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THE CORONAVIRUS CRISIS

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The Coronavirus Crisis and the Arab-Arab Relations: Lack of Coordination and Collapse of Justice

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When the Arab Region was hit by the coronavirus crisis, it had already been experiencing a violent conflict between the regional powers related to the Gulf crisis with Qatar; four Arab countries had cut diplomatic relations with Qatar, and cut off the land, sea and air routes since 2017. This was preceded with bitter conflicts between Arab peoples and their totalitarian regimes through the first wave of the Arab Spring in 2011 in Tunisia, Egypt, Libya, Yemen, Syria, Bahrain, and Morocco. A second wave of the Arab Spring broke in 2018 and 2019 in Iraq, Lebanon, Sudan, and Algeria.

These conflicts exhausted many Arab countries, leaving them almost totally engaged at handling their domestic affairs. On the other hand, there are certain objective facts that are common between these countries—the intense waves of labor migration and tourism movement, and common historical and political ties that remain strong.

It has been two years since the pandemic began, and the region is still faced with a complex crisis arising out of the decline in oil prices that has, accordingly, created a crisis in the Gulf States, the largest oil investor and creditor in the Arab countries. It has also had a serious impact upon non-oil countries that export labor to the Gulf States. Considering Egypt, Lebanon, and Tunisia, one would find that the three countries depend heavily on international sources of finance connected to debts, remittances sent from their workers abroad, the tourism sector, and international trade. Therefore, the effects of the coronavirus crisis on the three countries are expected to be severe. Hence, such effects as well as the way the governments of the three countries handled them need to be captured, analyzed, and assessed in light of the analysis of any instances of a serious Arab coordination to address the pandemic which, by its very nature, requires international and regional collaboration to overcome, limit the impact of, or adapt to the crisis or its effects with the least possible losses.

The Pandemic Hinders Joint Arab Action and Increases Limits on Cooperation

Just as it affected other international regular or irregular events that were pre-planned and scheduled, the pandemic affected the regular Arab summits. The world health crisis resulting from the pandemic prevented holding the Arab summit of March 2020 and that of June 2020 as well, though during his visit to Algeria on 29 February 2020, the League of Arab States' Secretary-General,



Ahmed Aboul Gheit, expressed hope for holding the summit, which could not be held in March, before the end of June 2020. Algeria refused to hold the summit via video conferencing, but the Gulf rush for normalization with Israel was the real reason behind the conflicting positions of Algeria and the normalizing Gulf states, which made it less likely for the summit to be held successfully. Algeria now hopes that the summit be held on its territory in March 2022.¹

The coronavirus crisis was also parallel with an ongoing Arab crisis since 2016 between Gulf States and Egypt on the one hand, and Qatar on the other hand, basically arising out of the Qatari position towards the Arab revolts and the fourfold attempt by Saudi Arabia, UAE, Bahrain, and Egypt to limit the Qatari influence and regional impact in the region through Qatar's Al Jazeera channel and other celebrated sports channels. This crisis only began to ease after tremendous diplomatic efforts by Kuwait and the USA Administration, the process of which was documented in the 41st Gulf summit in the Saudi city of Al-Ula, held on 6 January 2021, i.e., nearly a year after the pandemic broke out. The summit's final statement declared the resumption of diplomatic relations that had been severed for more than three years², during which the Arab-Arab relations saw a serious tension, threats of wars, and dissidence among different camps.

However, in mid-March 2021, the Council of Arab Ministers for Health (CAMH), whose session was held virtually, approved of an Egyptian recommendation to establish a common platform for exchanging Covid experiences and the efforts exerted to deal with the pandemic between the member states, under the aegis of the League of Arab States.³

Economic measures to deal with the pandemic:

Despite the limited resources available for regional cooperation organizations, the Arab Monetary Fund (AMF) rapidly made a number of interventions to support the member states' response in addressing the pandemic through different courses of action that aimed at supporting the efforts made to cushion the economic consequences of the pandemic in the areas relevant to the Fund's business. According to its website, the AMF provided financial resources to the member states either as new loans or as withdrawal of existing loans in order to overcome the economic and financial consequences of the virus outbreak and

¹ Algeria to host Arab summit next March: president, Xinhua News Agency, 11/8/2021, <https://bit.ly/3A67Eje>

² Final statement of 41st Gulf Summit: Return of diplomatic relations with Qatar and emphasizing principles of good-neighborliness, Al Jazeera Net, 1/6/2021, <https://bit.ly/3vR13p4>

