



Statement of

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Hearing on

"COVID-19 in the MENA Region: Addressing the Impacts of the Pandemic and the Road to Recovery"

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Search Terms

Type here to begin keywordsChairman Deutch, Ranking Member Wilson, and Members of the subcommittee, thank you for the opportunity to testify before you today. My name is Carla Humud. I am an analyst in Middle Eastern Affairs at the Congressional Research Service (CRS) with a focus on Syria, Lebanon, and the Islamic State. I have been in this role at CRS since 2013. CRS provides Congress with analysis that is authoritative, confidential, objective, and nonpartisan. Any arguments presented in my written or oral testimony are provided for the purposes of informing Congress, not to advocate for a particular policy outcome.

My testimony today focuses on selected social, political, and economic impacts of Coronavirus Disease 2019 (COVID-19) in the Middle East and North Africa (MENA).

Overview

The COVID-19 pandemic has led to severe public health and economic consequences in the Middle East and North Africa region, in many cases exacerbating the region's numerous pre-existing challenges. Governments have instituted a range of physical lockdown and quarantine measures, which public health experts view as remaining necessary given ongoing limits to vaccine access in the region (discussed below).¹ In late 2020, researchers identified several new and concerning COVID-19 variants, some of which have been identified in the MENA region and present challenges to pandemic control.² As of June 21, 2021, Bahrain, Israel, and Kuwait had the highest prevalence (confirmed COVID-19 cases per 100,000 population) in the region, while Tunisia, Lebanon, and Iran had the highest case fatality ratios (deaths per 100,000 among confirmed COVID-19 cases per 100,000 population).³ Health experts believe that data on COVID-19 morbidity (death) and mortality (illness) are limited due to a variety of factors, including low testing rates, poor vital registration systems, and in some countries, lack of transparent reporting by local ministries of health.⁴ MENA countries have faced a high risk of morbidity and mortality from COVID-19 compared to some other regions, "attributable to a high and growing burden" of conditions such as diabetes that increase COVID-19 severity, as well as a high proportion of at-risk populations due to poverty and humanitarian crises.⁵

¹ UN Office for the Coordination of Humanitarian Affairs (UNOCHA), *COVID-19 Data Explorer: Global Humanitarian Operations*, May 31, 2021.

² WHO, *COVID-19 Weekly Epidemiological Update*, June 8, 2021. UN Institute on Migration, *COVID-19 Response IOM Regional Office for Middle East and North Africa*, Situation Report 23 (30 April - 27 May 2021), June 2, 2021.

³ CRS calculations based on data from WHO, COVID-19 Dashboard, June 21, 2021.

⁴ Sarah Wehbe, Sasha Fahme, and Anthony Rizk, et al., "COVID-19 in the Middle East and North Africa region: an urgent call for reliable, disaggregated and openly shared data," *British Medical Journal Global Health*, vol. 6 (February 9, 2021). Institute for Health Metrics and Evaluation, *Briefing: eastern Mediterranean region, 2020*, 2020. Eiman AlAwadhi, Dina Zein, and Anower Hossain, et al., "Monitoring COVID-19 Vaccine Acceptance in Kuwait During the Pandemic: Results from a National Serial Study," *Risk Management Healthcare Policy*, vol. 14, no. 1803 (May 3, 2021).

⁵ The World Bank, *Mitigating the Impact of COVID-19 and Strengthening Health Systems in the Middle East and North Africa*, July 7, 2020. According to the World Bank, "over 70% of the disease burden in the [MENA region] is from non-communicable diseases such as diabetes and hypertension, which significantly exacerbates the severity of COVID-19."

Figure 1. Confirmed COVID-19 Cases and Deaths in MENA





Source: Figure created by CRS using data from World Health Organization, "WHO Coronavirus Disease (COVID-19) Dashboard," as of June 21, 2021.

Notes: Chart reflects data reported by governments, which may not capture all cases or deaths.

Figure 2. Cumulative Confirmed Cases in MENA



as of June 21, 2021

Source: Figure created by CRS using data from World Health Organization, "WHO Coronavirus Disease (COVID-19) Dashboard," as of June 21, 2021.

Notes: Chart reflects data reported by governments, which may not capture all cases or deaths.

