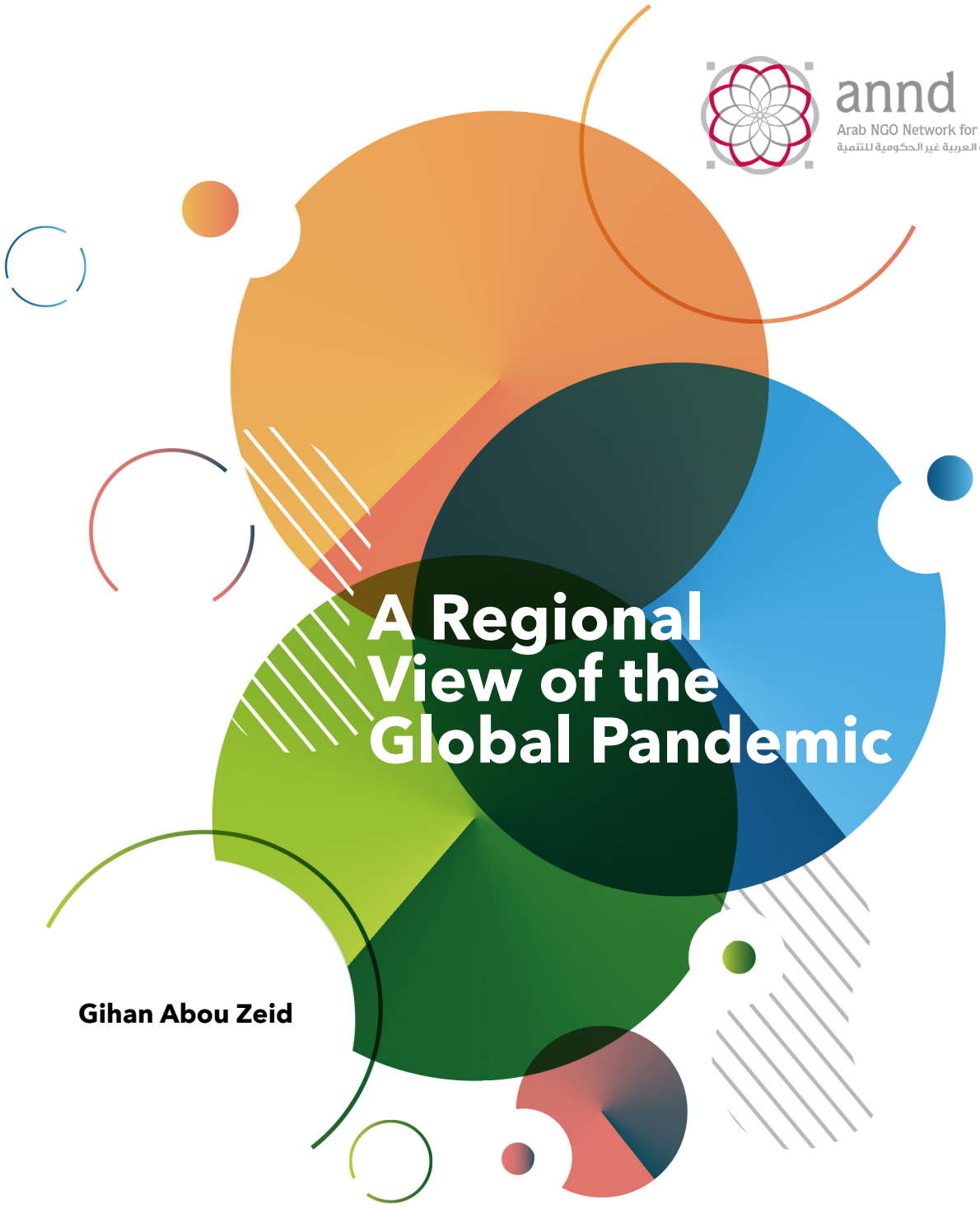

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A Regional View of the Global Pandemic

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A Regional View of the Global Pandemic

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Introduction

As soon as she set foot in the area, her heart started pounding like a drum. The door opened slowly, and the lady behind it apologized and told her she would call her as soon as the pandemic was over. The forty-year-old woman did not understand what pandemic she was talking about. The streets were crowded with people and traffic was as usual. What was she talking about?!

When Nawal came back to her home in Imbaba, Giza (one of the slum areas in Giza/ Egypt), her husband was also shocked by the owner of the company he worked for as a driver. He asked him to leave and stay home until things changed, but they never did. In fact, things became worse when their neighbor was arrested for posting angry statements and insults on Facebook, condemning the government's negligence of the poor who would definitely die of hunger because of the so-called "Coronavirus". The situation of the residents of this old narrow Egyptian street is that of the majority of populations in Arab and non-Arab countries affected by the pandemic, leaving them either in the darkness of poverty or that of a prison cell.

The pandemic affected all aspects of life, destroying the livelihoods of the poor and slowing down humanitarian support. The lockdown killed any glimpse of hope left, and depression spread almost as fast as the disease, leaving many at the mercy of an official or a political leader announcing a reopening of their country.

With the continued imposition of firm restrictions on work and mobility as part of the response to the COVID-19 pandemic, workers in many countries are subject to violations of their most basic rights. In fact, the ILO stated that the crisis had left millions unemployed around the world, especially in countries of high and intermediate vulnerability. The pandemic and health responses thereto led to the biggest and fastest drop in international flows in modern history.

The pandemic also put all sectors under the microscope, more specifically health sectors. The repercussions and human cost of the pandemic enhanced the fragility of existing healthcare systems. Decades of privatization contracts and austerity measures led to a significant shortage in healthcare investment, and the Coronavirus outbreak came to unveil the inability of many healthcare systems to manage the crisis. The lack of medical cadres limited the ability of health structures to contain the pandemic and save more lives. Hospital beds were full, and need for more intensive care units, respiratory devices and qualified cadres emerged. In some countries, doctors had to choose which lives they would try to save, families had to pass treatment options that were too costly, and many lives that could have been saved were lost.

This report reviews the situation in the Arab region in light of the COVID-19 pandemic, shedding light on policies adopted by Arab countries in their response to the pandemic, and potential discrimination and exclusion of certain social segments resulting therefrom. The report also tackles the socio-economic repercussions of the pandemic, and examines the health and economic structures of the region which impeded more supportive and equitable measures.

Executive Summary

The report starts by highlighting the different aspects of inequality in Arab countries across several areas, then identifies the repercussions of the COVID-19 pandemic on Arab countries and the resulting damage to already vulnerable economic structures, as well as the newly emerged social practices which could have long-term negative impact, including remote learning and its educational and humanitarian risks which could lead to increased drop-offs, and therefore increased cases of child labor. The report then moves on to discuss violent practices heightened during the pandemic, reaching alarming levels. We will also identify the policies adopted by Arab countries in response to the pandemic, with a focus on six Arab countries: Lebanon, Egypt, Morocco, Tunisia, Palestine and Iraq.

In order to identify the most affected social segments, the report sheds light on the most marginalized communities which faced multiplied challenges during the pandemic, followed by a stop on the human rights situation in Arab countries amid the crisis, providing a close look at how Arab governments tightened their security grip during this period. The report finally presents some international efforts which unveiled opportunism in globalization which left the most vulnerable countries without real support, and concludes with a number of recommendations and opportunities brought by the pandemic.

- The Coronavirus invaded an already deeply unequal world, further aggravating this inequality. The fact that anyone can be infected by the Coronavirus is the only aspect of equality there is. Poor populations are the least capable of self-isolation and protection. From an economic point of view, ordinary people are the tens of millions losing their jobs, and are left to face alarming levels of hunger and suffering. In parallel, those sitting at the top of the wealth pyramid have enough savings to protect themselves, and often have secure jobs. Female workers in the informal economy, which make up the majority of the healthcare workforce, are the most affected by the pandemic. In many countries black populations and racial minorities are more likely to die from the Coronavirus than white populations.

- The current pandemic unveiled a set of challenges facing the Arab region, namely the lack of health security, weak basic infrastructure, low resilience against epidemics, and weak early warning systems. The measures taken in response to the pandemic, including the suspension of economic and social activities and events also led to an increase in social instability. The current health crisis in regional countries uncovered long-standing weaknesses in the

healthcare infrastructure and social safety net.

- The health situation in the Arab region is affected by the social and political situation of each country. Social and economic disparities, political instability, armed conflicts and resource scarcity are all factors pressuring public health.

- The pandemic revealed a chronic issue rooted in Arab countries: social spending. This includes state government spending on health, education, direct subsidies, cash subsidies to families in need, as well as pension spending and social security. Although social spending compared to GDP is high in Arab countries (e.g. Morocco, Tunisia, Egypt, Lebanon and Syria), the returns of this spending are very low, the impact of which the pandemic exacerbated. The inefficiency of the healthcare and education sectors also compromise their impact, not to forget the lack of oversight and widespread corruption.

- The social and economic repercussions of the pandemic affect vulnerable populations the most. This includes the high risks of contagion among those unable to implement social distancing, especially residents of slum areas in cities, institutionalized persons, and those who do not have the luxury of social distancing, such as retailers for example. The response and economic support shall combat the aggravation of existing weaknesses affecting social segments at risk when earning their livelihood.

- Measures adopted by Arab countries in response to the COVID-19 pandemic were based on six key pillars: strict imposition of quarantine, mobilization of thousands of security cadres to monitor compliance to quarantine, exceptional urgent investment in medical equipment, collaboration between civil and military medical personnel, compulsory face masks in public spaces, and adherence to a treatment protocol using locally produced pharmaceuticals.

- The Coronavirus caused a shock to both supply and demand, and brought unprecedented challenges. On the demand side, and due to global economic disruption linked to the health crisis, countries are witnessing a drop in the prices of basic goods, capital outflow and reduced capital inflow. On the supply side, the COVID-19 crisis caused a disruption in supply chains, potentially leading to a shortage of basic inputs and an increase in the prices of foodstuffs, in addition to a drop in demand and increased financial pressure.

- Arab countries imposed top-down emergency measures in response to the pandemic, with limited to no consultations with parliaments or independent advisory bodies (e.g. national human rights committees,

transitional justice institutions, local authorities, and civil society organizations). The pandemic enhanced top-down governance, with certain governments taking advantage of the crisis to secure new powers. In light of insufficient monitoring mechanisms, the pandemic brought active oppression of the opposition, and a stronger grip on state institutions. In brief, Arab states took a security-based approach in dealing with the pandemic.

- The Coronavirus outbreak contributed, at different levels, in shedding light on the negative aspects of globalization, such as accelerated contagion. As a result, countries now tend to reduce mutual reliance or complementarity with each other, in addition to the increase in protectionism and isolation globally.

Inequality is a long-standing burden

Inequality affects life expectancy and access to basic services such as healthcare, education, water and sanitation, and can also lead to the derogation of guaranteed human rights due to discrimination, mistreatment and lack of access to justice. With increased disparities come fewer skilling opportunities, which in turn impede social and economic advancement, human development, and economic growth. This also leads to the reinforcement of an atmosphere of fear, fragility, and lack of security, undermines trust in the government and its institutions, increases social divide and tension, and sparks violence and conflict.[1]

Half of the world's population lives in urban areas. Although urban life still offers many opportunities, these benefits may be very unequally distributed. Behind busy markets, modern cities include hidden cities where residents suffer from lack of healthcare due to deep disparities in living and social conditions.[2]

Residents of poor neighborhoods from around the world lack access to health resources, while disease occurrence and premature mortality rates are higher than any other population segment. Despite the unprecedented increase in wealth, knowledge and health awareness globally, these unjust health gaps are in expansion.

The majority of health issues in fast-growing urban contexts are the result of poor living and work conditions, including social determinants such as inadequate and crowded housing, unsafe and unhealthy work conditions, lack of clean water and appropriate sanitation, and social exclusion.

Solutions that focus on disease management and ignore social and material environments prevail in health policies of most countries with fast-paced urban sprawl. As a result, health issues remain, health inequalities increased, and health intervention outcomes decreased to suboptimal levels.[3]

Most countries suffer from a weak health sector infrastructure, low health spending, and shortage of health human resources and medical equipment. The pandemic revealed deep inequalities and disparities in the capabilities of healthcare systems, whether in terms of the significant shortage of hospitals and first-aid centers or their unequal geographical distribution and concentration in major cities and regions. The current doctor-to-population ratio is of 2.9:1000, i.e. lower than the global average of 3.42:1000.[4] While an average of 61% of citizens have access to healthcare services without suffering from serious financial straits, a significant disparity in this number remains between countries; e.g. 77% in Kuwait and 22% in Somalia.[5] Moreover, health insurance programs are often fragmented and do not include the unemployed or informal economy workers. The average private spending on healthcare is 37% of total cost, and can reach up to 81% in poor countries.

