks and balances, severely weakening institutions. They did so by expanding...
the executive power through states of emergency laws, dissolving and restricting parliament, enacting emergency laws unnecessarily, infringing on the independence of the judiciary, taking over governmental positions, and single-handedly putting together or dismantling advisory structures. In Tunisia, Kais Saied carried out a coup by freezing parliament, dismissing the prime minister, and began to rule by decree. In Jordan, the regime presented parliament with a series of amendments (later on passed by parliament) that allow the king to make or dismiss important appointments by royal decree and without consultation and allow for the formation of a council headed by the king will hold expansive powers. In Morocco, Palace-backed institutions like the interior and foreign affairs ministries took control of the health crisis management, thereby distancing the prime minister and government from the situation. In Egypt, where the military’s powers were reinforced through constitutional amendments immediately before the pandemic, the regime used the pandemic to further extend the military’s role in the political sphere by expanding emergency powers that had been in place since 2017. This, in turn, has constrained various freedoms (of expression, assembly, and organization).

Conclusion: What the Pandemic Can Teach Us About Authoritarianism

Two years of COVID-19 have undoubtedly contributed to the deterioration of political freedom and opening both globally and within the MENA region. Closely examining and categorizing authoritarian practice during the pandemic in regions where autocratic systems prevail raises three points for scholars of authoritarianism to consider: response measures amplify authoritarianism, authoritarian regimes struggle with active and passive...
backsliding, and different authoritarian categories experience similar autocratization.

State response to the pandemic in the Middle East and North Africa acted as an amplifier of authoritarianism by exacerbating issues with which MENA countries, and authoritarian states in general, have struggled for decades. Indeed, the global health crisis empowered autocrats to take on extraordinary powers and carry out different types of violations of democratic norms, including weakening institutions, curtailing freedoms, over deploying the coercive apparatus, and obscuring the decision-making process. This trend is not surprising and was foreseen in the political science literature on crisis management in democratic versus authoritarian regimes.19

Perhaps more striking is that different autocracies adopted similar authoritarian practices that led to active backsliding, from absolute monarchies to soft dictatorships and electoral autocracies. Similar repressive responses were seen in countries we may expect to act differently from one another. There was religious persecution in Saudi Arabia and Egypt, harsh repression of protests in Iran, Bahrain, and Tunisia; an expansion of executive power in Jordan and Tunisia; and targeting of critical voices in Bahrain, Algeria, and Iraq. This suggests that regime type under the authoritarian umbrella does not impact repressive regime response during crises as some might expect.

Is pandemic backsliding unique to the Middle East and North Africa?20 Did it take place only in autocracies? India, the world’s most populous democracy, saw its Freedom House ranking drop from “free” to “partly free” in 2021 due to a significant crackdown on critical voices and opaque decision-making during the pandemic. Hong Kong has experienced heightened repression and restrictions on its legal autonomy by the Chinese regime. Like Egypt and Saudi Arabia, India also experienced rising religious persecution since the start of the pandemic. As they had in several Gulf countries, migrants found their already tough circumstances deteriorating in Mexico. As had happened across most of the MENA region, authorities targeted crowds during protests in South Africa. This was not a MENA-specific phenomenon; a global deterioration in civil and political freedom took place during the pandemic, which missed no region or regime type.
Endnotes


8 See Abedini (2022) for an in-depth account of repression in Iran during the pandemic.


20 See Kubinec (2022) for a comparison of repressive government responses in different regions.
Implications of COVID-19 Pandemic for Regionalism and Regional Politics in the MENA Region

Meliha Altunışık, Middle East Technical University

Pandemics represent global challenges that require collective responses both at the global and regional levels. However, since the beginning of the COVID-19 pandemic, regional responses have been quite limited in the MENA region. Although the region is generally known for its low level of regionalism, better cooperation in a common challenge such as a pandemic could have been expected especially given the existence of successful examples in the Global South, such as the African Union (AU), the Caribbean Community (CARICOM), and the Central American Integration System (SIPA). The problems of collective action in the MENA, however, were accentuated by the regional fragmentation and competition between different blocs that have characterized regional politics in the last two decades. The competition and conflicts had direct repercussions for the existing few regional organizations. Post-Arab Uprising conflicts and competition further undermined the Arab League. The Arab Maghrib Union (AMU) has been suffering from the rivalry between Morocco and Algeria and the Libyan crisis. Even the Gulf Cooperation Council (GCC), generally considered as the most successful example of regionalism in the MENA, went through the Qatar crisis (2017-2021), which undermined cooperation.

The countries in the MENA region have been hit by COVID-19 in varying degrees and intensities. In addition to dealing with the health crisis, all the countries in the region immediately began to face associated challenges such as supply chain problems and food scarcity. The challenges of the pandemic have also been particularly acute for the vulnerable populations of the region, namely refugees, migrants, and those that have been affected by several ongoing conflicts. In addition to intensifying humanitarian crises, the impact of the pandemic on these populations had the potential of creating new instabilities and insecurities for the region. As elsewhere, the states’ initial response was to adopt unilateral measures that aimed to protect themselves. Soon, however, the pandemic started to test the capacity to encourage inter-state cooperation as it became clear that the health crisis and the accompanying economic and social problems also require collective responses.

An analysis of the responses of MENA regional institutions to COVID-19 demonstrates a variation. On the one side, there is the sub-regional organization of the AMU, where there was almost no cooperation. This is expected as this organization has remained mainly on paper since its inception through EU encouragement in 1989. The AMU now continues as part of one of the Regional Economic Communities (RECs) within the increasingly active regionalism in Africa under the African Union (AU). Thus, the AMU is an example of regionalism built from without and yet does not exist from within due to existing rivalries.

The Arab League, the first regional organization to be formed in the post-World War II period, has also been ineffective in encouraging interstate cooperation responses to COVID-19 and providing assistance to the needy to deal with the challenges. This is even though health constituted as one of the elements of cooperation in the League since its establishment. However, the Arab League was fraught with political divisions that curtailed any meaningful cooperation and was not able to develop prior mechanisms of health cooperation when COVID-19 arrived. Particularly the divisions over Arab-Israel normalizations, the issue of Syria’s return to the organization and bilateral problems between Algeria and Morocco have stifled the organization. Ironically, the pandemic has become a useful excuse for the League to postpone its summits since 2020, another sign of political difficulties that the organization has been facing in recent years.

The GCC, on the other hand, has been a mixed bag. The sub-regional organization can be considered to have
several advantages. Considering similar political and security outlooks, cultural proximity and increasing economic regionalism, several scholars thought the GCC was a relatively successful example of regionalism in the MENA. Furthermore, although the hydrocarbon prices were further hit by the pandemic initially, the Arab Gulf countries continued to have resources to provide aid beyond the Gulf and contribute to regional solidarity. Finally, even though promoting health cooperation was not listed in the organization’s charter, the GCC focused on health in the 2000s, well before COVID-19. Framing health as an issue of integration, the GCC had included equal treatment in the area of health as part of its notion of “economic citizenship”. Furthermore, it established a regulatory committee within the context of the guidelines provided by the World Health Organization (WHO) and a GCC ministers of health committee similar to other ministerial committees. Yet, despite all this, the overall performance of the GCC was also not impressive. Although several meetings were held at the state as well as non-state level, the organization failed to develop a common response to the pandemic. In addition, the attempts to develop joint strategies to deal with the economic effects of the pandemic did not bear fruit. Finally, the GCC as an organization also was not involved in providing assistance to vulnerable populations in the MENA region.

The Qatar crisis seems to have prevented effective cooperation through the GCC in the early stages of the pandemic. Although Qatar was excluded from the security-related meetings during the crisis, it was included in COVID-related ones. However, the conflict between Qatar and three members of the organization and the atmosphere of mutual distrust has been reflected in the discussions. Nevertheless, cooperation within the GCC has not intensified after the resolution of the Qatar crisis in the Al Ula Summit of January 2021. This raises the question of whether the GCC has been losing its attractiveness for its more dominant members and whether they prefer to act unilaterally. This probes the organization’s utility, particularly in the wake of increasing competition between two countries, Saudi Arabia and the UAE, which had been the primary movers of deepening regional integration in the 2000s.

By contrast, the Organization of Islamic Cooperation (OIC) has been relatively active. Although the OIC is not a typical regional organization, its inclusion is important as it is the only organization that goes beyond the Arab world in the region and seems to represent another vision of a region. The organization had already focused on health issues starting in the 2000s but mainly framed it as a development issue. With the COVID-19 pandemic, the OIC has actively promoted sharing information and scientific cooperation among its member states. But the most critical response of the organization and the one that differentiates it from others has been providing humanitarian and medical assistance, including to the Palestinians in the MENA region.

Thus, there have been significant regional cooperation problems in the fight against the challenges caused by COVID-19. Overall, the COVID-19 pandemic has had a limited impact on the advancement of MENA regionalism. A common response was challenging to develop, and solidarity remained mainly on paper. More significantly, as Ghinwa al-Hayek explains in this volume, most states in the region and existing regional organizations have failed to create regional health governance that could help them tackle future health challenges. The COVID-19 crisis has once again demonstrated the weakness of regional organizations and regionalism as a way to tackle common problems in the MENA region.

On the contrary, the states in the region mainly preferred bilateral responses to the crisis and perceived it as an opportunity to advance their interests. Main actors in the region have used “virus diplomacy” and humanitarian aid to consolidate existing ties with their partners or develop new ones to increase their soft power and status in the region. As discussed by Eleonora Ardemagni in this collection the UAE has been the most active state in virus diplomacy. The UAE particularly focused on providing aid to Syria and developing health cooperation with Israel, very much parallel to its recent foreign policy moves.
Similarly, Turkey also offered assistance mainly to Libya, Tunisia, the Palestinians, and Syrians in Idlib, again parallel to its foreign policy. The Saudi case is interesting as Riyadh preferred to channel its aid primarily through the OIC, as it sought to increase the organization’s importance and consolidate its role in it.

Thus, instead of strengthening regional responses and adopting regional solutions, the states opted for bilateral ones. As a result, the responses of state actors reproduced existing rivalries and fragmentations in the region. Overall, the pandemic did not undermine the existing trends in the region but rather intensified and highlighted them.

In terms of the engagement of extra-regional powers in regional politics, the pandemic has also reinforced the already existing trends. In line with its retrenchment from the region and redefining its engagement, the US played a limited role in the region’s response to COVID-19. The pandemic coincided with the Trump administration’s decision to decrease overall US aid to the region. On the other hand, Russia focused on its allies Iran and Syria and engaged with Turkey and Israel as well. Yet, the most significant external actor in virus diplomacy in the MENA region has been China. Beijing has engaged the region both bilaterally and multilaterally. As to the latter, China has used the Arab League and its institutionalized cooperation with the organization since 2004. China has also provided medical supplies and vaccines through the League. Bilaterally, China especially developed health cooperation with the UAE, parallel to the deepening of bilateral relations between the two countries. The UAE became the first country in the world to approve a vaccine produced by a Chinese company which eventually led to a joint venture established in the UAE to produce Chinese vaccines. Overall, after China was able to control its own outbreak, the MENA region has become a target for Chinese “Health Silk Road” diplomacy. Although there were some discussions about the deficiencies of the Chinese vaccines, these largely remained limited as the leaders wholeheartedly supported these vaccines right from the beginning. However, a public opinion poll conducted in Arab countries found that Chinese “vaccine diplomacy” did not translate into soft power and lead to an increase in positive perception of China.

It is not surprising that “pandemic regionalism” has failed to materialize as the region is known for its weak regionalism compared to other regions in the world. The question than is how the pandemic impacted regionalization in the MENA. Whereas regionalism refers to a top-down process, regionalization refers to a bottom-up approach to regionalism and focuses on people-to-people solidarities. Although this question requires in-depth research to uncover non-state solidarities and cooperation, few examples can be detected. An important institutionalization in this respect is the Middle East Consortium on Infectious Disease Surveillance (MECIDS), which is part of CORDS (Connecting Organizations for Regular Disease Surveillance), an interregional NGO health network. The MECIDS rapidly responded to the COVID-19 pandemic, “improving individual and institutional cooperation among the Israeli, Jordanian and Palestinian public health sectors.”

Finally, although the pandemic seems to be non-transformative in the short term in terms of regional politics, its effects may be more critical in the medium term. The current normalization drive in the region between several dyads is a multi-causal phenomenon. Yet the pandemic related challenges seem to play a role as well. The economic and social problems that have been created or deepened by COVID-19, and the uncertainties of a post-pandemic world forced regional countries to dampen unsustainable and widespread frenzy of militarization and conflict. Instead, the regional actors seem to prefer to focus on their domestic politics and security and foreign policy issues that are deemed to be most pressing from their perspective. Thus, the discussion about the effects of the pandemic on regional politics is just beginning.
Endnotes


4 In the discussion on MENA regionalism OIC has not traditionally been included. I argue that OIC can be an example of a form of regionalism that relates less to geography, more to a cultural space constructed as a realm of solidarity.


The Impact of Egypt’s Non-Pandemic State on Society-to-Society Relations

Mona Ali, Cairo University

Despite the Egyptian government’s adoption of strict preventive measures to combat the coronavirus pandemic, it appears that Egyptian society returned to normal life some time ago. The majority of citizens have abandoned precautionary measures such as wearing masks, social distancing, and restricting movement indoors. The follow-up of treatment protocols for people infected with the coronavirus reveals a key peculiarity in Egyptian society, with the infection treated as something normal in the absence of follow-up/monitoring mechanisms. As such, patients go about their daily lives and even obtain medicine without medical supervision, resorting to various treatment protocols that are widely circulated on social media. Amid forecasts that the pandemic will continue throughout the world for an unknown period of time due to the spread of viral mutations, this peculiarity of Egyptian society could affect its relationships with other societies, especially with regard to travel, tourism, event participation, investment, migrant labor, and the movement of Egyptian expatriates living abroad.

This paper attempts to answer the following questions: What are the expected impacts of Egypt’s non-pandemic state on its societal relations with other world communities? Could this situation affect society-to-society interactions in the future? This paper relies on a content analysis of the media to understand the features of the state of non-pandemic in Egypt. It will also use this analysis to monitor the reactions of tourists, visitors, and representatives of other societies interacting with Egypt and their views of Egyptian society’s particular handling of the coronavirus pandemic.

Dimensions of Egypt’s non-pandemic state

At the official level, the coronavirus preventive measures taken by the Egyptian government did not differ from those of their counterparts in various countries of the world. At the beginning of the coronavirus outbreak, Egypt adopted a series of escalating preventive measures that corresponded to the increasing number of cases. With successive waves of infections and increasing deaths, Egypt strengthened preventive measures, such as imposing a quarantine on those infected and stressing the use of masks in crowded areas and social distancing indoors. Egypt was also among the first developing countries on the African continent to obtain the vaccine through the first shipments of the Chinese Sinopharm vaccine from the UAE in December 2020.1

Official statistics for case and death rates show that Egypt is not among the countries with a high rate of cases per total population.

According to the World Health Organization (WHO), the number of infections in Egypt as of 3 June 2022 was estimated at 513,944 cases out of a total of 528,816,317 cases worldwide, while the number of deaths was estimated at about 24,718 cases out of a total of 6,294,969 deaths worldwide.2 These numbers remain less than the actual estimates of the number of cases and deaths, whether in Egypt or globally, according to the WHO itself. The WHO indicated that the number of deaths between 1 January 2020 and 31 December 31 2021 may range from 13.3 million to 16.6 million.3 According to a draft paper issued in the first year of the pandemic by researchers from the Massachusetts Institute of Technology Sloan School of Management, the infection rate is 12 times higher than the stated numbers, and deaths are 50% higher than the official figures.4 The inaccuracy of these numbers is due to the fragility of health information systems in many countries of the world, as well as some countries inability to conduct reliable mortality surveillance.

With regard to the distribution of vaccines, statistics indicate that Egypt has been able to achieve a modest vaccination rate relative to world standards. More than 76.5 million total doses have been distributed, and
more than 31.3 million people—or 30.5% of the total population—have received full doses of the vaccine. With government authorities making vaccination a condition for entering government facilities, it is likely that the vaccination rate will gradually increase.

By contrast, society’s response to the pandemic appears to differ greatly from its official counterpart to the degree that the coronavirus outbreak is considered a normal event that can be lived with, compared to the preventive measures followed in other societies. Despite the Egyptian government’s imposition of a mask mandate and fines for not wearing them in some facilities, such as public transportation and government institutions, warnings were repeated in Egyptian media about people renting masks for a small fee for the purpose of passing the security inspection to enter banks or government institutions.

In contrast to what Abedini’s paper reveals about the increasing political polarization between the fundamentalist traditionalists and the moderate modernists in Iran, divisions in Egypt were not political as much as societal. The ability to access medicine, health care, and coronavirus tests varied based on one’s membership in certain key elite and professional groups, or on one’s financial ability to pay large sums to obtain the necessary medical care. This was especially the case during the early stages of the pandemic, before the beginning of the state of full coexistence with and handling of the pandemic as a normal health symptom.

With regard to the PCR test requirement for travel abroad, forgery of test certificates is active. In addition, Egyptian security forces have repeatedly closed branches of test laboratories because of falsification of test results in order to facilitate travel abroad, including the branches of one of the largest laboratories in Egypt, Al Mokhtabar. This has prompted some airlines to establish a list of certified laboratories with more reliable results in order to avoid repeated forgery. In December of 2021, the spread of fake coronavirus vaccination certificates led acting Egyptian Minister of Health Khaled Abdel Ghaffar to stress that this is a felony punishable by three to ten years’ imprisonment and a fine, due to its severe harm to society.

Egypt’s non-pandemic state is inseparable from the spread of popular medicine to combat the coronavirus pandemic. Numerous treatment protocols for coronavirus infection have spread on social media and have become an alternative to going to hospitals and health institutions, especially during periods of outbreak. This is related to repeated changes to the Egyptian Ministry of Health’s certified treatment protocol, which has undergone seven consecutive modifications.

The improvisation of coronavirus treatment has extended to Egyptian doctors themselves, with many of them emphasizing that a CT scan is more accurate than PCR analysis in diagnosing coronavirus cases. This leads to inaccurate case statistics, which depend on monitoring cases via PCR analysis. For example, a professor and head of the pulmonary and allergy department at Al-Azhar Faculty of Medicine claimed that the most accurate test is a CT scan and a complete blood picture rather than PCR testing because the latter is not accurate and does not reflect the patient’s actual condition. Other doctors have also confirmed this.

Improvisation also leads to the use of unapproved medicine and drugs for the treatment of coronavirus. A well-known doctor—who treated the Egyptian media icon Wael al-Ibrashi—used Sovaldi, which is known for its use in treating hepatitis C infection. Sources also reported that the same doctor used the same treatment for Egyptian celebrities with the coronavirus.

The gap between official guidelines and the opinions of Egyptian society vis-à-vis the pandemic has caused the spread of religious superstitions. In March of 2020, some media observed the presence of common myths on social media for the treatment of coronavirus by using a “hair in the Quran in Surah al-Baqarah, placing it in water, and drinking it.” Dar al-Ifta al-Misriyyah warned against this and called on people to follow the instructions of the Ministry of Health and disregard superstitions. The first phases of the coronavirus outbreak in 2020 saw the organization of a night march in the streets of Alexandria.
to pray for the lifting of the pandemic despite warnings to practice social distancing. These gatherings served to spread the infection.¹⁷

The state of non-pandemic and the divide between society and the state has led to Egypt’s situation remaining consistent with regards to the democratic backsliding discussed in Abouzohhour’s paper. The pandemic did not change the rules of the game much domestically, nor did it lead to changes in state mechanisms to deal with opponents. In fact, Egypt ended the state of emergency in October 2021 during the coronavirus pandemic, for the first time in many years. Perhaps the most important changes following the lifting of the state of emergency were the elimination of all extraordinary proceedings before emergency state security courts and the return of normal trials in accordance with current criminal procedures and penal codes.¹⁸ Analysts and observers are also aware of Egypt’s unique situation, in which the army has always been the primary savior during crises. However, during this pandemic, matters were left in the hands of the prime minister, relevant government ministers, and professional public health experts. As Yezid Sayigh notes, “The newfound readiness of the armed forces to take a back seat to civilians is no less welcome for being exceptional.”¹⁹ This pandemic has revealed more of an overall state of health exposure in Egypt, and the state of non-pandemic reveals the desire to quickly emerge from the pandemic and return to normal life. It also demonstrated society’s ability to impose its own way of dealing with the pandemic despite strict government procedures, at least in the most severe phases of viral outbreak.

Transnational societal interactions

Egyptian society’s peculiarity in dealing with the coronavirus outbreak and the popular culture of non-pandemic in Egypt has had an impact on transnational

---

Figure One: Tourism, 2010-2020

---

societal interactions between Egypt and other countries. With the change in transnational interactions and the restrictions placed on travel, tourism, the organization of international events, and the movement of migrant workers, there may have been an effect on the relative gap between awareness of the general attitude toward the pandemic in Egyptian society and its counterparts in other countries that have closer interactions with Egypt, such as the European and Arab Gulf countries.

Figure One shows the extent of the pandemic’s effect on tourism in Egypt, with a decline in the total number of tourists to 3.5 million—the lowest level for Egypt in a decade. Official public figures on the number of tourists who visited Egypt in 2021 are not available. However, data from the Ministry of Tourism and Antiquities showed that the number of tourists to Egypt in the first half of 2021 totaled 3.5 million, approximately the same number recorded in all of 2020.20 This suggests that the impact on the tourism sector was relatively short-lived. However, the repercussions of the Russian-Ukrainian war are expected to affect this recovery.

The impact of the coronavirus pandemic goes beyond the decline in tourism. It includes prior mental images among those coming to Egypt amid threats to health security during the pandemic, especially during events organized inside Egypt, such as the Handball World Championship. This reflects on Egypt’s soft power as a tourist destination and global center for organizing low-cost international events. As a result, this also prompted some media outlets to monitor health conditions in Egypt and its level of adherence to preventive measures, as well as to assess the Egyptian government’s ability to contain the pandemic.

