IAI PAPERS 21 | 41 - SEPTEMBER 2021

ISSN 2610-9603 | ISBN 978-88-9368-220-6

Istituto Affari Internazionali

The Covid-19 Crisis and the Mediterranean Basin: Overcoming Disparities, Promoting Genuine Cooperation

by Anis Germani and Rania Masri

New-Med research network

ABSTRACT

The race to battle Covid-19 and secure personal protective equipment, ventilators and vaccines, aggravated by both nationalist monopolistic policies and the rise of new variant strains, has highlighted the vital need for global cooperation. Current transnational policies exacerbate existing disparities across Mediterranean states in a context where the European Union is struggling to meet its own healthcare-related needs and many countries in North Africa and the Near East are burdened with economic hardships and internal strife. How are current economic systems impacting the abilities of states and societies to care for themselves and others? What are the inequalities that underpin the unequal exposure and unequal access to healthcare across Mediterranean states? While exposing deep disparities across the region, the pandemic could also be transformed into an opportunity to re-evaluate public health policies, contributing to build a truly cooperative, equitable and sustainable public health system in the Mediterranean basin.

keywords

Coronavirus | Health | Mediterranean | Middle East | North Africa | European Union

ISSN 2610-9603 | ISBN 978-88-9368-220-6

IAI PAPERS 21 | 41 - SEPTEMBER 2021

The Covid-19 Crisis and the Mediterranean Basin: Overcoming Disparities, Promoting Genuine Cooperation

by Anis Germani and Rania Masri*

Introduction

A year on from the declaration of the Covid-19 pandemic by the World Health Organization (WHO), states and societies, economies and healthcare sectors have been shaken to their core. It is now especially urgent to discuss a re-prioritisation of healthcare, our relationship with the environment and the critical need for transnational cooperation. There are many ways to analyse the Covid-19 pandemic and evaluate means for improved coordination and cooperation in tackling its multidimensional impact. A political ecology framework is well suited since, by definition, it recognises interrelationships inherent in our contemporary times and rejects a-political, compartmentalised assessments of healthcare. This framework also encourages the examination of social, political and economic cleavages in society, and their interlinkages with ecology. A distinction is also drawn between structural (pertaining to domestic factors) and systemic (pertaining to exogenous factors) vulnerabilities when analysing each healthcare system.

How do we learn from the Covid-19 pandemic to promote genuine cooperation across the Mediterranean in order to develop stronger, equitable public healthcare systems? An answer can be found by examining healthcare systems across Mediterranean states, both in the European Union and across North Africa and the Near East, with a particular focus on policies and responses to the Covid-19 crisis as well as general demographic, political and economic data. This information is derived from available studies, news articles, communiqués and legislations

* Anis Germani, M.D., is a medical doctor based in Beirut. He received his medical doctorate from the Lebanese University, and is currently undertaking his residency in internal medicine and a Master's degree in public health at the Saint Joseph University of Beirut. Rania Masri, Ph.D., is a political ecologist, and, currently, a university lecturer at the Lebanese American University. Previously, she was an environmental science professor at the University of Balamand, a specialist in environmental and energy policies at the regional office of the United Nations Development Programme, and the regional coordinator for the Academic Activist Co-Produced Knowledge for Environmental Justice.

· This paper was prepared in the context of the New-Med Research Network, a project run by the Istituto Affari Internazionali (IAI) with the support of the Italian Ministry of Foreign Affairs and International Cooperation (MAECI), the OSCE Secretariat in Vienna and the Compagnia di San Paolo Foundation, September 2021. Views expressed are the author's alone.

issued by official institutions, including the European Commission, international agencies like the WHO and coalitions like the Covid-19 Vaccines Global Access (Covax).

The most diverse set of countries from both shores of the Mediterranean were examined to account for the disparities not only between Europe and North Africa and the Near East but also *within* both blocks. Cases include Italy, Greece, Spain and Portugal on the one hand, and France and a number of other EU member states, such as Germany, on the other. In North Africa and the Near East, Tunisia is addressed as a country that was reported to fare well only in the first wave of the pandemic, Egypt as an example of authoritarianism that purposefully dissimulates healthcare data and Lebanon as a country hosting a large refugee population and undergoing a financial meltdown that predates the Covid-19 pandemic.

Within the context of this study, an economic rather than geographic approach is favoured. Thus, for the particular case of Israel-Palestine, Israel is defined as part of the economic "north", while Palestine as part of the "south", albeit both occupy the same geographic space. This distinction is also required to highlight the very different trajectories of the Covid-19 pandemic for Israelis and Palestinians, in light of the discriminative policies connected to the Israeli occupation and what Human Rights Watch, the UN-ESCWA and others have described as an apartheid system of domination that also extends to the healthcare sector and vaccination campaign.[1]

1. Environmental degradation and the Covid-19 pandemic

The emergence of Covid-19 has been *entirely* driven by human activities. Deforestation, habitat destruction and the increase of large agricultural monocultures are directly responsible for the increase in zoonotic diseases, with devastating consequences for humans and animals.[2] Lockdowns have led to job losses, triggering reverse migration into rural areas and increasing pressure on forests to provide subsistence livelihoods,[3] thus also increasing deforestation which amplifies health risks.[4]

[1] See for instance, Human Rights Watch, *A Threshold Crossed. Israeli Authorities and the Crimes of Apartheid and Persecution*, 27 April 2021, https://www.hrw.org/node/378469; Al-Haq et al., *Israel Entrenches Crime of Apartheid over the Palestinian People* (A/HRC/43/NGO/185), 17 June 2020, https://undocs.org/A/HRC/43/NGO/185; Richard Falk and Virginia Q. Tilley, *Israeli Practices towards the Palestinian People and the Question of Apartheid*, Beirut, United Nations, 2017, https://opensiuc.lib.siu.edu/ps_pubs/9.

[2] James S. Hassell et al., "Towards an Ecosystem Model of Infectious Disease", in *Nature Ecology and Evolution*, Vol. 5, No. 7 (July 2021), p. 907-918.

[3] Collaborative Partnership on Forests, *Challenges and Opportunities in Turning the Tide on Deforestation*, April 2021, http://www.cpfweb.org/50449-0941d79c54a6810d4c9eb2f45bbcb25f7.pdf.

[4] Jeff Tollefson, "Why Deforestation and Extinctions Make Pandemics More Likely", in *Nature*, Vol. 584, No. 7820 (13 August 2020), p. 175-176, https://doi.org/10.1038/d41586-020-02341-1.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

Virologists agree that there is an increased possibility of future pandemics. An estimated 1.7 million currently undiscovered viruses exist in mammal and avian hosts, and between one-third and one-half of them could potentially infect humans. Unless there is a transformative change in the global approach to dealing with infectious diseases, "future pandemics will emerge more often, spread more rapidly, do more damage to the world economy and kill more people than Covid-19."[5] Pandemic risk can be significantly lowered by reducing the loss of biodiversity and unsustainable exploitation of high biodiversity regions, decreasing our consumption of animal protein and increasing the conservation of protected areas and the genetic variation in livestock.[6]

In addition to the ecological causes of the pandemic, there is a strong correlation between the pandemic and related mortality and air pollution. There are also other negative environmental impacts of the lockdown.[7] Extensive lockdown measures may have temporarily improved air quality and reduced greenhouse gas emissions (GHG) and noise levels, but, the pandemic also increased the bulk amount of domestic and medical waste and reduced initiatives to recycle waste. While the positive environmental measures from Covid-19 are temporary, the negative consequences are longer-lasting. This is true for the Mediterranean region as a whole, as well as other outlaying regions, given the global nature of these dynamics and their cascading effects on the economy, society and environment of states and societies the world over.

2. The political-economic context of Covid-19

Mediterranean economies have come onto the pandemic having suffered significant stress following the 2008 financial and economic crisis. Those hardships weakened the basis of economies and exposed them to the economic repercussions of the pandemic. They also aggravated the spread and mortality of Covid-19, most notably due to years of austerity and budget cuts that left healthcare systems struggling for years before being tipped over the edge by the pandemic.

[5] Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES), *Escaping the 'Era of Pandemics': Experts Warn Worse Crises to Come Options Offered to Reduce Risk*, November 2020, https://ipbes.net/sites/default/files/2020-12/IPBES%20Pandemics%20Report%20Media%20Release.pdf. See also IPBES, *Workshop Report on Biodiversity and Pandemics*, Bonn, IPBES Secretariat, 2020, https://ipbes.net/pandemics.

[6] See Cock Van Oosterhout, "Mitigating the Threat of Emerging Infectious Diseases; A Coevolutionary Perspective", in *Virulence*, Vol. 12, No. 1 (2020), p. 1288-1295, https://doi.org/10.1080/21505594.2021.1920741; IPBES, *Workshop Report on Biodiversity and Pandemics*, cit.

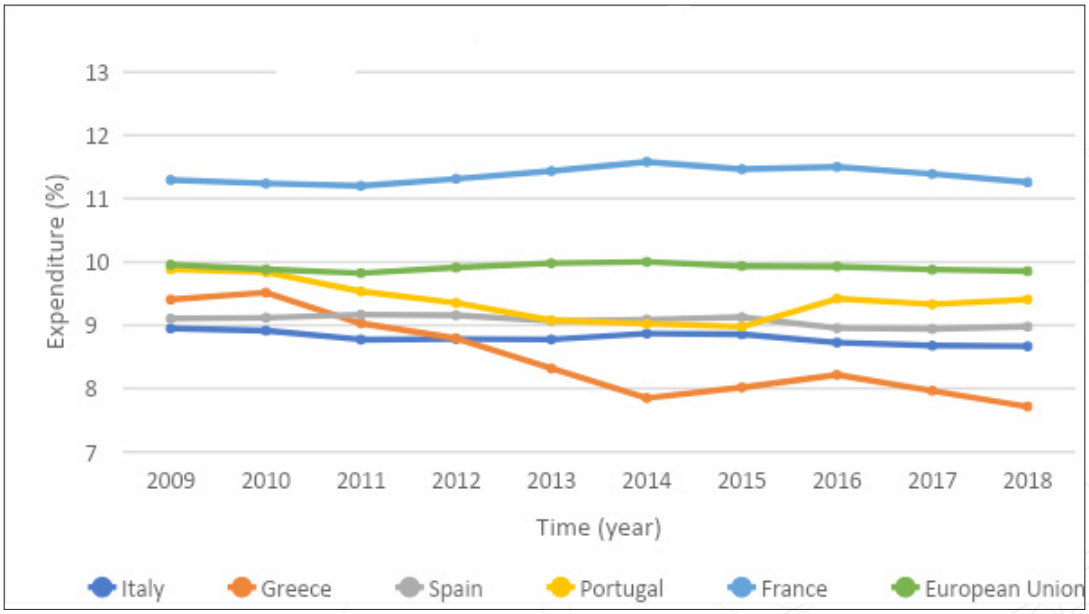
[7] For a more detailed breakdown of the nexus between Covid-19 and the environment, in both positive and negative terms, refer to an analysis of 57 case studies. See Mohammad Hassan Shakil et al., "COVID-19 and the Environment: A Critical Review and Research Agenda", in *Science of the Total Environment*, Vol. 745 (25 November 2020), Article 141022, https://doi.org/10.1016/j.scitotenv.2020.141022.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

Following the 2008 financial crisis, and in accordance with the Stability and Growth Pact that compels member states to keep their debt to GDP ratio below 60 per cent and their budget deficit below 3 per cent, countries that are part of the Eurozone pursued severe austerity measures, upon the insistence of a German-led coalition, particularly those who were highly indebted such as Greece, Italy, Spain and Portugal. Between 2011 and 2018, the European Commission issued 63 demands for member states to cut spending or privatise healthcare services.[8]

According to the World Bank, from 2009 to 2018, Greece's health expenditure, as a percentage of its GDP, fell from 9.4 to 7.7 per cent; Italy's fell from 8.9 to 8.6 per cent; Spain's went from 9.1 to 8.9 per cent; and Portugal's 9.8 to 9.4 per cent. All of these expenditures were below the EU average of 9.9 per cent in 2009 and 9.8 per cent in 2018, whereas France's expenditure was above this average and stable at 11.2 per cent (Figure 1). However, a stable health expenditure inherently implies budget cuts, since over time healthcare costs can only increase, either due to an aging population or due to the introduction of new expensive equipment. The decrease in health expenditure had direct repercussions on healthcare systems across the EU, with a decrease in hospital beds from 5.8 beds per 1,000 people in 2009 to 4.5 beds in 2018. There is a direct correlation between an increase in the number of total hospital beds and a decrease in the spread and mortality rate of Covid-19.[9]

Figure 1 | Health expenditure as percentage of GDP in northern Mediterranean countries, 2009–2018



Source: Authors' elaboration based on World Bank data.