³ Council of Arab Ministers for Health approves an Egyptian recommendation for a common platform for exchanging experiences on Covid, RT, 3/15/2021, <https://bit.ly/3qvMWWy>



support reform efforts in the member states. From early January 2021 to late June 2021, withdrawals from credit lines amounted to \$467 million for eligible trade finance requests. It should be noted that by the end of June 2021, the balance of the national agencies' obligations was \$670 million.⁴

On 21 July 2021, the Fund gave a new loan of 153.475 million Arab accounting dinars to Egypt, which is equivalent to about \$639 million, within the framework of structural adjustment facilitation to face the current challenges and support the reform program implemented in the public fiscal sector.⁵ Despite the significance of such support, it is noted that these loans are more linked to other international loans that do not mainly target the health sector, but the public financial sector.

Manifestations of Limited Cooperation:

- Poor coordination regarding health policies; there was no Arab coordination as to the closure measures that were adopted in most of those countries in March and April 2020, that is, at the onset of the pandemic, on a highly individual basis according to the judgement of those in charge of the health sector or politicians in each individual country.
- Poor coordination as to evacuation of migrant workers and communities abroad: With the strict closure measures, millions of migrant workers in the Gulf States remained stranded, and hundreds of thousands of Gulf tourists were stuck in other Arab countries, with quite limited coordination as to evacuation and quarantine measures for those stuck, which sparked off protests whether against the hosting governments or against their own governments. This was the situation when evacuating the Egyptian workers in Kuwait and Saudi Arabia, where the governments' malpractices resulted in several protests against the policies of the hosting countries and the evacuation policies imposed by the sending countries.
- Limited coordination regarding the vaccine: Discrepancy in the number of covid swabs and tests, as well as injury and death rates of population can be an indicator of this poor coordination, even among countries with similar levels of healthcare and including the huge discrepancy among the

⁴ Arab Monetary Fund, <https://www.amf.org.ae/ar/covid-19>

⁵ The Arab Monetary Fund extends to the Arab Republic of Egypt a new loan, within the framework of the Structural Adjustment Facility, with an amount of Arab Accounting Dinar 153.475 million, the equivalent of approximately USD 639 million, to support a reform program in the public finance sector, in face of current circumstances, Arab Monetary Fund, 7/27/2021, <https://bit.ly/3GBbe78>

region's countries with respect to vaccination rates, be it one jab or two jabs.

Percentage of the persons who have received at least one dose of the vaccine in the region until 31 July 2021⁶

Country	UAE	Qatar	Bahrain	Saudi Arabia	Lebanon	Tunisia	Egypt
Percentage of the Vaccinated	78.9%	71.7%	65.2%	54.5%	16.3%	14.4%	3.7%

- ***Unfair distribution of the economic and social burdens***—after launching a “people’s vaccine” as a UN goal, fifteen months after the pandemic broke out, and thanks to the spectacular scientific and technological advances, as well as global collaboration and mutual dependence in regulatory aspects, several safe and effective anti-Covid vaccines have become available and are administered in different countries around the world. However, despite lofty rhetoric on global solidarity, the “people's vaccine” goal is apparently unattainable. A fair distribution of vaccines is a political, moral and economic priority that has thus far been widely neglected. In contrast, profits and myopic vaccine nationalism takes precedence over humanity when it comes to the fair distribution of vaccines. Although more than 48 per cent of the world’s population has received at least one dose of the vaccine, that percentage hardly drops to 3 per cent in low-income countries.⁷

In our region, this discrepancy is significantly high due to structural reasons for generating indicators of inequitable access to health. While the oil Gulf States attract the largest portion of physicians and health workers from abroad, they do not provide sufficient support to the health systems that are on the verge of collapse because of the brain drain phenomenon in countries such as Egypt and Lebanon. For example, the number of Egyptian physicians in the Gulf States is larger than its counterpart in Egypt. At the onset of the crisis, the Egyptian Ministry of Health pointed out that the actual number of physicians working in the Ministry, its affiliated agencies, universities, and Al-Azhar University hospitals is nearly 82 thousand physicians, only 38% of the basic medical

⁶ Paul Dyer, Isaac Schaider, and Andrew Letzkus, Infographic: COVID-19 vaccination efforts in the Middle East and North Africa, Brookings, 3/8/2021 <https://brook.gs/3FAjwec>

