THE INTERNATIONAL SPECTATOR
2021, VOL. 56, NO. 2, 38–55
https://doi.org/10.1080/03932729.2021.1903730

RESEARCH ARTICLE

Pandemic Regionalism or Not? The MENA Region in the Shadow of Covid-19

Meliha Altunışık

Middle East Technical University (METU), Ankara

ABSTRACT

Management and control of pandemics can be imperative for regional cooperation and solidarity. In the Middle East and North Africa (MENA) region, existing regional organisations mainly failed to deal effectively with Covid-19, although they differed in their performances. Instead, both the regional countries and extra-regional powers preferred to address the pandemic through bilateral health diplomacy. Thus, the pandemic has not been transformative in terms of regionalism and regional politics in the MENA region. There were, however, examples of regionalisation, namely cooperation at the societal level and among health officials, which points to the equal importance of bottom-up processes of regional solidarity.

KEYWORDS

Covid-19; Middle East and North Africa; regionalism; regionalisation

Soon after the outbreak of the Covid-19 pandemic, the Middle East and North Africa (MENA) region also began to experience a rise in the number of cases, with Iran initially emerging as the worst affected country. Most of the MENA region is within the remit of the Eastern Mediterranean Regional Office of the World Health Organisation (WHO-EMRO),[1] whereas the WHO-Europe Regional Office includes Israel and Turkey. According to WHO-EMRO, as of February 2021, there have been more than 6 million confirmed cases and 140,676 deaths in the region, yet the impact varies considerably in different countries (WHO-EMRO 2021). Turkey has also experienced a high number of cases, and Israel seems to have been harder hit in the second wave. Furthermore, there is a significant number of vulnerable populations in the region, such as refugees, migrant workers and (especially in densely populated Gaza Strip) Palestinians, which aggravates the impact of the virus. To make matters worse, the conflicts in Libya, Syria and Yemen expose the populations in these countries to greater risk. Therefore, although the overall impact of the pandemic seems to be below the global average in terms of both the number of cases and deaths, the MENA region has been severely hit by Covid-19 (Dyer *et al.* 2021), and like the rest of the world, it has also been affected by the socio-economic impact of the pandemic.

CONTACT Meliha Altunışık maltunis@metu.edu.tr

[1]The WHO-EMRO is an example of the constructed and non-geographical nature of the United Nations (UN) definitions of regions. The Eastern Mediterranean Region comprises 22 member states – Afghanistan, Bahrain, Cyprus, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, UAE and Yemen – and Palestine (West Bank and Gaza Strip). Two clearly Eastern Mediterranean countries such as Turkey and Israel are instead in the WHO-Europe group.

Pandemics are often given as an example of creating interdependencies, and thus the need for international cooperation. After all, as Liberal Institutionalists remind us, diseases know no frontiers and cannot be effectively dealt with by individual states alone, but rather through cooperation. Accordingly, in addition to being an issue of global cooperation, in the last decade, health has also become an area of regional cooperation and regionalism. Against the backdrop, the Covid-19 pandemic has been a litmus test for regional cooperation and coordination in overcoming public health challenges. The MENA region, however, is generally known for weak regionalism. The situation has further deteriorated in the last decade, with intensifying zero-sum politics, quickly shifting alliances, mutual mistrust and competition among regional actors. Against this background, the aim of this article is to analyse the impact of Covid-19 on regional health governance and politics. Specifically, it discusses whether the pandemic has led to the emergence of – albeit limited – areas of regional cooperation, or it has rather contributed to regional polarisation. In analysing the impact of Covid-19 on regional relations, the article takes a short-term and a longer-term perspective. A short-term perspective inevitably focuses on immediate solidarity in dealing with the crisis, while a longer-term perspective highlights the socio-economic and political consequences of the pandemic and their impact on regional cooperation. Finally, it is argued that, although MENA regionalism is weak, there are significant examples of regionalisation that underline the importance of a complementary bottom-up approach to regionalism.

This study builds on the 'New Regionalism' literature that represents the 'social turn' in regionalism studies (Hettne and Söderbaum 1998). New Regionalism provides two avenues for the study of regionalism that guide this article. First, unlike 'old regionalism' that focuses on economic and security cooperation, New Regionalism extends regional development objectives to areas such as health. Second, New Regionalism argues for the necessity to go beyond state-centric regionalism and thus allows for a bottom-up approach by introducing the notion of "regionalisation" (Söderbaum 2015). While regionalism refers to regional interaction of states, regionalisation points to a more bottom-up, society-centred process. By focusing on health regionalism, this article aims to contribute to this discussion in the context of MENA, highlighting limits and possibilities for cooperation. This study also aims to track down as far as possible signs of regionalisation amidst the Covid-19 pandemic. MENA regionalism literature is mostly limited to a few existing regional organisations and security and economic aspects, while studies on health cooperation are virtually non-existent. Thus, the analysis of the regional organisations' response to Covid-19 relies mainly on primary policy documents and resolutions of these organisations as well as other information from their official websites.

Following a brief introduction, the article is organised as follows. The first section discusses the responses of the existing regional and sub-regional organisations in the MENA region, namely the League of Arab States (LAS or the Arab League); the Gulf Cooperation Council (GCC); the Arab Maghreb Union (AMU); and the Organisation of Islamic Cooperation (OIC). The second section moves on to examine bilateral responses of the key states in the region in what can be called 'virus diplomacy'. The article then concludes with observations on regional health governance and the impact of Covid-19 on regional politics and regionalism.

Regional responses

Especially since the 2000s, there has been an increasing awareness of global health challenges due to the emergence of several international communicable diseases fuelled by the increase in international travel and trade. As a response to this development, in 2005, the WHO adopted the International Health Regulations (IHR), and numerous regional organisations also began to develop their regulatory frameworks to manage health issues at the regional level. However, although they formed the necessary committees and adopted agreements on paper, the existing regional organisations in MENA, namely the Arab League, the GCC, the AMU and the OIC, did not proactively develop their health governance regulations. There had not been many examples of robust regional cooperation in the area of health before. The lack of regional health governance is all the more problematic as the region had already experienced previous outbreaks of two other communicable diseases, SARS-CoV and MERS-CoV, as well as the 2009 H1N1 pandemic (Sawaya *et al.* 2020, 2). Therefore, when Covid-19 hit the region, there were no pre-existing regional roadmaps, monitoring and tracking processes and no overall regional health strategy and governance that would facilitate a collective response.

As a result, the regional organisations' responses to the Covid-19 pandemic were largely ad hoc and significantly different from one another. In fact, some organisations have been quicker and relatively more effective in their responses than others. The overall performance and the level of cooperation in fighting Covid-19, however, were affected by preceding political quagmires that further weakened these already weak regional organisations.

The Arab League

Even though its Charter states promoting health cooperation as one of its main objectives, the Arab League has been the least effective of MENA regional organisations.[2] This is not surprising as the League, which is the oldest regional organisation, has been considered to achieve a relatively low level of cooperation since its establishment (Barnett and Solingen 2007).