Wars put additional unexpected pressure on national health systems which had to serve 11.5 million refugees living in camps or illegal housing which often lack regular healthcare services, water supply and critical sanitation. These groups live in small crowded spaces where social distancing is almost impossible[6], with the exception of a few Arab countries which ranked relatively high among the top 50 of the world's healthiest countries. Remaining countries suffer from health crises at different magnitudes, leaving them at the bottom of the lists of the world's healthiest countries, with Egypt ranking 18th among the 20 lowest performing countries in healthcare, according to the Indigo Wellness Index. Egypt's low rank is the result of low government spending on healthcare, and increased risks of diabetes and obesity. According to the Index, Iraq ranked 9th in low health performance, while some Arab countries witness a spread of cholera, tuberculosis, scabies and viral hepatitis which reemerged strongly due to the wars that erupted in the region.[7]

Oxfam had warned that 8 million Yemenis would no longer have access to clean water and that cholera would spread in the country. Medical sources in Sana'a revealed that the number of H1N1 cases in 2019 reached 7,364 cases and 310 deaths.[8] According to a WFP report, more than 2 million Yemeni children suffer from malnutrition. Meanwhile, according to WHO, the ongoing conflict in Libya led to the destruction of 17.5% of hospitals, 20% of primary healthcare facilities, and the full or partial destruction of 18 specialized hospitals. Medical cadres and employees were also subject to 41 attacks between 2018 and 2019. The Palestinian Ministry of Health also reported that 50% of essential drugs, 25% of medical consumables, and 60% of laboratory and blood bank equipment are out of stock in Gaza Strip due to the imposed siege and restrictions, in addition to the ongoing energy and fuel crisis.[9]

The number of medical staff is also decreasing in the region due to "brain drain" to the West for a better life and to escape "harsh" work conditions in a (government) healthcare ecosystem characterized by high bureaucracy and administrative complexity. Tunisia, for example, witnessed the emigration of ~45%

of newly registered doctors in the Association of Physicians in 2017 to Europe and the GCC, while 650 doctors emigrated in 2018, making Tunisia the second Arab country with the highest rate of emigration of scientifically and academically qualified individuals after Syria which is at war, according to the 2016 Arab Human Development Report.[10]

The Coronavirus outbreak brought longstanding health inequalities in the Arab region back to the surface. Regional health systems are responsible for these inequalities given their unevenly distributed efforts to all social segments, leaving the poorest and rural communities under-served. In fact, the improvement in health indicators over time does not guarantee improvement in the inequality distribution and is accompanied by a worsening of such a distribution. For example, the neonatal mortality in Egypt was halved from 30 per 1,000 live births in 2005 to 14 per 1,000 live births in 2014, however the decline was slow in Rural Upper Egypt and was nearly stagnant in the urban governorates, ending in a nearly tripled geographic inequality from rID% of 4.7% to 11.7%.[11] Systematic differences disfavoring and under-serving the poor and the rural residents move the discourse from health inequality to health inequality. This unfairness is often overlooked in the Arab region and is not at the forefront of priorities. The main reasons are the absence of an equity-framing and equity lens in identifying and addressing health inequalities.[12]

The WHO Commission on Social Determinants of Health (CSDH) acknowledged that the lack of social justice has a direct impact on health inequalities. Health inequalities are accepted in different cultures, customs and traditions,[13] poverty being a key cause of health issues, and a key obstacle to access to healthcare when needed. The poor cannot bear the cost of healthcare, transportation, or even proper nutrition and housing. Other factors contribute to health inequalities, including lack of basic health information and culture.

There is a lot of evidence on the correlation between poverty and premature birth and Intrauterine Growth Restriction (IUGR). In a study called "Born Preterm and Poor", researchers study the role of poverty as a key factor for premature birth, which in turn can be transmitted to the next generation. The study also links this reality to low educational attainment, which perpetuates the cycle of poverty. Moreover, poor families usually live in the worst parts of the suburbs, usually close to factories and industrial waste, exposing them to more polluted air with higher levels of harmful particles such as nitric oxide and sulfur dioxide which is frequently linked to cases of premature birth.

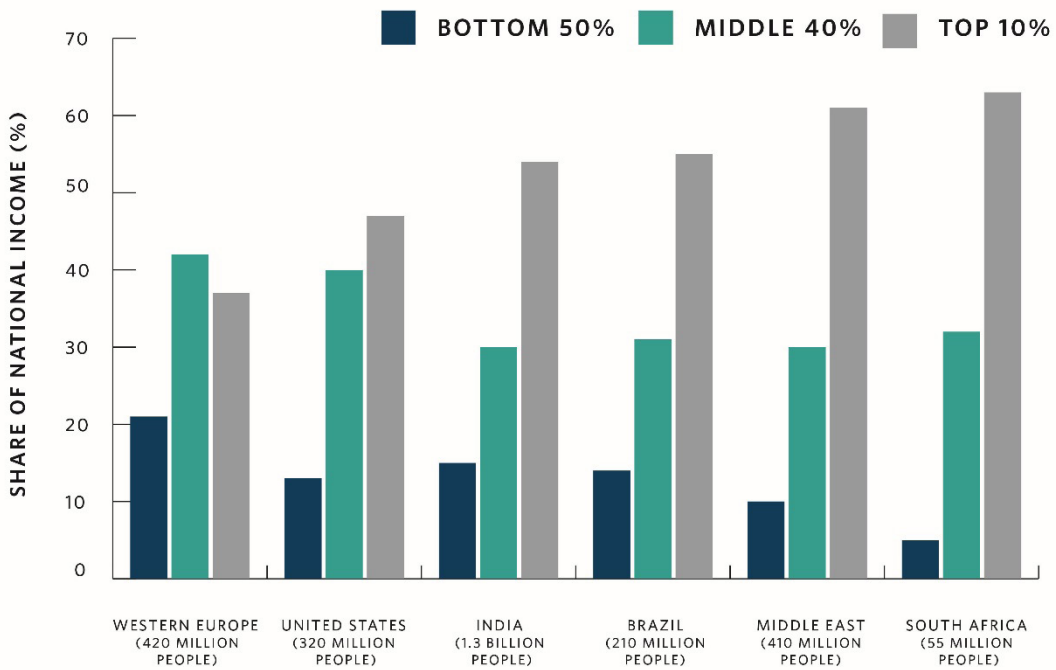
Low-socioeconomic status households are also more likely to live in older residential units, increasing the risk of exposure to lead, dust and old, worn-out paint. Data shows that women who have suffered from premature birth have higher lead levels than mothers who have given birth to mature infants. Naturally, low-income areas are more exposed to unsafe water supply compared to high-income areas, which is also linked to increased cases of premature birth.[14]

Economically

In 2019, the 37 wealthiest billionaires in the Arab region (all men) held USD 108 billion in wealth[15], the equivalent of the total wealth of the poorest half of the region's adult population. According to available data, the Middle East is indeed the most unequal region in the world: a 2018 study by the World Inequality Lab collected and combined all available income and wealth data for fifteen countries in the region for the first time–from Egypt to Iran and from the Gulf countries to Turkey–to produce estimates of income inequality at the regional level for the years 1990 to 2016. The results are striking: during this period, 64% of total regional income went to the top 10% of income earners in the Middle East, compared to 37% in Western Europe and 47% in the United States.[16] The elite have access to significant shares of government revenues, creating a large wealth gap. This is pattern is not

FIGURE 1

Inequality in Middle East Is on Par With World's Most Unequal Places



SOURCE: Adapted from Facundo Alvaredo, Lydia Assouad, and Thomas Piketty, "Measuring Inequality in the Middle East 1990–2016: The World's Most Unequal Region?" *Review of Income and Wealth* 65, no. 4 (December 2019): 700.

NOTES: National income among adults is calculated before taxes and transfers and excluding pensions and unemployment insurance. Corrected estimates combine survey, fiscal, wealth, and national accounts data. The data are equal-split series (income of households divided equally among adult members). Figure shows latest years of data available (2012–2016).

exclusive to oil producing countries, and was largely documented in other countries such as Lebanon. Coupled with ethnic, religious, tribal, and familial divisions, a sharp form of inequality is born. These divisions rooted in the region fuel nepotism and corruption.

On a different note, Arab governments do not rely on citizen taxes to secure continuity. As a result, these governments have less incentives for an effective response to public healthcare needs or wider accountability by citizens. Tax revenues represent 2% of GDP in Iraq, 8% in Sudan, 12.5% in Egypt, and 15% in Lebanon, compared to between 25 and 35% in France, Sweden, Denmark, or the United Kingdom, historically strong welfare states. Arab states have relatively weak social protection policies, with only 30–40% of the population of the Arab world covered by a formal social protection system. In some cases, such as in Iraq or Lebanon, states fail to provide even basic services.[17]

Oil price fluctuations led to a decrease in GDP in some Arab countries (e.g. GCC, Algeria) in spite of economic diversification efforts. The drop in oil prices exacerbated inequality, leading nine Middle Eastern states to remove or reduce subsidies on fuel, electricity, or water. Bahrain, the United Arab Emirates, and Saudi Arabia, as well as Algeria, Egypt, Lebanon, and Iran have either raised the value-added tax on goods and services or announced that they planned to do so. Such measures compromise the welfare of the most vulnerable segments of the population and further exacerbate their already precarious living conditions.[18]

The Corruption Perceptions Index (CPI) for 2020 indicated that longstanding corruption in the majority of the Arab region had left Arab countries desperately incapable of facing the COVID-19 pandemic, in addition to the lack of appropriate crisis management protocols, and extremely drained public administrations to the extent that they could not be swiftly and efficiently reorganized.[19]

Many Arab countries are either witnessing conflicts and war (Iraq, Occupied Palestinian Territory, Syria, Yemen and Libya) or a major influx of foreign refugees or internal forced migration, adding extreme pressure on their infrastructure (Jordan, Lebanon) and efficient containment of said pressure. The deterioration of living standards also led to renewed protests and turmoil in other countries (Sudan, Algeria, Lebanon), increasing pressure on investment, production structures, work environment and trade, and leading to the disruption of production and decrease in consumer confidence.[20]

These sharp regional and domestic inequalities are due to well-known long-standing factors. Many countries (Algeria, Egypt, Iraq, Lebanon, Sudan) are rentier states. As a result, their economies depend namely on oil and gas revenues, financial sector, real estate, foreign transfers, foreign aid, or a mix thereof. These economies are neither productive nor industrial, meaning that these resources are not fairly redistributed, but rather controlled by political leaders and their private sector partners, leading to a blurred line between public and private capital, and therefore offering massive benefits to the elite and fueling corruption.[21]

The Impact of Inequality on the response to the COVID-19 Pandemic

The 2020 Commitment to Reducing Inequality (CRI) Index shows clearly how the majority of the world's countries were woefully unprepared for the Coronavirus pandemic. With very low levels of spending on public healthcare and weak social protection systems and rights for workers, their populations were left brutally and unnecessarily vulnerable. The failure of governments to tackle inequality is now forcing ordinary people to bear the brunt of the crisis and pay a much higher price than they should. Just 26 of the 158 countries surveyed for this year's CRI Index by Oxfam and Development Finance International (DFI) were spending the recommended 15% of their budgets on health going into the pandemic. India, for example, spent just 4%. In 103 countries, at least one in three employees had no labor protection such as sick pay. Only 53 countries had social protection systems against unemployment and sickness, and they covered only 22% of the global workforce.[22]

Conversely, those governments already committed to reducing inequality were the ones best placed to face the economic and health challenges posed by Coronavirus. They were best placed to ensure that ordinary people were protected as much as possible, and that the impact of the virus was not dictated by whether you were rich or whether you were poor.[23]

The CRI Index measures government policies and actions in three areas that are proven to be directly related to reducing inequality[24]:

1. Public services (health, education and social protection);

2. Taxation;

3. Workers' rights.

Only one in six countries assessed for the CRI Index 2020 were spending enough on health, only a third of the global workforce had adequate social protection, and in more than 100 countries at least one in three workers had no labor protection such as sick pay. As a result, many have faced death and destitution, and inequality is increasing dramatically.

Most countries have become more exposed to the pandemic's health and economic impact due to failure to address inequality, meaning that most of these countries were not ready to face the pandemic. The response to the COVID-19 pandemic has truly put governments' commitment to reducing inequality to the test. Across the world, there have been significant expansions in health and social protection spending. However, there has been little progress on cutting user fees or out-of-pocket expenses, which prevent those living in poverty from accessing healthcare; and social protection spending and coverage in most low- and lower-middle-income countries remains extremely low. Some countries have reduced regressive VAT rates, and a few have introduced progressive 'solidarity' taxes to ensure the wealthiest pay their fair share. Many countries have expanded worker rights and protections, particularly through short-time working, sick leave and unemployment benefit. But there have also been sharp rises in unemployment and underemployment, and increased attacks on workers' rights.[25]

1. COVID-19 economic Impact on Arab Countries

Aside from difficulties related to the implementation of widescale social monitoring, the economic and social cost of the rigorous restrictions enforced by both Arab and foreign governments could be very high. With each day, more people are losing their jobs and sources of income, especially informal economy workers. Millions of students around the world were also deeply affected by the lockdown.