Why did tourism and other external engagement with Egypt rebound so quickly? Perhaps because of media coverage which projected certain images of Egypt as a destination. In order to analyze these trends, this paper relies on a qualitative content analysis of a sample of articles published in other countries concerning the state of the coronavirus outbreak in Egypt. The sample was chosen based on the World Tourism Organization’s classification of the 10 countries with the most tourists to Egypt during 2019, respectively: Germany, Ukraine, Saudi Arabia, the United Kingdom, Italy, Poland, the Czech Republic, France, China, and Austria.21

Two of the most visited news sites in each country, according to Alexa and SimilarWeb statistics, were chosen for a content analysis of their articles. For accuracy, translation was used for articles in languages unknown to the researcher, and machine translation was used on limited occasions. The period was specified beginning from February 14, 2020—the date of the first official announcement of a coronavirus case in Egypt—until March of 2022.22

Based on these criteria, the following websites were chosen: Bild newspaper and T-Online in Germany; Censor.net and pravda.com.ua in Ukraine; El-Watan and Okaz in Saudi Arabia; BBC and The Guardian in the UK; Repubblica and Corriere della Sera in Italy; Wirtualna Polska and Onet.pl in Poland; Novinky.cz and iDNES.cz in the Czech Republic; Le Figaro and Le Monde in France; Phoenix Chinese News and Sina News in China; and Kronen Zeitung and Heute in Austria.

In the beginning, clear trends toward ignoring the coronavirus pandemic can be observed in the coverage of many of the newspapers and news sites of the aforementioned countries noted for their societal interactions with Egypt and their travel and tourism flows. This sometimes coincided with other reports warning of health issues. Germany’s Bild site, in reports published in November of 2021, noted a 102% increase in flights between Egypt and Germany in October and November and high demand for tourism in Egypt, which the site ranked among the destinations worthy of attention.23 Likewise, the site observed “the strong return of Egypt as a tourist destination for German tourists,” especially for tourist destinations on the Red Sea, as well as the approaching centenary of the discovery of Tutankhamun’s tomb in 2022.24 Germany’s T-Online website also published a report in December 2021 stating that Egypt remains a preferred destination for Germans despite the
risks of the coronavirus because of cheap tourist flights and accommodations.25

On the Polish podroze.onet.pl website, positive coverage of Egypt as a tourist destination dominated during the last months of 2020 and the beginning of 2021. These reports categorized Egypt as “a warm, cheap tourist destination preferred by Poles”26 and a “dream vacation” country27 with “natural desert scenery, antiquities, and the magic of the underwater world,” with repeated descriptions of “sunny Egypt”28 as the basis for the Polish Chamber of Tourism’s classification of Egypt as a preferred destination for Polish trips abroad.29

In a report published in July of 2021, novinky.cz describes Egypt as “paradise” for tourists, going on to describe Egypt’s tourist attractions, such as its nature, antiquities, history, and beaches, and focusing on the cities of Luxor, Marsa Alam, and Sharm el-Sheikh.30 Two reports promoting tourism in Egypt were published in Le Figaro. The first, published in April 2020, at the onset of the pandemic, was on food tourism and popular life in Cairo,31 while the second, published in January 2022, placed Egypt among 12 tourist destinations to be rediscovered in 2022, focusing on antiquities and the Red Sea as two tourist attractions, while completely disregarding the coronavirus pandemic.32

Not all European media painted such a positive picture, however. The German newspaper, Bild, published a report on November 27, 2021, classifying Egypt among the countries in which tourists’ holidays are at risk, based on the German Foreign Ministry’s warnings against non-essential tourist trips and its classification of Egypt as a high-risk area vis-à-vis the outbreak of the pandemic, emphasizing that this applies to the Red Sea area, a preferred German tourist destination.33 In August 2021, the German T-Online site reiterated the same classification, again based on the German Foreign Ministry. The report also contained a warning that Egyptian government hospitals are “far below German standards” and one may also face high costs for hospitalization and treatment.34 Tracking these media reveals agreement among a large number of European media regarding the low levels of application of preventive measures in Egypt and the warning of high possibilities of infection. These warnings reached their full extent when the Czech ambassador in Cairo warned in statements published on the iDNES.cz site, in March 2021, of his experience of the coronavirus infection during his travels in Egypt, stressing that he would not wish his coronavirus experience in Egypt on anyone.35

In January 2021, Egypt’s hosting of the Handball World Cup focused particular attention on the COVID situation. There were repeated warnings of the risks from the participating delegations, especially Germany. In successive coverage on the German bild.de news site, there were warnings about the health situation in Egypt, particularly after the discovery of infections among players from other teams participating in the World Cup held in Egypt. The match between the Cape Verde team and Germany was cancelled following the discovery of infections on the Cape Verde team.36 Some German coaches commented prior to the start of the tournament on January 4, 2021, that “organizing handball matches in Egypt is crazy… the organizers are not interested in real hygiene.”37 The commenter held German officials politically and legally responsible in the event of a disaster. The observations noted by German media outlets during the tournament included the hotel staff’s total lack of compliance with proper masking38 and social distancing, especially in the restaurant, with the website showing a picture of players from Egypt, Sweden, and Denmark lining up in a narrow space during the breakfast buffet.39

On another level, the policy adopted by the European states of safety corridors for travel and tourism received harsh criticism for being ineffective in preventing the spread of the virus. In articles published in January of 2022, the Italian newspaper, Corriere della Sera, quoted some tourists as saying that the anti-coronavirus regulations are neither adhered to nor effective.40 According to a report published on January 7, 2022, “The distancing is unsafe, and there is close contact with tourists from countries
at risk of infection, such as Russia and Ukraine...In the restaurant, the employees do not wear gloves, and masks are often worn incorrectly. People are allowed into the restaurant without masks, and the same masks are used.”

In an article published on January 6, 2022, an Italian tourist described the safety corridors as a formality due to the hotel staff’s non-compliance with the preventive measures and guests who mostly do not wear masks, and because the restaurants allowed without wearing masks or observing social distancing. Numerous sources emphasized that coronavirus tests in Egypt are a formality. According to reports in the Italian newspaper, *Corriere della Sera*, in January 2022, an Italian tourist described the swabs as fake, with the swab taken from just one nostril without going deep enough to obtain a proper sample.

Other media focused on expatriate cases or deaths from their time in Egypt. The Austrian news site, heute.at, published a news article on November 24, 2021 on the death from coronavirus complications of a member of the FPÖ while on vacation in Egypt. Meanwhile, the Ukrainian site, m.censor, reported the deaths of 12 Ukrainian tourists, two of whom died of the coronavirus, between January and March 23 of 2021; and on March 18, 2020, the site also reported on a coronavirus case in someone returning from Egypt. Before that, on June 25, 2020, the *Ukrayinska Pravda* newspaper reported on several cases of coronavirus in people returning to Ukraine from Egypt. The German site, T-Online, also reported on a German citizen who returned from Egypt with the Delta variant in June of 2021. The Czech website, iDNES.cz, published a report on May 19, 2021 on two children from the Ostrava area infected with the so-called “Egyptian variant” of the coronavirus, which is considered a precedent in the description of world-wide coronavirus mutations.

**Trend toward politicization of the pandemic**

Media coverage of the coronavirus pandemic in Egypt has not been limited to health conditions and the implementation of preventive measures. Rather, it has included a clear level of politicization in some cases, which can be classified into two categories: the link between the outbreak of the coronavirus and the status of human rights, or the total disregard for the virus in the media coverage due to official strategic relationships with Egypt.

British media coverage, specifically the BBC and *The Guardian*, predominantly focused on the performance of the government, quoting Egyptians’ complaints of the ineffective response to the pandemic. In August 2020, the BBC published a report on criticisms of the misuse of rapid antibody tests that put medical staff at risk due to their inaccuracy and their contribution to coronavirus outbreaks. In another report, published on May 26, 2020, the doctors’ union accused the Egyptian Ministry of Health of negligence in its handling of the coronavirus pandemic and its contribution to the increasing deaths of doctors, as well as the lack of personal protective equipment and hospital beds. Before that, on May 21, 2020, *The Guardian* published an article on doctors’ urgent requests for coronavirus tests and protective medical equipment, followed by another report, in July of 2020, on the prosecution and detention by the security authorities of doctors who spread news and information about the deteriorating working conditions in health facilities and the increase in doctors’ deaths due to the lack of protective equipment. The report focused on threats to doctors of imprisonment or investigation by the Egyptian National Security Agency.

Due to *The Guardian’s* coverage of the pandemic in Egypt, Egyptian authorities forced journalist Ruth Michaelson to leave Egypt in March of 2020, after she wrote an article containing scientific research results indicating that official Egyptian coronavirus case statistics may be
inaccurate and the number of cases higher than that reported by the Egyptian authorities. On March 17, 2020, the State Information Service closed The Guardian’s office and withdrew its credentials for failing to comply with professional rules in a report the British newspaper published on the coronavirus. The SIS also issued an ultimatum to a New York Times reporter in Cairo to consult official sources in his reporting on Egypt and to adhere to professional rules. In a statement, the SIS confirmed that the two newspapers had not complied with professional rules in their reporting on the subject of the coronavirus in Egypt.56

Human rights in Egypt appear to have been the focus of Italy’s La Repubblica newspaper. Its coverage focused on human rights issues and did not include references to the coronavirus pandemic. Hélène Sallon, a correspondent for the French newspaper, Le Monde, wrote an article published on March 21, 2020, entitled, “In combatting the coronavirus, Egypt fluctuates between denial and repression.” This article focused on the security campaign against the spread of information that contradicts official statistics on coronavirus cases, including an expose of criticisms of Egyptian authorities’ lack of transparency and the detention of those who disseminate unofficial case numbers. The report also focused on health conditions in prisons and concerns over outbreaks there.57

The other pattern of politicization in covering societal interactions during the pandemic is complete disregard for the state of the pandemic in Egypt. This pattern prevails in countries with strategic relationships with Egypt, especially Saudi Arabia and China. Despite Saudi Arabia’s classification of Egypt in June 2021 as a country at a very elevated risk level vis-à-vis the outbreak of the pandemic—according to reports in the Saudi newspaper, El-Watan, on June 21, 2021, advising Saudi citizens not to travel to Egypt58—this did not lead to intensive coverage of Egyptian coronavirus cases in the El-Watan and Okaz sample of Saudi newspapers, except solely through official statements and data. The Phoenix Chinese News and Sina News sites within the Chinese sample did not contain reports of the status of the coronavirus pandemic outbreak in Egypt or the preventive measures implemented in Egypt. This is related to the very special relationship between Egypt and China and the two countries’ partnership in combatting the virus since the beginning of the outbreak, with China providing support to Cairo in the way of medical aid and vaccines from the initial stages of the coronavirus outbreak.

Explanations for Egypt’s non-pandemic state

Disregard for the pandemic within major sectors of Egyptian society raises questions about the motives for adopting such a stance toward a health threat that causes concern in societies around the world and provokes the criticisms and disapproval of some members of other societies, according to media coverage. The first explanation for this situation lies in the mentality of denial that helps individuals confront existential threats. This is a defensive, psychological trick used within survival tactics in order to continue normal life. The existence of the danger is denied, and claims that even those who follow preventive measures can be infected cause a spiral of chaos and widespread infection amid the pandemic.59

This situation is a ripple effect of an official policy of denial that was adopted in the initial stages of the pandemic. The possibility of an outbreak of the disease in Egypt or the existence of an epidemic was denied, measures to prevent infection were delayed until later stages, and Egyptian media adopted a narrative of conspiracy theories and underestimation of the pandemic until the spread of infections became clear to everyone and reached all sectors of society.60

Official indicators of declining risk and the easing of restrictions on movement and assembly lead to exaggerated interpretations within society that there is no threat, especially with the opening of commercial markets and gathering places and permission to gather, which sends a message to the average person that there is no
COVID-19 in the MENA: Two Years On

discrepancy vis-à-vis the contemporaneous message on the ground of increasing case numbers and deaths. A message of reassurance always finds a stronger resonance among citizens, which leads to the failure to adopt precautionary measures against the pandemic.61

Egypt’s downplaying, as Shulhofer-Wohl and Koehler put it in this volume, at the outset of the pandemic encouraged relaxed attitudes vis-à-vis the health threat posed by the coronavirus. Whenever the state tended towards easing restrictions, the population felt that there was no problem and that the pandemic was over or about to end soon. This means that the ruling regime’s implicit and explicit signals regarding the pandemic and the need to return to normalcy are among the factors motivating the state of non-pandemic in Egypt.

Individuals’ desire to return to normal life for fear of the economic impact of lockdowns may prompt them to ignore the pandemic and attempt to return to the pre-pandemic state, especially since the informal economy represents about 63% of Egypt’s labor.62 Likewise, high unemployment rates have invoked the need to end preventive measures. For example, the rate of unemployment in the second quarter of 2020 rose to 9.6% of the total labor force, compared to 7.7% in the first quarter of the same year, and the Central Agency for Public Mobilization and Statistics has attributed this rise to the repercussions of the coronavirus pandemic, which closed businesses and shops in the country, suspended schools and air traffic, and halted transportation at night.63

In sum, the state of non-pandemic reflects an unwritten, tacit agreement between the state and society in Egypt. The state wishes to move beyond the pandemic state for fear of its impact on the national economy and rising rates of unemployment, and society shares these fears while at the same time increasing their impact by underestimating the seriousness of the threat or the adequacy and ability of preventive measures to save society. This pushes an arbitrary return to the pre-pandemic state and the spread of conspiracy theories and rumors. Conspiracy theories and irrational discourse are among the catalysts of the state of non-pandemic in Egypt, in which prevention measures are minimized as either unnecessary or insufficient to prevent a risk greater than people’s ability to adapt, and the coronavirus is considered part of a larger conspiracy.64

It also appears that the effect of the non-pandemic state on transnational societal interactions varies according to rising and falling waves of cases, the extent of the spread of cases and deaths among those arriving in or interacting with Egypt, and the presence of international events organized in Egypt, in addition to the strength of the geopolitical relationships between Egypt and the interacting countries, the degree of authoritarianism or democracy of the regimes governing those countries, and the ability of official authorities to control the media.

Despite numerous reports in foreign newspapers highlighting the non-pandemic state in Egypt and warning against going there, the rapid recovery of Egyptian tourism in 2021 can be explained by several factors. These include the disconnect between the views of Egypt presented in the media, tourists’ actual attitudes towards Egypt, and the spread of counter-narratives in some newspapers promoting Egypt as a safe tourist destination.

61

62

63

64
Endnotes


4 Dylan Walsh, “COVID-19 cases are 12 times higher than reported,” MIT Management Sloan School, July 2, 2020, https://mitsloan.mit.edu/ideas-made-to-matter/2019-cases-are-12-times-higher-reported


6 Ėhā Farouk, “Kamāmāt corona... ‘ib jādīd ‘āla al-misrijīn wāṣṭ musā‘ib iqtiṣādiyya” [Corona masks... a new burden on Egyptians amid economic hardships], *Reuters*, June 1, 2020, https://www.reuters.com/article/health-coronavirus-egypt-masks-ia3-idARAKBN23811J


14 “Al-duktūr Mohamed Sedky: al-‘ashi‘aa al-maqta‘iyya w-l- tahālīl aqwwiy min masha corona” [Dr. Mohamed Sedky: CT scans and tests are more powerful than a corona swab], *MBC Masr*, July 2020, https://www.youtube.com/watch?v=Cs6E3KHlXc


18 “Egypt’s January-June tourism revenues were $3.5-4 bln” - deputy minister, “Egypt’s January-June tourism revenues were $3 .5-4 bln - deputy minister, ” *El-Watan*, July 4, 2021, https://www.elwatannews.com/news/details/4559733


[52-year-old Mariupolša, вернувшегося из Египта, подтвердили COVID-19, — глава Донецкой ОГА Кириленко](https://pravda.com.ua/articles/2020/06/25/7257133/)

[Ивана Лесковская, "Дети из Острavska по накату из Египта на вернувшихся из Египта";](https://www.heute.at/s/foe-politiker-starb-im-aegypten-urlaub-an-corona-100175388)

"52-year-old Mariupolša, вернувшегося из Египта, подтвердили COVID-19, — глава Донецкой ОГА Кириленко" [25-year-old Mariupolit citizen who returned from Egypt tested positive for COVID-19, according to head of Donetsk regional state administration Kirilenko], Censor.net, March 18, 2020, [https://m.censor.net/ru/news/3182589/u_52letnego_mariupoltsa_vernuvshegosya_iz_egipta_podtverdili_covid19_glava_donetskogo_oga_kirilenko](https://m.censor.net/ru/news/3182589/u_52letnego_mariupoltsa_vernuvshegosya_iz_egipta_podtverdili_covid19_glava_donetskogo_oga_kirilenko)

[Paolo Foschi, "Italians positive at Covid blockaded also at Seychelles, outside al Focolari and Egypt"; (Covid positive Italians also blocked in the Seychelles, in addition to outbreaks in the Maldives and Egypt), Corriere della Sera, January 7, 2022, [https://www.corriere.it/cronache/22_gennaio_07/italiani-positivi-covid-blockoati-seychelles-ibcf8050-66e1-11ec-81f1-db9197a63523.shtml](https://www.corriere.it/cronache/22_gennaio_07/italiani-positivi-covid-blockoati-seychelles-ibcf8050-66e1-11ec-81f1-db9197a63523.shtml)

Ibid.

[Paolo Foschi, "Italians positive at Covid blockaded also at Seychelles, outside al Focolari and Egypt"; (Covid positive Italians also blocked in the Seychelles, in addition to outbreaks in the Maldives and Egypt), Op. cit.](https://www.heute.at/s/foe-politiker-starb-im-aegypten-urlaub-an-corona-100175388)


Anti-COVID Volunteers are the New Soldiers: Revisiting UAE’s Militarized Nationalism during the Pandemic

Eleonora Ardemagni, Italian Institute for International Political Studies & Catholic University of Milan

The COVID-19 pandemic, together with a recalibration of the Emirati foreign policy, has impacted on nation-building strategies in the United Arab Emirates (UAE). For over a decade, the Emirati leadership has promoted values such as community belonging, sense of duty, pride and patriotism through soldiers, conscription and military-related symbols (“militarized nationalism”). Since the outbreak of the pandemic, those values are now daily conveyed and praised through anti-COVID-19 volunteers, who embody community responsibility.

The number of UAE’s nationals and residents involved in state-promoted volunteerism has grown during the pandemic. According to the government, more than 50,000 youth volunteers, both nationals and residents, helped the Emirati community during the coronavirus pandemic, working in hospitals, quarantines, testing centres, airports, ports, malls and also remotely as part of information campaigns. The efforts of this “army of volunteers” are celebrated by local public officials and media, stressing values and words which are usually adopted to celebrate the Emirati armed forces. This also occurs as the UAE recalibrates its foreign policy. Since 2019, the Emirati leadership has been stressing regional de-escalation and humanitarian diplomacy, thus nuancing the assertive and military-oriented stance displayed over the previous decade.

This article develops at the interplay of nation-building studies, civil-military relations, foreign policy analysis and media analysis. It explores how the UAE’s leadership has revisited militarized nationalism during the pandemic, pursuing the same goal (nation-building) and mobilizing the same values (ex. pride, community-belonging, sense of duty, patriotism) as before, but through different actors (volunteers instead of soldiers and conscripts). In many parts of the world, the fight against COVID has been often compared to a ‘war.’ But the Emirati case is unique due to the previous use of militarized nationalism as an identity-maker tool. As a result, pandemic volunteers in the UAE are now playing the nation-builders role soldiers have performed since the 2010s. This reveals how much the Emirati nation-building strategy is adaptable to shifting contexts.

Making Sense of Nation-Building: Framing Militarized Nationalism in the 2010s

The UAE has fostered top-down projects of nation-building. In uncertain times marked by deep economic transformation and regional turmoil, national identity plays a support role. This is especially salient in young states with a young and varied society, like the UAE: national identity strengthens social cohesion, fostering ‘rally around the flag’ feelings. In the Gulf region, this trend is not exclusively linked to the UAE; it has also emerged in Qatar, where nationalist feelings and a certain militaristic rhetoric reached the apex due to the 2017-2021 diplomatic crisis with some Gulf neighbours. After the 2011 Arab uprisings, the Gulf monarchies have widely resorted to military-related initiatives and symbols to strengthen national identities as a method for coping with regional threats and post-oil diversification. For instance, the UAE introduced unprecedented conscription for male nationals in 2014. Its main intent was cultural, not strictly military, thus turning compulsory military service into a tool of nation-building. The Emirati choice is part of a broader post-rentier strategy increasingly relying on a military dimension to drive national identity projects: the emphasis on the military dimension has also displayed a nationalist trend, in a context marked by intra-Gulf Cooperation Council (GCC) power competition.

Militarized nationalism can be defined as “a system of military-related values promoted ‘from above,” including symbols, collective experiences, role models and memoirs,
aimed to foster sense of national belonging and cohesion ‘from below.’”\(^6\) With particular regard to the UAE, examples of militarized nationalism include conscription, military museums and exhibitions, military parades and uniformed displays during the Emirati National Day, the commemoration of the “martyrs” (the Emirati soldiers killed while deployed in Yemen war), patriotic songs and poetry. Public speech, by royals, politicians, religious figures and media, is also part of the nation-building effort, underlying the correlation between patriotic commitment and national strength. As the Emirati ambassador to the United States Yousef Al Otaiba stated in an interview, “building our military is not just about buying fancy equipment. It is about building a culture, building a national identity, building a bond between leadership and the people, and building the kind of society where a soldier would be proud to die for his country.”\(^7\) This encapsulates the kind of approach to nation-building the Emirati leadership has pursued since the 2010s.

**Volunteers in Action. The Civic Face of the Emirati Nation-Building in 2020s: From Community Policing to COVID-19**

In the UAE, state-sponsored volunteerism has often played a role in supporting broader national goals. In the Emirates, this phenomenon can be explained through a combination between state capacity and high levels of trust **vis-à-vis** public authorities: as Schulhofer-Wohl and Koehler demonstrate in this volume, the level of compliance to authorities is driven by the level of trust in governments. The Takatof volunteer program, established in 2007 and run by the government affiliated Emirates Foundation, aims to “promote and foster a sense of citizenship and national solidarity.” Against this backdrop, the pandemic has not only confirmed this purpose: it has also intertwined with volunteer initiatives building upon the values and language of militarized nationalism to support nation-building.