The Arab League has experienced more problems recently. Since the Arab uprisings, it has faced more divisions reflecting regional fragmentation. Recently, the crisis deepened with the decision of the Palestinian Authority on 22 September 2020 to give up its right to chair the Arab League Council in protest to what it saw as the lack of reaction to normalisation deals with Israel; five more members states, namely Qatar, Kuwait, Lebanon, the Comoros and Libya, followed suit (*Middle East Monitor* 2020b). Thus, the League failed to develop a common position on the Palestinian issue, which has been the quintessential issue of cooperation for the organisation, at least on the discursive level, since its establishment. To be sure, since its inception, the League was expected to cooperate on more 'technical' issues such as health. Nevertheless, political problems seemed to weaken the organisation to the extent that cooperation remained limited even in those areas. Since the early 2010s, the WHO has prompted the League's efforts

[2]Current members of the Arab League are 22 countries: Algeria, Bahrain, the Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria (suspended), Tunisia, United Arab Emirates and Yemen.

to adopt a common policy on health issues (Horton 2019). This led the organisation to adopt, at the Dhahran Summit in Saudi Arabia in April 2018, the Arab Strategy on health and the environment and its strategic action guide for 2017-2030, which was developed by WHO-EMRO (WHO-EMRO 2018). Yet, the implementation of such plans continued to remain limited (Horton 2019, 1398).

It is in this context that the Arab League faced the Covid-19 pandemic. As a result, the League, to a large extent, has "not addressed this issue and pre-scheduled meetings were postponed due to the evolving COVID-19 situation" (Sawaya *et al.* 2020, 1), including the March 2020 Summit, which could have been an opportunity to develop a common response. Later on, the organisation held meetings on Covid-19-related issues with two Asian major powers – Japan and China – at different times. In July, for instance, the Arab League hosted a meeting with Japan and the United Nations Development Programme (UNDP) on the socio-economic impacts of Covid-19, to provide different "perspectives on the way forward to overcome the ramifications of this crisis" (UNDP 2020). This was seen as part of the Japan-Arab Dialogue Forum which was started in 2003 to strengthen dialogue on political and economic matters. In 2019, an additional tripartite framework was developed by including the UNDP in the dialogue to discuss issues of sustainable development (UNDP 2019). Similarly, China, after having brought the Covid-19 pandemic largely under control in its own territory, has actively engaged in 'virus diplomacy' in the MENA region as well. In addition to cooperating bilaterally with countries such as Iran and Egypt, China pursued a dialogue with the Arab League as an organisation representing 22 Arab countries. Chinese cooperation with the League had already been institutionalised in the China-Arab States Cooperation Forum, which was formed in 2004 and has held annual meetings since then. China's interest in cooperation further increased after the launch of the Belt and Road Initiative in 2013. When Covid-19 broke out in Wuhan, it was the Gulf countries that initially sent medical assistance to China (Fulton 2020). Later on, China, in coordination with the Arab League, began to deploy medical support to several member states, including the dispatch of a medical team (*Xinhuanet* 2020a; 2020b).

Therefore, although the Arab League did not promote cooperation among its members, the fact that it brings together all the Arab countries turned it into a useful forum for extra-regional countries to engage with the region as a whole also in the case of Covid-19. On the whole, the League played at best a passive and mostly facilitative role in regional health governance. The organisation also engaged in declaratory activities and particularly highlighted the condition of the refugees by stating that the Arab world hosts nearly 50 per cent of the world's refugees. The League argued that, since refugees are even more vulnerable amid the pandemic, there should be more cooperation among all national, regional and international bodies to provide them with the necessary support (*KUNA* 2020). However, the League itself was not involved in assisting the refugees or any other vulnerable groups in the region.

The Gulf Cooperation Council

Compared with the Arab League, the GCC seemed to be more active from the beginning of the pandemic. The Charter of the GCC, which was established in 1981 during the Iran-Iraq war to coordinate economic and security cooperation among the Gulf monarchies,

does not refer to cooperation in health matters.[3] Although member states' health ministers had sporadically met beforehand, it was not until the early 2000s that health cooperation featured in the GCC's agenda. Framing health as an issue of integration, the Economic Agreement of 2001 put forward the notion of "economic citizenship", which means fully equal treatment for all GCC nationals in all member states, including in the area of health. Furthermore, following the adoption of the WHO's IHR, the GCC also established the GCC International Health Regulations Committee in 2005 to prepare rules and regulations as part of regional health governance. Finally, in 2013, a committee of GCC ministers of health was formed, similar to other ministerial committees (GCC 2014, 225).

In the early months of the pandemic, the GCC responded to Covid-19 by organising several virtual meetings, especially with the participation of health ministry officials of all the member states, including the ministers themselves, where health-related issues of cooperation were discussed. The participants focused on the necessity for cooperation in providing data on disease status, precaution measures and sharing of experiences. To this end, the GCC started a process of institutionalisation of coordination and cooperation by establishing regulations and launching joint operations. Although the GCC had already established its Health Regulations Committee, by the time the pandemic hit the region, there were no established rules and regulations on these issues. Thus, the pandemic was seen as an opportunity to further regional cooperation in this regard. As a result, the representatives of the health ministries of the member states started to discuss guidelines to prepare for and respond to epidemics and pandemics as well as a GCC protocol for treating cases. However, the second joint meeting of the relevant committees that was held on 2-8 July 2020, which was tasked to prepare response plans, turned out to be the last one. In fact, the member states' discussion and evaluation of the divergent views received from the GCC ministries of health could not be reconciled (GCC website 2020).[4]

Almost simultaneously, the GCC aimed to tackle also the short- and long-term economic effects of the pandemic. Given the increasing integration of the Gulf economies since the early 2000s (Hanieh 2011), the member states' initial concern was to facilitate the movement of goods within the region; thus, there were efforts, for instance, to coordinate cargo flights. In several virtual meetings, relevant ministry representatives underlined the need to coordinate also the arrival of goods to member states from outside the GCC. Issues under discussion included food security, the electricity and water sector, the port and maritime sector, and civil aviation. Overall, the GCC emphasised financial stability, stimulation of the economy and efforts for the affected businesses. It was also advised that small and medium-sized enterprises be supported through deferred payment programs, lending and financial guarantees (GCC website 2020).

However, these discussions did not lead to many concrete results. As elsewhere in the world, Covid-19 was ultimately seen as a 'national threat', and the member states adopted border protection measures and national responses to deal with the domestic consequences of the pandemic. Such efforts that prioritised 'national' responses before regional cooperation specifically undermined regional economic cooperation, which was already weakened partly due to the embargo imposed on Qatar in mid-2017. Although country-

[3]The current membership of the GCC includes six countries: Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates.

[4]The discussion of GCC meetings and policies is based on information collected from the GCC website's news section by reviewing all the news items from March to December 2020.

based mitigation is vital in the fight against the virus, not balancing it with cooperation to deal with the negative consequences of border closures, travel restrictions and trade disruptions challenged the main elements of regional economic integration.

