

Opinion – Coronavirus amid Regional Instability in the Middle East

Written by Jasmin Lilian Diab

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JASMIN LILIAN DIAB, MAR 25 2020

The Coronavirus crisis may be a global crisis, but it will not have the same consequences in every region. Although the Middle East has a significant advantage in the face of this pandemic, as the median age of its population is 26 years old compared to 42 years old in Europe, and although COVID-19 has so far broadly spared the lives of young people, the population as an entity is more vulnerable. The Middle East is unprepared to face this time bomb-like epidemic in a region where health infrastructure is most often lacking, where two humanitarian disasters are under way, in Syria and Yemen, and where millions of refugees live in camps – making social distancing almost impossible. At the moment, political tensions complicate, even more than elsewhere, the cooperation needed between states in the region to make it through this difficult period. The Coronavirus epidemic is a crisis on top of unresolved crises which jeopardizes the stability of most countries in the region. It subsequently leans on the shortcomings and incompetence of the states' often lack of economic means, administrative organization, as well as the expert skills to face such a challenge.

Health facilities in the region are not ready to cope with a large influx of patients coming in at the same time because of this infection. Major countries in the region are either at war (Syria, Yemen), or out of breath (Iraq, Jordan, Egypt), or bankrupt (Lebanon, Iran), or barely standing on increasingly fragile models (the other Gulf states). To the fragility of these states, one must add, in the majority of cases, an absence of transparency and distrust of the populations towards those who run them, which only further complicates the fight against the spread of the virus. Increasingly, it is proving difficult to control populations, to make them "stay home" as well as to make them trust the data provided by the authorities – who provide nothing but empty figures in most cases.

Iran is currently the main focus of the epidemic in the Middle East with an official death toll as of March 23, 2020 of 1,685, with 21,000 infected. Decades of US sanctions clearly did not help the Iranian authorities face the crisis, while the country also lacks medical equipment. But it is the mere fact that the Iranian regime sought to hide all signs of weakness which is the main cause of the spread of the virus and leads many experts to doubt the real number of deaths. Denial and concealment: the Iranian method has, in any case, been followed by several countries in the region.

Syria, for instance, revealed its first case of Coronavirus on March 22, 2020, while the regime has so far denied, against all logic, the virus' presence on its territory. Damascus also announced on the same day, the closure of its borders with Lebanon. After nine years of war that has left hundreds of thousands of people dead and destroyed the country's infrastructure and economy, the Syrian regime, under the pressure of international sanctions, is not equipped to contain the disease. What can one even begin to say about the province of Idlib, the last in the hands of rebels and jihadists, where the worst humanitarian crisis of the 21st century according to the UN is currently unfolding?

Egypt is not to be ruled out either – initially turning a deaf ear to the spread of the virus while at the same time using lies and repression, prompting a surge in positive cases among several tourists who returned home during the outbreak. With 100 million inhabitants, high density in urban areas and poor infrastructure, the Egyptian authorities could be quickly overtaken by the epidemic, while the official toll stands at 366 cases and 19 deaths. The authorities

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have decided to close schools and universities, places of worship, museums and archaeological sites, airports and to close cafes, restaurants and nightclubs at night until March 31, 2020.

The Gulf countries seem slightly better-equipped to respond to the epidemic. In general, the six countries of the Gulf Cooperation Council (GCC) have a well-developed health system compared to the rest of the Arab world. Riyadh announced that it has registered a total of 511 cases of people infected with the COVID-19 disease, the highest figure in the Gulf. But that's not where the obstacles halt, as economically the crisis stands to hit petro-monarchies with a major blow. As the price of a barrel of oil has collapsed to 20 U.S. dollars, this is equivalent to losses of tens of billions of dollars for these producing countries. Gulf states will be forced to draw on their reserves and may even be forced to accelerate their model of economic transition beyond oil and gas. This implies calling into question the social pact on which these countries are based, which may ultimately cause regional unrest.

The economic crisis in the Gulf countries will further affect the entire region as millions of expatriates work there. The GCC countries have at least the advantage of having a cushion, even if it hardens, of protection against the crisis, which the other countries do not have. Iraq, too, facing plummeting oil prices, could for example be unable to cover the cost of its public administration because of the shortfall.

The Coronavirus pandemic seems to have pushed conflicts in the region into the background, as countries are always "too busy" to face this new challenge. One must not exclude the possibility however, that some would take advantage of it to relaunch hostilities, as evidenced by the regular strikes against American forces in Iraq, attributed to the pro-Iran Shiite militias. While several Gulf countries, including the UAE, have supplied Iran with medical supplies, can the COVID-19 help ease tensions in the region? This will be one of the main challenges of this crisis, especially for the Palestinians and particularly in Gaza. It currently stands as an open-air prison which needs, more than ever, the help of its Israeli "enemy" – the country in the region, no doubt most armed to weather this storm.

About the author:

Jasmin Lilian Diab is an Assistant Professor of Migration Studies at the Lebanese American University (LAU)'s Department of Social Sciences. Previously, she served as the Refugee Health Program Coordinator at the American University of Beirut's Global Health Institute (GHI) and as a Research Associate under GHI's Political Economy of Health in Conflict Workstream. She is a Senior Consultant on Refugee and Gender Studies at Cambridge Consulting Services, a Research Affiliate at the Centre for Refugee Studies at York University, a Junior Scholar in Forced Displacement at University of Ottawa's Human Rights Research and Education Centre, and a Junior Fellow and Program Lead at the Global Research Network's 'War, Conflict and Global Migration' Think Tank. Previously, she served as the Research and Project Manager of the Lebanese Research Center for Migration and Diaspora Studies at Notre Dame University-Louaize's Faculty of Law and Political Science, as well as the MENA Regional Focal Point on Migration of the UN General Assembly-mandated UN Major Group for Children and Youth.