⁷ Joint UN/ Red Cross/Red Crescent Statement, Actions must speak louder than words: five asks to achieve equity in vaccine delivery, UNCHR, 10/28/2021 <https://bit.ly/328X3HC>



staff, indicating that 62% of the medical doctors work outside Egypt, resigned from public positions, or on leave to work at the private sector. The Gulf States, followed by Europe, are a main destination for the Egyptian physicians, who exceed 65 thousand physicians in Saudi Arabia alone.⁸ This is a complex crisis that requires a greater coordination between the two countries, with respect to recruitment, or even medical training and preparation. These countries need to support Egypt's health education institutions via large financing projects that ensure a larger number of medical graduates, which allows Egypt to export workers in this sector without a catastrophic impact upon its own citizens' right to healthcare.

Migrants were the scapegoat who bore the burdens of the economic policies resulting from austerity, downsizing, and pay cuts. The pandemic was also used as an excuse to implement many delayed policies, such as saudization and other plans for replacing migrants with domestic workers, without considering the consequences upon the domestic economy or the economies of the sending countries. Multiple Gulf countries allowed for layoffs of foreign workers and sending them back to their countries without any coordination with those countries.⁹

Egypt, Tunisia and Lebanon: Who Did They Help and Who Helped Them Address the Crisis?

Despite the poor mass collaboration described above, there were many bilateral initiatives for collaboration to handle the crisis. For example, when the situation worsened in Tunisia and the Tunisian government and President called for help, Egypt sent 3 military aircrafts carrying tons of medications, and medical supplies and equipment to Tunisia by mid-July 2021.¹⁰ The Algerian President also pledged to provide 250 thousand doses of vaccines, along with several medical supplies in July 2021 to help Tunisia confront the pandemic.¹¹

According to the UAE Humanitarian Aid and Efforts to Combat COVID-19 report, the UAE sent an aid aircraft with 11 tons of medical supplies and ventilators to Tunisia on 3 November 2020 to support the efforts of more than 11 thousand healthcare professionals in combating COVID-19. The UAE also

⁸ Omar Samir, Economic migration of physicians ... A profound crisis in the Egyptian health sector, Noon Post, 5/31/2020, <https://bit.ly/3s60zKU>

⁹ COVID-19 crisis response in MENA countries, OECD, October 2020, <https://bit.ly/3nUco6H>

¹⁰ Coronavirus ... 4 aircrafts with medical aid from Egypt and Kuwait to Tunisia, 3 from Egypt and one from Kuwait according to Army statement, Anadolu Agency, 7/15/2021, <https://bit.ly/3FMPWT7>, Al-Masry Al-Youm and Al-Anbaa Kuwaiti Newspaper

¹¹ Algeria to send 250 thousand doses of vaccine to Tunisia tomorrow Tuesday, RT Arabic, 7/12/2021, <https://bit.ly/3nx2aJ0>



sent 16 tons of testing equipment and medical supplies to Lebanon on 6 August to support the efforts of 16 thousand workers in the medical sector.¹² It is noticeable, however, that amongst the 128 countries that received the UAE's aid, only eight recipients were Arab countries.

The same goes partly for Qatar, which, by the end of December 2020, provided medical aid of \$89 million in total to 78 countries, including eight Arab countries only—Lebanon (two field hospitals), Iraq (two field hospitals), Tunisia, Algeria, Morocco, Sudan, Palestine's Gaza Strip/ the West Bank, and Somalia. Kuwait provided foreign aid to many countries, including Arab ones (Egypt, Palestine' Gaza Strip, Lebanon, Yemen, Tunisia). Saudi Arabia provided aid, estimated by the Saudi Minister of Foreign Affairs at about \$500 million, to different world countries, including the Arab countries of Palestine's West Bank, Yemen, Iraq, and Lebanon. Though a recipient of international financial aid from IMF and of more than one package of medical aid from many countries, at the top of which comes China, Egypt gave medical aid to several countries, including Arab ones: Iraq, Sudan, and Palestine's Gaza Strip. Studies show that certain Arab countries, which lack a strong medical industrial infrastructure, resorted to recycling the aid they received and sent it abroad to resolve their diplomatic problems or support the political powers that had previously offered them aid. Furthermore, the aid given by Arab countries to countries outside the region is far more than what they extended to the region's countries, and it was not based on objective needs, but on political and diplomatic goals.¹³

¹² UAE Humanitarian Aid and Efforts to Combat COVID-19, UAE's Ministry of Foreign Affairs and International Cooperation, 2/1/2021, <https://bit.ly/33qx8f8>

¹³ Wessam Fouad, COVID-19 and recycling of medical aid in the Middle East, Egyptian Institute for Political and Strategic Studies, 12/17/2020, <https://bit.ly/3tzcwMg>



Other Examples of Regional Cooperation: Any Lessons Learnt?