Prior to the Coronavirus outbreak, the Arab region witnessed the highest unemployment rates in the world, reaching 10% of the workforce in 2019, especially among the youth, i.e. double the global unemployment rate. With the severe restrictions imposed in light of the outbreak and the resulting economic downturn, the unemployment rate is expected to increase[26] due to the disruption of many essential sectors such as tourism and construction – the construction sector alone houses at least 75 different professions. Cyclical unemployment, being structural and impacting jobs in these specific sectors in particular, is also expected to increase. Partial Unemployment is also expected to increase significantly in both formal and informal sectors, leading to a drop in wages and working hours. This type of unemployment is very important given the increase in informal employment in Arab countries, reaching 40-50%+.[27]

The tourism sector was the first to be affected by the pandemic, as many trips and touristic services were cancelled in some Arab countries which rely on tourism as a key source of revenue and job creation. The tourism sector contributes, both directly and indirectly, to ~15% of GDP in Egypt, 14% in Jordan, 12% in Tunisia, and 8% in Morocco. Given that tourism is a highly labor intensive sector, the almost full disruption of its economic activities had severe repercussions on employment and livelihoods of many households.[28] In the first half of 2020, the UNWTO revealed that the Middle East and North Africa had witnessed a 57% 62% drop in the number of incoming tourists respectively.[29] According to the UNCTAD, Egypt and Morocco are among the countries with the biggest loss in GDP resulting from the disruption of the tourism sector in the world.[30]

In the Kingdom of Morocco, a study conducted by the Moroccan Confederation for Micro, Small and Medium Enterprises (Confédération marocaine de TPE-PME) on the impact of the current COVID-19 crisis on SMEs in different economic sectors which included 1080 SMEs and cooperatives across the 12 regions in the Kingdom, concluded that microenterprises were the most affected. In fact, 90% of microenterprises were damaged, followed by SMEs at 8%, while the impact on cooperatives was limited at 2%.

Small enterprises are quickly affected due to their limited resilience against crises. Given that small enterprises make up 95% of the Kingdom's economic fabric, the damage incurred will be reflected in a national economic recession.[31] On the most impacted sectors, the study indicated that commercial businesses and service providers were the most affected at 20%, followed by tourism businesses at 13.5%, construction businesses at 12.7%, and finally communications and digital service businesses at 10.5%. As for the significance of this impact on business activities, the study confirmed that 83% of businesses and

production institutions have completely shut down, while 17% opted for a partial shut-down[32] in spite of the measures taken by the government to support businesses affected by the COVID-19 outbreak, including debt moratorium and provision of liquidity.[33]

The COVID-19 crisis also caused a worldwide gap in the global pharmaceutical manufacturing value chain: the supply of pharmaceutical active ingredients was highly disrupted, especially for business which rely heavily on China and India in their value chains. This led to a deep strategic discussion within multinationals on the issue of health sovereignty which became more relevant than ever before. The Moroccan market was no exception to these fluctuations. Although Moroccan drug manufacturing covered 60% of domestic demand, the country still relied on international markets to import raw materials, exposing Morocco to the challenge of dealing with multiple suppliers while maintaining the same quality standards.[34]

In Lebanon, the dramatic explosion at Beirut's main port caused, according to preliminary estimates, between USD 3.8 and USD 4.6 billion in damage, while losses including changes in economic flows as a result of the decline in the output of the economic sectors are estimated to be in the range of USD 2.9 and USD 3.5 billion, in addition to political instability and the refugee crisis. Results show a decline in the work and living conditions of Lebanese citizens and Syrian refugees due to the pandemic, with Syrian refugees being the most affected given that they usually accept working at worse conditions and lower wages.[35]

While Lebanon managed to contain the first wave of the Coronavirus through rigorous containment measures early on and high citizen compliance, until the devastating Beirut port blast on August 4th 2020 destroyed half of the city's medical centers, leaving three of its main hospitals "unfunctional", according to the WHO. Reported Coronavirus cases and deaths increased at record speed, raising serious concerns on the ability of ICUs and dedicated centers to contain the coming waves of the virus, not to forget that the possibility of enforcing strict containment measures is highly dependent on the ongoing economic crisis.[36]

It is worth mentioning that Lebanon is facing multiple challenges which are not limited to its internal situation, but rather linked to the regional and international scene. The political turmoil and security risks Lebanon is witnessing today do not seem to be any less significant than the economic challenges hindering the country's development, with national debt now exceeding USD 82 billion.[37] Nonetheless, in the aftermath of the destructive civil war (1975-1990), the Ministry of Public Health took several steps to improve the healthcare system and ensure better healthcare service quality and access.[38] Lebanon was ranked 33rd out of 195 countries in the Healthcare Access and Quality (HAQ) Index in 2018, ranked 1st in the Middle East, and presented the best performance among countries with average-to-high Socio-Demographic Index (SDI). Lebanon's health expenditures also increased by 57%, reaching USD 719 per capita in 2017, making it one of the countries with the highest health expenditures as a percentage of GDP among Arab States (8.2% in 2018).[39] Unfortunately, this exceptional setting is currently facing immense challenges that were exacerbated by the global COVID-19 pandemic.

In Iraq, which currently houses ~1.4 million refugees, the pandemic has deeply impacted young and female workers, with many being already unemployed before the crisis.[40] The pandemic then came to exacerbate the impact of the drop in oil prices, leading to an increase in Iraq's poverty levels up to 31.7% compared to 20% in 2018.[41]

Since October 2019, both Iraq and Lebanon have witnessed anti-corruption protests demanding the government to perform its basic duties. The many mistakes of these two governments could not but worsen with the Coronavirus outbreak. Iraq is suffering from a sharp drop in oil revenue as a result of the price war waged by KSA lately, while Lebanon faces multiple simultaneous and deep crises, starting from the banking crisis which led the country to announce its first ever default on debt on March 7th, 2020. Due to the sharp drop in Lebanon's currency and the scarcity of foreign currency in the country, many businesses were closed down, jobs were lost, the country witnessed a massive inflation in prices and difficulty importing basic goods, including foodstuffs and medical materials. The situation in Lebanon was already at the verge of being catastrophic even before the Coronavirus outbreak.[42]

In Egypt, 50% of factories stopped operating completely at different times, including the free zone factories from which most of the exports are dispatched, while the rest of the factories operate at low productivity, and other closed completely due to the appearance of infected cases. This led to the lay-off on certain labor categories or the decrease in salaries. In furniture and ready-to-wear clothing sectors where women make up for 47% of the workforce, ~800 thousand workers were out of work, i.e. 67% of the total workforce, and wages were decreased by 35% due to the halt of allowances related to production lines. The tourism sector collapsed, some services were temporarily suspended, leading to the unemployment of the related workforce, including services such as Uber, school transportation, entertainment/luxury products, home services provided by the informal sector, and the services and entertainment sector in general.[43]

In Tunisia, several complaints were raised on widespread disruption and cases of arbitrary termination due to the Coronavirus outbreak. The total lockdown imposed in Tunisia pushed thousands of workers into forced unemployment, warning of an inevitable increase in poverty rates in the country at 15.2% of the population.[44]

2. COVID-19 social Impact on Arab Countries

Meanwhile, in the absence of effective social protection floors, vulnerability to poverty is high and on the rise in many Arab countries. In 2020, the headcount poverty rate using national poverty definitions is projected to reach 32.4 percent, or 115 million people, in the seven middle-income countries (MICs) and seven less-developed countries (LDCs) in the Arab region. This is 16 million more poor individuals than in the projected pre-COVID-19 regional growth scenario.[45]

While it is still too early to quantify the social cost of the lockdowns implemented across the region starting mid-March, we already have indications that in many Arab countries, poor and middle-class households are losing their livelihoods and falling below poverty lines. Meanwhile, the top 10 percent of adults, who are estimated to hold 76 percent of the wealth, continue to live mostly unaffected, suggesting a deepening of inequalities is underway that will be irreversible in the foreseeable future.[46]

The Coronavirus is also threatening the lives of 24 million people, namely refugees or IDPs, in need of humanitarian aid in the Arab region. The pandemic poses a threat to their access to said humanitarian aid, whether in the form of food, water, sanitation, medical supplies, or healthcare services. The disruption of humanitarian programs could therefore have tragic repercussions on millions of people. In parallel, countries damaged from war are unable to contain the impact of the Coronavirus outbreak, given the destruction of their healthcare infrastructures and the displacement or emigration of many healthcare workers.[47]

From a social perspective, the pandemic left behind many changes manifested in replacing social and family gatherings with digital alternatives or physical meetings while respecting social distancing, wearing masks and gloves and using sanitizers. Large shares of the population refrained from organizing weddings, events, and funerals. Changes also emerged in the roles of household members, especially in those where both parents are still working and haven't lost their jobs due to the pandemic. These parents were no longer able to leave their children in daycare, at school, or with a relative or neighbor, meaning that both parents had to take turns in caring for their children, or one of them had to quit their job, usually the one with the lower income, in a – perhaps temporary – decrease in gender inequality within the couple.

Islamic funeral rituals such as washing and shrouding with the Kafan were modified in cases of death due to infection with COVID-19. Funerals were handled by specialized entities given that families could no longer practice these rituals. At the beginning of the crisis, the dead were also buried in public cemeteries dedicated to persons deceased due to infection with COVID-19, and families were only allowed to transport their corpses to their private cemeteries one year later. With further spread of the virus and increased information on the same, these practices were no longer applied and families were once again allowed to bury their dead as usual, provided that social distancing is respected. Many initiatives launched by motivated youth groups were launched in Arab societies to help the elderly at the beginning of the pandemic, the persistence of the pandemic for a long period as well as the imposed lockdown compromised these initiatives, especially with the increase in the number of those in need.

Violence also reached unprecedented levels in all Arab countries, and more so in those witnessing economic crises and political turmoil. In Lebanon, for example, the deterioration in economic, living and social conditions led to an increase in cases of violence in general, and of gender-based violence in particular against women of all social and educational levels. In 2020, reported cases of domestic violence increased by 100%. In fact, 5 crimes were committed against women, 3 of which led to their death within just 2 weeks of the same year.[48]

Increased violence against women and children occurred in times of (a) total lockdown and increased stress resulting therefrom due to the fear of losing one's job, the absence of social protection networks, and the lack of social, legal, security and health support services to women, (b) social distancing measures which increased the likelihood of violence against the most vulnerable members of the household, especially when all members of the family were obliged to stay at home, coupled with economic difficulties, lost jobs, and fear of what was yet to come, (c) seclusion/isolation of victims from their support systems, e.g. family, friends and relatives due to the pandemic, (d) increase of the childcare and education burden with schools closed and remote work implementation, (e) aggressors' abuse of imposed restrictions on mobility during the pandemic, compromising their victims' access to psychological assistance such as family support from formal and informal networks, and (f) aggressors' abuse of the general fear of the pandemic, spreading rumors on the health condition of their victims and further isolating them from protection and violence monitoring systems.[49]

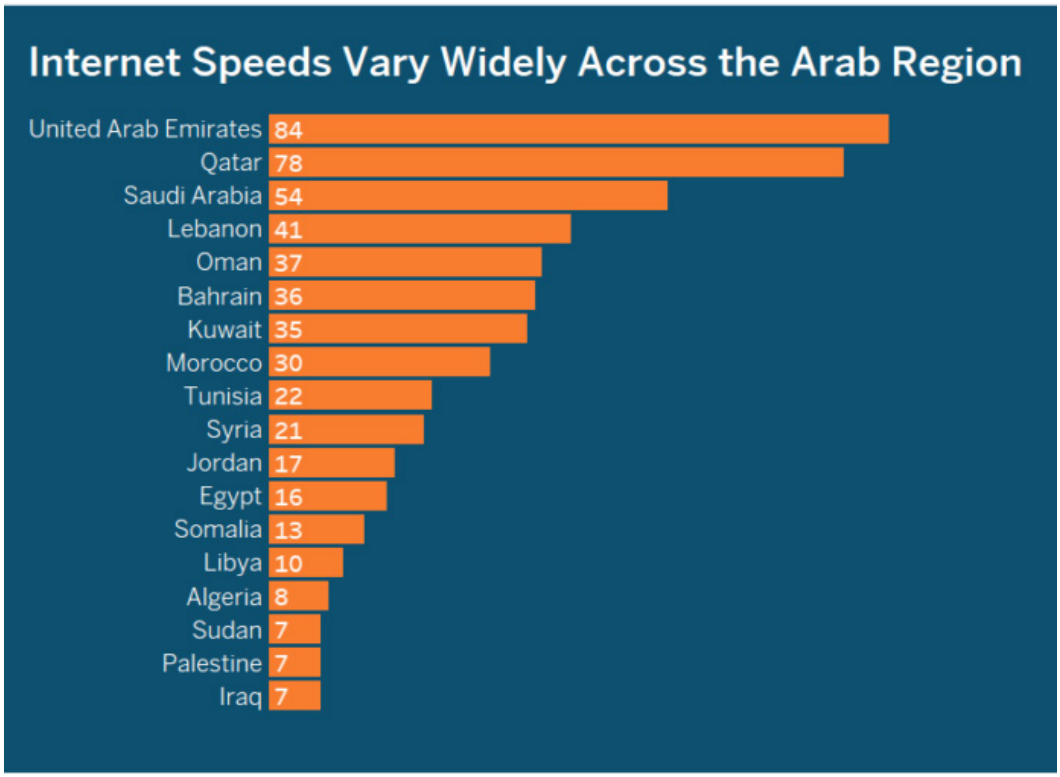
It is no secret that the repercussions of all these factors were exacerbated and multiplied in light of the decline in legal and judicial frameworks dedicated to the protection of women and victims of domestic in general, such as hotlines, legal assistance, shelters, family crisis intervention centers, and other protection mechanisms that previously contained or reduced domestic violence levels. Another factor exacerbating the impact of domestic violence on the physical and mental health of women and children was the decreased funding to these protection systems, with the health ecosystem focusing, in general, on the front lines in terms of human, financial and organizational resources in order to counter the pandemic. Even if these systems had been equally active, contacting support and protection advisors, whether by phone or through digital platforms, often creates revengeful behavior from the abuser, and subsequently multiplied violence and physical and mental damage to victims. This calls for the need to develop system mechanisms and adapt them to domestic violence conditions during the pandemic.[50]