Table 1. Total Confirmed COVID-19 Cases and Deaths in the MENA Region

	Total		Total		Estimated	Forecasted
	Confirmed	Cases per	Confirmed	Deaths per	GDP Growth	GDP Growth
Country	Cases	100,000	Deaths	100,000	(2020)	(2021)
Algeria	135,586	314.9	3,624	8.4	-6.0	2.9
Bahrain	262,892	16,018.6	1,306	79.6	-5.4	3.3
Egypt	276,756	275.7	15,829	15.8	3.6	2.5
Iran	3,095,135	3,733.0	82,965	100.1	1.5	2.5
Iraq	1,287,465	3,275.2	16,885	43.0	-10.9	1.1
Israel	839,837	9,276.6	6,427	71.0	N/A	N/A
Jordan	746,480	7,389.7	9,663	95.7	-2.0	2.0
Kuwait	339,032	8,058.6	1,870	44.4	-8.1	0.7
Lebanon	543,505	7,927.8	7,822	114.1	-25.0	N/A
Libya	190,748	2,814.5	3,174	46.8	-59.7	131.0
Morocco	526,651	1,444.0	9,238	25.3	-7.0	4.5
Oman	248,043	4,985.8	2,710	54.5	-6.4	1.8
Qatar	220,800	7,796.4	583	20.6	-2.6	2.4
Saudi Arabia	474,191	1,383.8	7,677	22.4	-4.1	2.9
Syria	25,118	147.1	1,845	10.8	N/A	N/A
Tunisia	382,950	3,274.6	14,038	120.0	-8.8	3.8
United Arab Emirates	612,029	6,264.0	1,757	18.0	-5.9	3.1
West Bank/Gaza	341,514	7,289.0	3,819	81.5	-11.0	5.7
Yemen	6,885	23.6	1,355	4.6	-5.0	0.5
MENA Region	10,555,617	2318.7	192,587	42.3	-9.6	10.7

as of June 21, 2021

Source: Case and death data from World Health Organization, "WHO Coronavirus Disease (COVID-19) Dashboard," as of June 21, 2021. Population data from the World Bank, 2019. Real GDP growth (% change from previous year) from International Monetary Fund, World Economic Outlook Database, April 2021.

Notes: Chart reflects COVID-19 case and death count data reported by governments, which may not capture all cases or deaths.

COVID-19 Vaccine Access

COVID-19 vaccine distribution has been uneven across countries in the MENA region. High-income nations such as Israel, Saudi Arabia, the United Arab Emirates (UAE), and Kuwait were among the first countries to start vaccinating their citizens, using vaccines procured through private market-rate contracts with pharmaceutical companies.⁶ Meanwhile lower-income countries, such as Yemen, are relying mainly on the multilateral COVAX vaccine procurement initiative for vaccine doses, with initial shipments covering a small fraction of their populations (**Table 2**).⁷

⁶ Tamara Abueish, "Saudi Arabia administered over 13.9 million COVID-19 vaccine doses so far," *Alarabiya News*, May 21, 2021.Businesswire, "Moderna and Tabuk Pharmaceuticals Partner to Commercialize Moderna's COVID-19 Vaccine in Saudi Arabia," press release, June 11, 2021.

⁷ Gavi, the Vaccine Alliance, *COVAX Vaccine Roll-Out*, as of June 14, 2021. See also Zeena Saifi, "Vaccine rollouts lay bare the Middle East's deep inequalities," *CNN*, January 26, 2021. COVAX, the COVID-19 Vaccines Global Access initiative is the pillar of the ACT Accelerator aimed at reducing global inequities in COVID-19 vaccines access. For more information on COVAX, see CRS In Focus IF11796, *Global COVID-19 Vaccine Distribution*, coordinated by Sara M. Tharakan.

Country	Doses Received	Total Doses Allocated	Doses Administered (including I st and 2 nd doses)
Algeria	1,123,300	1,881,600	Not reported to WHO
Egypt	2,623,200	4,389,600	2,997,129
Iran	2,152,800	3,602,400	4,553,653
Iraq	835,200	1,725,600	613,840
Jordan	436,800	477,750	2,572,542
Lebanon	163,200	439,050	1,002,489
Libya	175,200	347,790	330,260
Morocco	957,600	1,608,000	16,900,000
Syria	256,800	1,152,800	71,519
Tunisia	604,290	760,290	1,380,280
West Bank and Gaza	133,440	272,400	685,111
Yemen	360,000	1,968,000	221,000

Table 2. MENA Countries Receiving COVID-19 Vaccines Via COVAX

as of June 14, 2021

Source: UNICEF, COVAX Vaccine Distribution Dashboard, June 14, 2021; World Health Organization (WHO) COVID-19 Dashboard.