In addition to undermining socio-economic cooperation, the Qatar crisis had also damaged the overall spirit of cooperation in the GCC. In 2017, three members of the Council, namely, Saudi Arabia, the UAE and Bahrain, as well as Egypt, cut diplomatic and trade relations with Qatar, and imposed a sea, land and air blockade on the country. They accused Doha of "supporting terrorism", mainly referring to Qatar's relations with the Muslim Brotherhood, and of being too close to Iran, one of their foes in the region. The crisis negatively affected the performance of the whole organisation. After the blockade began, Qatar was banned from participating in GCC meetings related to security cooperation, although it continued to participate in meetings on non-security issues. As a result, despite the ongoing embargo, Qatar was involved in the GCC discussion on Covid-19. However, it is safe to argue that, in reality, Qatar could not participate in the implementation of the resulting decisions. Furthermore, another crisis erupted between Qatar and Bahrain in coordinating evacuation plans of Bahraini pilgrims in Iran. In fact, since Bahrain was slow to act, Qatar evacuated them, which led to accusations by the Bahraini Foreign Minister that "Doha should stop using humanitarian issue such as the COVID-19 pandemic in its plans and ongoing conspiracies against countries and peoples" (Fakhro 2020, 33). Therefore, the pandemic did not necessarily help to resolve the mistrust and crisis among GCC member states. Even so, the fact that Qatar could participate in Covid-19-related meetings was significant in itself, as well as the Qatari Foreign Minister's declaration that, despite rumours to the contrary, Doha would not withdraw from the GCC (*Middle East Monitor* 2020a). In January 2021, the GCC countries eventually signed a "Solidarity and Stability Accord" to end the Qatar blockade, although to what extent this will facilitate cooperation within the GCC remains to be seen.

Another issue that was crucial for GCC economies and yet was not discussed in the Council is the situation of temporary migrant workers, which constitute more than half of the labour force in the GCC, the percentage exceeding 80 per cent in Kuwait, Qatar and the UAE (Hanieh 2018, 23). Arguably, some of these workers are living in difficult conditions and thus faced more immediate health challenges as a result of the pandemic. On the one hand, there was news of stigmatisation of migrant workers and that many GCC states were 'repatriating' them and emphasising 'nationalisation of the workforce'. On the other hand, some immigrant workers themselves wanted to leave, which also creates problems considering the heavy reliance of Gulf economies on migrant labour (Al Hussein 2020; Alsahi 2020; Karasapan 2020).

All in all, the efforts to unify the GCC policy against the health and economic consequences of Covid-19 focused on bringing together the relevant officials from the member states in the early months of the pandemic. However, when not much was achieved in these efforts, such official-level meetings were replaced mostly by workshops and panels of experts on several issues from July 2020 onwards.

The Arab Maghreb Union

Like the GCC, the AMU is another sub-regional organisation that was established among Maghreb countries in 1989 to facilitate economic cooperation and a common market.[5] The organisation was supported by the European Union (EU), especially in its early years, as part of its Mediterranean policy. In recent years, the African Union (AU), which has fostered regionalism in the continent since the early 2000s, began to consider the AMU as one of its eight Regional Economic Communities (RECs) and thus tried to contribute to its revitalisation, especially since Morocco re-joined the Union after 33 years in 2017. Despite these efforts from without, the organisation has been in a decades-long deadlock mainly due to the rivalry between Algeria and Morocco as well as the Western Sahara conflict (Zoubir 2012). As a result, the AMU has not met at the heads of state level since April 1994. The organisation continues to exist and has a Secretariat headed by a Secretary-General. Over time, in response to regional changes, there were attempts to revive the AMU as a vehicle for regional cooperation: most recently after the Arab uprisings, the rapprochement between Algeria and Morocco in 2011-13, as well as the change of regime in Tunisia. Yet all these efforts ultimately failed (Lounnas and Messari 2018, 19).

Against this backdrop, the Covid-19 pandemic seems to be seen as an opportunity to facilitate contact and cooperation among the member states. According to the Secretary-General Taïeb Baccouche, the AMU has organised online meetings with city mayors of the member states. The Secretariat also tried to prepare and distribute daily reports on the situation in the Maghreb countries. However, these efforts failed to produce effective cooperation, especially to convince Morocco to act within the framework of the AMU. In a meeting of the RECs, the AMU Secretary-General stated that they are seeking to communicate with the Moroccan Health Ministry to intensify coordination, apparently with little success (Tralac 2020). After the US recognition of Western Sahara as part of Morocco, Rabat also made a move to normalise relations with Algeria and called to open the borders between the two countries, which could have a positive impact on regional cooperation as well.

The Organisation of Islamic Cooperation

With its 57 member states, the OIC is an extensive regional organisation, which spans much beyond the MENA region.[6] Established in 1969 (then as the Organisation of Islamic Conference) on the initiative of Saudi Arabia and framing itself as the organisation for Islamic solidarity, the OIC has generally been considered as a forum rather than a robust organisation in terms of achieving cooperation among its member states (Kayaoglu 2015). Facing its own ineffectiveness and eager to fulfil new roles in the post-9/11 international context, the organisation started a reform initiative in 2005

[5]Current members of the AMU are five countries: Algeria, Libya, Mauritania, Morocco and Tunisia.

[6]The current members of the OIC are: Afghanistan, Albania, Algeria, Azerbaijan, Bahrain, Bangladesh, Benin, Brunei, Burkina Faso, Cameroon, Chad, the Comoros, Cote D'Ivoire, Djibouti, Egypt, Gabon, Gambia, Guinea, Guinea Bissau, Guyana, Indonesia, Iran, Iraq, Jordan, Kazakhstan, Kyrgyzstan, Kuwait, Lebanon, Libya, Malaysia, Maldives, Mali, Mauritania, Morocco, Mozambique, Niger, Nigeria, Oman, Qatar, Pakistan, Palestine, Saudi Arabia, Senegal, Sierra Leone, Somalia, Sudan, Suriname, Syria, Tajikistan, Togo, Tunisia, Turkey, Turkmenistan, Uganda, United Arab Emirates, Uzbekistan, Yemen.

under the leadership of the first elected Secretary General, Turkish professor Ekmeleddin Ihsanoglu. A Ten-Year Program of Action (2005-2015) was adopted, and the organisation changed its name and amended its Charter. Nevertheless, the aim of creating an executive body to follow up its resolutions could not be realised. Therefore, these changes failed to transform the organisation into an effective one. As in the past, it continued to be negatively affected by the challenges of bringing together such a diverse group of states and existing inter-state rivalries. Especially in recent years, the organisation became embroiled in the Saudi-Iranian rivalry, which further limited its effectiveness (Ahmed and Akbarzadeh 2019).

Although there is no reference to health cooperation in its Charter, over time, the OIC started to get involved in the issue. Nonetheless, health cooperation was not considered as one of the 18 priority areas of programme of action OIC-2025 (OIC 2021). The agenda of health cooperation focused mainly on identifying areas of common interest such as access to healthcare, promotion of healthy lifestyles and improving capacity to control communicable diseases. The OIC has adopted mostly a development frame (Labonté and Gagnon 2010) in health cooperation, as a modern and sustainable health system was considered one of the main drivers of socio-economic and human development. A regular body, the Islamic Conference of Health Ministers, was established, with rotating chairs. The organisation also adopted the OIC Strategic Health Program of Action 2014-2023.

Similar to the GCC, the OIC also was relatively quick to respond to the pandemic. The OIC Steering Committee on Health held an urgent meeting via video conference at the level of health ministers on 9 April 2020. The committee took decisions about "timely and transparent sharing of information" as well as "epidemiological and clinical research data exchange" (OIC 2020, 32). The organisation requested that the member states share the details of the institutions involved in the production of medical products, equipment and other related medical supplies to map them (Ibid). The organisation then held an extraordinary virtual meeting of the OIC Executive Committee at the level of foreign ministers on 22 April 2020, coordinated by Saudi Arabia, which is the Chair of the Islamic Summit and the Executive Committee. The final communique adopted at the meeting called for consultation and coordination among member states as well as with the United Nations (30). Furthermore, the General Secretariat held a series of successive meetings to follow up on the implementation of these decisions.

