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The Greater Middle East Covid-19 Crisis Management: Challenges and Opportunities

By Muhamad S. Olimat¹

Abstract

The outbreak of the coronavirus (Covid-19) crisis in early 2020 took the whole world by surprise. The world witnessed its horrific spread in Italy, the United Kingdom, the United States, and Brazil in utter disbelief and helplessness. The Greater Middle East (GME) region too faced the pandemic-induced misfortune in no small measure. Governments and non-governmental organizations scrambled to articulate a response equivalent to the challenges. While the crisis clearly posed an unprecedented set of challenges in human history, it did provide some opportunities as well. If nothing else, the crisis brought home the importance of pandemic-preparedness, biosecurity, health security, food security, social cohesion, public compliance, and regional and international cooperation as succinctly as possible. While a few countries in the GME region did succeed in stepping up to the challenge in the early six months of the crisis well into the end of 2021, a few others fell considerably short in their response and are still struggling to provide even basic anti-virus measures. This article provides a general overview of the GME's response to the Covid-19 pandemic and highlights some of the major challenges faced by the states and society in the region and the opportunities thereof. The article also touches upon the policies, efforts, opportunities, struggles, and challenges in the sub-regions of the GME: the Levant, the Gulf, North Africa, and Central Asia.

Keywords: Greater Middle East, Coronavirus pandemic, Crisis management, Preparedness, Health security, Economic growth, China, Wuhan, Response to the corona pandemic

The Greater Middle East: An Overview

The GME region extends from Western Sahara in North Africa to Tajikistan in Central Asia at the Western borders of China. This region shares a set of cultural, demographic, civilizational, historical, geographical, and geostrategic factors that render it unique in comparison to other parts of the world. Its linkage with some of the old civilizations is quite strong. As a major center of the current international trade, facilitated by the trade routes, the region engenders and strengthens globalization. The fact that the region is an international trade destination does make it a center of global rivalry too over raw materials, energy resources, markets, and communication hubs. The GME region is endowed with an abundance of natural resources (minerals, raw materials, fisheries, oil and gas, rivers and lakes, land, etc.) and human resources. At the same time, the region faces existential challenges too as in the case of the absence of basic health services in some parts of the region, water shortages, the spread of conflicts, and the mismanagement of national wealth that affect its ability to respond to crises such as that posed by Covid-19.

Covid-19 and the Greater Middle East

In early 2020, the Chinese city of Wuhan reported the outbreak of a virus classified as Covid-19. The news was a big blow and surprise to a world that is already suffering from structural crises such as global warming; growing food and water security issues; the wars and conflicts in several parts of the world, especially in the Middle East region; and the fierce rivalry among

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superpowers that threatens world security and stability. The surprise element was quite visible going by the initial response of several countries, which was bogged down by confusion, uncertainty, fear, and near demoralization. However, a few countries, including some Middle Eastern countries, took up the challenge seriously in its early stages and set an example to be emulated globally.

The Covid-19 crisis created a new line of thinking as far as research is concerned. Several fields of knowledge such as political science, international relations, sociology, psychology, medicine, biology, and biosecurity have examined the nature of the crisis and its impact on societies and global health trends. Over the past year, several research endeavors examined the response of the Middle East and North Africa (MENA) region to the Covid-19 crisis, like studies that have covered other parts of the world. For example, the US Peace Institute examined the impact of coronavirus on how it would reshape the US foreign policy toward the Middle East.¹ The Middle East Institute studied the impacts of Covid-19 on trends of conflict in the Middle East, and concluded that it has exacerbated the conflicts in the region.² The Organization for Cooperation and Development provided an analytical perspective on the response of the MENA region to the Covid-19 crisis.³ So did the World Bank and the International Monetary Fund (IMF) when they examined the challenges faced by the region, especially in the areas of economic contraction and the prospects of economic recovery in 2021-2022.⁴

The World Health Organization (WHO) has published a weekly operational update on Covid-19 since the early weeks of the pandemic; this update covers the global health response to the pandemic and provides data on sub-regions, including the Middle East. The Strategic Preparedness and Response Plan (SPRP) of the WHO in 2021 brings together “efforts and capacities for preparedness, response and health systems strengthening for the roll out of Covid-19 tools” with the ultimate aim of ending the acute phase of the pandemic.⁵

In both region-specific and country-specific studies, the stress has been predominantly on examining the impacts of the pandemic on politics, economics, development, conflict, stability, instability, etc. For example, Weyland (2021) examined the challenges facing the Middle East region in articulating an efficient response to the crisis. She touched upon the “the deep-rooted politico-economic deficiencies” that stood in the way of “successfully addressing the pandemic’s immediate and future consequences for human and national security in the MENA region.”⁶ Her findings highlight the necessity of addressing such fundamental challenges and seeking external support, especially the European Union’s (EU’s) assistance in mitigating the impacts of the crisis within its Global Strategy for EU’s Foreign and Security Policy.

Saikal (2021) examined the “quadruple” nature of the challenge, i.e., the Covid-19, conflicts in the region, the Jihadist threat, and the public discontent. The interaction between and among these forces highlighted the volatility of the region and its instability.⁷ Özçürümez (2021) examined the impacts of the crisis on Turkey. He stated that “the pandemic response in Turkey can be classified as constituting a centralized governance model of public health centralism”.⁸ As Özçürümez highlighted, this model is challenged by data accuracy, data collection, effectiveness, and sustainability.⁹ For a global challenge like Covid-19, he concludes, a global response is required for its eradication in which no country is left behind.

The International Crisis Group (ICG) had carried out a thorough assessment on the impacts of Covid-19 with particular focus on conflicts around the world. While the group recognized the enormity of the challenge and the impacts of the pandemic on escalating existing conflicts, it also recognized the opportunities that it has provided for rivals globally. When it comes to the Middle East, the ICG stated that, “the scale of the outbreak creates room for humanitarian gestures between

rivals. The UAE has, for example, airlifted over 30 tons of humanitarian aid to Iran to deal with the disease. . . states with closer relations with Iran, including Kuwait and Qatar, have also proffered assistance.”¹⁰ Moreover, major research institutions around the world, especially those with a mandate to cover the Middle East region, have published special issues and reports, and held roundtable discussions on the region and its ability to withstand the crisis. The research institutions include The Middle East Institute, the US Peace Institute, The Center for Middle East Policy at The Brookings Institute, and the Center for Middle Eastern Studies at Harvard University.

Regional Trends and the Covid-19 Crisis

There are several trends that can be identified in terms of the GME’s response to the Covid-19 crisis. These trends deal with the challenges and opportunities faced by individual nation-states within the GME region. Such factors (conflict and instability, economic contraction, and governmental effectiveness) mostly limited and hindered state and regional response to the corona crisis as they have systematically undermined the region’s potential since the mid-20th century onwards. A brief on these hindering factors is given below.

Conflict and Instability

The Middle East is characterized by the dominance of political violence, instability, conflicts, wars, and civil strife over the past century. Most recently, the region has been struck with a wave of rebellions, revolutions, and civil strife within the framework of “Arab Spring”, which broke out towards the end of 2010. Since then, the region has witnessed a diverse set of phenomena such as state disintegration, state failure, and state collapse, especially in the Arab World, in the Mashreq (Syria), the Maghreb (Libya), and the Arabian Peninsula (Yemen).

