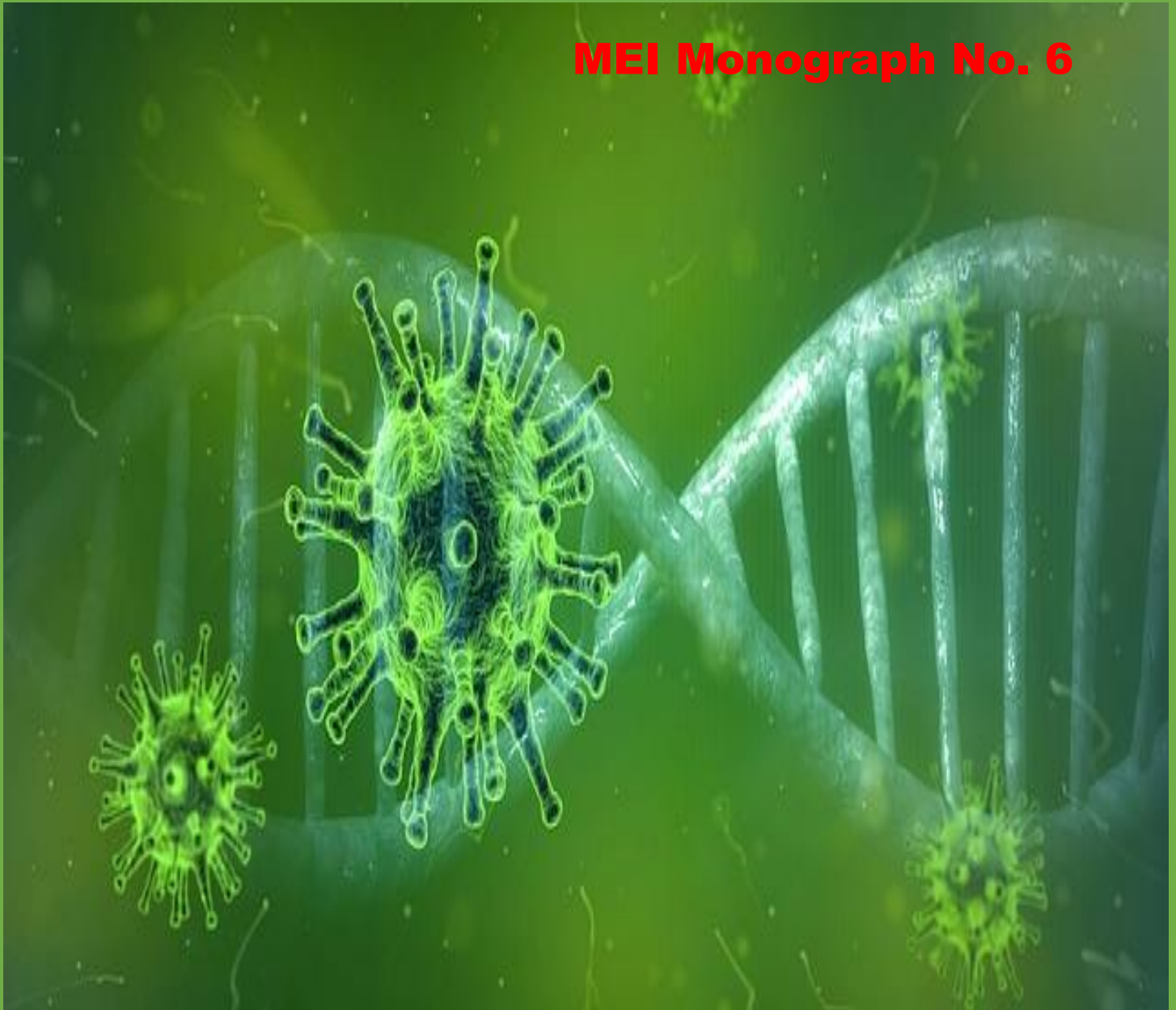


**MEI Monograph No. 6**



**Middle East Fights COVID-19:  
A Fact Sheet**

**Edited by  
Md. Muddassir Quamar**

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A Fact Sheet**

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**Md. Muddassir Quamar**

**MEI@ND, New Delhi**

**25 May 2020**

**MEI Monograph**



**Middle East Institute, New Delhi**

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To  
To the Victims and the Warriors of COVID-19

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# 01 Introduction

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The COVID-19 that first came to light in Wuhan, the capital of Hubei province in central China, in December 2019 became a global pandemic in no time and by March 2020 it had affected the lives and livelihoods of the entire world population. As of 15 May, the worldwide positive cases were close to 4.5 million and the total deaths caused by pandemic were close to 300,000. Significantly, the most severely affected countries were the US, Spain, Russia, the UK, Italy, Brazil, Germany, Turkey, France, Iran and China. As the world debated and discussed the origin, impact and fallout of the pandemic, there is no doubt that the post-COVID-19 world will be different. Though the contours are unclear, the competition for limited resources might see growing geo-political and geo-economic struggles and rivalries.

In the Middle East, the COVID-19 could not have come at a worse time. The region is yet to recover from the tumults of political instability caused by Arab Spring protests which began in December 2010 in Tunisia, pushing many regional countries into turmoil and gave rise to the Islamic State (ISIS). Iran and Turkey are the worst affected countries in the region with over a million cases each, but others are also seriously affected. In countries such as Syria, Libya, Iraq, Lebanon, Palestinian territories and Yemen, the response to the pandemic is affected due to conflict, lack of central authority, adverse economic situation and poor public health infrastructure. The larger problems are the enduring economic impact the pandemic is likely to have upon the region and how that might redefine the Middle Eastern politics.

Undoubtedly, the threats to regional stability have been amplified due to the COVID-19. Even the Gulf Arab countries, the most stable area in the region due to their economic prosperity, are likely to be affected seriously. The upheaval in the oil market might have an adverse impact on the Gulf economies with ripple effects. The fragile refugee and humanitarian situation are likely to become worse. Conflicts, civil wars, failing states and displacements along with severe economic stress make the spread of COVID-19 one of the worst challenges for the region.

Besides being the public health threat, the pandemic is a regional strategic challenge that demands an urgent and collective response. However, economic strains and geopolitical competitions have limited the ability of the Middle Eastern leaders to take a more cooperative approach. Except for some discussions among the GCC countries, there has been no regional or sub-regional effort to evolve a response or roadmap. It would appropriate for regional leaders think about managing and fighting the pandemic and its fallouts, if not collectively, at least with some coordination. Without an effective crisis management mechanism, the region stares at an uncertain future.

This monograph is part of the *MEI Monograph Series* started in 2019 and a small step in the direction of taking a closer look at the COVID-19 situation in individual Middle Eastern countries and develop a better understanding of the pandemic and its fallouts in the region. To encourage younger talent, all chapters, except Jordan, were contributed by students pursuing Masters in Jawaharlal Nehru University. All figures and URLs were up to date as of 25 May 2020.

I would like to record my sincere thanks to *MEI@ND* for providing me the opportunity to edit the monograph. I would also like to thank Jatin Kumar for helping me in not only updating some of the

missing data and information in the text but for preparing the factsheet presented at the beginning of each chapter. All omissions and commissions are mine.

Md. Muddassir Quamar

25 May 2020

## 02 Algeria

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**Shuchi Gupta**

**First Case:** 25 February 2020

**Cases:** 8,306

**Casualties:** 600

**Recoveries:** 4,784

**Cases per million:** 190

**Deaths per million:** 14

**Total tests:**

**Tests per million:**

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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Due to lack of proper structures and equipment, the cases of infections have risen dramatically, making Algeria the second most-affected country of Africa after South Africa. The [Global Health Security Index](#) had ascribed the lowest scores to Algeria in the category of detection and health system. But in the sub-indicators of immunization score and healthcare access, it scored 96.5 and 47.2, respectively, higher than the global average. On 19 March President Abdelmadjid Tebboune stated that “Public health is above everything, even if in the process we will have to [restrict some civil liberties temporarily.](#)”

Based on the WHO criteria, on 22 March [Algeria was declared a Level 3 country](#). Blida is the worst-hit region, with 90 percent of the cases being “imported” from Europe. The number of contaminations and deaths has been reported transparently. The ones who showed symptoms of disorders or came in contact with COVID-19 positive individuals are being tested.

After the detection of the first case on 25 February a [call centre with a toll-free ‘hot-line’](#) was set up, which was later handed over to be managed by volunteer doctors. The Minister of Health addressed the concerns of citizens regarding coronavirus on the free-toll number 3030. For the detection of the COVID-19, the first approved private laboratory was commissioned in Batna on 16 April. In addition, 3,333 artificial respiration devices, 2,390 devices for anaesthesia-resuscitation and 64 ambulances equipped with artificial [respiratory devices have been distributed](#).

All the 48 provinces have been equipped with an infectious disease centre. The government declared that foodstuffs would be made available by the ministerial departments through digital platforms from 18 April. On 1 March “preventive” measures were adopted to provide distance learning by the [Minister of Higher Education and Scientific Research](#).

In the third week of March, the Centre for Disease Control and Prevention has issued a Level 3 Travel Notice, stating avoidance of nonessential travels. On 14 April. Director-General of the Pasteur Institute of Algeria (IPA) Fawzi Derrar stated that “Lockdown is the ‘best way’ to stop the spread of the COVID-19 pandemic” [and refuted the necessity of massive screening](#). A controversy erupted when on 15 April, former head of Algerian Renewal Party (PRA), Nouredine Boukrouh, in Facebook



post [argued that fasting in Ramadan should be stopped](#) this year because it “poses a health risk and contributes to the outbreak of the coronavirus.”

On 17 March orders were issued for the closing of land borders, flights and the banning of mass gatherings (demonstrations and congregational prayers) except for continuing the call for prayers by the mosques. Since 12 March, lockdown in Algiers and Blida cities has been imposed due to the high concentration of cases. As a precautionary measure the closure of schools, universities, restaurants, and cafes, suspension of flights, and public transports were ordered on 12 March. Shipping has been restricted to the transportation of goods and property. By mid-March, the government imposed a ban on the export of strategic items like medical and food products and directed towards addressing the national demands. The country-wide [lockdown was extended](#) first until 29 April 29 and again until 14 May. However, to reduce the economic and social impact of the pandemic, several businesses, such as salons, bakeries, apparel and shoe shops were allowed to be open.

### Major Challenges and Impact

The health crisis poses a [trust deficit between the delegitimized](#) political system and society. The ill-equipped healthcare system and ineffective state policies have become targets of criticism by the Hirak, the leaderless protest movement. Due to the state-society distrust, the counter-COVID-19 measures are viewed by the former as a way to curtail their freedom. This can be seen in the non-compliance of orders to close down the mosques. Also, Hirak views it as an effort by the government to halt their protests. The pandemic is used by the government to settle scores with the media as seen in the case of the arrest of critics like Khaled Drareni. However, the President had praised the protestors for avoiding violence and [appealed to the citizens to be disciplined](#) as their cooperation is required to limit the spread of the pandemic. He said, “You must be disciplined. We lack discipline. People must respect preventive measures and doctors’ advice.”

On 14 April, the Ministry of Religious Affairs has come up with the [initiative of distributing the Quran](#), among the people to prioritize religion to “deal with” the health crisis. The public hospitals lack the basic requirements for the treatment but possess a copy of the Quran, whereas the military hospitals are better equipped and exclusively meant for the powerful. The Ministry also issued instructions to imams to recite Qur’anic readings every day via the mosque’s loudspeaker, stating that the step stems [from the “popular demand.”](#)

For the import of pharmaceutical products, personal protective equipment (PPE) and chemical analysis equipment from China, US\$100 million were allocated and 90,000 masks per day are being locally produced. The inmates of prisons are mobilized to make PPEs. The customs [procedures for imports were accelerated](#), with the formalities to be carried out later. The government reassured that it has technical and medical expertise to produce the anti-malarial drug Chloroquine and on 25 March the usage of chloroquine has been allowed to test patients in “certain cases.”

The economy faces a major threat from the [fall in oil prices](#) as the country relies on the revenue from the energy exports. There has been a rise in the [public debt to 45 percent](#) of GDP. This has led to a reduction in public spending by 30 percent assigned to reviving the economy. The change in the monetary policy led to a reduction in the reserve requirement ratio from 10 percent to 8 percent. Moreover, solvency, liquidity and NPLs ratios for banks were eased. A supplementary finance law would be in place for mitigating the economic impact of the pandemic by compensating the

businesses for the losses incurred. On 31 March solidarity account for citizens has been opened by Algerie Poste to maintain the financial inflow. On 9 April, EU announced a [support of €75 million](#).

COVID-19 has posed a challenge to the state system as it failed to devolve crucial measures in time and lacked communication and coordination.

## 03 Bahrain

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**Ranjeeta Ranjan**

**First Case:** 24 February 2020

**Cases:** 8,802

**Casualties:** 13

**Recoveries:** 4,587

**Cases per million:** 5,392

**Deaths per million:** 8

**Total tests:** 281,204

**Tests per million:** 165,937

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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After witnessing its first case on 21 February, Bahrain launched a multipronged approach to contain the spread of COVID-19 including special economic packages, norms and guidelines for social distancing, quarantine and isolation facilities and a nationwide lockdown. The early response and a high number of per capita testing were appreciated by the WHO.

On 17 March, Bahrain rolled out an US\$11.4 billion economic stimulus package equivalent to 29.6 percent of its annual GDP to support citizens, residents and businesses and to cover water and electricity bills over the next three months. On 8 April, the government announced a plan to [spend US\\$570 million to pay for the salaries](#) of all Bahraini employees working in the private sector during April-June 2020. Additional initiatives by the Ministry of Finance and National Economy included the exemption of industrial and commercial institutions from industrial and rental fees and exempting tourist establishments from tourism fees.

The Kingdom took stern actions on imposing the norms of physical distancing and travel guidelines. The authorities at the Bahrain International Airport were allowed on 22 February to conduct compulsory medical tests for anyone [arriving from any affected areas](#). Passengers were required to declare their travel history and to undergo compulsory screenings. Anyone who had been in China, Iran, Iraq or South Korea at any point within 14 days of their arrival from anywhere to Bahrain were denied entry into the country with the exceptions of Bahraini citizens, permanent residents, citizens of the Gulf Cooperation Council (GCC) countries and passengers [with prior permission](#). On 24 February, Bahrain imposed the first travel ban to and from UAE and a day later for Iran as the first bunch of cases was linked to these places. By 26 March Bahrain imposed a nationwide lockdown which lasted until 8 April. It was decided to re-open the businesses during 9-23 April.