[8] Solenn de Royer and Chloé Hecketsweiler, "Coronavirus : face à la commission d'enquête, Jérôme Salomon ne lâche rien", in *Le Monde*, 17 June 2020.

[9] Kate O'Keeffe, Liza Lin and Eva Xiao, "China's Export Restrictions Strand Medical Goods U.S. Needs to Fight Coronavirus, State Department Says", in *The Wall Street Journal*, 16 April 2020.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

Across the Mediterranean pond, other states fare far worse. Syria and Libya have been plunged into an interminable cycle of conflict and violence since 2011. Turkey sank into a currency and debt crisis in 2018. Lebanon, which has been under staunch austerity measures since 1997 and has an overwhelmingly privatised healthcare sector, has been experiencing a financial and economic crisis of unprecedented proportions since 2019.[10] Both Egypt and Tunisia are still dependent on remittances and tourism, sectors that have been severely impacted by the pandemic.

These state-level trials arise within a larger context of globalised and decentralised production. Supply chains, from raw materials to end products, span the entire globe. Neoliberal policies have outsourced most production activity, primarily towards Asia, while austerity measures have stripped many countries of their strategic stocks of healthcare equipment, due in part to the elevated cost of maintaining them and an ease of access to manufacturers and suppliers in other parts of the world. This interconnected flux of capital and goods came to an abrupt halt with no local backup plan for most countries once the pandemic hit.

The pandemic thus emerged against the backdrop of a complicated context of generally fragile economies still reeling from the financial crisis, crippling austerity, lack of trust in public institutions and weakening political legitimacy of ruling elites. The crisis brought to light years of unresolved, systematic and structural problems. In fact, Covid-19 might not have become a pandemic at all were it not for these underlying problems that are often falsely understood as consequences of the pandemic instead of its causative agents.

3. Covid-19 in numbers: Making sense of Mediterranean disparities

According to Our World in Data[11] and up until 1 July 2021, 75,139 cases per million inhabitants were recorded in northern Mediterranean countries, whereas less than half that amount – 33,226 cases per million inhabitants – was recorded in southern Mediterranean countries (Table 1). Among these, 1.94 per cent died in northern countries, amounting to 1,387 deaths per million inhabitants, versus a fatality rate of 2.95 per cent in southern countries, amounting to 567 deaths per million (Table 2).

While some hypothesised that warmer climates might hinder the transmission of Covid-19, a theory that has neither been definitively proven nor disproven, a more

[10] Eric Beech, "Trump Invokes Defense Production Act to Stop Export of Masks", in *Reuters*, 4 April 2020, https://reut.rs/39IIHLC.

[11] Hannah Ritchie et al., "Coronavirus Pandemic (Covid-19). Statistics and Research", in *Our World in Data*, https://ourworldindata.org/coronavirus.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

likely explanation for the discrepancy in infections across Mediterranean states would be the lower testing rate in North Africa and the Near East.[12] Lower testing rates are impacted by financial difficulty or conflict, and by European countries engaging in hoarding behaviour and prohibiting the export of testing kits. Another possible explanation might be that southern Mediterranean states have younger populations and youths are less likely to develop symptoms of Covid-19 and therefore less likely to get tested.

More critically, the fatality rate shows that while more people were infected and died of Covid-19 in northern Mediterranean countries, Covid-19 patients were 1.5 times more likely to die in southern Mediterranean countries. Data on the state of healthcare systems is lacking in conflict zones like Syria and Libya, while states like Lebanon, Egypt, Jordan and Tunisia are in financial difficulty and also suffering from a systematic brain drain of qualified healthcare personnel. These factors contribute to weakening healthcare systems and, consequently, to more negative outcomes in the treatment of Covid-19 patients compared to Europe.

Examining disparities *among* northern Mediterranean countries, a fairly homogeneous group emerges. The percentage of people who received at least one dose of Covid-19 vaccine, as of 1 July 2021, ranges from 47.09 per cent (Greece) to 57.35 per cent (Italy). This homogeneity goes back to the few common initiatives adopted by the EU and the prioritisation of EU citizens over those of third states. With regards to Israel, the share of vaccinated people reached 64 per cent by 1 July; this may be due to a small population and the early signing of deals with pharmaceutical companies to provide vaccines. It should be noted, however, that Israel has excluded from its Covid vaccination programme the approximately five million Palestinians who live under Israeli occupation, thereby falsely inflating the reported share of vaccinated individuals in areas under its control.[13]

Differently from Europe, vaccination disparities among North African and Near East states are large. As of 1 July 2021, these ranged from 4.44 per cent in Algeria, 13.52 in Lebanon, 26.85 in Morocco, 9.76 in the Occupied West Bank and Gaza, and 3.42 in Egypt. These differences reflect disparities of income, allowing a country like Morocco to acquire a cocktail of vaccines, while Lebanon was only able to secure vaccines through a World Bank loan or donations, and Algeria has struggled to get its vaccination campaign started.

The disparities extend to mortality rates: 7.19 per cent of Covid-19 patients die in Syria, whereas only 1.43 per cent succumb to the virus across the border in Lebanon. This gap is evidently due to the collapse of the Syrian healthcare system after years of war, massive migration of healthcare personnel, and crippling sanctions.

[12] Testing rates in North Africa and the Near East are around 445 tests per 1,000 people, compared to 1,211 tests per 1,000 people in European countries.

[13] See for instance, Human Rights Watch, *Israel's Discriminatory Vaccine Push Underscores Need for Action*, 19 March 2021, https://www.hrw.org/node/378276.

IAI PAPERS 21 | 41 - SEPTEMBER 2021
ISSN 2610-9603 | ISBN 978-88-9368-220-6

Table 1 | Confirmed Covid-19 cases per million inhabitants and mean value in northern and southern Mediterranean countries as of 1 July 2021

	Countries	Cumulative confirmed Covid-19 cases per million people	Mean cumulative confirmed Covid-19 cases per million people
Northern Mediterranean countries	Israel	95,800.74	**75,139**
	Portugal	86,743.97	
	France	86,437.23	
	Spain	81,747.52	
	Italy	70,580.86	
	Turkey	63,861.30	
	Greece	40,805.65	
Southern Mediterranean countries	Lebanon	80,514.68	**33,226**
	Jordan	73,223.82	
	Occupied West Bank/Gaza	60,176.66	
	Tunisia	35,764.70	
	Libya	27,865.77	
	Morocco	14,249.65	
	Algeria	3,139.53	
	Egypt	2,700.25	
	Syria	1,398.09	

Source: Authors' elaboration based on Our World in Data.

Table 2 | Confirmed Covid-19 deaths per million inhabitants and mean value in northern and southern Mediterranean countries as of 1 July 2021

	Countries	Cumulative confirmed Covid-19 deaths per million people	Mean cumulative confirmed Covid-19 deaths per million people
Northern Mediterranean countries	Italy	2,113.51	**1,387**
	Spain	1,730.30	
	Portugal	1,681.86	
	France	1,647.14	
	Greece	1,223.73	
	Israel	731.42	
	Turkey	585.28	

ISSN 2610-9603 | ISBN 978-88-9368-220-6

Southern Mediterranean countries	Tunisia	1,262.17	**567**
	Lebanon	1,160.26	
	Jordan	950.04	
	Occupied West Bank/Gaza	682.59	
	Libya	459.58	
	Morocco	248.98	
	Egypt	155.33	
	Syria	102.81	
	Algeria	83.51	

Source: Authors' elaboration based on Our World in Data.

Table 3 | Percentage of people who received at least one dose of Covid-19 vaccine and mean percentage in northern and southern Mediterranean countries as of 1 July 2021

	Countries	Percentage of people who received at least one dose of Covid-19 vaccine	Mean percentage of people who received at least one dose of Covid-19 vaccine
Northern Mediterranean countries	Israel	63.93	**52.85**
	Italy	57.35	
	Spain	55.51	
	Portugal	53.50 (29 June 2021)	
	France	51.08	
	Greece	47.09	
	Turkey	41.53	
Southern Mediterranean countries	Morocco	26.85	**11.05**
	Jordan	24.30 (2 July 2021)	
	Lebanon	13.52	
	Tunisia	11.02	
	Occupied West Bank/Gaza	9.76	
	Libya	5.45 (29 June 2021)	
	Algeria	4.44	
	Egypt	3.42 (4 July 2021)	
	Syria	0.67 (9 July 2021)	

Source: Authors' elaboration based on Our World in Data.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

4. Healthcare vulnerabilities in Northern Mediterranean countries

The EU's response to the Covid-19 pandemic, like other countries of the economic North, began with sheer confusion and disarray. The chain of command was unclear, ministry prerogatives blurry, supply lines in shambles, mobilisation of human and material resources slow, and the decision to implement country-wide lockdowns hesitant. The chaos of the early days of the pandemic was surprising since EU member states had already elaborated contingency plans pertaining to bioterrorism, nuclear attacks, natural and manmade disasters – including pandemics. Among these, the Commission's Action Plan to Enhance Preparedness Against Chemical, Biological, Radiological and Nuclear Security Risks published in 2017,[14] the influenza preparedness plans that were adopted by member states as of 2005,[15] and the establishment of an EU Civil Protection Mechanism in 2001[16] are worthy of mention. By the start of the Covid-19 pandemic, it was as if all those multi-million euro contingency plans had never existed at all.

Between the emergency meeting of EU health ministers on 13 February 2020 in Brussels and the EU's decision to close borders for all non-essential travel on 17 March 2020, the WHO had declared the coronavirus outbreak a pandemic. Europe was highlighted as the new epicentre of the outbreak, with EU member states Italy, France and Germany suspending flights and implementing lockdown measures. Structural and systematic vulnerabilities were becoming apparent, and the WHO sounded the alarm on a global shortage of medical equipment, including ventilators, personal protective equipment (PPE) and others.

Europe found itself stranded due to a decade of austerity and health budget cuts. France was one of the most shocking cases, as revealed by a *Le Monde* investigation.[17] In 2010, France had developed a pandemic response strategy, a lesson learned from the SARS and H5N1 pandemics, with a strategic stock of one billion medical masks and other medical equipment, that, by 2020, had withered away to 150 million due to budget cuts that prevented stock renewal. On top of these structural vulnerabilities, there was an additional systemic challenge: the offshoring of medical equipment production abroad. While China, ground zero of the pandemic, restricted exportation to attend to its own needs[18] and the United

[14] European Commission, *Action Plan to Enhance Preparedness Against Chemical, Biological, Radiological and Nuclear Security Risks* (COM/2017/610), 18 October 2017, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52017DC0610.

[15] European Centre for Disease Prevention and Control (ECDC) website: *Influenza Pandemic Preparedness Plans*, https://www.ecdc.europa.eu/en/node/24933.

[16] European Commission website: *EU Civil Protection Mechanism*, https://ec.europa.eu/echo/node/5629.

[17] Solenn de Royer and Chloé Hecketsweiler, "Coronavirus : face à la commission d'enquête, Jérôme Salomon ne lâche rien", cit.

[18] Kate O'Keeffe, Liza Lin and Eva Xiao, "China's Export Restrictions Strand Medical Goods U.S. Needs to Fight Coronavirus, State Department Says", cit.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

States invoked the Defense Production Act[19] that (amongst others) banned export of Covid-related goods and raw materials, the rest of the world was left fighting for scraps. Some even resorted to "modern piracy",[20] as was the case of the US's confiscation of 200,000 medical masks bound for Germany in April 2020.

At this point, the Commission's response became more proactive. As member states shifted their focus on the domestic production of medical equipment, the Commission announced the creation of RescEU, a 50 million euro common stockpile of medical equipment that sought to improve the bargaining power of member states by pooling their orders under the Joint Procurement Agreement.[21] This necessarily implied further hardship for smaller and less powerful non-EU markets, including those in North Africa and the Near East. The Commission also activated the general escape clause of the Stability and Growth pact in March 2021, allowing member states to increase their deficits to boost expenditure on healthcare and job protection, and then extended the exemption until March 2022.[22] In April 2020, the instrument for temporary Support to mitigate Unemployment Risks in an Emergency (SURE) was announced; it would provide 100 billion euro in loans to member states to preserve employment endangered by the pandemic.[23]

Material shortages were not the only obstacle for an effective response; a lack of human resources, mostly healthcare staff, also became apparent. Austerity cuts in Italy, Spain and Portugal had driven doctors and nurses' north, to France and Germany, where they received up to twice as much compensation than in their home countries. According to the Organisation for Economic Co-operation and Development, Italy and Spain have around 5.8 nurses per 1,000 inhabitants and Portugal 6.7, as compared to a staggering 12.9 in Germany. Portugal is in need of 30,000 nurses, Italy 65,000 and Spain 150,000, with 75,000 Spanish nurses already working abroad.[24] The longstanding inequalities within the EU were thus laid bare by the pandemic, and while the EU Civil Protection Mechanism responded to Italy's shortage by sending a team of Norwegian and Romanian doctors and nurses on 7 April 2020,[25] the reasons behind these shortages have yet to be systematically

[19] Eric Beech, "Trump Invokes Defense Production Act to Stop Export of Masks", cit.