Previously, the region suffered deeply from the consequences of the US invasion of Iraq, which led to a state of instability due to the rise of terrorist activities in Iraq, leading to a massive level of casualties, and displacement of millions of civilians in Iraq and across the world. The same trend of violence applies to the consequences of the War on Terror in the 2000s; political violence dominated the Palestinian and Israeli scene due to the collapse of the Peace Process. The 1990s was characterized by regional violence due to the Iraqi invasion of Kuwait. The same trend applies to the previous four decades well back into the Second World War (WWII).

Therefore, conflict, political violence, civil strife, sectarian divisions, terrorism, and instability have been a feature of the region, which has most certainly complicated the ability of nation-states in the region to confront national and regional challenges such as pandemics, food security, water security, and overall regional stability. Table 1 illustrates the Political Stability Index of the region. The low scores indicate high rates of political instability and political violence.

Table 1. Middle East Political Stability/No Violence Index Scores

Country	Score/percentage	Country	Score/Percentage
Qatar	87.74	Mauritania	34.43
UAE	83.02	Israel	29.77
Oman	72.17	Algeria	28.77
Kuwait	66.98	Turkey	18.40
Turkmenistan	51.98	Egypt	18.00
Kazakhstan	50.00	Iran	10.38
Morocco	48.58	Lebanon	10.85

Jordan	47.64	Sudan	10.38
Kyrgyzstan	44.81	Palestine	8.02
Tajikistan	43.40	Libya	3.77
Uzbekistan	45.28	Iraq	3.77
Bahrain	41.98	Yemen	2.36
Tunisia	39.62	Syria	2.36
Saudi Arabia	36.79		

Source: Table is compiled from data published by the World Bank - <http://info.worldbank.org/governance/wgi/> (accessed on 23 October 2021)

Economic Contraction

The GME's economic potential was arrested by the prevalence of wars, conflicts, and instability, exacerbated by the geopolitical nature of the region. Regional rivalry was also a major impediment to stability and a primary factor for the decline in the economic performance of the region in comparison to other parts of the world. The conflicts between the major forces in the region such as Iran, Turkey, Israel, and Saudi Arabia led to the escalation of instability in Iraq and Lebanon, and the persistence of the war in Syria, Yemen, and Libya.

While the Arab world was hit hard by such conditions, the non-Arab Middle Eastern countries (Israel, Iran, and Turkey) were also active participants in the creation of instability, though performing better on the economic front. While the collapse of the peace process escalated the Israeli–Palestinian confrontations, wars, conflicts, violence, and economic destruction especially in Palestine, the Iranian intervention in other parts of the region undermined the overall stability of the Middle East. Economic development has also been undermined by the rising level of conflict among rivals in the region. In fact, the Middle Eastern rivals have also attempted to export their rivalry into Central Asia. Their current efforts were met with opposition by well-established interests in the region, namely China and Russia.

It is pertinent to remind that economic development and national unity were the two main objectives of nation-states in the independence era of the region since early 1940s. Economic growth rates of nation-states in the Middle East have been less than successful in accomplishing any of these two goals. On the contrary, economic contraction is the most visible aspect of the Covid-19 crisis. In April 2020, the IMF estimated regional contraction to the tune of –4% for the year 2020, while the real gross domestic product (GDP) growth rate for 2021 is estimated at 2.7%.¹¹ This decline in growth rate is consistent with the global economic trends, which pegged the contraction rate at 3% in 2020.¹² However, the IMF estimated that a global recovery this year (2021) would lead to an economic growth rate of 5.8% globally.

The economic performance of the Middle East during the crisis in 2020/21 is consistent with other parts of the world that have witnessed major economic decline. The IMF's *World Economic Outlook* for 2020 illustrates this trend clearly. The IMF stated in April 2020 that, “the Covid-19 pandemic will severely impact growth across all regions”¹³ Table 2 presents IMF data for April 2020 and October 2021, which demonstrates the catastrophic impacts of the pandemic on the world economy. The projections for 2020 and the actual growth rates for 2020 show the depth of economic contraction. In fact, the actual rates in many parts of the world were much higher than projected rates a year ago as in the case of the Euro region (–6.3), Spain (–10.8), UK (–9.8), and that applies to the rest of the world. The figures for the Middle East and Central Asia

show that its economic growth contracted by 2.8%, though expected to recover by the end of 2021, registering a projected rate of 4.1% in 2021 and 2022.

Table 2 Real GDP Annual Percentage Change: Latest World Economic Outlook Growth Projections in April 2020, and the October 2021 Latest World Economic Outlook Growth Projections

Region/Country	2019 Actual	2020 Projection	2021 Projection	2020 Actual	2021 Projection	2022 Projection
World Output	2.9	-3.0	5.8	-3.1	5.9	4.9
Advanced Economies	1.7	-6.1	4.5	-4.5	5.2	4.5
United States	2.3	-5.9	4.7	-3.4	6.0	5.2
Euro Area	1.2	-7.5	4.7	-6.3	5.0	4.3
Germany	0.6	-7.0	5.2	-4.6	3.1	4.6
France	1.3	-7.2	4.5	-8.0	6.3	3.9
Italy	0.3	-9.1	4.8	-8.9	5.8	4.2
Spain	2.0	-8.0	4.3	-10.8	5.7	6.4
Japan	0.7	-5.2	3.0	-4.6	2.4	3.2
United Kingdom	1.4	-6.5	4.0	-9.8	6.8	5.0
Canada	1.6	-6.2	4.2	-5.3	5.7	4.9
Other Advanced Economies	1.7	-4.6	4.5	-1.9	4.6	3.7
Emerging And Developing Markets	3.7	-1.0	6.6	-2.1	6.4	5.1
Emerging and Developing Asia	5.5	1.0	8.5	-0.8	7.2	6.3
China	6.1	1.2	9.2	2.3	8.0	5.6
India	4.2	1.9	7.4	-7.3	9.5	8.5
ASEAN-5	4.8	-0.6	7.8	-3.4	2.9	5.8
Emerging and Developing Europe	2.1	-5.2	4.2	-2.0	6.0	3.6
Russia	1.3	-5.5	3.5	-3.0	4.7	2.9
Latin America and the Caribbean	0.1	-5.2	3.4	-7.0	6.3	3.0
Brazil	1.1	-5.3	2.9	-4.1	5.2	1.5
Mexico	-0.1	-6.6	3.0	-8.3	6.2	4.0
Middle East and Central Asia	1.2	-2.8	4.0	-2.8	4.1	4.1
Saudi Arabia	0.3	-2.3	2.9	-4.1	2.8	4.8
Sub-Saharan Africa	3.1	-1.6	4.1	-1.7	3.7	3.8

Nigeria	2.2	-3.4	2.4	-1.8	2.6	2.7
South Africa	0.2	-5.8	4.0	-6.4	5.0	2.2
Low-Income Developing Countries	5.1	0.4	5.6	0.1	3.0	5.3
Emerging Market and Middle-Income Economies	NA	NA	NA	-2.3	6.7	5.1