Bahrain has set up a dedicated National Taskforce in early March to tackle the spread of the virus and took measure to ensure that testing and quarantine facilities were set up without delay. The Kingdom has one of the highest testing rates per capita in the world (107,492 per million), garnering the recognition of the World Health [Organization for its agile response](#). On 18 March Bahrain became the first Arab country to join the Solidarity Trial to find [effective treatment for the virus](#). The

Kingdom is providing free treatment to citizens and residents. There are mobile medical units to examine people in their homes.

On 24 March, Chairperson the Supreme Council of Health Mohamed Abdullah al-Khalifa [announced success in treating the COVID-19](#) patients with the anti-malaria drug hydroxychloroquine. On 4 April, [Bahrain launched electronic bracelets](#) to keep track of active COVID-19 cases. Due to the high per capita tests, Bahrain has reported a fairly low number of fatalities as compared to the other countries in the region.

### **Major Challenges and Impacts**

Though not a major oil producer, Bahrain is heavily dependent on oil production. The Kingdom could experience slower economic recovery post-COVID-19 and could also fall short in meeting its debt obligations. The pandemic has [exacerbated the sectarian tensions](#) and the government delayed the return of more than 1,000 Shia pilgrims from Iran in light of the disease. These pilgrims had visited the holy city of Mashhad, home to the shrine of the eighth Shia Imam. Instead of allowing them to enter the country and to be quarantined, keeping the pilgrims stranded in Iran opened the question on treatment of the Shias. Another major concern is the migrant workers. Major human rights watchdogs have raised the issue of the risks to labours and their vulnerability to the disease due to [the living conditions in the labour camps](#).

On 17 March, the Interior Ministry decided to [set free 1,486 prisoners on humanitarian](#) grounds in the light of the pandemic. However, it has not released any major opposition leaders, journalists and human rights activists thereby raising questions on its intentions. The prominent human rights activists like Nabeel Rajab and Abdulhadi al-Khwaja are still in [prison despite demands from various human rights organizations](#).

The country is using [location tracking technologies like wrist bands](#) which has enabled the full detection of the movement of people, especially those who are quarantined and in isolation. There are concerns that widespread use of location tracking devices though medically useful could be misused to infringe privacy and would impose greater restrictions on personal freedoms.

The response of Bahrain is considerably impressive in containing the disease. Its high per capita testing and a multipronged approach have resulted in lesser number of fatalities. However, the social, economic and political impacts of the pandemic will be a real challenge to deal with. The disease has compelled the government to reconsider its development goals and the need to invest more in human resources, but the same time has increased the long persisting class, race and minorities prejudices.

## 04 Egypt

---

*Juhi Negi*

**First Case:** 14 February 2020

**Cases:** 16,513

**Casualties:** 735

**Recoveries:** 4,807

**Cases per million:** 169

**Deaths per million:** 7

**Total tests:** 135,000

**Tests per million:** 1,322

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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The first case in Egypt was reported on 14 February when a Chinese national who arrived at the Cairo international airport. The case was notified to WHO and the infected person was placed in a quarantined isolation ward. As on 18 April, the Ministry of Health announced 55,000 Tests were conducted. It underlined that “Egypt is moving towards increasing the daily tests to monitor the coronavirus infections.” On 13 April, WHO representative called on Egyptians “to immediately see a doctor if they develop symptoms similar to flu symptoms.” As of 19 March, 13 laboratories were opened for COVID-19 testing and for those referred by hospitals, the testing was made free.

As part of measures to combat the spread of COVID-19, Egypt halted international air traffic from 19 March, implemented a night-time curfew from 8 p.m. to 7 a.m. across the country and shut down the tourist hot spot of South Sinai. On 21 March mosques, churches, archaeological sites, malls, gyms, restaurants, cafes, shops and schools and universities were asked to remain closed. Moreover, the government urged people to practice social distancing in a bid to slow the spread of COVID-19. It further ordered closure of parks, squares and beaches or any public places where citizens might gather. There has been a media and advertising campaign to raise awareness of the danger of the virus and to inform people about the health and preventative measures they should be following, with the slogan “Stay Home.” The government announced on 7 April, that public gatherings, including dinners to break the fast and mass prayers, will be banned during the month of Ramadan.

According to the WHO data released on 13 April almost 100 percent of COVID-19 deaths in Egypt were people with chronic diseases. While addressing medical staff at the hospitals, WHO representative in Egypt John Jabbour stressed that they “must limit their movement among the different health units.” According to the WHO, 13 percent of the infected cases are medical personnel which has been on the rise since the early April. Egypt’s Medical Syndicate on 14 April said it would compensate medical personnel who had contracted the COVID-19 and would pay 20,000 Egyptian Pounds (US\$1,267) or paying families of those who have died as a result of the virus 100,000 Egyptian Pounds (US\$6,337).

## Major Challenges and Impact

Medical and health care system in Egypt is facing a crisis as hospitals and doctors have raised concern regarding lack of masks, disinfectants and protective clothing. Doctors have criticized the shipment of [medical gowns to the UK](#) and US despite the country suffering from their shortage. There was an outcry in early April after the announcement of sending medical aid to Italy for the second time over the course of several weeks. Critics pointed out that the aid delivery was likely to be tied to Egypt's wish to continue [lucrative trade and arms deals with Italy](#).

According to Egypt Medical Syndicate, until 15 April, four doctors had died of COVID-19 and 43 were infected. There were reports of those criticizing the government over the lack of PPE online being [detained and silenced](#). Several hospitals across the country have closed as the number of infections rose. The cost of masks in Egypt has shot up to around US\$10 and many doctors have been forced to buy them [out of their own salaries](#).

Tourism in Egypt is one of the main factors affected by the global shutdown since it constitutes around 20 percent of the GDP. The government has been criticized for being slow to initiate lockdown as the pandemic swept the world and critics have pointed to fear of loss of revenue from tourism as one of the [main reasons for the delay](#). Egyptian Minister of Finance Mohamed Maait revealed that around US\$8.5 billion in foreign investments in government debt instruments had left the country during the last three months. More than 90 percent of Egypt's major projects have been suspended following the [outbreak of COVID-19](#). President Abdel Fattah el-Sisi postponed the launch of a number of major national projects, which were planned to be [inaugurated in 2020 and early 2021](#).

On 3 March, the opposition [Egyptian National Action Group, led by Ayman Nour](#), "accused the Egyptian government of imposing a blackout on the reality of the spread" of COVID-19. The group claimed that the "foolish policies" of the government "have led to the spread of the disease both inside and outside Egypt." Reports of infected people from Egypt travelling outside had led several countries imposing restrictions on those coming from Egypt. On 1 March, Qatar imposed a temporary ban on visitors from Egypt via transit points, while since late March Kuwait added extra screening measures for travellers from Egypt, citing fears of COVID-19.

In early April Egypt's [Interior Ministry accused the Muslim Brotherhood](#) of "instigating the prevention of burial of a female doctor" who died of COVID-19 in the north-eastern Governorate. This was despite [Dar Al-Ifta](#), the central authority in charge of issuing religious edicts or fatwas said on 11 April that all those who die due to the COVID-19 "must be afforded their full religious burial rites and honoured in death."

## 05 Iran

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**Sajid Inamdar**

**First Case:** 19 February 2020

**Cases:** 133,521

**Casualties:** 7,359

**Recoveries:** 105,801

**Cases per million:** 1,618

**Deaths per million:** 88

**Total tests:** 800,519

**Tests per million:** 9,544

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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Iran was the first country in the Middle East to report COVID-19 case and it went on to [become a major hotspot](#) in the entire world. Although there is no fuller agreement on the ‘patient zero’ or the exact date of the first reported case, most reports from Iran and other sources trace it to [19 February when two deaths](#) were reported in the holy city of Qom. This city is home to many Shia seminaries and also famous for the gold dome of Fatima Masumeh shrine, which is popular among Shiites across the region. Initial reports had linked it to an Iranian businessman [who had returned from Wuhan in China](#). It has been underlined that there was delay in testing and diagnosis in the early stages which led to its fast spread in the third week of February.

Despite China imposing lockdown since 23 January, travel between Iran and China had continued. The Iranian [failing came when it went ahead with the 41st-anniversary celebration](#) of the Islamic revolution on 11 February and held parliamentary elections on 21 February, which saw the lowest turnout since 1979.

On April 12, the semi-official [Fars News Agency quoted President Hassan Rouhani](#) as saying, “We have the coronavirus problem like you [Europe], but we have also been dealing with a virus worse than coronavirus which is the sanctions.” Although the US-imposed [sanctions increased hardships](#), the Iranian authorities’ response to the COVID-19 was much delayed and was characterized by haphazard handling. Its initial denial and obfuscation were accompanied by a few state officials and clerics portraying a narrative that veered towards [superstitions and conspiracy](#) theories.

Iran’s crisis was significant because many of the [top functionaries and senior clerics were](#) reported to be COVID-19 positive. This included the deputy health minister who was heading the official task force to deal with the crisis and who asserted in the press conference on 24 February that the “situation had almost stabilized” only to test positive a day later. Others [tested COVID-19 positive included Vice-President Masoumeh Ebtekar](#), two other cabinet members and as many as 23 Members of Parliament. In addition, Mohammad Mirmohammadian, [an adviser to Supreme Leader Ali Khamenei](#), was among the first high profile casualties of the virus.

Iran issued the first major warning to the general public on [16 March and announced the closure of shrines](#) and warned that “millions could die in the Islamic Republic if people keep traveling and ignore health advisories.” Despite the warning, on 17 March religious hardliners demanding access stormed Imam Reza shrine in Mashhad and Fatima Masumeh Shrine in Qom. They demonstrated in the [courtyard of the shrines](#). This was followed by Iran’s Supreme Leader Ayatollah Ali Khamenei issuing a religious ruling on 17 March that prohibited “unnecessary” travel in the country.

These steps came when the death toll and total infected cases in the country were nearing 1,000 15,000, respectively. The shrines in Iran attract devotees from across the Middle East and the extended neighbourhood. Thus, many of the COVID-19 cases in countries like Azerbaijan, Afghanistan, Bahrain, Canada, Georgia, Iraq, Kuwait, Lebanon, Oman, Pakistan, and the UAE were traced to Iran in general, and Qom in particular. Taking a cue from its earlier mistake, Iran severely restricted celebrations of *Nowruz* which fell on 20 March, marking the Persian New Year when millions of people move across the country. In a significant move, on 17 March Iran temporarily released about 85,000 prisoners from its prisons. As late as 17 April, Iran was leading in the Middle East on the total number of confirmed cases of 80,000 when it was surpassed by Turkey the following day with 82,000 confirmed cases.

Due to the fear of worsening economic situation Iran stopped just short of a calling for total nationwide lockdown despite COVID-19 spreading to all 31 provinces. The authorities had ordered most government agencies and all non-essential businesses to remain closed for a week after the *Nowruz* holiday that had ended on 4 April.

To overcome the economic condition caused by COVID-19 on 12 March [Iran announced that it has requested US\\$5 billion](#) assistance from the International Monetary Fund (IMF). This request was opposed by the US and as of 10 May no assistance has been approved for Iran. Although rebuffed by Washington, China and Russia have come to the help of Iran by supplying necessary medical goods and PPEs. Qatar also provided [emergency medical supplies](#) twice, first in March and again in April when the [Qatar Fund for Development \(QFFD\) sent additional supplies](#).

After some initial setbacks, a nation of around 83 million people, has shown considerable improvement and the situation has stabilized since. As of 10 May, Iran stands at 10<sup>th</sup> position in total number of confirmed cases in a chart topped by the US. As per John Hopkins University’s database since 20 April, Iran showed a downward trend in the number of daily new cases (**Figure 5.1**), which implies, “[flattening of the curve](#).” In the first week of May, however, the cases were again on the rise.

National monuments across the world have been lightening up with Corona related messaging. Iran has also been not far behind in showcasing these optics. In the first week of April, it displayed the message of unity and solidarity between cities and countries of the world on [Tehran’s iconic landmark-Azadi Tower](#). This messaging was accompanied by a couplet of famous Persian Poet Saa’di, which read,

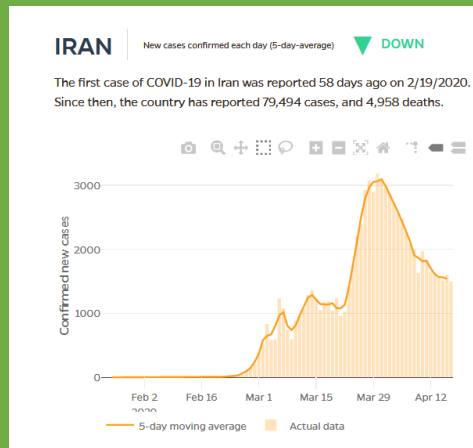
*Human beings are members of a whole  
In the creation of one essence and soul  
If one member is afflicted with pain  
Other members uneasy will remain*



*If you have no sympathy for human pain  
The name of human you cannot retain.*

Along with this couplet, flags of different countries of the world were displayed on the tower; [the US flag was conspicuously absent](#) while that of Kingdom of Saudi Arabia was displayed.

**Figure 5.1: COVID-19 Curve in Iran**



Source: John Hopkins University, Coronavirus Resource Center, <https://coronavirus.jhu.edu/data/new-cases>, accessed on 9 May 2020.

On 20 March, in a [letter addressed to American people](#) on the occasion of *Nowruz*, President Hassan Rouhani observed that “the coronavirus outbreak has endangered the health of—and even presented a considerable threat to—humanity with no distinction as to nationality, or gender or religious backgrounds.” Yet it seems that no love was lost between Iran and the Trump administration.