The United Nations describe increasing domestic violence as The Shadow Pandemic. As COVID-19 cases continue to strain health services, essential services, such as domestic violence shelters and helplines, have reached capacity.[51]

According to UNESCO data, all Arab countries closed down their educational institutions to prevent an outbreak, affecting 96.2 million students by end of May 2020 (end of the academic year). Schools, universities and even private lessons shifted to e-learning, leading to unequal access to education among university students in the region, especially given unequal internet distribution and speed in each country,

in addition to the unavailability of personal computers or smart phones to some. Refugees, low-income families and residents of rural areas are now getting weaker access to online education, if they have access at all. So sharp is the "digital divide" that some professors are calling for a halt to the attempt to move higher education online, in spite of the difficulty of returning to conventional education with the persistent pandemic. According to ITU data, 51.6% of citizens in the Arab region were internet users in 2019, meaning that almost half of the region's citizens had no access to the internet. Mobile phone coverage in Arab countries is somewhat better than the Internet access. The Arab region has more than 304 million mobile phone subscriptions, according to a report released by the Hootsuite social media management platform in early 2019. But those phones don't necessarily have any Internet access, or access with enough speed and capacity to learn online. The attempted transition to online education highlights the huge differences among different countries of the Arab world. Qatar, for example, has 100% internet coverage, while Sudan has no more than 30%.[52]

Cost of internet also plays a key role in access to high-quality internet services that meet e-learning needs. Internet affordability analysis is based on the percentage of the



income of low-income households needed to afford broadband internet. In Morocco, for example, a household belonging to the 40% with the lowest income would need to pay 33% of its income to access mobile broadband services and 30% of its income to access fixed broadband services. In Tunisia, the poorest 41% of the population need to spend more than 40% of their income to obtain fixed or mobile broadband services. In Yemen, the poorest 40% of the population would need to spend more than 51% of their income just for mobile internet services, according to the World Bank study.[53]

In the poorest countries, withdrawing children from school to send them to labor in order for them to contribute to household expenses would seem like the easiest and most likely solution given the imminent economic crisis in the aftermath of the pandemic, entailing increased education dropout.[54] The UNICEF warned of a potential disaster to all children around the world, as closing schools and educational institutions and forcing children to remain at home has increased their risk of sexual abuse, violence and neglect in a time where children were abruptly cut off from positive and supportive relationships, including at school, with teachers, peers, friends, extended family, grandparents and neighbors.[55]

Another issue exacerbated by the pandemic was that of stigmatization, violence and racism against healthcare workers, especially in communities with a history of racism, where the pandemic is linked to certain characteristics such as skin color, race, language and identity, putting additional pressure on healthcare workers treating COVID-19 patients. [56]

3. COVID-19 Policies in the Arab region

Policies adopted by Arab countries were no different from their overall direction, and included the enforcement of emergency laws and the activation of security measures at different intensities among countries. Arab states' ability to control the lockdown also varied. Jordan, for example, managed to keep its citizens at home, while this was nearly impossible in Egypt. The size of each country also affected its ability to control its population, and the response to the measures taken by states also varied within the same country according to economic and social classes.

The overall approach adopted in Arab countries was based on four overlapping and interdependent pillars: health, social, economic and security pillars. In fact, Arab states enforced emergency laws and procedures in order to limit the spread of the virus, including closing down schools, quarantine and isolation policies, restrictions on mobility between and within cities, PCR tests at airports and borders, restrictions on gatherings, closing down public facilities, and military deployments. Many Arab countries also adopted a set of measures to mitigate the damages resulting from the economic decline and address the negative economic and social impact on individuals and businesses.

Working hours were reduced in cities and working from home was encouraged. Arab states also imposed firm restrictions on international travel; some even chose to set internal travel restrictions, especially in highly populated countries that witnessed high infection rates.

National governments quickly adopted measures to strengthen institutional coordination by creating inter-ministerial structures. Other measures include the creation of technical and scientific committees in charge of monitoring and evaluating the progress of the situation, and anticipating the direct and indirect repercussions of COVID-19. For example, the Tunisian government created a National COVID-19 Monitoring Authority, gathering senior officials from all ministries, with the aim of "imposing full compliance with measures to fight the virus". The Monitoring Authority will also ensure the coordination between the National Committee against the Coronavirus headed by the Presidency of the Government and the regional committees against natural catastrophes. It will also be in charge of "monitoring the regularity of the supply of basic products, the distribution of social assistance to poor families or families without income, as well as the referral of recommendations to the National Committee against the Coronavirus to adopt the necessary measures to contain the virus".[57]

In Egypt, a national steering committee for the rapid response to COVID-19 was established. The committee reports to and is held accountable before the President and the Prime Minister. A state of emergency was declared in Egypt on March 17th, 2020 after the first COVID-19 death was reported.[58] The Ministry of Health dedicated 12 hospitals for the treatment of COVID-19 patients, and equipped several hospitals to be on standby. The Ministry also cascaded instructions and operational protocols for 1) Case identification, 2) standard diagnosis protocol, and 3) Coronavirus treatment instructions.[59]

Arab governments developed awareness-raising websites to provide answers to citizens' frequently asked questions, avoid misinformation, and offer advice that would protect public safety and contribute to containing the pandemic.[60] Jordan's Ministry of Culture recruited a number of actors and influencers to launch an awareness-raising video as part of its efforts in countering the Coronavirus outbreak.[61]

Many governments also took measures to ensure the continuity of public services in countries where containment procedures were enforced. The necessary remote work arrangements were made in Jordan and Morocco, for example, where practical guides to remote work were developed, including key instructions and advice to facilitate this new work setting. However, in spite of these efforts, it was proven that remote work was difficult in public administration given the lack of digital skills among civil service employees, the lack of sufficient service digitization and widespread bureaucracy. Morocco also created a new series of e-services to reduce the exchange of paper documents, and therefore limit the risks of contagion through paper. In Tunisia, the first wave of payments was made through post offices, creating long queues, and an electronic portfolio of services was created as a result.[62]

Many Arab governments also launched radio, television and social media campaigns to raise citizen awareness on hygiene and precautionary measures to be taken. Fines were also imposed on violators without providing the necessary alternatives to low-income and private sector employees and day laborers, leaving them to face their destiny on their own with their limited to no capacities.[63]

Arab national governments, represented by central banks and ministries of finance, offered stimulus packages with a value of ~194 billion dollars until April 2020 to support affected segments and limit the amplitude of projected losses in key economic sectors.[64] Stimulus packages included several interventions ranging from additional fund allocation to support healthcare systems, a 1.5-3.0 pp reduction in interest rates, reduction in minimum required reserves, liquidity injection into Egypt's banking sector to support credit, and due loan and interest moratorium for affected individuals and SMEs for a period of 3-6 months, citizen exemption from water and electricity fees for a period of 3 months. Other supportive government interventions included Universal Basic Income (UBI) programs which relatively reduce the projected impact of the Coronavirus outbreak on Arab economies this year. In this context, the value of stimulus packages varied in different countries according to available funds, social protection networks, and government ability to mobilize large funds in a short period of time to overcome economic shocks.[65]

Stimulus package interventions were mainly targeted towards SMEs to help them overcome the crisis through direct and indirect tax exemptions, government service fees and rent in industrial areas, among other initiatives, especially to SMEs operating in highly affected sectors, namely the services sector in general, and the tourism sector in particular in which an estimated 80% of businesses are SMEs.[66]

Controlling Popular Movements

Jordan ranked highest in terms of response stringency.[67] Days after the first case was confirmed, Jordan closed its borders, isolated different governorates, imposed nation-wide curfew, and called its citizens to respect social distancing. The government also asked for support from the media and community leaderships in raising citizen awareness on the dangers of the virus. Jordan, in spite of its overall weaker healthcare system and lower readiness to face the virus, managed to adopt a similar strategy to those of GCC countries. The government also reinforced its testing capacity, reaching 70 thousand tests per 1 million citizens in August 2020, more than three times the testing rate recommended by the WHO.[68]

The situation was similar in Tunisia and Algeria, where new governments were elected shortly before the outbreak. As soon as the first cases of Coronavirus was detected, the Tunisian government closed its borders, ordered a partial curfew and closed public spaces, including mosques and schools, and mobilized its armed forces and police troops to enforce compliance.

In Algeria, the government closed all the country's entry points, restricted internal travel, imposed curfew and face covering instructions in public places, with fines on violations to these precautionary measures. Morocco also declared a state of emergency on March 20th, when less than 80 cases were detected. The government immediately suspended all international and internal flights and banned public gatherings.[69]

The Security Dimension of Crisis Management Policies in Arab States

Reliance on armed forces in quarantine and curfew enforcement increased in most countries, in addition to the support offered by these forces to healthcare sector capabilities, fast hospital and health facility construction, and other unconventional tasks for armed forces in health crisis responses. In fact, armies have huge capabilities enabling them to manage pandemics, as well as the necessary heavy equipment and devices to work in an infected environment.[70] Armed forces offered first aid, transported vital supplies, pharmaceuticals, and medical equipment to hospitals, and provided support in protecting facilities, warehouses, allowing Civil Police to play its traditional role.[71]

In Jordan, the COVID-19 crisis management operation room at the National Center for Security and Crisis Management put significant effort into organizing the return of Jordanian citizens and students who were unable to return home from several international destinations.

Jordan's Chemical Support Group cadres disinfected the airport, as well as government institutions and facilities receiving citizens, among different locations. The Armed Forces ordered the production of masks, gloves, clothes and sanitizers to citizens, while the Royal Jordanian Air Force contributed to the transportation of aid, medical equipment and citizens within the Kingdom and abroad. Border Guard Forces also contributed to these efforts by controlling borders and passageways, monitoring all goods and ensuring their safety, and by enforcing quarantine on drivers upon arrival to the Jordanian borders and performing PCR tests.[72]

In Egypt, the Army contributed to mass precaution and sanitization operations implemented in government institutions and premises in light of the suspension of classes in schools and reduction of the number of government employees. The Chemical Warfare Corps appeared in photographs and videos sanitizing and sterilizing a number of buildings.[73]

Tunisia's Armed forces contributed to the state's response to the Coronavirus outbreak by suppressing protests that took place across the country during the outbreak. The Tunisian Presidency stated that the President had ordered the deployment of armed forces in the streets to enforce compliance to the adopted precautionary measures. Last June, Tunisian Army troops were deployed in front of public facilities in Tataouine, South-East of the country to protect said facilities with continued clashes between Security Forces and angry protesters.[74]

In Iraq, the police handled raising awareness among citizens on precautionary measures.[75] The pandemic had a different impact in governorates with Sunnite majority where local operation leaderships coordinating Iraqi Security Forces operations coordinated with local authorities to leverage Iraqi police and army to enforce curfew and social distancing without creating a violent reaction from the public. On the other hand, the army's attempts to control areas with Shiite majority were met with great anger in a belief that the Iraqi government and Security Forces were trying to restrict the entry of Iranians into the country.[76]

Some believe that the pandemic has made Iraqi political parties prioritize domestic security over the interests of regional or international patrons. As such, the pandemic could create conditions in which the Iraqi government is able to exercise more sovereignty in the face of political pressure from countries like Iran, and in turn gain more domestic trust.[77]

In Lebanon, the army played the same roles, including enforcing curfew, sanitizing vital facilities and suppressing continued protests resulting from the economic crisis and the port blast. The Lebanese Armed Forces implemented precautionary measures among its troops, preparing them logistically and technically in order to protect the institution and its cadres, given that soldiers deployed on the ground on security missions were mixing with civilians and returning to their homes where they mixed with their families, to finally return to military barracks. The necessary measure had to be taken in this regard to prevent an outbreak in military barracks and centers.[78]

In Morocco, security forces played an exceptional role, determining beneficiaries of the Special Fund for the Management of the COVID-19 pandemic, distributing food to residents of infected areas, monitoring prices, setting a list of allowed economic activities during quarantine, and ensuring livelihood in different areas. The forces also contributed to controlling social issues without resort to the usual legal procedures, including marital conflict and curfew breach, and contributed to government measures throughout the pandemic, suspending factional protests in different regions around socio-economic demands such as job opportunities, increase in pay, and social equity. The support provided by the Royal Moroccan Armed forces was effective, although relatively limited, especially in terms of medical care, logistic support, and peace.[79]

The Coronavirus pandemic created three groups: the winners, the losers, and the unconcerned.

