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COVID-19 & CONFLICT IN THE MIDDLE EAST



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Photo above: Displaced Syrian children watch as a sanitation worker disinfects their camp next to the Idlib municipal stadium in the northwestern Syrian city on April 9, 2020. [Photo by OMAR HAJ KADOUR/AFP via Getty Images.](#)



The effects of the deadly COVID-19 pandemic highlight the need for more robust international stabilization efforts ... in the Middle East.



The Middle East is in turmoil, with civil wars raging in Syria, Iraq, Yemen, and Libya. Hundreds of thousands of people were killed last year alone, and the number of children forced to fight as soldiers has doubled. Between these four conflicts more than 20 million people have been displaced, and approximately 35 million people are in daily need of humanitarian aid, according to the Pew Research Center.¹

Embroiled in conflict, the Middle East requires a significant international effort to improve conditions on the ground. The 2018 U.S. National Defense Strategy (NDS) specifically directs our military to build and maintain partners and allies worldwide.² Generally, the United States and its partners have focused on stabilizing the Middle East, fighting terrorists, and working with local partners to build long-term governance and peace. Much of the work going forward must address global stabilization — which will be imperative for civilians to return to their homes, contribute to economic development, and begin to rebuild their lives. These lengthy and bloody conflicts have eroded the

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motivation of some American political leaders who would prefer to have the United States withdraw from them.

COVID-19 is now an additional factor on top of the violence and monumental international support tasks, all of which require a sustained commitment. The effects of the deadly COVID-19 pandemic highlight the need for more robust international stabilization efforts to achieve long-term peace and self-sufficiency in the Middle East.

Syria: Risks of COVID-19 in Refugee Camps and Prisons

Northeast Syria, where more than 3 million people are currently living in refugee camps, reported its first case of COVID-19 on July 9, 2020.³ There are reports that the virus has been spreading rapidly through camps in the country's northwest regions.⁴ At the Atmeh refugee camp, one of the largest in northwest Syria, at least 40 percent of people tested have COVID-19. Given that testing is not yet widely available there, the real number is expected to be even higher.

The refugee camps are especially vulnerable to a COVID-19 outbreak given their crowded conditions, lack of access to essential services, and ill-equipped health care facilities — all factors that will exacerbate the crisis.⁵ At the same time, ISIS has been gearing up to identify and exploit vulnerabilities that are beginning to surface, especially as the United States and its partners are increasingly distracted by the rapidly deteriorating humanitarian crisis on top of the relentless conflict to maintain control in areas such as Idlib province.⁶

However, the U.S. Department of Defense's budget to counter ISIS has been cut by one-third for fiscal year (FY) 2021, down from \$300 million to \$200 million.⁷ This budget includes funding for critical partners such as the Syrian Democratic Forces (SDF) and the Vetted Syrian Opposition (VSO). A renewed commitment by Washington and the international community to support our counter-terrorism partners in Syria will be necessary to address the impending threat

of a resurgence that would undermine efforts to achieve long-term peace and stability. As of late August 2020, the United States has dedicated nearly \$32.4 million to assist with the prevention and treatment of COVID-19.⁸ A portion of this funding was designated explicitly for the SDF, dealing with the detention of around 10,000 ISIS fighters in approximately two dozen facilities throughout northeast Syria.⁹ This funding is not enough.

According to the U.S. Department of Defense Inspector General's quarterly report, these facilities already have a “high-impact risk of a breakout,” especially in the wake of the Turkish invasion in October 2019.¹⁰ One facility in Hasakeh has already experienced two riots staged by ISIS prisoners since March 2020.¹¹ Some reports indicate that these were triggered by poor living conditions and the risk of COVID-19 outbreak, but others note the cause has not yet been confirmed.¹² Either way, it is expected that COVID-19 will exacerbate the issues that the SDF has to deal with for their guards and the prisoners they are responsible for. The ISIS weekly newsletter *Al Naba*¹³ has also urged its followers to help ISIS detainees escape from “camps” preoccupied with COVID-19.¹⁴

Of the 10,000 prisoners held by SDF, 2,000 are foreigners, with many coming from European countries that will not take them back.¹⁵ All of these countries should provide direct financial support to the detention facilities as a matter of obligation. This financial support should include personal protective equipment (PPE) and supportive care (e.g. supplemental oxygen or mechanical ventilation) for both the guard staff and prisoners. These countries would do the same if their citizens were being held in their own country. The burden should not be solely on the partner forces that did the most to liberate Syria and defeat the ISIS caliphate.