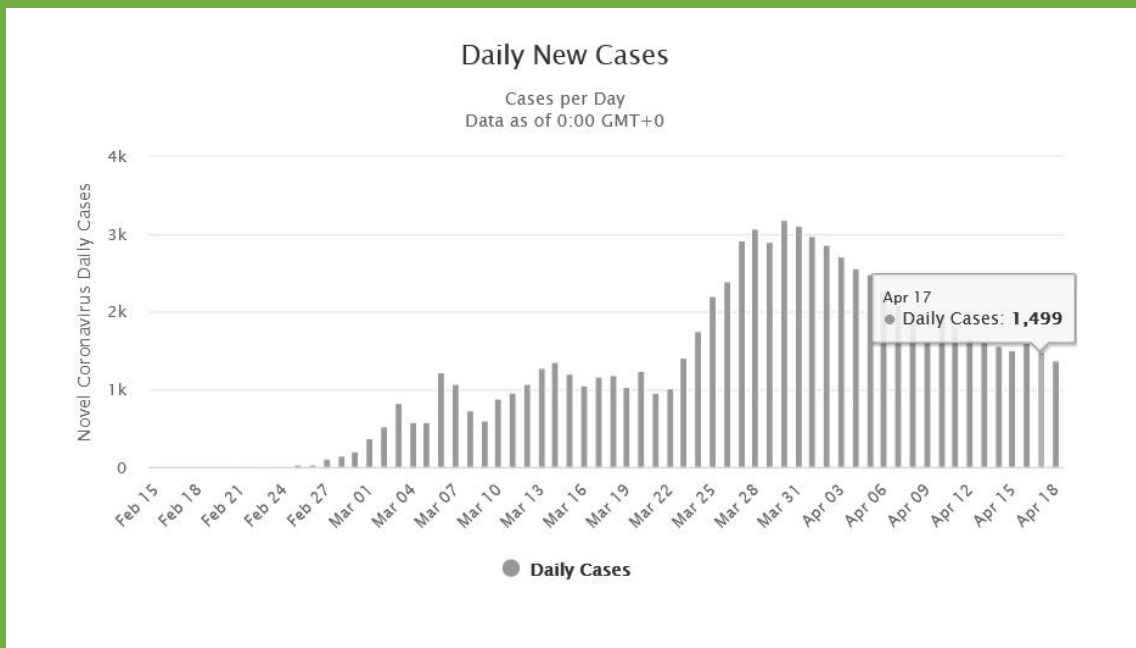
Behind this optics of Tehran, it has been trying to portray that it is not just fighting coronavirus, but another much worse adversary, namely, the sanctions imposed by the US. Many had pointed out how Presidents George W. Bush and Barack Obama had temporarily eased sanctions on Iran in 2003 and 2012, respectively when natural calamities struck Iran. Despite [pressure from many quarters](#), the Trump administration has been unrelenting, while Iran has been trying to remain as defiant and [launched the military satellite](#) “Noor” (light) on 22 April. The illustrations in Figures 5.2 to 5.8 provides insights into how Iran coped with the pandemic at its peak in April.

Figure 5.2: Total COVID-19 Cases in Iran



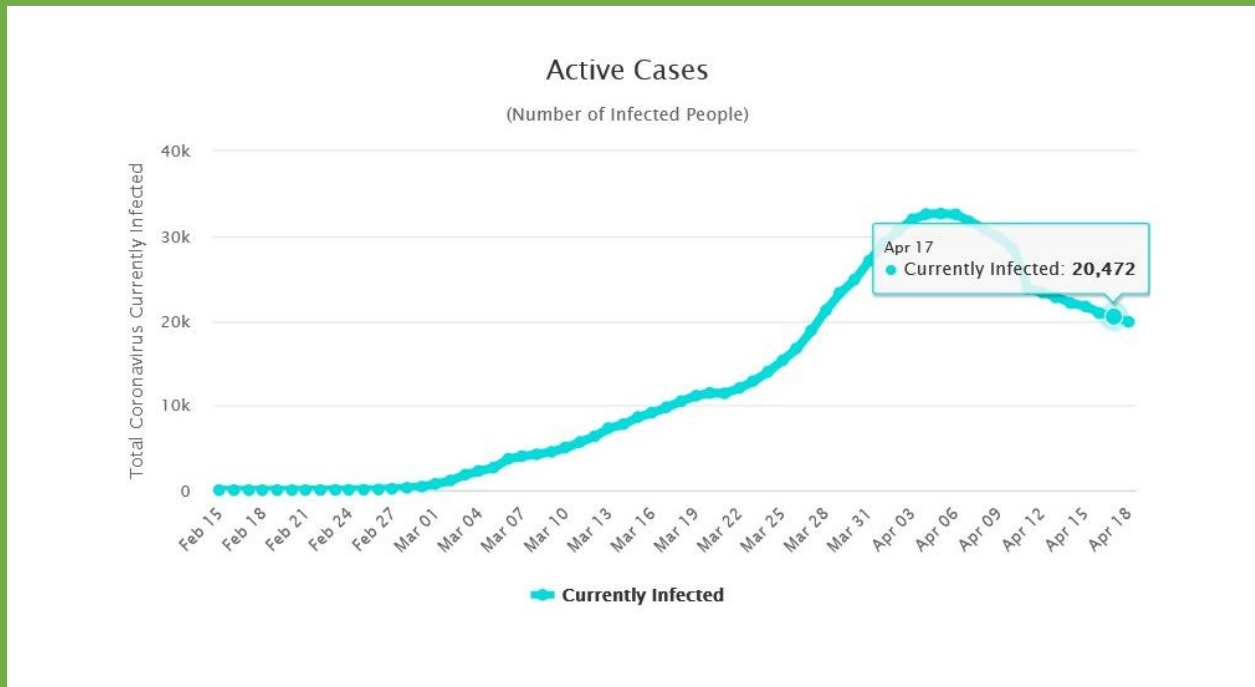
Source: Worldometer, <https://www.worldometers.info/coronavirus/#countries>

Figure 5.3: Daily New COVID-19 Cases in Iran



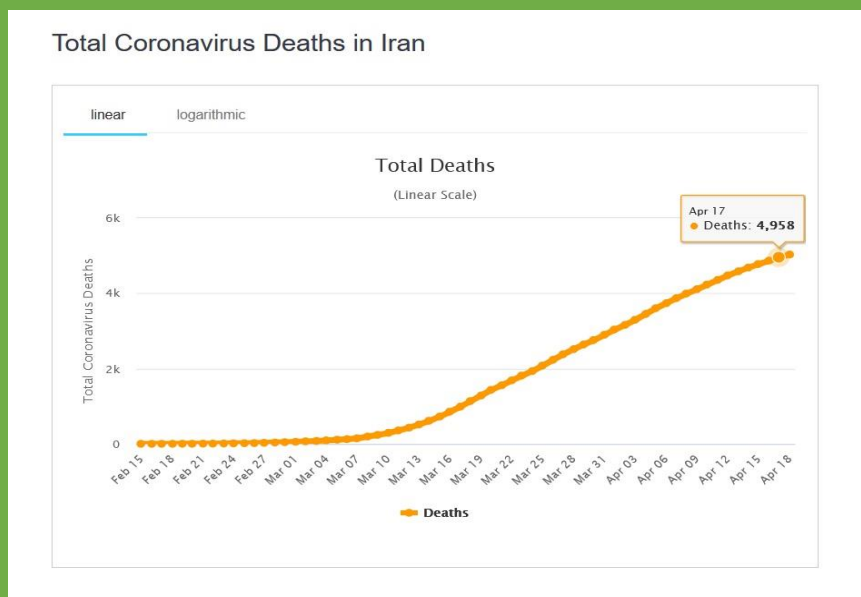
Source: Worldometer, <https://www.worldometers.info/coronavirus/country/iran/>

Figure 5.4: Active COVID-19 Cases in Iran



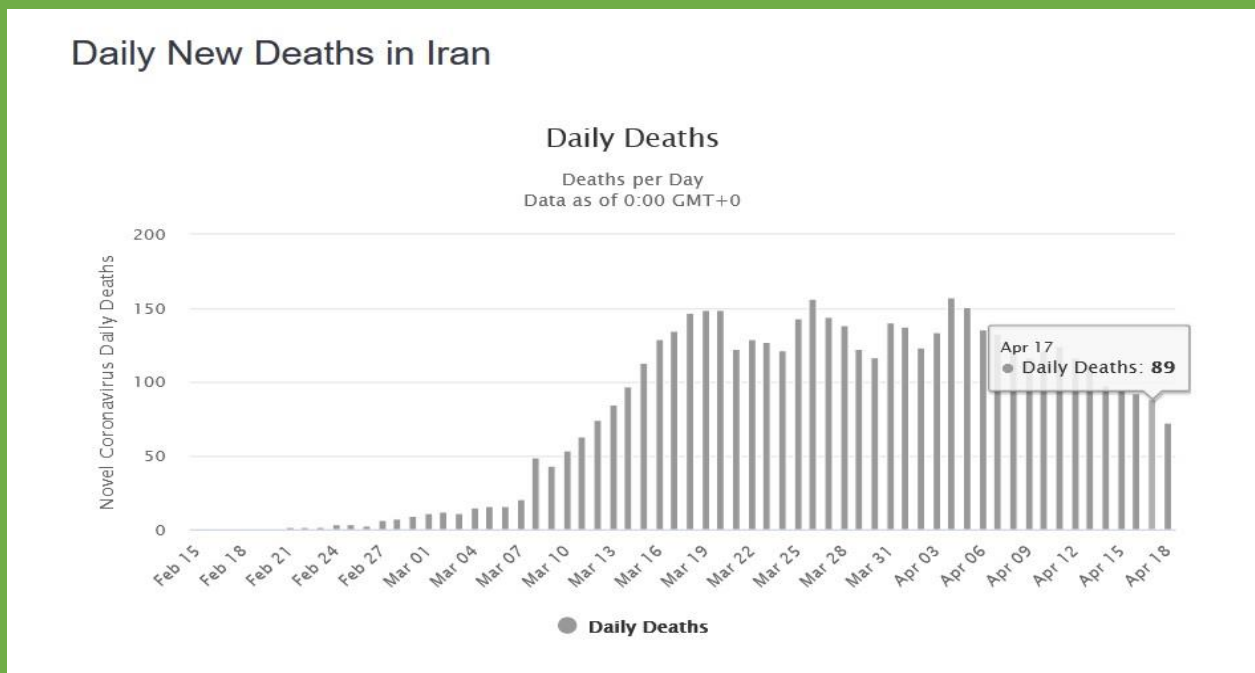
Source: Worldometer, <https://www.worldometers.info/coronavirus/country/iran/>

Figure 5.5: COVID-19 Death in Iran



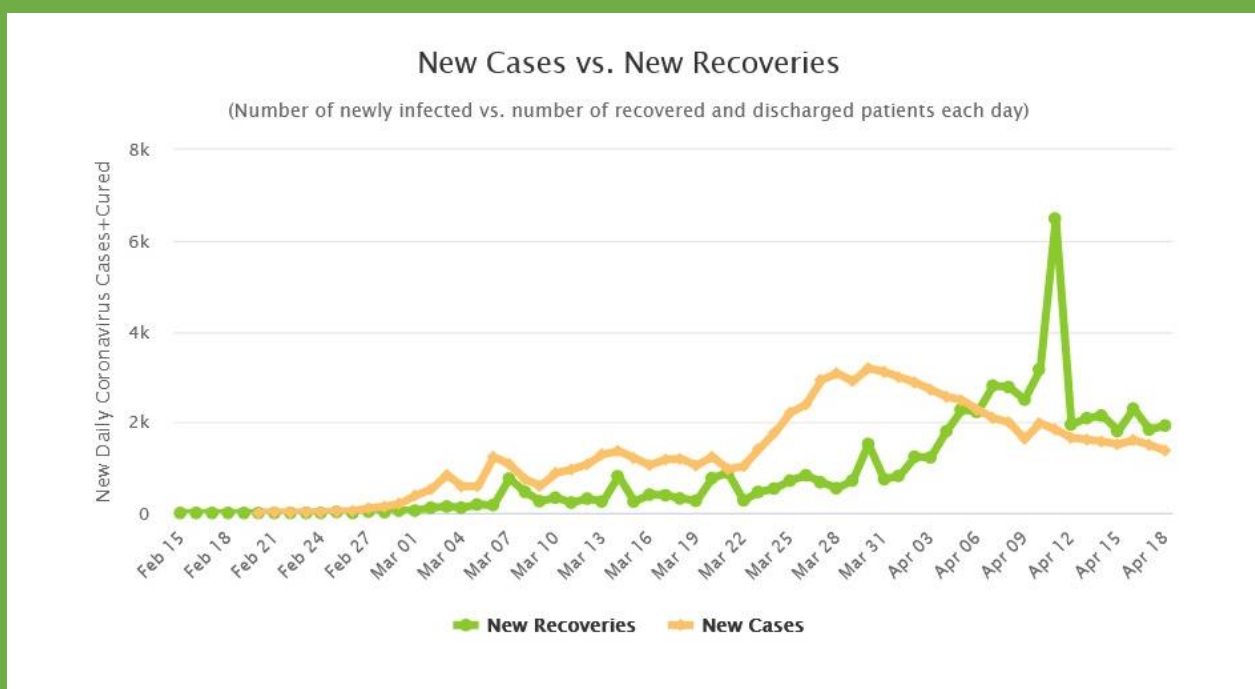
Source: Worldometer, <https://www.worldometers.info/coronavirus/country/iran/>

Figure 5.6: Daily Death from COVID-19 in Iran



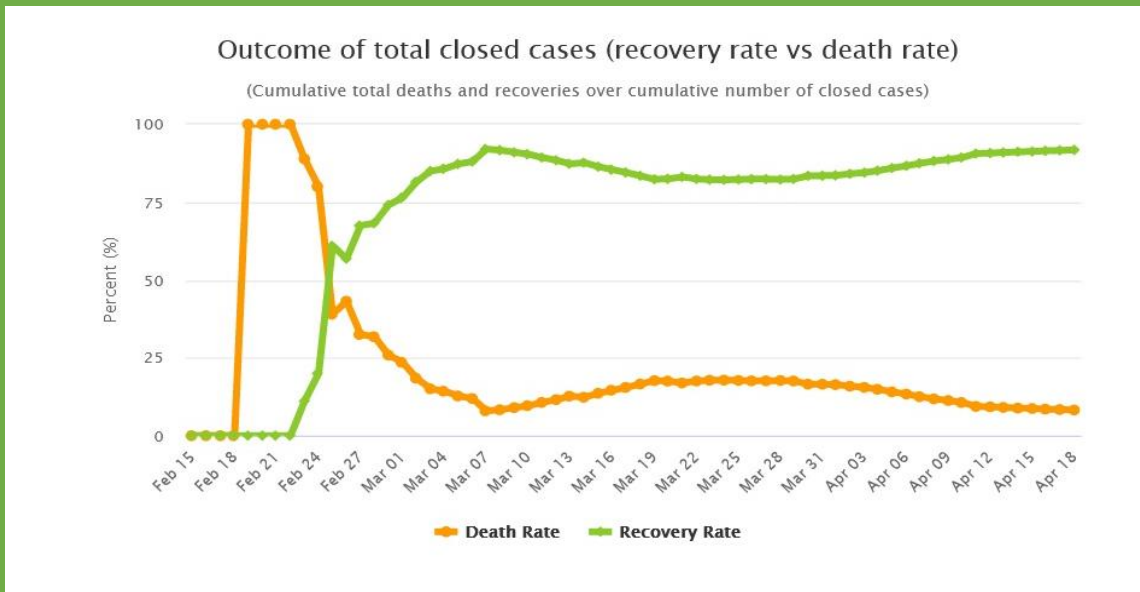
Source: Worldometer, <https://www.worldometers.info/coronavirus/country/iran/>