Winners include insurance companies given the significant drop in car and workplace accidents, food and beverage companies, cleaning product manufacturers, health industries (mask and sanitizer manufacturers), and e-commerce due to restricted activity in physical stores. In fact, Amazon topped news headlines in mid-April as one of the biggest winners of the COVID-19 crisis, with the website achieving sales amounting to a reported USD 11,000 per second.[80] Netflix also announced on April 22nd 2020 the subscription of 16 million new users between January and March.[81]

Finally, telecommunications companies benefited from the increased demand on internet services due to the wide implementation of e-learning and remote work. Residents of major urban centers also enjoyed better air quality, whereas CO_2 emissions decreased as a result of decreased industrial activity and traffic.

Losers, which represent the vast majority of economic and social players, can be divided into two categories. The first category includes economic sectors forced to completely suspend activity due to the pandemic, namely passenger transport, hotels, and affiliated services,[82] as well as all families, mostly mothers, that had to take charge of child education after schools were closed. Losers also include most informal labor sectors that were completely or partially stopped due to the suspension

of trade, transport, and tourism. The second category of losers includes less mobile sectors moderately impacted by the pandemic given their flexibility and adaptability to the new situation, such as the textile and leather manufacturing sector, where many facilities shifted to manufacturing masks and medical protection suits, as well as extraction industries which maintained their activities.[83] The banking sector can also be included in this category, given the drop in services offered, especially loans, as well as jobs that experienced a drop in activity without being entirely stopped given their vitality.

"Unconcerned" parties include farmers of all categories and related industries, especially fertilizers and distribution. It seems that the current issues of this sector are mainly related to drought and management rather than anything else, although the suspension of weekly markets relatively affected small farmers and shepherds.[84] This category also includes those who do not have a stable income or job, moving from one job to another, unexpected changes being a key aspect of their usual daily lives.

Finally, Arab governments opted for one of these two options in their responses: 1) adopting strict measures leading to an immediate and sharp economic recession, or 2) adopting moderate policies in the response to COVID-19 with the hope of building herd immunity, in an attempt to preserve the economy. In countries were strict policies were adopted, however, financial losses resulting from economic recession led to a decrease in the number of direct deaths and gave governments a chance to distribute immediate losses among citizens through emergency economic measures followed by tax solutions.

In countries that adopted lenient policies, claims on limiting economic losses at the expense of lives in the short term in exchange for long-term public interest led to a sharp increase in COVID-19 mortality rate per 1 million both regionally and internationally. While the "additional" lives lost in countries with lax anti-COVID measures are being paid disproportionately by the most vulnerable populations, the economic "savings" are being reaped by the 1% who control the economy. Not only is this distribution patently unequal and unfair, it disregards fundamental values of human dignity and related norms.[85]

It bears recalling that 2015 was marked by the adoption of the 2030 Sustainable Development Agenda, proclaiming the grand objective to "Leave no one behind". Yet, the COVID-19 crisis has exposed the fragility of this aspiration. If, in 2020, many governments are still willing to trade the lives of the vulnerable for the economic gains of the wealthiest, then it is fair to ask whether the 2030 Agenda is morally bankrupt.[86]

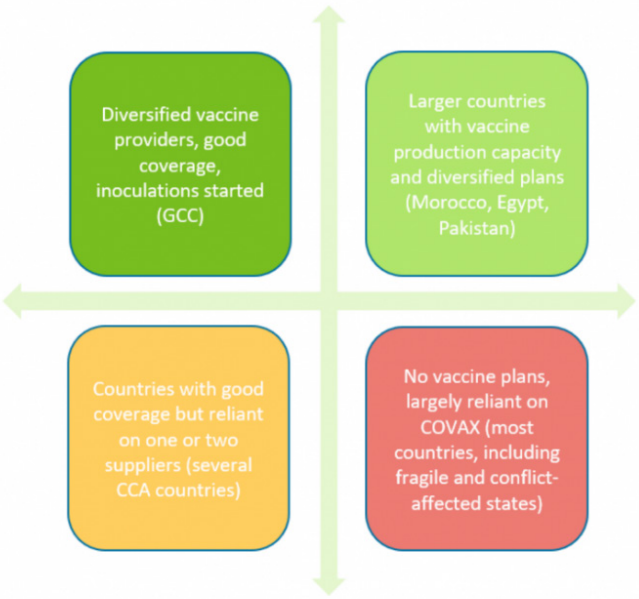
The Vaccine: A New Tool for Discrimination

More than 1.8 billion doses of the COVID-19 vaccine were administered globally until May 2021, a number large enough to provide one dose for almost a quarter of the world's population. However, vaccine doses were not distributed equally, according to Forbes. In fact, high-income countries pre-ordered hundreds of millions of doses in the past year, and often purchased doses of the vaccine before they were officially authorized to administer any vaccine, while low-income countries relied on subsidized vaccine supplies and donations from larger countries.[87]

In this context, the World Health Organization revealed a shocking imbalance in vaccine distribution: while 1 out of 4 citizens was vaccinated in high-income countries, 1 out of more than 500 citizens was vaccinated in low-income countries.[88]

A number of rich countries and private donors funded the launch of the COVAX initiative in the first months of the pandemic to ensure the access of citizens living in poor countries to the vaccine. The goal of the initiative is to distribute 2 billion doses especially to low-income countries in 2021 and to immunize 27% of their populations.[89] Around 92 low-income countries are purchasing vaccines with the support of COVAX, and citizens with the lowest income are expected to be vaccinated for free.[90]

Vaccine plans in the Middle East and Central Asia
Region-wide disparities on vaccine plans could prolong the crisis.



Sources: IMF Staff.
Note: CCA = Caucasus and Central Asia. GCC = Gulf Cooperation Council.

INTERNATIONAL MONETARY FUND

180 countries signed the WHO, UNICEF[91] and GAVI[92]-led COVAX initiative aimed at ensuring fast and fair access to COVID-19 vaccines to all countries. COVAX is perhaps the only chance for poor countries to receive large vaccine supplies this year, and aims to achieve fair distribution of vaccines by negotiating prices with suppliers, and giving all countries, whether rich or poor, equal opportunities. Most world countries signed the COVAX initiative, except the United States to ensure access to vaccines in case of failure of intended deals with vaccine suppliers.[93] The vaccine will be offered to low and middle-income countries at USD 3 per dose.[94] On the other hand, rich countries stored a surplus of vaccine to ensure the protection of their people from the virus. As a result, only 14% of the world's population holds more than 50% of vaccines.[95] Amnesty International's Head of Economic and Social Justice Stephen Cockburn said that stockpiling vaccines impeded international efforts to ensure the protection of the world's population from the Coronavirus. Rich countries purchasing the vast majority of vaccines in the world is in fact a violation of their commitment to human rights. It is worth noting that five poor countries – Kenya, Myanmar, Nigeria, Pakistan and Ukraine – which are among the countries which will not be receiving the vaccine in the near future witnessed 1.5 million cases of COVID-19 infection up until April 2021, according to CNN.[96]

Divergent Recoveries[97]

The worldwide distribution of COVID-19 vaccines shed light on income and influence disparity. Internationally, rich countries have the lion's share of vaccines, while poor countries struggle to get a chance of continuity post-Covid. This disparity is reflected in the distribution of vaccines within the Arab region as well, which includes some of the richest countries in the world and others destroyed by war. The first Arab countries to vaccinate their citizens and residents were Saudi Arabia, the UAE, Qatar, Kuwait, Bahrain and Oman. Jordan, on the other hand, aims at vaccinating 1 out of 4 of its 10 million citizens, including refugees.[98] In Lebanon, the vaccination campaign was launched, targeting healthcare workers as the first category to get the vaccine.[99] Lebanon had reserved ~2 million doses of the Pfizer-BioNTech vaccine to be administered free of charge to those at high-risk of infection.[100] Iraq, on the other hand, will only receive 1.5 million doses of the Pfizer-BioNTech vaccine for its 40 million citizens, in spite of recurring spikes in COVID-19 cases over the past year.[101] Morocco received 2 million doses of the AstrZeneca vaccine from the Serum Institute of India, while Tunisia would need to wait until April to receive the Pfizer vaccine. Egypt launched a vaccination campaign for healthcare workers and people with chronic diseases, followed by the elderly. Egypt received the first batch of Chinese Sinopharm vaccines in December 2020. [102] While GAVI will provide vaccines to 20% of the population, the Egyptian government stated that it signed an agreement to receive 20 million doses of the Oxford-AstraZeneca vaccine.[103]

The vaccine could create a new form of discrimination. Many countries and institutions are discussing a potential vaccine passport, also called a health certificate or travel permit as a new way of reopening the economy and putting an end to the longstanding stagnation in the aviation sector since the outbreak end of 2019. In this context, Israel and Greece signed a tourism agreement allowing their vaccinated residents to travel between the two countries without any restrictions as soon as flights are resumed.[104] Sweden announced its plans to develop a digital vaccination certificate summer of 2021 to allow those vaccinated to travel, while Denmark announced similar plans.[105] The vaccination passport is facing major opposition in Europe, and 1250 church leaders in the UK signed a letter to the Prime Minister urging him to refrain from adopting a vaccination passport, considering it an unacceptable violation of freedom of mobility and a discrimination tool between vaccinated and non-vaccinated persons. The letter said that Covid status certificates would be "divisive, discriminatory, and destructive. We risk creating a two-tier society, a medical apartheid in which an underclass of people who decline vaccination are excluded from significant areas of public life." Church leaders also warned that "This scheme has the potential to bring about the end of liberal democracy as we know it and to create a surveillance state in which the government uses technology to control certain aspects of citizens' lives. As such, this constitutes one of the most dangerous policy proposals ever to be made in the history of British politics."[106]

While the US denied resorting to any discriminatory measures between vaccinated and non-vaccinated individuals, it did not rule out the possibility of companies, schools and theatres asking for vaccination cards. In March 2021, the State of New York launch the Excelsior Pass which uses a mobile QR code to verify vaccination, while the EU also suggested "Vaccine passports" that would allow passengers to cross EU borders without the need to quarantine.[107]

Despite the Pandemic, They Are Still Forgotten

Marginalization and social exclusion take many forms in Arab countries, including lack of legal status, ethnic discrimination, discrimination based on identity, the fragile social status of women, weak economic, social, civil and political rights, lack of safe shelters and comprehensive health services, analphabetism, displacement, and lack of protection to migrant workers and refugees. Socially excluded segments can be generally divided into four categories: vulnerable citizens, vulnerable migrants, people with disabilities and chronic diseases, and deprived minorities and displaced persons.[108]

Informal Sector Workers: They are a key component of the first and second categories. The COVID-19 pandemic resulted in the loss of millions of jobs. Informal workers lack the laws that usually regulate work relationships given the absence of contracts, leading to fragile jobs, the absence of decent work conditions, and the lack of fair wage policies.[109]

Informal labor is one of the most affected segments for two reasons: 1) reduced reliance on lower-cost services offered to formal sector businesses and registered companies which used to seek informal services to cut

down on costs and maintain their competitive edge,[110] and 2) Informal sector's loss of its ability to create job opportunities and income alternatives due to the damage incurred as a result of precautionary measures taken by states to contain the virus.[111]

Around 62% of women in the Arab region work in the informal economy in jobs that lack legal and social security.[112] These women are more exposed to many forms of violence amid the lockdown and mobility restrictions. Domestic workers may be asked to work around the clock or to take on additional work, including taking care of infected persons and accepting additional cleaning work. The opposite could also happen; whereby domestic labor is forced to stop working due to the pandemic. A study conducted by UN Women revealed a trend of domestic migrant women workers being evicted and dismissed by their employers was seen across the region, often without access to their identity documents or without any possibility to go back home.[113]