In addition to cooperation in health-related matters, there were meetings on economic matters, such as the disruption of the world economy and its global value chains, the abrupt fall of commodity prices and fiscal revenues. The organisation mainly acted as a forum on these issues as member states having very different levels of socio-economic development face equally different sets of problems.

The most substantial effort by the OIC has been to provide humanitarian and medical assistance to some members, a function that has not been performed by the other three regional organisations. In that respect, the OIC mainly focused on Palestinians, conflict-torn countries in Africa and Asia, the least developed countries and refugees. The Islamic Solidarity Fund (ISF) was involved in providing aid. At the request of the Palestinian National Authority, a USD 35.7 million assistance package in response to the Covid-19 pandemic was made available (OIC 2020, 31). Another institution within the OIC, the Islamic Development Bank (IsDB), was also involved in providing funds to member states. In the MENA region, the Bank provided emergency funding to Tunisia, Morocco,

Mauritania, Sudan and the Palestinian territories, which included funding of health projects as well as projects that aim to soften the socio-economic impact of the pandemic (IsDB 2021).

Another area of cooperation has been to facilitate research collaborations among scientists of the member states. The IsDB and The World Academy of Science (TWAS) introduced two programs – the Joint Research & Technology Transfer Grant and Postdoctoral Fellowships – in April 2020 to support researchers from OIC member states in academic fields that focus on science and sustainability (IsDB 2020).

Thus, the most crucial type of cooperation in the OIC was related to assisting members in need as well as allocating funds for research. This function of the OIC is very much related to the special place of Saudi Arabia in the organisation. Although over the years some other members, such as Iran and Pakistan, and more recently, Malaysia and Turkey, have tried to increase their influence in the organisation, the OIC continues to rely on Saudi Arabia for funding and infrastructure (Ahmed and Akbarzadeh 2019, 9 and 12). Thus, Riyadh seems to prefer the OIC to provide funds for Covid-19 challenges, which it did probably see as another opportunity to strengthen its position in the organisation.

The advent of 'virus diplomacy'

Instead of a collective response to the pandemic, some MENA countries preferred to engage in bilateral 'virus diplomacy'. The aim of this diplomacy was twofold: first, to consolidate the 'humanitarian actor' identity that some states in the region have been building especially in the last decade, and, second, to support their foreign policy objectives.

The UAE

The UAE's policies have been an example of both. The UAE has been building its image as a humanitarian actor, especially since 2017 (Gökalp 2020), and Covid-19 aid has become part of this effort. However, more significantly, the UAE used the opportunity to support its recent foreign policy objectives through virus diplomacy. An example of this appeared in its relations with Iran. There were reports of thawing relations and secret talks between the UAE and Iran in 2019 (Ayesh 2019). When Iran was hit hard by the virus early on in the pandemic, the UAE extended medical aid to Tehran, sending "seven tons of medical equipment", which was repeated later, this time "consisting of thirty-two tons of medical equipment" (Fakhro 2020). In August, it was reported that the foreign ministers of the two countries had an online meeting about the pandemic, where also, according to Iranian Foreign Minister Javad Zarif, they had a "substantive, frank and friendly discussion" on "bilateral, regional and global issues" (*Al Jazeera* 2020). Therefore, the pandemic made it acceptable to bring out and further previously secret negotiations.

Similarly, the signs of the UAE's evolving stance towards the Syrian regime were apparent for some time. Although at the beginning of the Syrian conflict the UAE supported the opposition against the Assad regime in words and actions, recently, Abu Dhabi has changed its position. In April 2018, the UAE's Minister of State for Foreign Affairs characterised the Syrian civil war as "a struggle between Assad and Islamic

extremism" (Ramani 2020). Such official declarations signalled a shift in the UAE position on the Syrian conflict. As part of its efforts to portray itself as fighting against political Islam in the region, the UAE began to perceive the Syrian regime as an ally. The change of policy became apparent when the UAE reopened its embassy in Damascus after six years on 27 December 2018 at the level of chargé d'affaires (Kamel 2020). As a sign of its new solidarity with the Syrian regime, during the pandemic, the UAE sent two shipments of medical aid to Syria (*reliefweb* 2020a). Sheikh Mohamed bin Zayed Al-Nahyan, Crown Prince of Abu Dhabi, tweeted that he "discussed updates on the coronavirus with the Syrian president" on the phone, a first since the Syrian uprisings in 2011 (Guerraoui 2020).

Finally, the UAE and Israel used the pandemic to give an early indication of their changing relationship. Even before the signing of the normalisation agreement between the two countries, Israeli Prime Minister Benjamin Netanyahu announced that the two countries will cooperate in developing technologies to fight against Covid-19, with two Israeli companies working with two UAE companies for that purpose (*Reuters* 2020). The UAE news agency responded to these remarks by framing this as a "constructive cooperation" aiming to "safeguard the health of the region's peoples" (*Al Monitor* 2020b).

Other Gulf states

Another impact of the pandemic emerged in the ongoing conflicts in Yemen and Libya. In both cases, the pandemic seemed to create a space for negotiations. In the case of Yemen, soon after the start of the pandemic, Saudi Arabia announced a unilateral ceasefire, and later on, extended it on 25 April, which allowed enough space for the start of political negotiations in the country. Thus, "the pandemic offered Riyadh the possibility to declare a unilateral ceasefire without losing face" in a war that it was not winning (Jin 2020, 351). Furthermore, Saudis also provided a USD 525 million aid package to Yemen, which has been going through the worst humanitarian crisis. In Libya, although the conflict escalated in the early days of the pandemic, finally a ceasefire was declared in August, and negotiations for a political solution started amid rising Covid-19 cases (*reliefweb* 2020b) and military stalemate.

Among other Gulf states, Kuwait and Qatar, two countries that are also rising aid donors, provided medical aid in the region in line with their foreign policy positions. Both have better relations with Iran than the other Gulf states and thus provided medical assistance to Tehran. While Qatar sent "six tons of medical equipment and supplies", Kuwait provided USD 10 million in humanitarian aid (Fakhro 2020). Qatar also sent medical assistance to the Palestinians (Soubrier 2020), again in line with its policy of prioritising the Palestinian issue in its foreign policy.

Turkey

Another active country in virus diplomacy was Turkey. The country, which has been severely hit by Covid-19 especially since the end of summer 2020, also engaged in virus diplomacy, especially in the early months of the pandemic. This is again a reflection of Ankara's efforts to frame itself as a humanitarian actor in recent years (Altunışık 2019). Turkey's aid diplomacy in the MENA region has also been in line with its foreign policy.

Turkey's aid mainly consisted of medical supplies as well as food aid and was distributed through different agencies, including the Turkish Cooperation and Coordination Agency (TİKA) and Turkish Red Crescent.