In April 2020, the Minister of Foreign Affairs and International Cooperation Shaykh Abdullah bin Zayed Al Nahyan launched the Higher National Committee for Regulating Volunteering during Crisis. The Committee was tasked to coordinate the activities of different volunteer groups, involving citizens as well as residents. It established a clear framework to regulate volunteering. The UAE Volunteers platform benefitted from the collaboration with governmental and semi-governmental entities, private sector and public benefit associations. In the first month of its launch, the campaign attracted a total of 16,502 individuals, including 9,828 field volunteers and 5,306 medical volunteers, representing more than 126 nationalities residing in the UAE.\(^9\) In the first six months of 2020, 29,661 volunteers of all ages and nationalities joined state-sponsored volunteerism and about 2,200 were at their first volunteer experience.\(^10\)

Since the beginning, the UAE authorities and state-led media have widely used military-related words to praise healthcare workers and present the volunteering initiative against COVID-19, especially to promote the campaign to UAE’s nationals and residents. On late March 2020, the ruler of Dubai and UAE’s vice president and prime minister Shaykh Mohammed bin Rashid Al Maktoum launched the #ThankYouHeroes campaign on Twitter writing that “Our medical teams today are the nation’s custodians and the first line of defence against humanity’s biggest enemy.”\(^11\) “New recruits are needed to help build an army of volunteers to lead the national fight against #coronavirus” tweeted the Emirati media platform **UAE Forsan.**\(^12\) The **National**, the leading Emirati newspaper in English, repeatedly echoed military-style language in its headlines such as “Army of volunteers join the fight against COVID 19”\(^13\) and, again, “New recruits are needed to help build an army of volunteers to lead the national fight against coronavirus.”\(^14\)

**Same Values, New Actors**

With regard to state-sponsored volunteerism, cohesion and community responsibility are the most cited values by officials and media, as it was for previous initiatives in the military and police domain: in all the cases, nation-building is the scope. Launching the UAE Volunteers platform in April 2020, Shaykh Abdullah bin Zayed Al
Nahyan stated “we are able to address any challenges we face with cohesion and co-operation,” since the vision of the initiative is “to enhance community participation to highlight cohesion and cooperation in the UAE.” The same message was conveyed by leading national media when conscription was introduced in 2014. At that time, opinion articles stressed that “one of the most important things to any country is to ensure that it has a cohesive society that will remain resilient against the challenges and the threats that could affect it.”

Similarities between the discourse on soldiers and COVID volunteers are quite striking. In 2015, for instance, UAE’s President Shaykh Khalifa bin Zayed Al Nahyan stated that “nations only grow by the heroic acts of their valiant servicemen, who are recorded in the annals of history for their ultimate sacrifices” during the first Commemoration Day to celebrate the Emirati soldiers died while performing service abroad. Commenting on the role of volunteers against the pandemic, Shaykh Abdullah bin Zayed Al Nahyan declared in 2020 that “history will remember the exceptional role of various organisations, personnel, and volunteers for their sacrifices and efforts to overcome the current situation.” Later, he also stressed that “our volunteers, from Emiratis and residents, have embodied an epic of human giving.” Inviting Emiratis and residents to volunteer in the anti-pandemic campaign “Your City Needs You,” the Crown Prince of Dubai, Shaykh Hamdan bin Mohammed bin Rashid Al Maktoum, stated “this is part of our social responsibility and our duty to help safeguard the welfare of society.” Similarly, Shaykh Mohammed bin Zayed Al Nahyan called the protection of the nation “a sacred national duty” when conscription was introduced in 2014. There are other values which often recur in the Emirati public speech on COVID-19 volunteers, such as sacrifice and duty. Since the 2010s, these values have been at the core of UAE’s militarized nationalism, as they are connected to the narrative of the Emirati soldiers unprecedentedly deployed abroad in the Yemen war.

State-sponsored volunteerism against COVID-19 and its nation-building rhetoric resemble previous initiatives in the security field. This is the case of the “We are all police” campaign on community policing in the Abu Dhabi emirate. Under the slogan “The police are our community and our community is the police,” this voluntary program involved nearly 20,000 participants: selected volunteers, after training courses, became ‘linking rings’ between police officers and the general public, supporting the Abu Dhabi Police to identify and address a variety of community challenges. The program was open to applicants from all backgrounds and nationalities residing in Abu Dhabi, as in the case of anti-COVID-19 volunteering. The campaign aimed to trigger the values of social responsibility, cohesion and community engagement too. According to the authorities, its purpose was to allow nationals and residents to “give something back to [the] community.”

Revisiting UAE’s Militarized Nationalism During COVID: The Foreign Policy Framework

From a political perspective, the revisitation of militarized nationalism by the Emirati leadership must be framed in—and is driven by—a subtle foreign policy recalibration. Since 2019, the UAE has gradually shifted from a “power projection” posture in the Middle Eastern region, based on military assertiveness and open competition for influence, to a “power protection” policy, aimed to consolidate the geopolitical gains acquired after 2011. This foreign policy recalibration puts economy first: it still pursues ambitious geostrategic goals although stressing regional de-escalation and diplomacy. In other words, the Emirati overall strategy hasn’t changed but the tactic is now different. For instance, humanitarian diplomacy is today emphasized as a leading foreign policy tool.

In this context, the pandemic provided an occasion for regional and global leadership on anti-COVID-19 aid, which fit into the recalibration of the Emirati foreign policy. Local officials and media rushed to connect this posture with the humanitarian and philanthropic initiatives of the Emirati founding father, Shaykh Zayed bin Sultan Al Nahyan. The humanitarian dimension of the UAE’s policy developed at the domestic level, through
the state-sponsored volunteering initiatives, as well as at the external level, through humanitarian aid and vaccine diplomacy. In both the cases, it supports nation-building, encapsulating the values activated by militarized nationalism. The internal volunteering campaign to fight COVID-19 presents some connections with foreign policy and international reputation. First, the Higher Committee was launched by the Ministry of Foreign Affairs and International Cooperation; second, humanitarian volunteering initiatives for foreign countries were also organized, for instance the campaign ‘From UAE For Lebanon’ to collect supplies and help to rebuild Beirut port after the 2020 explosion; third, local media stresses how UAE’s volunteers represent a “global example” and gained “global recognition.”

As in a circular relation, internal volunteering initiatives against the pandemic boost community cohesion, projecting abroad the image of a united, strong nation who is also able to provide external aid. This is how the values evoked by militarized nationalism display themselves under a revisited guise. Moreover, the humanitarian and the military dimensions of the Emirati foreign policy are not at odds. In fact, humanitarian diplomacy serves “to counter-balance militaristic orientation in foreign policy.” Humanitarian and ‘vaccine diplomacy’ also rely on logistics infrastructures and chains to effectively deliver, as shown, for instance, by the role of DP World in vaccine distribution. In this way, humanitarian logistics – which is also a projection tool – indirectly supports the enhancement of the Emirati influence abroad. This is strengthened by the rise of an official discourse “that links a sense of national identity and civic duty to the intersection of militarism and humanitarianism.” The Emirati leadership underlines the humanitarian face of the national armed forces. For instance, the exhibition Protectors of the Nation: Sacrifice and Giving, held in 2018 at the Etihad Museum in Dubai, synthetizes this concept. The official presentation focused on the role the UAE’s armed forces played abroad “to spread tolerance, brotherhood and positive values across the world through humanitarian missions.”

Conclusion

The COVID-19 pandemic has impacted on nation-building strategies in the UAE, displaying how much these are adaptable to shifting contexts. During the pandemic, the Emirati leadership has revisited militarized nationalism – the main driver of UAE’s nation-building in 2010s – conveying and mobilizing its values (pride, community-belonging and responsibility, sense of duty and patriotism). It now did this mainly through anti-COVID-19 volunteers, instead of through soldiers and conscripts. State-sponsored volunteerism during the pandemic and its nation-building rhetoric echo previous, community-oriented Emirati initiatives in the security field (ex. community policing; conscription). The Emirati authorities and state-led media have widely used military-related words to communicate and praise the national initiatives of volunteering against the coronavirus. This has occurred in a broader context of foreign policy recalibration which emphasizes regional de-escalation and humanitarian diplomacy. This approach drives the revisitation of militarized nationalism in the 2020s to nuance the military-oriented posture Abu Dhabi pursued in the 2010s. In so doing, the Emirati top-down strategy also highlights political and rhetoric linkages between humanitarian and military domains in the UAE’s nation-building, thus revealing continuity in the Emirati politics.
Endnotes


2 UAE Forsan 17/04/2020 ‘New recruits are needed to help build an army of volunteers to lead the national fight against #coronavirus’ https://mobile.twitter.com/uae_forsan/status/1251070393516990466; The National 05/06/2020 ‘Army of volunteers join the fight against COVID 19’ https://www.thenationalnews.com/uae/uae-volunteers-campaign-has-attracted-9-828-field-volunteers-and-5-306-specialists


5 Ardemagni, “Gulf Monarchies’ Militarized Nationalism”.

6 Ardemagni, “Militarized Nationalism in the Gulf Monarchies: Crafting the Heritage of Tomorrow”.


8 UN Volunteers (2011) "Drafting and Implementing Volunteerism Laws and Policies. A Guidance Note".

9 Ministry of Community Development 14/05/2020, “UAE Volunteers campaign has attracted 9,828 field volunteers and 5,306 specialists”.


12 UAE Forsan, New recruits are needed to help build an army of volunteers to lead the national fight against #coronavirus’.

13 The National, ‘Army of volunteers join the fight against COVID 19’.

14 The National, ‘UAE volunteer campaign calls for more recruits to tackle COVID-19’.


16 Ministry of Community Development, ‘UAE Volunteers campaign has attracted 9,828 field volunteers and 5,306 specialists’.


19 Rizvi, ‘Sheikh Abdullah bin Zayed launches UAE-wide volunteer campaign’.


23 Government of the UAE, We Are All Police.


25 Government of the UAE, We Are All Police.


28 Gokulan, ‘KT special: How UAE is leading the way in volunteering efforts’.


31 Etihad Museum 12/05/2018, Etihad Museum celebrates the UAE Armed Forces 42nd anniversary’.
Implications of the COVID-19 pandemic for politics in Morocco

Lalla Amina Drhimeur, Sciences Po Lyon

Soon after the first case of COVID-19 was confirmed, Morocco started implementing preventive measures. On March 20, the country declared a national health emergency. What followed was a set of swift and strict measures to contain the spread of the virus. Airports, schools, mosques, restaurants, and shops were closed. Public and private gatherings as well as sport activities were prohibited. Citizens had to get a certificate of movement from local authorities to get to work or run errands. The country called for mandatory lockdown. The Police and the Army ensured compliance with the measures and military vehicles deployed in the streets.

COVID-19 mitigation measures included cash transfers, food baskets distributions, and tax deferrals for households. Besides direct financial aid, the Comité de Veille Economique (Economic Watch Committee), established on March 11, 2020, to absorb the economic shock, took a set of fiscal measures that aimed at facilitating access to bank loans and deferring tax payments.

When the crisis revealed the fragility of the health system, Morocco was quick to ask for international financial and technical support that kept the system from collapsing. The aid has enabled the doubling of the capacity of hospital beds, paying for medical equipment and setting up testing centers. The country launched a massive vaccination campaign in January 2021 after having secured a large stock of vaccinations before most of its neighboring countries.

The preventive measures and the different lockdowns succeeded in containing the spread of the virus, at least during the first few months, but they also altered economic activities causing a recession. Morocco experienced one of the strongest recessions in the region. The poverty rate was expected to increase from 17.1% (2019) to 19.87% (2020). Many people lost their sources of income, deepening gender and social inequalities. The pandemic also revealed the fragility of health infrastructures, as the sector lacks medical personnel and is underfunded.

The aim of this paper is to examine the implications of the pandemic for politics in Morocco and what it means for citizens’ trust in formal political institutions. In other words, have COVID-19 mitigation measures helped Moroccans regain trust in the government, political parties, and public institutions? How has the pandemic affected the way politics are perceived or structured?

I argue that COVID-19 mitigation measures did help Moroccans regain trust in formal politics, but this trust was short-lived. Also, these measures reveal how the government and political parties were sidelined in the management of the pandemic in favor of traditional political actors, that is to say the monarchy and its coterie.

The Monarch In Charge

King Mohammed VI took a very visible role in directing the response to COVID-19. On March 15, 2020, he gave “His High Instructions to the government to proceed with the immediate creation of a special fund dedicated to the management of the Coronavirus pandemic.” This fund, endowed with 10 billion dirhams, allowed millions of households to benefit from cash transfers. It received donations from local businessmen, citizens, governmental and non-governmental institutions. He also gave his instructions to fight against all forms of price increases, monopolies, and speculation to ensure the market is regularly supplied and to ensure people have fair access to food and everyday consumption products.

On March 17, 2020, the king chaired a working session with high officials on the management of the pandemic to review how measures were implemented. He also ordered the deployment of military medical resources and the construction of new military hospitals. In a royal
speech, on July 29, 2020, the king gave his instructions to launch the Strategic Investment Fund, as part of an economic recovery plan. He aimed to revive the economy that had been hit hard by the pandemic, calling for the generalization of social coverage, family allowances, retirement, and loss of employment compensation. The speech explained how “those were difficult - and at times painful – decisions to make” but “they were not taken light-heartedly. In fact, we had to resort to those measures for the sake of the safety of our citizens and in the interest of our nation.”

On November 9, 2020, the king chaired another working session on the country’s vaccination strategy and ordered a massive vaccination campaign against COVID-19. On January 28, 2021, he officially kicked off the country’s vaccination campaign and was the first to get the shot. In the summer of 2021, he gave his instructions to facilitate the return of the Moroccan community living abroad to spend summer holidays in Morocco. He urged transportation companies to offer affordable travel fees so that those living abroad can return home and spend time with their loved ones. Pictures of these meetings and royal activities were widely diffused on TV and shared in the written press. The royal cabinet communicated regularly on the king’s activities, recommendations, and initiatives in the fight against the virus.

These are some examples of the monarch’s high level of activism and how it was carefully managed to increase its visibility during the pandemic. The visibility was intended to support the legitimacy of the monarch as the one in charge, seen to be leading the fight against the pandemic. By presenting COVID-19 mitigation as having come mostly from the king, the monarchy managed to solidify its position as the “first among institutions” and the main political actor genuinely concerned with the wellbeing of Moroccans.

Political Parties Sidelined

Morocco is often referred to as an “executive monarchy.” The king’s directives are the road map to guide the government’s economic and social policies. They cannot be debated. Political parties have been trying to assert themselves but were mainly sidelined in the management of the pandemic. The measures were announced by the Ministry of Interior, which is part of what is commonly referred to as “ministries of sovereignty” that fall under the “domaine réserve” of the king. Two other figures became highly visible: Mohamed Benchaaboun, the Minister of Economy and Finance in charge of the economic recovery plan; and Moulay Hafid Elalamy, Minister of Industry, Trade, and New Technologies. Both belong to RNI (National Rally of Independents, Rassemblement National des Indépendants), a political party known for being close to the Palace which won the 2021 Parliamentary elections.

Through their press releases and visibility, they were presented as the leaders, the strongmen in the fight against the pandemic.

The head of the government, Saad Eddine el-Othmani, and former leader of the PJD (Justice and Development Party), a party with an Islamic reference that has been struggling for power with the palace, was busy executing their directives. The PJD rose to power in 2011 and were reelected in 2016. Since then, the party has evolved within a politically constraining system that sought to undermine the PJD and subvert its internal cohesion. Different moves to weaken the party included the nomination of technocrats to strategic government departments to help the regime maintain control over crucial issues; and the dismissal of the former party leader, Abdelilah Benkirane, by the king in 2016 after he failed to form a coalition government. This was followed by the nomination of Saadeddne El Othmani as the head of the government and the formation of a coalition government with actors close to the palace. Cracks within the party started to form and the PJD lost the 2021 legislative elections. Opposition groups such as Adl wal Ihssan (Justice and Spirituality), an Islamist movement that rejects Morocco’s political establishment and refuses to participate in formal politics, expressed their support for the measures. They even asked people to respect the state of health emergency. Rif activists, who took to the streets to demand good education, jobs, health care and an end to corruption in
2016 in the northern region of Morocco and received heavy sentences, also endorsed the measures and asked their followers to comply with them.¹⁴

The strict measures, the confinement and the curfews enabled the government to get a short-lived respite from protests and social mobilizations, but demonstrations soon came back to characterize Moroccans’s daily lives.¹⁵ Morocco mobilized multiple law enforcement agencies, including the police and the military, to enforce the restrictions. The government banned protests, and violently repressed some. Thousands of people were arrested for violating the state of health emergency.¹⁶ The restrictions were criticized for reintroducing authoritarian practices that suppressed the rights to freedom of assembly and association, and which could also have been used to silence dissent voices within the opposition.

On March 19, 2020, the government adopted a new law that aimed at fighting fake COVID-19 news on social media. However, the falsity of the news is determined by the government without setting clear criteria on how to determine what is fake.¹⁷ The police made a dozen arrests.¹⁸ Journalists Mohamed Bouzrou and Lahssen Lemrabti, were arrested in April 2020 for having spoken against the governmental COVID-19 restrictions in what Amnesty International describes as a new crackdown on freedom of expression.¹⁹ In March 2020, the government attempted to pass a new law on the use of social networks that would make it illegal to call for a boycott movement online.²⁰ Under pressure from public opinion, the bill was abandoned. This might explain the decline in perceptions of freedom to participate in peaceful protests, in freedom to express opinions and freedom of the press.²¹ Freedom to express opinions and freedom of the press declined by nine-points from October 2020 to March 2021 while perceptions of freedom to participate in peaceful demonstrations declined by 14 percent during the same period.²²

Citizens’ trust is short-lived

Morocco’s response to the pandemic has been perceived as very effective. 86 percent of respondents in the Arab Barometer survey expressed their satisfaction with how the country has responded to COVID-19.²³ Similarly, the transfer of aid contributed to restoring trust in the government, at least during the first months of the lockdown. As of the beginning of 2021, 60% of polled Moroccans declared being very satisfied with the way the government handled the pandemic.²⁴

Thus, trust in the government seemed to have increased compared to 2019 when Morocco recorded low trust levels in formal political institutions. Prior to COVID, only 30% of polled citizens trusted the government while 20% trusted the parliament.²⁵ The slow pace of reforms explains the low voter turnout during 2016 parliamentary elections. Endemic corruption, and dissatisfaction with the overall performance of the government have pushed citizens to look for alternative informal mechanisms to express their grievances. To circumvent traditional processes of representation, people choose demonstrations, boycott movements, sit-ins, and social media activism. This reflects deep distrust in formal political institutions and processes and uncertainties that the government is efficient in dealing with the country’s socio-economic issues.

This sudden burst of trust in formal institutions has proven to be fragile and short. The pandemic has revealed how lack of investment in public services and mismanagement of economic resources have deepened social inequalities leading to more precariousness. This came back to taint trust in public institutions as nearly half of Moroccans registered to vote did not cast a ballot in 2021 parliamentary elections. Citizens do not trust the electoral process and politics are often compared to a “muddy place.”²⁶ Citizens often criticize formal politics for lacking credibility. Demonstrations are as strong as before. For example, Moroccan teachers’ unions resumed demonstrations to demand better working conditions in March 2021 and in February 2022, Moroccans took to the streets to protest soaring prices and what they perceive as government inaction to control inflation.
Conclusion

The 2021 elections in Morocco drew over 50 percent of voters, slightly higher than in 2016 given that the authorities combined parliamentary and local elections, which usually draw better participation. Abstaining from formal politics reflects a deep distrust in political parties that are often criticized for their lack of responsiveness. Their cooptation and fragmentation pushed citizens to look for informal alternatives to do politics. They seem to prefer informal spaces in their contestation of power and to influence political and social change. Mobilizing outside formal politics does not mean that citizens lack political commitment. Protests, sit-ins, online political campaigns and calls for boycotts reflect a crisis of legitimacy within formal political institutions and mechanisms but a high degree of political consciousness.

Endnotes

11 Ibid.
12 Ibid.
22 Ibid.
23 Arab Barometer.


Is the Arab region ready for the next pandemic?

Ghinwa El Hayek, Tahrir Institute of Middle East Policy

The COVID-19 response has been different among the 22 countries that make up the Arab region, due to their different political, social and economic landscapes. The response lacked a regional approach, which could have helped in handling the pandemic and softening its health and economic impacts. While the Gulf Cooperation Council (GCC) countries had a national rapid response and an economic recovery plan in place, middle and low-income countries as well as those with conflicts lagged behind. Multiple countries in the region are affected by conflicts, displacement, political unrest and economic crises, fostering additional vulnerabilities to the pandemic. The early warning surveillance systems established in countries experiencing such complex emergencies were not sensitive enough to detect emerging infectious diseases. In fact, Yemen was the last in the region to report a COVID-19 case.

Health surveillance systems

The pandemic revealed gaps in health surveillance systems and response to health security threats, even though some countries did have pandemic preparedness plans in place. Many countries in the region had to counteract previous outbreaks, such as the two other novel coronaviruses, SARS-CoV and MERS-CoV, as well as the 2009 H1N1 pandemic. Effective preparedness plans require a strong and timely surveillance system for emerging diseases, and specific action plans (including logistics and supply management, risk communication, etc.) detailing what to do when a novel pathogen case is spotted. Surveillance systems are expected to produce routine real time information on a set list of diseases and symptoms, collected at the local level of the population to identify any unexpected symptoms or significant increase in certain cases of a potentially novel virus. Ideally, designated healthcare institutions or focal points in specific areas would be responsible for collecting such data, and sharing it on either a daily or weekly basis with relevant public health authorities. The latter should be monitoring and analyzing the input to notify of any changes on local, national, and international levels. In addition to the detection, and diagnostic capabilities, genomic surveillance is important as it leads to the recognition of the novel virus or other organism that is infecting humans.

National or local health surveillance systems, including genomic surveillance, have been established in the majority of the Arab countries, yet they need maintenance, funding, up to date technology and a dedicated workforce, conditions that are not available in all countries of the region. Indeed, most Arab countries do not publicly report comprehensive and disaggregated epidemiological data on COVID-19 on levels such as sex, age groups, displacement status, nationalities, etc., let alone share open data on the matter. Only Iraq stood out, as it had data desegregated by sex, age groups, refugee status, regions, comorbid conditions, and hospital admissions. During the first year of the pandemic, whole-genome sequences of SARS-CoV-2 were lacking from seven out of the twenty-two Eastern Mediterranean countries, particularly those in conflict such as Syria, Libya and Yemen. Comprehensive and reliable data are essential for understanding the implications of the health crises to develop prompt and contextualized responses. Many countries in the region have probably under-reported COVID-19 cases and mortality rates due to their limited capacities in health surveillance, namely testing, contact tracing, and vital statistics registration. The underinvestment and undervaluation of routine sources of data and challenges to data sharing across several countries of the region can be addressed through prioritized governmental expenditure, creation of data protection policies, and use of available digital technologies.