Notes: "Doses received" and "doses allocated" indicate those allocated through COVAX. "Total doses administered" includes those received through bilateral agreements, private sector contracts, and other mechanisms.

Other Efforts to Boost COVID-19 Vaccine Supply. Some MENA countries, facing manufacturing delays and financial constraints, are also directly purchasing vaccines produced by China (which has joined COVAX) and Russia (which has not), and have collaborated on vaccine research, development, and production with those countries.⁸ For example, in 2020, the UAE, Saudi Arabia, and Morocco partnered with China to conduct Phase III clinical trials for two Chinese candidate vaccines, Sinovax and Cansino, which WHO has listed for emergency use. The UAE and Egypt have signed agreements to produce Chinese COVID-19 vaccines in 2021.⁹ Both China and Russia have reportedly engaged in misinformation campaigns in the region, ostensibly to sow doubt about the efficacy of Western COVID-19 vaccines, criticize those vaccines' relatively high prices and challenging logistics chains, and increase the international profile of their vaccine candidates.¹⁰

Vaccine Equity

In April 2021, WHO Director General Tedros Adhanom Ghebreyesus asserted that, "vaccine equity is the challenge of our time. And we are failing."¹¹ The same month, the International Federation of Red Cross and Red Crescent Societies (IFRC) stated that, "while no one has been spared from the effects of COVID-

¹⁰ Anchal Vohra, "Russia, China expanding Middle East sway with COVID-19 vaccines," Al Jazeera , February 9, 2021.

⁸ "Egypt to start local production of Sinovac vaccine mid-June- minister," *Reuters*, June 7, 2021.

⁹ OECD, *COVID-19 crisis response in MENA countries*, OECD Policy Responses to COVID-19, November 6, 2020. "Egypt to start local production of Sinovac vaccine mid-June- minister," *Reuters*, June 7, 2021. "UAE launches COVID-19 vaccine production with China's Sinopharm," *Reuters*, March 29, 2021.

¹¹ UN News, "Vaccine equity the 'challenge of our time', WHO chief declares, as governments call for solidarity, sharing," April 16, 2021.

19, the consequences of this pandemic have not been equally felt. This crisis has been defined by profound and persistent inequities both in terms of who is most at risk, and how the world has responded."¹² The IFRC highlighted significant inequalities in vaccination rates across the MENA region, noting that fewer than 5% of vaccine doses administered in MENA had been administered in the eight countries facing humanitarian crises. The IFRC further stated that "people in these settings are more likely than the general population to be infected, are more likely to die once infected, and are least likely to be appropriately supported through the response, including through vaccination campaigns."¹³

Concerns about uneven access to vaccination, particularly for vulnerable populations, have been raised in a number of MENA states. For example, in countries hosting large number of Syrian refugees, refugee vaccinations have lagged significantly behind those of citizens. In Lebanon, Syrian refugees are nearly a quarter of the population but as of early June 2021, had received only 7,888 of the nearly 875,000 vaccine doses administered (<1%).¹⁴ According to Human Rights Watch, many Syrian refugees have been reluctant to register for the vaccine on Lebanon's official vaccine platform, fearing that doing so could lead to arrest, detention, or deportation.¹⁵ In Israel, officials have faced criticism for the comparatively low rate of vaccination of Palestinians in the West Bank and Gaza relative to the high level of vaccination of Israeli citizens. In early 2021, this disparity led Palestinian Authority (PA) officials and some observers-including the World Bank-to call for greater efforts by Israel to share vaccines with Palestinians, and to assist the PA in procuring additional vaccines more expeditiously.¹⁶ In mid-June, Israel and the PA initially appeared to reach an agreement under which Israel would transfer up to 1.4 million doses to the PA this summer, and Israel would later receive a similar number from shipments that the PA is set to receive this fall via a reported 4.1 million-dose deal with Pfizer.¹⁷ However, the PA rejected the agreement with Israel and is reportedly seeking to negotiate a new one, claiming that the initial doses to be shared by Israel were set to expire too soon.