When Iran faced a crisis early on in the pandemic, Turkey was one of the countries that sent medical aid (TRTWorld 2020). The presidents of the two countries also discussed the fight against the pandemic in a phone call and exchanged views on bilateral relations and regional developments (*Hürriyet Daily News* 2020). This reflects not only the current state of closer relations between the two countries but also traditional neighbourly solidarity that has characterised Turkey-Iran relations in times of crisis, despite the underlying rivalry. Turkey's medical and food assistance to Erbil governorate (*BBC News [Türkçe]* 2020) is also in line with Turkey's close relations with the Kurdistan Regional Government (KRG) since 2008; this was negatively affected by the KRG's independence referendum in 2017 and yet has improved again significantly in recent years. Another expected recipient of Turkey's Covid-19 assistance has been the Palestinians due to the pro-Palestinian position of the Justice and Development Party (AKP) government and its already high level of development aid (Altunışık 2019). At this juncture, aid to Palestinians has also become an example of Turkey-Israel health cooperation. Israel allowed a shipment of aid from Turkey to smoothly reach Palestinians (*Anadolu Agency* 2020). Similarly, "Turkey was also able to fly back Palestinian students enrolled at its universities to Tel Aviv's Ben Gurion Airport" (Tol and Bechev 2020). TİKA sent aid to 2,000 families in Gaza, and the Gaza Palestine-Turkey Friendship Hospital built and managed by Turkey was transferred to local authorities to be used as a Covid-19 hospital (TİKA 2020). Furthermore, although the Turkish government limited the export of medical gear to allow for domestic use in April, it nonetheless authorised its sale to Israel.

North Africa has become another area of focus for Turkey's virus diplomacy. This is not surprising considering Turkey's involvement in the Libyan crisis and its activism in the Mediterranean. In line with its diplomatic and military support, Ankara provided the Government of National Accord in Tripoli with medical supplies. In addition, TİKA sent 12 tonnes of food assistance to Algeria (*Anadolu Ajansı* 2020) and medical assistance to Tunisia twice (*Daily Sabah* 2020).

Israeli-Palestinian relations

The pandemic also had an impact on Israeli-Palestinian relations. At the beginning of the pandemic, there were some signs of cooperation. The Palestinians were one of the most vulnerable populations in the MENA region. The inadequate health infrastructure and incredibly cramped Gaza Strip increased the possibilities of the virus spreading quickly and having an effect on Israel too. This understanding initially led to cooperation against the virus. It started with 'telephone diplomacy' between Israeli President Reuven Rivlin and Palestinian President Mahmoud Abbas on 17 March 2020, where Rivlin underlined the vitality of cooperation "to ensure the health of both Israelis and Palestinians" (quoted in Niu and Li 2020, 9). After that conversation, Israel sent medical aid to Palestinians and experts to train more than 100 Palestinian medical personnel four times. On 19 March, the Israeli Ministry of Finance signed a decree allowing a USD 33 million tax payment to the Palestinian government for maintaining the operations of its medical system (10).

The sum had been collected on behalf of the Palestinians from their exports in accordance with the Paris Protocol of 1994 and had not been paid before due to the suspension of the implementation of such agreements by the Palestinian government in response to Israel's annexation plans.

In the early months of the pandemic, there was still no government in Israel as no party had been able to form a government after elections in April 2019, subsequent snap elections in September 2019 and third elections in March 2020. Israeli-Palestinian health cooperation was therefore started on the initiative of the two presidents and then governed by health officials and technocrats. Their approach was mostly pragmatic, as demonstrated by the Director of the Israel Center for Disaster Medicine and Humanitarian Response, who said "everybody understands we are in the same boat and we have to work together to stay safe" (quoted in Niu and Li 2020, 10).

However, the health cooperation between the two sides was short-lived. The UN Special Coordinator for the Middle East Peace Process, Nickolay Mladenov, told the UN Security Council in a virtual meeting in July that the level of coordination had declined and the situation was getting worse (Besheer 2020). Recently, Israel has also been criticised for 'Israeli-only' vaccination policies (Human Rights Watch 2021). Tensions began to rise after the national unity government between the Likud party and the Blue and White alliance was eventually formed under the premiership of Benjamin Netanyahu on 17 May 2020. The newly formed government announced right after coming to power that it plans to annex about 30 per cent of the West Bank, including Israeli settlements and areas populated mainly by Palestinians. Deterioration of relations led to restrictions on movement between Israel and the Palestinian territories and the closing of the Rafah border crossing between the Gaza Strip and Egypt. In addition to the worsening economic situation, these decisions have "effectively blocked the ability of patients to travel from Gaza for treatment outside of the Strip and ha[ve] led to delays in delivering humanitarian assistance and materials intended for the COVID-19 response and other health support and services" (Besheer 2020). In reaction to these measures and Netanyahu government's announcement of its plans for annexation, the Palestinian Authority started to refuse any of the taxes that Israel collects at commercial crossings on behalf of the Palestinians. From then on, the Palestinians started to rely on the assistance coming from the UN, OIC and several states both in the region, mainly Qatar and Turkey, and outside of it, most notably China.

Extra-regional powers

The policies of extra-regional powers towards cooperation with MENA countries in fighting Covid-19 reflect previous policies as well as providing new opportunities. In recent years, especially since the launch of the Belt and Road Initiative, Chinese involvement in the region has been increasing and multifaceted, and this continued during the pandemic, as China used virus diplomacy leveraging themes of mutual solidarity (in the case of Gulf countries) and medical assistance (in the case of other countries) to build its soft power. Russia, another extra-regional power with rising influence in the region, has also engaged in virus diplomacy. Russian involvement mainly focused on Syria as this country asked for Russian assistance. Russia has been a staunch supporter of Bashar al-Assad's regime since the 2011 uprisings, and its military involvement in September 2015 saved the regime and helped it to re-instate control over most of Syria. Russia and China also vetoed in the Security Council the UN's

crucial cross-border humanitarian assistance program from Turkey to northwest Syria, arguing that any humanitarian aid to Syria should be channelled through the Assad regime (*BBC News* 2020). In addition, Russian President Vladimir Putin discussed the possibility of joint activities with President of Turkey Erdoğan as well as with Israeli Prime Minister Netanyahu. At the same time, Russia contacted Hamas officials to talk about assistance to the Gaza Strip, which was facing a humanitarian crisis. Finally, Putin had a phone conversation with Iranian President Hassan Rouhani and sent medical assistance to Tehran (*Al Monitor* 2020a). Therefore, Russian engagement with different actors in the region not only demonstrated its rising involvement but also its ability to talk to different sides of the regional fragmentation. On the other hand, as traditionally has been the case, EU assistance focused on two Maghreb countries, Morocco and Tunisia, as well as vulnerable populations in war-torn countries, particularly Libya and Syria, and Syrian refugees in Lebanon, Jordan and Turkey (European Commission 2021). Finally, US assistance targeted its allies in need, mainly Iraq, Jordan and Lebanon (Moss *et al.* 2020). Overall, however, the cuts in US foreign assistance have impacted on US Covid-19 aid to the MENA region (Miller *et al.* 2020).

Conclusion

The Covid-19 pandemic has had a limited impact on the advancement of MENA regionalism. A common response was difficult to develop, and solidarity remained largely on paper. More significantly, existing regional organisations have once again failed to develop regional health governance that could help them to tackle future health challenges. As a result, the responses remained ad hoc, and the challenges were dealt with at the national level. The low level of cooperation can be explained by the prevalent low level of regionalism in the region, as well as the spillover of political problems and rivalries even on 'technical' issue areas such as health.