Yemen: A Worsening Humanitarian Crisis

Yemen is also witnessing a deteriorating humanitarian situation due to a prolonged civil war, fueled by Iran and terrorist organizations, and made worse by the COVID-19 pandemic. Though the U.N. Security Council has urged de-escalation of the conflict since



Photo above: A Yemeni municipal worker sprays disinfectant liquid as a measure against the novel coronavirus, in the old city market of the capital Sanaa, on April 30, 2020. Photo by MOHAMMED HUWAIS/AFP via Getty Images.

“The Trump administration’s recent decision to designate the Houthis as a foreign terrorist organization will likely exacerbate the humanitarian situation in Yemen.”

“More than 80 percent of Yemen’s population is dependent on humanitarian assistance for basic needs and services.”

the beginning of 2020, the war in Yemen has persisted and will continue to impede efforts to mitigate the escalating health crisis.¹⁶ As the U.N.’s Acting Deputy Emergency Relief Coordinator Ramesh Rajasingham stated, “Peace is the best chance Yemen has to contain COVID-19.”¹⁷ Yet, negotiations for a nationwide cease-fire continue to drag on with no end in sight.¹⁸

More than 80 percent of Yemen’s population is dependent on humanitarian assistance for basic needs and services. The country’s health care system has been shattered by years of conflict and is woefully inadequate in the face of a global pandemic. Yemen’s health sector is already overwhelmed by a surge in the COVID-19 death rate, which has been projected to surpass that of its wartime fatalities.¹⁹ With only 51 percent of health centers fully functional and a dearth of qualified medical personnel or operational equipment, the humanitarian situation will continue to worsen, creating vulnerabilities ripe for exploitation by al-Qaeda in the Arabian Peninsula (AQAP) and ISIS-Yemen.²⁰ For example, these groups are likely to target increasingly distressed Yemeni civilians as potential recruits with the promise of a salary or even basic essentials, like food, water, and medicine.

Despite an increasing reliance on foreign aid to address the COVID-19 pandemic in Yemen, the United States and other international stakeholders are extricating themselves from the region at a time when their engagement is most needed. The U.N. announced in May 2020 that a funding shortage resulting from large cuts in U.S. aid might force 30 out of its 41 major programs in Yemen to close.²¹ Similar withdrawals of U.S. aid to the World Health Organization (WHO) also had a disproportionate effect on Yemen’s response to the pandemic.²²

The Trump administration has reduced funding to Yemen over concerns that it will continue to be subject to Houthi interference and the divergence of funds for purposes other than humanitarian assistance.²³ Though Washington has since committed an additional \$225 million in emergency aid to support the U.N. World Food Program’s operations in Yemen, this may only serve to temporarily buttress the organization in the face of falling donations from

the rest of the international community.²⁴ The administration’s recent decision to designate the Houthis as a foreign terrorist organization will likely exacerbate the humanitarian situation as well, undermining the ability of organizations to deliver critically important aid.²⁵

A U.N. donor conference that was co-hosted by Saudi Arabia in June 2020 raised only \$1.35 billion of the \$2.41 billion in humanitarian aid needed in Yemen.²⁶ Saudi Arabia itself pledged \$500 million in aid, though a drop in global oil prices has exacerbated Saudi financial troubles and thus strained its foreign aid budget.²⁷ Given that Saudi Arabia has been a critical partner for the United States in the fight against AQAP and ISIS in Yemen, this development is troubling.

Libya: Escalating Conflict Impedes COVID-19 Response

Libya’s health system is also fragile after years of conflict and is consequently at high risk of being overwhelmed by the COVID-19 crisis. Up to 1 million people in Libya have been rendered dependent on humanitarian assistance.²⁸ Further complicating the



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Government of National Accord's (GNA) struggle to contain the virus following the first officially reported case in late March 2020 was the "alarming" military build-up on all sides of the conflict throughout the spring.²⁹ The continued bombardment of vital services from water supplies to natural gas and electrical power plants further undermined the country's ability to cope with the rising number of COVID-19 cases.³⁰ Following the signing of a cease-fire at the end of October 2020, however, talks are now underway on the formation of a new transitional government as part of a U.N.-backed political dialogue process. While the U.N. reports that progress is being made in the talks,³¹ the cease-fire has been "widely flouted" and the situation remains volatile.³²