Selected Social Impacts of COVID-19 in MENA

Women and Girls¹⁸

Preliminary data indicate that women in the MENA region have experienced disproportionate effects from the COVID-19 pandemic. Women in many MENA countries have generally faced greater exposure to COVID-19 because they constitute the majority of healthcare workers and home caregivers for sick family members.¹⁹ Some research has found that women in the region are also less likely to have access to quality health care, and those who contract COVID-19 may face greater long-term consequences to their health, due in part to existing gender disparities in access to health care throughout the region.²⁰

¹² IFRC press release, "New Red Cross Red Crescent analysis shows deep inequalities in COVID-19 response across Middle East and North Africa," April 8, 2021.

¹³ Ibid.

¹⁴ Eric Reidy, "On COVID vaccinations for refugees, will the world live up to its promises?," New Humanitarian, June 8, 2021.

¹⁵ "Lebanon: Refugees, Migrants Left Behind in Vaccine Rollout," Human Rights Watch, April 6, 2021.

¹⁶ World Bank, *Economic Monitoring Report to the Ad Hoc Liaison Committee*, February 23, 2021, pp. 26-27.

¹⁷ Tovah Lazaroff, "Palestinians to renegotiate COVID-19 vaccine deal with Israel," jpost.com, June 20, 2021.

¹⁸ For more background, see CRS Report R46423, *Women in the Middle East and North Africa: Issues for Congress*, by Zoe Danon and Sarah R. Collins.

¹⁹ U.N. Women and U.N. Economic and Social Commission for Western Asia (ESCWA), "The Impact of COVID-19 on Gender Equality in the Arab Region," E/ESCWA/2020/Policy Brief.4, April 2020.

²⁰ Global Health 5050, International Center for Research on Women, African Population and Health Research Center, "The COVID-19 Sex-Disaggregated Data Tracker," September 21, 2020; N.M. Kronfol, "Access and barriers to health care delivery in

Pre-pandemic, the MENA region had the lowest rate of female labor force participation among world regions (28% compared to 48% globally), and some worry that the pandemic will have further negative effects on women's employment in the region.²¹ UN Secretary-General António Guterres stated in mid-2020 that, "Already we are seeing a reversal in decades of limited and fragile progress on gender equality and women's rights. And without a concerned response, we risk losing a generation or more of gains."²²

Women have also reportedly experienced increased domestic violence in many MENA countries as families cope with movement restrictions and heightened anxiety over physical and financial insecurity.²³ The UN Population Fund (UNFPA) has warned that due to disruptions caused by the pandemic, 2 million Female Genital Mutilation/Cutting (FGM/C) cases and 13 million child marriages could occur over the next decade that, according to the organization, would otherwise have been averted.²⁴

Displaced Populations, Host Communities, and Migrants

The COVID-19 pandemic has exacerbated the situation for displaced populations, host communities, and migrants across the MENA region, a large number of whom already needed humanitarian and protection assistance before the pandemic began. The conditions in which vulnerable, displaced populations live make them particularly susceptible to coronavirus spread and present additional challenges for the humanitarian response (such as delivery of goods and services and limits on activities of personnel in the field.) In addition, there are secondary, far-reaching impacts of lockdowns and economic recession for displaced populations, such as increased food insecurity, gender-based violence, and poverty, along with reduced access to education and health.

As of May 2021, an estimated 45 million people across the MENA region are in need of humanitarian assistance. Nearly half (20 million) are thought to have been displaced in recent years as internally displaced persons (IDPs) or refugees or both (and some multiple times). The MENA region produces and hosts the largest numbers of displaced populations worldwide due to protracted conflicts in Syria and Yemen, ongoing instability in Iraq and Libya, and the unresolved situation for Palestinian refugees. Most displaced populations live outside camps and therefore have a direct impact on the communities that host them.

COVID-19 cases and deaths in humanitarian and conflict settings in the region are likely underreported and testing remains limited and uneven.²⁵ The pandemic restrictions continue to affect the mobility of vulnerable populations and limit humanitarian access and operations. Experts predict multiple barriers for displaced populations and vulnerable migrants to access vaccines (as discussed later in this memorandum). With greater numbers of people requiring assistance in the MENA region, four specific sectors emerge as priorities in the humanitarian response to the secondary impacts of the pandemic: severe food insecurity; urgent health care access and services; protection of women and girls amid

Arab countries: a review," Eastern Mediterranean Health Journal, 18 (12), 1239-1246, 2012.