[20] Guy Chazan, "Germany Accuses US of Face Mask Piracy", in *Financial Times*, 4 April 2020, https://www.ft.com/content/bb52e108-a345-4278-8e72-f1c20e010cda.

[21] European Commission, *COVID-19: Commission Creates First Ever RescEU Stockpile of Medical Equipment*, 19 March 2020, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_476.

[22] The Stability and Growth pact is still set to be reactivated in 2023, likely causing a circling back to the pre-pandemic failing model, should the Commission's planned public debate on the economic governance framework fail to yield tangible results. See European Commission, *Questions and Answers: Communication on Fiscal Policy Response to Coronavirus Pandemic*, 3 March 2021, https://ec.europa.eu/commission/presscorner/detail/en/qanda_21_885.

[23] European Commission, *Questions and Answers: Commission Proposes SURE, a New Temporary Instrument Worth Up to €100 Billion to Help Protect Jobs and People in Work*, 2 April 2020, https://ec.europa.eu/commission/presscorner/detail/en/qanda_20_572.

[24] Joan Faus and Angelo Amante, "Southern Europe Rues Exodus of Doctors, Nurses as Coronavirus Surges", in *Reuters*, 19 November 2020, https://reut.rs/36OaeMl.

[25] European Commission, Coronavirus: EU Medical Teams Deployed to Italy, 7 April 2020, https://

ISSN 2610-9603 | ISBN 978-88-9368-220-6

addressed.

In addition to material and human shortages, European countries initially failed to tackle the pandemic due to faults present *within* their healthcare systems. The general trend of decreasing public spending on healthcare in European countries has gone hand in hand with the gradual commodification of healthcare, a dynamic that accelerated after the 2008 financial crisis and the ensuing austerity and privatisation drive. Between 2000 and 2015, the number of hospital beds decreased significantly throughout Europe. Portugal experienced a decrease of 8 per cent, 11 in Greece, 18 in Spain, 23 in France and up to 32 per cent in Italy; even Germany saw a decrease of 11 per cent.[26] By contrast, private, for-profit hospital beds across the EU increased from 17.56 per cent in 2007 to 20.45 in 2015, according to the European Union of Private Hospitals.[27] The number of critical care beds,[28] which proved invaluable during Covid-19, varies significantly between member states and positively correlates with GDP, ranging from 4.2 beds per 100,000 inhabitants in Portugal to 29.2 beds per 100,000 inhabitants in Germany.[29] However, critical care beds are mostly publicly owned due to their low profitability and high running costs . For example, 92 per cent of critical care beds in Italy are publicly owned.[30]

A study by the United Nations Development Program correlated a 10 per cent increase in private health expenditure to a 4.3 per cent increase in Covid-19 cases and a 4.9 per cent increase in Covid-19 related mortality, cautioning against the sustained push towards privatisation.[31] Unfortunately, EU policymakers have not heeded this warning. Instead they have continued to embrace public-private partnerships to boost efficiency and lower costs. It is in this context that the EU4Health Programme was written in March 2021, using softly ambiguous wording that does not prioritise public healthcare over its private for-profit counterpart, despite its proven superiority at combating the pandemic, and does

ec.europa.eu/commission/presscorner/detail/en/ip_20_613.

[26] Pascal Garel and Isabella Notarangelo, "Hospitals in Europe: Healthcare Data", in *Hospital Healthcare Europe*, 9 January 2020, https://hospitalhealthcare.com/?p=15533.

[27] European Union of Private Hospitals (UEHP), "Hospital Private Sector Increases by 16% in a Global Contracting Market (- 9%)", in *UEHP Press Releases*, 16 November 2017, http://www.uehp.eu/newsletter/201711/files/UEHP_Press_Release_15nov2017.pdf.

[28] Critical care beds include beds in ICU and CCU (cardiac care unit). CCU can easily be repurposed to treat Covid patients at no additional cost, unlike beds in regular care.

[29] Andrew Rhodes et al., "The Variability of Critical Care Bed Numbers in Europe", in *Intensive Care Medicine*, Vol. 38, No. 10 (October 2012), p. 1647-1653, https://doi.org/10.1007/s00134-012-2627-8.

[30] Livio Garattini, Michele Zanetti and Nicholas Freemantle, "The Italian NHS: What Lessons to Draw from COVID-19?", in *Applied Health Economics and Health Policy*, Vol. 18, No. 4 (August 2020), p. 463-466, https://doi.org/10.1007/s40258-020-00594-5.

[31] Jacob Assa and Cecilia Calderon, "Privatization and Pandemic: A Cross-Country Analysis of COVID-19 Rates and Health-Care Financing Structures", in *The New School for Social Research Working Papers*, No. 8/2020 (June 2020), http://www.economicpolicyresearch.org/econ/2020/NSSR_WP_082020.pdf; Rym Ayadi and Sara Ronco, *How Resilient are the Healthcare Systems in the Mediterranean? Cases of Algeria, Jordan, Lebanon, Morocco,Palestine and Tunisia*, Tunis, Konrad-Adenauer-Stiftung, December 2020, https://www.kas.de/en/web/poldimed/single-title/-/content/how-resilient-are-the-healthcare-systems-in-the-mediterranean.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

not establish strong foundations for a unified European health policy, which remains fragmented across member states.[32]

On the vaccination front, the EU has favoured vaccine (Euro-)nationalism, a strategy that may have yielded short-term benefits for its member states but may have counterproductive consequences in the long run. In June 2020, the EU Strategy for Covid-19 Vaccines was adopted, seeking to bolster the EU's bargaining power with vaccine manufacturers by negotiating vaccine doses for all member states at reduced rates and in a quicker time frame.[33] This vaccination scheme also aimed to avoid competition among member states, primarily by prohibiting states who joined the scheme on a voluntary basis to engage in parallel negotiations with the same manufacturing companies. However, this did not stop Germany from signing its own deal with Pfizer for 30 million additional doses in January 2021.[34] The Strategy also adopted a distribution scheme based on *pro rata* of total population of each member state, with room for flexibility should the epidemiological situation require.[35] This did not prevent criticism by six member states (Austria, Czech Republic, Bulgaria, Slovenia, Latvia and Croatia) on that mode of distribution.[36]

While this scheme aimed to protect the lives of European citizens, the epidemiological nature of Covid-19 and the current global distribution of vaccines make it clear that it will fall short of that goal. On 22 April 2021, the WHO noted that low-income countries had received only 0.3 per cent of the 890 million vaccine doses administered globally, while high and upper-middle-income countries had been given more than 81 per cent of these doses.[37] Taking into consideration current vaccine production capacity, doses are not expected to be made available for everyone until 2024.[38] Meanwhile, the likelihood of new variants will continue to increase,[39] and some of these might eventually bypass the immunity acquired

[32] For more on this initiative see the European Commission website: *EU4Health 2021-2027 – A Vision for a Healthier European Union*, https://ec.europa.eu/health/funding/eu4health_en.

[33] European Commission, *EU Strategy for COVID-19 Vaccines* (COM/2020/245), 17 June 2020, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020DC0245; European Commission website: *EU Vaccines Strategy*, https://europa.eu/!yb68yp.

[34] Chas Newkey-Burden, "Germany 'Violates' EU Joint Vaccine Scheme by Buying 30 Million Extra Doses", in *The Week*, 11 January 2021, https://www.theweek.co.uk/951628/germany-buy-30-million-vaccine-jabs-outside-eu-scheme.

[35] European Commission, *Statement of the European Commission on the Methodology Used to Determine the Allocation of Doses of Vaccines Under the Advance Purchase Agreements*, 13 March 2021, https://ec.europa.eu/commission/presscorner/detail/en/statement_21_1161.

[36] Francois Murphy, "EU Defends Vaccine Distribution as Nations Complain It Is Uneven", in *Reuters*, 13 March 2021, https://reut.rs/3leE2bL.

[37] Tedros Adhanom Ghebreyesus, "I Run the W.H.O., and I Know That Rich Countries Must Make a Choice", in *The New York Times*, 22 April 2021, https://www.nytimes.com/2021/04/22/opinion/who-covid-vaccines.html.

[38] Stephanie Findlay and Anna Gross, "Not Enough Covid Vaccine for All Until 2024, Says Biggest Producer", in *Financial Times*, 14 September 2020, https://www.ft.com/content/a832d5d7-4a7f-42cc-850d-8757f19c3b6b.

[39] This has already happened. As of 28 July, the UN reports that "Of the four COVID-19 mutations that WHO has designated "variants of concern", [...] the Alpha variant is present in 182 countries, Beta

ISSN 2610-9603 | ISBN 978-88-9368-220-6

via vaccines and therefore render them obsolete.

As of 2 September 2021, the WHO accounted for four variants of concern, five variants of interest and twelve variants designated as Alerts for Further Monitoring.[40] Based on that knowledge, European Commission President Ursula von der Leyen declared that "none of us will be safe until everyone is safe".[41] However, a few months later, the Commission became the most adamant opponent to waiving intellectual property rules under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement). Such a move would dramatically boost global production of Covid-19 vaccines[42] and the necessary health products and technologies including testing kits, treatments and PPE. It would moreover help to circumvent both technical (remove the need for costly in transit refrigeration, reduce storage costs via regional distribution centres) and political (vaccine nationalism, vaccine trading for political influence) obstacles.

The official European response to the unequal distribution of vaccines began by glorifying Covax, the global vaccine-sharing initiative based on public-private partnerships, painting it as the first-line solution for universal access to Covid-19 vaccines.[43] It did not take long, however, to make it clear that even Covax's humble goal of vaccinating 20 per cent of the population of low- and middle-income countries by the end of 2021 would not be met. Indeed, by May 2021, Covax had only received 21 per cent of the 187 million doses it planned to distribute.[44] Meanwhile, the WHO-led Covid-19 Technology Access Pool (C-TAP), where Covid-19 related knowledge, technology and intellectual property was supposed to be shared freely, had failed to secure the endorsement of all EU member states. Only Belgium, Luxembourg, the Netherlands, Norway, Portugal and Spain were signatories.[45]

is in 131, Gamma in 81 and after reaching eight new countries in the past week, the Delta variant is now in 132 countries." UN News, *COVID-19 Infections Rise, Delta Variant Spreads to 132 Countries*, 28 July 2021, https://news.un.org/en/story/2021/07/1096572.

[40] WHO website: *Tracking SARS-CoV-2 Variants*, last updated on 2 September 2021, https://www.who.int/en/activities/tracking-SARS-CoV-2-variants.

[41] Ursula von der Leyen and Tedros Adhanom Ghebreyesus, "A Global Pandemic Requires a World Effort to End It – None of Us Will Be Safe Until Everyone Is Safe", in *The Telegraph*, 30 September 2020, https://www.telegraph.co.uk/global-health/science-and-disease/global-pandemic-requires-world-effort-end-none-us-will-safe.

[42] Médecins Sans Frontières (MSF), *A Fair Shot for Vaccine Affordability. Understanding and Addressing the Effects of Patents on Access to Newer Vaccines*, Geneva, MSF Access Campaign, September 2017, https://msfaccess.org/node/30586.

[43] See European Commission, *EU Doubles Contribution to COVAX to €1 Billion to Ensure Safe and Effective Vaccines for Low and Middle-Income Countries*, 19 February 2021, https://ec.europa.eu/commission/presscorner/detail/en/ip_21_690; Harris Gleckman, *COVAX. A Global Multistakeholder Group that Poses Political and Health Risks to Developing Countries and Multilateralism*, Amsterdam, Friends of the Earth International and Transnational Institute, March 2021, https://longreads.tni.org/covax.

[44] Michael Safi and Ashley Kirk, "Revealed: Big Shortfall in Covax Covid Vaccine-Sharing Scheme", in *The Guardian*, 22 April 2021, https://www.theguardian.com/p/h5qaj.

[45] WHO website: *WHO COVID-19 Technology Access Pool*, https://www.who.int/initiatives/covid-19-technology-access-pool.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

The European stance eventually shifted to a consideration of waiving intellectual property rights – for Covid vaccines *only* though, not all Covid-related technology. Furthermore, since 2004, the Commission implemented "data exclusivity" rules to purposefully create a barrier on top of compulsory licensing, by prohibiting generic producers from gaining access to preclinical and clinical trials for a period of eight years, knowing that trial results are required to receive approval for marketing from the authorities.[46] The Commission also made sure to have them implemented by non-European countries via bilateral trade agreements.[47] These rules would effectively make it impossible for generic Covid vaccines or essential drugs produced outside the EU to gain approval for commercialisation (in EU and non-EU markets) even if the TRIPS agreement were to be waivered.