Source: International Monetary Fund, World Economic Outlook, October 2021. Accessed on October 23, 2021 at: <https://www.imf.org/en/Publications/WEO/Issues/2021/10/12/world-economic-outlook-october-2021>

Governmental Effectiveness

Among multiple factors, a government's effectiveness and ability to manage a crisis through the mobilization of the state and society remains a critical one. The World Bank has been publishing a report on the Worldwide Governance Indicators (WGIs) since 1996. The report rates a government's performance on six broad factors: (1) voice and accountability, (2) political stability and absence of violence/terrorism, (3) effectiveness, (4) regulatory quality, (5) rule of law, and (6) control of corruption. When it comes to the management of crisis owing to a pandemic, all the above factors are important, but governmental effectiveness (GE) assumes higher importance. The World Bank neatly defines GE as "capturing perceptions of the quality of public services, the quality of the civil service and the degree of its independence from political pressures, the quality of policy formulation and implementation, and the credibility of the government's commitment to such policies".¹⁴

Table 3 ranks countries from the highest to the lowest in terms of GE scores. The scores indicate that a few countries in the GME region fall in the "highest" category. While most countries fall in the "acceptable" or "D" category, many countries in the region sit in the "failed" category. The United Arab Emirates (UAE) have been ranked as one of the most effective governments not only in the Middle East but also worldwide based on its effective handling of the crisis, mitigating its impact on the economy, providing a wide range of social services, generous economic stimulus packages, and a wide range of humanitarian assistance worldwide.

At the other end of the spectrum, Yemen, Syria, Sudan, Iraq, Lebanon, Iran, Mauritania, Tajikistan, and Libya are seen as having weak and failed governments as they could not mobilize governmental or societal support to combat crises facing their countries. The common factors among these countries and others in the vicinity such as Lebanon and Sudan are the issues of conflicts, wars, instability, and civil strife.

Table 3. Middle East Governmental Effectiveness Indicator Scores

Country	Score/Percentage	Country	Score/Percentage
UAE	95.19	Kyrgyzstan	47.12
Israel	90.87	Algeria	46.63
Qatar	86.54	Egypt	42.79
Bahrain	75.96	Tajikistan	40.87

Saudi Arabia	71.15	Mauritania	37.98
Kazakhstan	70.67	Iran	29.81
Oman	71.63	Turkmenistan	24.04
Jordan	69.71	Lebanon	19.71
Morocco	63.94	Iraq	15.87
Turkey	63.94	Sudan	12.50
Kuwait	62.50	Syria	10.10
Tunisia	57.21	Libya	3.85
Uzbekistan	50.00	Yemen	1.92
Palestine	49.04		

Source: Compiled from data provided by the World Bank.
<http://info.worldbank.org/governance/wgi/> (accessed on 23 October 2021)

In fact, the lack of effectiveness boils down to the overall weakness, collapse, and failure of the public healthcare systems across the region. Perhaps that explains the rising percentages of mortality rates in some countries of the region. The healthcare system has nearly completely collapsed in Syria, Yemen, and Libya.

Regionalism and Pandemic-Response Methods

The coronavirus crisis has brought to light the importance of regional cooperation in eradicating “regional and international” health challenges. As viruses do not recognize the concept of “sovereignty”, regional responses are necessary. While the GME represents a geographic, cultural, and civilizational zone, lack of coordination between and among its sub-regions and countries has come out as a major weakness that hampered the region’s ability to put up a coordinated and unified response to a collective threat. Rivalries weakened regionalism and conflicts made it difficult to deal with the pandemic collectively. This is an important lesson that Covid-19 crisis has taught to all regions of the world.

Therefore, the necessity of developing regional mechanisms for combatting the spread of diseases holds immense value. When there is an example of regional cooperation and coordination working well around security especially regarding the threat of terrorism, extending such camaraderie for securing region-wide healthcare presents itself as an opportunity. That explains why health security at regional and international levels must be a top priority item on the agenda of the international community.

In the case of Middle East, the absence of regional mechanism to confront the challenge is an indication of the failure of multilateral cooperation, despite that fact that the region has underlined the necessity of regional cooperation since 1945. Regional institutions such as the Arab League, the Gulf Cooperation Council, and the Arab Maghreb Union have no significant role to play in managing or combatting the threat of the pandemic. The chaos in past two years have demonstrated, in no uncertain terms, the necessity of regional coordination to effectively confront and contain cross-border challenges.

The GME region is divided into sub-manageable regions such as the Levant, the Gulf, North Africa, and Central Asia, all of which lacks regional coordination mechanisms, centers, frameworks, paradigms, etc. The pandemic should be a sufficient reason to promote such coordination ignoring the traditional obstacles for regional cooperation. These impediments include sovereignty concerns, conflicts and border disputes, political crises, economic challenges,

etc. Overriding all such impediments, the pandemic has made it clear that a national response to regional and international crises is insufficient. It has underlined the importance of regional cooperation and coordination. In this regard, the preparatory response mechanism could begin with the establishment of a Greater Middle East Regional Crisis Management Center to deal with such impending threats as pandemics, environmental catastrophes, water security, food shortages, regional security threats, and mass movement of people.

Political Legitimacy and Public Support

The corona crisis has tested the political legitimacy and the level of public support that the people accord for their governments across the region. Overall, the crisis has contributed to undermining and eroding the political legitimacy of the ruling elites across the region, especially in countries that have demonstrated clear failure in dealing with the crisis as in Lebanon, Yemen, Libya, Algeria, Syria, Iran, and other countries. The crisis has also deepened the multiplicity of political crises facing the region at large. While this is a clear challenge, it can be also a valuable opportunity for the state and the ruling elites to build bridges with the society and mend the gaps between the two sides. At the same time, there are allegations of corruption and mismanagement of public funds by the ruling elites. There is no denying the fact that corrupt governments and institutions contribute substantially to the deterioration of the public health sector. For example, the weak response to the pandemic in such countries as Lebanon, Algeria, Iraq, and Yemen is clear evidence of the waste in the health sector and corruption that stripped these countries of basic healthcare services despite billions of dollars flowing into the sector.

Refugees and Internally Displaced Persons

The presence of millions of refugees and internally displaced persons (IDPs) across the region added another dimension to state and regional difficulties in dealing with the corona crisis. The wars in Syria alone produced 13.5 million refugees and IDPs. Iraq's wars, conflicts, instability, and sectarian violence produced 9 million IDPs, while the Yemen war produced 5 million IDPs, and an unidentified number of refugees across the Middle East, into Europe, and into the Far East. State's capacity to provide necessities for the refugees and IDPs such as food, shelter, and medicines is restricted by factors such as the collapse of the healthcare sector in these countries, the mismanagement of public funds, and the presence of militias and terrorist organizations in Syria, Iraq, and Yemen. Security threats are a major impediment to providing refugees with necessities. Efforts of the United Nations High Commission for Refugees are also less than expectations, which makes dealing with the refugee crisis much more difficult in times of pandemics and natural catastrophes.