Before the pandemic, Libyan civilians and soldiers could travel to private hospitals in Tunisia to receive care and treatment.³³ However, in an effort to stem the virus's spread, the border between the two countries was closed starting in mid-March, only reopening eight months later in mid-November.³⁴ Worse still, health care workers in Libya are reportedly not showing up for work out of fear of contracting the disease. The limited availability of medical equipment and the difficulty of contact tracing in conflict zones also present serious challenges.³⁵

The United States has committed more than \$12 million in humanitarian assistance to the GNA to support its COVID-19 response, complementing and building on existing programs led by the U.S. Agency for International Development (USAID) to promote political and economic stabilization in Libya.³⁶ The ongoing threat of conflict, however, continues to contribute to a "vacuum in governance and security," thus creating "a permissive environment for the Islamic State" in Libya.³⁷

A Resurgence in Terrorism Already Underway

Terrorist attacks have been on the rise in Syria and Iraq, even in the midst of the current health crisis. The number of attacks claimed by ISIS in April 2020 was comparable to the same figure from April 2019.³⁸ Public data indicates that ISIS's armed activities in April 2020 increased by at least 69 percent.³⁹ In Iraq, ISIS attacks are on the rise by as much as 200 percent in Kirkuk, and Diyala governorate is attacked on a nearly daily basis. The group claimed responsibility for 29 attacks in Iraq and 11 in Syria⁴⁰ during the

period between April 1 and April 9 alone. On April 9, ISIS launched "a complex series of coordinated ambushes and assaults on pro-regime positions south of the key gas town of al-Sukhna," resulting in the deaths of 32 Syrian soldiers and 26 ISIS fighters.⁴¹ ISIS reportedly has also been operating active sleeper cells in Syria's southern Daraa governorate, where it staged at least seven attacks earlier in 2020.⁴² A gunman linked to AQAP in Yemen even carried out an attack in the United States.⁴³

COVID-19 may make things even worse. The disease is more deadly to the elderly than to the young.⁴⁴ This could lead to greater instability by compromising tribal elders who provide traditional leadership in many of these war-torn countries, leaving behind young males who are already more vulnerable to terrorist recruiting tactics.

Tribal leaders in Yemen, for example, are primarily opposed to the radical and violent ideology of al-Qaeda and ISIS.⁴⁵ They have played a key role in limiting these groups' influence, particularly in the absence of a strong central government, by holding their tribal members accountable for engaging in terrorist activities. A breakdown in these tribal structures, including the loss of leadership as a result of COVID-19, could lessen the costs of engaging in terrorist violence. Research has found that many tribal youth sympathize with the narrative of "humiliation, injustice, underdevelopment, corruption, and the killing of relatives and friends, and destruction of property caused by counterterrorism operations and Houthi attacks" — narratives which have been propagated by terrorist organizations such as al-Qaeda.⁴⁶

The Challenge of COVID-19 for Stabilization Efforts

Stabilization efforts are vital to concluding many of the ongoing conflicts in the Middle East, thus allowing people to return to their homes and resume life with some normalcy. These efforts include assisting in the return of electricity and running water to affected areas and facilitating the recovery of business and commerce needed to rebuild economies. COVID-19 will undoubtedly complicate this already challenging effort. Without international assistance, fragile to non-existent economies do not stand a chance against COVID-19 — indeed, even the world's most

“Terrorist attacks have been on the rise in Syria and Iraq, even in the midst of the current health crisis.”

developed economies have been hit hard by the disease. The U.S. State Department’s Stabilization Assistance Review of 2018 (SAR 2018) provides a framework that seeks to “maximize [U.S.] assistance resources and promote long-term self-sufficiency” to reduce violence in conflict-affected states and to realize U.S. national security goals.⁴⁷ Although SAR 2018 outlines the right course of action in theory, the results have not emerged in practice. This trajectory needs to change if the U.S. wants to increase the capability of these countries to cope with crises such as COVID-19 and to achieve long-term peace and stability.