Despite ample scientific evidence that global vaccination is the only way out of the Covid-19 pandemic and the availability of a roadmap to produce enough vaccines for the entire world in just one year through a decentralised process,[48] the EU decided to favour large pharmaceutical interests at the expense of the world's and its own economic and health interests. This favouritism is no secret. As of 1 March 2021, commissioners had held 44 meetings with pharmaceutical companies and 117 encounters with pharmaceutical associations, of which only twenty included Medicines for Europe (an association of generic manufacturers), while advocates for global health equity, like Médecins Sans Frontières (MSF) and Global Health Advocates, had been denied meetings.[49]

While the pandemic has brought to light structural and systemic vulnerabilities in the EU, it may also provide an opportunity for change and improvement. If the EU wishes to provide a safe and healthy space for its citizens, it must expand into a fiscal union coupled with a unified health policy. It is the only way to homogenise the patchy healthcare systems all across Europe: provide adequate investments to develop the healthcare infrastructure of Southern and Eastern Europe, and prevent practitioner shortages by addressing the root cause of their migration. Having a unified European health authority can also circumvent problems pertaining to member state bickering over resources, poor local governance, ambiguous chains of command and slow decision making, using centralised data, decision

[46] Provisions on data exclusivities contained in Directive 2001/83/EC and Regulation (EC) 726/2004. See European Parliament and Council of the European Union, *Directive 2001/83/EC of 6 November 2001 on the Community Code Relating to Medicinal Products for Human Use*, http://data.europa.eu/eli/dir/2001/83/oj; *Regulation (EC) No 726/2004 of 31 March 2004 Laying Down Community Procedures for the Authorisation and Supervision of Medicinal Products for Human and Veterinary Use and Establishing a European Medicines Agency*, http://data.europa.eu/eli/reg/2004/726/oj.

[47] See European Commission website: *Intellectual Property*, last updated on 22 November 2019, https://europa.eu/!Vv66Ct; MSF, *Open Letter to Governments Blocking the Proposal to Remove Monopolies on COVID-19 Medical Tools During the Pandemic*, 9 March 2021, https://msfaccess.org/node/488066.

[48] Zoltán Kis and Zain Rizvi, *How to Make Enough Vaccine for the World in One Year*, Washington, Public Citizen, 26 May 2021, https://www.citizen.org/?p=75921.

[49] Corporate Europe Observatory, *The Commission's Pharma Echo Chamber*, 7 May 2021, https://corporateeurope.org/en/node/1781.

IAI PAPERS 21 | 41 - SEPTEMBER 2021

ISSN 2610-9603 | ISBN 978-88-9368-220-6

making and funds that treat all of the European space and its surroundings as a single health space. However, these technical solutions would all fall short of their intended goals unless the EU breaks away from neoliberal politics. The recognition of healthcare as a right implies halting its commodification. It is neither a large sum on a budget clause to be slashed, nor is it a bone to be tossed towards the private sector for profit. For people to survive the next pandemic, austerity measures must end. Moreover, if healthcare sectors are to be well equipped, they need to be owned by and service the health interests of the public.

5. Healthcare vulnerabilities in Southern Mediterranean countries and the legacy of European engagement

Healthcare sectors throughout North Africa and the Near East were deeply unprepared to face the pandemic.[50] Even those countries that had benefited from early proactive measures during the first wave (Morocco, Tunisia and Jordan) were not able to control the outbreak during the second, third, and now, the fourth wave.[51] The challenge was primarily two-fold: a healthcare system ill-equipped to handle pandemics and an economic system unable to sustain lockdown policies. Both limitations were compounded by systemic and institutionalised social, healthcare and economic inequalities.

In one year, Tunisia went from being lauded as "one of the best performers" in the first wave of Covid-19[52] to becoming the "worst affected country"[53] in North Africa during the third wave, while concern mounts for the expected fourth wave.[54] This change was not surprising: the pandemic simply unveiled and exacerbated an already dysfunctional healthcare system. It was actually surprising that Tunisia had succeeded in controlling the pandemic at all, since, from the beginning, it had struggled to conduct sufficient public testing.[55] Tunisians suffer from a "poor-quality under-resourced health care system and a prohibitive private sector",[56] with glaring geographic disparities in the distribution of healthcare resources exacerbated by recent budget cuts.[57] Vaccines were only received in mid-March

[50] Rym Ayadi and Sara Ronco, *How Resilient are the Healthcare Systems in the Mediterranean?*, cit.

[51] Ibid.; Yasmina Abouzzohour and Nejla Ben Mimoune, "Policy and Institutional Responses to COVID-19 in the Middle East and North Africa: Tunisia", in *Brookings Reports*, December 2020, https://brook.gs/3noP12D.

[52] Ibid.

[53] Cathrin Schaer and Kersten Knipp, "Tunisia's Third COVID-19 Wave: Doctors Warn of Health System Collapse", in *Deutsche Welle*, 4 May 2021, https://p.dw.com/p/3swwD.

[54] "Coronavirus 4th Wave Is Expected in June", in *Tunis Afrique Press*, 28 May 2021, https://www.tap.info.tn/en/Portal-Society/14044718.

[55] Saoussen Ben Cheikh, "Tunisians Left to Themselves to Fight COVID-19", in *Global Voices*, 20 May 2021, https://globalvoices.org/?p=735542.

[56] Ibid.

[57] Yasmina Abouzzohour and Nejla Ben Mimoune, "Policy and Institutional Responses to COVID-19...", cit.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

2021, and, although Covax promised to supply enough vaccines to immunise 20 per cent of the population, only 11.4 per cent were vaccinated as of 31 July.[58]

Meanwhile, lockdown policies exacerbated economic inequality. Nearly 60 per cent of the workforce is employed in the informal sector,[59] and therefore was directly harmed by lockdown policies since no relief schemes were received. World Bank studies expect poverty to increase by 4 per cent,[60] with the percentage of poor and vulnerable individuals to increase from 16.7 per cent to 20.1 between 2019 and 2021.[61] The country will, moreover, be pushed further into debt with a three-year loan from the International Monetary Fund and other loans from France.[62] In addition to harsh economic and health inequalities, the pandemic's impact was strengthened by the lack of a holistic vision, thus further encouraging people to rebel against lockdown policies and protest rising inequalities.[63] By June 2021, the alarming increase in infection rates was intensified by both an (expected) lack of compliance with preventive measures and the vaccination slowdown caused by insufficient vaccine quantities.[64]

Like Tunisia, Egypt has ill-equipped hospitals and healthcare facilities, vast discrepancies between public and private healthcare, geographical inequalities, limited public testing capacity and expensive private testing. High unemployment and popular scepticism of governmental policies, given the criminalisation of dissent,[65] have contributed to the difficulty in containing the pandemic. Surprisingly, an April 2020 assessment by the WHO's International Health Regulations Monitoring and Evaluation Framework had categorised Egypt at a high preparedness capacity, claiming that Egypt has a strong capacity to prevent new imported cases and potentially mitigate the outbreak.[66] The assessment trusted the official governmental numbers on healthcare. Yet, the Egyptian Ministry of Health

[58] Reuters, *Covid-19 Tracker – Tunisia*, accessed on 31 July 2021, https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/tunisia/.

[59] Yasmina Abouzzohour, "Tunisia May Have Beaten COVID-19, But Challenges Persist", in *Brookings Op-eds*, 30 July 2020, https://brook.gs/33efHMv.

[60] World Bank website: *The World Bank in Tunisia*, https://www.worldbank.org/en/country/tunisia/overview.

[61] World Bank, "Tunisia", in *Macro Poverty Outlook for Middle East and North Africa*, 2 April 2021, p. 176-177, https://www.worldbank.org/en/country/tunisia/publication/economic-update-april-2021.

[62] AFP, "French PM Pledges to Help Tunisia Reform", in *France 24*, 3 June 2021, https://www.france24.com/en/live-news/20210603-french-pm-pledges-to-help-tunisia-reform.

[63] "COVID-19 Pandemic Crisis Deepens and Affects Wider Population (FTDES)", in *Tunis Afrique Press*, 10 June 2021, https://www.tap.info.tn/en/Portal-Society/14085409.

[64] "Between 80 and 100 COVID-19 Patients Are Admitted to Hospitals Every Day (Jalila Ben Khelil)", in *Tunis Afrique Press*, 17 June 2021, https://www.tap.info.tn/en/Portal-Society/14112130.

[65] Yai-Ellen Gaye, Christopher Agbajogu and Reida El Oakley, "COVID-19 on the Nile: Review on the Management and Outcomes of the COVID-19 Pandemic in the Arab Republic of Egypt from February to August 2020", in *International Journal of Environmental Research and Public Health*, Vol. 18, No. 4 (8 February 2021), Article 1588, https://doi.org/10.3390/ijerph18041588.

[66] Ibid.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

has undoubtedly been under-reporting the rates of infection and mortality[67] to such an extent that rates might actually be ten times higher than official figures.[68]

What is evident, despite the lack of official transparency, is the inequality in vaccine distribution. In the midst of its third wave, when Egypt received its second shipment of almost two million vaccines through Covax,[69] almost no public campaigns had been designed to encourage the population to register for vaccination.[70] Instead, contradictory governmental announcements were made, including the possibility of charging for the vaccine.[71] Meanwhile, the vaccine was distributed unequally, favouring government members and their families[72] while not all health workers were granted vaccination.[73] As noted by one member of the NGO EuroMed Rights' working group on economic and social rights, "The health inequality crisis unfolding in Egypt mirrors global trends: the roll-out of Covid-19 vaccines is marred by division, inequality, and national and regional self-interest."[74]

In Lebanon, the pandemic contributed to a "perfect storm" amidst a broken political system and a profound economic crisis. Public institutions had been hollowed out, including under-resourcing public healthcare, leading to a massive privatisation drive – resulting in 84 per cent of healthcare services privatised and concentrated in large cities.[75] Meanwhile, lack of national investment in production led to economic and financial bankruptcy in 2019, which has been aggravated by the pandemic.

Lockdown policies were also contradictory[76] and economic relief policies scarcely designed and implemented. Consequently, lockdown policies directly impacted the more than 50 per cent of the population that rely on informal work and

[67] Mohammed A. Medhat and Mohamed El Kassas, "COVID-19 in Egypt: Uncovered Figures or a Different Situation?", in *Journal of Global Health*, Vol. 10, No. 1 (June 2020), Article 010368, https://doi.org/10.7189/jogh.10.010368.

[68] Frederik Johannisson, "Vaccine Inequalities in Egypt Highlight Global Injustices", in *EuroMed Rights Publications*, 27 May 2021, https://euromedrights.org/?p=23227. At one hospital in Lebanon, on the first day of the pandemic, doctors were told to consider every patient from Egypt as infected with Covid until proven otherwise.

[69] World Health Organization-Regional Office for the Eastern Mediterranean, *Egypt Receives Second Shipment of 1.77 Million COVID-19 Vaccines Through the COVAX Facility*, 14 May 2021, http://www.emro.who.int/media/news/egypt-receives-second-shipment-of-177-million-covid-19-vaccines-through-the-covax-facility.html.

[70] Frederik Johannisson, "Vaccine Inequalities in Egypt Highlight Global Injustices", cit.

[71] Human Rights Watch, *Egypt: Provide Equitable COVID-19 Vaccine Access*, 9 March 2021, https://www.hrw.org/node/378130.

[72] Rana Mamdouh, "Lawmakers, Their Families Receive Privileged Vaccine Access Ahead of Priority Groups", in *Mada Masr*, 21 April 2021, https://www.madamasr.com/en/?p=322937.

[73] Human Rights Watch, *Egypt: Provide Equitable COVID-19 Vaccine Access*, cit.

[74] Frederik Johannisson, "Vaccine Inequalities in Egypt Highlight Global Injustices", cit.

[75] Petra Khoury, Eid Azar and Eveline Hitti, "COVID-19 Response in Lebanon: Current Experience and Challenges in a Low-Resource Setting", in *JAMA*, Vol. 324, No. 6 (11 August 2020), p. 548-549, https://doi.org/10.1001/jama.2020.12695.