Children: Victims of Poverty and Weapons

The Coronavirus outbreak exacerbated the child labor phenomenon is a number of Arab countries, including Jordan, Lebanon, Iraq, Yemen, Morocco and Egypt, especially amidst the resulting economic crisis. In Jordan, the Defense Law approved in the Constitution and aiming at protecting the country in emergencies, was activated.[114] However, according to human rights organizations, the Law led to increased unemployment and layoff. Labor and human rights organization in Jordan demanded that the Law be repealed, as it contributed to increased child labor, noting that low wages paid to children increase their chances of employment. The enforcement of the Defense Law increased child labor after certain companies were given an excuse to lay off employees.[115] The ILO and UNICEF issued a statement warning of increased risks of child labor among low-income populations as a result of their families being laid off.[116] School closures and the challenging economic situation also contributed to increased child among children of poor families. The Moroccan Human Rights Association (AMDH) reported the absence of approach to protect children's rights during the pandemic, warning of the repercussions of "large numbers of breadwinners losing their jobs, especially those working in unstructured sectors and seasonal economy, which will increase child labor."[117]

UNICEF warned that, with healthcare workers being preoccupied with the response to the COVID-19 pandemic, 14.5 million children in the region could be deprived from polio and measles vaccine. The Coronavirus has also put children of the region between the devil and the deep sea of poverty due to the lack of basic services, deprivation, conflict, and the Coronavirus.[118] The pandemic also exacerbated the already difficult situation of internally displaced children and families who usually live in crowded informal settlements and camps that lack proper hygiene and sanitation services, and where social distancing is impossible, making their living conditions a breeding ground for the spread of diseases such as COVID-19.[119]

Refugees

The European Centre for Disease Prevention and Control (ECDPC) published a set of measures to "help fight COVID-19". Practically, none of them could be applied in the accommodations where most refugees are housed currently. Frequent hand disinfection – a perfectly simple step is impossible to implement in refugee facilities, as most of them do not have enough clean water, bathrooms or soap.[120] The vast majority of refugees are also day laborers working in the informal economy. Mobility restrictions and closures preventing refugees from working raise major concerns on their ability to meet their basic needs.

In Jordan's Zaatari refugee camp, the largest in the country, refugees, including women, found themselves unable to access their livelihoods outside the camp due to containment measures. This exposes refugee families in particular to loss of income due to the crisis. These risks are multiplied due to potential disruptions in humanitarian aid to camps due to imposed restrictions. Oxfam reported that humanitarian aid to refugees in Jordan was affected at the beginning of the pandemic, as staff faced difficulties entering refugee camps to distribute cash, food and cleaning products. Refugees living outside of camps are particularly at risk. A survey conducted on refugees living in host communities in Jordan revealed that curfew affected of 95% of respondents, and 90% reported not having enough money to cover basic needs.[121]

Women and girls in refugee communities and those displaced within their own countries already face multiple health risks and often lack access to adequate health services and proper sanitation facilities, further hindering their resilience to the impact of this widespread disease.[122] According to a study by UN Women, refugee women are at a higher risk of health issues and lack of food safety in the region.[123]

Women Survivors of Violence

The pandemic caused an increase in cases of violence against women in the Arab region, as well as the disruption of basic services to women survivors of violence due to the lockdown. Courts were closed and certain procedures related to legal compensation, custody and alimony were also suspended. 35% of women CSOs indicate that it has been easier during the period of the pandemic to access informal or traditional justice mechanisms such as community mediation, or alternative dispute resolution through the family or traditional leaders.[124] Official statistics of Iraq's Ministry of Interior reported more than 5,000 documented cases of domestic violence across the country in the first half of 2020.[125]

People with Disabilities

People with disabilities make up 12% of the region's population, and are at a very high risk of infection with COVID-19. People with disabilities may face certain obstacles that could make it hard for them to follow basic hygiene measures, such as washing their hands. They may sometimes need to touch

things to identify them and get information, or need physical support, further exposing them to the disease. They may also have difficulties maintaining social distancing and self-isolation given their need for other forms of support. This category is particularly impacted by the pandemic given the sudden suspension of many vital services. People with disabilities face major obstacles impeding their access to relevant health information and messages, making it difficult for them to make a decision on self-protection means or ways to access necessary goods and services during quarantine. Organizations for people with disabilities and government authorities in most Arab countries launched initiatives leveraging several media to raise awareness on COVID-19 and provide information on services available to people with disabilities.[126]

Older Persons

Older persons suffer from compromised immunity and a higher rate of chronic diseases such as diabetes, high blood pressure, heart disease and cancer, putting them at a higher risk of infection with COVID-19. Poverty in the Arab region is one of the key factors contributing to health problems, especially among the older persons. In recent years, certain Arab States witnessed political turmoil, leading to economic recession. Elderly women with limited mobility have more limited access to critical life-saving messages and warnings in health emergencies such as the COVID-19 pandemic. Poverty in old age is more common among women than men in the region since elderly women in the region have less access to old-age pensions (27%, compared to 47% for their male counterparts).[127]

A study conducted in Egypt, Jordan and Tunisia found that elderly women are more likely to be living alone compared to their male counterparts. Older persons living in areas with difficult humanitarian conditions are at a particularly high risk of infection with COVID-19 due to population density and lack of access to national healthcare services.[128]

Women, among Others, Were the Most Affected

The 25th anniversary of the Beijing Declaration and Platform for Action in 2020 was expected to be a critical milestone to review the progress achieved in gender equality. With the Coronavirus outbreak, the achievements of certain countries became at risk, and revealed pain points in social, political and economic systems which in turn exacerbate the impact of the pandemic. This impact is multiplied in all aspects of the lives of women and girls, including health, economy, security and social protection. With increased social and economic pressure resulting from mobility restrictions and quarantine, a spike in cases of gender-based violence is seen. Naturally, this overall impact is further enhanced in the context of war, conflict, and emergencies.

Women face many intertwined aspects of inequality and deeply-rooted obstacles, further exposing them to the risks and impact of the pandemic. In fact, Arab women's economic participation is the lowest in the world at just 25%, and more than 39% of young Arab women are unemployed.[129] The

current pandemic is rapidly turning into a protection crisis, especially for women and girls. The combination of lockdown, loss of income, isolation, and increased psychological and social needs has led to an increase in the unpaid care and domestic labor burden on women. The MENA region has the second largest gender gap in terms of unpaid care and domestic work in the world. Women spend six times more time on average performing unpaid care and domestic work compared to men in Tunisia and Morocco for example, with the women to men performing unpaid care ratio reaching seven to one.[130] Women in the MENA region dedicate on average 89% of their day for unpaid care work, leaving them with almost no time to perform paid work, compared to 20% for their male counterparts.[131]

Large shares of women in MENA economies are employed in sectors that have been particularly hard hit by the pandemic, such as manufacturing, tourism, and business travel services, and have subsequently lost their jobs. Most women are employed in micro and small enterprises, which are less resilient in times of crises and more likely to resort to temporary suspension or termination of contracts to face the economic downturn. Women are also over-represented in part-time employment (up to 50% of employed women in Morocco and the Palestinian Authority hold part-time jobs), which makes them easier to lay-off. Overall, UN Women estimates that women in the Arab world will lose approximately 700,000 jobs as a result of the outbreak.[132]

Although the majority of healthcare workers in the Arab region and globally are women, they are rarely seen in senior government positions. In fact, all regional Ministers of Health are men, except in Bahrain and Qatar. In Jordan, women were not included in the private sector-led COVID-19 committee formed by the government. Only few policy measures have focused so far on empowering women to face the economic repercussions of the crisis, including cash transfers to women (Egypt) and exceptional paid leave to women employees (Palestinian Authority and Iraq). Governments are also offering assistance to women entrepreneurs with the support of international organizations, mostly in the form of online courses.

In Morocco, the Presidency of the Public Prosecution issued a memorandum in April 2021 calling on all public prosecutors to handle gender-based violence cases with "determination and stringency". Digital technologies were also adopted in Morocco for criminal complaint submission, whether through dedicated email addresses, national and local digital platforms, or the list of fax and phone numbers.[133] The Presidency of the Public Prosecution also provided phone and email guides to all courts and public prosecutors across the country. The Ministry of Family, Solidarity, Equality and Social Development also launched awareness campaigns against domestic violence through commercials and videos broadcasted on official national channels.[134]

Women were also deprived from compensation dedicated to those affected by the pandemic at different levels. Only women registered in the Social Security Fund were eligible for this compensation, while most women work in the informal sector.

The second category of compensation beneficiaries were RAMED card holders. However, most women were considered ineligible for this compensation given that RAMED cards are often issued in the name

of the husband or father, leaving all married women behind, even those who had been separated from their husbands for years.

The third category of COVID compensation beneficiaries were those who neither hold RAMED card neither are registered in Social Security[135]. Within this category as well, most requests submitted by women were rejected because they were married, meaning that the husband would be the direct beneficiary, even in the case of women who were not divorced but were in conflict with their husband. Requests submitted by single women were also rejected, arguing that the father was responsible for her and would need to submit the request on her behalf, even in the case of women and girls who support their parents or live alone.[136] Due to the suspension of tribunals, women were also harassed and blackmailed to drop divorce and alimony cases.[137]

Sanitation Workers

Sanitation workers are among the most vulnerable labor segments, always picking up the crumbs that fall from those sitting at the bottom of the pyramid, and carrying the burden of removing the residues of work and supremacy. Their role became more prominent during the pandemic, and they became among the biggest victims. Risks associated to their work are multiplying in the absence of waste disposal health systems. In Tunisia, as is the case in other countries, hospital sanitation workers were exposed to COVID-19 and its dangerous waste. Their role was recognized and honored by medical teams, but without any improvement in their work conditions. In fact, the Tunisian government hasn't approved any new measures in appreciation of the efforts made by sanitation workers in the fight against COVID-19 until this date.[138]

Some Arab States are attempting to integrate women's needs in COVID-19 policies. In Algeria and Tunisia, the Ministry of Women's Affairs is effectively participating alongside other ministries in committees delegated to develop the crisis response plan. In Egypt, the National Council for Women (NCW) is monitoring all policy measures adopted by the government from a gender perspective. No effective measures were however taken to protect women from the unprecedented increase in domestic violence across countries. Women's domestic burden has also increased with school closures and the shift to e-learning. Some women have been also working remotely, while others have had to manage and facilitate suddenly changing lives. The weight of the pandemic fell on women's shoulders first. Chore sharing soon faded, leaving women, in most cases, in charge of domestic responsibilities. The pandemic became a new feminine burden that women have had to carry and mitigate, affecting women of all social classes, but leaving a bigger impact on low-income women who have had to find innovative survival strategies for an unknown long term.

Evidence from previous disasters shows that when disadvantaged groups experience shocks, they are also more likely to adopt coping strategies – such as reducing food consumption and selling productive assets – that lead to lower accumulation of human and physical capital. Nutritional deprivation for children and mothers has damaging long-term

consequences. Data from phone surveys in 33 countries show that reducing consumption is the most common coping strategy used by households to manage income losses associated with COVID-19, adopted by around 40% of households on average. This is confirmed by a high degree of food insecurity reported in the surveys – in an average of half of households in the poorest countries, someone skipped at least one meal in the last month because of lack of resources[139].

COVID-19 and Human Rights

The International Covenant on Economic, Social and Cultural Rights recognizes everyone's right to enjoy the highest attainable standard of physical and mental health. The States Parties to this Covenant must take the necessary steps to achieve this right to the fullest, and that through the prevention and control of all types of diseases, including pandemics, and the creation of conditions which would ensure all healthcare services and medical attention in the event of sickness.

The International Human Rights Law allows governments to temporarily restrict some of these rights – by imposing travel restrictions and social distancing rules for example – provided that these measures are absolutely necessary, proportionate and non-discriminatory. However, some governments are taking advantage of the Coronavirus pandemic to silence critics, expand surveillance and tighten control. Human rights have always been and continue to be mostly affected by natural disasters, wars, conflicts and different emergencies throughout history. With the COVID-19 pandemic, an urgent response was required to fight the pandemic that has threatened the lives and safety of individuals and State security. The preventive measures taken against COVID-19 have restricted freedoms around the world. IDEA International indicated that more than 6 in 10 countries around the world have adopted measures during the Covid-19 pandemic that are problematic from a democracy and human rights standpoint. The study, which examined the situation in almost all countries of the world, concluded that 61% of nations "implemented restrictions that were either illegal, disproportionate, indefinite or unnecessary" in at least one area of democratic freedoms. Among countries widely considered as democracies, 43% fell into this category, a figure that rose to 90% for authoritarian regimes.[140]

The Economist's annual report[141] that measures the democracy status in 167 countries indicated that "the pandemic resulted in the withdrawal of civil liberties on a massive scale and fueled an existing trend of intolerance and censorship of dissenting opinion". In order to achieve what is known as social control to contain the spread of the virus, governments of democratic and autocratic countries imposed their hegemony on their citizens in their fight against this health crisis".