Greater Middle Eastern Response to the Coronavirus Pandemic

The GME region is divided into four sub-regions: the Gulf, the Levant, North Africa, and Central Asia. This section provides an overview of the sub-regional and state response to the coronavirus pandemic crisis.

The Arab Gulf Region

The Arab Gulf Region encompasses members of the Gulf Cooperation Council (GCC)² Iran, Iraq, and Yemen. The response of the Gulf region to the pandemic ranged from exceptionally successful cases as in the UAE, Saudi Arabia, and Bahrain, to the most challenged countries in the

² Members of the GCC are Saudi Arabia, the UAE, Kuwait, Oman, Qatar, and Bahrain.

region as in the case of Iran, Iraq, Oman, and Yemen; Qatar and Kuwait managed the crisis fairly well. One of the most noticeable aspects of crisis management in the GCC member states is the pro-active approach followed by the authorities in some countries. The states announced early lockdown, curfews, transferred education to distance education, banned public gatherings, and provided significant economic stimulus packages. Table 4 provides some vital statistics for the Gulf region. It demonstrates the impacts of the pandemic on the region's economic growth and contraction in 2020 and 2021. Across the board, the Gulf region suffered economic contraction ranging from -2.8% as in Oman to -15.7% as in the case of Iraq, while the projected economic growth rate in 2021 ranged from -2% in Yemen to 3.6% in Iraq. However, the ability of the GCC countries to respond well to the crisis without any major economic turbulence is attributed to their foreign reserves and sovereign fund assets.

Table 4. Current Vitals Statistics for the Gulf Region

Country	Population (Number)	Size (km ²)	Gross Domestic Product (GDP) (US\$ Billion)	Gross National Income per capita US\$	Life Expectancy (Years)	GDP 2020 Real Change (%)	2021 Projected Growth Rate (%)
Bahrain	1,641,164	780	38.475	22,170	77.29	-5.1	2.4
Iraq	40,220,00	434,128	167.200	-	-	-15.7	3.6
Iran	82,913,893	1,628	258.245	3,640	76.67	3.4	2.5
Saudi Arabia	34,268,529	2,149	688.586	22,840	75.13	-4.1	2.8
Kuwait	4,207,077	17,820	136.197	36,290	75.48	-8.9	0.9
Oman	4,974,992	309,500	76.332	14,150	77.86	-2.8	2.5
Qatar	2,832,071	11,490	178.838	58,830	80.22	-3.6	1.9
UAE	9,770,526	71,020	421,142	43,470	77.97	-6.1	2.2
Yemen	29,161,922	527,970	23.48	940	66.12	-8.5	-2

Source: The International Monetary Fund, October 2021. World Economic Outlook. Accessed on October 23, 2021, at: <file:///C:/Users/EDA023/Downloads/text.pdf>

Size and Population: WB at:

<https://data.worldbank.org/indicator/AG.LND.TOTL.K2?view=map> Accessed on November 11, 2021.

Overall, the Arab Gulf region's response to the pandemic can be considered as proactive. The state took the lead in using its agencies, financial resources, security agencies, and its overall ability to mobilize state resources to deal with crises. The UAE took a proactive policy towards the crisis at domestic, regional, and international levels. Domestically, the state secured enough and more Covid-19 testing and treatment capacity. It has also secured supplies of food stuffs and secured uninterrupted supply chains throughout the crisis. It has also adopted drastic measures in terms of quarantine, isolation, distance education, reduced international flights, partial curfews, total lockdowns, banning public gatherings such as weddings, and initiated a massive awareness

campaign across the country. The multicultural nature of the UAE enabled it to promote an outstanding approach towards its people. Regionally speaking, the UAE provided necessary medical assistance to neighboring countries in the region such as Iran, Jordan, Egypt, Tunisia, Mauritania, and other countries across the Middle East. The UAE sent aid to China during the early months of the crisis; the Philippines, South Africa, Croatia, Belarus, Ethiopia, and other countries also received aid from the UAE. The UAE had also assisted in the repatriation process of some nationalities.

The UAE government redefined its priorities considering the pandemic concentrating on new sectors and made major shifts in the governmental structure and cabinet portfolios. The focus shifted to strategic sectors, health security, food security, and economic security for the post-Covid period. The government identified six major sectors that are at the center of governance and development: health, education, economy, food security, society, and government. This is a comprehensive approach to combatting the crisis and its post-crisis consequences. Overall, the UAE registered 739,381 cases, 2131 deaths, and administered 20,921,016 vaccines as on 27 October 2021. Table 5 captures the Gulf region's response specific to Covid-19.

Table 5. The Gulf Region's Covid-19 Status as of 23 October 2021

Country	Number of Cases	Number of Deaths	Number of Vaccines Administered
Bahrain	276,608	1,393	2,746,461
Iraq	2,047,811	22,993	8,972,041
Iran	245,058,083	4,973,384	6,888,779
KSA	548,303	8,780	45,381,812
Kuwait	412,557	2,461	2,668,082
Oman	304,183	4,110	5,679,984
Qatar	238,640	609	4,815,431
UAE	739,381	2,131	20,921,016
Yemen*	9,694	1,850	NA*

*Yemen's statistics should be considered with caution due to the fact that the country is going through a civil war.

Source: The John Hopkins Center for Systems Science and Engineering, the Covid-19 Database. Available at: <https://coronavirus.jhu.edu/map.html> (accessed on 23 October 2021).

Saudi Arabia initiated a proactive policy in dealing with the pandemic at its early stages. Its quest to control its spread was driven by several factors; its experience with SARS in 2013 tops the list. Secondly, Saudi Arabia is the home of Islam's two holiest shrines. Therefore, ensuring the safety of pilgrims became a national priority. In this regard, the government implemented strict policies as in closing its borders, limiting international flights, closing the holy places for pilgrims, and restricting the 2020 and 2021 Hajj seasons to nationals and residents to just 1000 in 2020 and 60,000 in 2021. Saudi Arabia imposed curfews and ban on public gathering and travelling between provinces. It also restricted travelling to neighboring countries, especially to the Kingdom of Bahrain, which was used by some nationals to travel to Iran, via Lebanon. To top all these measures, the government also implemented an ambitious vaccination scheme. Its efforts paid off. As of October 2021, the government has removed the social distancing policy at the holy places and opened its borders and airports to receive worshippers visiting the Holy shrines in Mecca and

Medina. Saudi Arabia registered 548,303 cases, 8,780 deaths, and administered 45,381,812 vaccines.

The Kingdom of Bahrain also initiated a proactive response to the pandemic. Bahrain enjoyed average and above-average economic growth rates over the past four decades: 7.3% in 1980, 8.3% in 2006 (highest), 2% in 2011 (declined due to political unrest), 5.4% in 2018, and – 5.1 in 2020 (owing to Covid-10 pandemic). Its economic growth rate is expected to improve to 2.4% in 2021.¹⁵

As regards response to the pandemic, Bahrain imposed curfews and lockdown. The government used its instruments to mobilize governmental support to good effect and brought the pandemic under control. Overall, Bahrain registered 276,608 cases, 1,393 deaths, and administered 2,746,461 vaccines. Vaccination was offered free of charge for first and second doses, while the government is encouraging a third booster dose, like other Gulf countries.