[76] For example, restrictions were lifted during the Christmas holiday for nightclubs and restaurants.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

contributed to the doubling of poverty levels. In essence, Lebanon adopted Covid policies in name only, concerned more with a "security" approach to health through the imposition of curfews and closures of businesses, without the provision of economic support to the population or the strengthening of the public healthcare system. This dangerous *laissez-faire* attitude led to a 40 per cent immunity[77] through infection and 5,964 deaths by 25 May 2021.[78]

Lebanon also faces one additional complication: between 25-30 per cent of the population are vulnerable refugees. Covid mortality rates among Syrian and Palestinian refugees have been four and three times the national average respectively.[79] Public health interventions for these communities have been scarce. The government stated it plans to vaccinate 80 per cent of its population, including non-citizens, yet the acquired number of doses is only sufficient to vaccinate 30 per cent. Furthermore, although the Ministry's National Deployment and Vaccination Plan claims to vaccinate refugees, routine vaccination has not been given. Less than 13 per cent of Syrian refugee children are fully immunised through routine vaccination services.[80] Covid testing of refugees also remains quite limited.[81] Moreover, many Syrian refugees fear that registering on the vaccine platform could lead to arrest or deportation,[82] a challenge also faced by migrants and refugees in other countries, including Europe. Given the absence of any mitigating response since the start of the pandemic, and the slow current and unequal pace of vaccinations, Lebanon faces a high risk of another wave, with even less money and resources to confront it.

From studying the various EU engagement policies towards the southern Mediterranean region, two key issues become evident: trade liberalisation and migration control. Whether through the various bilateral trade agreements or through larger regional agreements, EU engagement policies remain geared towards "expanding free trade zones". Even amidst numerous statements from a range of EU-Mediterranean organisations calling for "cooperation", and a "new agenda for the Mediterranean", the focus remains on encouraging privatisation and the lowering of tariffs and non-tariff barriers to trade. Taking into account current production output of the South, such measures would only (continue to)

[77] Lebanese Ministry of Public Health, *AstraZeneca Vaccination Marathon to be Launched Saturday* (in Arabic), 25 May 2021, https://www.moph.gov.lb/en/Media/view/50714.

[78] Lynn Sheikh Moussa, "Herd Immunity Via Infection: Not an Alternative for the COVID-19 Vaccine", in *Beirut Today*, 11 May 2021, https://beirut-today.com/?p=8599; Ghina R. Mumtaz et al., "Modeling the Impact of COVID-19 Vaccination in Lebanon: A Call to Speed-up Vaccine Roll Out", in *Vaccines*, Vol. 9, No. 7 (July 2021), Article 697, https://doi.org/10.3390/vaccines9070697.

[79] Nadine K. Jawad et al., "Refugee Access to COVID-19 Vaccines in Lebanon", in *Lancet*, Vol. 397, No. 10288 (22 May 2021), p. 1884, https://doi.org/10.1016/S0140-6736(21)00925-9.

[80] Ibid.

[81] Fouad M. Fouad et al., "Vulnerability of Syrian Refugees in Lebanon to COVID-19: Quantitative Insights", in *Conflict and Health*, Vol. 15, Article 13 (5 March 2021), https://doi.org/10.1186/s13031-021-00349-6.

[82] Human Rights Watch, *Lebanon: Refugees, Migrants Left Behind in Vaccine Rollout*, 6 April 2021, https://www.hrw.org/node/378388.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

benefit European countries and corporations by allowing them to access southern markets more freely. These policies will weaken socio-economic resilience and accountability, and contribute to even worse healthcare systems in the Southern Mediterranean. An additional consequence is migration, including undocumented immigration to Europe, which the EU has long sought to counter.

Meanwhile, Europe's relationship with its migrant and refugee communities remains problematic. National Covid-19 vaccination programmes in Europe have not successfully included undocumented individuals, although these 4.8 million individuals constitute a significant proportion of the workforce in sectors, such as in care service, domestic work and hospitality sectors, that are most exposed to and likely to transmit Covid-19. Individuals without residency or legal status, such as asylum seekers, homeless and Roma people, also face similar challenges and thus the number of individuals "left behind" is likely much higher than 4.8 million.[83] As for refugees, rather than emphasising protection, priority is given to reinforcing borders. While asylum claims to the EU decreased 33 per cent in the first ten months of 2020 because of border closures and lockdown measures,[84] and smuggling conditions are predicted to worsen because of increased border control measures and travel restrictions,[85] the EU has continued to prioritise tough border control. A damning report by the United Nations Office of the High Commissioner for Human Rights in May 2021 charged the EU with "lethal disregard" for the protection of migrants.[86] The EU nevertheless chose to devote more funds to border control[87] rather than search and rescue missions in the Mediterranean,[88] the most dangerous migration route in the world.

[83] Anna Vallianatou and Emily Venturi and Sophie Zinser, "Brussels Silent on Vaccinating Undocumented Migrants", in *EUobserver*, 16 March 2021, https://euobserver.com/opinion/151219.

[84] Migration Data Portal: *Migration Data Relevant for the COVID-19 Pandemic*, last updated on 10 March 2021, https://migrationdataportal.org/node/2866.

[85] Gabriella Sanchez and Luigi Achilli, "Stranded: The Impacts of COVID-19 on Irregular Migration and Migrant Smuggling", in *MPC Policy Briefs*, No. 2020/20 (May 2020), http://hdl.handle.net/1814/67069.

[86] Office of the United Nations High Commissioner for Human Rights (OHCHR), *"Lethal Disregard". Search and Rescue and the Protection of Migrants in the Central Mediterranean Sea*, Geneva, OHCHR, May 2021, https://www.ohchr.org/Documents/Issues/Migration/OHCHR-thematic-report-SAR-protection-at-sea.pdf.

[87] Frontex, the body tasked with patrolling the external borders of Europe, was granted a 38 per cent increase of its budget in 2020, despite being under investigation by the European Union anti-fraud watchdog over allegations of unlawful operations and despite reports of Frontex agents being complicit in illegal activities against refugees. See Statista, *Annual Budget of Frontex in the EU 2005-2020*, 4 June 2021, https://www.statista.com/statistics/973052; Jacopo Barigazzi, "EU Watchdog Opens Investigation Into Border Agency Frontex", in *Politico*, 11 January 2021, https://www.politico.eu/?p=1571063.

[88] It is important to recognise that the EU's naval mission deliberately patrols areas far from where it might encounter boards in distress. Furthermore, Frontex is focused on assisting Libyan forces to intercept refugee boats, rather than to rescue them. See Human Rights Watch, *How Europe Can Help End Death and Despair in the Mediterranean Sea*, 3 March 2021, https://www.hrw.org/node/378058.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

6. European policies and the case of Israel-Palestine

While praised as a model of Covid-19 vaccine distribution and lauded with its quick return to economic normalcy, Israel was effectively implementing a form of medical apartheid and violating international law. As of 1 July 2021, more than 64 per cent of Israeli citizens were vaccinated (Israeli and Palestinian citizens of Israel),[89] compared to less than 10 per cent of Palestinians living under Israeli military occupation. Israel is responsible as an occupying power, as per Article 56 of the Fourth Geneva Convention, to prevent the spread of contagious diseases and epidemics – thus, naturally, including Covid.[90] Not only does Israel not fulfil its legal responsibilities, it has purposely implemented obstacles for Palestinians to achieve medical care on their own.[91] Israel's claim that the occupied West Bank and Gaza Strip have administrative autonomy since the ratification of the Oslo Accords, and is thus not its responsibility,[92] is invalid under international law.[93]

This discrepancy in vaccination is particularly egregious because Israel had a surplus of vaccines, nearly seven times its population, in April 2021.[94] As stated by the United Nations Human Rights Office of the High Commissioner, "Morally and legally, this differential access to necessary health care in the midst of the worst global health crisis in a century is unacceptable."[95] Almost five million Palestinians in the West Bank and Gaza remain unprotected and exposed to Covid-19, while the Israeli settler population illegally living amongst them are vaccinated.[96]

[89] The presentation of Israeli vaccinations in the main database for numerous studies and analyses, Oxford/Our World in Data, has also been problematic since it excludes the millions of Palestinians living under Israeli military occupation, raising the ire of 19 international rights groups. See Al-Haq et al., *Open Letter to the University of Oxford: Our World in Data Misrepresents Israel's Vaccination Rates*, 22 April 2021, https://www.alhaq.org/advocacy/18220.html.

[90] OHCHR, *Israel/OPT: UN Experts Call on Israel to Ensure Equal Access to COVID-19 Vaccines for Palestinians*, 14 January 2021, https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26655; Daniel Estrin, "As Israel Leads in Covid-19 Vaccines Per Capita, Palestinians Still Await Shots", in *NPR*, 31 December 2020, https://www.npr.org/952364150.

[91] Yara Hawari, "COVID-19 in Palestine: A Pandemic in the Face of 'Settler Colonial Erasure'", in *IAI Commentaries*, No. 20|62 (September 2020), https://www.iai.it/en/node/12079.

[92] OHCHR, *COVID-19: Israel Has 'Legal Duty' to Ensure that Palestinians in OPT Receive Essential Health Services – UN Expert*, 19 March 2020, https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25728.

[93] Area C of the West Bank (under direct Israeli military control) houses more than 60 per cent of Palestinians in the West Bank, and that both Gaza and the West Bank have been left in financial ruin due to years of blockade and occupation, leaves no doubt as to Israel's responsibility to protect the health of occupied Palestinians, under international law. Human Rights Watch, *Israel's Discriminatory Vaccine Push Underscores Need for Action*, cit.

[94] Meirav Arlosoroff, "Another 36 Million Vaccines? Israel Already Has Millions Going to Waste", in *Haaretz*, 1 April 2021, https://www.haaretz.com/israel-news/another-36-million-vaccines-israel-already-has-millions-going-to-waste-1.9672049.

[95] OHCHR, *Israel/OPT: UN Experts Call on Israel to Ensure Equal Access to COVID-19 Vaccines for Palestinians*, cit.

[96] Shira Rubin, "Israel Struggles to Restore Vaccine Swap Deal After Palestinians Reject Doses for Being Too Old", in *The Washington Post*, 20 June 2021, https://www.washingtonpost.com/world/middle_east/israel-pa-vaccine-diplomacy/2021/06/20/fd718aee-d18f-11eb-a224-bd59bd22197c_

ISSN 2610-9603 | ISBN 978-88-9368-220-6

Without doubt, health care does not exist in a vacuum. In the occupied West Bank, the health system has been deliberately depleted by the 54-year long Israeli occupation, which severely restricts movements of both goods and people,[97] including vaccines. In March 2021, Israel "allowed" a mere 3,000 tests and 50,000 masks from the WHO to reach the occupied West Bank.[98] In June 2021, the Israeli government agreed, with the Palestinian Authority, to transfer 1.4 million Pfizer vaccine doses for distribution in the occupied West Bank. In exchange, Israel would receive a new shipment of the same amount, previously allocated to the Palestinians, later in the year. However, upon receipt, it was discovered that the vaccines would expire in two weeks[99] (end of June), instead of the declared date of July-August originally stated by Israel, consequently leading the Palestinian Authority to cancel the deal altogether, after details of the deal were discovered and publicised.[100]

Meanwhile, rather than demanding that Israel fulfil its legal obligations towards the occupied Palestinians and thus vaccinate them equally, and despite Israel not being geographically in Europe, in December 2020 Germany agreed to include Israel in the EU's vaccination deal made with large pharmaceutical companies.[101] More recently, it was revealed that the EU sent Israel twelve million doses of vaccines produced in the EU.[102]

The situation in the Gaza Strip is particularly dire. Covid-19 infections in Gaza account for two-thirds of all Covid-19 cases registered in Gaza and the West Bank,[103] while, as of mid-May 2021, less than 2 per cent of the two million Palestinians in Gaza had been fully vaccinated. The situation has only deteriorated; the recent Israeli military attacks in May 2021 destroyed the sole laboratory that processes test

story.html.

97 WHO Regional Office for the Eastern Mediterranean, *Country Cooperation Strategy for WHO and the Occupied Palestinian Territory, 2017-2020*, Cairo, WHO, 2017, https://apps.who.int/iris/handle/10665/259862.

98 "COGAT Delivers 3,000 Coronavirus Test Kits, 50,000 Masks to PA", in *The Jerusalem Post*, 25 March 2020, https://www.jpost.com/middle-east/cogat-delivers-3000-coronavirus-test-kits-50000-masks-to-pa-622371.

99 Ali Sawafta and Rami Ayyub, "Palestinians Cancel Deal for Near-Expired COVID Vaccines from Israel", in *Reuters*, 18 June 2021, https://reut.rs/35CnovU.

100 Maayan Lubell, "Israel Says COVID-19 Vaccines Rejected by Palestinians Were Safe", in *Reuters*, 19 June 2021, https://www.reuters.com/world/middle-east/israel-says-covid-19-vaccines-rejected-by-palestinians-were-safe-2021-06-19.

101 "Germany Will Include Israel in EU Vaccine Programme, but not Palestinians", in *TRT World*, 1 December 2020, https://www.trtworld.com/article/41972.

102 European Union Delegation to the State of Israel [@EUinIsrael], "More than 3 million vaccinations a day in the #EU...", Twitter post, 9 May 2021, https://twitter.com/EUinIsrael/status/1391383400800559111.