A rigorous health surveillance system is on its own insufficient to respond to an outbreak. It is the strategy plan detailing the different measures and actions to take
that is crucial. The implementation of different public health measures is key, but this is inconsistent across the different Arab countries. Effective responses include a rapid response, an evidence-based approach that is well communicated, good coordination, transparency, leadership, and partnership spirit. Then monitoring, evaluation and accountability of the enacted public health policies and measures should follow.

**How Arab States Responded**

The World Health Organization-Regional Office for the Eastern Mediterranean developed a regional strategic preparedness and response plan to aid Middle Eastern countries to counteract the COVID-19 pandemic in an attempt to build a coordinated reaction. Nevertheless, countries acted on an individual basis. An effective response requires a whole government and whole society approach, with collaboration between state and non-state actors (private healthcare sector, non-governmental organization, academic institutions). For most countries, the response has been characterized by non-pharmaceutical interventions (NPIs) that were rarely instigated and monitored in many contexts, especially those with limited state capacity and conflict.

While many countries took early actions, others delayed for many reasons. Countries such as Lebanon, Jordan and the UAE acted quickly to contain the outbreak, enforcing school closures, and other forms of physical distancing. Saudi Arabia canceled Umrah pilgrimage and access to Mecca to non-residents in an effort to contain the rapidly spreading virus. In Qatar, thermal cameras were set up in the airport, and education campaigns for healthcare professionals began as soon as the outbreak started in Wuhan. Other countries invested in information technology to share epidemiological information to predict COVID-19 among women with underlying conditions, or for invasive contact tracing. Many governments relied on scientists and academicians for advice during the pandemic, promoting knowledge exchange, scientific diplomacy, and an evidence based approach. On the other hand, some governments lacked transparency in enacting pandemic related policies without solid scientific evidence, and some downplayed its severity. For countries in conflict or socio-economic crises, the non-governmental sector was an indispensable part of the response, and a much-needed financial, logistic and educational support to governments. For the first year of the pandemic (i.e 2020), most countries had strict policies on masks, quarantine, school and business closure and airport monitoring, on top of digital contact tracing. The measures relaxed by spring 2021, whereby many countries notably GCC had vaccinated the majority of their population. In countries stricken with conflicts, where only 50% of hospitals are fully functional, non-pharmaceutical public health measures were scarce and seldom applied. There is growing evidence that the implementation and the adherence to public health measures during the pandemic is related to trust in the government and the governance of the healthcare sector; more research is needed on this topic.

Even with these early measures, the adherence to health policies and mandates, and with some countries still having lockdown and emergency states until February 2022, such as Morocco 7 out of 22 countries reported higher cumulative confirmed COVID-19 deaths per million people than the world average. Considering that many countries having limited capacity to detect and report the death cases due to COVID-19, the number of might be under-reported. Additionally, the concentration of healthcare services on the pandemic response should not disrupt the delivery of other routine healthcare matters such as medical check-ups and immunization among other services. Yet this was not the case in some countries such as Iraq, Djibouti and Tunisia, where 40% of the population did not receive timely medical care. This would have repercussion on the quality of life, morbidity and then mortality in those countries. It shows that the health systems, notably in low and middle-income Arab countries are fragile and not ready for the future health threats. Investment in the healthcare infrastructure, governance and personnel is warranted.
Vaccines

As vaccines were rolled out, many Arab countries participated in the clinical trials.44 The GCC were the first to start their vaccination campaigns, in addition to supporting COVAX.45 Other countries followed rapidly, notably Lebanon, Jordan, Tunisia and Morocco; with the latter two being some of the most vaccinated against COVID-19 countries in Africa.46-47 Jordan and Lebanon’s case is unique as a big proportion of their population are refugees; as such, their vaccination campaigns had to be inclusive. Jordan’s vaccination plan was acclaimed for including refugees. Currently the majority of Syrian refugees are vaccinated with support from UNHCR.48 Lebanon’s campaign was the first to be financed by the World Bank,49 yet it was criticized for not including refugees and migrant workers explicitly in its plan.50 However, this was contradicted as everyone was invited to be vaccinated, with weekly campaigns in collaboration with UN agencies and humanitarian organization targeting refugees and vulnerable populations.51,52

When it comes to vaccine and treatment creation, only Egypt has been working on fabricating two COVID-19 vaccines that are currently in trials.53 Nonetheless, many countries are currently manufacturing already approved COVID-19 vaccines; UAE54 and Morocco,55 and Egypt56 are producing Sinopharm and Sinovac respectively. Other nations are planning to manufacture other vaccines, such as Lebanon signing an agreement to produce Sputnik,57 and Egypt and Tunisia participating in the knowledge transfer hub for m-RNA vaccines established in Africa.58 All of these actions and deals are motivated by political and business circumstances, as countries want to be regional hubs for COVID-19 vaccines in either Africa or Asia, in addition to ramp up uptake of vaccines in their own countries, to reach the needed immunity to be able to remove non pharmaceutical public health measures.

With all these efforts in the region, only eight out of the 22 Arab59 countries vaccinated at least 60% of their population.60 This exposes caveats in the vaccination strategy of the countries not vaccinating the majority of their populations; and in vaccine accessibility and equity in the region, especially in conflict affected or politically unstable nations. Indeed, Yemen, Sudan, Somalia and Syria have less than 15% of their populations vaccinated with at least two doses of COVID-19 vaccines.61 Although these countries benefit from COVAX, high-income nations in the region should support the vaccination efforts of low-income countries in the region, by either directly providing them with extra doses of vaccines or financing the vaccination campaign through UN agencies or their own aid agencies.

Misinformation

Countries with enough doses of vaccines and low vaccination rates should put risk and health communication at the forefront of their strategy, to counter misinformation and address the different challenges preventing people from getting vaccinated. Mainstream and social media would come in handy for the rapid dissemination of health messages that should be contextualized to the country and even the targeted community. Investment in communication and social marketing during pandemics is imperative.

Fake news and misinformation were detected on social media62 and even on messaging apps such as WhatsApp.63 However, it was not until some countries imposed vaccine mandates that protests erupted, refusing these measures, with anti-vax messages at the core, such as in Lebanon64 and Morocco.65 Social media channels failed to some extent to regulate and filter online misinformation in Arabic versus the ones in English.66 To counter the infodemic, some governments collaborated with UN agencies to counter the spread of misinformation;67,68 there were also community led initiatives, such as journalists in Libya developing a Facebook Page where they write articles refuting COVID-19 misinformation.69 Another example is SMEX, an organization working on advancing digital rights in the Arab region, launching the #VaxFacts campaign to verify online information about the COVID-19 vaccine by inviting its community to report any suspicious content.70
The Next Pandemic

This pandemic taught the region many lessons to prepare for the next one, which might occur in the near future, in fact as this article is being published a Monkeypox outbreak is spreading in non-endemic countries, including Arab countries since end of May.71 It should be an opportunity for structural change in the health systems towards universal healthcare coverage with equity and social justice at the core. Gulf countries already took a step forward by creating the Gulf Center for Disease Control.72 Nevertheless, if there are no drastic changes in the health systems specifically, many countries in the region risk not surviving the next pandemic. Only two countries, Oman and UAE are well prepared when looking at their scores on seven indicators to fight future health threats. Other countries have some work to do on either their laboratory systems, surveillance systems, preparedness plans, risk communication, emergency response operation strategy, workforce development, and national legislation.73

Endnotes

The Governance of COVID-19 in Lebanon:
Territories of Sectarianism and Solidarity

Mona Harb, Ahmad Gharbieh, Mona Fawaz and Luna Dayekh, American University of Beirut

Two years after the outbreak of the COVID-19 pandemic in Lebanon, and amidst the multiple crises the country is experiencing, less than 40% of the population is vaccinated. Vaccination geographies are far from equal, and one can clearly read in the statistics published by the Ministry of Public Health (MoPH) how vaccination excludes the most vulnerable areas and populations of Lebanon and is concentrated in main cities and towns. Despite this low figure, the vaccination plan implemented by the MoPH showcases one of the few functioning components of the state and of public policy. Although the vaccination process began randomly with some political leaders and aspiring politicians providing Chinese and Russian vaccines they imported privately to their constituents, the ministry rapidly took charge of the vaccination process which became freely available for everyone. The director of the Central Inspection Agency, who is a firm believer in the need to rebuild effective and accountable public institutions as a counterpoint to the sectarian political system that hollowed them out and used them for extracting rent, established for the first time an e-governance platform called “IMPACT.” This paper investigates the governance of the pandemic as it unfolded in Lebanon between March and August 2020. Contrary to the image of a relatively operational public agency able to somehow manage the pandemic, the first six months of COVID-19 in Lebanon reveals a very different governance picture.

The pandemic landed in Lebanon at a very opportune time for the government, which was already deploying new policing strategies to repress the uprisings that had unfolded in October 2019 and that were still marking the streets and squares in Beirut and Tripoli, in addition to several other cities and towns. In many ways, the virus provided the opportunity for the dominant sectarian political groups that make up the government to reposition themselves as key players. Lebanon is not different in that sense from many states across the world that have used the COVID-19 pandemic as an occasion to reassert their power and to consolidate their policing and repressive apparatuses, as Abouzzohour reflects on in this volume. However, rather than a mere expansion of state power, our study shows that the governance of the pandemic reveals tensions between powerful political parties, weakened public agencies, as well as multiple solidarity groups with diverging aspirations, colliding over the imagined future of the country. In other words, our work contributes to underscore how national patterns of COVID-19 responses collide with hyper local variations.

In this essay, we start by providing a brief overview of the research project and its methodology, and then discuss key findings regarding the territorial and political variations distinguishing the governance of the pandemic in Lebanon. The research aimed to unpack the actions of sectarian and non-sectarian actors who managed the early response to the pandemic, in order to underscore the imbrications of territories of sectarianism and solidarities, and to recognize the tensions between intersecting governance networks and the multiple allegiances that work in, through, and beyond neighborhoods, cities, and regions. More specifically, the study maps and analyzes the actions and initiatives of both sectarian and non-sectarian groups in response to the pandemic in Lebanon. In brief, sectarian political groups’ response was prompt and extensive: they deployed a variety of modalities, ranging from cash assistance through sister religious foundations, to the distribution of food and medical aid through their NGOs and foundations, to preventive hygienic measures via allied municipalities. In addition, their rhetoric and iconography rapidly dominated the geographic and media landscapes. Conversely, the response of non-sectarian groups was much more limited in scale, more spontaneous, and incorporated diverse modalities of intervention. They relied on social media platforms for outreach and
communication, and the mainstream media reported on very few of them.

We relied on a variety of sources to document the actions and initiatives of sectarian political actors and non-sectarian groups: broadcast, print and online news media, social media, and, more rarely, personal observations on the ground. We recorded in a spreadsheet: the types of actors (governmental, municipal, political, religious, international, NGOs, INGOs, universities, campaigns, collectives), the types of responses (aid and relief, prevention measures, law enforcement, medical services, quarantine centers, agriculture, shelter support, moral support), and locations of actions (municipality, informal settlement, refugee camp). The spreadsheet served as the basis for the creation of an interactive online dashboard, a geoportal where the recorded data on actors’ responses was visualized across the Lebanese territory. At a time increasingly rife with COVID-19 lists, maps, graphs, diagrams and, indeed, geportals/dashboards that mainly source their data from relevant government agencies and primarily focus on infection cases, contact tracing, testing and hospital capacities, we wanted to cut through the chart-noise and adopt a type of platform that, while prevalent, could inject a different reading of the pandemic into this statistical media landscape.

In terms of framing, our exploration of COVID-19 governance underscores an important and often understudied dimension of the sectarian political system: its territoriality. Building on the work of Diane Davis on Latin America, we conceptualize territoriality in relation to sovereignty as a lens that allows the analysis of the logics of ‘state’ action more productively than sectarian politics. Sovereignty permits a nuanced and productive framing of relationships between spatial patterns and political actors whereby governance logics can be apprehended through multi-scalar networks, body politics, and territorial locations that can be controlled by forces other than state actors, especially in violent settings. This is particularly relevant for Lebanon, where the “state” operates according to a power-sharing system that has been captured by sectarian political rulers and warlords who, with the support of banks and private firms, have hollowed out public institutions and extracted rents from most public and natural resources.

Additionally, we underscore the importance of moments of crisis in investigating territoriality and shifts in power. Whether they take the form of wars, natural disasters, financial meltdowns, or pandemics, crises disrupt apparently stable divisions, as actors can try to negotiate control over territories. Crises also trigger coercive responses that look to contain, control, or police population movements and/or goods and materials across territories. Crises thus render visible the otherwise concealed strategies that go into the defining and fixing of territories at multiple scales. Yet, we also emphasize how efforts to fracture, (re)configure, and (re)appropriate territories do not go unchallenged. From the Occupy Movements to the Arab Uprisings, alternative narratives and imaginaries still manage to contest hegemonic rule, urban divisions, and dominant forms of spatial organization. This came to the fore with Lebanon’s uprising in 2019, when the historically divided territorial organization imposed by sectarian political parties since the Lebanese civil war, was widely disputed through creative non-sectarian modes of spatial appropriations. These spatial claims were the outcome of decades of activism by a variety of organized groups contesting the sectarian political system. Indeed, these oppositional groups have been playing an important role in denouncing and fighting Lebanon’s corrupt political economy, in addition to sketching alternative narratives and blueprints for other potential social and political realities—albeit undefined and messy.

The entries compiled in the dataset revealed two sets of findings. First, political, religious, and governmental actors, in addition to international organizations (UN bodies, international religious agencies, or institutions funded by foreign governments) generally adopted a top-down and prescriptive approach in their response to the pandemic, in addition to strategically positioning themselves in specific regions. In contrast, and this is our second finding, NGOs, some INGOs, collectives and campaigns, universities, and
private actors leaned towards bottom-up and community-led approaches, championing an agenda aligned on non-sectarian, humanitarian values. Sectarian/top-down actors formed about 70% of the total number of responses surveyed while the non-sectarian/bottom-up actors amounted to about 30%.

Our observations further suggest that the governance of the pandemic varies according to three modalities. The first is the actor-client nexus: top-down actors aim at sustaining people’s clientelist dependency on sectarian patrons, while the bottom-up groups prioritize a people-centered response, seeking to build capacities and organize communities. The second modality concerns the scale and scope of actions: while the larger group has enough resources to cover a wide scope of responses across multiple scales and territories, they do so on a more short-term basis, whereas the dominated group aims to work more durably, over a longer horizon, often focusing on fewer localities and on selected sectors and/or issues. The third distinction concerns the sources of funding: political, religious, and governmental actors finance their actions either through foreign state funding or through opaque channels, while bottom-up actors seek to self-fund initiatives, appeal to their networks within diasporic funds, or rely on grants through crowdfunding or international aid.

These varying modalities are captured in two maps we extracted from the dashboard. Map 1 marks the locations of all responses provided by sectarian political parties, and the chart here shows the quantity of their actions across districts (mohafaza). Map 2 shows all responses provided by the various categories of actors and gives a comparative reading of the data by quantity, type, and location across geographic scales. This reveals that there are territories of hegemony and territories of solidarity in overlapping geographies.
Concerning the solidarity-based and bottom-up approaches, we note that NGOs and CSOs mobilized quickly in response to the pandemic, sometimes in continuation of aid efforts to vulnerable groups that were initiated during the 2019 uprising, and other times as new solidarity and mutual aid responses. We documented 151 types of action. Some were organized and followed clear protocols. Others were loosely structured, more spontaneous, and took the form of campaigns and nascent collectives. For example, university responses included many initiatives, some oriented towards data collection and policy advocacy, others focusing on supporting dwellers in neighborhoods and camps, and still others invested in medical prevention and support, and in agriculture and farming – also across a large geography. Responses also incorporated actions that were openly supporting groups being discriminated against and labeled as health risks, such as Syrian refugees and migrants. These responses helped put invisible, vulnerable groups back on the territorial map, contesting the gray spacing process that excludes them from the cities and regions in which they serve and labor. Additionally, several groups organized support events for the medical corps with an artists’ performance celebrating public hospitals denoting the patriotic longing of some people for a functioning public service. Social media outlets were flowing with this outpour of love and support, which were reminiscent of the strong emotional bonds that were forged on the streets during the October uprising when people were providing free food and support to one another.

In terms of geographies, these bottom-up initiatives transcended sectarian boundaries and fiefdoms and operated either in a multitude of sites, across religious affiliations, or in one place, serving diverse religious groups—thus contesting established hegemonic territories,
challenging divides and frontiers, and forging shared spaces among people. These responses also differed in their process as many organizations focused on beneficiaries as participants rather than passive recipients of assistance. Moreover, solidarity initiatives operated across new sectors that were not tackled by the top-down actors who privileged aid and relief, medical services, prevention measures, and the set-up of quarantine centers. In contrast, bottom-up actors provided kinds of support that sought to organize society and build capacity among people, recognizing their agency and capacity to self-manage their affairs. For example, NGOs and collectives set up shelter options for professionals in the medical field in ways that did not involve real-estate speculation. They secured food beyond the provision of food boxes, experimenting with local agriculture and farming. They built infrastructures of care, establishing online and WhatsApp networks of information exchange where mutual aid was deployed effectively in addition to providing moral support to a range of people in various ways.

In sum, our findings demonstrate that the early COVID-19 response in Lebanon operated through ongoing negotiations over the national territory in which small, yet visible, aspirations for a non-sectarian country confronted sectarian territorialities through back-and-forth cycles. The pandemic’s early days revealed furthermore a longing for the ideal of a nation, as evidenced through the intense and regular expressions of solidarity vis-à-vis public hospitals. Still, the COVID-19 response also reflects how sectarian political parties continue to be powerful territorial actors capable of using any opportunity to further spatial divisions and exclusions.

In closing, our work demonstrates the utility of a mapping methodology for the study of the governance of the pandemic in the context of contested sovereignties and territorialities. We showed how mainstream sectarian actors and other groups leveraged the pandemic to consolidate their hegemony but that this domination is not uncontested and that territorialities are imbricated and disputed, namely by non-sectarian forces who have been carving spaces for solidarity and for a sense of shared collective, albeit inconsistently and in fragmented ways. These findings matter as they underscore the ongoing tensions between a political system ruled by sectarian actors who have eviscerated the state and rendered it incapable of reform, and post-sectarian actors trying to redesign power-sharing in ways that reintroduce the principle of a shared public interest. On a practical level, our work underscores how policies towards the governance of the pandemic (and other crises) should acknowledge the interests of powerful groups in fragmenting territories into exclusive enclaves and explore ways through which networks of solidarities can be protected and expanded.

Endnotes

1 This is a synthesis of an article by the same authors recently published with Middle East Law and Governance, with a new opening paragraph. See: Mona Harb, Ahmad Gharbieh, Mona Fawaz and Luna Dayekh, “Mapping COVID-19 Governance in Lebanon: Territories of Sectarianism and Solidarity,” Middle East Law and Governance 14, no. 1 (2021): pp. 81-100. https://doi.org/10.1163/18763375-14011293
2 See https://impact.gov.lb/home?dashboardName=vaccine
3 See https://impact.cib.gov.lb/home
6 Ibid.
The dashboard is accessible through this link: https://aub.maps.arcgis.com/apps/opsdashboard/index.html#/3a5e6384d38b43d4b23a1ffed3db9756


Hussein Malla (@hmalla72), “Musicians from Ahla Fawda or Great Chaos, a Beirut nongovernmental organization, stand on a crane platform perform for nurses and Coronavirus parients at Rafic Hariri Hospital” Twitter, April 16, 2020, 10:33 p.m., https://twitter.com/hmalla72/status/1250869937498980352

Khebzak 3abaytak (@khebzak3abaytak), Community initiative to provide bread to the poorer than poor. https://www.instagram.com/khebzak3abaytak/ and Nehna La Ba3ed - Posts | Facebook

Downplaying, Trust, and Compliance with Public Health Measures during the COVID-19 Pandemic in the MENA

Kevin Koehler, Leiden University & Jonah Schulhofer-Wohl, Leiden University

During the global COVID-19 pandemic, governments around the world have implemented various forms of non-pharmaceutical interventions (NPIs), including lockdowns, mask mandates, curfews, the closure of business, schools, or places of worship, and more. One factor in physicians’ and governments’ decision making about which measures to implement has been anticipated rates of compliance. Compliance, in turn, affects the extent to which these measures impact rates of infection and deaths. What, however, explains varying levels of compliance with public health measures?

There is a large and rapidly expanding literature on the determinants of NPI compliance which has pointed to a range of psychological, social, and political drivers of (non-)compliance. Research has in particular identified trust in government (Bargain and Aminjonov 2020b; Han et al. 2021; Lalot et al. 2020; Pagliaro et al. 2021; Pak, McBryde, and Adegboye 2021; Travaglino and Moon 2021; L. Wright, Steptoe, and Fancourt 2021) and institutions (Badman et al. 2021; Caplanova, Sivak, and Szakadatova 2021) as important political drivers of compliance, suggesting that people comply with containment measures if they trust the authorities that mandated them. At the same time, studies have also shown that partisanship and ideology (Becher et al. 2021; Clinton et al. 2021; Gadarian, Goodman, and Pepinsky 2021; Goldstein and Wiedemann 2021; Ramos et al. 2020, Stroebe et al. 2021) can be major causes of non-compliance as well. This suggests that in the context of politicized public health policies, what matters is who people trust, rather than trust as such (Goldstein and Wiedemann 2021).

We build on this literature and develop a theoretical argument for when we would expect trust in authorities to support non-compliance, rather than compliance. This argument starts from the notion that NPIs are public goods in the context of an ongoing pandemic. Whether or not political leaders have incentives to provide such public goods depends on the size of their winning coalition (Bueno de Mesquita et al. 2005; Morrow et al. 2008). The smaller the winning coalition, the weaker the incentives to supply public health goods in the form of NPIs (Koehler and Schulhofer-Wohl 2022a). Rather than investing in public health, such leaders are likely to downplay the extent of the threat. We suggest that this is not only a rhetorical device, but can actually lead to lower compliance among supporters of such governments. We provide illustrations of this argument from different cases of NPI compliance in the Middle East and North Africa (MENA).