Iran emerged as one of the epicenters of the pandemic, especially in the early months of 2020. Iran was hit repeatedly by virus waves, driven by lack of preparedness and inability of the state to curb the spread of the virus across the country. There are several factors identified as contributing to the crisis in Iran. Apart from the unpreparedness of the Iranian authorities, the Iranian people at large provided no substantial support to state policies, especially around compliance, due to lack of confidence and trust in the government. Religious holidays and spiritual seasons in major religious centers such as Qum and Mashhad permitted large gathering, which furthered the spread of the virus among communities. Iran's outdated health sector, equipment, and systems were also unable to cope up with the increasing demand on healthcare services. Iranian officials blamed the American-led sanctions on Iran as a major factor in their inability to deal with the crisis. However, the healthcare sector, including medicines and related needs, was exempted from sanctions. The WHO organized several shipments through the UAE to assist the health authorities in Iran to respond to the crisis. China, Russia, and other countries sent shipments of necessary equipment and even Covid-19 vaccines. In fact, Iran's partnership with China and its "support" to Beijing exacerbated the crisis in the critical months of January, February, and March of 2020. Some Iranian airlines had regular flights to China, thus contributing to the spread of the virus in the country. Utter disregard to flying precautions added to the misery. It seemed foreign policy consideration surpassed health considerations at home at a time when the knowledge of the formidable virus itself was limited.

Iran's domestic predicament in dealing with the pandemic was also restrained by its geopolitical involvement in regional affairs. The Iranian people held their government responsible for the deterioration of the healthcare sector and public services due to its deep involvement in the proxy war in Syria, intervention in the civil and proxy war in Yemen, its deep involvement in Iraqi affairs, as well as its support to Hezbollah in Lebanon. On the other side, the government blames the sanctions regime imposed by the US due to its nuclear program ambitions. Above all, Iran's response to the crisis was also restricted by the deterioration of regime-legitimacy, and the lack of public support to the government policies. The Iranian people blames the hardliners and the Revolutionary Guard for the ills of the country. The Guards' interests and devotion to regional rivalry outdid domestic needs and challenges. The hardliners control the government and public funds. They view domestic needs as secondary to the regional goals of the so-called "the Iranian Project". On the domestic front, regime strength is more important than public needs. Shifting the blame on the US and the sanctions regime and distracting the Iranian people with regional adventurism created a catastrophic effect in every home in the country. Overall, Iran registered

245,058,083 cases, 4,973,384 deaths, while administered only 6,888,779 vaccines out of a population that exceeds 84 million.

Iraq's response to the crisis was also governed by domestic conditions characterized by instability, wars, and conflicts over the past two decades. The impact of regional factors contributed to it further. However, the Iraqi government encouraged the people to abide by the curfews and lockdowns, though with a limited capacity. Iraq's real GDP growth declined swiftly to -15.7%; however, the economy is expected to improve with its 2021 GDP growth rate anticipated to touch 3.6%. Overall, Iraq registered 2,047,811 cases, registered the highest death rate in the GME at 22,993, and administered 8,972,041 vaccines.

The State of Qatar took an active role in combatting the crisis. The government initiated a national response including curfews, lockdown, distance education, banning public gatherings, closing airports and ports, and providing a generous national stimulus package. Overall, Qatar registered 238,640 cases, 609 death cases, and administered 4,815,431 vaccines.

Similarly, Kuwait and Oman initiated national response plans including lockdowns, curfews, and distance education methods. Kuwait registered 412,557 thousand cases, 2,461 deaths, and administered 2,668,082 vaccines. The Sultanate of Oman registered 304,183 cases, 4,110 deaths, and administered 5,679,984 vaccines.

The Republic of Yemen can be classified as the worst case in the GME in terms of response to the crisis. The situation in Yemen is classified by the UN as the worst current humanitarian disaster, in which 80% of the population or 24 million people need assistance and protection.¹⁶ Yemen's instability, civil wars, and proxy wars have crippled the country over the past century. It has arrested Yemen's potential as a trade-oriented civilization, and undermined its stability, prosperity, and social cohesion. Yemen is hit hard by Arab Spring since 2011, and its catastrophic consequences. The collapse of the government in 2015 and the takeover of the northern region by a rebel militia, the Saudi-Arab Coalition intervention, and domestic and regional rivalries destroyed Yemen's already weak infrastructure and undermined any ability of the country to confront a challenge on the level of a pandemic such as Covid-19. The war displaced over 5 million people, forced an unidentified number of migrants, and gave rise to a near-famine situation. UN sources estimate that 24 million people in Yemen need humanitarian assistance. The war in Yemen destroyed its infrastructure and led to the collapse of its already outdated health sector. While statistics are most certainly inaccurate, and must be taken with caution, Yemen reported 9,694,000 cases and 1,850 deaths; no data is available on vaccines.

The Levant Region

The response of countries in the Levant region was governed by such factors as the state of the economy, demographic factors, the presence of millions of refugees and displaced people, in addition to the war in Syria and the instability in Lebanon. Table 6 provides some data on the Levant region. It illustrates the economic contraction rates in 2020, and the projected growth rates in 2021.

Table 6. Vital Statistics for the Levant Region

Country	Population	Size (km ²)	Gross Domestic Product	Gross National Income	Life Expectancy (Years)	Poverty Ratio/Population	2020 GDP Real Growth	GDP Growth Rates (%)

			(US\$ Billion)	(US\$ per capita)			Rate (%)	
Lebanon	6,855,709	10,230	51.992	7,420	78.93	27.4	-25.0	No Data
Jordan	10,101,697	88,780	44.503	4,410	74.53	15.7	-1.6	2.0
Palestine	4,685,306	6,020	17.134	3,930	74.10	29.2	-11.5	4.4
Israel	9,054,000	21,640	394,652	43,070	82.81	NA	-2.2	7.1
Iraq	39,309,789	434,128	190,644	4,840	70.60	18.9	-15.7	3.6
Syria	17,070,132	183,630	40,405	1,820	72.70	35.2		
Turkey	83,429,607	769,630	778.377	9,690	77.70	14.4	1.8	9.0

Source: The International Monetary Fund, October 2021. World Economic Outlook. Accessed on October 23, 2021 at: <file:///C:/Users/EDA023/Downloads/text.pdf>

Size and Population: WB at: <https://data.worldbank.org/indicator/AG.LND.TOTL.K2?view=map> (accessed on 11 November 2021)

The Levant region's response varied from a proactive approach as in Turkey, Jordan, and Israel to negligence as in the case of Lebanon to near-absence of the state as in the case of Syria. Table 7 illustrates the number of cases, deaths, and vaccines administered across the region.