103 WHO Occupied Palestinian Territory, *Coronavirus Disease 2019 (COVID-19) WHO Situation Report 73*, 22 April 2021, https://www.un.org/unispal/?p=249851.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

results,[104] killed the doctor in charge of the coronavirus task force[105] and damaged 17 hospitals and clinics.[106] Israeli attacks on medical facilities are not new: between 2008 and 2014, successive Israeli air raids and bombardments damaged or destroyed 147 hospitals and primary health clinics and 80 ambulances, and injured or killed 145 medical workers.[107]

This latest military attack also damaged 16,800 housing units,[108] leading more people to live in even closer quarters, all within one of the most densely populated areas in the world.[109] Meanwhile, even before the 2021 bombing and because of the illegal Israeli blockade, less than 10 per cent of the population had access to adequate drinking water, and households had only been receiving two hours of electricity per day.[110] Preventive measures simply cannot be implemented in such conditions, therefore significantly increasing the spread of Covid-19.

Israel's apartheid system of domination and discrimination is evident throughout the occupied Palestinian territories, including East Jerusalem. Although residents of East Jerusalem have Israeli residency status and are thus entitled to receive inoculations from Israel,[111] discriminative policies are also very much present, including limited Covid testing clinics in Palestinian neighbourhoods, chronic underfunding of healthcare for Palestinians and other repressive techniques.[112] Furthermore, despite the pandemic (and despite international law) Israel has continued its policy of home demolitions, with a focus on East Jerusalem. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), more than 970 Palestinians are currently at-risk of forced eviction in East Jerusalem, to make way for additional Jewish-only neighbourhoods.[113]

[104] Adam Rasgon, "An Israeli Airstrike Damaged Gaza's Only Lab for Processing Coronavirus Tests, Officials Said", in *The New York Times*, 18 May 2021, https://www.nytimes.com/2021/05/18/world/middleeast/israel-gaza-covid-lab.html.

[105] Fares Akram and Aya Batrawy, "Gaza's Health System Buckling Under Repeated Wars, Blockade", in *AP News*, 20 May 2021, https://apnews.com/article/6a90b085483e8ccc56dc40d759fef1bf.

[106] Vivian Yee and Iyad Abuheweila, "With the Fighting Suspended, Assessing the Destruction in Gaza", in *The New York Times*, 21 May 2021, https://www.nytimes.com/2021/05/21/world/middleeast/gaza-damage.html.

[107] Medical Aid for Palestinians (MAP), "Health under Occupation", in *MAP Briefing Series*, September 2017, p. 13, https://www.map.org.uk/campaigns/health-under-occupation-briefing-papers.

[108] Nidal Al-Mughrabi, "'Like a Tsunami': Gazans Emerge to See the Damage After Fighting Ends", in *Reuters*, 21 May 2021, https://www.reuters.com/world/middle-east/like-tsunami-gazans-emerge-see-damage-after-fighting-ends-2021-05-21.

[109] Approximately 2.1 million people live in a total area of 365 square kilometres.

[110] UN News, *Gaza Could Become Uninhabitable in Less Than Five Years Due to Ongoing 'De-Development' - UN Report*, 1 September 2015, https://news.un.org/en/node/507762.

[111] "Covid-19: Palestinians Lag Behind in Vaccine Efforts as Infections Rise", in *BBC News*, 22 March 2021, https://www.bbc.com/news/55800921.

[112] Yara Hawari, "COVID-19 in Palestine: A Pandemic in the Face of 'Settler Colonial Erasure'", cit.

[113] C.J. Werleman, "Israel's Campaign of Ethnic Cleaning in East Jerusalem Demands Urgent Action", in *Inside Arabia*, 19 March 2021, https://insidearabia.com/?p=14846.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

Israel has also failed to fulfil its legal obligations towards Palestinian political prisoners.[114] "Overcrowding, insufficient ventilation, and a lack of hygiene products for prisoners make it difficult, if not impossible, to contain spread of the coronavirus inside Israeli prisons, leaving Palestinian prisoners and detainees unprotected and exposed to the rapid spread of Covid-19."[115]

These discriminatory policies also extend to Palestinian citizens of Israel. Israel has offered limited testing and tracing in the deliberately over-crowded, under-funded, segregated Palestinian localities, which are also deprived of adequate health services.[116]

The EU needs to clarify its role. If the objective is to strive towards overcoming health vulnerabilities throughout the Mediterranean, the EU needs to recognise the vulnerabilities of all states and societies. Moving away from a neoliberal development framework that creates profound dependency on aid from increasingly restrictive international donors would be a good start.[117] Instead of consistently looking the other way and calling for negotiations and a bankrupted "peace process", the EU should call for accountability, including from the International Criminal Court. At the very least, the EU should demand that Israel equally and fairly distribute vaccines to all of its citizens, as well as to the Palestinians living in occupied East Jerusalem, the West Bank and the besieged Gaza Strip.

7. Strengthening effective Mediterranean cooperation on public health

While European states struggle to sustain their previous lifestyle and meet the urgent needs of their societies, states across North Africa and the Near East find themselves at an even larger disadvantage, lacking the means and framework to address day-to-day challenges, let alone the devastating repercussions of a pandemic on their finances and domestic needs. The term crisis is derived from the Greek "*krisis*", defined as an acute turning point for better or worse. If anything, the Covid-19 crisis has reminded us that nature, its environment and microbes, do not abide by the laws and treaties around which politics and economics are organised; it is up to the latter to adapt to that reality, not the other way around.

[114] Article 76 of the Fourth Geneva Convention, for example, affirms that prisoners and detainees "shall enjoy conditions of food and hygiene which will be sufficient to keep them in good health", further emphasising that they "shall receive the medical attention required by their state of health".

[115] Al-Haq et al., *Joint Written Statement* Submitted by Al-Haq, Law in the Service of Man, Al Mezan Centre for Human Rights, Cairo Institute for Human Rights Studies, Palestinian Centre for Human Rights, Non-Governmental Organizations in Special Consultative Status* (A/HRC/46/NGO/90), 17 February 2021, p. 2, https://undocs.org/A/HRC/46/NGO/90.

[116] Yara Hawari, "COVID-19 in Palestine: A Pandemic in the Face of 'Settler Colonial Erasure'", cit.

[117] David Mills et al., "Structural Violence in the Era of a New Pandemic: The Case of the Gaza Strip", in *Lancet*, 26 March 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7194595.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

Any hope for a sustainable future depends on regarding the Mediterranean as one geographic entity. Addressing disparities within that single geographic space, furthering economic cooperation and breaking the cycle of north/south abuse and dependence and moving away from a myopic Eurocentric vision has become a vital necessity for all. Based on the elaborated diagnoses mentioned above, we now put forward a non-exhaustive list of fields of cooperation across both shores of the Mediterranean.

First and foremost, the EU should support the waiver of the TRIPS agreement to allow the transfer of vaccine production licenses and Covid-19 related technologies, such as those implicated in the production of vaccines, testing kits, PPE, ventilators and pharmacological treatments. This would generate a global combative response to the pandemic while setting the scene for more collaboration in the fields of science and technology, and the production of medical equipment in the future.

For the technological transfer to succeed, it should be accompanied by a transfer of wealth, via both a sizable debt write-off or a restructuring of European, North African and Near Eastern public, private and multilateral debt, and through Northern public and private capital investments into large scale industries in the South. Debt write-off is only ambitious in the sense that it would pave the way for a reform of global money markets. It is still, however, an urgent necessity today. Public and private debt have soared during the pandemic.[118] For economies to start anew, they must be freed from the burden of debt bondage. This is true for European member states, which should not be trapped in a loop of debt to address the healthcare needs of their people; as well as the countries in North Africa and the Near East, which are struggling to finance these needs through interest payments.

A more sustainable alternative is possible, based on cooperation and equity, through investments that favour societal resilience rather than "state resilience" of in-egalitarian regimes. This means a break from the current EU investment strategy that favours the tertiary sector or small scale, private and rudimentary industries. Developing production of strategic goods, such as vaccines, medical equipment, pharmaceutical compounds and PPEs in North Africa and the Near East would significantly improve access to these goods by producing them closer to their intended markets, thereby reducing the risk of shortages in times of crisis. Such an endeavour would also benefit from low production costs and serve to stabilise the region economically by creating stable jobs that are not dependent on the continuous influx of foreign capital. It would also reduce the migratory influx towards Europe by tackling economic disparities. Economic stability could eventually improve socio-political stability, which would in turn reduce security concerns and expenses of northern countries presently engaged in building what some have termed a "Fortress Europe". Such policies could also pave the way for true scientific cooperation, instead of systematic brain drain towards Europe, leaving

[118] Silvia Amaro, "'Attack of the Debt Tsunami': Coronavirus Pushes Global Debt to Record High", in *CNBC*, 19 November 2020, https://cnb.cx/3feswdF.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

both shores of the Mediterranean equally resilient towards diseases and working together on the detection, monitoring and early containment of communicable diseases via the expansion of the European health monitoring programme towards North Africa and the Near East.

On the international political scene, Mediterranean countries should join forces in reforming the WHO. The need for a financially autonomous WHO was clear even before[119] former US President Donald Trump withheld 450 million dollars in funding from the organisation in the midst of the pandemic.[120] Financial autonomy is essential to liberate the organisation from the influence of pharmaceutical and geopolitical interests.

Finally, the EU should halt the funnelling of weapons towards areas of conflict in the Middle East and North Africa and refrain from supporting authoritarian regimes and Israel's system of occupation and apartheid domination over the Palestinians. Public health is a matter of politics not technicalities; health equity can therefore only be achieved under equitable political systems.

In addition to building economic and political equity, and institutionalising One Health models in national and regional agreements, promoting environmental justice and ecological health are essential to achieving public health, particularly since the significant disturbances to ecosystems can create pandemics. For example, the EU should work towards encouraging agro-ecological systems. Instead of encouraging monocultural agricultural systems (as is the case of the globalised agricultural trade), support needs to be given for diverse, integrated small farms. These agro-ecological farms would also preserve biodiversity and increase water efficiency.

As damaging as the pandemic has been to our health and economies, it remains minuscule compared to the current and expected consequences of the climate emergency.[121] Although there is no evidence of a direct causation between climate change and Covid, there are numerous indirect connections, such as decreased biodiversity and increased deforestation, which contribute to both climate change and the pandemic. While a vaccine does exist for Covid-19, one does not exist for climate change, an emergency that has yet to be addressed with the seriousness it deserves, including from the EU. For example, not only does the Commission's Fit

[119] Srikanth K. Reddy, Sumaira Mazhar and Raphael Lencucha, "The Financial Sustainability of the World Health Organization and the Political Economy of Global Health Governance: A Review of Funding Proposals", in *Globalization and Health*, Vol. 14 (2018), Article 119, https://doi.org/10.1186/s12992-018-0436-8.

[120] Amy Maxmen, "What US Exit from the WHO Means for Global Health", in *Nature*, Vol. 582, No. 7810 (4 June 2020), p. 17, https://doi.org/10.1038/d41586-020-01586-0.

[121] Mark Fischetti, "We Are Living in a Climate Emergency, and We're Going to Say So", in *Scientific American*, 12 April 2021, https://www.scientificamerican.com/article/we-are-living-in-a-climate-emergency-and-were-going-to-say-so.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

for 55[122] impose additional financial burdens on individuals, rather than on large industries, the objectives themselves are simply insufficient to limit the rise in average temperature.[123]

What is required is an economic transformation towards real sustainability, not greenwashing. A feasible pathway towards that goal, including 85 policy recommendations grounded in coordination across sectors, has been outlined in the Blueprint for Europe's Just Transition by a coalition of 15 organisations.[124] The Blueprint's policies, if implemented, would "see Europe reach net-zero CO_2 emissions by 2025",[125] thus outlining a more ambitious target compared to the present EU Green Deal, which aims for net-zero by 2050. Given the vital need for cooperation across nation-states and the central role of human security and environmental justice, ecological health and economic equity for adapting and mitigating the climate emergency, the Covid crisis *could* serve as a critical lesson for the future, but only if genuine cooperation and solidarity are placed at the centre of this new approach to healthcare and the coming climate emergency.

Updated 16 September 2021

[122] European Parliament, *Legislative Train Schedule: Fit for 55 Package under the European Green Deal*, https://www.europarl.europa.eu/legislative-train/theme-a-european-green-deal/package-fit-for-55.

[123] Dusan Pajovic and Lucas Febraro, "Fit for the 1%: The Failure of the EU's Fit for 55 Plan", in *DiEM25*, 29 July 2021, https://diem25.org/fit-for-the-1-the-failure-the-eus-fit-for-55-plan.

