MENA COVID COMMITTEE

IISA

EMERGENCY PILOT PROJECT

MAY 2020

MEDICAL EXPERTS

"In my public health career, I have not seen an epidemic like this, which has such an exponential, financial, and social impact as COVID-19... If people are on lockdown and are unable to earn, how can they survive? On the other hand, if they are allowed to go outside, they then increase the risk of infection. Collaboration between countries is essential where possible, whether it be skill sharing or resource sharing."

- WHO representative, 14.05.2020

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EXECUTIVE SUMMARY

On 14 May 2020, the Institute for Islamic Strategic Affairs (IISA) convened the first webinar of the MENA COVID-19 committee. The meeting was attended by **32** participants: a representative from the WHO, leading medical experts from Iraq, Turkey, Morocco, and Israel, as well as members from humanitarian and health organisations. It was also attended by members of the core group, two representatives from Nordic Ministries of Foreign Affairs (MFAs), and participants from Iran and Jordan. This first webinar meeting aimed at gaining a preliminary overview of the COVID-19 situation on the ground and to discuss whether and to what extent regional cooperation may be possible.

Participants acknowledged the importance of the meeting and that the COVID-19 pandemic is a crisis never before seen, with short and long-term implications on public health and economies.

With states having different capabilities to cope with the crisis, participants affirmed that cooperation on a regional level is needed. In particular, participants highlighted the importance of information-sharing and the sharing of educational resources, such as lessons learned, as the best way to move forward.

The participants and organiser expressed commitment to engage in further dialogue on the issue and agreed to hold a future meeting in June 2020.

INTRODUCTION

The global outbreak of COVID-19 has presented international and governmental institutions with an unprecendent number of challenges: the health and well-being of populations, the movement of peoples within and outside of borders, the consequences for the production and supply of much needed medical equipment, and the implications on the economy, among others. Unlike other regions, the challenges facing the Middle East and North Africa (MENA) region are compounded by varying degrees of instability: intra-state conflicts, rivalries, armed groups, deteriorating health infrastructures, and international sanctions regimes.

Since 2017, IISA along with its partner, the Swedish Ministry for Foreign Affairs, has been working on an inclusive regional dialogue mechanism process with influential individuals from 21 regional countries. As the current mechanisms for regional dialogue, such as the Arab League and the GCC, have shown to be ineffective and non-inclusive, the long-term process aims to form a regional organisation for dialogue that includes Israel, Turkey, and Iran, to discuss, manage, and collaborate on issues of the region.

Distinct from other impasses facing MENA states, a pandemic is not limited to borders, political divides, nor nations: **the world is a global village when it comes to COVID-19.** Under this prism, and as part of the regional mechanism process, IISA has launched an emergency pilot project called the MENA COVID19 Comittee.

MEETING SUMMARY

On 14 May 2020, the Institute for Islamic Strategic Affairs (IISA) convened the first webinar of the committee. The meeting was attend by **32** participants: a representative from the WHO, leading medical experts from Iraq, Turkey, Morocco, and Israel, as well as members from humanitarian and health organisations. It was also attended by members of the core group, two representatives from Nordic Ministries for Foreign Affairs, and participants from Iran and Jordan. This first webinar meeting aimed at gaining a preliminary overview of the COVID-19 situation on the ground and to discuss whether and to what extent regional cooperation may be possible.

CAPACITIES

States are undergoing different levels of crises, with some having more capacity than others to combat the virus. The medical expert from Morocco, for instance, said that the country has a substantial health infrastructure in place, including a disease control lab, which was built following the SARS outbreak in the early 2002. Turkey was also able to develop its own test capacity, and has therefore not had to be reliant on others for testing kits. On the other hand, some states have very little capacity to handle the outbreak. These states are in dire need of medical equipment, such as respirators and tests.

When compared to Europe, one participant pointed out, testing capacity in the region is sub-optimal. Therefore, once testing increases, it is likely that there will be an exponential increase in confirmed cases. In conflict areas, such as Yemen, Syria, Afghanistan, and Libya, health infrastructure is severely weakened, if not totally collapsed. Humanitarian organisations described issues concerning access: without having access to conflict-ridden areas, testing cannot be done, and without testing, it is unclear of how many cases there are. But limited access also carries further consequences: not only will those in need of medical care be unable to receive it, but the virus can quickly spread among already vulnerable populations in conflict areas.