To be sure, this is not limited to the MENA region: despite arguments that communicable diseases present challenges that require collective action, the general global trend has also been towards a lack of effective cooperation and focus on national responses (Fazal 2020). Nonetheless, the differential performances of existing regional organisations have to be acknowledged and explained. Clearly, the AMU has been the least effective. This is not surprising as the organisation largely remains on paper. The Arab League also performed poorly, which is again not surprising considering its limited effectiveness as a regional organisation. It also became an example of how a regional organisation can be undermined by political divergences and fragmentation so that there is little cooperation even in matters such as health. At the same time, however, the Arab League demonstrated an important function of international/regional organisations, that is, their role as a forum. During the initial phase of the pandemic, the League played this role as extra-regional actors who wanted to engage with the region used it as a forum to reach to all the Arab world.

Compared with these two organisations, the GCC and the OIC were relatively more active. The GCC has been able to bring together its members states at different levels. Furthermore, not only health issues, but also the socio-economic consequences of the pandemic have been discussed in these meetings, and there has been some level of cooperation on food security as well. Notably, despite the blockade, Qatar participated in all of these meetings. Of all the organisations in the region, the GCC is generally considered the most institutionalised and the most economically integrated. This explains its relative activeness in managing the

pandemic. However, in a final analysis, the GCC also failed to advance health governance in the organisation and solidify cooperation among its members. Again, political differences and tensions were reflected in the organisation as well. Finally, the OIC has also been more vigorous in its activities, mostly as a tool for Saudi policy. Its most significant contribution has been providing aid and funding to some member states, a function absent in all other organisations. This is consistent with the history of this organisation, as funding opportunities have traditionally been an important function of the OIC and an important element of its legitimacy cast in terms of 'Islamic solidarity'.

On the whole, MENA countries preferred bilateral solidarity and assistance to multilateral initiatives. The pandemic provided those states that were already active in regional politics with opportunities. Several states that had emerged in recent decades as humanitarian actors, such as Turkey, the UAE, Qatar and Kuwait, aimed to strengthen their 'brand' as rising donors. Covid-19 solidarity was also used to publicise and legitimise new foreign policy initiatives. This was very clear in the UAE's assistance to Iran and Syria as well as its health cooperation with Israel. In other cases, pandemic assistance, albeit sometimes symbolic, helped to solidify already pre-existing links, as in the cases of Turkey's and Qatar's assistance to Palestinians, Turkey's assistance to the Libyan Government of National Accord and the Kurdistan Regional Government in Iraq. Thus, 'virus diplomacy' was utilised to advance foreign policy goals. In the two civil wars in the region, Yemen and Libya, the Covid-19 pandemic widened the space for political negotiations. In short, although the pandemic has not been transformative of regional politics, it offered new opportunities as well as strengthening pre-existing trends. This was also true for the engagement of external actors with the region.

The longer-term consequences of the pandemic remain to be seen. Especially in the socio-economic realm, the effects could be profound. The region was already facing significant challenges (Khouri 2019). Now, with the twin shocks of the pandemic and low oil prices together with a looming global crisis, the situation can be expected to worsen. The International Monetary Fund has already lowered its MENA forecast of growth to the lowest in 50 years (UN 2020, 2). The impact of all this on human well-being and security, as well as on regional politics, can be catastrophic. Refugees and migrants are especially vulnerable. These challenges can be overcome to some extent by defusing regional confrontations and rivalry and advancing regional solidarity.

The region is known to be comparatively weak in terms of regionalism. This was once again seen during the initial phase of pandemic. However, although MENA is weak in regionalism, it is much stronger on regionalisation, which refers to the bottom-up approach to regionalism and focuses on people-to-people solidarities. For instance, while the Maghreb has not traditionally been characterised by strong regionalism, there are examples of region-wide collaboration at the societal level; for instance, in the field of digital innovation, where there have been efforts to develop collaborative projects to fight and manage Covid-19.[7] Similarly, there are examples of solidarity among health officials and scientists to collaborate

[7]See, for instance, the Covid-19 Maghreb Bootcamp, a project coordinated by the Maghreb Startup Network, LaStartupFactory (Morocco), IncubMe (Algeria) and EY Tunisia, which was held entirely online at the end of June 2020. Among the participants was Libyan start-up Speetar, which is developing a digital platform to connect patients to doctors, helping people in remote areas receive medical attention. Another notable example is Algeria's Makelti, an app that aims to cut food waste in institutional canteens by making people reserve their meal a day in advance (Oxford Business Group 2020).

against the pandemic. The collaboration between Israeli and Palestinian health bureaucrats and doctors in the early months of the pandemic is a good case in point. By the same token, GCC expert workshops and OIC facilitation of cooperation among scientists are examples of cooperation at the non-state level.

Thus, as the New Regionalism literature (Hettne and Söderbaum 1998) argues, one needs to look beyond the traditional areas of trade and security to encompass socio-economic and socio-political domains such as health, and do so also from a bottom-up perspective to include regionalisation in the MENA region as well. Such a perspective will provide new dimensions to the debate on MENA regionalism in and beyond the pandemic.

Acknowledgments

The author would like to thank two anonymous reviewers for their insightful comments on the manuscript.

Notes on contributor

Meliha Altunışık is a Professor of International Relations at Middle East Technical University (METU) in Ankara, Turkey.

References

Ahmed, Zahid Shahab, and Akbarzadeh, Shahram 2019. Sectarianism and the Organisation of Islamic Cooperation (OIC). *Territory, Politics, Governance*. DOI: 10.1080/21622671.2019.1643779.

Al Hussein, Eman. 2020. Migrant Workers at the Epicenter of Public Health Crisis in the Gulf. Washington, DC: The Arab Gulf States Institute of Washington (AGSIW), 24 April. https://agsiw.org/migrant-workers-at-the-epicenter-of-public-health-crisis-in-the-gulf/.

Al Jazeera. 2020. In Rare Talks, Iran and the UAE Foreign Ministers Discuss COVID-19. 2 August. https://www.aljazeera.com/news/2020/08/02/in-rare-talks-iran-and-uae-foreign-ministers-discuss-covid-19/.

Al Monitor. 2020a. Intel: Why Russia Is Getting Involved in Mideast COVID-19 Fight. 9 April. https://www.al-monitor.com/pulse/originals/2020/04/intel-russia-involve-mideast-covid19-coronavirus-syria.html.

Al Monitor. 2020b. Netanyahu Announces Anti-Coronavirus Cooperation between Israel, UAE. 26 June. https://www.al-monitor.com/pulse/originals/2020/06/israel-united-arab-emirates-benjamin-netanyahu-coronavirus.html.

Alsahi, Huda. 2020. Covid-19 and the Intensification of the GCC Workforce Nationalization Policies. The Arab Reform Initiative, 10 November. https://www.arab-reform.net/wp-content/uploads/pdf/Arab_Reform_Initiative_en_covid-19-and-the-intensification-of-the-gcc-workforce-nationalization-policies_14948.pdf?ver=befb83887cdaef6e0104a70a830ca0e0.

Altunışık, Meliha Benli. 2019. Turkey's Humanitarian Diplomacy: The AKP Model. *CMI Brief* 2019/8. Bergen: Chr. Michelsen Institute. https://www.cmi.no/publications/6973-turkeys-humanitarian-diplomacy-the-akp-model#pdf.

Anadolu Agency. 2020. Turkey Sends Aid to Palestine to Fight Coronavirus. 24 April. https://www.aa.com.tr/en/latest-on-coronavirus-outbreak/turkey-sends-aid-to-palestineto-fight-coronavirus/1817815.