[124] David Adler, Pawel Wargan and Sona Prakash (eds), *A Blueprint for Europe's Just Transition*, The Green New Deal for Europe, December 2019, https://report.gndforeurope.com.

[125] Ibid., p. 17.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

References

Yasmina Abouzzohour, "One Year of COVID-19 in the Middle East and North Africa: The Fate of the 'Best Performers'", in *Order from Chaos*, 22 March 2021, https://brook.gs/2NFD9g9

Yasmina Abouzzohour, "Tunisia May Have Beaten COVID-19, But Challenges Persist", in *Brookings Op-eds*, 30 July 2020, https://brook.gs/33efHMv

Yasmina Abouzzohour and Nejla Ben Mimoune, "Policy and Institutional Responses to COVID-19 in the Middle East and North Africa: Tunisia", in *Brookings Reports*, December 2020, https://brook.gs/3noP12D

David Adler, Pawel Wargan and Sona Prakash (eds), *A Blueprint for Europe's Just Transition*, The Green New Deal for Europe, December 2019, https://report.gndforeurope.com

Fares Akram and Aya Batrawy, "Gaza's Health System Buckling Under Repeated Wars, Blockade", in *AP News*, 20 May 2021, https://apnews.com/article/6a90b085483e8ccc56dc40d759fef1bf

Al-Haq et al., *Israel Entrenches Crime of Apartheid over the Palestinian People* (A/HRC/43/NGO/185), 17 June 2020, https://undocs.org/A/HRC/43/NGO/185

Al-Haq et al., *Joint Written Statement* Submitted by Al-Haq, Law in the Service of Man, Al Mezan Centre for Human Rights, Cairo Institute for Human Rights Studies, Palestinian Centre for Human Rights, Non-Governmental Organizations in Special Consultative Status* (A/HRC/46/NGO/90), 17 February 2021, https://undocs.org/A/HRC/46/NGO/90

Al-Haq et al., *Open Letter to the University of Oxford: Our World in Data Misrepresents Israel's Vaccination Rates*, 22 April 2021, https://www.alhaq.org/advocacy/18220.html

Nidal Al-Mughrabi, "'Like a Tsunami': Gazans Emerge to See the Damage After Fighting Ends", in *Reuters*, 21 May 2021, https://www.reuters.com/world/middle-east/like-tsunami-gazans-emerge-see-damage-after-fighting-ends-2021-05-21

Osaid Alser et al., "Health Care Workers Call for Support of Palestinians", in *Scientific American*, 2 June 2021

Silvia Amaro, "'Attack of the Debt Tsunami': Coronavirus Pushes Global Debt to Record High", in *CNBC*, 19 November 2020, https://cnb.cx/3feswdF

Amnesty International, *Tunisia: Rescind Ministerial Order Censoring Health Workers over Covid-19*, 20 April 2021, https://www.amnesty.org/en/?p=123239

ISSN 2610-9603 | ISBN 978-88-9368-220-6

Meirav Arlosoroff, "Another 36 Million Vaccines? Israel Already Has Millions Going to Waste", in *Haaretz*, 1 April 2021, https://www.haaretz.com/israel-news/another-36-million-vaccines-israel-already-has-millions-going-to-waste-1.9672049

Jacob Assa and Cecilia Calderon, "Privatization and Pandemic: A Cross-Country Analysis of COVID-19 Rates and Health-Care Financing Structures", in *The New School for Social Research Working Papers*, No. 8/2020 (June 2020), http://www.economicpolicyresearch.org/econ/2020/NSSR_WP_082020.pdf

Rym Ayadi and Sara Ronco, *How Resilient are the Healthcare Systems in the Mediterranean? Cases of Algeria, Jordan, Lebanon, Morocco,Palestine and Tunisia*, Tunis, Konrad-Adenauer-Stiftung, December 2020, https://www.kas.de/en/web/poldimed/single-title/-/content/how-resilient-are-the-healthcare-systems-in-the-mediterranean

Timour Azhari, "Lebanese Banks Swallow at Least $250m in U.N. Aid", in *Reuters*, 17 June 2021, https://reut.rs/2SIDL7d

Jacopo Barigazzi, "EU Watchdog Opens Investigation Into Border Agency Frontex", in *Politico*, 11 January 2021, https://www.politico.eu/?p=1571063

Eric Beech, "Trump Invokes Defense Production Act to Stop Export of Masks", in *Reuters*, 4 April 2020, https://reut.rs/39IIHLC

Saoussen Ben Cheikh, "Tunisians Left to Themselves to Fight COVID-19", in *Global Voices*, 20 May 2021, https://globalvoices.org/?p=735542

Aaron Boxerman, "West Bank Hospitals Under Stress as 3rd Coronavirus Wave Hits Palestinian Hards", in *The Times of Israel*, 25 February 2021, https://www.timesofisrael.com/west-bank-hospitals-under-stress-as-3rd-coronavirus-wave-hits-palestinians-hard

Raymond L. Bryant and Sinéad Bailey, *Third World Political Ecology*, London/New York, Routledge, 1997

Guy Chazan, "Germany Accuses US of Face Mask Piracy", in *Financial Times*, 4 April 2020, https://www.ft.com/content/bb52e108-a345-4278-8e72-f1c20e010cda

Collaborative Partnership on Forests, *Challenges and Opportunities in Turning the Tide on Deforestation*, April 2021, http://www.cpfweb.org/50449-0941d79c54a6810d4c9eb2f45bbcb25f7.pdf

Corporate Europe Observatory, *The Commission's Pharma Echo Chamber*, 7 May 2021, https://corporateeurope.org/en/node/1781

ISSN 2610-9603 | ISBN 978-88-9368-220-6

David M. Cutler and Lawrence H. Summers, "The COVID-19 Pandemic and the $16 Trillion Virus", in *JAMA*, Vol. 324, No. 15 (20 October 2020), p. 1495-1496, https://doi.org/10.1001/jama.2020.19759

Daniel Estrin, "As Israel Leads in Covid-19 Vaccines Per Capita, Palestinians Still Await Shots", in *NPR*, 31 December 2020, https://www.npr.org/952364150

European Commission, *Action Plan to Enhance Preparedness Against Chemical, Biological, Radiological and Nuclear Security Risks* (COM/2017/610), 18 October 2017, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52017DC0610

European Commission, *Coronavirus: EU Medical Teams Deployed to Italy*, 7 April 2020, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_613

European Commission, *COVID-19: Commission Creates First Ever RescEU Stockpile of Medical Equipment*, 19 March 2020, https://ec.europa.eu/commission/presscorner/detail/en/ip_20_476

European Commission, *EU Doubles Contribution to COVAX to €1 Billion to Ensure Safe and Effective Vaccines for Low and Middle-Income Countries*, 19 February 2021, https://ec.europa.eu/commission/presscorner/detail/en/ip_21_690

European Commission, *EU Strategy for COVID-19 Vaccines* (COM/2020/245), 17 June 2020, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020DC0245

European Commission, *Making the Most of the EU's Innovative Potential. An Intellectual Property Action Plan to support the EU's Recovery and Resilience* (COM/2020/760), 25 November 2020, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020DC0760

European Commission, *Questions and Answers: Commission Proposes SURE, a New Temporary Instrument Worth Up to €100 Billion to Help Protect Jobs and People in Work*, 2 April 2020, https://ec.europa.eu/commission/presscorner/detail/en/qanda_20_572

European Commission, *Questions and Answers: Communication on Fiscal Policy Response to Coronavirus Pandemic*, 3 March 2021, https://ec.europa.eu/commission/presscorner/detail/en/qanda_21_885

European Commission, *Statement of the European Commission on the Methodology Used to Determine the Allocation of Doses of Vaccines Under the Advance Purchase Agreements*, 13 March 2021, https://ec.europa.eu/commission/presscorner/detail/en/statement_21_1161

European Parliament and Council of the European Union, *Directive 2001/83/EC of 6 November 2001 on the Community Code Relating to Medicinal Products for Human Use*, http://data.europa.eu/eli/dir/2001/83/oj

ISSN 2610-9603 | ISBN 978-88-9368-220-6

European Parliament and Council of the European Union, *Regulation (EC) No 726/2004 of 31 March 2004 Laying Down Community Procedures for the Authorisation and Supervision of Medicinal Products for Human and Veterinary Use and Establishing a European Medicines Agency*, http://data.europa.eu/eli/reg/2004/726/oj

European Union of Private Hospitals (UEHP), "Hospital Private Sector Increases by 16% in a Global Contracting Market (- 9%)", in *UEHP Press Releases*, 16 November 2017, http://www.uehp.eu/newsletter/201711/files/UEHP_Press_Release_15nov2017.pdf

Richard Falk and Virginia Q. Tilley, *Israeli Practices towards the Palestinian People and the Question of Apartheid*, Beirut, United Nations, 2017, https://opensiuc.lib.siu.edu/ps_pubs/9

Joan Faus and Angelo Amante, "Southern Europe Rues Exodus of Doctors, Nurses as Coronavirus Surges", in *Reuters*, 19 November 2020, https://reut.rs/36OaeMl

Stephanie Findlay and Anna Gross, "Not Enough Covid Vaccine for All Until 2024, Says Biggest Producer", in *Financial Times*, 14 September 2020, https://www.ft.com/content/a832d5d7-4a7f-42cc-850d-8757f19c3b6b

Mark Fischetti, "We Are Living in a Climate Emergency, and We're Going to Say So", in *Scientific American*, 12 April 2021, https://www.scientificamerican.com/article/we-are-living-in-a-climate-emergency-and-were-going-to-say-so

Fouad M. Fouad et al., "Vulnerability of Syrian Refugees in Lebanon to COVID-19: Quantitative Insights", in *Conflict and Health*, Vol. 15, Article 13 (5 March 2021), https://doi.org/10.1186/s13031-021-00349-6

Livio Garattini, Michele Zanetti and Nicholas Freemantle, "The Italian NHS: What Lessons to Draw from COVID-19?", in *Applied Health Economics and Health Policy*, Vol. 18, No. 4 (August 2020), p. 463-466, https://doi.org/10.1007/s40258-020-00594-5

Pascal Garel and Isabella Notarangelo, "Hospitals in Europe: Healthcare Data", in *Hospital Healthcare Europe*, 9 January 2020, https://hospitalhealthcare.com/?p=15533

Yai-Ellen Gaye, Christopher Agbajogu and Reida El Oakley, "COVID-19 on the Nile: Review on the Management and Outcomes of the COVID-19 Pandemic in the Arab Republic of Egypt from February to August 2020", in *International Journal of Environmental Research and Public Health*, Vol. 18, No. 4 (8 February 2021), Article 1588, https://doi.org/10.3390/ijerph18041588

Tedros Adhanom Ghebreyesus, "I Run the W.H.O., and I Know That Rich Countries Must Make a Choice", in *The New York Times*, 22 April 2021, https://www.nytimes.

ISSN 2610-9603 | ISBN 978-88-9368-220-6

com/2021/04/22/opinion/who-covid-vaccines.html

Victoria Gill, "Coronavirus: This Is Not the Last Pandemic", in *BBC News*, 6 June 2020, https://www.bbc.com/news/science-environment-52775386

Harris Gleckman, *COVAX. A Global Multistakeholder Group that Poses Political and Health Risks to Developing Countries and Multilateralism*, Amsterdam, Friends of the Earth International and Transnational Institute, March 2021, https://longreads.tni.org/covax

James S. Hassell et al., "Towards an Ecosystem Model of Infectious Disease", in *Nature Ecology and Evolution*, Vol. 5, No. 7 (July 2021), p. 907-918

Yara Hawari, "COVID-19 in Palestine: A Pandemic in the Face of 'Settler Colonial Erasure'", in *IAI Commentaries*, No. 20|62 (September 2020), https://www.iai.it/en/node/12079

Human Rights Watch, *Egypt: Provide Equitable COVID-19 Vaccine Access*, 9 March 2021, https://www.hrw.org/node/378130

Human Rights Watch, *How Europe Can Help End Death and Despair in the Mediterranean Sea*, 3 March 2021, https://www.hrw.org/node/378058

Human Rights Watch, *Israel's Discriminatory Vaccine Push Underscores Need for Action*, 19 March 2021, https://www.hrw.org/node/378276

Human Rights Watch, *Lebanon: Refugees, Migrants Left Behind in Vaccine Rollout*, 6 April 2021, https://www.hrw.org/node/378388

Human Rights Watch, *A Threshold Crossed. Israeli Authorities and the Crimes of Apartheid and Persecution*, 27 April 2021, https://www.hrw.org/node/378469

Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES), *Escaping the 'Era of Pandemics': Experts Warn Worse Crises to Come Options Offered to Reduce Risk*, November 2020, https://ipbes.net/sites/default/files/2020-12/IPBES%20Pandemics%20Report%20Media%20Release.pdf