Humanitarian organisations have now subsumed anti-COVID-19 measures into their general humanitarian response. For example, one organisation has included sanitation material in their Ramadan kits and have increased their donations of hospital beds and alcohol for sterilisation purposes. Furthermore, in a post-meeting

survey, humanitarian organisations say that they're particularly worried about secondary-effects of the virus, such as an increase of gender-based violence (GBV) and non-COVID related illnesses spiking, due to a diversion of resources to deal with the pandemic (see page 10).

CONTAINMENT MEASURES

Many participants said that lockdown and social distancing measures put in place by their governments were effective in containing the spread of the virus. One participant noted that the proactive measures have restored trust and confidence in the government, which it had not received in years. Contrastingly, some participants said that lack of trust in government by the public have made curfews and lockdowns difficult. This has been magnified by the spread of fake news and the public's resistance to government-led COVID-19 awareness campaigns.

One participant expressed deep concern over the mental health ramifications of those on lockdown and said that there must be an increase in mental health programmes and psychosocial support, especially because there is no clear timeline for when the pandemic may come to an end. As

the time under quarantine or lockdown goes on, the participant noted, the more likely it will be for the public to be frustrated and in turn, defy social distancing regulations, which could then cause the number of infection cases to rise.

"Arguably we have not yet experienced the first peak in most countries, so the threat remains huge in the coming months. Information sharing around what control strategies have worked well in different countries and contexts is important."
- *Humanitarian organisation representative*

ECONOMIC IMPLICATIONS

All participants expressed concern over the economic effects of the lockdown measures and border closures. They underlined a delicate balance between health and economy, and worried about the risk of an exponential surge of infection rates when the economic sector opens. Many participants said that there is a need to develop economic and financial resources, particularly in the agricultural and manufacturing sector. Others pointed to the need to diversify, as the tourism industry may collapse.

IDPs and migrant workers, who frequently live in close quarters, were noted to be among the most vulnerable populations to both the

virus and its economic consequences, along with low-income earners. Similarly, expats who left to work in the oil-rich Gulf are already suffering due to the plunge in oil prices. They may return to their countries jobless, which would further negatively impact the economic situation of their home country, a participant said.

INFORMATION SHARING:
A WAY FORWARD

In the MENA's current state of affairs, a coordinated regional response to COVID-19 remains limited. Barriers to regional coordination may include principle political objections and an unwillingness to expose (political, cultural, security) weaknesses, one participant noted. Another participant said that other barriers may be the tendency to view the crisis as one of national response, rather than a a global crisis. Hence, the focus may be to manage public health at a purely national level, rather than a regional one. While some participants called for regional sharing (health equipment, such as PPEs and tests), others noted that the political barriers may be too great.

Despite these barriers, participants agreed that information-sharing and educational cooperation would be the best way to coordinate the COVID-19 response in the region.

> **"Now that the crisis seems to be under control, we should study the way it was tackled. We should build on the successes and correct the failures."**
> - Medical Expert

SURVEY ON INFORMATION-SHARING

Regional information-sharing was highlighted as the most realistic way forward in the meeting. Therefore, a post-meeting survey was conducted to assess what kind of information sharing is needed, what channels exist, and what needs to be improved upon. Please see the answers from the survey below:

What information needs to be shared in the region to optimise a COVID-19 pandemic response? (e.g. supply/demand of medical equipment/staff, capacity to produce tests, etc).

MEDICAL EXPERT RESPONSES:

Respondent A: Relevant info might include daily numbers of morbidity and mortality, serious and ventilated pts, epidemiological data like clusters, demographics, significant clinical or laboratory findings, critical needs and gaps in response

Respondent B: It would be helpful to have an idea on available medical supplies of equipment and capacities to produce tests. Also, to be able to help countries set up producing units by providing staff and expertise if they can express the need.

Respondent C: An assessment of performance (containment of COVID-19 crisis) of my country, as well as other countries in the region to determine the real needs and compare between the communities. There may be a waste of money and human efforts because of poor planning.

What information needs to be shared in the region to optimise a COVID-19 pandemic response? (e.g. supply/demand of medical equipment/staff, capacity to produce tests, etc).