This paper proceeds as follows. In the next section we review the existing literature on NPI compliance, focusing in particular on political drivers, and develop our theoretical argument. We then turn to compliance in the MENA to provide illustrative evidence for this mechanism.

The Politics of NPI Compliance

Research on NPI compliance is a growth industry spanning different disciplines from public health to psychology and political science. Without claiming to be exhaustive, we can roughly distinguish between different sets of factors. On the psychological level, scholars have found effects of (perceived) risk status (Atchison et al. 2021; Plohl and Musil 2021; Yıldırım, Geçer, and Akgül 2021), belief in the effectiveness of protective measures (Clark et al. 2020; Jørgensen, Bor, and Petersen 2021), belief in conspiracy theories (Soveri et al. 2021), (mis)trust in science (Brzezinski et al. 2020; Pagliaro et al. 2021; Plohl and Musil 2021), and moral relativism (Forsyth 2020), for example. On the social level, non-compliance was found to be associated with low generalized trust (Nivet et al. 2021), low income (Atchison et al. 2021; Bargain and Aminjonov 2020a; Mamelund, Dimka, and Bakkerli 2021; A. L. Wright et al. 2020; Yechezkel et al. 2021) and minority
status (Atchison et al. 2021), while social connections with affected communities was found to increase compliance (Charoenwong, Kwan, and Pursiainen 2020). On the political level, research has uncovered effects of partisanship and ideology (Becher et al. 2021; Clinton et al. 2021; Gadarian, Goodman, and Pepinsky 2021; Goldstein and Wiedemann 2021; Ramos et al. 2020), and in particular of trust in government (Bargain and Aminjonov 2020b; Han et al. 2021; Lalot et al. 2020; Pagliaro et al. 2021; Pak, McBryde, and Adegboye 2021; Travaglino and Moon 2021; L. Wright, Steptoe, and Fancourt 2021) and institutions (Badman et al. 2021; Caplanova, Sivak, and Szakadatova 2021).

We are particularly interested in the political drivers of compliance. In this strand of research, two arguments stand out in particular. First, a range of studies have found that trust in authorities increases the likelihood that people will comply with public health mandates. This research has focused on political trust—or trust in government—specifically (Goldstein and Wiedemann 2021), but also on trust in science (Plohl and Musil 2021), and the interaction of different forms of trust (Pagliaro et al. 2021). Such arguments echo a tradition in political science scholarship which has long emphasized the importance of political trust (Almond and Verba 2015; Citrin and Stoker 2018; Zmerli and Meer 2017). Research on earlier epidemics also suggests that political trust improves compliance (Blair, Morse, and Tsai 2017).

Second, research has also found that NPI compliance varies across ideological groups. In the US context, a range of studies find that Republicans are less likely to comply with public health mandates (Clinton et al. 2021; Goldstein and Wiedemann 2021; Stroebe et al. 2021). Similar results were obtained in the case of Brazil, where support for social distancing measures was significantly lower among self-described conservatives (Ramos et al. 2020). Interestingly, comparative studies do not find a similar effect for other countries (Becher et al. 2021), suggesting that ideology only matters if the pandemic becomes politicized (Stroebe et al. 2021). Goldstein and Wiedemann in particular link this phenomenon to political trust, arguing that Republicans in the US have lower levels of trust when in large-scale government interventions, including public health measures. They also find that compliance improved where mandates were issued by co-partisans (Goldstein and Wiedemann 2021).

We suggest that political trust can also have the opposite effect. If political leaders themselves have no incentives to introduce, much less enforce, public health measures, political trust will not bolster compliance. If such leaders additionally give signals that they do not believe in the severity of the situation themselves, compliance with NPIs might even be lower among their supporters than among people with lower levels of trust. In particular, we suggest that there are two plausible causal mechanisms leading to this outcome. First, people might be convinced that strict NPI compliance is neither appropriate nor necessary precisely because they trust in political leaders who downplay the pandemic. Second, low trust individuals might perceive compliance not only as a public health measure, but as a political statement as well. Both mechanisms together lead to differential compliance rates between high- and low-trust individuals, yet opposite to what the conventional understanding of trust and compliance would suggest.

Pandemic Downplaying in the MENA

Evidence of political leaders downplaying the pandemic abounds. Most famously, former US President Trump famously belittled the pandemic on numerous occasions, not only insisting against all evidence that the spread of the virus was under control, but also likening the virus to the common flu. In Brazil, President Bolsonaro has refused to wear a mask and has referred to COVID-19 as ‘the sniffles.’ In the MENA, we do not find such outright denialism. Yet, MENA political leaders employed downplaying as a strategic tool to support their (non)-management of the pandemic.

Downplaying has taken several forms. One particularly frequent phenomenon is the politicization of infection statistics. Guardian journalist Ruth Michaelson, for
example, was expelled from Egypt after having reported on simulations later published in the *Lancet* which estimated infection rates significantly above the official numbers (Koehler and Schulhofer-Wohl 2022a). In Iran, at the outset of the pandemic officials delayed public confirmation that infections were occurring and on the rise, in order to maintain large turnout at mass public events that were politically important to the regime. Also during this period, official media downplayed the severity of the virus’ (Chamlou 2020, 77-78). The Syrian government claimed to have no infections whatsoever when the pandemic started, then published low statistics on the virus’ spread. It also demanded that doctors refrain from reporting new cases and from declaring deaths to have been caused by COVID, coercing them by ‘enforcing the orders with threats of reprisals.’

In Turkey, medical experts were arrested after suggesting that real infection rates were higher than official figures and university administrations investigated scientists who publicly doubted official statistics. The Turkish medical association (TBB) reported that its local branches had recorded more deaths than the aggregate numbers published by the Ministry of Health (Kisa and Kisa 2020, 1010); the mayors of the two largest cities Ankara and Istanbul—both members of the oppositional Republican People’s Party (CHP)—publicly accused the government of downplaying infection figures when Istanbul’s numbers alone almost reached the national aggregate, and Turkey’s Minister of Health Farhettin Koca himself acknowledged that official infection statistics only included symptomatic cases (Kurgan 2021, 164). Later systematic studies based on excess mortality figures confirmed that official figures underestimated the spread of the virus (Musellim et al. 2021). Insisting on lower official case counts and suppressing evidence to the contrary aimed mainly at painting a positive picture of governments’ COVID response. We suggest that it might also have had behavioral consequences among government supporters.

A second major form of downplaying consisted of the showcasing of highly visible, but largely ineffective public health measures. Disinfecting streets and public places, in particular mosques, was one popular measure which could be observed in different places from Teheran to Cairo, and from Beirut to Ankara and Istanbul. In April 2020, Hizballah invited journalists along as they disinfected streets in southern Beirut. In a highly visible and much-reported move, Egypt tasked the Chemical Warfare Department of their armed forces with disinfecting schools and universities in 2020 and also deployed the military to disinfect major mosques, including al-Azhar and al-Hussain, during Ramadan 2021. In Turkey, such disinfection programs were implemented even though public health experts denied their effectiveness and environmental groups warned against negative environmental consequences. A Turkish company even had plans to export their street disinfection vehicle, despite the fact that the WHO had issued a recommendation against the large-scale disinfection of public places as early as March 2020. Such measures should be seen as an attempt to do what can be done given limited health care capacities. Yet, they are clearly also meant to show that political authorities are in control of the situation. Again, such signals can lead to a decrease in risk perception. The effect is to depress compliance among those who trust the political authorities in question.

It may be difficult to observe the effects of downplaying, posing methodological challenges that studies will need to confront. Existing studies have mainly relied on survey-based measures of self-reported compliance. Experimental approaches have demonstrated, however, that such measures are biased since respondents misreport compliance (Becher et al. 2021; Selb and Munzert 2020). A second type of study uses information on population mobility derived from cellphone location data (Clinton et al. 2021; Pepe et al. 2020). While such studies avoid the problem of self-reported behavior, they are prone to ecological fallacies and cannot differentiate between compliant and non-compliant forms of mobility. Moreover, cellphone mobility data for the MENA does not provide sufficient coverage both within and across countries.
Conclusion

The types of downplaying that we describe above undermine the public’s understanding of three important facets of COVID: its severity as an illness, its present spread within society and the risk of contracting it, and the mechanisms of its transmission. There are many ways in which governments’ policies towards COVID have been politicized that we have not considered in this paper; in the MENA these have included the use of surveillance tools in ways that may erode civil liberties (Israel) and the manipulation of programs like vaccine rollouts to attempt to sabotage political rivals (Tunisia). Downplaying can be considered a form of politicization. However, we distinguish the types of downplaying that we analyzed here from other forms of politicization because the former have first-order effects on the seriousness with which the public treats COVID as a public health threat and complies with government policies designed to bring the pandemic under control and save lives. Other forms of politicization may feed back into such effects, but in a more circuitous and indirect ways.

Moving beyond understanding the effects of downplaying on citizens’ behavior during the pandemic, it may be interesting to consider variation in downplaying across the MENA. Here we have an impressionistic picture of which governments engaged in downplaying and which appear to have refrained from doing so. But more research is needed to map this variation with precision. This can occur along three separate but related tracks: frequency, salience, and unambiguity.

First, how frequently did government officials issue public statements or engage in actions that constituted downplaying? The consequences of downplaying for countries in which officials were regularly and constantly engaging in it might be considerably more severe than those for countries in which it occurred in a very limited manner. Second, regardless of the number of such statements, how important were they, whether in terms of timing, level of official involved, or ability of the message to reach a large public audience? Countries in which even limited instances of downplaying took place at the beginning of the pandemic might see considerably different trajectories of public compliance with public health measures than countries in which this occurred after one or multiple waves of infections. Third, to what degree did statements or actions singularly represent instances of downplaying versus potentially serving an alternative purpose when considered in conjunction with other government actions? Actions like disinfecting the streets are likely to have led the public to misunderstand the transmission mechanisms of COVID or to have provided a false sense of security. But governments that carried out these actions might also have had alternative motivations, like grabbing the attention of the public and demonstrating that a serious public health threat existed. When combined simultaneously with strict measures like lockdowns and requirements to wear masks, actions that might potentially have constituted downplaying could be seen in a different light.

Ultimately, downplaying illustrates an important dynamic with the COVID-19 pandemic, and one that may indeed be common to other public health crises or crises in general. In the pandemic’s early stages, public health officials around the world emphasized that interventions aimed at slowing or stopping the spread of the virus needed to be compatible with human behavioral tendencies. But the effects of downplaying indicate that citizens’ compliance with public health measures can depend on the attitudes of and information provided by politicians and other government officials. In other words, public compliance may be shaped quite heavily by the political realm rather than constituting an exogenous set of behavioral constraints on policy effectiveness. Behavioral tendencies may follow the leader.
References


Endnotes

5 Abbara, op. cit.
11 https://www.ft.com/content/ae6f055-5469-4bba-b2a8-97bd59fd5654
12 https://www.ft.com/content/ae6f055-5469-4bba-b2a8-97bd59fd5654
13 https://www.egypttoday.com/Article/1/82733/Egyptian-Army-disinfects-Cairo%E2%80%99s-schools-and-universities
14 https://dailynewsegypt.com/2021/04/14/egyptian-armed-forces-continue-sterilisation-at-major-mosques-during-ramadan/
20 For example, Hamas’ “prominent disinfection of public spaces” in Gaza, which took place alongside mosque and school closures, as well as quarantine provisions, among other measures. See Jebril (2021).
COVID-19 Responses in the Middle East and North Africa in Global Perspective

Robert Kubinec, New York University Abu Dhabi

In this paper I present research on the nature of the government response to the COVID-19 pandemic in the Middle East and North Africa (MENA), exploring both within-region diversity and between-region variation. On the whole, MENA governments have pursued a robust response to the pandemic when and where they have had the capability to do so. Countries that suffered from civil conflict and state failure, such as Syria, Yemen and Libya, had the the most limited COVID-19 responses and arguably suffered as a consequence, although medical data to assess the severity of the pandemic from these places is often missing (Karamouzian and Madani 2020; Wehbe et al. 2021; Da’ar, Haji, and Jradi 2020). What we did not often observe in the MENA region are protests or other political moves against the pandemic as were seen in Europe, Latin America and North America. While misinformation about the pandemic was certainly a problem, Middle Easterners did not see the pandemic primarily as a political issue and were largely willing to comply with strict policies mandating social distancing, restricted international travel and economic closures.

It is somewhat beyond the scope of this paper to determine exactly why that is the case, but I propose some hypotheses about trust in government as a possible explanatory factor (Van Bavel et al. 2022; Sibley et al. 2020; Koehler, Grewal, and Albrecht 2022). Regime type is another plausible explanation for these trends as authoritarian control over public health policies may have helped to de-politicize these decisions compared to Western democracies where angry citizens denounced bureaucrats and political leaders (Barceló et al. 2022; Koehler and Schulhofer-Wohl 2021). In any case, while the COVID-19 pandemic in the region has certainly affected many people’s lives and indirectly political outcomes (Harb et al. 2021; Alijla 2021), whether or not COVID should be a concern for public policy is not itself a matter of political schism in the region.

Indeed, this rather high acceptance of the importance of fighting the pandemic seems to have led to a wave of new authoritarianism in the region. Abouzohour (2022) shows that governments exploited COVID containment measures to push back against social mobilization, such as what occurred in Algeria with the successful repression of the long-lived Hirak protest movement. Similarly, Abedini (2022) shows how the Iranian clerical and security apparatus took advantage of the chaos caused by COVID-19 to isolate moderates and regain more control over governing institutions. Barceló et al. (2022) analyzed cross-national data from a swath of countries in the early stages of the pandemic and found that governments with poorer records of human rights abuses adopted stringent lockdowns much earlier in the pandemic and also kept them in place for much longer as well.

1 Data

The data that I will present in this paper are primarily drawn from my work with the CoronaNet project, an interdisciplinary and international collaboration of researchers collecting data on COVID-19 policies (Cheng et al. 2020). Starting early in the pandemic, CoronaNet has amassed over 100,000 distinct policy records ranging from social distancing, international travel, business and school restrictions, and medicine and health supplies. Compared to existing alternatives (Hale et al. 2021), CoronaNet includes a wealth of detail about each policy record, recording the demographic that the policy targets, the type of enforcement, start and end dates, as well as any ensuing updates to the policy that either strengthen or weaken its reach. While coding remains ongoing, the MENA region contains extensive data up to the middle of 2021, with some countries more up to date. As mentioned, countries undergoing civil conflict, especially Yemen and Libya, have few policies recorded in the database as there have been few public records of COVID policies in these places.
While the granular data contains an exceptional level of detail, to compare countries and regions it is necessary to have aggregated measures. For that reason, I focus on policy intensity scores, which combine CoronaNet and the Hale et al. (2021) data based on six categories of COVID policy: social distancing, school and business restrictions, mask policies, health monitoring and health resource production. At present, the policy intensity scores exist for the period from January 1st, 2020 to April 30th, 2021, permitting analysis of a broad swath of the pandemic up through the introduction of vaccines. These indices also incorporate sub-national policy information from CoronaNet, which is helpful for making informed comparisons with countries with extensive regional administration, such as the United States and Russia.

To examine the opinions and behaviors of residents of the region, I examine the most recent wave of the Arab Barometer survey, which took place in 2020. I supplement this cross-sectional survey with over-time data from Facebook's online panel of COVID-19 responses, which has daily estimates for much of 2020 and 2021 (Barkay et al. 2020).

2 Descriptive Results

Figure 1.1 shows the average policy intensity score values for the MENA region as a whole (21 countries including Israel, Iran and Turkey) compared to all other countries in the data (168). I include Iran, Israel and Turkey as they are regionally proximate though not Arab-speaking countries. As can be seen, MENA policy responses to the pandemic tracked closely with what other countries in the world did. For some categories, such as social distancing and health resources, the MENA policy response is virtually identical to the world average. Where it was somewhat lower than the global average. There is a fascinating regional dip in the school restriction score during summer 2020, but it was short-lived. If any conclusions can be drawn from this plot, it would be that MENA countries were somewhat more disposed towards masks and business restrictions than other regions, and that they may have had some difficulty implementing health monitoring policies like app-based contact tracing.

Figure 1.1: Comparison of MENA to Global Average COVID-19 Policy Intensity Scores

We can next examine the dispersion within the MENA region between countries. Figure 1.2 shows the daily policy intensity scores for all 23 MENA countries in the dataset. Not all lines could be labeled due to over-plotting, but it is still possible to see considerable diversity that the regional average obscures. While some countries maintained very high social distancing restrictions, such as Bahrain, on the whole the region did not have as strong social distancing policies. Wealthy Gulf states like Saudi Arabia, unsurprisingly, scored quite well on the production of health resources. Of course, a caveat in presenting this information is that the data coding relies on publicly available information about policies; when such information is not available, the country will necessarily have a lower score even if such policies were enforced.
It is also very interesting to see that different scores have very different over-time patterns. Social distancing and mask policies, for example, appear to be relatively stable after the initial period of the pandemic, while school policies shifted repeatedly over time. Also in some policy categories like masks, there are essentially two types of countries (strong mask mandates or few), while in other categories, like business restrictions, there are many fine gradations between countries, suggesting that there are more policy options available to countries to choose from.

We can also examine whether the reported concern about COVID-19 and commitment to social distancing varied between MENA and the rest of the world. The COVID-19 Preventative Health Survey of COVID-19 related behaviors is very helpful for discerning these potential differences. This survey, sponsored by Facebook in cooperation with the Massachusetts Institute of Technology, John Hopkins University, and the World Health Organization, ran daily panels in over a hundred countries world-wide starting from the early days of the pandemic. These panels were all recruited via Facebook by using an ad that would appear at the top of users’ timelines. Due to issues in unequal response rates, the results were re-weighted to match population totals for representativeness.

Figure 1.3 shows that the MENA region did not have either as strong masking behaviors as the rest of the world with about 20% fewer respondents reporting that they wore masks. The number who reported feeling anxious is also noticeably higher, though we note that this question also captures general anxiety and there were several other prominent factors for anxiety in the region, such as ongoing civil conflict. MENA residents were somewhat more worried about finances, but reported rates of contact outside the home were very similar to the rest of the world.

It is important to note that this survey did not have complete coverage of the region, as the United Arab Emirates, Bahrain, and Syria were not included, though there are 16 countries represented (Algeria, Egypt, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Sudan, Tunisia and Yemen).

We can also examine variation within MENA with these behaviors in Figure 1.4. This plot shows again substantial variation within the region in these COVID-19 related beliefs and behaviors. Reported contact outside the home ranges from 30% in the past week in countries like Turkey while it reaches as high as 70% in Yemen. Up to 20% of Yemenis report feeling anxious by the middle of 2021, but only 12% of Tunisians do so. Turks are some of the most likely to wear a mask in public at near 80%, whereas only 30% of Yemenis do so. While these differences invite
Theorizing, it is important to note that these are quite complicated, time-varying patterns could be due either to different policies, levels of economic development, and misinformation concerning COVID-19 in the population.

I first look at bivariate plots in Figure 3.1 examining the average government in trust ratings from the Arab Barometer plotted against the sum of the policy intensity scores for approximate date when the survey was put into the field. As can be seen, while there is substantial variation in the levels of trust and the levels of policy intensity scores, there does not appear to be any noticeable pattern that could explain both types of variation. Based on this data, there does not seem to be much support for a process in which governments imposed more policies because their population had greater trust in its institutions.

Figure 1.4: Within-Region Variation in COVID-19 Facebook Survey

3 Inference

While explaining exactly why these patterns exist and persist is someone beyond the scope of this paper, I examine some important associations to see whether some predicted patterns hold in the MENA data. One influential theory by Van Bavel et al. (2022) argues that increased identification with the nation is related to stronger adherence to COVID-19 behaviors. However, Koehler and Schulhofer-Wohl (2022) note that trust in government could be negatively related to compliance with COVID-19 restrictions if the government actively supports misinformation, as what occurred in Turkey with President Erdogan. I operationalize the potential causal factor as expressed trust in government, which is present in the Arab Barometer and was included in 3 ways of surveys done in six countries in 2020: Algeria, Jordan, Lebanon, Libya, Morocco and Tunisia. While a more limited form of inference in that we only have these six countries, we can still look at whether average government trust in these countries is associated with higher or lower policy intensity scores.

I operationalize the potential causal factor as expressed trust in government, which is present in the Arab Barometer and was included in 3 ways of surveys done in six countries in 2020: Algeria, Jordan, Lebanon, Libya, Morocco, and Tunisia. While a more limited form of inference in that we only have these six countries, we can still look at whether average government trust in these countries is associated with higher or lower policy intensity scores.
4 Conclusion

To conclude, while the MENA region as a whole is broadly similar to other parts of the world in its COVID response, we see substantial within-region differences in terms of how COVID policies were implemented and to what extent residents were affected by the pandemic and adopted public health behaviors. Countries with limited state capacity, such as Libya, Yemen and Syria, tend to be the worst performers whether in terms of policy implementation or adherence to COVID-19 measures such as mask-wearing.

There does seem to be some initial evidence that trust in government is a moderating factor of people’s adoption of COVID-19 behaviors like mask wearing, though not necessarily with policies. In Lebanon and Tunisia, countries where people report a relatively high trust in government, reported mask wearing was significantly higher later in the pandemic but there was not a noticeable higher level of policy coverage compared to low-trust countries. However, these cross-national comparisons necessarily obscure important sub-national factors, as Koehler and Schulhofer-Wohl (2022) explore by comparing Turkish districts by level of support for the AK Parti. Understanding the nuances between the factors governing policy adoption and the factors behind personal decisions and opinions about COVID-19 is an important area for future research.

References


Palestinian-Arab students in the Israeli Periphery Following the COVID-19 Crisis

Tal Meler, Zefat Academic College

The COVID-19 pandemic has had a significant impact on the health, work, family life and learning of students worldwide. Due to concerns regarding the spread of the COVID-19 epidemic, the Israeli higher education system, similar to other countries, was obliged during 2020 to initiate ‘remote learning’ in higher education institutions. This directive was designed for the heterogeneous public of students from various ethno-national-class-occupational and gender positions in various life stages, family situations and heterogeneous home spaces. Since then, over the last two years the studies have been delivered through offline courses (e.g. face to face lectures, seminars, labs, tests, etc.) and from time to time return to a synchronous format.