Figure 5.7: New Cases vs. Recoveries



Source: Worldometer, <https://www.worldometers.info/coronavirus/country/iran/>

Figure 5.8: Recovery Rate vs. Death Rate



Source: Worldometer, <https://www.worldometers.info/coronavirus/country/iran/>

## 06 Iraq

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**Razawi Niki**

**First Case:** 24 February 2020

**Cases:** 4,272

**Casualties:** 152

**Recoveries:** 2,738

**Cases per million:** 111

**Deaths per million:** 4

**Total tests:** 186,885

**Tests per million:** 4,658

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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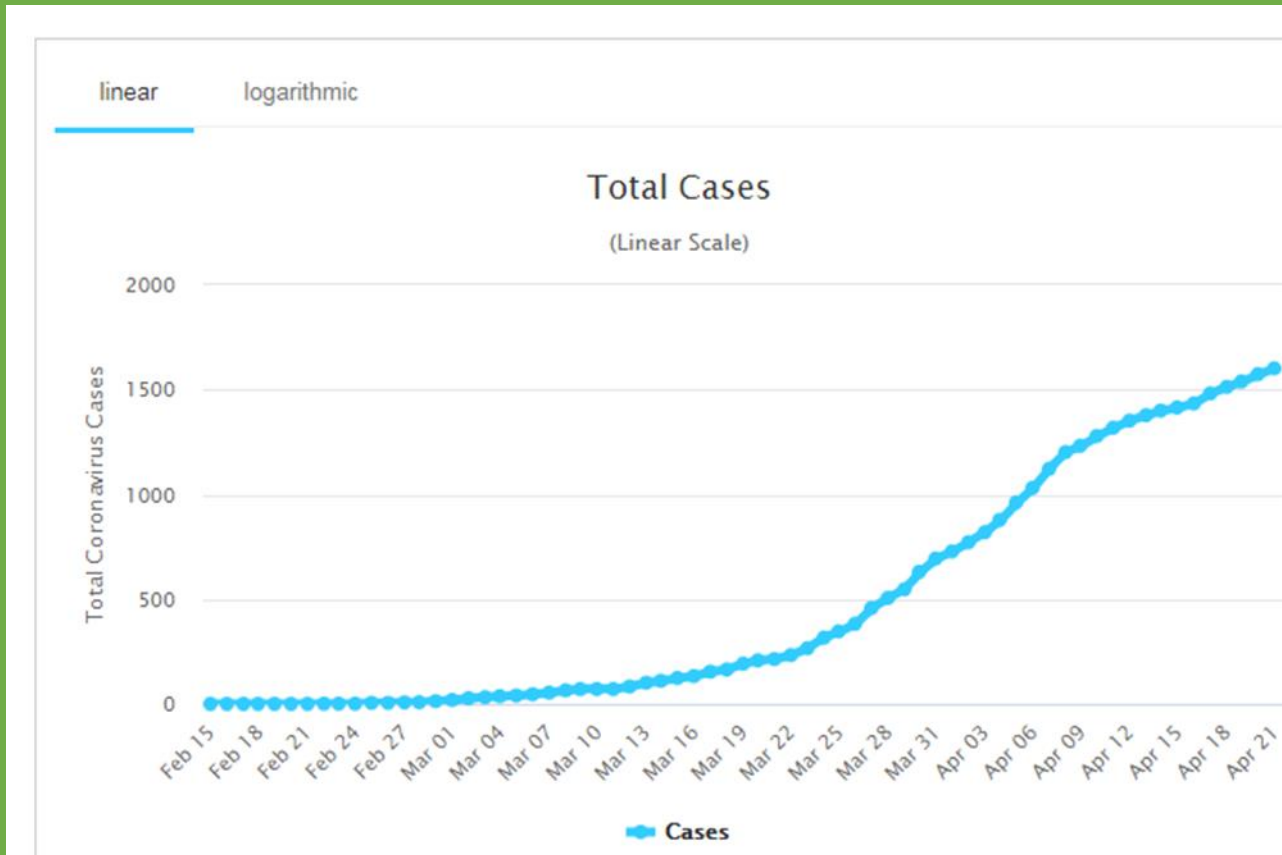
The cases of COVID-19 infections in Iraq were mainly reported among people who had travelled to Iran. Thousands of Iraqis visit Iran to Shia pilgrim and education centre, especially in Qom. Those returning brought the infection because there was no restriction on travel until 20 February when sealed. The first COVID-19 case was reported on 24 February in the southern city of Najaf when an Iranian student was tested positive. On 27 February, the government shut universities and schools and cinema halls in Baghdad and banned large public gatherings in most cities.

A nation-wide lockdown, including the Kurdish region, was [imposed on 22 March](#) and remained in force until 11 April. Earlier, on 25 February, the government [banned visitors from countries](#) such as China, Qatar, Germany, France, Iran, Italy, Japan, Singapore, Spain, South Korea, Kuwait, Bahrain, Turkey and Thailand. As of 17 April, the Iraqi Health Ministry had tested 51,737 people; out of which 1,482 tested positive for COVID-19 (Figures 6.1 and 6.2), leading to 81 deaths and 906 recoveries.

Despite the country-wide lockdown, many pilgrims refused to follow the instructions. On 20 March, around 400,000 [Shia pilgrims gathered in Kadhimya in northern Baghdad](#) to commemorate the death anniversary of Musa al-Kadhim—seventh imam of the Twelver Shiism—without maintaining physical distancing or wearing face masks. The commemoration continued for several days. On the other hand, the public protests that erupted on 1 October 2019, also did not stop completely.

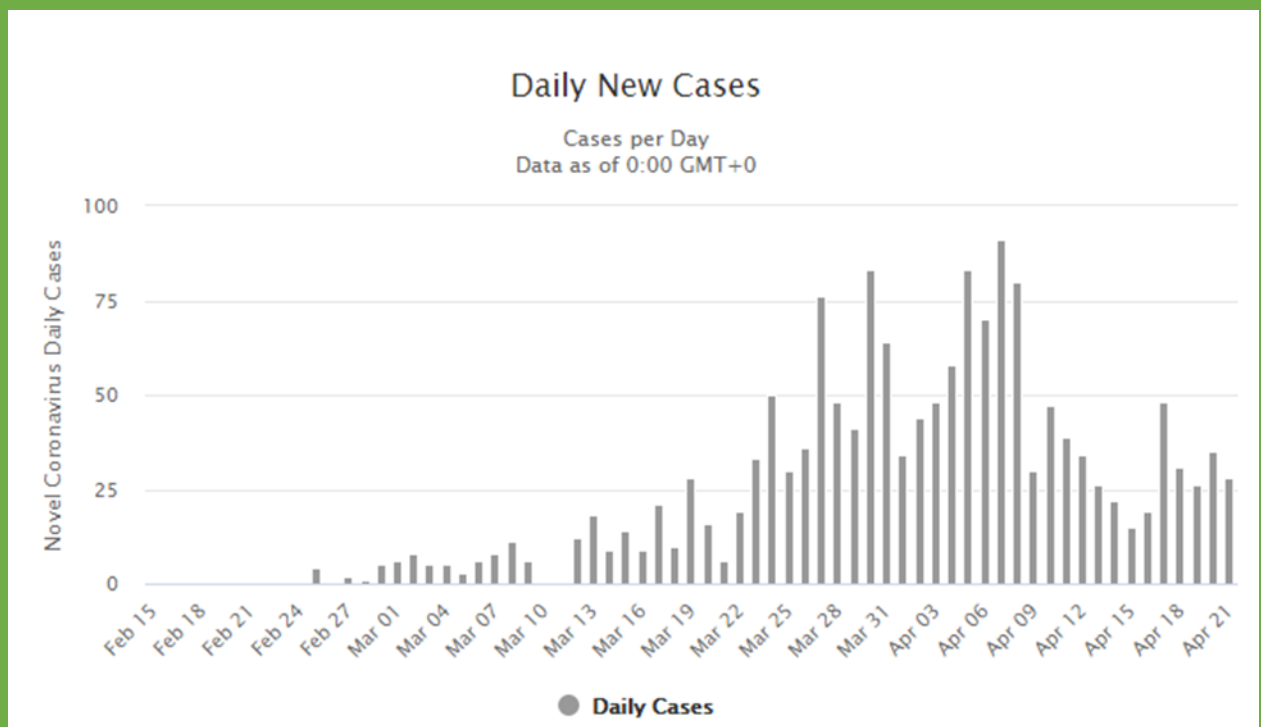
[Iraq does not have the health infrastructure to deal](#) with the pandemic as the healthcare system is already overwhelmed dealing with injured people because of the ongoing unrest. Moreover, public hospitals have low bed capacity and there is an unequal distribution of hospitals across the governorates and between rural and urban populations. The official policy was to self-quarantine thousands of Iraqi travellers returning from Iran in their homes since there were not enough quarantine facilities that can accommodate such a large number of people.

Figure 6.1: Total COVID-19 Cases in Iraq



Source: Worldometer, <https://www.worldometers.info/coronavirus/country/iran/>

Figure 6.2: Daily New Cases in Iraq



Source: Worldometer, <https://www.worldometers.info/coronavirus/country/iran/>

The COVID-19 test facilities are available only in the Central Lab in Baghdad and other provinces need to send samples of suspected cases to the capital to confirm an infection that needed more [time to get the result](#). In this regard, primary healthcare settings, especially in rural areas, lack specialized personnel and equipment to obtain and handle such hazardous specimens and had to refer all suspected cases to large hospitals in the capital. In addition, there was a limited number of ambulances equipped with trained staff and required PPEs to transfer potentially infected patients from home to hospitals. The inadequate quantity of PPEs was another challenge that impacted both public hospitals and private clinics and community pharmacies. This PPE shortage had forced healthcare professionals to purchase them from the private market; such an increase in demand and shortage of supplies caused a rapid increase in costs.

The other challenge was the low level of awareness in the society regarding disease prevention, such as avoiding crowded places and shaking hands. Additionally, the public's unawareness regarding the infection symptoms would have led to many undiagnosed cases. The community pharmacies had a shortage of facemasks and simple hygiene preparations such as hand sanitizers and disinfectants.

However, the government established a [High Committee for Health and National Safety](#) on 26 March headed by Prime Minister and included other top Iraqi officials. The Committee was established to direct and coordinate national efforts to combat COVID-19. On 25 March, Minister of Health Jaafar Allawi [inaugurated a new molecular biological laboratory](#) for testing for suspected COVID-19 cases at Baghdad's Medical City built with China's help. On 26 March, Iraqi Health Ministry announced plans to open 13 new COVID-19 testing laboratories in other provinces.

Iraq was hit by continuous unrest from October 2019, when people took to the streets of Baghdad and in the south to express their anger at endemic corruption, high unemployment, dire public services and foreign interference. These protests have created a political impasse with lots of social, economic and security consequences. As Iraq is an oil-exporting country, the fall of crude oil prices has drained revenues to cope up COVID-19. As of now, Iraq appears to be handing COVID-19 better off than its neighbour Iran.



## 07 Israel

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**Aarushi Prasad**

**First Case:** 21 February 2020

**Cases:** 16,712

**Casualties:** 279

**Recoveries:** 14,203

**Cases per million:** 1,818

**Deaths per million:** 30

**Total tests:** 541,322

**Tests per million:** 58,855

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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With the first case detected on 21 February, and with the first death on 20 March, COVID-19 brought Israel into the deadly wrap. A majority of the victims were over 70, the oldest being 98 and the youngest victim 37. By April, the death per million stood at 21. This includes the Health Ministry figures which are Israel's official data and only include deaths in hospitals or assisted living facilities. It is unknown whether there have been fatalities in private homes or other locations. Data released by the Health Ministry on 12 April, showed that a slight majority [of COVID-19 casualties were men](#), which is in tandem with the global trend statistic. The city that saw the highest death rate was Jerusalem. However, the ultra-orthodox town of Bnei Brak has highest infection rate per capita, with 925 infections diagnosed [per every 100,000 people until 12 April](#). By 10 May, the total cases per million of the population was 1,901. Until 10 May, the death toll has increased to 245, while 11,384 patients have recovered with a recovery rate of 97 percent so far. The death rate stood at 3 percent.

Israel, like other countries, announced lockdown to create social distancing on 7 April until the wee hours of 10 April. From 11 April it limited large gathering (more than 100 people) to control the spread of the virus. On 19 March, Prime Minister Benjamin Netanyahu announced national state of emergency which was legally enforced.

However, on 12 February, the national carrier El Al announced plans to suspend from flights to and from China, where the COVID-19 first appeared. On 12 March, [this was extended to all the countries](#), except air service to New York, Newark, Toronto, London, Paris and Johannesburg. On 11 April, it was announced that all Airlines would remain shut till September.

A partial nationwide lockdown was again imposed from 14–16 April, preventing Israelis from visiting family in other towns, and upon Jerusalem residents from leaving their own neighbourhoods, in conjunction with the seventh day of Passover and the Mimouna holiday the following Passover.

Israel has employed extensive use of technology to combat the spread of COVID-19 with public sector joining forces with the defence establishment. The technology used to counter terrorism like tracking cell phones of its citizens is being used to track patient and enforce quarantine. The government with help of companies and start-ups, came up with innovations, like [ViriMASK, which](#)

[offers full facial protection](#); Soapy, a handwashing station that helps people wash their hands effectively, even in places without plumbing. BATM Advanced Communications is [scaling up production of a rapid diagnostic kit](#) that detects COVID-19 infection from saliva samples within 50 minutes. The kit is compatible with equipment used to do the current PCR test for diagnosing COVID-19 in a matter of hours. AirDoc, an app connecting travellers with local doctors, offers a constantly updated list of COVID-19 testing sites and regional rules in 42 countries across five continents. On 5 May, Israel Institute for Biological Research claimed [“significant breakthrough”](#) in developing an antibody to COVID-19 which it said will soon be produced commercially in association with international pharmaceutical companies.

The Israeli Innovation Authority is offering NIS 50 million (US\$13.6 million) worth of grants to start-ups coming up with solutions on fighting COVID-19. On 31 March, Prime Minister Netanyahu set a goal of 30,000 tests a day but due to shortage of kits until 17 April Israel could make only 10,000 tests per day. On 31 March, the Health Ministry [announced that it has made a deal worth US\\$25 million with](#) Beijing Genomics Institute (BGI) for supply of equipment to boost the ability to carry out 10,000 tests per day.