A growing body of evidence suggests that investing in health care improves the wellbeing of a population, leads to greater productivity and economic growth, decreases violence, and improves state stability as well as trust in government.⁴⁸ As health care investment modestly contributes to the reinforcement of the authority and legitimacy of the state, global health interventions play a crucial role in achieving the objectives of SAR 2018.⁴⁹

Despite this, the international community has always taken a piecemeal approach when addressing health crises, such as setting up clinics that specifically target HIV or maternal health in fragile and conflict-affected states. While many of these initiatives have been effective in achieving their narrow goals, Dr. Vanessa Kerry,

CEO of Seed Global Health and senior fellow at Yale University’s Jackson Institute for Global Affairs, argues that investing more holistically in these countries’ health care systems would result in better outcomes, especially in the face of crises like COVID-19.⁵⁰ For example, Dr. Kerry points to Uganda as a fragile state that developed the infrastructure needed to detect and respond to the Ebola crisis in 2014. Experience with screening, rapid testing, and management in that context helped it react more effectively to COVID-19. Uganda immediately put border surveillance measures into effect, required quarantines, and already had the lab capability and human resources to test individuals so long as tests were supplied.



Without international assistance, fragile to non-existent economies do not stand a chance against COVID-19 — indeed, even the world’s most developed economies have been hit hard by the disease.





Photo above: Iraqi anti-Daesh operation with the participation of the army, police, and Popular Mobilization Forces, in Kirkuk, Iraq on June 22, 2020. Photo by Ali Makram Ghareeb/Anadolu Agency via Getty Images.



An international response to address COVID-19 in countries ravaged by conflict will be necessary because they cannot deal with [it] independently.



However, even countries like Uganda are only prepared to manage small outbreaks of disease. COVID-19 has the potential to spread through communities and even entire countries very quickly. Thousands of people can get infected at once and may require a large supply of oxygen that is not readily available, particularly in areas where supply chains have been disrupted due to conflict.

The health care systems in fragile or conflict-affected states are not strong enough to manage a crisis at this scale. Doctors and nurses in fragile and conflict-affected states must be trained to treat the full spectrum of illnesses, from HIV to pulmonary disease, and everything in between. Similarly, hospitals should be equipped with oxygen, medicine, and other supplies to combat all-cause mortality.

Dr. Kerry also notes how COVID-19 may lead to an increase in all-cause mortality by diverting resources away from essential goods

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and services while also discouraging people from seeking necessary care because they are afraid to do so. Information on exactly how COVID-19 is manifesting in fragile and conflict-affected states is limited, but studies from other settings around the world show how people who are immunocompromised are at much higher risk of having bad outcomes with COVID-19.⁵¹ Malnutrition, for example, is known to impair the immune system, and communities lacking access to stable food sources may be more vulnerable to COVID-19 as a result.⁵²

COVID-19 can be understood as a conflict itself, disrupting access to food, wages, and medical care. A diversion of resources to COVID-19 will only make the situation worse in fragile and conflict-affected countries. Moreover, a number of studies show that indirect conflict deaths often persists at high levels even after violence ceases, suggesting that the effects of COVID-19 may endure well beyond these initial stages of the crisis.⁵³ It is, therefore, imperative that investments be made to develop infrastructure, provide supplies, and train staff in ways that will contribute to long-term stability.

Dr. Kerry warns that making these kinds of investments will require a change in value systems, both at home and abroad. Health care and its contributions to the wellbeing of individuals and societies must be recognized. “We have to be invested in the health and wellbeing of the global population,” said Dr. Kerry, “which means being thoughtful about not only the investments we make in this country but how we can support our neighbors and those who share this world with us.” U.S. leaders need to communicate these value systems to the American public by emphasizing the importance of investing in health care and how cooperation will be necessary to achieve the best possible outcomes.

Conclusion

In the face of the present crisis, Dr. Kerry reminds us of the old African proverb, “If you want to go fast, go alone. If you want to go far, go together.” Indeed, an international response to address COVID-19 in countries ravaged by conflict will be necessary because they cannot deal with the crisis independently.

COVID-19 is overwhelming already fragile health systems and will render any attempts at conflict resolution increasingly difficult. Stabilization efforts will be critical to assist with COVID-19 response over the coming months and also to ensure long-term peace and stability in the region.

Though some argue that the United States provides an example of what not to do in responding to the COVID-19 pandemic, the United States can still take the lead in coordinating a response by the international community to address the crisis in fragile and conflict-affected states.⁵⁴ This would also present an opportunity for Washington to endorse the principles of SAR 2018 and to illustrate its utility in terms of our national security objectives.

The incoming administration has committed to a multilateral approach toward the COVID-19 pandemic. Reentry into the WHO under the new administration will likely facilitate cooperation that can help manage the ongoing crisis. U.S. leadership in international fora can help prepare for future emergencies by building more robust and more resilient health care systems in vulnerable countries.

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