²¹ World Bank, "Trading Together: Reviving Middle East and North Africa Regional Integration in the Post-Covid Era," MENA Economic Update, October 2020; "COVID-19 and Female Labor in the MENA Region," Middle East Institute, June 8, 2021.

²² United Nations, "Secretary-General's remarks at Town Hall with Young Women from Civil Society Organizations," August 31, 2020.

²³ World Food Program, "Impact of COVID-19 in the Middle East, North Africa, Central Asia, and Eastern Europe," Update #5, September 2020; Hafsa Halawa, "The Gendered Impact of COVID-19 in the Middle East," Middle East Institute, June 11, 2020.

²⁴ UNFPA, "Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage," Interim Technical Note Information, April 27, 2020.

²⁵ According to one estimate, as of May 27, 2021, in the MENA region there were more than 5.8 million COVID-19 cases reported, of which 95,473 were fatal. International Organization for Migration (IOM), "COVID-19 Response: IOM Regional Office for Middle East and North Africa Situation Report 23 (30 April – 27 May 2021).

increases in the incidence of gender-based violence; and sustained access to education for displaced children and youth. In addition, refugee returns to countries of origin and refugee resettlement, which declined due to COVID-19, are important parts of the long-term solution to displacement.²⁶

Migrant Workers

According to Human Rights Watch, COVID-19 has exacerbated "preexisting abuses against migrant workers" in many Middle East states.²⁷ While migrant workers reportedly comprise, for example, over 80% of the populations of the UAE and Qatar, 70% of Kuwait's population, and 55% of Bahrain's population, nongovernmental organizations identify them as facing significant levels of discrimination based on their national origin (largely countries in Africa and South Asia) and lack of citizenship rights.²⁸ A 2020 Amnesty International report stated that,

Inadequately protected from abuse by their employers and agents, migrant workers faced arbitrary dismissals and unpaid wages and were also at heightened risk of COVID-19, due to insanitary conditions and overcrowding in camps or shelters. They rarely had access to social protection or alternative employment since emergency in-kind and cash assistance was limited to country nationals, for example in Jordan, where only daily workers who were Jordanian were eligible.²⁹

A separate study by Minority Rights Group International found that the pandemic "deepened the divide between citizens and non-citizens, documented and undocumented, distinctions reflected in the exclusion of many migrant, refugee and stateless populations from official services. Many migrant workers in the Middle East have reported being unable to access health services and information as foreign nationals."³⁰ In Lebanon, for example, undocumented migrant workers—who reportedly make up about half of all migrant workers in the country—are reported as unable to access Lebanon's vaccine program (partially funded by the World Bank) under current regulations, which require an ID number for registration.³¹

Economic Impact

Since early 2020, countries in the MENA region have experienced economic downturns partly arising from the pandemic—including its impact on global trade and travel, along with the physical lockdown measures imposed to reduce the spread of COVID-19 in the region. Declines in global demand for some of the region's key exports—including tourism services and oil, the price of which also declined precipitously (down 32.8% on average in 2020 relative to 2019)— exacerbated local economic challenges.³² Prior to the pandemic, tourism spending by foreigners accounted for more than 5% of gross domestic product (GDP) on average in the region, and substantially more in several countries (such as Egypt, Morocco, and Tunisia).³³ In June 2021, the World Bank estimated the region's GDP contracted by 3.9% in 2020, a 6.4% decline from its October 2019 forecast for the region's 2020 economic growth.³⁴ As a result of this economic contraction, regional unemployment increased significantly, particularly youth

²⁶ Refugee resettlement from MENA reached a two-decade low in part due to delayed departures and some states pausing their resettlement programs.

²⁷ Human Rights Watch, *Future Choices: Charting an Equitable Exit from the Covid-19 Pandemic*, March 4, 2021.

²⁸ Omer Karasapan, "Pandemic highlights the vulnerability of migrant workers in the Middle East," Brookings Institute, September 17, 2020.

²⁹ Amnesty International, Human Rights in the Middle East and North Africa – Review in 2020.

³⁰ Minority Rights Group International, Inequality and the impact of Covid-19, September 10, 2020.