In the Arab region, most governments are exploiting the crisis to impose restrictions on public gatherings, suppress protests, and tighten control over freedom of expression and information, including social media, under the guise of fighting "misinformation" about the virus. Another trend is governments' increased use of new surveillance technologies under the pretext of tracking COVID-19 patients and their contacts. There is a considerable risk that

these measures will be abused, particularly if they are authorized and implemented without proper transparency or oversight.

The emergency regulations adopted allow the executive authority to prosecute—including without an official charge—anyone who breaches the new rules or incites others to breach them through speech or threats uttered in a public place or meeting, written or printed materials, photos, posters, audiovisual or electronic communications or any other means. In such cases, emergency regulations are an additional tool at the disposal of the executive authority to control citizens' voice and shrink the civic space.

Some governments are arresting individuals, including doctors, criticizing the government's response to COVID-19. According to Human Rights Watch, eight cases of workers in the healthcare field, including six doctors and pharmacists, were arbitrarily detained since March for expressing their health-related concerns on the internet and social media. The Egyptian Medical Syndicate, representing around 110 thousand doctors in Egypt, demanded the release of the doctors who were arrested for criticizing the State's management of the Coronavirus pandemic. In August, Human Rights Watch urged Jordan to release the detainees who were arrested for participating in public protests against the arbitrary closure of the country's Teachers Syndicate, and accused Amman of exploiting the state of emergency to crack down on public outrage.[142]

Authoritarian regimes, not surprisingly, are using the crisis to silence critics and tighten their political grip. Parliaments are being sidelined, journalists are being arrested and harassed, minorities are being scapegoated, and the most vulnerable segments of the population face alarming new dangers as the economic lockdowns ravage the very fabric of societies everywhere. These measures and regulations have been adopted based on a plurality of legal frameworks. None of these countries' constitutions include provisions on a potential 'state of health emergency' that can be implemented to confront the COVID-19 pandemic or similar emergencies. However, countries have used different terms with no distinction: 'state of emergency', 'state of exception', 'state of siege', 'state of necessity' and decrees adopted on an ad hoc basis by governments to deal with the pandemic. This semantic confusion, which is linked to the content of these countries' constitutions as well as to their institutional trajectories, highlights the degree to which these countries are not prepared from a legal point of view to face the pandemic or similar emergencies. The precarity of the legal frameworks for emergency regulations and measures adopted has reinforced the distrust between citizens and governments.[143]

On the Rights of Key Sectors, Especially the Healthcare Sector

While many businesses have suspended operations due to the pandemic, essential sectors continued to work in various countries of the world, and their employees were compelled to go to their jobs, amid risks of contracting COVID-19. Among the most prominent sectors that continued to work are health, security, banking and services related to health, nutrition, hygiene and sterilization. These employees' continued work often meant they needed to be quarantined, keeping them away from their families for long periods of time. Many of these employees are women, who constitute a high proportion of the nursing sector, for instance.[144] The most prominent concerns affecting the rights of such groups are:

- **Lack of adequate protective clothing and tools**, particularly in the health sector, where many members of the medical staff complained about the lack thereof and became infected, or even died. In Egypt, for example, about 13% of Coronavirus infections are among medical personnel. Similar situations were reported in Lebanon and the Occupied Palestinian Territory.

- **Lack of hazard pay for high exposure**. While some governments announced granting rewards to medical staff, others failed to compensate medical personnel and others, or provided insufficient compensation.

- **Long working hours without commensurate pay**, common among medical personnel and in some industrial sectors.

- **Lack of multilingual campaigns to spread awareness** on the dangers of the Coronavirus and precautionary measures, including those suitable for people with hearing and visual impairments, especially at the beginning of the pandemic.

- **Fragile and weak infrastructure in health facilities**, including water, sanitation, hygiene and medical waste management.

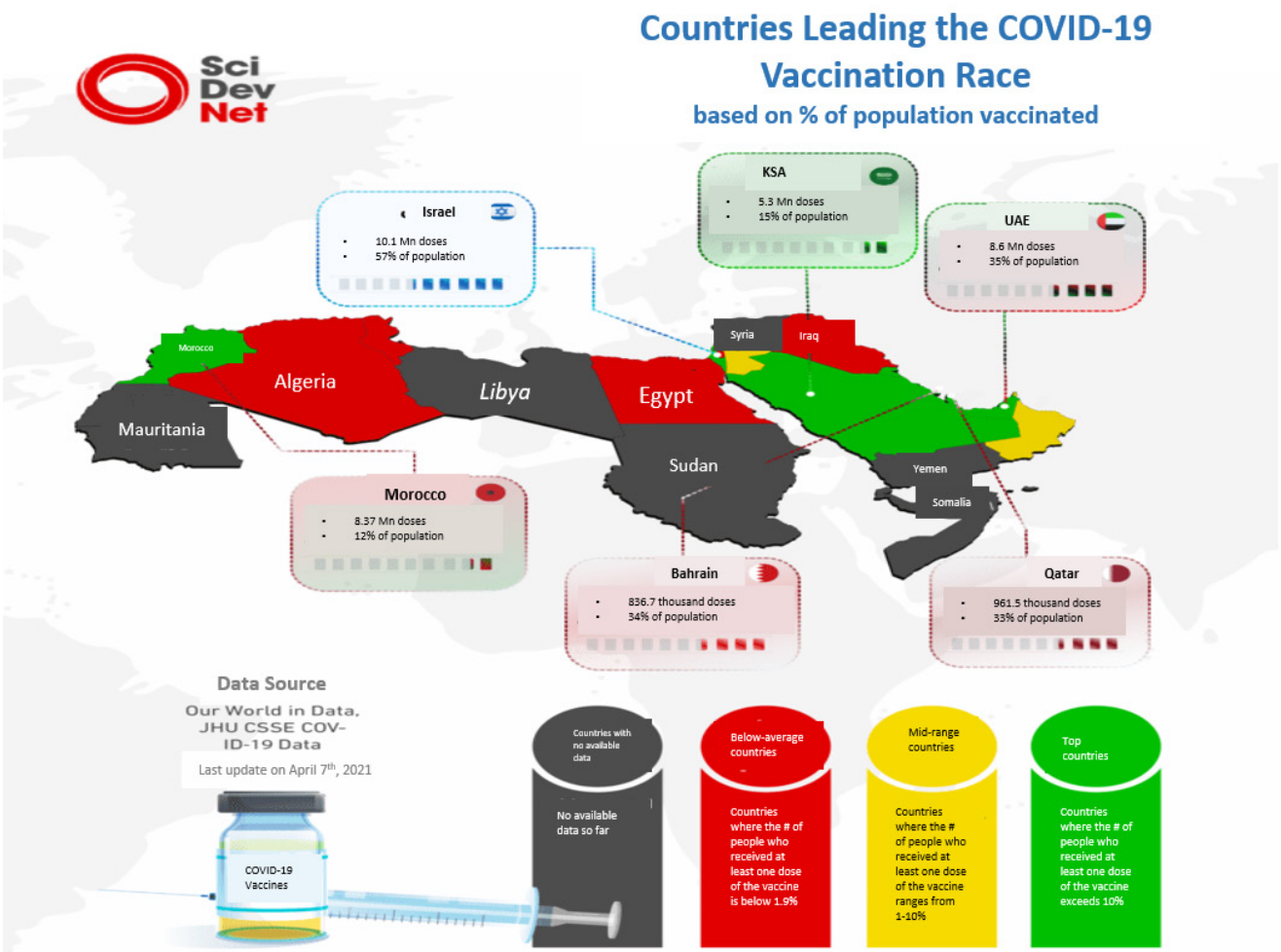
- **Failure to provide mobility permits for essential workers during lockdown.** In Jordan, for example, Labour Watch documented that a security company forced its employees to work during curfew without granting them permits to ensure they were not arrested.

With great risks facing medical personnel, a clear system that grants them compensation and suitable risk allowance is needed. Some European granted employees remunerative salaries and rewards, while these were limited and worthless in some Arab countries. In Egypt, for example, the reward of intern doctors at university hospitals of the Ministry of Higher Education and Scientific Research, and Al-Azhar University hospitals, which currently ranges from 400 to 700 Egyptian pounds, has been raised to 2,200 pounds per month, starting with medical school graduates of December 2019, which means that the reward

does not exceed USD 150. Likewise, the risk premium did not exceed a few pounds. Under Article 7 of the International Covenant on Economic, Social and Cultural Rights, the States Parties recognize everyone's right to just and favorable conditions of work which ensure, in particular, remuneration which provides all workers, as a minimum, with fair wages and equal remuneration for work of equal value without discrimination of any kind, in particular women being guaranteed work conditions not inferior to those enjoyed by men, with equal pay for equal work performed.[145]

Prisons and COVID-19

Prisoners cannot fend for themselves in their situation of detention, and it is the responsibility of the State to provide health services and a healthy environment. Human rights instruments call for prisoners to receive healthcare at least equivalent to that available for the outside population.[146] However, at the level of Arab countries, all the way from Morocco to Yemen, including Egypt (perhaps except for Tunisia), thousands of political prisoners languish in



exacerbating conditions caused by the disease spread. UN High Commissioner for Human Rights Michelle Bachelet called on governments to immediately release every person detained without sufficient legal basis to prevent catastrophic consequences in overcrowded prisons amidst the COVID-19 pandemic.[147]

Bahrain released hundreds of prisoners in May 2021, while Tunisia and Morocco released around 6 thousand prisoners in the last couple of weeks. In early April, the Algerian authorities granted amnesty to 5 thousand prisoners. Egypt, however, ignored all calls and petitions to release prisoners from its overcrowded prisons, keeping opposition activists in detention as a precautionary measure to ensure their safety from COVID-19. Nonetheless, prisoners were held in complete isolation from the outside world, and no campaigns were organized therein to raise awareness on preventive measures, symptoms of the disease and ways to cope with it.[148]

Tunisia's General Committee of Prisons and Rehabilitation (GCPR) announced expanding and building new prisons to ensure social distancing and reduce overcrowding that has reached 180% in some of the country's prisons. GCPR spokesperson stated that work was underway to reduce overcrowding by expanding current units and building newones.[149]

International vs. Regional Cooperation

UN officials launched a USD 2 billion coordinated Global Humanitarian Response Plan (GHRP) to fight COVID-19 in some of the world's most vulnerable countries, in an attempt to protect millions of people and stop the virus from circling back around the globe. The GHRP includes partners of the Inter-Agency Standing Committee (IASC), in addition to other international and non-governmental organizations.

The Response Plan identifies population groups in the most affected and vulnerable countries and countries that called for international assistance, such as Iran. The GHRP revolves around three strategic priorities: 1- Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality; 2- Limit the deterioration of human assets and rights, social cohesion, food security and livelihoods; 3- Protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic.[150] The GHRP aims to assist countries in Africa, the Middle East, Asia and Latin America, and shall be implemented by UN agencies, with international NGOs playing a direct role in the response that intends to deliver basic laboratory equipment for COVID-19 testing and medical supplies to treat patients. The GHRP is also designed to install hand-washing stations in camps and settlements, launch public information campaigns on protection against viruses, and build airlifts and axes through Africa, Asia, and Latin America to transfer workers in the humanitarian field and supplies to those in need.[151]

In light of the cooperation between Arab countries and UN organizations, a partnership was built with the UNDP Programme in Jordan to support the country's healthcare systems through a new project that provides advanced technologies for safe disposal of waste in order to improve medical waste management in healthcare facilities. In Lebanon, the program cooperated with LBCI, to launch a campaign that started on March 25th, 2020, aiming at limiting misinformation about the Coronavirus. In Iraq, the Programme cooperated with Human Rights Watch in Kurdistan Province to organize sewing and tailoring workshops for 60 women in Ninawa Governorate to produce necessary facemasks to prevent the spread of COVID-19.[152]

International institutions attempted to mobilize their resources to provide urgent assistance to all nations in their fight against the COVID-19 at the humanitarian and economic levels, especially low-income developing countries. In fact, the International Monetary Fund (IMF) mobilized financial resources amounting to USD 1 trillion to provide urgent assistance to Member States. World Bank also stated that a set of interventions of USD 160 billion in value were disbursed and global central banks adopted cash stimulus packages of USD 6 trillion.