However, Israel is not able to strike a fine balance between complete lockdown and economic hardships it brings. Severe lockdown has some negative implications. Its immediate result is an increase in the level of unemployment and the drop in GDP; it is “estimated that every month of lockdown is [reducing the GDP by 8 percent](#)”. This will eventually lead to an increase in poverty and to [human life loss due other diseases](#).

There has been criticism over [government trying to create an alternative reality](#) for its citizen by embarking on the idea of normalcy. After the Passover, using his Hebrew account @IsraeliPM\_Heb – one of three that he manages – Benjamin Netanyahu tweeted to his 53,000 followers a link to an article on the Forbes website, adding: “Forbes also publishes: Israel is the safest place in the world in the fight against the coronavirus.” (

Only one percent Arab community in Israel (who make up about 24 percent of the Israeli population) is found with confirmed cases COVID-19. There are reports of [discrimination and not enough epidemiological studies](#) are being conducted in the Arab community and the Health ministry map for COVID-19 affected clusters had not showed any Arab towns and cities. Other reasons like lack of access to adequate tests, fear of stigma and infection being more common in upper classes are also mentioned in the media.

Militant Palestinian group Hamas also holds Israel accountable of spread of COVID-19 in the Gaza Strip and expects it to take responsibility in providing aid to the Palestinians. On 19 April, deputy Hamas leader [Khalil al-Hayya was quoted as saying](#): “Israel will be the one who bears responsibility for an outbreak of the virus in the Gaza Strip and therefore it must make it easier for shipments of aid to arrive and it is the one who needs to send these medical means.”

There is another problem lurking which requires some attention. The Holocaust survivors who include the most vulnerable part of the Israeli community, [are not comfortable with the idea of lockdown](#) or even words like ‘curfew’. It brings back and triggers the memories associated with the draconian restriction in the ghettos and the camps during the Second World War.

However, as per a Hebrew saying “Yihiyeh b’seder”, which translate into optimism that all will be fine, is not some vague hope that things will work themselves out. It means things will be okay because people will actively figure out solution. It is just the need of the hour, let us see how Israelis further strengthen against fighting COVID-19.

## 08 Jordan

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**Jatin Kumar**

**First Case:** 2 March 2020

**Cases:** 704

**Casualties:** 9

**Recoveries:** 471

**Cases per million:** 69

**Deaths per million:** 0.9

**Total tests:** 163,173

**Tests per million:** 16,009

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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Jordan reported its first positive case of COVID-19 on 2 March 2020. According to the Health Minister Saad Jaber the infected citizen returned from [Italy on 16 February](#). However, due to its proactive measures, Jordan was better equipped in containing the spread of virus compared to many other countries in the region. The Kingdom started its preparation more than a month before it registered the first case. On 26 January, Jordan's National Epidemics Committee and Health Ministry apprised various hospitals to be prepared to deal with the cases of the [highly infectious respiratory disease](#). Though the country had only one confirmed COVID-19 case until 14 March, it still decided to take precautionary measures such as closure of schools, ban on public gatherings and closing of borders with affected places including West Bank, Israel, Lebanon and Iraq. On 23 February, Jordanian government banned the entry of foreign [nationals coming from China](#), Iran and South Korea and other foreigners travelling from these countries. Furthermore, arrangements were made by the government to carry out mandatory medical examinations of people arriving at its border [crossings and airports](#). According to the Minister of State for Media Affairs Amjad Adayleh the decision was part of “pre-emptive measures” to halt the [spread of virus in the kingdom](#).

After observing the possibility of rise in cases, a nationwide lockdown was announced on 17 March. However, the lockdown was not followed by all Jordanians, therefore, a strict curfew [was imposed on 20 March](#). To restrict the unnecessary movement of its citizens, the government started a website to issue permits to leave their homes for essential services. According to the website, citizens could only go out of their houses if they were going to the bank, [hospital or for burial](#). An observation of Jordanian strategy of lockdown suggests that it was a well-calculated decision based on citizens’ behaviour. Whenever needed, the lockdown and intensity of strictness were increased in areas where the possibility of spread was higher. On the other hand, in many areas lockdown was timely eased. On 19 April, the government terminated the lockdown in Aqaba but strict [precautionary measures were kept in place](#).

Jordan is the first country in the region to ease the lockdown and resume economic activities. On 22 April, the [curfew was eased in Karak, Tafileh and Maan](#) governorates with similar precautionary measures as those implemented in Aqaba. The lockdown turned chaotic especially in the refugee

camp run by United Nations Relief and Works Agency (UNRWA) which harbour around 750,000 refugees. According to a survey conducted in Al Azraq camp by Cooperative for Assistance and Relief Everywhere (CARE) and published on 14 April, residents needed more cash assistance and access to water, [medicine and sanitary equipment](#).

As of 25 May, the total number of cases in Jordan were at 704, with nine deaths and 471 recovered cases. The country conducted a total 163,173 testing with at 16,009 tests per million. On 10 May, Jordan started a random testing procedure [wherein 4,500 random](#) tests would be conducted periodically.

For more than a decade Jordan has had a stagnant economy, with foreign aid and tourism being the foremost source of revenue. The pandemic has had a disastrous impact on the tourism sector, making, Jordan to rely more on international financial support to deal with the situation. On 29 April, the World Bank sanctioned a US\$20 million assistance to [fight the pandemic](#). On 4 April, Jordan [received a Chinese relief package](#), “donated by the Jack Ma Foundation and Alibaba Foundation which included 100,000 virus detection kits, 30 BiPAP machines, 300,000 medical face masks, 50 infrared thermometer guns and 10,000 sets of protective clothing for medical personnel.”

On 15 April, the *Jerusalem Post* reported that [Israel planned to deliver 5,000 medical masks](#) to Jordan to help its eastern neighbour fight against COVID-19. On 17 April, India cleared the export of the anti-malaria drug--Hydroxychloroquine ([HCQ](#))—[to Jordan along with 53 other countries](#). On 23 April, Jordan received US\$8 million assistance from the US to mitigate the spread of COVID-19, including US\$6.5 million in humanitarian assistance from the State Department Migration and Refugee Assistance (MRA) account to help refugees in Jordan. USAID provided health assistance amounting US\$1.5 million to support laboratory strengthening for large-scale testing of COVID-19 and capacity building to improve case management protocol and systems.

## 09 Kuwait

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*Dolly Kumari*

**First Case:** 24 February 2020

**Cases:** 20,464

**Casualties:** 148

**Recoveries:** 6,621

**Cases per million:** 5,152

**Deaths per million:** 39

**Total tests:** 273,812

**Tests per million:** 64,217

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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The first COVID-19 case in Kuwait was reported on 24 February when three pilgrims returning from the Iranian [city of Mashhad tested positive](#). On the 11 February, spokesperson of Kuwait Ports Authority Nasser al-Shulaimi said that Health Ministry would open three health centres and install [thermal cameras in ports to monitor COVID-19](#).

On 27 February, the Ministry of Foreign Affairs issued a call to Kuwaitis "[Come Home, Stay Home](#)." Likewise, the Public Authority for Disabled Affairs took precautionary measures to ensure the safety of children with disabilities. At the same time the [Kuwait government suspended](#) classes in schools, colleges and universities as well as in training and vocational institutions and announced that the suspension would remain in force until 4 August. In March, the faculty at Kuwait University and the Public Authority for Applied Education and Training (PAAET) were advised to upload lecture in [corporation with Ministry of Higher Education](#).

In mid-March, the Kuwait Oil company [designated a ward in the Al-Ahmadi Hospital](#) as a quarantine facility for COVID-19. The Ministry of Health has given instruction to people to "avoid rush, don't mix with the ill persons". In early March, the [Emir ordered the honouring](#) those fighting against the pandemic through a formal recognition.

The focus of government's attention was on expatriate living in the Emirate without families who were living in unhygienic conditions. Important issues for Kuwait are the rights of immigrant workers and one lawmaker demanded the imposition of restriction on all expatriates and that 280,000 [expatriates should be deported annually](#). To combat rumours, the Ministry of Interior declared that it would not tolerate anyone promoting rumours or disturbing tranquillity. International flights to and from Kuwait were banned on 8 March and the country was put under lockdown from midnight of 12 March and in April, it was extended to 31 May. [From 10 May](#), "Kuwait has announced a 'total' lockdown of 20 days to combat the coronavirus pandemic."

In an order issued on 12 March, the Ministry of Awqaf and Islamic Affairs called for the [closure of mosques and mass gathering](#) for the prayers. Religious activities including the prayers at mosques and fasting during Ramadan have been affected because of the pandemic. Muezzins in the Emirate

have started calling [Al Salatu fi Buyutikum](#) (Pray in your home) instead of *Hayya ala al-Salah* (Come to prayer).

### **Challenges and Impacts**

The Kuwaiti healthcare sector has faced shortage both in terms of medical supplies as well as adequate infrastructure to manage the pandemic. For instance, the Ministry of Public Works built and Ministry of Health-operated Jaber Hospital has a capacity for 1,168 beds but was operating only with 50 percent capacity. In April, Kuwait confirmed the arrival of shipment of imported medical supplies from India and [received an Indian Air Force plane carrying medical supplies](#). In addition to the health-related concerns, Kuwaiti economy is likely to be serious affected because of both the spread of COVID-19 as well as the slump in oil prices. On 31 March, the government [source said that in the light of the oil price](#) fall, passing the debt law allowing Kuwait to borrow more has become a “government priority.” Moody’s placed Kuwait’s Aa2 rating on review for a downgrade, citing a [“significant” decline in government revenues](#).

# 10 Lebanon

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**Vanshika Rastogi**

**First Case:** 21 February 2020

**Cases:** 1,097

**Casualties:** 26

**Recoveries:** 688

**Cases per million:** 163

**Deaths per million:** 4

**Total tests:** 74,224

**Tests per million:** 10,870

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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Soon after WHO announced COVID-19 as a pandemic on 11 March, the Lebanese government declared it to be a “medical emergency” and called for a [nationwide lockdown of two weeks](#) starting from 15 March. It included shutting down of the Beirut airport and all the routes through land and maritime borders. President Michel Aoun called for a complete shutdown of businesses and institutions and urged the people to stay at home and only come out to buy the essentials. The Lebanese media and social media users launched a campaign calling for social distancing, under the [Arabic language hashtag, Stay at home](#). On 21 March, [the government called on the army and security](#) forces to ensure stricter lockdown and quarantine measures. In the same order, Prime Minister Hassan Diab pressed citizens to observe a “self-imposed curfew.”

On 27 March, the government extended the lockdown until 12 April, to combat COVID-19 that had already hit the country with over 350 cases. At the same time, [it called the security agencies](#) to implement the order in the form of patrols and declared that those found disobeying would be punishable. It also tightened measures further ordering the closure of supermarkets and food producers between 7 p.m. and 5 a.m. and allowing only the operation of pharmacies, producers of medical supplies, mills, and bakeries during the curfew time.

On 17 April, Health Minister Hamad Hassan has [allocated US\\$797 million](#) to cover the costs of COVID-19 and the Ministry plans out to carry approximately 1,500 tests per day. However, on 15 April a public health expert said to *The Daily Star* that at least 2,500 daily tests are needed to get more accurate [figures of the spread of the virus](#). In the town of Bsharre, the cases sprung up rapidly by 17 April and Antoine Geagea, CEO of Bsharreh Government hospital, observed that they have resorted to German protocol-massive testing, random testing, following every case. He believes that the number of testing done in the whole of Lebanon was relatively lower and if pursued like that of Bsharreh, it would help in wiping out [COVID-19 from the country altogether](#).

## Major Challenges

Despite the strict lockdown measures and rapid testing, Lebanon still faces a grave issue over determining the actual number of COVID-19-affected people. In early April, [Al-Jazeera noted](#) that



there were no COVID-19 tests conducted for a large undocumented population. Most of the time, the hospitals like Rafik Hariri University Hospitals (RHUH) in Beirut turn away these undocumented people because they do not have any identification certificates or set prohibitively high costs for COVID-19 tests, which these migrant workers cannot afford to pay. Nearly 250,000 migrant domestic workers face discrimination in getting medical attention.

Even though Lebanon has ratified the International Covenant on Economic, Social and Cultural Rights, guaranteeing “the right of everyone to the enjoyment of the highest attainable standard of [physical and mental health](#),” including the “prevention, treatment and control of epidemic, endemic, [occupational and other diseases](#),” it seems far away from achieving it in reality. And this forced Diala Haider of Amnesty International to urge the Lebanese Government to provide health care goods, facilities and services to everyone, without discrimination, especially to the most vulnerable and marginalized groups of the population, [including the undocumented migrants](#) and refugees. With the Lebanese economy already lagging, COVID-19 has added an additional financial crisis. There is a huge scarcity of [medical supplies, including masks, gloves and other protective gear](#) and hospitals have not been able to prevent even the staff from getting infected. The government has also failed in providing reimbursements to public and private hospitals for bills from the National Social Security Funds and hence these hospitals find it difficult to avail of medical supplies. WHO has shipped protective gear for doctors in Beirut and Lebanon [also received medical equipment from China](#). But this is not enough as [the country’s economy is about to collapse](#). The Lebanese Lira has depreciated by more than 60 percent of its value since October. Even before the pandemic, GDP was projected to fall by 12 percent in 2020. As per estimates, Lebanon would need external financing of US\$10-15 billion over the next five [years to get the economy back on track](#).

On the political front, a blame game has resulted between rival political parties about the source of Lebanon's COVID-19 outbreak. Wanted to protect the image of its Iranian patron, Hezbollah has come up with a propaganda campaign, blaming Catholic clerics returning [from Italy for Lebanon's health crises](#). Moreover, several Lebanese municipalities have introduced discriminatory restrictions on the Syrian refugees that do not apply to [Lebanese residents as part of their efforts to combat COVID-19](#). Hence, they have raised concerns about their ability to get health care and lack of information on how to protect themselves against infections.

Due to the largescale spread of coronavirus, [Lebanon has witnessed suspension of 500-year-old tradition](#) and Maronite priests are now administering Holy Communion by placing the wafer on the hands of the faithful rather than directly on the tongue. Even the churchgoers, before the lockdown, were instructed to greet each other with their hands on their heart instead of touching hands. Similar measures have been taken by Catholic Churches across the world. They have a belief that such minor measures would help against the further spread of COVID-19.