³¹ Timour Azhari, "No papers, no jab: Lebanon's migrants face barriers to COVID-19 vaccination," Reuters, March 1, 2021.

³² World Bank Group, *Global Economic Prospects*, June 2021, p. 4.

³³ Ibid, p. 81.

³⁴ Ibid, p. 4.

unemployment.³⁵ In addition, the MENA region's economic recovery appears to be on a slower trajectory relative to some other regions. For example, the World Bank projects global growth of 5.6% in 2021 (6.8% in the United States), with the MENA region forecast to grow at 2.4%.³⁶

Within the region, there is considerable divergence in economic outlook among countries.³⁷ Wealthier countries, which were able to implement stronger fiscal support during the pandemic and have higher vaccination rates, are expected to recover more quickly. Oil-exporting countries, which are benefitting from the return of oil prices to pre-pandemic levels, also have a more positive outlook. In contrast, the countries entering the pandemic in states of conflict, political instability, or economic crises (e.g., Iraq, Lebanon, Libya, Syria, and Yemen) and those most dependent on tourism (e.g., Tunisia) face the prospect of long-term economic challenges. Overall, the World Bank expects economic activity in the region to remain roughly 6% below pre-pandemic projections through 2022.³⁸

Many countries in the region face difficult fiscal choices. The pandemic continues to place increased demands on public health and anti-poverty spending, but growing debt levels increasingly create risk for debt sustainability. The region's government revenue fell by 24% from 2019 to 2020, and due to the increased demands on public spending, the World Bank estimates that average fiscal deficits in 2020 as a share of GDP roughly doubled from their pre-pandemic forecasts from 4.6% to 9.4.³⁹ The World Bank estimates that the region's public debt will grow from 46% of GDP in 2019 to 54% of GDP in 2021, which would be the largest increase in the past two decades.⁴⁰

Political Impact

In April 2020, U.N. Secretary-General Guterres warned that the COVID-19 crisis could "provide a pretext to adopt repressive measures for purposes unrelated to the pandemic."⁴¹ According to Amnesty International, governments across the MENA region "responded to the COVID-19 pandemic by declaring states of emergency or passing legislation with excessive restrictions on freedom of expression."⁴²

- In Egypt, parliament expanded amendments to the country's 1958 emergency law, which grants state security forces broad powers to detain and interrogate suspects with little or no judicial review. When President Sisi reauthorized a three-month state of emergency in April 2021, his presidential decree partially justified it based on health and security reasons.⁴³
- In Algeria, the government banned all public gatherings of more than two people, including protest rallies, which had been held weekly to support political reforms since February 2019.⁴⁴ In

³⁵ International Monetary Fund, Regional Economic Outlook: Middle East and Central Asia, April 2021, p. 4.

³⁶ World Bank Group, *Global Economic Prospects*, June 2021, p. 4.

³⁷ International Monetary Fund, Regional Economic Outlook: Middle East and Central Asia, April 2021, pp. 6-7.

³⁸ World Bank Group, *Global Economic Prospects*, June 2021, p. 26.

³⁹ World Bank Group, *Living with Debt: How Institutions Can Chart a Path to Recovery in the Middle East and North Africa*, MENA Economic Update, April 2021, p. 15.

⁴⁰ Ibid, p. 2.

⁴¹ António Guterres, "We are all in this Together: Human Rights and COVID-19 Response and Recovery," United Nations, April 23, 2020. See also CRS Report R46430, *Global Democracy and Human Rights Impacts of COVID-19: In Brief*, coordinated by Michael A. Weber.

⁴² Amnesty International, Human Rights in the Middle East and North Africa – Review in 2020.

⁴³ George Sadek, "Egypt: President Declares State of Emergency for Health and Security Conditions," *Global Legal Monitor*, The Law Library, Library of Congress, May 6, 2021.

⁴⁴ U.S. Embassy in Algeria, "COVID-19 Information: Country-Specific Information," updated as of May 11, 2020. A number of local activists had called for a temporary halt to protests prior to the new restrictions, citing public health concerns.

2021, as some (but not all) lockdown measures have been relaxed, authorities have banned "unauthorized" demonstrations and responded harshly to those who have defied it, arresting hundreds of protesters and prosecuting several prominent local activists and journalists.⁴⁵

New measures adopted by some MENA states in response to the pandemic have had the effect of limiting expression. Some states have tightened the penalties for the spread of false information in ways that could be broadly applied beyond the context of the current pandemic.