HUMANITARIAN & HEALTH ORGS. RESPONSES:

Respondent D: Mostly in relation to medical information including diagnostics of infected cases, death reasons, progress of the illness, and most important early detection alerts

Respondent E: (A) Medical awareness and knowledge especially for medical staff; (B) Medical equipment; (C) best and easy way to conduct tests

Respondent F: Supply and demand of medical equipment and PPE, testing capacity, pandemic control strategies and restrictions, livelihoods and economic revival programmes, funding sources

Respondent G: Possibly something regarding risk management/duty of care and strategies to engage with youth and tackle fake news/promote good practice, e.g. through social media or other outlets

Respondent H: Information needed regarding the potential second wave of COVID-19 pandemic as well as secondary impacts of COVID-19, for better preparedness and response. For example, governments in Jordan and Lebanon, in particular, are struggling with maintaining sustainable COVID-19 measures; after signalling they would reopen parts of the economy before the Eid al-Fitr holiday, they subsequently had to re-impose restrictions following spikes in both countries. Similarly, against the backdrop of a major currency devaluation crisis in Syria and declining oil prices in Iraq, economies throughout the region have been hit hardest by internal and external movement restrictions, disrupting the regular flow of trade and goods. Internal movement restrictions have had the most direct impact on food security and livelihoods, but they are secondary impacts such as the increases in gender-based violence (GBV) cases, and spikes in non-COVID related illness as the resources are diverted from regular humanitarian response to COVID. In the coming weeks, we need more in-depth analysis of secondary impacts of COVID in the region, as well as intelligence on the potential for second waves of the COVID-19 pandemic as the movement restrictions are relaxed.

What regional information sharing networks does your country currently engage/operate in?

MEDICAL EXPERT RESPONSES:

Respondent A: The Ministry of Health shares info with the World Health Organization (WHO) as part of international health regulations. I am not aware of any regional info sharing.

Respondent B: [My country] is sharing information with WHO EMRO. We have the Institut Pasteur du Marco that is part of the international network of Pasteur Institutes. And we are members of the International Association of National Public Health Institutes (IANPHI) as well as Africa CDC

Respondent C: Concerning communication networks, [my country] depends mainly on the WHO and the [national] crisis centre. UNESCO is also sponsoring an electronic programme that gives accurate information and offers to inform about the spread of the COVID-19 virus and is well known among citizens. [We] generally depend on information from key sources through their websites and announcements made namely the WHO and the Ministry of Health.

What regional information sharing networks does your organisation currently engage/operate in?

HUMANITARIAN & HEALTH ORGS. RESPONSES:

Respondent D: Having worked in the medical sector, I work with a group of advisors on a good-will basis and in my individual capacity and not through my organisation

Respondent E: The Middle East Consortium on Infectious Disease Surveillance (MECIDS)

Respondent F: In the UK notably through the Disasters Emergency Committee (we are planning a COVID-19 appeal), the START network (has funded our COVID-19 response in some countries) and BOND (large NGO coalition of British Overseas NGOs in Development - information-sharing and some joint advocacy to the UK government). We have coordinated with the WHO specifically around the religious guidelines for COVID-19 response that we developed with other faith-based NGOs of various faiths, which WHO was very appreciative of

Respondent G: As well as engaging with the above a global/international level, we engage with partners in country and with key UN agencies both in country and regionally, notably WFP, UNICEF and UNHCR. We have a UN representative based in Geneva who liaises closely with UNHCR at a global level.

Respondent H: Regional/global networks for information sharing include International Council for Voluntary Agencies (ICVA), Stockholm Forum, BOND network, REACH network and ACAPS. Also in each country UN-led clusters are the main source of recieving and sharing information.

Do you have any recommendations on how existing information-sharing networks could be improved?

MEDICAL EXPERT RESPONSES:

Respondent A: Possible mediators for info management can be a European-based NGO like IISA

Respondent B: It is important to have the governmental websites regularly updated with all relevant information available to researchers and NGO's working on COVID-19. Information from other sources should be freely available and published scientific papers should be posted free of charge.

Respondent C: There is a need to support the United Nations initiative, awareness, and education around the virus and states and institutions to disseminate reliable scientific information to protect people and communities all over the world. At the level of the region, there needs to be an improvement on responsiveness, awareness, and education on the initiatives of the WHO.