EU Countries and Rectification of Poor Coordination: At the beginning of the crisis, the EU faced key challenges. The most notable was the Brexit crisis that resulted in a long process of negotiations over the UK's rapid exit from the Union, which was preceded by lacking a unified policy for migration and the quota system that distributes refugees, along with the growing spread of COVID-19 at the onset of the pandemic. Since April 2020, Europe has become the new global epicenter of the virus, with European systems being unable to accommodate the cases, domestic health and mental conditions declining, and the number of cases and deaths quickly increasing during February and March in Italy, which was the first European country to be affected; the hardest hit by the pandemic; and the highest in the number of infections then. At those times, the EU's response was really slow; besides, the EU Heads and presidents of European states did not act responsibly.

The EU's initial response was regarded as indecisive, which placed the Union under severe criticism from the most affected states, such as Italy and Spain. For example, the French President, Emmanuel Macron, warned against the collapse of the EU as a political project if no serious steps were taken to support the affected countries' economies. Furthermore, at first, Germany prohibited exporting any medical equipment beyond its borders, including to the EU states, and the Czech Republic seized a shipment of protective medical equipment exported from China to Italy. The European states hastened to close their local borders, which was regarded as undermining of the basic principles that underpin the Union, such as the free movement of goods and people. Although the European states have a legal basis for such an action, they were severely criticized because they took the decision individually and protectively without any coordination or consultation with the Union and its institutions. Whilst the European unity was crumbling as such, the Russian Army sent medical equipment to Italy, as did China, whose aircrafts landed in Italy carrying shipments of emergency aid of those equipment, in addition to the arrival of delegations of Cuban physicians, who hastened to respond to the Italian call for help that did not receive a European answer then.¹⁴

The EU admitted later that it handled the Italian situation improperly, and the President of the European Commission, Ursula von der Leyen, offered a formal apology for the EU's "failure" to help Italy, but the EU only reached agreement on an economic support plan to face COVID-19 crisis on 10 April 2020, though at the beginning of that month, the number of daily cases reached their heights in Germany, Italy, Spain, France, and Belgium. The EU only came up with the

¹⁴ The Impact of Coronavirus Pandemic on the EU and its Future, Emirates Policy Center, May 19, 2020, <https://cutt.ly/BWBAoXQ>



so-called plan, estimated at 7-8% of the Union's GDP, after dozens of discussions, which were seen by analysts as a waste of the affected countries' precious time, to prevent any more harm to their economies.¹⁵

In other words, the EU remedied its faults. There was poor coordination at first, but afterwards the Union made good plans for strict coordination of health policies, economic and social rescue packages, and vaccination policies, which has greatly contributed to accelerating vaccination, reducing death rates, reinforcing adaptation policies, and agreement on issuing the "coronabonds"—a mechanism for a joint assurance from the EU states about debt securities, which might need to be issued by the governments economically affected by the crisis, known as mutual debts in the Eurozone.

Member States in Shanghai Cooperation Organization: Shanghai Cooperation Organization (SCO), also known as the Shanghai Pact, includes eight countries—China, India, Kazakhstan, Kyrgyzstan, Russia, Pakistan, Tajikistan, and Uzbekistan, while Azerbaijan, Armenia, Cambodia, Nibal, Turkey, and Sri Lanka are partner countries to the organization that is dominated by Russia and China. Lately, Egypt, Saudi Arabia and Qatar have joined the organization as dialogue partners.¹⁶ Although China and that region are the source of Covid, and have the largest population, they remain the least sufferers in terms of injury and death rates, according to the available data. This is due to the strict policies these countries followed singly to face the pandemic at the beginning, but a little coordination among these countries can explain why injury and death rates are still low, and testing and vaccination rates high, despite the fact that most of the region's countries are developing ones. At the onset of the crisis, the Secretary-General of the organization called for not politicizing the pandemic, in response to Western and American accusations that the virus was developed in a Chinese lab or escaped from a Wuhan lab. The organization made a number of initiatives in early 2020 for cooperation to deal with the pandemic, which increased the international applaud for China, Singapore, and South Korea in the addressing and rapid containment of the epidemic.