Table 7. Covid-19 Status in the Levant Region

Country	Number of Cases	Number of Deaths	Number of Vaccines Administered
Lebanon	648,782	8,561	3,443,982
Jordan	853,012	10,965	7,378,157
Palestine	451,459	4,636	NA
Israel	1,324,451	8,062	15,856,058
Iraq	2,047,811	22,993	8,972,041
Syria	41,799	2,517	963,477
Turkey	7,879,438	69,344	115,480,511

Source: The John Hopkins Center for Systems Science and Engineering, the Covid-19 Database. Available at: <https://coronavirus.jhu.edu/map.html> (accessed on October 23, 2021).

Jordan imposed a strict curfew and lockdown system carried out by the military and the security agencies. The aim was to contain the spread of the virus at its early stages. Challengers to the newly issued "Defense Orders" were arrested and fined heavily. The curfew/lockdown measures were comprehensive in nature at the beginning and included all sectors of the economy such as education, tourism, transportation, and industry. With only a few sectors open such as the health services, these measures brought the infection rate to zero at times, but then the outbreak nearly went out of control. Overall, Jordan registered 853,012 cases, 19,962 deaths, and administered 7,378,157 vaccines.

The health of Jordan's economy is usually a reflection of the regional stability or instability. The protracted war in Syria and Iraq and the collapse of the peace process, the continued tension and conflict between Palestine and Israel, coupled with internal political developments tested the ailing economy. Jordan remained afloat with support from its Gulf and European allies, the US, and international financial institutions. All its supporters view the stability of Jordan as strategic to the stability of the Middle East at large. Jordan hosts millions of refugees crossed to Jordan

because of the wars in Syria, and other neighboring countries. Its major Syrian camp in Mafraq is a source of discomfort to the authorities as another corona wave from here could severely dent its already stressed healthcare sector. Jordan highlighted the burden-sharing responsibility of the Syrian refugees by calling for support to aid the camps.

The Palestinian response to the crisis is governed by a set of factors, in which occupation tops the list. Secondly, the weak healthcare sector and the general decline of its economy slackened the response of the Palestinian National Authority (PNA), which, in turn, undermined its ability to confront the threat. In addition, corruption among the PNA's rank and file, the bureaucracy, and the national division between the two governments operating in Gaza Strip and Ramallah further crippled the pandemic response system. Israeli restrictions on the PNA, lockdowns, and restrictions on the Palestinian economy also contributed to the weak response. The PNA's falling legitimacy among Palestinians and the resultant lack of public support, autocratic nature, intolerance to dissent, and corruption made the Palestinian people denounce the authority's measures such as declaring a state of emergency. Furthermore, the Palestinian people do question the rationality of the "security" cooperation with Israel especially when Israeli authorities prioritized their own health situation instead of pursuing a unified approach to benefit both communities. Such policy measures did not cut ice with the Palestinian people and thus erased any hopes of cooperation between the two sides to confront a unified enemy, Covid-19. Overall, Palestine registered 451,459 cases and 4,636 deaths; no data is available on vaccines administered. Israel's approach to the crisis was hailed as exemplary. The government imposed curfews, lockdowns, and provided wide range of social services. The government also banned public gatherings, and closed ports and airports. Overall, Israel registered 1,324,451 cases, 8,062 deaths, and ran an ambitious vaccination program, which saw 15,856,058 vaccine shots being administered.

Turkey has been hit hard by the pandemic like other parts of the Middle East. The government imposed a state of emergency but kept its export-oriented economy open. The Turkish aviation and tourism sectors were hit hard by the closure, curfews, and lockdowns. In 2019, Turkey received over 41 million guests. In terms of its response to the pandemic, Turkey has a better healthcare sector as compared to its Middle Eastern counterparts. The government took drastic steps to respond to the pandemic in the early months of the crisis. It imposed curfews, closure of public places such as restaurants and religious institutions, in addition to banning flights from the most affected countries. Simultaneously, Turkey kept some of its airports open, though at a lower capacity as the country relied heavily on its aviation industry for revenue generation. Overall, Turkey registered 7,879,438 cases, 69,344 deaths, and administered 115,480,511 vaccines.

Lebanon reported 648,782 cases, 8,561 deaths and a vaccination rate at 23.4% of the total population. It's estimated that, 3,498,563 vaccines were administered in the country. In the case of Syria, the civil war has crippled the state and the healthcare sector's ability to respond to the pandemic. The number of cases in Syria are estimated at 46,421, while 2,672 succumbed to the virus, and only 2.95% of the population is fully vaccinated. It's estimated that only 1,125,146 vaccines were administered in the country, which is the lowest in the region.

The North African Region

The Covid-19 virus reached the Maghreb region in mid-late March of 2020. Like other parts of the GME region, North Africa's response to the crisis was governed by domestic, regional-geopolitical, and international factors. On the domestic front, Libya is witnessing a protracted civil/proxy war since 2010, while Algeria faced two years of sustained protest called Hirak.

Tunisia witnessed turbulence due to the instability of its government and its transition process to democracy. Sudan witnessed two military coups over the past two years, and a catastrophic economic collapse and a wide spread of the virus. Egypt denied the presence of the virus among its population, then took an active approach to contain it. Mauritania's weak institutions and economic conditions limited the government response to the pandemic, although it received assistance from regional and international donors. Table 7 illustrates three essential indicators to consider while addressing the region's response: rising poverty rates, contraction of economic growth rates in 2020, and recovery of the economy in 2021. Libya has the highest economic contraction in 2020 and the most promising growth rate in 2021, while Sudan has registered the lowest projected growth rate in 2021.

In fact, Sudan is heading towards a significant deterioration of its economy due to the second military coup conducted by its armed forces on 23 October 2020. The generals undermined the political formula for the transitional government leading into civil disobedience, violence, instability, and potential re-imposition of international sanctions. The increase of the poverty rates across North Africa is another alarming factor. Sudan registered 46.5% of its population (the highest rate) under the poverty line, Mauritania registered is 31%, and Egypt 32.5%. Algeria and Morocco registered manageable rates of 5.5% and 4.8%, respectively, which can be managed through poverty-alleviation programs.

Table 8. North Africa's Vital Statistics and Growth Rates in 2020 and 2021

Country	Population (Number)	Size (km ²)	Gross Domestic Product (Billion US\$)	Gross National Income (per capita US\$)	Life Expectancy (Years)	Poverty Ratio/Pop	2020 Real GDP Growth Rate (%) of Population	Projected GDP Growth Rate in 2021 (%)
Algeria	43,053,054	2,381	171.158	4,010	76.88	5.5	-4.9	3.4
Libya	6,777,453	1,759	26.197	5,410	72.91	NA	-59.7	123.2
Morocco	36,471,766	446,300	119.7	3,200	76.68	4.8	-6.3	5.7
Tunisia	11,694,721	155,360	39.196	3,340	76.69	15.2	-8.6	3.0
Mauritania	4,524,698	1,030	7.601	1,660	64.92	31.0	-1.8	2.7
Western Sahara*	593,339	252,120	NA	NA	NA	NA	No Data	No Data
Egypt	100,388,076	995,450	332.442	2,690	71.99	32.5	3.6	3.3
Sudan	42,813,237		32.25	820	65.311	46.5	-3.6	0.9

**Western Sahara is classified as Occupied Territory by the United Nations. The territory is annexed by Morocco.*

Source: The International Monetary Fund, October 2021. World Economic Outlook. Available at: <file:///C:/Users/EDA023/Downloads/text.pdf> (accessed on 23 October 2021)

Size and Population at: <https://data.worldbank.org/indicator/AG.LND.TOTL.K2?view=map> (accessed on 11 November 2021).