In this paper, I would like to analyze the subjective experience of ‘remote learning’ among Palestinian-Arab FGS attending colleges in the Israeli north periphery, and to analyze their accessibility to such ‘remote learning.’ This impact adds additional difficulties to barriers for minority and ‘first generation students’ (FGS) paths into higher education.

Israel is a diverse society, with the periphery’s districts areas of especially highly diverse ethno-national composition. The population in the periphery are characterized by pre-academic achievements (matriculation and psychometric scores) and socio-economic status that are lower than those in the center of Israel. Until a few decades ago, these populations were largely excluded from integration into the higher education system. However, since the 1990’s, the higher education system in Israel has been extended to these peripheral areas, resulting in improved accessibility for these previously excluded populations. Based on this policy, for over three decades, national resources have been directed to colleges in Israel's periphery. Most of them are autonomous public colleges that function as multicultural campuses, characterized by a highly diverse population religiously and ethno-nationally. Even though higher education has experienced significant expansion and diversification, there are still gaps in access to the higher education system in Israel between different social groups, and inequality is maintained on the basis of ethnicity and status.

This paper focuses on Palestinian-Arab FGS students in Israel. Since the 1970s, the Palestinian-Arab minority has enjoyed markedly increased accessibility to higher education. The increase in academic education is particularly evident among Palestinian-Arab women, due to an increase in matriculation eligibility rates among Palestinian-Arab girls and the establishment of regional colleges (in the 1990s). As students, Palestinian-Arab face significant barriers to their integration into academia compared to Jewish students. However, I would like to focus on their experience as students in mixed institutions. Due to their exposure to ethnic, national and gender mingling in the campus they have to deal with integration problems into the Israeli ethos. The need to bridge the social norm gaps between cultures and societies may cause cultural shock, especially to female students who compared to men are even less exposed to Jewish culture before entering a campus, including a mixed (gender and ethnic) environment, language and teaching methods. Furthermore, some have never left their village, known what city life is like, or met the Jewish population.

While discussing the Palestinian-Arab student’s situation during the pandemic, 4 points that are crucial to understand their situation should be emphasized. The first one is the digital gap. A recent report prior to the pandemic outbreak pointed to a digital gap between Jewish and Palestinian-Arab society in Israel, even among the young population. The digital gap is expressed in the availability and quality of accessibility to digital means and the internet, awareness of the possibilities of using the internet, and the skills that enable optimal use of the Internet. The sources of digital gap are usually low
investment in infrastructure on the part of the State, local authorities, and business entities; lack of economic resources; low level of education and skills; limited job opportunities and conservative social perceptions.

The second point relates to barriers in the labor market. The labor market in Israel has a segmented nature, where employment in the periphery perpetuates Palestinian-Arab marginality. Many Palestinian-Arab workers are employed in low-income jobs due to low skills and are employed in low-quality employment with limited options for social mobility. The third factor concerns the housing density and the average number of rooms per person in Palestinian-Arab households in Israel that is higher than that of Jewish households. This situation stems from the severe housing shortage due to natural increase along with a national policy of restricting and developing settlements and reducing the land reserves of Arab communities. The last one relates to the dropout rates from college. In general, according to the Central Bureau of Statistics data, the dropout rate in Israel for Palestinian-Arab students is 26%, which is significantly higher than the percentage for Jews (16%).

Methods: Data were collected from students studying for a bachelor’s degree in two colleges in the periphery in Israel. These colleges are autonomous multicultural institutions, characterized by a highly diverse population in terms of religion and ethnicity (Christians, Druze, Jews: secular and ultra-orthodox and Muslims). The sample included 657 participants.

In addition, I conducted a qualitative study in three samples. The students (n=150) who participated in these studies are from an ethnically mixed public college located in the periphery of Israel. In one of the courses, they were asked to write an analysis report on the impact of the COVID-19 crisis on different populations. In the last part of the report, they were also asked to write a short freestyle section on their experiences during the transition to remote learning, focusing on gender and national aspects. Data from the students’ responses to open-ended questions in an online questionnaire were used to examine Palestinian-Arab students’ experience. Methodologically, this can be defined as ‘experience questions’ asking participants to describe subjective experiences they had in a particular framework. A specific focus was on the changes due to the COVID-19 outbreak and the measures that were implemented by the college institutions as a result of the pandemic.

Social distancing policy creates an opportunity to examine the issue of family relationships. Little attention has been directed up to now onto those who depend on their families and whose families depend on them in understanding students’ experiences. Obviously, the COVID-19 crisis presented a challenge for students who have to routinely maintain their employment, struggling to both cover living expenses and pay higher education loans. My objective was to compare the ways in which negotiating support interacts with student reflexive processes while considering higher education requirements against family obligations.

Findings: The issue of digital gaps arose in almost every interview and can be a basic component that explains the distance learning experience among Palestinian-Arab students. Almost all of them had to deal with lack of access to equipment and unsuitable network connections. This is what Bayan described:

“My room did not have internet so I would occasionally go either into the living room or another room ... The router connection didn’t reach my room, so I could only study at night when everyone was asleep and when no one else was surfing the internet...” (21, single, Druze FGS, not working).

Similarly, Rasha described:

“In our village there are sometimes unexpected power outages that affect internet reception, and during the rainy season, when there was heavy rain and thunderstorms, I would not go to lectures. I remember
Table 1: Demographic and background characteristics of the study sample

<table>
<thead>
<tr>
<th>Variable</th>
<th>Entire sample</th>
<th>Jews</th>
<th>Arabs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex, n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>160 (24%)</td>
<td>91 (27%)</td>
<td>69 (21%)</td>
</tr>
<tr>
<td>Female</td>
<td>497 (75%)</td>
<td>250 (73%)</td>
<td>247 (79%)</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>28.01</td>
<td>31.51</td>
<td>24.20</td>
</tr>
<tr>
<td>Religion, n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jewish</td>
<td>341 (52%)</td>
<td>341 (100%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Muslim</td>
<td>183 (28%)</td>
<td>0 (0%)</td>
<td>183 (60%)</td>
</tr>
<tr>
<td>Christian</td>
<td>40 (6%)</td>
<td>0 (0%)</td>
<td>40 (13%)</td>
</tr>
<tr>
<td>Druze</td>
<td>81 (12%)</td>
<td>0 (0%)</td>
<td>81 (27%)</td>
</tr>
<tr>
<td>Other</td>
<td>12 (1%)</td>
<td>0 (0%)</td>
<td>12 (0%)</td>
</tr>
<tr>
<td>Marital status, n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>289 (44%)</td>
<td>83 (24%)</td>
<td>206 (65%)</td>
</tr>
<tr>
<td>Steady relationship</td>
<td>355 (54%)</td>
<td>249 (73%)</td>
<td>106 (33%)</td>
</tr>
<tr>
<td>It's complicated</td>
<td>13 (2%)</td>
<td>9 (3%)</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>Country of birth, n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Israel</td>
<td>584 (89%)</td>
<td>288 (84%)</td>
<td>296 (93%)</td>
</tr>
<tr>
<td>Other</td>
<td>36 (5%)</td>
<td>29 (9%)</td>
<td>7 (2%)</td>
</tr>
<tr>
<td>Missing</td>
<td>37 (6%)</td>
<td>24 (7%)</td>
<td>13 (4%)</td>
</tr>
<tr>
<td>Parents' country of birth, n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both were born in Israel</td>
<td>435 (66%)</td>
<td>152 (45%)</td>
<td>283 (89%)</td>
</tr>
<tr>
<td>One was born in Israel</td>
<td>77 (12%)</td>
<td>69 (20%)</td>
<td>8 (2%)</td>
</tr>
<tr>
<td>Both were born not in Israel</td>
<td>105 (16%)</td>
<td>94 (28%)</td>
<td>11 (3%)</td>
</tr>
<tr>
<td>I don't know</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Missing</td>
<td>40 (6%)</td>
<td>26 (8%)</td>
<td>14 (4%)</td>
</tr>
<tr>
<td>Education-Mother, n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>59 (9%)</td>
<td>15 (4%)</td>
<td>44 (15%)</td>
</tr>
<tr>
<td>Secondary</td>
<td>332 (51%)</td>
<td>166 (49%)</td>
<td>166 (52%)</td>
</tr>
<tr>
<td>Tertiary</td>
<td>168 (26%)</td>
<td>102 (30%)</td>
<td>66 (21%)</td>
</tr>
<tr>
<td>I don't know</td>
<td>22 (3%)</td>
<td>10 (3%)</td>
<td>12 (4%)</td>
</tr>
<tr>
<td>Missing</td>
<td>76 (11%)</td>
<td>48 (14%)</td>
<td>28 (9%)</td>
</tr>
<tr>
<td>Education-Father, n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>69 (11%)</td>
<td>28 (8%)</td>
<td>41 (13%)</td>
</tr>
<tr>
<td>Secondary</td>
<td>329 (50%)</td>
<td>155 (46%)</td>
<td>174 (55%)</td>
</tr>
<tr>
<td>Tertiary</td>
<td>162 (24%)</td>
<td>98 (29%)</td>
<td>64 (20%)</td>
</tr>
<tr>
<td>I don't know</td>
<td>19 (3%)</td>
<td>12 (4%)</td>
<td>9 (3%)</td>
</tr>
<tr>
<td>Missing</td>
<td>78 (12%)</td>
<td>48 (14%)</td>
<td>28 (9%)</td>
</tr>
</tbody>
</table>
that I once had an exam and it was in the winter, it started to rain and the internet disconnected in the middle of the exam ... “ (20, single, Muslim, FGS, not working)

There were also important changes in the labor market. Since the start of the COVID-19 crisis, there has been an almost daily increase in the number of job seekers registering with the Employment Service. The number of job seekers has exceeded one million people and on April 21, 2020, accounted for more than 27% of the labor force. Most new job seekers registered due to being placed on involuntary unpaid leave. Furthermore, due to various legislative circumstances, many of them realized that they were not eligible for unemployment benefits, or that the unemployment benefits received were insufficient for subsistence. These general data on the exacerbation of the barriers in the labor market are relevant to understanding the impact on students who had to engage financially and integrate into the labor market to provide assistance to their families. Before and after COVID-19 Palestinian-Arab female students were the group that worked the most hours for the least pay compared to Jewish women or Palestinian-Arab men.

Another major difference between Jewish and Palestinian-Arab students is the availability of personal space for studying, which is a significant factor in the context of remote learning and may affect the quality of learning. This is how Lubna described her experience:

“Before COVID-19 I used to study in the evening in the living room quietly without any noise around but during COVID-19 I had to study with everyone around me and a lot of noise and also I had to listen to lessons while looking after my children. Since C-19 I feel that I have no privacy, I have no room of my own where I can sit quietly and study ... and I have to move to a different room to study because of the kids ... “ (33, married +3, Muslim, FGS, not working).

And Asraa described the lack of proper study space:

“From the start of remote learning I studied at home in the kitchen, in the living room, wherever I happened to be... before I lived in an apartment and I'm now living in my parents' house where my siblings and neighbors are always around and there is lot of noise ...” (21, Muslim single woman, FGS)

In order to create, claims Woolf (1929), a woman needs 'a room of her own' – a private space to allow her to disconnect from the world, and a fixed income to allow her freedom of action. Especially for female students these conditions were not met due to returning home and social distancing. Family claims on them increased greatly during the COVID-19 period. When required to remain in the family space, they were asked more than usual to engage helping out (housework, cooking and childcare, whether the children were siblings or the student's or of other family members). And later in the interview, Asraa, described:

…” ... I deal with the laundry. Sometimes I help my mother at work, a regular cleaner Previously I did not live at home and I did not help my mother with the cleaning, I just studied and did nothing else. Before Covid-19, we spent most of the time in our apartment and at the weekend my sister and I would go home ... making excuses not to help 'we are tired from the trip’ and not helping ... but now yes ... “

As Asraa described, many of these female students were asked to support their family due the crisis either financially or by in-kind contribution (e.g. childcare or housework). This expectation explains the deterioration of personal study time for many of them – a learning practice that is essential in the format of remote learning imposed during COVID-19 (that resonates from the data). From the findings, it emerges that social gaps intensified, and the COVID-19 crisis may have accelerated the dropout rates. This acceleration reflects students' differential ability to engage in home-based remote learning polarizing
digital inequalities and the need for students to dedicate themselves to family commitments of care and paid work. It may assume that different levels of barriers and support interact with Palestinian-Arab students and in particular FGS reflexive processes while considering higher education requirements and family obligations.

Conclusion: The research data support the original hypothesis of this study: Palestinian-Arab FGS who live in the geographical and social periphery in the north of Israel who were forced to engage in remote learning due to the COVID-19 crisis reported difficulties, and their coping was complex. However, my findings provide a better understanding of the challenges that FGS who are members of minority groups faced in the transition to remote learning focusing on family relationships. Unlike previous studies which focused on the differential ability of Palestinian-Arab students in Israel to engage in home-based remote learning due to digital inequalities, my findings suggest that during the COVID-19 crisis, many FGS did not have permanent and convenient residences other than their family homes. Furthermore, these findings have special significance when presenting a gender analysis. Returning home from a gender perspective creates a prism for examining additional dimensions concerning female students in gender-ethno-national intersection. Due to the pandemic, they were forced to face many obstacles that impaired their ability to successfully perform learning tasks. Additionally, they experienced financial hardships, including the requirement to pay tuition fees at a time when many of them had either lost their salaried-jobs or reduced their working hours, causing them concern over lack of financial stability. These data indicate the dependence on the family context during the COVID-19 crisis among FGS. Many of them support their family either financially or as daughters or mothers by in-kind contribution (e.g. childcare or housework). This expectation explains the impairment in the personal study time of many of them – a learning practice that is essential in the format of remote learning imposed during COVID-19.

Scholars who studied dropout rates before the COVID-19 pandemic devoted minimal attention to diverse patterns of family life, shaping the student’s family relationships and support, despite reports showing that 41% of dropouts are attributed to family obligations. Against the backdrop of the COVID-19 crisis, many students were sent back from the college environment to their parental residence. They were exposed to their family relationships, a crucial change affecting their ability to cope with remote learning. This process created a dual analytical opportunity. The emerging conditions are conducive to the further understanding of the intersection of family relationships and belonging to a minority community in accounting for students’ higher education dropout or at least dealing with an array of difficulties. This intersection has received minimal attention so far despite its broad potential implications. Moreover, locating this intersection within the web of institutional sources of support, would allow for a theoretical elaboration of theories, which see family context as crucial to educational failure.

My findings shed light on the importance of using the FGS variable as well as its analysis from ethno-national and gender positions. In general, according to Dayan and Ben-Shushan-Gazit (2021) working class parents without any academic education do not have any sort of ‘cultural capital,’ a resource that is crucial in an emergency situation when colleges require their students to adapt and prepare themselves immediately for remote learning.

Furthermore, my findings also highlighted the processes that distinctly undermine the possibilities of female students from a minority group for remote learning while understanding the family and social context. These circumstances shed light on the difficulty for Palestinian-Arab students, especially female students, to succeed in their studies and remain in the framework despite the epidemic while maintaining the policy of social distancing. This policy that has been pursued in other countries and its implications for women are also evident in the study of Youssef and Yerkes (2022) on domestic violence in Tunisia strengthens the understanding that the home is not always the safest space for women. In addition to my
findings and those of Youssef and Yerkes (2022) the need to highlight a gender perspective also emerged in Youakim and Abdullah’s study, (2022) who adopted a feminist view to investigate how women experience work and life in the midst of the pandemic and the ‘new normal’. Implementing gendered thinking would be a first step in improving the effectiveness of the public policy.\textsuperscript{23}

Drawing on my findings the importance of the study is in developing a policy intervention in some directions, firstly in underlining the salience of students’ accommodation during times of crisis, preparing for the possibility that returning home is detrimental to continuing study; secondly in reinforcing helplines for students’ emotional support focusing on the possibility of coercive family relations; and lastly in incorporating insights of remote learning by combining both synchronic and a-synchronic classes to accommodate the need for flexible hours in coordinating multiple remote learning tasks in the same household for students in different family situations.

Endnotes

\textsuperscript{1} The term FGS was defined as a social category in the 1960s in the U.S.A., to describe the demographic stratum of the first member of their family to acquire higher education. For a detailed discussion, see Patrick T. Terenzini, Leonard Springer, Patricia M. Yaeger, Ernest T. Pascarella and Amaury Norg. “First generation college students: Characteristics, experiences, and cognitive development.” Research in Higher education 37, no. 1 (1996): 1-22.


\textsuperscript{3} Lilach Lev-Ari, and Shlomo Getz, “Peripherality and higher educational choices among undergraduate students,” Israeli Sociology 15, no. 2 (2014):360-388.


\textsuperscript{6} The number of Palestinian-Arab undergraduates in 2019 was 18.1% (more then 50,000). Twenty-three percent of them attend public colleges. The increase in academic education is particularly evident among Palestinian-Arab women, constituting about 68.9% percent of Palestinian-Arab students in Israel, for the data see Israel Central Bureau of Statistics, ‘Higher education 2016-2017’, 2019. https://www.cbs.gov.il/he/Statistical/stat168_h.pdf [Hebrew].

\textsuperscript{7} Ariella Friedman, Dialogue on campus: Jews and Arabs sharing a common space (Tel-Aviv: Hakibutz Hameuchad, 2018). [Hebrew].


\textsuperscript{11} Bauml, Supervised Abandonment, 35.


\textsuperscript{13} The data were collected in March-April, 2020, May, 2020 and December, 2020.

\textsuperscript{14} Aasher Shkedi, Words of meaning qualitative research - Theory and practice (Tel-Aviv: Ramot, 2003). [Hebrew].


\textsuperscript{17} Virginia Woolf, A Room of One’s Own (London: Hogarth Press, 1929).


COVID-19 and Migrant Workers in the GCC Countries: End of the Gulf Dream?

Irfan Ahmed Nazir, Jawaharlal Nehru University

On 11 March 2020, the World Health Organization (WHO) characterized COVID-19, a rapidly spreading deadly coronavirus, as a “pandemic.” The virus, first reported in Wuhan in China’s Hubei province, was detected in more than 114 countries when the WHO made the announcement.1 Many countries sealed their borders and imposed lockdowns to contain the further spread of the virus. As a result, global human mobility came to a standstill.

The COVID-19 pandemic, a health crisis, soon became a migrant crisis. The migrants across the globe faced several challenges due to the “Great Lockdown,”2 especially in the six Gulf Cooperation Council (GCC) countries – Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates (UAE). The pandemic “exacerbated existing health vulnerabilities” of the migrant population in the GCC countries and “worsened their economic conditions.”3 The migrant workers, mainly those in the precarious low-wage sectors, were at an increased risk of exposure to the virus due to the crowded living spaces and inadequate access to health care facilities. In addition, many migrants also lost their jobs or faced financial constraints to various degrees as the economic activities came to a halt due to the lockdown.4 The situation was more difficult for the undocumented migrants as they could not access the healthcare facilities “without facing any potential legal arrests, deportations and other sanctions.”5

These migrant workers had no other choice but to return to their home countries. However, to make matters worse, many migrant-sending countries, fearing a surge in COVID-19 cases, were hesitant to open the borders for their citizens who wished to return from the GCC countries.6 It created tensions between the migrant-receiving countries of the GCC and the migrant-sending countries, especially those in South and Southeast Asia. The GCC countries demanded immediate repatriation of all migrant workers who wished to return to their home countries. In April 2020, the UAE Ministry of Human Resources and Emiratization warned that they would reconsider labour relations with those countries refusing to take back their citizens.7 A much more stringent measure came from Kuwait in July 2020. The Kuwaiti legislators introduced a bill in the National Assembly to bring a quota system to limit the number of migrant workers by 2025 and rectify Kuwait’s “demographic imbalances.”8

The migrant-sending countries eventually opened the borders, paving the way for a mass exodus of migrants from the Gulf region to their home countries. Given the precarious circumstances, it is unlikely that these migrants will return to the GCC countries soon.9 In the light of these events, a prominent Indian daily wrote an editorial titled “End of a Dream,”10 referring to the COVID-19 pandemic and the return of the migrants as the culminating point of the end of the so-called ‘Gulf Dream’ – the Gulf region as the prime destination for migrants to build their fortunes. Many others, especially in India,11 have also predicted that the Gulf Dream is in a downfall.12 Is the COVID-19 pandemic the final nail on the coffin? This paper examines whether this argument holds strong two years since the pandemic.

Fading Gulf Dream

In the 1960s, the Gulf region’s ruling elites had to address a question concerning their newfound petrodollar wealth – how to use the abundant wealth to build their countries without disrupting the existing power structure?13 There was a broader consensus to use the wealth to develop their countries’ social and economic infrastructure. However, the most challenging part was who would build them. The local population in the Gulf region “lacked formal education and specific skills to work in the oil and gas industry or the ancillary infrastructure developments.”14
Finally, they devised the strategy of importing foreign labour on a contractual basis to facilitate the development activities. In the spirit of Arab solidarity in the 1970s, the GCC countries prioritized migrant workers from Arab countries like Egypt, Syria and Yemen. However, this preferential treatment was short-lived, and the migrant workers from South and Southeast Asia occupied much of the GCC workforce by the mid-1980s.\(^{15}\)

The migrant workers soon became a predominant component in the GCC demographics. In 2020, the migrants comprised more than fifty per cent of the total population in Bahrain, Kuwait, Qatar and the UAE. In Saudi Arabia and Oman, more than one-third of the total population are migrants.\(^{16}\) Meanwhile, the GCC countries turned to a ‘dream’ destination for the young and skilled people of the migrant-sending countries to build their fortunes. The Gulf Dream addressed the issues of chronic unemployment and familial poverty in many of these countries. Moreover, countries like Sri Lanka, Indonesia and the Philippines developed labour export as a strategy to boost their economy through remittances.\(^{17}\)

However, there are several downward trends in the Gulf Dream. The foremost reason is the institutional mechanisms to manage migration flows that are not favourable to migrant workers. The GCC countries have adopted the *kafala* (sponsorship) system that ties each migrant worker with a *kafeel* (local sponsor). The idea of the kafala system originates from the Bedouin traditions where the tribal members take the responsibility of the outsiders as local hosts.\(^{18}\) The migrants enter the country as contractual workers, and the kafeel has absolute control of the work and mobility of migrant workers. After the contract period ends, the kafeel may renew the contract or repatriate the migrant worker to the country of origin. This system ensures that the stay of the migrant workers in the country is temporary, and they are not entitled to citizenship or any political rights in the future.