# 11 Libya

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*Jessica Jakoinao*

**First Case:** 24 March 2020

**Cases:** 75

**Casualties:** 3

**Recoveries:** 39

**Cases per million:** 11

**Deaths per million:** 0.4

**Total tests:** 4,351

**Tests per million:** 634

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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The civil war in Libya has destroyed not only the country's economy but has also damaged the healthcare system with a nearly non-existent public healthcare infrastructure. Even in the time of the COVID-19, the patients are being examined only by appointments and Libya seems unprepared to handle even a minimal spread of the pandemic.

The majority of the cases are in Tripoli and also in Misrata and Benghazi. Equipment for testing is limited with little protective gear and [severe shortage of medical workers](#), particularly in rural areas. The people are aware of inadequate facilities to combat a severe health crisis and feel vulnerable. The Health Ministry in Tripoli said in late March that it had ordered 150 ventilators. There are only two testing laboratories (Tripoli and Benghazi) capable of COVID-19 diagnostics, [creating significant challenges in identifying the actual number of cases](#) in the country. Many points of entry, particularly land borders, are not fully secured and lack capacity and resources for testing and quarantining.

Cases have been on the rise despite the UN-recognized Government of National Accord (GNA) [announcing a series of measures](#) and restrictions. On 15 March, Prime Minister Fayez al-Sarraj announced pre-emptive emergency measures to take effect the next day that included closure of all entry points to Libya for three weeks; suspension of all schools and institutions of higher education; suspension of all events including sporting events; closure of restaurants and cafes as of 4 p.m.; a call to religious authorities to order people to pray at home; and formation of a crisis response team to help communication between [people and health facilities](#). On 16 March, Mitiga Airport, the only airport currently in use for commercial air traffic in Tripoli, [suspended all inbound and outbound flights](#).

Furthermore, in Tripoli, the GNA imposed an indefinite nightly curfew from 6 p.m. to 6 a.m. from 22 March with exemptions for medical staff. Benina Airport, the main airport in the east, suspended all inbound and outbound flights on March 22 for 3 weeks. A day later, the authorities announced a daily curfew from 3 p.m. until 7 a.m. in all areas under the control of the Libyan Arab Armed Forces (LAAF) previously known as Libyan National Army (LNA) that include the eastern cities, the city of Sebha in south, and Sebratha on the western coast.

On 28 March, the [Justice Ministry of the Government of National Accord](#) (GNA), one of two competing authorities in Libya, issued a decision to release 466 inmates from prisons in Tripoli controlled by the Justice Ministry, to reduce overcrowding. The list is to include pre-trial detainees and detainees who meet the rules for conditional release. Likewise, on 15 April, the GNA declared a 10-day curfew starting 17 April. At a [press conference, the Supreme Committee for Combating COVID-19](#) said all vegetable and meat markets would be closed but bakeries and some shops would remain open to meet people's needs. Only pedestrians will be allowed to go out between 8 a.m. and 2 p.m., provided they are wearing masks.

The restrictions on movement have disrupted medical supply chains and personnel from the UN. Foreign aid organizations which are active in Libya such as [WHO, UNHCR, ICRC, themselves are battling the same disease](#). The ongoing armed conflict has created major setbacks. On 6 April, in a heavy shelling in Tripoli the Al Khadra General Hospital (previously identified as a potential COVID-19 facility) was hit and damaged the functioning of 400-bed medical facility. On the same day, [an attack on the Man-Made River project](#) cut off access to safe water for more than two million people in Greater Tripoli and western region.

The continued attacks on hospitals and disruption of water infrastructure affect people's access to medical services and safe drinking water, intensifying the threat of the pandemic. According to an assessment by Rapid Market Assessment in Libya conducted by REACH, 48 percent assessed cities reported food shortages [and 86 percent reported food price spikes](#).

The [Ministry of Health issued an order](#) transferring the management and financing of health services to municipalities which already suffer from limited in health services, lack of funds, capacity and equipment to respond. And sound opinion is that Libya can only save itself from this pandemic with its level of medical preparation [through awareness, co-operation with local initiatives](#) and projects and a more holistic structure.

The [risks facing Libyans is compounded](#) by people who are internally displaced by the ongoing conflict; people living in crowded shelters; crowded detention facilities housing thousands of migrants, asylum-seekers, and refugees (including unaccompanied children) arbitrarily detained by the two competing authorities; and thousands of Libyans held across the country by the interior, defence, and justice ministries of competing authorities without charge.

As for the political implications, [Michel Cousins speculates](#) that the COVID-19 outbreak is now the prime issue for ordinary Libyans who want unity among their leaders to defeat it. "Anger at the country's lack of preparedness, as well as the two leaderships' handling of the crisis and determination to continue fighting could have serious consequences once the crisis is over. The pandemic could eventually alter the nature and balance of power in Libya as well as its political landscape."

## 12 Morocco

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**Hema Chakraborty**

**First Case:** 2 March 2020

**Cases:** 7,406

**Casualties:** 198

**Recoveries:** 4,737

**Cases per million:** 203

**Deaths per million:** 5

**Total tests:** 64,836 146,598

**Tests per million:** 3,977

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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As soon as the first cases of COVID-19 appeared in early March, Morocco closed its maritime borders and suspended all flights until further notice. There has been a sanitary emergency since 20 March. The Kingdom closed all schools and universities on 16 March and set up an e-learning platform. This platform can be accessed using free [internet offered by Moroccan network providers](#).

All places of [worship and gathering venues](#) have been closed since mid-March while supermarkets, grocery shops and banks continue to provide necessary services. Public, private and military hospitals have increased their intensive care unit capacity from 1,600 to 3,000 beds and there has been a large mobilization of civil and military medical staff. Since 23 March, factories had started producing three million sanitary masks a day. Wearing masks became compulsory from [7 April for anyone authorized to move around](#), and national manufacturers are supplying masks to local shops at controlled low prices.

According to a Reuters report, “Morocco has started manufacturing ventilators with oxygen masks.” Furthermore, doctors and engineers from the public sector “helped design this Ministry of Health-approved non-invasive [ventilator with a capacity of 3,000 hours of use](#).” King Mohammed VI [has launched a Special Fund](#) in March to fight the virus.

Maturities of bank loans to individuals have been postponed in the form of longer loan terms. All Moroccans affiliated to the social security system would receive, until the end of June, up to €200 per month, equivalent to 75 percent of the minimum wage. Heeding to WHO guidelines, [Morocco made tests available and free to all its citizens](#).

The biggest impact of COVID-19 has been on pregnancy care, both prenatal and antenatal. Despite all measures, the Kingdom witnessed some public gatherings in violation of official guidelines. In response, the committee for the Interior Ministry in the Moroccan parliament voted [unanimously](#) for a draft law to discipline violators and criminalize all actions that could jeopardize the state of emergency and put the population at risk. Along these lines, Moroccan police have [arrested](#) at least

a dozen people for reportedly spreading rumours about COVID-19, including a woman who used her YouTube channel to claim the disease did not exist.

The [2019 Arab Barometer survey](#) found that Moroccans do not trust most of the country's political institutions. As shown in two of MIPA surveys, trust in [the healthcare system is also low](#). Around three-quarters of those surveyed do not trust Moroccan hospitals, highlighting the acute structural problems in the healthcare system. There is a stark divide between private and public healthcare and a huge gap in access to healthcare facilities between urban and rural areas. Most of the country's hospitals and doctors are located in urban areas and the only three laboratories with capabilities for COVID-19 testing are located in Rabat and Casablanca; but even there, testing capacity is extremely limited.

There is significant concern about the medium- and long-term economic impacts. Two of the key economic sectors—agriculture and tourism—have been hit hard. The agricultural sector was already struggling due to drought, while the pandemic is likely to impact Morocco's tourism industry well into 2021. Questions surrounding the management of the government's [Special Fund have been raised](#). The most vulnerable parts of the informal sector have been affected by the economic crisis because of the huge number of people working in it and the existence of a weak private sector.

## 13 Oman

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**Suvarna Menon**

**First Case:** 24 February 2020

**Cases:** 7,257

**Casualties:** 36

**Recoveries:** 1,933

**Cases per million:** 1,526

**Deaths per million:** 7

**Total tests:** 72,000

**Tests per million:** 14,140

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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On 22 February, the Health Ministry issued a warning against travel to Japan, China, Singapore, South Korea and Iran, and [implemented a 14-day quarantine](#) for travellers from these countries. Two days later the first cases were identified when two Omani women traveling from Iran were tested and found positive. The civil aviation authority, [subsequently suspended all flights](#) between Oman and Iran. The Ministry of Health announced the first recovery on 29 February. All travellers from all points of entry (land, sea, and air) including Omanis were quarantined from 2 March. The Sultan ordered the [formation of a Supreme Committee](#) to combat the pandemic on 10 March.

The Finance Ministry [cut the budgets of the civil, military and security](#) agencies by 5 percent and decided to review the budget every quarter. The Central Bank provided additional liquidity of 8 billion Omani Rials (US\$20 billion) to support the economy.

On 15 March Oman [suspended all tourist visas](#) as a precautionary measure. The Supreme Committee stopped the entry of cruise liners, limited court session attendance to the parties concerned, discourage foreign travel and supported implementation of preventive measures at public places. All government offices were to work with 30 percent staff along with the closure of schools, malls, restaurants (except take away) and a ban on public gatherings.

On 28 March, 255 Omanis [comprising students, tourists and businesspersons](#) were airlifted from Jordan. All commercial flights to and from Oman were stopped on 29 March. Only essential staff of government and private agencies were to be physically present for basic functions. On 10 April, Muscat was placed on lockdown for 14 days with the [Supreme Committee declaring curfew](#) as the last resort.

[Al-Jazeera](#) reported that the government and ministries would cut spending, support the private sector and safeguard Omani jobs. The Finance Ministry directed all ministries and civilian government units to reduce liquidity for development budgets by 10 percent. State companies would no longer be set up for business activity, giving priority to the private sector. Among incentives announced was a three-month waiver on utility bills and re-licensing fees, a reduction in

labour fees and easing of restrictions on employee transfers between firms. Leniency would be shown on any delays in government projects carried out by the private sector.

### Major Challenges

It was reported on [31 March that some of the quarantined](#) people were not following all the guidelines, resulting in stricter security measures. On 16 April the Health Minister Ahmed al-Sa'eedi confirmed that there were sufficient medical and human resources in most of the laboratories, except in the Governorate of Musandam, which would receive diagnostic system in a few days. He [confirmed that many medical requirement](#), with another set of diagnostic solutions, would be received in 10 days. He added that the creation of a successful vaccine would take 9 to 12 months.

The economic challenges have been severe for Oman. *Oman Air* cut jobs after the outbreak, citing major losses and claimed to bring those staffers back once they resume operations. [Middle East Airline lost US\\$7.2 billion](#) in revenues as of 11 March, according to the International Air transport Association. The General Federation of Oman Workers received several reports of violation of labour rights, including salary deductions but as reports continued to increase, the federation [promised to monitor the situation](#). It emphasized the [private sector's responsibility](#) to protect the national and expatriate workforce and commit to their wages, and ensure necessary health standards.

The [Supreme Committee announced](#) that Omanis cannot be fired. Private businesses hurt by containment measures can put Omani staff on paid leave or cut wages for three months if working hours are also reduced. The statement urged private businesses to ask non-Omani employees to leave permanently after paying their dues in full. The Committee, however, said that employers could renew the expired licence of expatriate workers who are currently abroad during the precautionary period, and that the renewal fees expat visas would be reduced. The [Supreme Committee issued several](#) decisions regarding Omani workers whose wages are affected including postponing the repayment of bank loans and rescheduling loans without interest and without additional fees. It also announced the postponement of the payment of electricity, water and sewage bills until the end of June 2020.

There are no major political challenges faced by Oman. Oman has been able to combat the COVID-19 with specific preventive public health and lockdown measures as well as proactive role of the monarchy to mitigate the economic fallout.

## 14 Palestine

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**Tanaya Kardong**

**First Case:** 5 March 2020

**Cases:** 602

**Casualties:** 5

**Recoveries:** 357

**Cases per million:** 83

**Deaths per million:** 0.6

**Total tests:** 44,876

**Tests per million:** 8,819

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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The first cluster of COVID-19 positive cases were reported on 5 March in Bethlehem. The diagnosis indicated that the transmission occurred from a group of Greek tourists who had stayed at a Beit Jala hotel and had also been to Israel; two of the tourists later tested positive for COVID-19. The Palestinian National Authority took immediate steps in Bethlehem and [a state of emergency](#) was declared on 5 March.

On 22 March, [Prime Minister Mohammad Shtayyeh declared a partial](#) lockdown down in Palestine and all schools, universities and public parks were shut down. With this lockdown, there was a curb in the movement between West Bank governorates and required anyone returning from abroad to undergo a 14-day of isolation. The government requested the large number of Palestinians commuting to Israel for work to stay put and not return to Palestine. Moreover, the PNA urged Israel to take responsibility and provide humane conditions for the Palestinian workers and prisoners in Israel. The nation-wide lockdown was extended for another month on 3 April.

The PNA urged citizens to stay at home and follow social distancing and has asked its citizens who are suspected to have COVID-19 to stay quarantined at home and isolate until they get tests done after being symptomatic. To further avoid gatherings and to practice physical distancing even during Ramadan, WHO released a guide regarding "[Safe Ramadan practices](#)" on 15 April, people were asked to maintain one meter distance and to use religiously sanctioned gesture to avoid touching each other among other guidelines.

Until 10 May, there were 21,162 tests carried out according to the WHO in the Occupied Palestinian Territory. Medical officials and public fears that there have been low rates of testing and hence, many cases have not been identified. According to the WHO, there are only 16 and 24 quarantine centres in West Bank and the Gaza Strip, respectively. On the other hand, West bank has 13 treatment centres while the Gaza Strip has only two (Table 14.1).

Hence, the healthcare system is a major cause of worry, especially in the Gaza Strip. With its overcrowded communities, refugee camps and the under-equipped hospitals and only around 100



ventilators in a populations of millions, Ignacio Casares, head of the International Committee of the Red Cross (ICRC) [says Gaza was in](#) “critical shortage of test kits, ventilators, drugs, and medical consumables.” Health care officials are being trained and ready to activate new shift rotations to accommodate the flood of patients that the pandemic would bring.