The North African region began reporting Covid-19 cases towards the end of February 2020. They also took drastic measures to contain the pandemic immediately as in the case of Morocco and Tunisia. They imposed partial curfews, then lockdowns. They closed their borders, airports, ports, and enforced total lockdowns.

In Algeria, the lockdown led to reduction of the protest of the Hirak movement. The infection rate in Algeria cloaked some of the highest rates in the region. Algeria registered 205,903 cases of infection, 5,894 deaths, and administered 14,082,920 vaccines. Algeria's response to the crisis was primarily governed by the nature of its economy, with heavy reliance on the oil sector as the main revenue source. There was a drastic decline in oil demand Algeria's foreign-exchange reserves fell from an all-time high of \$201.347 billion in 2013 to \$59.43 billion, an all-time low in 2020. The weakness of its healthcare sector, deterioration of its hospitals, departure of some of its best medical staff (brain drain) over the past three decades to Europe in particular, as well as regional challenges such as the simmering conflict with Morocco, the war in Libya, and the instability in Tunisia also made telling negative impact on its pandemic response.

Tunisia reported its first cases of the virus in March. The government imposed partial curfews, and total lockdowns as the number of infections increased drastically. Initially, the government announced an \$850 million package to deal with the immediate socio-economic impacts of the pandemic, in addition to tax relief and support to small and medium enterprises. By May 2020, Tunisia seemed to have the pandemic under control, emerging from a lengthy lockdown of five weeks. Tunisia registered 711,863 cases, 25,160 deaths, and administered 8,885,554 vaccines. Tunisia issued an international appeal, requesting assistance to deal with the pandemic. The World, Bank, the US, and the EU provided some assistance. Overall, Tunisia's ability to confront the pandemic and to deal with its consequences deteriorated drastically in the fall of 2021 due to the escalation of political conflicts between the presidency and the parliament. The consequences of the protracted war in Libya and the lockdowns at home and in neighboring countries have increased unemployment rates in Tunisia and added to the misery.

Morocco's response to the pandemic can be described as effective and proactive. As early as March 2020, the government imposed a state of emergency and imposed partial curfews and lockdowns with the help of its police and armed forces. A national fund was established and took measures to tackle unemployment and deliver social services to the poor. State and society organizations in the country managed to bring the virus under control and reopen the economy. Overall, Morocco registered 9,44,378 cases, 14,621 deaths, and administered 46,094,289 vaccines.

Table 9. Status of Covid-19 in North Africa

Country	Number of Cases	Number of Deaths	Number of Vaccines Administered
Algeria	205,903	5,894	14,082,920

Libya	354,866	5,033	NA
Morocco	944,378	14,621	46,094,289
Tunisia	711,863	25,160	8,885,554
Mauritania	36,989	792	1,300,831
Egypt	325,508	18,333	25,083,832
Sudan	40,433	3,099	2,111,141
Western Sahara	17	1	NA

Source: The John Hopkins Center for Systems Science and Engineering, the Covid-19 Database. Available at: <https://coronavirus.jhu.edu/map.html> (accessed on October 23, 2021).

The State of Libya's response to the pandemic was restricted by a decade-long civil and proxy war and by the deterioration of its health sector. International appeals to stop the fighting came from the UN and Western and Arab capitals. In response, the two warring camps in Tripoli and Benghazi announced a humanitarian pause and pledged financial support to local governments and healthcare institutions to boost their ability to respond to the pandemic. The European countries were fearful of the Syrian model that under the conditions of the pandemic Libyans would flee to European shores, coupled with the increasing number of migrants from the South (Africa) towards the North (Europe). In fact, the pandemic is associated with the phenomena of mistreatment to African migrants in Libya and the lack of resources to assist them or providing them with the basic needs until a permanent solution is found.

The complexity of the security situation in Libya and the fact that the war became an international proxy conflict dominated the Libyan scene even during the worst months of the global crisis of corona. The solution to the conflict seemed to be in the European capitals, in Ankara, and much less in Libya itself. As for domestic response to the conflict, the near collapse of the healthcare sector is the most challenging aspect of the Libyan war. Libyans, who could afford to pay for treatment usually, travelled to Arab and European countries, while those unable to do so suffered the consequences at home. The departure of Libya's most qualified medical doctors is the most tragic aspect of Libya's predicament in recent times. Its scientists, doctors, engineers, etc. are employed in European countries and North America, while Libya is descending into chaos. Libya registered 354,866 cases and 5,033 deaths; and no data is available on vaccinations administered in the country.

The initial months of the coronavirus crisis in Egypt were dominated by denial of the presence of the virus, then to recognition and a proactive policy. The government established a crisis unit to handle the crisis, enforced curfews and lockdowns, and used state security measures to deal with the pandemic. In the summer of 2020, cases were rising to over 1000 a day, then declined in the fall, then increased in the early months of 2021, and stabilized in spring and the summer of 2021. Obviously, the government managed to bring the virus under control. Overall, Egypt registered 325,508 cases, 18,333 deaths, and 25,083,832 vaccines administered.

Sudan registered its first case of virus in March 2020. Like neighboring countries, cases rose throughout the summer and the fall, registering some of the highest infectious and death rates in the region. Sudan registered 40,433 cases, 3,099 deaths, and administered 2,111,141 vaccine doses. Sudan's overall response to the crisis is also governed by domestic instability, the military coup of October 2019, the second coup in October 2021, lack of stability, decades of economic collapse, deterioration of the health sector, and the departure of its most qualified doctors and members of the medical establishment to other countries.

As for Mauritania, it registered its first cases of corona in March 2020. The country was hit by two major waves of the virus in the spring and the fall of 2020, until the government and non-governmental organizations managed to bring it under control. Mauritania imposed curfews and total lockdowns. It had also closed its airports, ports, schools, and religious institutions. Overall, Mauritania registered 36,989 cases, 792 deaths, and administered 1,300,831 vaccine doses.

The Central Asian Region

The Central Asian region was hit hard by the pandemic especially in the first six months of the crisis, in 2020. The geography and geopolitics of the region influenced drastically its ability to respond to the challenges as well as the opportunities provided by the Covid-19 crisis. Central Asia is a landlocked region, sandwiched between China and Russia, without access to international markets. Central Asia's main trade partners are China and Russia, while other regional trade powerhouses such as Turkey, Iran, and India have presence in the region. Central Asia extended its support to China in the early months of the crisis, while Beijing reciprocated the goodwill by sending aid to the region when the virus spread in the region in the summer and fall of 2020. Russia, Turkey, and India provided some assistance as well. The Central Asian economy is heavily reliant on remittances of labor in Russia, EU, and other parts of the world. Lockdowns crippled this aspect of the economy in countries such as Tajikistan and Kyrgyzstan, while Kazakhstan is more reliant on fossil fuel revenue. Table 9 illustrates Central Asia's vital statistics, primarily, its actual growth rates in 2020, and projected growth rates in 2021.