Anadolu Ajansı. 2020. TİKA'dan Cezayir'e Kovid-19'la mücadelede gıda desteği [Food support from TİKA to Algeria in the fight against Covid-19]. https://www.aa.com.tr/tr/pg/foto-galeri/tikanin-gida-ve-hijyen-malzemesi-yardimlari-devam-ediyor.

Ayesh, Mohammad. 2019. Arabic Press Review: UAE and Iran held secret talks. *Middle East Eye*, 12 July. https://www.middleeasteye.net/news/arabic-press-review-uae-and-iran-held-secret-talks.

Barnett, Michael, and Solingen, Etel. 2007. Designed to Fail or Failure of Design? The Origins and Legacy of the Arab League. In Amitav Acharya and Alastair Iain Johnston, eds. *Crafting Cooperation*: 180–220. Cambridge: Cambridge University Press.

BBC News. 2020. Syria: Russia and China Veto Last-ditch Aid Extension Deal. 10 July. https://www.bbc.com/news/world-middle-east-53370890.

BBC News (Türkçe). 2020. Koronavirüs: Türkiye hangi ülkeye ne kadar yardım gönderdi? [Coronavirus: Turkey sends aid to which countries and how much?]. 28 April. https://www.bbc.com/turkce/haberler-turkiye-52459231.

Besheer, Margaret. 2020. UN: Breakdown in Israel-Palestinian Cooperation Hurting COVID 19 Response. *Voice of America*, 21 July. https://www.voanews.com/covid-19-pandemic/un-breakdown-israeli-palestinian-cooperation-hurting-covid-19-response.

Daily Sabah. 2020. Turkey Delivers Medical Aid to 80 Countries Amid Pandemic. 15 May. https://www.dailysabah.com/politics/diplomacy/turkey-delivers-medical-aid-to-80-countries-amid-pandemic.

Dyer, Pau, Schaider, Isaac, and Letzkus, Andrew. 2021. Infographic: The Stringency of Middle East and North Africa's COVID-19 Response. Brookings, 5 January. https://www.brookings.edu/interactives/infographic-the-stringency-of-middle-east-and-north-africas-covid-19-response/?preview_id=1317018.

European Commission. 2021. European Neighbourhood Policy and Enlargement Negotiations. Accessed 5 March 2021. https://ec.europa.eu/neighbourhood-enlargement/news_corner/eu-response-to-the-coronavirus-pandemic_en.

Fakhro, Elham. 2020. COVID and Gulf Foreign Policy. *POMEPS Studies* 39, *The COVID-19 Pandemic in the Middle East and North Africa*. https://pomeps.org/wp-content/uploads/2020/04/POMEPS_Studies_39_Web.pdf.

Fazal, Tanisha M. 2020. Health Diplomacy in Pandemical Times. *International Organisation* 74 (S1): E78–E97.

Fulton, Jonathan. 2020. China's Soft Power During the Coronavirus Is Winning over the Gulf States. *Atlantic Council*, 16 April. https://www.atlanticcouncil.org/blogs/menasource/chinas-soft-power-during-the-coronavirus-is-winning-over-the-gulf-states/.

GCC (Gulf Cooperation Council). 2014. GCC: The Process and Achievements. Riyadh: Division of Information Affairs.https://www.gcc-sg.org/en-us/CognitiveSources/DigitalLibrary/Lists/DigitalLibrary/The%20GCC%20Process%20and%20achievement/7161447306380.pdf.

GCC. 2020. Website: News. Accessed 15 December 2020. https://www.gcc-sg.org/en-us/MediaCenter/NewsCooperation/News/Pages/Home.aspx.

Gökalp, Deniz. 2020. The UAE's Humanitarian Diplomacy: Claiming State Sovereignty, Regional Leverage and International Recognition. *CMI Working Paper* 2020/1. Bergen: Chr. Michelsen Institute.https://www.cmi.no/publications/7169-the-uaes-humanitarian-diplomacy-claiming-state-sovereignty.

Guerraoui, Saad. 2020. UAE Offers Support to Syria to Combat Coronavirus. *Middle East Eye*, 28 March. https://middle-east-online.com/en/uae-offers-support-syria-combat-coronavirus.

Hanieh, Adam. 2011. *Capitalism and Class in the Arab Gulf States*. New York: Palgrave Macmillan.

Hanieh, Adam. 2018. *Money, Markets and Monarchies: The Gulf Cooperation Council and the Political Economy of the Contemporary Middle East*. Cambridge: Cambridge University Press.

Hettne, Björn, and Söderbaum, Fredrick. 1998. New Regionalism Approach. *Politeia* 17 (3): 6–21.

Horton, Richard. 2019. Offline: Global Health Has Forgotten the Arab World. Comment. *The Lancet* 393. https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2930805-0.

Human Rights Watch. 2021. Israel: Provide Vaccines to Occupied Palestinians. 17 January. https://www.hrw.org/news/2021/01/17/israel-provide-vaccines-occupied-palestinians.

Hürriyet Daily News. 2020. Turkish-Iranian Leaders Discuss Fight against COVID-19. 22 April. https://www.hurriyetdailynews.com/turkish-uzbek-leaders-discuss-fight-against-covid-19-154119.

IsDB (Islamic Development Bank). 2020. IsDB-TWAS Joint Programme for the Sustainability Science, Technology and Innovation Capacity-Building. 15 April. https://www.isdb.org/news/isdb-twas-joint-programme-for-the-sustainability-science-technology-innovation-capacity-building-0.

IsDB. 2021. Covid-19 Funding Overview. Accessed 5 March 2021. https://www.isdb.org/covid-19-overview.

Jin, Liangxiang. 2020. Iran's Covid-19 Fight: Domestic and External Implications. *Asian Journal of Middle Eastern and Islamic Studies* 4 (3): 345–57.

Kamel, Lorenzo. 2020. Regional Alignments and Confrontations: COVID-19's Impact in and beyond the Persian Gulf. *IAI Commentaries* 20/55. Rome: Istituto Affari Internazionali, July. https://www.iai.it/en/pubblicazioni/regional-alignments-and-confrontationscovid-19s-impact-and-beyond-persian-gulf.

Karasapan, Omer. 2020. Pandemic Highlights the Vulnerability of Migrant Workers in the Middle East. Brookings Institute, 17 September. https://www.brookings.edu/blog/future-development/2020/09/17/pandemic-highlights-the-vulnerability-of-migrant-workers-in-the-middle-east/.

Kayaoglu, Turan. 2015. *The Organization of Islamic Cooperation: Politics, Problems, and Potential*. New York: Routledge.

Khouri, Rami G. 2019. Poverty and Inequalities Continue to Plague Much of the Arab Region. *IEMed Mediterranean Yearbook 2019*: 85-90. Barcelona: IEMed. https://www.iemed.org/observatori/arees-danalisi/arxius-adjunts/anuari/med.2019/Poverty_inequality_arab_countries_rami_Khouri_IEMed_MedYearbook2019.pdf/.

KUNA (*Kuwait News Agency*). 2020. Arab League Urges Care for Refugees. 20 June. https://www.kuna.net.kw/ArticleDetails.aspx?id=2900774&language=en.