In a virtual meeting held on November 2020, G20 leaders expressed their "commitment to establish the Debt Service Suspension Initiative (DSSI), to be extended until June 2021. The initiative allows the mandated countries to benefit from the debt service suspension of amounts owed to their official bilateral creditors". The G20 initiative also contributed to alleviating the debt burden of 46 countries by deferring the debt service payments in 2020 amounting to USD 5.7 billion.[153] 73 countries are eligible for a temporary suspension and the initiative is offering financing of up to USD 12 billion. The DSSI was launched with the goal of helping poor countries concentrate their resources on fighting the pandemic and safeguarding the lives and livelihoods of millions of the most vulnerable populations. Since it took effect on May 1st, 2020, the initiative has delivered more than USD 5 billion in relief to more than 40 eligible countries.[154]

The Women Entrepreneurs Finance Initiative (We-Fi), on the other hand, announced allocating USD 49.3 million, expected to benefit over 15,000 women-led businesses and mobilize about USD 350 million of additional public and private sector resources. We-Fi is an initiative that addresses the needs of women entrepreneurs emerging from the COVID-19 crisis, and encourages innovation and digital development, as well as partnership. It will be implemented by four multilateral development banks, among which the European Bank for Reconstruction and Development would be granted resources to fund programs in many regions around the world, including the Middle East and North Africa. Over 65% of the most recent allocations will benefit women entrepreneurs in low-income (IDA-eligible) countries and fragile countries affected by conflict. Due to the COVID-19 crisis, women entrepreneurs around the world are suffering large setbacks. A recent World Bank-led research indicated that women-owned SMEs are about 6 percentage points more likely to shut down than male-owned businesses.[155]

At the regional level, bilateral cooperation was absent between Arab countries during the pandemic and limited aid was provided by some countries, among which was UAE, Qatar

and KSA, to Lebanon, Palestine and Yemen. Meanwhile, the Arab League stood silent and postponed the Arab League Summit that was scheduled for March 30th, 2020 in Algiers.

What Next?

1. Health Ecosystem Reform

- Commit to the Declaration of Astana[156] endorsed in 2018, by virtue of which world leaders committed to providing primary healthcare by scaling up investments in primary healthcare and achieving universal health coverage. Target 3.8 of the Sustainable Development Goals (SDGs) indicates the objectives that need to be achieved by 2030: Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all. Primary and preventive care can reduce the need for expensive care by maintaining people's health.

- Provide quality healthcare services: this goal is underpinned by the commitment to social justice, equity, and the recognition of everyone's right to enjoy of the highest attainable standard of physical and mental health, as stated in Article 25 of the Universal Declaration of Human Rights: "Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services."

- Achieve universal health coverage, meaning that all individuals and communities, including refugees and migrants shall have access to the health services they need. Universal health coverage must include interventions to tackle the main causes of morbidity and mortality for the entire population, including marginalized and vulnerable groups, as well as protection against catastrophic health costs that can cause financial ruin for families. This is deemed as an important target for SDGs and plays a vital role in ensuring effective response to the growing impact of non-communicable diseases.

- Increase the number of healthcare professionals and other health workers needed in countries, and improve workforce quality. This is a critical area to be addressed in the region's healthcare sector. Attracting qualified healthcare workers has become very difficult in some countries witnessing ongoing instability and conflict and from which many health professionals have been forced to flee with their families.

- Commit to the approach confirmed by WHO to develop the healthcare systems in terms of:

1. meeting people's health needs through comprehensive, preventive, curative, rehabilitative and palliative care throughout their lives, strategically defining the priorities of the core functions of healthcare services provided to individuals and families through primary healthcare and to citizens through public health as central pieces to provide comprehensive health services; addressing the broader determinants of health (including social, economic and environmental characteristics, as well as people's behaviors and characteristics) through multi-sectoral policies and actions;

2. engaging and empowering individuals, families, and communities to improve their health as advocates of policies that promote and protect health and well-being, as participants in the development of social and health services and as healthcare providers for themselves and others.[157]

- Launch telemedicine. Informal telemedicine networks have already emerged across the region given high levels of internet connectivity. Telemedicine can play a role in ensuring that patients continue to receive non-urgent care, particularly those with chronic conditions.

- Integrate of family medicine and care networks to strengthen primary healthcare systems, which would ensure access to essential maternal, neonatal and child health services, and enable the implementation of preventive interventions for non-communicable diseases.

- Expand hospital infrastructures and ensure comprehensive coverage in the Arab countries where enormous disparities emerged in access to healthcare services in rural, interior and border regions.

- Every COVID-19 response plan needs to address the gender impacts of this pandemic. This means: (1) including women and women's organizations at the heart of the COVID-19 response; (2) transforming the inequities of unpaid care work into a new, inclusive care economy that benefits everyone; and (3) designing socio-economic plans with an intentional focus on the lives and futures of women and girls. Putting women and girls at the center of economies would fundamentally drive better and more sustainable development outcomes for all, support a faster recovery, and provides a solid foundation to achieving Sustainable Development Goals.

- The COVID-19 pandemic has revealed deep disparities between different population groups in the region, which increases the need to monitor inequality at the health level, and therefore identify discrimination aspects therein.

- Provide emergency support to the most vulnerable populations and

pave the way for a more equitable and sustainable social compact. The coverage of existing social protection schemes, including cash transfers, subsidized food, unemployment benefits, and other forms of social assistance could be extended and expanded. The region's responses could be tailored to reach those most vulnerable to COVID-19 and its socioeconomic impact. Governments in the region could integrate these COVID-19 related measures in overall social protection reforms as part of a new post-Covid-19 social contract.

- Establish effective policies to address social problems caused by disasters, wars and crises. Unprecedented levels of violence have also revealed the lack of a comprehensive emergency medical and social policy to address cases of violence against children, adolescents and women. The crisis has also stressed the need to set comprehensive emergency plans to tackle the social impact of crises, wars, disasters and epidemics and prepare the necessary human resources.

2. Addressing Disparities

Within the framework of SDG 10, drastic economic reforms shall be implemented to fight inequality in education, health, and taxation. The region is characterized by two-tier public and private healthcare and educational systems. Tax systems in most countries of the region rely overwhelmingly on indirect taxes levied on consumption, which are regressive in not taking into account actual income levels. Systems of direct and progressive taxation, where tax rates increase with income, are required. Progressive taxation of income and wealth has historically been a powerful tool to deal with extreme inequality and to finance welfare services.

These plans should include increases in taxation of the richest corporations and individuals, and an end to tax dodging and the harmful 'race to the bottom' on taxation. Spending on public services and social protection needs to be increased and its impact on coverage and inequality improved. The Coronavirus pandemic has highlighted the particular urgency of achieving SDG targets for universal healthcare and social protection. There also needs to be systematic tracking of public expenditures, involving citizens in budget oversight.

3. Reducing Debt and Improving the Investment Framework

These actions should also reduce debt and improve the investment framework. Investing in green infrastructure projects, phasing out fossil fuel subsidies, and offering incentives for environmentally sustainable technologies can buttress long-term growth, lower carbon output, create jobs, and help adapt to the effects of climate change.[158]

4. The Need to Expand Financial Subsidies to Informal Labor

It is also necessary to expand the financial subsidies of informal employment of all types – whether informal or self-employment – and urge companies of private and non-governmental sectors to implement values and procedures of social responsibility, such as providing paid leave in times of crisis, preserving employment and not considering absence for health or family reasons as an authorization for dismissal. Moreover, there is a need to provide adequate health and occupational safety standards, necessary tools in this regard for free, and adequate incentives to register informal companies and businesses within the appropriate administrative and legal frameworks.[159]

Governments and international institutions should cooperate to reduce the dramatic increases in inequality that are likely to occur as a result of the Coronavirus pandemic. The most urgent policy measures include:

- a global commitment and funding to ensure that COVID-19 vaccines will be free to all countries; and a much more dramatic expansion in social protection to protect workers in lower-income countries.[160]

- Development and regional financial institutions, in addition to multilateral financial institutions, should adopt structural reforms aimed at reducing public budget deficits and ensuring that public debt is maintained at appropriate levels. They should also consider developing mechanisms for debt relief and moratorium, in order to enhance fiscal space available for low and middle-income countries in the region, allowing them to cope with the consequences of COVID-19.

- Data protection laws should be formulated by conducting public and transparent consultations with all relevant parties, particularly non-governmental organizations, to adopt strong and effective legislation for data protection based on users' rights. These laws should also grant them independence and freedom of choice when it comes to their personal data and protect their privacy from tracking and exploitation for profit-making end and from incidental or illegal threats, hacks and violations.

The EU should start thinking now – even before the end of the health emergency – of ways to relaunch Euro-Mediterranean cooperation, in conjunction with the 25th anniversary of the Barcelona Process. It is very likely that major efforts and resources will be required for reconstruction on both sides of the Mediterranean once the Coronavirus crisis is over. Now is the time for the Union for the Mediterranean (UfM) to prove whether it can help pull the entire region out of deep crisis, in cooperation with other multilateral development institutions.

The inequality report issued by OXFAM in 2020 indicates that it will be impossible for low-income countries to recover sustainably – let alone adopt more ambitious policies on resilience through health and social protection – unless international solidarity is maximized. Three sets of measures will be vital to this effort:

1. **Issuing Special Drawing Rights (SDRs).** The IMF has the ability - subject to approval by its member states - to issue global currency known as SDRs to its members, which can be fed through into their balance of payments and budgets and used to provide more fiscal space for spending on public services and to increase resilience. During the global financial crisis in 2009[161], the IMF issued SDRs to help countries combat the global recession. The IMF has recently approved the issuance of SDRs[162] amounting to USD 650 billion, whereas civil society organizations have called for a much larger issuance of SDRs – up to USD 3 trillion.[163]

2. **Providing debt relief**. Even before the Coronavirus pandemic hit, 64 lower-income countries were paying more in external debt service than they were spending on health. Debts have become even more burdensome as a result of the crisis, due to the drop in State revenues. The global response has been limited to the cancellation of debt service to the IMF for 25 countries during 2020, and a standstill on payments to G20 governments during the same period (with extra interest adding to the debt in the meantime). It is now clear that the economic impact of the pandemic will be felt well into 2021 and 2022 in lowest and lower-middle-income countries, and that the debt standstill should be extended until end of 2022 and should include multilateral and commercial creditors. Many countries will need comprehensive debt cancellation and reduction to ensure that they do not have unsustainable levels of debt stopping them from investing in greater resilience through universal health and social protection.

3. **International solidarity taxes**. As G20 countries design their own tax responses to fund recovery from the pandemic, they must bear in mind that low and lower-middle-income countries need additional funds far more urgently.[164]

Despite Everything, Opportunities Exist

Despite the structural challenges that the countries are facing in the region, there are opportunities that can be seized and promising strategies that shall be implemented. For instance, spending on social welfare programs is directly proportional to health outcomes of people in many interesting ways. Countries that spend more on social programs than they do on health have better health outcomes, all other things being equal, then this raises strategic questions for governments who wish to improve health outcomes. In the Arab world, social expenditures constitute on average 4.9% of GDP compared to 6.6% in the markets.[165]

Moreover, the Coronavirus pandemic has inflicted huge damage on the agriculture and food processing industries, and increase in prices has led to reconsider the importance of local agriculture.[166] However, many data suggest that the Coronavirus pandemic presents a real opportunity that allows Arab countries to revitalize local agricultures instead of relying on imported products from intensive, large and industrial farms that use harmful growth hormones and chemicals. This opportunity lies in increasingly attaching importance to small farmers who constitute the vast majority of workers in the agriculture sector of these countries. Therefore, governments should provide support by any means possible, especially in this phase, to help them deliver their projects successfully, contribute in achieving food self-sufficiency and enhance food security. Such support needs comprehensive incentive packages that include, above all, the provision of production needs, such as seeds, plants, and construction materials for feedlots to produce all types of meat. Assistance is also required in this regard to distribute and sell products at viable prices to ensure a decent life for farmers and workers in agriculture, protecting them from any exploitation by wholesalers who control the market.[167]

The pandemic offers an opportunity to negotiate new social contracts in Arab countries at a time when the virus led to the suspension of protests in the region that faced many uprisings and revolutions against numerous regimes throughout the current decade, condemning their economic failures, their ineffective management, their corrupt practices and their authoritarian methods.

The current health emergency may pave the way to another opportunity to put an end to the hostilities in the regions suffering from armed conflict, like Yemen, Syria, Libya, Iraq and Gaza. The crisis should be used as an excuse to change the course of conflicts - first through limiting the spread of COVID-19 (that threatens all the belligerent parties), then through adopting measures that build confidence and steps towards resolving these conflicts. The international community should not neglect the opportunities that may arise today. In this context, UN Secretary General

Antonio Guterres called on March 23rd "for immediate global ceasefire in all corners of the world", stressing that "it is time to put armed conflict on lockdown and focus together on the true fight of our lives".

While the COVID-19 pandemic may be a factor that exacerbates current problems and fuels conflicts in the Arab region, it can also be considered as an opportunity to strengthen regional cooperation and change the course of armed conflicts that beset several countries in the region.

This may be the first time in the history of Arab countries that they face the threat of a common enemy –a global pandemic– that does not come from a State or an army. Similarly, there are no precedents of a common threat that does not emerge from power struggles or alliances dictated by geopolitics. It is evident that the way in which the Arab countries manage the health and economic crisis of the COVID-19 pandemic will shape the future of the region and will have strong implications on its neighborhood. If Arab regimes are able to manage these crises somewhat successfully, they could emerge from this situation stronger thanever.[168]

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