**Table 14.1: ICU Beds with Ventilators**

	MoH	Non-MoH	Total
West Bank	58	155	213
Gaza	63	24	87

**Source:** World Health Organization, Occupied Palestinian Territory, “Coronavirus Disease 2019 (COVID-19) Update 23”, <https://who18.createsend.com/campaigns/reports/viewCampaign.aspx?d=j&c=99FA4938D049E3A8&ID=2C14C0610A6B4C9C2540EF23F30FEDED&temp=False&tx=0&source=Report>

### Major Challenges/Impact

The major challenge that Palestine faces is the state of turmoil it already has been for years now. Just before the COVID-19 outbreak, the medical association of Palestine had gone on strike for overdue benefits. While the government had reached agreement with the association and promised to recruit more workforce to reduce the workload, it clearly indicates how overburdened and overstretched the present medical system already is. There have also been cases of Israel shutting down testing centres in East Jerusalem citing that they were an unapproved [activity by the PNA and had to be removed](#). The demolishing of testing centres meant more lack of testing and more fatalities. Medical workers, officials and staff who are aware of stretched the medical system in the Gaza Strip are worried about the consequences of the pandemic spreading in the overcrowded camps with inadequate ventilators and ICU beds.

Another major medical issue of concern was the movement of Palestinians workers to and from Israel, as thousands of Palestinians are in search for a livelihood to Israel. With the breakout of the pandemic, the PNA had requested the Israeli government to shelter the workers, but the movement went on and that according to [authorities has been worrying](#).

The response plan issued by the PNA expects that revenues would drop by at least 40 percent due to COVID-19. On 8 April, President Mahmoud Abbas [announced start of an Emergency Budget](#) to manage the economic fallout of the pandemic. Though the extent of the emergency budget was not declared, sources suggested that the PNA would need a minimum of [US\\$120 million to meet the challenges of fighting the COVID-19](#). According to the Palestinian Central Bureau of Statistics (PCBS) months of shutdown would lead to sharp fall in GDP and a decline of more than 7 [percent, the lowest in decades](#). (Revenues from trade, tourism and transfers saw a lowest decline in [the last two decades](#).)

It is evident that Palestine is not in a position to face the needs and future repercussions of this pandemic. The response plan seeks financial support for public health response, budget support, and economic recovery efforts; support for Palestinian refugees; and diplomatic engagement. Palestine

has received €250,000 contribution to support the WHO's response to COVID-19 in the Occupied Palestinian Territory on 9 April and US\$5 million from the US to the Palestinian Authority to curb the [spread of the novel coronavirus](#).

In addition to the economic problems, Palestine faced political turmoil as part of the Palestinians living under military and economic occupation for decades. There have been accusations of Israel demolishing these kinds of properties that it claims to be without permit even after there were [several cases of COVID-19](#). The clash of interest between Israel and PNA also have led to much delay and damage. The State of Palestine also lacks full control over even the connectivity between its provinces. Check posts and Israeli restrictions are a frequent reminder of its lack of liberty. Moreover, the Gaza strip is completely cut off and that hampers any aid coming in. As mentioned earlier, the hospitals there are under-equipped and under-staffed, with electricity there for only half of the day. If the pandemic hits the crowded refugee camps, it would not be an easy task [to save lives there](#).

## 15 Qatar

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**Monika Kumari**

**First Case:** 29 February 2020

**Cases:** 42,213

**Casualties:** 21

**Recoveries:** 9,170

**Cases per million:** 15,200

**Deaths per million:** 8

**Total tests:** 188,143

**Tests per million:** 65,422

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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The first case of COVID-19 was reported on 29 February when one of the Qatari citizens who had been evacuated from Iran was found positive. On 29 February, [Ministry of Public Health](#) (MoPH) issued advisories regarding sanitization and social distancing. Indeed, a robust thermal screening of travellers started as early as on 24 January at [the Hamad International Airport](#) and sea-ports to detect increase in temperature, one of the symptoms of COVID-19. Same day, a special clinic was established at the airport to examine all suspected travellers.

By 11 March, Qatar boasted of conducting the highest number of tests [conducted after South Korea](#). A large number of cases were due to high rate of infection among the expatriate population. Qatar uses the PCR (polymerase chain reaction) test which has 99 to 100 percent accuracy, but is seeking for a rapid test procedure [equipment from South Korea and the US](#). MoPH asserted that Qatar is committed to being open and transparent throughout the testing process.

The Ministry of Administrative Development, Labour and Social Affairs (MADLSA) formed a team to check workers' accommodation and interim disinfection patrols have been implemented in the industrial areas. On 27 March, a law amending the provisions of '[Prevention of Infectious Diseases Law](#)' was passed making it compulsory for doctors, head of institutions and employers to report any case of infectious disease as soon as possible. Medical teams are tracking the transmission chains of the COVID-19 and conducting intensive and proactive investigations of groups of contacts who were diagnosed with the disease previously.

**Physical Distancing:** National websites, newspapers, TV and radio have distributed official guidelines to maintain social distancing. Supermarkets and LuLu Hypermarkets have issued additional guidelines that require shoppers to maintain a two-meter distance between one another. A temporary shutting down of schools and colleges led the institutions to adopt alternative method of 'remote learning'. On 5 April, the Ministry of Interior (MoI) [has started the use of 'security robots'](#) to spread awareness among the community about the importance of social distancing.

On 7 April, the [workforce as well as the working](#) hours at a number of government offices and private sectors have been reduced to contain the spread of virus and to maintain physical distancing. On 18 April, Traffic Department under MoI launched several patrol vehicles to ensure [safety and security](#). On 12 March, the [Department of Mosques at the Ministry of Awqaf](#) and Islamic Affairs issued preventive measures and reduced the waiting time between call and prayer to five minutes. The Public works Authority (ASHGHAL), in coordination with the MADLSA, has launched severe inspection campaigns at workplaces to confirm the compliance of contracting companies in implementing the precautionary and preventive measures. Migrant workers, however, face grave risks of infection due to lack of [proper accommodation and facilities](#).

**Public Health:** Qatar has assured its persistent efforts to protect its citizens as well as millions of expatriate population from the spread of virus. Facilities of Telephonic Doctor System have been initiated as well as [samples for testing for coronavirus](#) are being collected from home. People are regularly advised to remain calm and boost their immunity and strength through good diet and exercise. The MoPH stated that the noticeable increase in the number of cases of infection because the virus [had started to enter into the peak stage](#).

**Lockdown:** Qatar announced closure of all schools and colleges on March 9 and placed a travel ban from COVID-19 affected countries and domestic public transport including [buses and taxis for 14 days](#). All public and family parks and beaches and museums were also closed. On 18 March, the MoI temporarily shut down cafes, restaurants, sports club, Doha Corchine, Al Khor Corchine and Lusail Marina. Many national and international events such as Doha International Maritime Defense Exhibition and Conference (DIMDEX), Qumra 2020 Annual festival Qatar's premier construction Project Qatar 2020 were [cancelled due to rising COVID-19 cases](#). Qatar Olympic Committee postponed all local sports in accordance with the Ministry of Public Health.

## Major Challenges and Impact

A large number of migrant workers' accommodation in the industrial area and those working for FIFA World Cup 2020 has put into lockdown on 20 March after [hundreds of construction workers became](#) infected with COVID-19. With overcrowded dormitories and inadequate water and sanitation, the trapped workers are more vulnerable to exposure of the virus. Violations of lockdown have they been reported in several places. The Ministry of Interior warned of stricter action against those who were responsible for the spread of fake [news and rumours about COVID-19](#).

**Financial:** The Qatar Chamber has launched 'Takatuf Initiative' with a view to urge the members of public and private joint-stock companies and businessmen to support in mitigating the economic impacts of [COVID-19 through their contribution](#). Foodstuffs and medical supplies have been exempted of the custom duties for a period of six months. On 15 March, the government announced a financial package [amounting to Qatari Rial 75 billion](#) (US\$20.5 billion) to support the private businesses. Banks have been encouraged to postpone loan instalments from private sector by increasing their grace periods to six months. On 1 April, the MADLSA assured that the workers in quarantine and isolation would be [paid full salaries during lockdown](#).

**Political:** Ongoing [GCC blockade](#) brought new challenges for government, but the experience has benefitted from the perspective of strategic stockpiling and in dealing with crisis. Qatar and Iran are closer than ever with the former sending multiple shipment of medical supplies to Tehran as well as

to China and Republic of Korea. For example, in March, Qatar provided [emergency medical supplies](#) to Iran and again in April the [Qatar Fund for Development \(QFFD\) sent additional supplies](#). Bank of China and Industrial & Commercial Bank of China has donated one million pairs of medical gloves and 7,000 sets of PPEs to Qatar Charity.

According to the spokesperson of the Supreme Committee for crises management, dealing with all cultures and nationalities is not an easy [task as people have different mind sets](#). Qatar has assured that all the citizens and residents would be treated without discrimination and all would be provided free medical services. Information regarding Coronavirus is being published in Chinese, French, Hindi, English and Malayalam to reach out to all the major communities. A radio channel in Bengali had been started on 23 March to [address to the Bangladeshi residents in Qatar](#). The Supreme Committee has assured necessary steps to protect the expatriate workers and rejected the [allegations of Amnesty International](#) on workers being arrested and detained unlawfully.

## 16 Saudi Arabia

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**Laiba Zahid**

**First Case:** 2 March 2020

**Cases:** 70,161

**Casualties:** 379

**Recoveries:** 43,520

**Cases per million:** 2,088

**Deaths per million:** 11

**Total tests:** 703,534

**Tests per million:** 20,242

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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Saudi Arabia has been conducting tests at a large scale ever since the first case was reported on 2 March. Until 10 May, the Kingdom has conducted about 450,000 tests and has found over 37,000 positive cases. Tests are being conducted rigorously at places with dense population and the government has declared that [it would bear the cost of the tests and treatment](#). Citizens have been urged to stay inside their houses and only to venture out for essential work. From 6 February, a travel ban from China was announced, followed by ban on GCC citizens to [enter Mecca and Medina from 28 February](#). On 22 March, the Ministry of Interior suspended domestic flights, trains, buses and taxis [for 14 days in a heightened](#) effort to stop the spread of the COVID-19.

On 8 March, Saudi Arabia announced that it was temporarily halting [all transport in and out of Qatif](#), while the residents of the area would be allowed to enter the city. This was done as the area witnessed a rapid rise in the number of positive cases. From 24 March, [a nation-wide curfew was put into place](#) with movement restricted to between 7 p.m. and 6 a.m. On 30 March, the Jeddah Governorate was subjected to a curfew by the Ministry of Interior, with all movements to and from [the city being suspended](#).

In late February, Saudi Arabia [suspended the umrah pilgrimage](#) due to fear of the spread of COVID-19. Subsequently, the holy cities of Mecca and Madinah were subjected to a 24-hour curfew starting 2 April and on [6 April, it was announced](#) that round-the-clock curfew would be implemented in Riyadh, Dammam, Tabuk, Dhahran and Hofuf and the governorates of Jeddah, Taif, Khobar and Qatif with movement restricted to only essential travel between 6 a.m. and 3 p.m.

On 14 March, the Ministry of Municipal and Rural Affairs closed all amusement parks, entertainment zones in malls and conducted sterilization. In addition, social gatherings including for funerals, wedding and picnics were restricted and public places such as restaurants, shopping malls, coffee shops, parks except [pharmacies and supermarkets were closed](#). On 17 March, the Ministry of Health issued an awareness guide in several languages, including Arabic, Filipino, Urdu, English, French, Russian, and Portuguese, targeting citizens and expatriate [to raise awareness about the spread of COVID-19](#).

With reports of members of the royal family [being infected with the virus](#), the Kingdom has taken the COVID-19 pandemic more seriously. The number of testing have been gradually increased and the medical laboratories are working round the clock to keep up with the requirement. A major challenge has been the non-Saudi migrants. Majority of the migrant workers live in densely-populated areas and labour camps where several have to share a room and share bus-rides to workplaces ideal [conditions for the transmission of a virus](#). However, the employers are instructed to provide private health care to the workers, an instruction which is seldom followed by them. To manage the economic fallout, Saudi Arabia has announced on 14 March Saudi Rial 50 billion (US\$13.5 billion) financial package to support [small and medium-sized businesses](#).

# 17 Syria

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**Soumya Verma**

**First Case:** 23 March 2020

**Cases:** 70

**Casualties:** 4

**Recoveries:** 41

**Cases per million:** 6

**Deaths per million:** 0.2

**Total tests:** NA

**Tests per million:** NA

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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The ongoing civil war has displaced 7.6 million people internally and resulted in 4 million refugees [with over 400,000 killed](#). The war has not only devastated the economy but greatly damaged the health infrastructure and this has a bearing on Syria's fight against COVID-19.

After weeks of denial on the [spread of COVID-19](#), Health Minister Nizar Yaziji confirmed the first case on 23 March of a 20-year-old woman who recently returned from an unspecified country. However, several health workers speculated the presence of potential COVID-19 cases in Damascus and pointed to Iran-backed fighters [and Shia pilgrims as the source](#). As per WHO, since late March Syria was under the [community transmission](#) stage. In an interview with CNN, [Idlib health director Munther al-Khalil](#) stated that the number of people dying in the Idlib refugee camps would be close to 100,000. Media reports suggested fewer than 600 doctors in Idlib, 200 ICU beds, 100 ventilators for a [population of over 4 million](#).

Syria is in dire need of medical supplies, PPEs, and testing kits. In late March, [WHO provided some supplies](#) including 150,000 gloves, 550 alcohol-based hand rubs, 700 goggles, 1,000 gowns, 2,275 medical masks (N95), 6,100 surgical masks, and 600 coveralls along with 1,100 gloves, 40 gowns, 750 surgical masks, and 60 medical N95 masks to the UN-run clinics in Damascus and they are grossly inadequate.

The arrival of the COVID-19 has set in panic buttons, thousands of people are returning from border areas to Idlib due to fears of the virus. However, the regime has taken some steps to combat the virus. On 4 April, with increasing prices, it banned the export of basic food items [eggs, milk, cheese, legumes and sterilization items](#). Sanitation of refugee camps is undergoing within the limited resources they have. From 24 March onwards, night curfew from 6 p.m. to 6 a.m. was enforced. All schools, universities, and institutes (private/public) were also closed. With effect from 25 March religious gatherings, [Friday prayers and gatherings at mosques were suspended](#). Restaurants, cafes, nightclubs, cultural and sporting clubs were also closed. Public sector offices have reduced working hours and imposed a 40 percent reduction in workforce. On 14 March, Parliamentary elections scheduled for 13 April [has been postponed to 20 May](#).



Surprisingly for a country where the regime does not control all regions, it has been effective in [closing borders allowing only essential services](#) and introduced temperature screening of visitors. Similar policies are being followed in self-administered regions.

The Assad regime, WHO, and rebel groups are trying to fight the war against COVID-19 through mass media campaigns. The regime is running sterilization [campaigns in schools, prisons, parks, public transport and ports](#). In opposition-held, northwest Syria WHO's information, education, and communication (IEC) materials and messages are being translated into Kurdish. The White Helmets or Syrian Civil Defense, a volunteer search-and-rescue group, is undertaking the awareness [campaigns in refugee camps](#).