- Several states temporarily suspended the publication of print newspapers in 2020, stating that production and distribution contribute to the spread of the virus.⁴⁶ In Iraq, the central government in Baghdad briefly suspended Reuters' license in early 2020 after the agency reported that the number of coronavirus cases in the country exceeded official counts.⁴⁷
- Egyptian authorities have sought to restrict healthcare workers from communicating with journalists regarding the health crisis, and have arrested several doctors and journalists.⁴⁸ Tunisia arrested bloggers purportedly for criticizing the government's response to the pandemic in 2020.⁴⁹
- In Algeria, the penal code was amended in early 2020 to increase prison sentences for defamation, and to introduce new penalties for the spread of false information. Penalties are increased if the offense occurs during "at a time of a public health lockdown."⁵⁰ Morocco has used similar laws against false information on local activists and online critics during the pandemic.

Challenging economic conditions—predating but exacerbated by the pandemic—have intensified political protests against some MENA governments. Lockdown measures have had a detrimental impact on those that work in the informal labor sector, with high levels of unemployment among youth. Deteriorating economic conditions have expanded poverty rates.

- In early 2021, violent protests broke out in the Lebanese city of Tripoli. Protests appeared to reflect frustration with lockdowns related to COVID-19, which have left many unable to financially support their families. In February 2021, a military court charged 35 protestors with terrorism—reportedly the first time protestors have been indicted on terrorism charges since the beginning of the protest movement in October 2019.⁵¹
- According to Human Rights Watch, Tunisian police used excessive force to quell protests that erupted in multiple cities in early 2021 in defiance of a COVID-19-related curfew order—and then harassed and detained young activists for posting criticism of police brutality on social media.⁵² The protests were reportedly fueled by deepening economic hardships attributable, in part, to the impacts of the pandemic.

⁴⁵ Al Jazeera, "Algeria to ban unauthorised protests," May 9, 2021; Amnesty International, "Algeria: Drop trumped-up charges against three human rights defenders," May 17, 2021.

⁴⁶ COVID-19 Civic Freedom Tracker, International Center for Not-For-Profit Law.

⁴⁷ "Iraq denies coronavirus news report; suspends Reuters' license," *Al Jazeera*, April 3, 2020.

⁴⁸ "Egypt arrests doctors, silences critics over virus outbreak," Associated Press, July 6, 2020.

⁴⁹ "Tunisia: End prosecution of bloggers for criticizing government's response to COVID-19," Amnesty International, April 21, 2020.

⁵⁰ COVID-19 Civic Freedom Tracker, International Center for Not-For-Profit Law.

⁵¹ Juliette Jabra, "Lebanon charges 35 Tripoli protesters with terrorism: lawyer," Daily Star, February 22, 2021.

⁵² Human Rights Watch, "Tunisia: Police Use Violent Tactics to Quash Protests," February 5, 2021.

Secondary Public Health Effects

Though the long-term effects of the pandemic remain to be seen, some foreign policy experts believe that the COVID-19 pandemic may increase global health and humanitarian needs in the region, and continue to worsen the effects of pre-existing conflicts and instability.⁵³ COVID-19 has increased strains on health systems in the MENA region, especially in countries already struggling with capacity.⁵⁴ Reports indicate that the COVID-19 pandemic may be contributing to mental health conditions, such as depression and anxiety, and increased rates of malnutrition. The pandemic has also disrupted provision of other routine health services (such as maternal healthcare) and childhood immunization campaigns.⁵⁵ Some health experts note that the COVID-19 pandemic has highlighted significant gaps in health care systems in the region, and see a need for countries to "allocate greater resources for public health" including for training health care workers, and expanding hospital and laboratory capacity.⁵⁶

Selected Multilateral Responses

A range of multilateral organizations have built on existing health system and supply chain infrastructure to provide technical support, funds, and supplies for the public health response to the pandemic in the MENA region.⁵⁷ For example, WHO and partner organizations have created a COVID-19 Supply Chain System to ensure that low- and middle-income countries have access to laboratory supplies (such as reliable tests) and personal protective equipment (such as gloves, gowns, medical masks).⁵⁸ As of June 14, 2021, WHO had shipped over 5 million COVID-19 tests and sample collection kits, and over 30 million units of PPE, to countries in the region.⁵⁹ The U.N. Children's Fund (UNICEF) is implementing programs to ensure that women and children in the MENA region can continue to access regular health services, including maternal and child healthcare, immunizations, and water, sanitation and hygiene services intended to prevent COVID-19 and other infectious diseases.⁶⁰