The kafala system has privatized migration governance in the GCC countries.\(^{19}\) In addition to the local sponsors, recruitment agencies and consultancy firms are involved in the migration flows to the GCC countries.\(^{20}\) In such a scenario, the propensity for labour exploitation is higher as they do not enjoy direct protection from the state. Many migrants face poor living and working environments, inadequate access to healthcare, delays in salary disbursement, and physical and sexual abuse. The low-wage workers, especially women,\(^{21}\) are more prone to these exploitations. Such instances accelerated during the COVID-19 pandemic as the lockdowns left migrant workers stranded with abusive local sponsors.\(^{22}\)

Many GCC countries have adopted reforms to discard the problematic elements in the kafala system. It intensified in the last decade as their labour laws came under scrutiny as the venues for international events such as Expo 2020 in Dubai and FIFA World Cup 2022 in Doha.\(^{23}\) The most significant one is to give rights to migrant workers to switch their jobs without the consent or prior approval of their local sponsor. The other measures include the wage protection system to disburse salaries on time, digital registration of contracts to protect the migrants from fraudulent recruiters, prohibiting illegal confiscation of passports by the local sponsors and banning mid-day outdoor work during summers.\(^{24}\) Nevertheless, there are few signs that the GCC countries are willing to do away entirely with the kafala system.

The GCC countries also have stringent visa rules for migrant workers to bring their families. It is to prevent migrants from settling down with their families permanently. For instance, in the UAE, a male migrant worker must earn a minimum salary of AED 4,000 or AED 3,000 plus accommodation per month to sponsor their spouse and children. The minimum income is AED 10,000 or AED 8,000 plus accommodation per month for female migrant workers.\(^{25}\) Moreover, the parents can only sponsor their sons until they are 18 and their daughters until marriage. Such rigid residency rules compel many migrant workers to return to their home country or migrate to a third country that offers the option of permanent settlement.\(^{26}\)
The nationalization policies in the GCC countries are another hindrance to the Gulf Dream. These policies aim to increase Gulf nationals’ participation in the workforce, especially in the private sector. Saudi Arabia is at the forefront with Saudization or Nitaqat laws. As indicated earlier, Kuwait has also harshened its Kuwaitization initiatives with the National Assembly giving a green signal to the quota system. There are two reasons for such policies: to protect their distinct khaleeji identity from foreign influence; to meet the aspirations of the native youth and female population, and give them prominence in the job market, especially after the Arab Spring uprisings.

The nationalization policies are increasing the plight of migrant workers. For instance, the recent expatriate quota bill in Kuwait’s National Assembly may force approximately 800,000 Indian migrants to leave the country.

There were also no good signs on the economic fronts in the last decade. The plummeting oil prices in the global market concern the GCC countries as they primarily rely on petrodollars for revenues. The rise of alternative energy sources globally, such as nuclear power and oil-bearing shale deposits, is the root cause. The GCC countries are working to diversify their oil-dominant economies and shift the focus towards non-oil sectors. They also introduced taxation, increasing the living expenses for many migrant workers. The COVID-19 pandemic came as a heavy blow to the crashing Gulf economies. The three vital non-oil sectors – tourism, aviation and hospitality, collapsed due to the lockdown. These circumstances made many believe that the Gulf is no longer a viable destination for migrant workers.

New Opportunities

Some recent trends also indicate that it is not yet the time for the migrant workers to discard their Gulf Dream. The GCC countries have laid down their ambitious development plans to diversify their oil-dominant economies. Under King Salman and heir apparent Mohammed bin Salman, Saudi Arabia has launched the ‘Vision 2030’ to reduce Saudi dependence on oil and increase investment in the non-oil sector. Other GCC countries have also released similar strategic plans, majorly aligned with the United Nations Sustainable Development Goals 2030. Last year, the UAE came up with the ‘Principles of the 50’ strategic document setting the country’s agenda for the next fifty years as a successive plan to the ‘Vision 2021.’ These documents have opened new possibilities for labour migration to the Gulf.

At the same time, the GCC economies are bouncing back from the COVID-19 pandemic. The UAE has successfully hosted Expo 2020 in Dubai, and Qatar is in the final stage of its preparation for the World Cup 2022 in Doha. Moreover, the GCC countries are in an advantageous position after the recent Russian invasion of Ukraine and the subsequent surge in oil prices. After many countries have imposed an embargo on Russian oil and gas, they have urged the GCC countries to increase their production. British Prime Minister Boris Johnson visited Riyadh and Abu Dhabi to secure more oil from Saudi Arabia and the UAE. In a similar move, German Economy Minister Robert Habeck visited Doha and signed a deal with Qatar for liquified natural gas supplies to reduce Germany’s reliance on Russian energy.

The GCC countries have realized that they cannot go ahead with their ambitious diversification and development plans without specialized talent. They need to attract and retain talent, especially the ‘foreign talent,’ to materialize their vision documents and make their respective countries the cultural and commercial hub of the region and the world. The kafala system and nationalization policies have hindered competition in the domestic labour market, impacting economic efficiency. Though these policies came to safeguard local ethos, the GCC countries are now devising ways to uphold them without compromising their ambitious development goals. Besides, the urge for diversification and creating a robust economy intensified with the severe challenges posed by the COVID-19 pandemic.

Most GCC countries have recently introduced a new set of visas, paving the way for permanent residency to lure foreign talent. The visa validity ranges from
five to ten years, depending on the individual's specialization or investment in the country. The visa holders are also independent of the local sponsors. Moreover, in a significant move, the UAE government approved amendments to the citizenship and passport laws in January 2021, allowing specific categories of foreigners, their spouses and children to acquire Emirati citizenship. Saudi Arabia also followed the Emirati footsteps by issuing a royal decree to grant citizenship to "experts and exceptional global talents" in November 2021. These developments are an indication that the need for migrant workers in the GCC countries is not fading away soon. However, the migrant-sending countries will have to upskill or reskill their workforce to cater to the new demands of the GCC labour market, such as artificial intelligence and blockchain technology, and remain a preferred source for specialized talent. They also need to devise mechanisms to integrate the Gulf returnees into their domestic labour market and utilize their skills and expertise, as all migrant workers may not be able to return to the Gulf.

The Gulf Dream is over for some, but not for all. For instance, the dream may end for a builder with the construction activities coming to a halt after Dubai Expo 2020 and FIFA World Cup 2022. While for a computer programmer, the Gulf region would be an oasis of opportunities. In other words, since the COVID-19 pandemic, there has been a recalibration in the demand and supply sides of the GCC labour market. How the migrant workers respond to these developments will determine their fate in the GCC countries.

Endnotes


11 India-Gulf migration corridor is the largest in the world after Mexico-United States. Any disruptions in this migration corridor is a matter of concern for India as a migrant-sending country.


COVID-19 in the MENA:
Two Years On

15 The ruling class in the GCC countries feared that the socialist and pan-Arab tendencies among the Arab migrant workers would threaten political stability. Hence, they replaced the Arab migrants with Asian migrants, who are a lesser political threat to them.
19 Aarthi and Sahu, ‘Migration Policy in the Gulf Cooperation Council (GCC) States’.
21 For more insights on the COVID-19's impact on gender (that includes the female labour migrants) in MENA, refer to the papers by Rita Stephan, and Claudia E. Youakim and Crystel Abdallah in this volume.
24 Babar, ‘Understanding Labour Migration Policies in the Gulf Cooperation Council Countries’.
25 Aarthi and Sahu, ‘Migration Policy in the Gulf Cooperation Council (GCC) States’.
30 Nazir, ‘COVID-19 Pandemic’.
33 Nazir, ‘UAE’s Green Visa and Implications for Foreign Workers’.
35 Al-Sharekh and Freer, Tribalism and Political Power in the Gulf.
36 Nazir, ‘UAE’s Green Visa and Implications for Foreign Workers’.
Health, Economic and Social Gender Impacts

Rita Stephan, North Carolina State University

The global health crisis is widely recognized as COVID's first order impact. Indeed, the health crisis is felt around the globe, placing an extraordinary strain on health systems and interrupting essential health services. In contrast, five other impacts became the residual category of second-order: Macroeconomic and mobility shocks, household impacts (including poverty, inequality, food security, and education), shifts in democratic governance and civic engagement, and climate change, according to USAID’s landscape analysis. While global trade supply chains proved to be resilient, emerging markets and developing economies experienced recessions and massive straining of governments’ fiscal capacity. Also, the pandemic has had devastating impacts on households and reinforced the connection between climate and health. It presented new national security threats such as digital authoritarianism, cyber security threats, and disinformation; and it led to uncertainty surrounding governance, democracy, and stability in many countries.

The pandemic had a devastating social impact, especially on gender equity. However, most of the available analysis has focused on the Global North, neglecting women’s lived experiences in the Global South. By adopting a gendered lens to analyze COVID’s impact in the Middle East and North Africa, this paper highlights the first-order health impact on women, unpacks the second-order gender economic impact, and introduces a gender-specific third-order impact: social vulnerabilities. The increased domestic and intimate partner violence during the pandemic, especially among displaced populations, was both expected and preventable. USAID estimates that “For every three months that the lockdown measures continue globally, an additional 15 million cases of gender-based violence are expected.” Other vulnerable populations included individuals with a disability or chronic illnesses, victims of domestic violence, children—especially young girls, members of LGBTIQ+ populations, individuals living in extreme poverty, and refugees and displaced populations.

As the outbreaks of COVID-19 spread throughout the Middle East and North Africa (MENA), health systems were stretched beyond capacity, notwithstanding “regional disparities in terms of access to health care, and the shortage of medical professionals” (Abouzzohour and Ben Mimoune 2021). The variation in MENA government responses to the COVID pandemic’s first, second and third order impacts has had a detrimental effect on women’s lives. In response to the health crisis, high-income states like Qatar offered high-quality health and social care to their citizens. Some reported luxurious treatment of COVID patients quarantining in five-star hotels. But foreign workers did not receive such benefits. Middle-income countries like Lebanon provided health services only to those who could afford them. Low-income and conflict countries, without a functioning health system, in many cases failed to devise any official response to the pandemic.

Governments’ readiness to address COVID’s health challenges depended in part on the infrastructure of their health system, but only those who could sustain their economies during the shutdown were able to deliver welfare services. Almost none of the MENA countries, regardless of their economic resources, addressed COVID’s third-order social impact. Domestic violence, discrimination and marginalization increased tremendously since 2020.

Health Impact

Globally, sex-disaggregated data suggest that fewer women than men contracted or died from the virus. The ratio of contraction is 2:1, and, on average, men comprise two-thirds of COVID-related deaths compared to women (61.8
COVID-19 in the MENA: Two Years On

percent and 38.2 percent respectively) (Worldometer). Men are also less likely to receive the vaccine or take a COVID test. It is not clear whether those patterns also existed in the MENA region. Reliable data is lacking in most Arab countries because countries do not publicly report comprehensive and disaggregated epidemiological data on COVID-19. As Ghinwa al-Hayek shows in this collection, governmental expenditure on health services is limited and the available digital tracking technologies are underutilized (Wehbe et al., 2020).

Women’s global infection rate was 30 percent on average in June 2021, and 50 percent by December 2021. In MENA, the percentages of confirmed cases among women were higher than the global average in June, but continued with consistent rates through December, ranging from 43 percent in Iran and Iraq to 56 percent in Tunisia. High income MENA states that reported sex-segregated data showed significantly low rates of confirmed cases among women, possibly due to the social seclusion of women (Bahrain 12%, Oman 30%, Qatar 15%, and Saudi Arabia 25%). However, at least 69 percent of Lebanese women with confirmed cases of COVID died, the highest in the world.

These findings do not consider unusual cases or individuals with special needs. As health budgets and resources are dealing with COVID, at least 60 million individuals with disabilities in the Arab region are at a disproportionate risk of suffering. Women living with disabilities face an even higher risk of violence than other women (UN 2020, 14). Other female-specific life and health conditions, such as pregnancies and maternity, received insufficient reproductive health services due to the limited access to health resources. These safety risks have increased women’s vulnerability in many countries.

The Economic Fallout

As countries are gearing up to return to pre-pandemic life, McKinsey and Oxford Economics estimate that women might take two full years to recover in advanced economies (Ellingrud and Segel 2021). By the time schools resumed, 80 percent of the 1.1 million people who exited the workforce were women in the US. By the end of 2020, women accounted for all net job losses (Ellingrud and Segel 2021). The UN reports that MENA countries witnessed the world’s only increase in extreme poverty since the spread of COVID, with women expected to lose 700,000 jobs (UN 2020, 2-3) and to fall into poverty more than men.

Given women’s higher proportional participation in informal and insecure labor (constituting 61.8 percent of workers) and their limited access to, or control of, financial resources, the pandemic has furthered economic gender inequalities. Deeply-entrenched gender roles in the region have led to an even heavier double-burden of work on women who serve as caregivers for households. Given that many women work in manufacturing and service industries, women will be most affected by the repercussions of the pandemic. They may either lose their jobs or be forced to accept unfair work conditions.

During the outbreaks, women’s access to information and their ability to seek services has been severely constrained, as the bulk of communication is conducted through online platforms and cell phone messaging. Nearly half of the female population is not connected to the Internet or has access to a mobile phone (AbiRafeh 2020). Despite monumental progress in girls’ education, persisting illiteracy rates, especially among older women and women in rural settings and conflict-ridden countries, affect their ability to access comprehensive information about the crisis regarding prevention, response, and seeking help.

Yet, the economic fallout has affected families and women differently within and across countries. While overall the economy was sustainable in high-income states, first-time female job seekers (Chartounie and Pankratova 2020), young women (Levi 2021), and non-citizen migrant female workers were disadvantaged the most. In the middle-income states, healthcare was not the only malfunctioning and underfunded system. Many of these states lacked
the welfare ability to offer fair wages, social security, or unemployment benefits. Women were more vulnerable to economic disruption, especially those employed without contracts (Kokas et al. 2020). For instance, women in Algeria suffered from multilevel disparities and faced significant obstacles in obtaining employment (Abouzzohour and Ben Mimoune 2020). Poor states experienced an economic freefall with governments struggling to secure basic necessities while conflict countries secretly hoped for prolonged lockdown to diffuse their citizens’ discontent with their policies. Women, of course, endured a heavy economic burden in these countries.

In addition to social and cultural restraints to women’s rights, pre-COVID barriers to women’s participation in the workforce included lack of safe working environment, anti-harassment laws, affordable and reliable child care, and safe transportation. In this volume, Youakim (2022) cautions that structural measures are absent for working women at large. As she points out, “While some MENA state responses extended gender supportive measures, such as flexible working arrangement for women with children or paid time off work, work from home was complex—especially for women with care responsibilities.” However, organizational trends data is still needed to understand how and why the working environments for women might be (or not be) sustainable in the long term (Youakim 2022). COVID exposed the need to include women in the decision-making process, involve the private sector, and facilitate women’s re-entry into the workforce with family-friendly policies and safe work environments (Khurma 2021).

**Third-Order Social Vulnerabilities**

Before COVID-19 struck and in the aftermath of the Arab Spring, women had made substantial strides in rights and representation in many MENA countries (Stephan and Charrad 2020). However, attitudes and behaviors changed as the pandemic kicked in. “Confinement, loss of income, isolation and psychosocial needs” increased, topped by “unpaid work” and “care” that women provided in the family. (UN 2020, 15). Moreover, school closures increased the rate of girls’ dropout, early marriage, and extra care responsibilities. Simultaneously, numerous social welfare programs such as old-age pensions, health insurance, disability, maternity, and sick leave were eliminated or seriously affected.

Socioeconomic deprivation, psychosocial stress, and containment measures led to substantial increases in gender-based violence (GBV), which 37 percent of MENA women experienced before COVID and many more after it. However, the pandemic made it difficult for domestic violence survivors to seek and receive help due to movement restrictions and the limited availability of services. Many Arab countries had limited services for survivors of domestic violence, such as shelters and hotlines, prior to the spread of the pandemic; all of which stopped during the lockdowns.

While a few countries in the world issued policies and measures to mitigate the social impact of the pandemic, community initiatives and women’s organizations were better at providing alternative health care, economic inclusiveness, and violence interventions. Like responses to second-order impact, high-income states issued military responses and implemented harsh and dismissive policies (e.g., Israel). Poor states loosely enforced lockdown measures, but without attention to social or economic effects (e.g., Syrian refugees). Middle-income states struggled to balance health safety and economic hardship, failing to address social problems (e.g., Lebanon and Tunisia). One factor that differentiates middle-income states from others is the presence of civil society organizations and women’s organizations. Though lockdowns and shrinking resources restricted them, they, especially well-established organizations, succeeded in mitigating the third-order impact of the pandemic where states failed to do so. However, these organizations are at threat with shrinking civil liberties and freedoms. Youssef and Yerkes, in this volume, find it paramount that feminist organizations and pro-democracy groups must overcome the growing political polarization and build broad
coalitions with shared interests and objectives to challenge the state and continue offering voice, outlets, and services to vulnerable populations (Youssef and Yerkes 2022).

Numerous local and international women’s organizations have been begging for prioritizing the prevention and response to violence against women and girls, involving women in leadership and decision making on COVID response, engaging men and boys in dialogue to change social norms, strengthening engagement in caregiving roles, increasing investment in mental health and psychosocial services, and collecting robust gender-disaggregated data on the impact of COVID-19 (e.g., ESCWA, UN Regional Issue-Based Coalition for Gender Justice and Equality). When the states failed to respond, many took matters into their own hands, sometimes defying curfews and challenging authority.

Conclusion

Social policies were differentiated by states’ prosperity. Despite their limited economic resources, middle-income states with strong civil society presence capitalized on the intervention and assistance they offered in mitigating COVID’s second- and third-order impacts. High- and low-income states might have saved women’s lives but they failed to protect them economically and socially. Overall, none of the MENA states’ responses to COVID were gender-centered. Ironically, conflict-inflicted states did not have a worse impact on women and COVID than other states.

The increased securitization of the pandemic response and the increased repression of movements and rights did not consider gender but led to the deterioration of women’s rights overall. A new approach in international and local politics is needed in considering how the narrative changes when women are involved. Any post-COVID remedies and policies must be thought through a gender lens, but not without the women present at the decision-making table.

Bibliography


Endnotes

1 Disclaimer: The views expressed in this paper are those of the author and do not represent the views of, and should not be attributed to the U.S. government or the United States Agency for International Development (USAID).
3 Ibid.
4 Ibid.
10 https://www.unfpa.org/resources/covid-19-gender-lens
COVID-19 in the MENA: An Exploration of Gender Sensitive State Responses

Claudia E. Youakim, American University of Beirut & Crystel Abdallah, American University of Beirut

Government responses in the MENA region varied in terms of the measures extended to protect and support citizens, especially women, during the COVID-19 pandemic. State support generally differ and are based on the wealth and resources available, which affect a country’s responses to crisis.1 For instance, middle income countries were hit hard by the pandemic (e.g., unpreparedness of healthcare systems, inability to extend financial support to citizens). Such variation in responses is especially visible as we investigate gender-sensitive measures in state initiatives and policy considerations during the pandemic. Women have been most impacted by this reality, especially due to a lack of social and economic support in the MENA,2 that has further diminished their participation in the workforce.3

Nearing two years since the emergence of COVID-19, we explore how women in the formal sector of MENA economies have been impacted professionally and personally. We compare the state responses as issued in Iraq, Jordan, and Morocco, given the differences extended to women, and explore the lived experiences of 152 women between August 2021 and February 2022. By adopting a feminist lens, we investigate how women experienced work and life amid the pandemic and a ‘new normal,’ and how state responses might or might not have supported them during this time.

Why we need a gendered response to COVID-19

What we have learned from previous global health emergencies, such as Ebola and Zika, is that women (and girls) suffer disproportionally; thus, “leaving structural gender inequalities out of the crisis response has further compounded those inequalities.”4 But in the MENA region, only 13% of policy measures adopted were explicitly extended to protect and support women.5

Women in the region dominate positions on the frontline of the pandemic response, primarily working in healthcare and social services, and taking on a significant increased amount of unpaid carework (caring for sick, elderly, home-schooled children, domestic work).6 This, coupled with the high rates of unemployment for women in the region,7 raises questions about women’s wellbeing and economic status in the face of lockdowns, curfew measures, and a strained healthcare system. These trends stand in addition to the disturbingly high rates of domestic violence cases that come with isolating women from the public and in homes with their abusers, exacerbating the violence they might experience.8

During a time of crisis, such as COVID-19, mechanisms extended by the state can serve to mitigate the impact of the gendered social and economic setback for women (see Youssef and Yerkes in this volume).9 Women’s pre-pandemic double-shift, working in and outside the home, pushes us to further examine gender roles in the MENA. A lack of childcare support has been, and continues to be, a significant barrier to women’s participation in the workforce during the pandemic.10 Women working in service industries and manufacturing are expected to be the most impacted by the pandemic, including through harsh working conditions or job loss (See Stephan in this volume).11 A gender-sensitive state response would not – and is not expected to – shrink structural or systemic inequities between men and women. They could, however, keep them from further worsening. Thus, the state’s response is essential in addressing the gendered institutional realities as they exist, especially in support of the roles and responsibilities of women during the pandemic and in its recovery.

State responses to COVID: General and Gendered

Three key areas stand out as critical to investigate given the disadvantages that women face during national emergency situations: Domestic violence, economic recovery, and
unpaid care work. The initiatives extended by MENA governments in addressing the realities of women during COVID has been mixed. Some states extended social and economic assistance such as supplemental income for the unemployed, deferring social security payments for employers and individuals, deferring loan repayments for the private sector or income taxes payments for enterprises and individuals, or increasing minimum wage, to name a few. In low- and middle-income countries, the government extended full paid leave to employees who work in the public sector. Some general responses include a peripheral gendered component to give a boost to women-led and women-owned businesses.

Gender-sensitive state responses, although notably less, were also included. Social security coverage was expanded to private maternal health facilities; women with children were extended flexible work arrangements when childcare facilities were closed or subsidies for childcare. Women were offered cash transfer programs and social protections from domestic violence and healthcare staff dominated by women were offered paid sick leave. Labor-targeting measures included paying full salaries to employees who worked in child care and education (women-dominated sectors). Educational support for children was offered to women employees working on the frontline in healthcare. And, employees who are mothers were allowed to work from home due to the closure of schools.