How is information currently shared? (i.e. online database, platform, forum, 1-on-1 meetings, etc)

HUMANITARIAN & HEALTH ORGS. RESPONSES:

Respondent D: Expert circles, mostly

Respondent E: Platforms, webinars, online

Respondent F: Weekly bulletins within [our org] about our response compiled by the International Programmes division (mainly for internal purposes but also shared externally), regional calls internally

Respondent G: Through START network, there is engagement regularly through country Skype groups in which organisations share any details on new spikes or crises and then coordinate with each other (e.g. we have been successful in securing START funding for Yemen and Gaza for COVID-19, where initial coordination started in country, then went to emails). Also one-to-one meetings with specific donors. Production of our global response plan and overviews, regularly updated and shared through different contacts in the organisation.

Respondent H: Currently to movement restrictions, most of the engagement is through online platforms via virtual meetings. Also we are receiving various analysis and information reports from country-specific clusters.

What are barriers to information sharing in the region?

MEDICAL EXPERT RESPONSES:

Respondent A: Possible obstacles - principle political objections, heterogenous willing to expose weaknesses

Respondent B: Unfortunately, several governments are afraid of providing needed information and I see no reason for that because being frank and open is the best way to contain epidemics and solve problems

Respondent C: We are still dealing with the crisis

What are barriers to information sharing in the region?

HUMANITARIAN & HEALTH ORGS. RESPONSES:

Respondent D: None except that COVID-19 in itself is a new illness and a lot remains to be explored about it

Respondent E: Normalisation issues especially when dealing with Israelis and Palestinians

Respondent G: Generally speaking I don't think we have any barriers in information, or rather I can't think of any specific examples, unless you touch on wider issues such as how WHO have not been consistent in their information and advice over the months

Respondent H: There is no major barriers to information as many platforms are sharing the information, procedures, organisations, who are involved in COVID-19 response. All information sharing platforms are clear and easy accessed.

How important is information-sharing in the region for a potential second wave of COVID-19 and/or future epidemics?

MEDICAL EXPERT RESPONSES:

Respondent A: Currently, transparent and true info is more important internationally than regionally (WHO) as practical mutual aid is currently doubtful

Respondent B: Now that the crisis seems to be under control, we should study the way it was tackled. We should build on the successes and correct the failures. Since the beginning of the pandemic a lot of knowledge has been accumulated that needs to be looked at with a clear and less stressed mind to validate proven and well-established facts and debunk all the pseudo-scientific and misleading data and news

Respondent C: The exchange of information is very important, to understand mistakes and improve the performance of competent teams (crisis centres) in each country. Especially on the improvement of the level of health awareness among the people in general, as well as the improvement on the level of response to prevention measures.

How important is information-sharing in the region for a potential second wave of COVID-19 and/or future epidemics?

HUMANITARIAN & HEALTH ORGS. RESPONSES:

Respondent D: Very, especially early detection warnings

Respondent E: Very important

Respondent F: With some governments masking the full extent of the infection and so many countries in the MENA region grappling with the twin challenges of conflict and collapsed health infrastructure, the importance of information sharing cannot be overstated - not only information sharing between relevant players but also the sharing of authoritative health education messaging in vulnerable communities.

Respondent G: Arguably we have not yet experienced the first peak in most countries, so that the threat remains huge in the coming months. Information sharing around what control strategies have worked well in different countries and contexts is important. We also consider that secondary impacts of COVID-19 during lockdowns need to be better considered and more information shared widely about the risks and actualities of those, these includes example increases of gender-based and domestic violence, distribution to vital health and basic services and more people being financially worse off and having less access and ability to meet their food security needs.

Respondent H: As mentioned under question 1, it is important to understand if we are expecting another wave of COVID or other future pandemic in the region or individual countries. As the countries are facing a double crisis, most of the economies are already fragile due to ongoing humanitarian crises, so a pre analysis and scanning of possible health-related risks are important for better preparedness and response.

IISA | INSTITUTE FOR ISLAMIC STRATEGIC AFFAIRS

CONTACT US:

Usama Butt, Executive Director
usama.butt@iisa.org.uk

Tasia Wagner, Programme Advisor
tasia.wagner@iisa.org.uk

http://iisa.org.uk