Member states in SCO maintain close connections with one another at presidency, ministry, health and public security agency levels. They also implemented a set of measures to provide human aid, which was initially aimed at China, but now all the organization's member states share this process,

¹⁵ Ibid.

¹⁶ Saudi Arabia, Egypt and Qatar are agreed as 'partners' in Shanghai Cooperation Organization ... Dushanbe Summit ratifies Iran's joining ... And China emphasizes confrontation of 'terrorism, separatism and radicalism', Asharq Al-Awsat, 9/18/2021, <https://bit.ly/3A4iu96>



supplying one another with financial resources, food, medical equipment and medications. Serving as a coordination body, the SCO Secretariat made a number of suggestions and initiatives to combat the virus jointly. The organization is still holding consultations concerning combating the virus at a higher level and taking collective measures against its spread.¹⁷

Though SCO member states are not a fine example of addressing the pandemic, being totalitarian regimes that had poor transparency and provoked objective criticism against some instances, such as India, implementation of precautionary inter-measures has largely helped limit the wide spread of the virus or kept the region from turning into a hotbed of variants, and contributed to improving the distribution of vaccines and reducing the seriousness of the crisis.

What is the Way to a Successful, Regional, Healthy Cooperation?

Though political cooperation is hard, being subject to the personal judgment of elites and rulers in the region and due to what they deem as conflict of interests, issues of a technical nature, such as health, and, to a less extent, economy, require the most possible coordination, which can be attained by the fewest diverging views and political choices that govern those issues, though they remain political in many of their aspects.

The nature of the pandemic requires a great coordination among the migration departments, institutions, responsible ministries, aviation companies in the region, and the health ministries and institutions concerned in the region in order to reinforce any collective Arab vision and strategy to confront the pandemic.

The pandemic also necessitates exchange of information and rectification of the mistakes revealed through this information in terms of testing and vaccination abilities on a wide scale, which must translate into policies that do realize that no individual or national confrontation to a pandemic of that sort is attainable, particularly in a region whose countries are so closely tied to such an extent that whatever happens in any of them is heavily dependent on what occurs in the other countries in the region. This does not apply to politics only, but to the health domain in the region, which requires agreement on policies and greater coordination of efforts.

¹⁷ Shanghai Cooperation Organisation, SCO Secretary-general: It is necessary to refrain from politicizing the Coronavirus pandemic. Diplomatic News Agency and Daily Islamabad Post published an article by Vladimir Norov, 25/4/2020, <https://bit.ly/3tzSwcj>



Policy makers in the region need to grasp the first lesson of Covid crisis, which is “humans first, and health before profits”. In this respect, the efforts and outcomes of the CAMH's meetings, as well as the AMF's initiatives can be built upon, with urgent priority given to vaccination and reinforcement of the health sector abilities in confronting the pandemic as a top priority over the economic priorities which current policies give to economy and financial recovery.

Conclusion:

It can be said that the region was hit by the pandemic amid ongoing domestic and regional crises, which were partly a stimulus to regional pacification, but the level of the Arab regional cooperation to confront the pandemic was less than expected and hoped for. Yet, there are very good initiatives for Arab bilateral cooperation to confront the pandemic, given the already limited potential of the region's countries in the health sector.

The most serious crisis for countries such as Egypt, Lebanon, and Tunisia, consists in the large waves of migration of the health sector workers, whether to the Gulf States or to Europe, while the three countries suffer from poor and fragile universal health coverage, which renders any cooperation initiatives not necessarily institutional.

Collaboration to confront coronavirus in the region was bilateral rather than collective and subject to tools and tendencies of public diplomacy in each country and its own network of relations and alliances in the region, and not to the objective needs imposed by the technical nature of the health crisis or even its economic and social consequences. Furthermore, the mechanisms for solidarity with the world, which were provided by the region's countries, were more powerful than the mechanisms for regional solidarity necessitated by the region's nature, which requires a significant reconsideration of those policies so that mass mechanisms and the region are prioritized over other regions and mechanisms.

The Arab countries need to reinforce joint action in the health domain, as a technical domain where coordination can be easily achieved and the region's countries have a great medical experience represented in tens of thousands of physicians who migrated to the United States and Europe. These countries also need to provide real incentives to bring these competencies back and increase spending on scientific research as a sustainable investment.

Any collective strategy for confronting the epidemic must consider the spatial discrepancies in vaccine distribution and tests, try to bring back balance



regarding the citizens' rights to health in the entire region, and aim to redistribute the available physicians and health resources more equitably.