IPBES, *Workshop Report on Biodiversity and Pandemics*, Bonn, IPBES Secretariat, 2020, https://ipbes.net/pandemics

Nadine K. Jawad et al., "Refugee Access to COVID-19 Vaccines in Lebanon", in *Lancet*, Vol. 397, No. 10288 (22 May 2021), p. 1884, https://doi.org/10.1016/S0140-6736(21)00925-9

Frederik Johannisson, "Vaccine Inequalities in Egypt Highlight Global Injustices", in *EuroMed Rights Publications*, 27 May 2021, https://euromedrights.org/?p=23227

ISSN 2610-9603 | ISBN 978-88-9368-220-6

Petra Khoury, Eid Azar and Eveline Hitti, "COVID-19 Response in Lebanon: Current Experience and Challenges in a Low-Resource Setting", in *JAMA*, Vol. 324, No. 6 (11 August 2020), p. 548-549, https://doi.org/10.1001/jama.2020.12695

Zoltán Kis and Zain Rizvi, *How to Make Enough Vaccine for the World in One Year*, Washington, Public Citizen, 26 May 2021, https://www.citizen.org/?p=75921

Deeksha Kokas et al., "Impacts of COVID-19 on Household Welfare in Tunisia", in *World Bank Policy Research Working Papers*, No. 9503 (December 2020), http://hdl.handle.net/10986/34980

Lebanese Ministry of Public Health, *AstraZeneca Vaccination Marathon to be Launched Saturday* (in Arabic), 25 May 2021, https://www.moph.gov.lb/en/Media/view/50714

Maayan Lubell, "Israel Says COVID-19 Vaccines Rejected by Palestinians Were Safe", in *Reuters*, 19 June 2021, https://www.reuters.com/world/middle-east/israel-says-covid-19-vaccines-rejected-by-palestinians-were-safe-2021-06-19

Rana Mamdouh, "Lawmakers, Their Families Receive Privileged Vaccine Access Ahead of Priority Groups", in *Mada Masr*, 21 April 2021, https://www.madamasr.com/en/?p=322937

Amy Maxmen, "What US Exit from the WHO Means for Global Health", in *Nature*, Vol. 582, No. 7810 (4 June 2020), p. 17, https://doi.org/10.1038/d41586-020-01586-0

Médecins Sans Frontières (MSF), *A Fair Shot for Vaccine Affordability. Understanding and Addressing the Effects of Patents on Access to Newer Vaccines*, Geneva, MSF Access Campaign, September 2017, https://msfaccess.org/node/30586

MSF, *Open Letter to Governments Blocking the Proposal to Remove Monopolies on COVID-19 Medical Tools During the Pandemic*, 9 March 2021, https://msfaccess.org/node/488066

Mohammed A. Medhat and Mohamed El Kassas, "COVID-19 in Egypt: Uncovered Figures or a Different Situation?", in *Journal of Global Health*, Vol. 10, No. 1 (June 2020), Article 010368, https://doi.org/10.7189/jogh.10.010368

Medical Aid for Palestinians (MAP), "Health under Occupation", in *MAP Briefing Series*, September 2017, https://www.map.org.uk/campaigns/health-under-occupation-briefing-papers

David Mills et al., "Structural Violence in the Era of a New Pandemic: The Case of the Gaza Strip", in *Lancet*, 26 March 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7194595

ISSN 2610-9603 | ISBN 978-88-9368-220-6

Paul Moawad and Lauren Andres, "Tackling COVID-19 in Informal Tented Settlements (Lebanon): An Assessment of Preparedness and Response Plans and Their Impact on the Health Vulnerabilities of Syrian Refugees", in *Journal of Migration and Health*, Vol. 1-2 (2020), Article 100011, https://doi.org/10.1016/j.jmh.2020.100011

Lynn Sheikh Moussa, "Herd Immunity Via Infection: Not an Alternative for the COVID-19 Vaccine", in *Beirut Today*, 11 May 2021, https://beirut-today.com/?p=8599

Ghina R. Mumtaz et al., "Modeling the Impact of COVID-19 Vaccination in Lebanon: A Call to Speed-up Vaccine Roll Out", in *Vaccines*, Vol. 9, No. 7 (July 2021), Article 697, https://doi.org/10.3390/vaccines9070697

Francois Murphy, "EU Defends Vaccine Distribution as Nations Complain It Is Uneven", in *Reuters*, 13 March 2021, https://reut.rs/3leE2bL

Chas Newkey-Burden, "Germany 'Violates' EU Joint Vaccine Scheme by Buying 30 Million Extra Doses", in *The Week*, 11 January 2021, https://www.theweek.co.uk/951628/germany-buy-30-million-vaccine-jabs-outside-eu-scheme

Office of the United Nations High Commissioner for Human Rights (OHCHR), *COVID-19: Israel Has 'Legal Duty' to Ensure that Palestinians in OPT Receive Essential Health Services – UN Expert*, 19 March 2020, https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25728

OHCHR, *Israel/OPT: UN Experts Call on Israel to Ensure Equal Access to COVID-19 Vaccines for Palestinians*, 14 January 2021, https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26655

OHCHR, *"Lethal Disregard". Search and Rescue and the Protection of Migrants in the Central Mediterranean Sea*, Geneva, OHCHR, May 2021, https://www.ohchr.org/Documents/Issues/Migration/OHCHR-thematic-report-SAR-protection-at-sea.pdf

Kate O'Keeffe, Liza Lin and Eva Xiao, "China's Export Restrictions Strand Medical Goods U.S. Needs to Fight Coronavirus, State Department Says", in *The Wall Street Journal*, 16 April 2020

Dusan Pajovic and Lucas Febraro, "Fit for the 1%: The Failure of the EU's Fit for 55 Plan", in *DiEM25*, 29 July 2021, https://diem25.org/fit-for-the-1-the-failure-the-eus-fit-for-55-plan

Adam Rasgon, "An Israeli Airstrike Damaged Gaza's Only Lab for Processing Coronavirus Tests, Officials Said", in *The New York Times*, 18 May 2021, https://www.nytimes.com/2021/05/18/world/middleeast/israel-gaza-covid-lab.html

ISSN 2610-9603 | ISBN 978-88-9368-220-6

Srikanth K. Reddy, Sumaira Mazhar and Raphael Lencucha, "The Financial Sustainability of the World Health Organization and the Political Economy of Global Health Governance: A Review of Funding Proposals", in *Globalization and Health*, Vol. 14 (2018), Article 119, https://doi.org/10.1186/s12992-018-0436-8

Andrew Rhodes et al., "The Variability of Critical Care Bed Numbers in Europe", in *Intensive Care Medicine*, Vol. 38, No. 10 (October 2012), p. 1647-1653, https://doi.org/10.1007/s00134-012-2627-8

Hannah Ritchie et al., "Coronavirus Pandemic (Covid-19). Statistics and Research", in *Our World in Data*, https://ourworldindata.org/coronavirus

Solenn de Royer and Chloé Hecketsweiler, "Coronavirus : face à la commission d'enquête, Jérôme Salomon ne lâche rien", in *Le Monde*, 17 June 2020

Shira Rubin, "Israel Struggles to Restore Vaccine Swap Deal After Palestinians Reject Doses for Being Too Old", in *The Washington Post*, 20 June 2021, https://www.washingtonpost.com/world/middle_east/israel-pa-vaccine-diplomacy/2021/06/20/fd718aee-d18f-11eb-a224-bd59bd22197c_story.html

Michael Safi and Ashley Kirk, "Revealed: Big Shortfall in Covax Covid Vaccine-Sharing Scheme", in *The Guardian*, 22 April 2021, https://www.theguardian.com/p/h5qaj

Gabriella Sanchez and Luigi Achilli, "Stranded: The Impacts of COVID-19 on Irregular Migration and Migrant Smuggling", in *MPC Policy Briefs*, No. 2020/20 (May 2020), http://hdl.handle.net/1814/67069

Ali Sawafta and Rami Ayyub, "Palestinians Cancel Deal for Near-Expired COVID Vaccines from Israel", in *Reuters*, 18 June 2021, https://reut.rs/35CnovU

Cathrin Schaer and Kersten Knipp, "Tunisia's Third COVID-19 Wave: Doctors Warn of Health System Collapse", in *Deutsche Welle*, 4 May 2021, https://p.dw.com/p/3swwD

Mohammad Hassan Shakil et al., "COVID-19 and the Environment: A Critical Review and Research Agenda", in *Science of the Total Environment*, Vol. 745 (25 November 2020), Article 141022, https://doi.org/10.1016/j.scitotenv.2020.141022

Jeff Tollefson, "Why Deforestation and Extinctions Make Pandemics More Likely", in Nature, Vol. 584, No. 7820 (13 August 2020), p. 175-176, https://doi.org/10.1038/d41586-020-02341-1

UN News, *COVID-19 Infections Rise, Delta Variant Spreads to 132 Countries*, 28 July 2021, https://news.un.org/en/story/2021/07/1096572

ISSN 2610-9603 | ISBN 978-88-9368-220-6

UN News, *Gaza Could Become Uninhabitable in Less Than Five Years Due to Ongoing 'De-Development' - UN Report*, 1 September 2015, https://news.un.org/en/node/507762

Anna Vallianatou and Emily Venturi and Sophie Zinser, "Brussels Silent on Vaccinating Undocumented Migrants", in *EUobserver*, 16 March 2021, https://euobserver.com/opinion/151219

Cock Van Oosterhout, "Mitigating the Threat of Emerging Infectious Diseases; A Coevolutionary Perspective", in *Virulence*, Vol. 12, No. 1 (2020), p. 1288-1295, https://doi.org/10.1080/21505594.2021.1920741

Ludovic Voet, "EU Migration and Asylum Pact Abandons Compassion and Human Rights", in *Social Europe*, 10 June 2021, https://socialeurope.eu/eu-migration-and-asylum-pact-abandons-compassion-and-human-rights

Ursula von der Leyen and Tedros Adhanom Ghebreyesus, "A Global Pandemic Requires a World Effort to End It – None of Us Will Be Safe Until Everyone Is Safe", in *The Telegraph*, 30 September 2020, https://www.telegraph.co.uk/global-health/science-and-disease/global-pandemic-requires-world-effort-end-none-us-will-safe

C.J. Werleman, "Israel's Campaign of Ethnic Cleaning in East Jerusalem Demands Urgent Action", in *Inside Arabia*, 19 March 2021, https://insidearabia.com/?p=14846

World Bank, "Tunisia", in *Macro Poverty Outlook for Middle East and North Africa*, 2 April 2021, p. 176-177, https://www.worldbank.org/en/country/tunisia/publication/economic-update-april-2021

World Health Organization (WHO) Occupied Palestinian Territory, *Coronavirus Disease 2019 (COVID-19) WHO Situation Report 73*, 22 April 2021, https://www.un.org/unispal/?p=249851

WHO Regional Office for the Eastern Mediterranean, *Country Cooperation Strategy for WHO and the Occupied Palestinian Territory, 2017-2020*, Cairo, WHO, 2017, https://apps.who.int/iris/handle/10665/259862

WHO Regional Office for the Eastern Mediterranean, *Egypt Receives Second Shipment of 1.77 Million COVID-19 Vaccines Through the COVAX Facility*, 14 May 2021, http://www.emro.who.int/media/news/egypt-receives-second-shipment-of-177-million-covid-19-vaccines-through-the-covax-facility.html

Vivian Yee and Iyad Abuheweila, "With the Fighting Suspended, Assessing the Destruction in Gaza", in *The New York Times*, 21 May 2021, https://www.nytimes.com/2021/05/21/world/middleeast/gaza-damage.html

ISSN 2610-9603 | ISBN 978-88-9368-220-6

Istituto Affari Internazionali (IAI)
The Istituto Affari Internazionali (IAI) is a private, independent non-profit think tank, founded in 1965 on the initiative of Altiero Spinelli. IAI seeks to promote awareness of international politics and to contribute to the advancement of European integration and multilateral cooperation. Its focus embraces topics of strategic relevance such as European integration, security and defence, international economics and global governance, energy, climate and Italian foreign policy; as well as the dynamics of cooperation and conflict in key geographical regions such as the Mediterranean and Middle East, Asia, Eurasia, Africa and the Americas. IAI publishes an English-language quarterly (*The International Spectator*), an online webzine (*Affarinternazionali*), three book series (*Global Politics and Security*, *Quaderni IAI* and *IAI Research Studies*) and some papers' series related to IAI research projects (*Documenti IAI*, *IAI Papers*, etc.).

Via dei Montecatini, 17 - I-00186 Rome, Italy
T +39 06 6976831
iai@iai.it
www.iai.it

Latest IAI PAPERS

Director: Riccardo Alcaro (r.alcaro@iai.it)

ISSN 2610-9603 | ISBN 978-88-9368-220-6