As all nations are busy battling COVID-19, Syria has been able to partner with WHO and some other health organizations. WHO has supported the printing [of more than 642,000 IEC materials](#) focused on hygiene promotion, safe management of crowds at food distribution points, etc. UNICEF has [already disseminated 720,000 IEC materials](#) in public places (pharmacies, bread distribution sites), and for inclusion with bread and grocery bags. It also supported the preparation of 150 banners for display on water trucking vehicles and television clips on key prevention practices for national broadcasts. UNICEF has signed an MoU with a Syrian social services app to reach 1.5 million families to [highlight relevant messages](#).

At the same time, WHO is conducting capacity-building training for health and protection workers targeting 1,000 staff, 200 mental health and psycho-social support [workers, and 100 project managers](#). WHO prioritizes providing additional PPE and says that the crucial to winning the battle against COVID-19 is ["Test, Test, Test."](#) The regime seems to have been reluctant with data. With community transmission in progress and infection is peaking, it races against time to prepare its health infrastructure for COVID-19.

## 18 Tunisia

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*Tanya Yadav*

**First Case:** 2 March 2020

**Cases:** 1,048

**Casualties:** 48

**Recoveries:** 917

**Cases per million:** 89

**Deaths per million:** 4

**Total tests:** 47,816

**Tests per million:** 4,050

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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The first incident of COVID-19 infection in Tunisia was reported on 2 March and the first death on 19 March. However, the infections have witnessed a sharp rise in the subsequent weeks and by mid-April, the country recorded 864 cases and 37 deaths. The Ministry of Health has taken emergency measures to control the spread and has called for limiting the movement of people and patrolling by military helicopters. The rate of deaths due to corona infection is 64 percent, while the recovery rate was 4.3 until 10 May.

Since 22 March, there has been continuous patrolling by military helicopters in the suburbs, [especially during night times](#). After the lockdown came into effect on 22 March, people can leave their home only for emergency situations. Restaurants and [mosques were closed since](#) 20 March. This strategy is similar to those followed by most of the countries of the world. As a result, Tunisia is also witnessing an economic slowdown. Conditions are [tense and Robot Police](#) has been deployed for patrolling. On 30 March, Tunisia's President Kais Saied has extended the [lockdown for second time](#). Thus, the country is adopting measures of physical distancing and lockdown.

The country is like to face serious economic problems, especially because of the complete halting of the tourism sector. Media reports suggest that COVID-19 might cause 400,000 travel-related job [losses in Tunisia](#). On 21 March, the government allocated US\$850 million for [fighting the pandemic](#). On 25 March, Italy granted [US\\$55 million to Tunisia](#), while the European Union has granted US\$280 million on 28 March.

Following graph of World Meters Info regarding the rise of corona cases shows how there has been constant rise in cases of infection after mid-March. Reports say that the cases jumped by 50 percent from 25 March when tests became rapid. Medical experts say that [most of the cases are asymptomatic](#) and hence remained undetected.

[Al-Jazeera](#) reported on 11 April that Tunisians are facing the problem of hunger amidst lockdown. There is also political unrest. On 17 April the Anti-Corruption Commission protested against the government for not consulting it before [passing 12 government decrees focused](#) on fighting novel COVID-19 on 13 April.

There is ethnic challenge in the country. On 14 April, a Chinese student was harassed and called 'Corona' since the [pandemic originated from China](#). On 31 March, the government announced plans to release prisoners and opening of field hospitals to [deal with the disease](#).

## 19 Turkey

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**Yasmine Omarzada**

**First Case:** 11 March 2020

**Cases:** 155,686

**Casualties:** 4,308

**Recoveries:** 118,694

**Cases per million:** 1,862

**Deaths per million:** 52

**Total tests:** 1,832,262

**Tests per million:** 21,749

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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Turkey's Ministry of Health setting up the Coronavirus Scientific Advisory Board on 10 January consisting of 26 members specialized in fields such as chest diseases, [infectious diseases and clinical microbiology](#). It works out guidelines for the treatment by medicals and measures to be followed by the public, and updates them in context of the disease's course in the country. On 24 January, Turkey's health ministry installed thermal cameras at the airports. Turkey was very quick to implement measure except complete lockdown to curb the virus.

The first [case of COVID-19 was reported in Turkey](#) on 11 March. According to the Health Ministry the main source of infection is through travellers through Europe and religious pilgrims returning from Iran and Saudi Arabia. The first person to die of COVID-19 was [89 years old patient on 17 March](#) which was confirmed by Health Minister Fahrettin Koca.

Testing for the coronavirus is offered free of charge in hospitals affiliated to the Ministry of Health, as well as hospitals, universities and laboratories authorized by the Ministry. As of 19 March, when testing data was first disclosed, 1,981 people had undergone diagnostic tests. By the next day, this had increased to 3,656, reaching 9,882 in 10 days and 15,442 by the end of March. By April 18, the number of daily tests conducted had reached a record 40,520. In total, until 10 May, 1.3 million tests had been conducted.

From the midnight of 10 April Istanbul, Ankara and other major [Turkish cities went into 48-hours lockdown](#) to combat the spread of COVID-19. On the same day, [restriction was imposed on 31 provinces across the country](#) and the elderly (over 65 years) and youngsters under the age of 20 were asked to stay home as the death toll reached 1,000. Subsequently, the restrictions were extended until 4 May. Bakeries, pharmacies and health facilities were among places excluded from the ban, enabling people to meet essential needs. On 7 April, [Turkey ordered citizens to wear masks](#) while shopping or visiting crowded public places and announced that it would deliver masks to every family, free of charge, as coronavirus infections increased.

In early April, the Ministry of Health disclosed that around [600 medical workers](#) have been infected. The government further announced that all equipment, tests, kits and drugs used during the

treatment would be supplied free of charge by the Health Ministry. By late March, Turkey had ordered [closing of mosques to avoid mass gatherings](#) and issued widespread bans. "Islam doesn't permit practices that would put human life in danger," Ali Erbaş, head of religious affairs in Turkey, citing the example of the Prophet Muhammad. He further said, "Until the danger for the contagion disappears, prayers in congregations will be suspended," he added. "Instead of Friday prayer, Muslims can continue the noon prayer at [their own homes.](#)"

On 27 March, stopped and this was followed by restrictions on domestic travels. Schools and education institutions as well as bars and cafes were closed while the government ordered suspension of gathering for prayers in mosques. However, [Turkey has been cautious to not completely halt economic activities](#) to avoid sliding into another recession as only in 2019 it has started to recover from the currency crisis that seriously hampered the economy in 2018. Strategic energy companies, distribution firms and petrol stations were allowed to keep operating and people working in such places were exempted from the lockdown.

## 20 United Arab Emirates

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***Subhrangshu Pratim Sarmah***

**First Case:** 29 January 2020

**Cases:** 28,704

**Casualties:** 244

**Recoveries:** 15,056

**Cases per million:** 2,985

**Deaths per million:** 25

**Total tests:** 1,600,923

**Tests per million:** 162,071

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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The UAE was the first country in the Middle East to report a confirmed case of COVID-19 on 29 January when a 73-year-old Chinese woman was found infected. The first two deaths were confirmed on 20 March. The UAE is one of the few countries in the world which adopted an aggressive testing mechanism and it is the third country in the world for COVID-19 tests per million and [fifth in the world for total tests](#) which is pretty significant because most others in the top 10 have lesser population than UAE.

The UAE came up with innovative methods of testing such [as drive-in-test centres in Abu Dhabi](#) and it has been expanded to other parts of the Emirates. The cost was AED 370.50 (US\$100) and tests could be done between 10 a.m. to 6 p.m. Later Dubai went ahead with free drive-through testing facility and on 15 April, [home testing services were introduced across the country](#) for people. Dubai Health Authority directed all licensed hospitals to consider all suspected and confirmed cases as emergencies and patients were to be treated free of charge, including those without insurance. On 31 March, the [UAE launched a massive testing lab](#) built in partnership with Chinese company BGI that was built in just 14 days.

On 22 March, Dubai started an 11-day sterilization campaign with a view to containing the virus. On 23 March, the government shut malls for two weeks. Fish, meat and vegetable markets also closed. On 26 March, the country-imposed night curfew. All hand-touched surfaces in buses, airplanes, schools etc. were disinfected frequently and then antimicrobial surface protectant was used to [prevent spread of pathogens](#). From early April, one had to first register online for [a movement permit](#). In third week of March, Sharjah police began using [drones to disinfect areas](#). At the same time, the [Emirati authorities unblocked VPN video-call apps](#), such as Skype, Google Hangouts etc., to enable people to remain in touch without physical meetings and social gatherings. On March 3, Ministry of Education announced that schools and universities across the country will remain closed and distance learning through online method was introduced.

The Emirates announced that it would be suspending all passenger flights from 25 March except cargo flights for essential goods. On 19 March, [UAE suspended all visas for foreign nationals](#) and hospitality establishments were closed. Dubai metro and Dubai Tram too were suspended. From 14

April onwards inter-city bus services were suspended in Sharjah and Dubai Municipality issued a circular restricting the movement of workers to other Emirates. It was also announced that violators of stay-home initiative will be publicly named and shamed. From mid-April, Police started [using smart helmets for thermal screening](#).

With effect from mid-March [remote working system](#) has been adopted in government departments. Wearing masks has been made mandatory in Dubai on 4 April and at the same time fines were announced for spreading fake news.

Extensive testing and lock-down have been key components of the UAE strategy. On 15 April it was announced that the [World Trade Center in Dubai would be converted to a huge field hospital](#). Virtual health assessment tool and mental health counselling via phone were also initiated simultaneously. *Together We Chant* initiative was taken by government agencies where national anthem was sung [for front-line workers by people](#). On 15 April, *Emirates* became the first airline to conduct on-site rapid [COVID-19 test for passengers](#). In mid-April, plasma therapy has been initiated to treat the patients and UAE has [received hydroxychloroquine from India](#) on 19 April.

Abu Dhabi's stimulus package plan during the crisis includes [US\\$1.36 billion announced on 15 March](#) to subsidize water and electricity; US\$81 million for SME credit guarantee programme along with 20 percent rebate on rentals for restaurants. On 10 March, [Dubai government declared 1.5 billion](#) stimulus package with 15 initiatives for four sectors, namely, retail, tourism, energy and trade. As Abu Dhabi is spending a lot internally for stimulus and Dubai faces trouble in tourism and travel along with the historic fall of crude oil prices. The Emirates would not be able to bail out other neighbours and it could expose those countries to major geopolitical trouble.

Several churches in the UAE had announced temporary closures and the suspension of [Mass starting 12 March](#). On 16 March, prayers at mosques and all other places of worship were suspended as a precautionary measure. People have been asked not to gather during Ramadan [and pray from home](#). Medical workers have been given [substantial relaxations from fasting](#).

UAE has offered substantial medical aid to many countries during this period including Pakistan, [Ethiopia and Somalia](#). Many migrant workers face an uncertain future due to debt and non-repatriation. UAE is planning strict restrictions on countries reluctant to take back [their nationals, where India features too](#). UAE has offered help to Syria and Iran which some seeing it is an attempt to bring them within its geopolitical ambitions. On March 4, by the request of their country's respective governments, 215 people stranded in Wuhan – from countries that include Syria, Iraq, Mauritania, Sudan, Brazil, Egypt, Yemen and Jordan – were flown to the UAE [capital in a plane equipped with medical facilities](#).

## 21 Yemen

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***Nazir Ahmad Razzaqi***

**First Case:** 10 April 2020

**Cases:** 216

**Casualties:** 40

**Recoveries:** 10

**Cases per million:** 7

**Deaths per million:** 1

**Total tests:** 2,583

**Tests per million:** 557

**Note:** Figures as of 25 May 2020

**Source:** World Health Organization, 2020, <https://covid19.who.int/>; Worldometer, 2020, <https://www.worldometers.info/coronavirus/#countries>.

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On 10 April, the first case of COVID-19 [was confirmed in Hadhramaut](#) a day after the Saudi-led [coalition announced a ceasefire](#). The patient was identified as a male working in the port of Ash Shihr in an oil production company. Government quarantined the area and asked the rest of the workers to self-isolate themselves for two weeks. According to the United Nations, less than 50 percent of the medical centres are functioning and the rest has been devastated due to five years of civil war. Yemen is highly vulnerable to the virus because other catastrophes such as Saudi's blockade, current [famine and cholera disease](#). Only Sana'a, Aden and Mukalla have testing places to identify the confirmed cases of COVID-19 with minimum facilities. During the last five years more than 3.6 million people [have been displaced](#) and now they live in an overcrowding, vulnerable and miserable situation which make it complex to keep the social distance and sanitation.

The impact of COVID-19 on the Yemeni people would be horrific. Death rates will go higher than other countries in the Middle East because of poor hygienic condition, weak immune system and lack of [proper and nutritious food](#). Lack of qualified personnel and specialists is another obstacle in Yemen. The estimations show that there are only 10 health personnel for every 10,000 people that is much [below the WHO minimum standards 22](#). The WHO is cooperating with the Yemen Ministry of Health to increase the potential to contain the virus, the equipment for diagnosing COVID-19 including scanners, ventilators, and thermometers are impossible to find in the market, and international community is deeply busy with their own countries.

On 18 March, the government of Yemen suspended all international flights except humanitarian aid flights and [King Salman humanitarian aids](#) and schools have been closed. In northern Yemen, which is under [Houthi control, all schools](#) and land borders were closed.

Wrong information or lack of enough knowledge about the virus can erode the vital controlling measures in Yemen because information can easily be changed for political purposes by both sides of opponents. COVID-19 would aggravate the situation in Yemen because both sides of conflict would put the burden of responsibility on the other's shoulder; for example, the leader of Houthi



said “the Saudi led Coalition is responsible for any case in Yemen, since they are in control of [air, sea, and land ports.](#)”

Spread of COVID-19 in the world, caused economic troubles across the world and the situation in Yemen is drastic. The spread of COVID-19 in Yemen would be humanitarian disaster because already Yemenis are suffering from war, homelessness, poverty, hunger and many diseases like cholera and watery diarrhoea and now COVID-19 has been added to their problems. Meanwhile there is panic due to suspension of international aids, worse of all, the [US suspended US\\$73 million](#) at this difficult situation.

## About the Contributors



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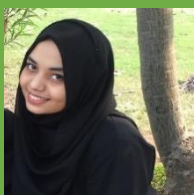
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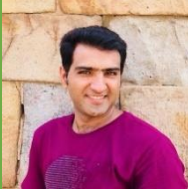
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