Table 9. Central Asia's Vital Statistics

Country	Population (Number)	Size (km ²)	Gross Domestic Product (GDP) (Billion US\$)	Gross National Income (Per Capita in US\$)	Life Expectancy (Years)	Poverty Ratio 2021 (%)	2020 GDP Actual Growth Rate (%)	2021 GDP Growth Rate (%)
Kazakhstan	18,513,673	2,699	181,667	8,820	73.18	4.3	-2.6	3.3
Kyrgyzstan	6,456,200	191,800	8.271	1,240	71.60	20.1	-8.6	2.1
Tajikistan	9,321,623		8.301	1,070	71.09	26.3	4.5	5.0
Uzbekistan	33,580,350	440,555	57.727	1,800	71.57	14.1	1.7	6.1
Turkmenistan	5,942,094	469,930	45.231	7,220	68.19	NA	-3.4	4.5

Source: The International Monetary Fund, October 2021. World Economic Outlook. Accessed on October 23, 2021, at: <file:///C:/Users/EDA023/Downloads/text.pdf>

Size and Population at: <https://data.worldbank.org/indicator/AG.LND.TOTL.K2?view=map> (accessed on 11 November 2021).

The country-specific response to the crisis varied from one country to another in the region. Moreover, the pandemic outlook in the region was blurred by state control of the pandemic-narrative. For example, Turkmenistan is yet to report any cases of Covid-19 in the country, while Tajikistan reported 17,486, and no data on deaths. Other countries such as Kazakhstan were more transparent in confronting the crisis, updating the public, and confronting the crisis with ambitious interventionist governmental policies.

Central Asia lacks regional mechanisms to confront the crisis, despite the five countries in the region sharing a common background, nearly similar governmental structures, economic structures, etc. They also face similar economic, political, and security challenges. Their main trading partners are the same, i.e., China and Russia, and they all are integrated into the Chinese and Russian trade frameworks. Recognizing the importance of regional cooperation and the level of regional burden, Kazakhstan sent 5,000 tons of flour to Kyrgyzstan and Tajikistan. Opportunities for regional cooperation exist not only in humanitarian assistance, but also in areas such as digitalization of the healthcare system, administration, food distribution, and border control.

Kazakhstan was hit hard by the pandemic as its main source of revenue was oil exports. Its domestic trade volume and regional and international indicators also suffered. The lockdown at the national, regional, and international levels crippled its economy leading to increased unemployment rate, decline of trade with neighboring countries, and higher inflation rates. However, the Government of Kazakhstan acted in a proactive manner. The government declared emergency law, imposed several rounds of lockdowns to bring the pandemic under control, and provided a proactive crisis-management package of \$13 billion at the end of March 2020. An ambitious package of tax exemptions, tax relief, deferral, and assistance to the most vulnerable was introduced. The government increased social pension by 10% and provided monthly payments to citizens influenced by the emergency law. The government has also supported the frontliners such as doctors, nurses, medical technicians, and police forces in combatting the pandemic. The government supported the agricultural sector, provided access to preferential loans, and encouraged production. Small and medium enterprises also received a tax-relief package. Large enterprises also received similar incentives. Overall, Kazakhstan registered 1,009,918 cases, 16,957 deaths, and administered 15,550,804 vaccines.

Table 10. Central Asia's Covid-19 Status

Country	Number of Cases	Number of Deaths	Number of Vaccines Administered
Kazakhstan	1,009,918	16,957	15,550,804
Kyrgyzstan	180,741	2,658	1,677,709
Tajikistan	17,456	125	NA
Uzbekistan	184,233	1,309	25,101,646
Turkmenistan	NA	NA	NA

Source: The John Hopkins Center for Systems Science and Engineering, the Covid-19 Database. Available at: <https://coronavirus.jhu.edu/map.html> (accessed on 23 October 2021).

Kyrgyz government also pursued an active approach to the crisis. The Kyrgyz people are well-known for voicing out their concerns and pressuring their government. The government provided assistance package to main components of the economy, tax relief packages, subsidizing banks to encourage small loans, food programs, healthcare assistance, etc. Bishkek secured some necessary funding from the IMF and the Asian Development Bank to confront the crisis. The World Bank reported challenging figures about Kyrgyzstan in 2020. Labor was hit the most due to the lengthy first lockdown of 47 days. During this period, 40,000 people lost their jobs, inflation rate shot up to 9.7%, real GDP contracted by 8.6%, depreciation of currency by 19%, a budget deficit of 4.2%, and public debt increased as a percentage of the GDP from 51.6% in 2019, to 68.1% in 2020.¹⁷ As for the pandemic situation, Kyrgyzstan reported 180,741 cases and 2,658 deaths, while it administered 1,677,709 vaccines.

Tajikistan's response was like other countries in the region, imposing curfews and lockdowns, and initiating social policies and economic incentives. Tajikistan registered 17,456 cases and 125 deaths; no data is available on vaccinations.

Uzbekistan's economy was hit hard by the pandemic due to closures and regional deterioration of trade. The government introduced an Anti-Crisis Fund to deal with the challenges imposed by the crisis. It provided tax-relief package, economic stimulus, and social services programs. Overall, it has registered 184,233 cases, 1,309 deaths, and administered over 25,101,646 vaccines.

Given the fact that Central Asia shares a wide range of commonalities, it is incumbent on the region to develop mechanisms of integration at least in the health sector. The five countries in the region share history, geographical unity, cultural narratives, and a shared destiny. There is an urgent need for the establishment of a Central Asia Crisis Management Center and an entity to tackle cross-border crises.

Conclusion

The Covid-induced pandemic highlighted the need of regional cooperation as a critical instrument for responding appropriately to future pandemics and crises facing the GME region. The uniqueness of the Middle East and its vulnerability to crises make it incumbent on the region to articulate regional responses to regional crises such as pandemics, water shortages, food security, violence, extremism, and terrorism. Aligning with this thought, the region and its subregions should consider establishing, for example, a Middle East Center for Disease Control, a Gulf Crisis Management Center, a North African Crisis Management Center, and a Central Asian Unified Crisis Management Center. While these ideas are within the reach on technical, funding, and necessity grounds, the regional rivalry, proxy wars, sectarianism, and conflicts in the region pose a major challenge to these ideas from becoming a reality.

The coronavirus pandemic has demonstrated such regional shortcomings and their impacts on state response to the crisis. Primarily, states in the region relied heavily on their own ability to mobilize national resources to confront the challenge. They also relied on receiving some assistance from friends, allies, and international organizations. The region's response, success, or failure thereof was consistent with the international trends. The whole world was taken by surprise by the outbreak of the pandemic in the early months of 2020. Gradually, the region adapted to it, and brought it under control. While the crisis has surely tested the state and the region, it has also provided valuable opportunities for the region at large, and its sub-regions in particular, to develop unified responses to any upcoming crises. However, it remains to be seen if the region would seize

the opportunity and develop such mechanisms for the sake of reducing regional conflicts and promoting acceptable levels of development across the GME region.

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