Data, Results, Findings

We investigate the status of women across the MENA to assess the experiences of women considering the state-level support extended to them during the pandemic. According to the IMF-UNDP Gender Tracker, which recorded COVID-19 state-level responses over the duration of the pandemic, gender-sensitive responses cover three areas as they relate to protecting and supporting women: Domestic violence protections, economic recovery, and support with unpaid care. We categorize the MENA region countries as ‘holistic’ if they meet all three areas, ‘partial’ if they meet two of three, and ‘missing’ if these criteria are absent (see Table 1, Appendix). We turn our attention to three countries to assess women’s lived experiences of these measures, with each holding one of the three criterions: Jordan (holistic), Iraq (missing), and Morocco (partial). A total of 152 interviews took place between August 2021 to February 2022, by means of a purposive sample, with women ranging between the ages of 15-65+, who were employed in education, financial services, healthcare, and STEM. In our analysis, we identified themes through an inductive coding style that generated themes on the impact of COVID-19 on working women.

The responses of women varied, with many women expressing that they felt negatively impacted by the pandemic as they experienced severe imbalance of work and life. The following themes emerged and were coded as negative impacts of COVID for women: Feeling overwhelmed, burdened by carework, stressed due to more work (professional tasks), blurred lines between personal and professional life, feeling depressed, fear of exposure to COVID, fear of transmitting the virus to loved ones, and experiencing salary reduction. On the other hand, some women expressed benefits to lockdown measures and social distancing, we coded these as positive impacts for women, which included: Flexibility/flexible working hours, finding balance between professional life and carework, salary maintained during lockdown, increased creativity, and better performance with work-related tasks. Additionally, some women reported a mix of positive and negative impacts due to the pandemic, with few stating that there was “no impact” as it related to their work and life (over half of these women did not have children). Most women we interviewed were able to work remotely, but a few had to be at the workplace due to the nature of their work (e.g., healthcare, banking, social services). Interestingly, some women expressed a positive impact, based on measures forced by and through COVID, such as having flexible work time or more time to be with family – measures extended to them because of the pandemic – which they found to be desirable or convenient for work.

In all three country cases, most women described that the pandemic negatively impacted their professional
and/or personal lives (see Table 2, appendix). Yet, we see some distinctions. For instance, in Iraq, where there was no gender-sensitive state responses, women felt a lack of economic security. Despite general measures extended to some employees, such as those in the private sector, women expressed patterns of marginalization at work.

“Honestly, look at the COVID, no, it was very miserable [...] I mean they stopped the salary until the pandemic ended [for women], exactly, and the men, of course, because the man was going [to work] or from home working, or something like that, the women did not have this opportunity. So, I even wanted to say that this is over, I said I will leave [work] because if they stopped the salaries [...] of course it affected from a material point of view and certainly psychological...” (Participant 31, Iraq, STEM)

Comparatively, in Jordan and Morocco, women express greater concern over work-life imbalance largely due to working from home. Even in the most holistic measures taken to address women in Jordan, we continue to see this trend. It is especially prevalent for women with children.

“Because we had to work from home, I have double efforts, and as a woman, I have home responsibilities and work responsibilities. It is like two efforts on my back and while you are at home, the family thinks that you are available, but actually you are at the office, but because you are physically at home, so it was a big challenge.” (Participant 11, Jordan, Financial Services)

“I lived it and still live in a catastrophic way, sincerely. The situation is very hard, very difficult. I had the chance to telework and spend time with my daughter, but sincerely in terms of the workload and even by contributing to my family responsibilities, I will say that I work 5 or 6 times more than in time normal... Currently, I have to do all at the same time, and take care of the house, my daughter, do my emergencies and work in the evenings... (Participant 2, Morocco, Education)

While working from home extended the flexibility some women desired, they grappled with how this arrangement might have encroached on their work-life balance. Despite the assumption that women exist separately in each of these worlds, as they further collide during the pandemic, a stark demand emerges which illustrates the need for greater structural supportive measures in these areas. In Jordan, for instance, a country that took a holistic response by extending measures that were more gender-sensitive, women with children, especially, continued to experience extensive demands with carework, a primary factor that contributed to their double-shift at work and at home.

“When working from home starts, there has become a conflict between household chores and online working... during online meetings, someone’s in the kitchen, children are around the house; let’s say the ability of work and focus is different from the office. It definitely affects women more than men, for a simple reason that as a woman, outside work you are out [of] work, when you go home you do your role as a woman, in your work place, you do your work whatever your major [expertise] is, the moment we stayed at home, we became housewives; we have to do the household chores because you are at home. So, I don’t feel that it was positive for me as a woman, on the contrary, it was a challenge because in the end we as women are required to do some specific household chores that we cannot ignore, so this plays a role.” (Participant 14, Jordan, STEM)

On the other hand, some women described COVID as having a positive impact, with responses gravitating toward flexible work time and working from home. Such measures were largely forced by the pandemic response to social distancing requirements. Interestingly, some working women expressed social benefits that were tied with these procedures; very few women (less than 1%) in Iraq described a positive impact.

“It has a positive impact because it gives the opportunity take advantage from telework. There was also a special treatment for women because we were...”
exempted from field trips... [work sites]” (Participant 1, Morocco, Financial Services)

Lastly, the pandemic demands exacerbated the need for supporting a stressed structural system, particularly for frontline workers in healthcare and those supporting COVID initiatives. Women faced the need to be present in specific roles at work, largely in fields that are feminized including healthcare, and these demands meant having to work for longer hours. For women in healthcare especially, the fear of transmitting the virus to family members impacted their mental health and physical capabilities. Other sources of stress and negative well-being emerged given financial insecurity, feeling isolated, and adjusting to new procedures.

“We are still in a period of Covid, it’s not over and the transition from ‘normal life’ to ‘life with covid,’ it was abrupt, it was brutal, with a huge organizational change, with a different schedule, a longer schedule.” (Participant 31, Morocco, Healthcare)

“First, it affected me from a psychological point of view, because of the lack of mixing and stopping work, and secondly, from a financial point of view, I worked from home without salary, and I was feeling rather bored, anxious, and afraid of transmitting the virus to my family” (Participant 34, Iraq, STEM)

In sum, women faced significant economic insecurity, especially when the state did not offer financial support to that regard. Women expressed an absence of work-life balance largely due to working from home (especially so for women with carework responsibilities), in addition to feeling isolated while having to adjust to new processes. The mental health impact and psychological wellbeing is consistent in all three countries, as an outcome of the tension over their social, economic, and health conditions.

Conclusion

The COVID-19 pandemic illustrates profound negative effects on women in the MENA. With school closures, and a stretched economic and healthcare system, the often invisible and unpaid role of women as primary caretakers of their families, as frontline workers and staffers who juggle work in and outside of their home space, has been made the more visible. While some state responses in the MENA region extended gender supportive measures, such as flexible working arrangement for women with children or paid time off, work from home proved to be complex—especially for women with carework responsibilities. Although women described measures as both positive and negative (with more as negative), both responses illustrate the structural and organizational measures that are absent for working women.

The state responses to the pandemic fall short of addressing women’s needs and roles in all three countries under study. There is a dire need for more economic and carework support in the MENA, especially during COVID. Comparatively, these cases illustrate that state measures do impact women in the workforce; there is a greater negative impact for women who do not receive such benefits. Women’s responses, positive and negative, reveal a lack of structural supportive measures that are needed for women. As such, state responses need to strengthen and target gender-sensitive measures for women, particularly during times of crisis. That a subset of women expressed pandemic forced measures as creating a positive impact for them (flexible work arrangements, balance between work-life, better performance, increased creativity) is a call to further investigate organization-specific measures needed to improve existing tensions for women at work.

These country cases provide an opportunity for the state (and organizations) to consider women’s roles moving forward. In a region where women’s unemployment rates are alarmingly high, the support, or lack thereof, that women experience impact their wellbeing and retention rates in the workforce. Finally, sex-disaggregated data, at the national (such as the gender-sensitive covid tracker) and organizational level are necessary and offer an opportunity for further investigation of how working conditions for women can be strengthened and supported.
## References and Appendix

### Table 1: National Gender-Sensitive Measures Across MENA Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Gender sensitive measures</th>
<th>Violence Against Women</th>
<th>Women's economic security</th>
<th>Unpaid care</th>
<th>Ratings (Holistic, Partial, Missing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>Partial</td>
</tr>
<tr>
<td>Bahrain</td>
<td>8</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>Holistic</td>
</tr>
<tr>
<td>Djibouti</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>Partial</td>
</tr>
<tr>
<td>Egypt</td>
<td>21</td>
<td>9</td>
<td>10</td>
<td>2</td>
<td>Holistic</td>
</tr>
<tr>
<td>Iraq</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Missing</td>
</tr>
<tr>
<td>Jordan</td>
<td>10</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>Holistic</td>
</tr>
<tr>
<td>Kuwait</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>Partial</td>
</tr>
<tr>
<td>Lebanon</td>
<td>10</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>Partial</td>
</tr>
<tr>
<td>Libya</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Missing</td>
</tr>
<tr>
<td>Mauritania</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>Partial</td>
</tr>
<tr>
<td>Morocco</td>
<td>9</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>Partial</td>
</tr>
<tr>
<td>Oman</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Missing</td>
</tr>
<tr>
<td>Palestine (State of)</td>
<td>16</td>
<td>7</td>
<td>8</td>
<td>1</td>
<td>Holistic</td>
</tr>
<tr>
<td>Qatar</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>Partial</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>Partial</td>
</tr>
<tr>
<td>Somalia</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>Partial</td>
</tr>
<tr>
<td>Sudan</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>Partial</td>
</tr>
<tr>
<td>Syrian Arab Republic</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>Partial</td>
</tr>
<tr>
<td>Tunisia</td>
<td>11</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>Holistic</td>
</tr>
<tr>
<td>United Republic of the Comoros</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Missing</td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>Partial</td>
</tr>
<tr>
<td>Yemen</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>Partial</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>117</strong></td>
<td><strong>46</strong></td>
<td><strong>61</strong></td>
<td><strong>11</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

Table 2. Women’s Responses to Impact of Covid on Work and Life*

<table>
<thead>
<tr>
<th></th>
<th>Negative Impact (71 women)</th>
<th>Positive Impact (30 women)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Jordan</td>
<td>15</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Morocco</td>
<td>10</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Iraq</td>
<td>6</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>40</td>
<td>18</td>
</tr>
</tbody>
</table>

*A total of 152 women were interviewed, this table includes those who responded in a direct positive and negative manner. Additional women’s response was mixed, and some stated there was no impact.

Endnotes


27 Bahrain News Agency. “On the Occasion of the Royal Directives to Implement the Remote Work System for Working Mothers...the Wife of His Majesty the King Appreciates the High Decision and Praises its Lofty Humanitarian Goals.” March 21, 2020. https://bna.bh/news/cms-q8FmFJgiscL2fwIzON1%2BDlgxIGB2tL7RhKA7T1VuKo%3D.


COVID-19 in the MENA: Two Years On

COVID-19 and Gender-Based Violence: Pandemic Response and Impact on Civil Society in Tunisia

Maro Youssef, The University of Southern California & Sarah Yerkes, Carnegie Endowment for International Peace

Introduction

The COVID-19 or Coronavirus Pandemic tested Tunisia’s democratic transition. Initially, the state implemented lockdown measures that kept Tunisia’s death rate and cases low. Proactive state policies in early 2020 effectively kept Tunisia’s COVID-19 cases down during the first year of the pandemic (up to March 22, 2021), with 8,546 reported deaths and 245,706 cases.¹

Yet, the pandemic exacerbated pre-existing inequalities, including violence against women. Reporting of gender-based violence (GBV) or violence against women spiked since the state forced women to stay home with their abusers. They lacked access to shelters and other resources. Women’s rights organizations criticized the state for its inaction in addressing the increase in GBV reporting during the first months of the pandemic. However, feminist mobilization around GBV since the 1990s and bipartisan political support to pass the 2017 GBV law led to swift action early on.²

Civil society organizations (CSOs) used decades of mobilization to influence GBV state policies. Islamist and secular women’s organizations lobbied for and secured greater protections for women during the pandemic, including establishing a new women’s shelter and 24/7 hotline. Yet, President Kais Saied’s July 2021 power grab stifled their efforts and progress. What accounts for this change?

We draw on pre-pandemic ethnographic data and international and Tunisian news articles, polling data, statistics, and reporting during the pandemic. We argue that CSOs made progress in combatting violence during the first year of the pandemic due to political openness, a culture of coalitions, and bipartisan support for eliminating violence against women. However, the President’s power grab and subsequent political instability led to a breakdown in coalition culture and a stifling of civil society, making it harder for feminist organizations to advocate for GBV protections.

The Tunisian case has implications for other MENA states and states with a vibrant women’s movement. Pandemics and crises can create political opportunities to empower women and civil society in fragile and democratizing states. However, they can also marginalize women’s groups and stifle their efforts, especially if states revert to autocratic practices and silence civil society.

Initial Civil Society Gains

Reporting of GBV cases increased five-fold during Year 1 of the lockdown.³ Between March and May 2020, government GBV hotlines received over 7,000 complaints (compared to 1,400 complaints pre-pandemic).⁴ Tunisian women reported 1,425 complaints in March alone.⁵ A Tunis domestic violence shelter received 350 women weekly during the lockdown, a four-fold increase compared to before the lockdown.⁶ Finally, women (14 percent of whom reported intimate partner violence) lost access to birth control since hospitals prioritized COVID-19 concerns and doctors could not easily prescribe birth control.⁷

Feminist mobilization around GBV predated the pandemic. Secular l’Association Tunisienne des Femmes Democrats (ATFD) and l’Association des Femmes Tunisiennes pour la Recherche et le Developpement (AFTURD) led the efforts before the Arab Spring uprisings. During the democratic transition, women’s groups lobbied political parties and provided input on drafts of the GBV law.⁸ ATFD, AFTURD, la Ligue des Électrices Tunisiennes (LET), Beity, Aswat Nissa, and
Islamist *Tounissiet* used foreign donor assistance to fund their GBV advocacy efforts. After the law passed, LET and *Tounissiet* formed a coalition and lobbied to implement the progressive 2017 GBV law. Activist groups’ separate and joint mobilization helped secure bipartisan support for legislation to end violence against women.

During Year 1, women’s organizations vocally criticized the state for failing to address GBV spikes. They also criticized the police, who refused to take women’s complaints seriously and pressured them to return home when women filed a domestic violence complaint. Groups also condemned the Ministry of Justice’s halting prosecution and review of GBV court cases and the Ministry of Health’s inability to provide violence survivors with birth control or access to 24-hour shelters. The government responded to these organizations’ demands. In April 2020, the Ministry of Women (MOW) opened a new GBV shelter with United Nations Population Fund support. The center provides victims with the option to self-quarantine for fourteen days before moving to a traditional shelter. The High Judicial Council urged family judges to protect victims and guarantee their access to justice. Tunisia also created a free psychological support phone service for victims and extended the national domestic violence hotline to 24/7. The MOW also worked with the United Nations through UN Women to raise awareness about GBV during the pandemic. It created two new videos and radio programming on GBV prevention, masculine behavior during confinement, and increased services available to women survivors during the pandemic.

The government’s Year 1 response to spikes in GBV reporting was very promising, especially compared to other MENA countries. In other MENA countries, governments often failed to protect GBV survivors by closing down GBV shelters during the pandemic, as discussed by Rita Stephan in this volume. On the other hand, Tunisia took a holistic gender-sensitive approach during the pandemic, as discussed by Claudia E. Youakim and Crystel Abdallah in this volume. By adopting a gender-sensitive approach, Tunisia addressed GBV more effectively than most other MENA countries. Despite taking these measures and implementing a gender-sensitive strategy in Tunisia, most women did not know about these resources and continued to struggle with GBV. Furthermore, feminist mobilization decreased during the second year of the pandemic.

### The Impact of Saied’s Power Grab on Civil Society Activism

By Year 2 of the pandemic, the Tunisian government faced three overlapping crises: the inability to contain the pandemic, a rapidly deteriorating economic situation, and rising political polarization. In July 2021, Tunisia saw a massive spike in COVID-19 cases, reaching 9,286 cases on July 10, 2021, up from just 2,373 cases one month earlier. On July 17, 2021, Tunisia reached its highest daily mortality rate since the start of the pandemic, making it the country with the highest per capita death rate in the MENA region and straining Tunisia’s healthcare system beyond its capacity. President Saied and Prime Minister Hichem Mechichi argued publicly over the country’s failure to control the pandemic, sparking further confusion and outrage amongst the Tunisian public.

On Republic Day in 2021 (July 25), many Tunisians took to the streets to express their anger over a failed vaccine clinic days earlier, which saw an inadequate supply of vaccines leading to stampedes, and rising unemployment related to the pandemic. Saied leveraged this outrage that same day, declaring that Tunisia was in an “exceptional state.” He claimed that the crisis justified him firing Mechichi, freezing the parliament, dismantling the High Judicial Council, and removing high-level political actors and bureaucrats who were not loyal to him. Saied also invalidated large parts of the 2014 constitution, empowering himself to rule by decree. Saied’s power grab introduced a massive shift in the political dynamics within Tunisia, as discussed by Yasmina Abouzzohour in this volume.

Saied’s autocratic approach towards the pandemic initially seemed to pay off, with cases dropping to around 100 by
November 2021. However, as the Omicron variant hit the country, Tunisia saw a dramatic uptick in cases, reaching 19,923 - the peak thus far - on January 22, 2022. Tunisia’s pandemic trajectory since July 2021 has largely mirrored that of the rest of the world - ebbing and flowing as new variants appear and disappear.

His power grab also reversed many of the earlier gains made by civil society groups in the past decade, which impeded feminist organizations from continuing to pursue their agenda. Most troubling for civil society was Saied’s February 2022 speech, in which he threatened to cut off all foreign funding for Tunisian CSOs or non-governmental organizations (NGOs). A leaked draft NGO law revealed that, if enacted, the law would severely restrict the ability of civil society groups to operate independently and without political interference. Saied’s restrictions came during a shrinking space for civil society across the region, brought about under the auspices of pandemic response. At the onset of the pandemic, like many other countries, Tunisia enacted a series of measures restricting access to public spaces, such as strict curfews and lockdowns and widespread surveillance. Nearly two years into the pandemic, Saied continued to use the health situation as an excuse to curtail freedom of expression dramatically. For example, on January 13, 2022, one day before scheduled annual protests commemorating the 2010-2011 revolution, Saied announced a ban on all public gatherings under the guise of protecting public health.

Saied's crackdown on civil society has had a chilling effect. Many organizations and individuals with a past pattern of vocally criticizing the government have been largely silent in the wake of Saied’s authoritarian crackdown. Islamist women’s groups that were vocal on GBV throughout the transition (including during Year 1 of the pandemic) have been quiet as they have had to navigate this new political environment. Their silence has reduced researchers’ visibility of the situation on the ground during Year 2. According to an April 2022 poll, a large portion of Tunisian society supports Saied’s actions (59% of Tunisians approve of Saied’s performance, down from 82% in July 2021).

However, many political actors have condemned Saied’s anti-democratic path over the past ten months and have refused to participate in Saied-led initiatives. Saied’s campaign against his detractors has escalated with each passing month. As Salsabil Chellali, Tunisia director of Human Rights Watch, noted, it “sends a chilling new message that no one who criticizes President Saied’s power grab is safe.” Feminist organizations, who had vocally criticized the inadequate state response to the rise of GBV reporting during the pandemic, are therefore discouraged from speaking out under Saied’s new political rules of the game. Additionally, the shift in political structures and disempowerment of ministries and judicial officials have made it difficult for feminist organizations to work with the government to implement the GBV law and other changes. Saied not only brought in new Ministers of Women, Health, and Justice in October 2021 but also issued Presidential Decree 117 on September 22, 2021, which subjugated the government to the will of the President.

Despite earlier success at coalition-building across political lines, the demonization of Islamist party Ennahda, whose members had been vital allies in the fight for protections against GBV, impeded the coalition-building process. While some broad coalitions did form to counter Saied - most notably Citizens Against the Coup - they have faced challenges because Ennahda played a role in the coalition. While there have been several calls for a new national dialogue, the previous actors who led such dialogues have lost public trust and are now seen as corrupt alongside the establishment political parties. In a recent survey, 96% of Tunisians said they trust the military. Only 30% said they trust unions, and 11% said they trust political parties. In this environment, coalition-building is challenging and potentially dangerous, deterring CSOs from working together and making it nearly impossible for civil society to influence the current government effectively. The crackdown has also made it difficult to access data on GBV.
Conclusion

Today, given political instability and restrictions following Saied’s power grab, it is difficult for civil society to operate freely, as it has over the past decade, impeding efforts to combat GBV. Most political and civil society actors, including the Quartet, have been discredited by the state and Saied’s supporters. This mistrust has created a political power vacuum. To succeed, marginalized groups (e.g., political parties and civil society groups) will need to form new coalitions and challenge the new status quo. As feminist organizations and pro-democracy groups have done in the past, to be most effective, civil society must overcome the growing political polarization and build broad coalitions with shared interests and objectives to develop tactics to challenge the state to best address GBV.

Endnotes

COVID-19 in the MENA: Two Years On


23 Presidency of the Republic of Tunisia. “The President of the Republic Chairs an Emergency Meeting of the Military and Security Leaders,” July 25, 2021. http://www.carthage.tn/?q=ar/%D8%B1%D8%A6%D9%8A%D8%B3-%D8%A7%D9%84%D8%AC%D9%85%D9%87%D9%88%D8%B1%D9%8A%D8%A9-%D9%8A%D8%AA%D8%B1%D8%A3%D8%B3-%D8%A7%D8%AC%D8%AA%D9%85%D8%A7%D8%B9%D8%A7-%D8%B7%D8%B1%D8%A6%D8%A7-%D9%84%D9%84%D9%82%D9%8A%D8%A7%D8%AF%D8%A7%D8%AA-%D8%A7%D9%84%D8%B9%D8%B3%D9%83%D8%B1%D9%8A%D8%A9-%D9%88-%D8%A7%D9%84%D9%86%D9%8A%D8%A9. Reuters. “Tunisia’s President Moves on Economy and COVID-19 After Dismissing Government.” VOA. Accessed April 20, 2022. https://www.voanews.com/a/africa-tunisias-president-moves-economy-and-covid-19-after-dismissing-government/6208873.html.


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.