Selected U.S. Government Responses

Since early 2020, Members of Congress have debated the scale and scope of U.S. foreign assistance to address COVID-19 abroad, including in the MENA region. Globally, Congress has provided more than \$16 billion in emergency foreign assistance resources via four appropriations measures.⁶¹ USAID is using funds from these appropriations measures for a variety of public health activities in MENA countries, in

⁵³ See for example, Steven A. Cook, Leonard Rubenstein, and Ray Takeyh, *The Middle East Response to the Coronavirus*, Council on Foreign Relations, Conference Call, April 3, 2020.

⁵⁴ Yasmina Abouzzohour, op.cit.

⁵⁵ UNICEF, Supporting Children, Adolescents and Women Affected by COVID-19, 2020. UNICEF, Acute malnutrition threatens half of children under five in Yemen in 2021: UN, February 13, 2021. Ayesha S. Al Dhaheri, Mo'ath F. Bataineh, and Maysm N. Mohamad, et al., "Impact of COVID-19 on mental health and quality of life: Is there any effect? A cross-sectional study of the MENA region," *PLOS ONE*, vol. 16, no. 3 (March 25, 2021).

⁵⁶ Ibid.

⁵⁷ WHO, Weekly Operational Update on COVID-19, Issue No. 58, June 7, 2021. UNICEF, Supporting Children, Adolescents and Women Affected by COVID-19, 2020.

⁵⁸ WHO, Weekly Operational Update on COVID-19, Issue No. 58, June 7, 2021.

⁵⁹ UNICEF, Supporting Children, Adolescents and Women Affected by COVID-19, 2020.

⁶⁰ Ibid.

⁶¹ Two emergency supplemental measures enacted in March 2020—P.L. 116-123 and P.L. 116-136—included nearly \$1.5 billion in FY2020 foreign assistance resources. The FY2021 omnibus appropriations act, P.L. 116-260, included \$4.0 billion in emergency foreign assistance funds and the American Rescue Plan Act of 2021, P.L. 117-2, provided nearly \$10.6 billion in FY2021 in emergency foreign assistance resources.

conjunction with international assistance and technical cooperation activities of the State Department and the Centers for Disease Control and Prevention (CDC).⁶² For example, in Iraq, USAID reports that, among other activities, it has aided the country in updating health centers with new equipment, improving access to personal protective equipment (PPE) for healthcare workers, launching educational outreach programs about COVID-19, and distributing hygiene kits, particularly within underserved communities.⁶³

According to the State Department's Office of Foreign Assistance, as of April 25, 2021, the State Department and USAID had allocated more than \$225 million in the MENA region for the COVID-19 response.⁶⁴ The countries in the region that have received the most funds include Iraq (\$49.5 million), Lebanon (\$41.6 million), Syria (\$37.4 million), and Jordan (\$36.5 million). Inspector-General reports indicate that USAID, in particular, has been slow to obligate and disburse the emergency funds provided by Congress for the global COVID-19 response.⁶⁵

Conclusion

This concludes my prepared remarks. Thank you for the opportunity to testify. I look forward to responding to any questions that you may have. If additional research and analysis related to this issue would be helpful, my CRS colleagues and I are prepared to assist the subcommittee.

⁶² See https://www.usaid.gov/coronavirus for more information. USAID, USAID: COVID-19 Global Response - Fact Sheet #8 FY20, August 21, 2020.

⁶³ USAID, COVID-19 Response: Iraq, February 26, 2021, at https://www.usaid.gov/iraq/fact-sheets/covid-19-response.

⁶⁴ Department of State Office of Foreign Assistance, *COVID-19 Virus Response*, Regional and Operating Unit Topline as of April 25, 2021. Document provided to CRS upon request.

⁶⁵ According to the USAID OIG, as of March 31, 2021, the agency had obligated \$3.3 billion of the \$11.2 billion in emergency funds it received. Of those obligations, \$2.8 billion had been disbursed as of March 31, 2021. USAID OIG, *COVID-19 Information Brief #3*, June 9, 2021.