Labonté, Ronald, and Gagnon, Michelle L. 2010. Framing Health and Foreign Policy: Lessons for Global Health Diplomacy. *Globalization and Health* 6 (14): 1–19.

Lounnas, Djallil, and Messari, Nizar. 2018. Algeria-Morocco Relations and Their Impact on The Maghrebi Regional System. *MENARA Working Papers*, No. 20.https://www.iai.it/sites/default/files/menara_wp_20.pdf.

Middle East Monitor. 2020a. Qatar Reveals Truth about Its "Withdrawal" from Gulf Cooperation Council. 30 May. https://www.middleeastmonitor.com/20200530-qatar-reveals-truth-about-its-withdrawal-from-gulf-cooperation-council/.

Middle East Monitor. 2020b. Libya Becomes the 6th Nation to Refuse to Chair Arab League. 8 October. https://www.middleeastmonitor.com/20201008-libya-becomes-6th-nation-to-refuse-to-chair-arab-league/.

Miller, Andrew, Binder, Seth, and Keeler, Louisa. 2020. President Trump's FY21 Budget: Examining U.S. Assistance to the Middle East and North Africa in the Shadow of COVID-19. *POMED*, 10 June. https://pomed.org/fy21-budget-report/.

Moss, Kellie, Oum, Stephanie, and Kates, Jennifer. 2020. U.S. Global Funding for COVID-19 by Country and Region. *Global Health Policy*, 23 October. https://www.kff.org/global-health-policy/issue-brief/u-s-global-funding-for-covid-19-by-country-and-region/.

Niu, Song, and Li, Nianci. 2020. Israel's Measures its Cooperation with Palestine to Fight COVID-19.*Asian Journal of Middle Eastern and Islamic Studies* 14 (3): 396–409.

OIC (Organisation of Islamic Cooperation). 2020. Efforts of the Organization of Islamic Cooperation and Its Organs in Serving Islamic Causes and Addressing the Effects of the Novel Coronavirus Pandemic (COVID-19): Overview. 14 May.https://www.oic-oci.org/upload/covid19/oic_efforts_overviews_2020_en.pdf.

OIC. 2021. History. Accessed 5 March 2021. https://www.oic-oci.org/page/?p_id=52&p_ref=26&lan=en.

Oxford Business Group. 2020. Covid-19 and the Maghreb: A More Collaborative Future? 5 August. https://oxfordbusinessgroup.com/news/covid-19-and-maghreb-more-collaborative-future.

Ramani, Samuel. 2020. Foreign Policy and Commercial Interests Drive Closer UAE-Syria Ties. Washington, DC: Middle East Institute, 21 January. https://www.mei.edu/publications/foreign-policy-and-commercial-interests-drive-closer-uae-syria-ties.

Reliefweb. 2020a. UAE Flies Second Batch of Medical Aid to Syria in Fight against COVID-19. 5 September. https://reliefweb.int/report/syrian-arab-republic/uae-flies-second-batch-medical-aid-syria-fight-against-covid-19.

Reliefweb. 2020b. Political Talks among Libya's Military, Political Leaders Helping Chart Nation's Way Forward, Acting Special Representative Tells Security Council. 19 November. https://reliefweb.int/report/libya/political-talks-among-libya-s-military-political-leaders-helping-chart-nations-way.

Reuters. 2020. Israel, UAE to Cooperate in Fight against Coronavirus. 25 June. https://www.reuters.com/article/us-health-coronavirus-israel-gulf-idUSKBN23W2UJ.

Sawaya, Tania, *et al*. 2020. Coronavirus Disease (COVID-19) in the Middle East: A Call for a Unified Response. *Frontiers in Public Health*, 19 May. DOI: 10.3389/fpubh.2020.00209.

Söderbaum, Fredrick. 2015. *Rethinking Regionalism*. New York: Palgrave Macmillan.

Soubrier, Emma. 2020. Gulf Humanitarian Diplomacy in the Time of Coronavirus. The Arab Gulf States Institute in Washington, 1 May. https://agsiw.org/gulf-humanitarian-diplomacy-in-the-time-of-coronavirus/.

TİKA (Turkish Cooperation and Coordination Agency). 2020. TİKA Helps 2000 Families in Gaza to Combat the Coronavirus. 28 April. https://www.tika.gov.tr/en/news/tika_helps_2_000_families_in_gaza_to_combat_the_coronavirus-56795.

Tol, Gönül, and Bechev, Dimitar. 2020. Can Corona Diplomacy Cure Turkey's Foreign Policy Isolation? *Middle East Institute*, 29 April. https://www.mei.edu/publications/can-corona-diplomacy-cure-turkeys-foreign-policy-isolation.

Tralac. 2020. كلمة السيد الأمين العام في اللقاء التشاوري بعنوان "ما هو دور الإدارة الإيجابية في تدبير الأزمات وخلق "فرص جديدة في نطاق اتحاد المغرب العربي؟ [The Secretary General's speech at the consultative meeting entitled 'What is the role of positive management in managing crises and creating new opportunities within the scope of the Arab Maghreb Union?']. 19 May. https://www.tralac.org/documents/resources/covid-19/regional/3597-amu-secretary-general-speech-at-consultative-meeting-on-covid-19-19-may-2020-arabic/file.html.

TRTWorld. 2020. Turkey Sends Aid to Nearly 30 Countries in Fight Against Covid-19. 10 April. https://www.trtworld.com/turkey/turkey-sends-aid-to-nearly-30-countries-in-fight-against-covid-19-35290.

UN (United Nations). 2020. The Impact of COVID-19 on the Arab Region: An Opportunity to Build Back Together. July. https://www.un.org/sites/un2.un.org/files/sg_policy_brief_covid-19_and_arab_states_english_version_july_2020.pdf.

UNDP (United Nations Development Programme). 2019. League of Arab States, Government of Japan and UNDP Launch Policy Dialogue Initiative. 5 September. https://www.arabstates.undp.org/content/rbas/en/home/presscenter/pressreleases/2019/league-of-arab-states–government-of-japan-and-the-united-nation.html.

UNDP. 2020. League of Arab States, Government of Japan and the United Nations Development Programme Hold Roundtable on COVID-19 in the Arab Region. 27 July. https://www.arabstates.undp.org/content/rbas/en/home/presscenter/pressreleases/2020/league-of-arab-states–government-of-japan-and-the-united-nation.html.

WHO-EMRO (World Health Organisation – Eastern Mediterranean Regional Office). 2018. Summit of Arab League Adopts Arab Strategy on Health and the Environment. 15 April. http://www.emro.who.int/ceha/ceha-news/summit-of-arab-league-adopts-arab-strategy-on-health-and-the-environment.html.

WHO-EMRO. 2021. Coronavirus Dashboard. Accessed 4 March 2021. http://www.emro.who.int/health-topics/corona-virus/index.html.

Xinhuanet. 2020a. China Delivers Anti-coronavirus Medical Aid to Arab League. 6 July. http://www.xinhuanet.com/english/2020-07/06/c_139190554.htm.

Xinhuanet. 2020b. China Delivers 2nd Batch of Anti-coronavirus Medical Aid to Arab League. 9 December. http://www.xinhuanet.com/english/2020-12/09/c_139574032.htm.

Zoubir, Yahia H. 2012. Tipping the Balance Towards Intra- Maghreb Unity in Light of the Arab Spring. *The International Spectator* 47 (3): 83–99.