Deploying Authority: Saudi Arabia and Egypt Strive to Respond to COVID-19

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How have states in the Arab world handled the enormous challenges posed by the COVID pandemic? While the threats to public health and welfare have been daunting, the menu of possible responses is actually fairly short. Most states throughout the world have reacted over the past year with some mixture of restrictions on public space and movement, palliative economic steps, and public health measures. Yet if the menu for officials to choose from is short, permutations and emphases vary considerably. Sometimes it is simply a matter of state capacity: Yemen and Libya are likely to react differently from Saudi Arabia or Egypt. But even among states with some coherence and infrastructural capacity, there is still considerable variation. And while political scientists increasingly define their inquiries in terms of explaining variations in outcome, those who study authoritarianism often risk depriving themselves of a key tool of doing so: by casting much of authoritarian politics in terms of rulers or regimes seeking to maintain themselves, much of the variation in how states behave can be difficult to explain.

Those who studied Arab politics over the past two decades have given the broader discipline real insights into how authoritarianism operates (and not merely how it emerges or collapses). In this short article, we use the experience of Egypt and Saudi Arabia to probe variations in authoritarian responses. While both are indeed governed by deeply authoritarian regimes, the two cases are also characterized by different patterns of state formation and current structures. And they are presiding over different societies. In probing how these two states have attempted to manage the pandemic's challenges, we seek to supplement our tools of understanding policy outcomes beyond simply focusing on regime motivations for survival. To be sure, in both cases, regime maintenance strategies have been very much evident. But we also offer some observations—mostly derived from inductive study—on other factors that have shaped policy outcome: institutional infrastructure (the "muscle memory" of state behavior), technological advancement, and relationship with healthcare workers.

By purely quantitative measures, Saudi Arabia's response to the pandemic was more effective than Egypt's. As of now, Saudi Arabia has 393,377 confirmed cases, 6,704 deaths, 15.4 million tests. On the other hand, Egypt has 205,732 confirmed cases, 12,210 deaths, 2.5 million tests. This means that Saudi Arabia tested 45% of its population whereas Egypt tested 2.5%. The percentage of deaths per case in Egypt is 6% whereas in Saudi Arabia it is 1.7%. With regards to vaccination, Saudi Arabia administered 5 million doses of COVID vaccines and Egypt has administered 148,987 vaccines. We suggest that the recent Saudi experience with Middle East Respiratory Syndrome Coronavirus (MERS-CoV), its investment in technological advancement, and its control over the health sector workers made it relatively more prepared than Egypt.

Muscle Memory

Egypt and Saudi Arabia confronted the pandemic by turning to the mechanisms they had at hand, deploying and developing them for new circumstances as rapidly as they could. In both countries, state formation and public health have been intertwined for many decades. Concerns about plagues, pilgrimage, and international travel were powerful factors in shaping political systems in the nineteenth and twentieth centuries. And in both cases, provision of public health became a major burden assumed by states, especially in the second half of the twentieth century—however unevenly the burden was met. So, both states entered the current crisis with a long institutional history related to public health, particularly in the area of infectious disease. But recent political changes left them in different positions to respond once hit with the rapid emergence of the pandemic—with Saudi Arabia focusing on rapidly deploying resources to monitor and control spread, and Egypt less able in that regard but experienced with deploying treatment. In its 2019 report, The Global Health Security Index which measures the health preparedness of each country ranked Egypt 87 out of 195 which is a much lower rank than Saudi Arabia which scored 47.[1]

In Saudi Arabia, the recent experience with Middle East Respiratory Syndrome Coronavirus (MERS-CoV) helped facilitate more coordinated and centralized responses to COVID-19. MERS was first globally reported in Jeddah in Saudi Arabia in September 2012.[2] Although it spread to more than 25 other countries, 80% of its reported cases have taken place in Saudi Arabia.[3] This performance—in which Saudi Arabia remained the epicenter of a global health crisis—finally led to the dismissing of then Health minister ʻAbdullāh al-Rabīʻah in April 2014. He was replaced by the rising bureaucratic star ʻĀdil Faqīh, who had been handling the unemployment challenge at the Ministry of Labor.[4] Shortly after his appointment, Faqīh established a new command-and-control center, the Saudi Center of Disease and Control (SCDC).[5] The Ministry of Health then began to enforce a strict infection prevention and control system, designating two dozen hospitals across the country for the isolation and treatment of the MERS patients. These institutional changes within the Saudi health system in response to MERS left it with a memory and capacity for fast action that most other countries (with occasional exceptions of other transit countries that had

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[1] "2019 Global Health Security Index," October 2019. https://www.ghsindex.org/.
[2] Zaki, Ali M et al. "Isolation of a novel coronavirus from a man with pneumonia in Saudi Arabia." *The New England journal of medicine* vol. 367,19 (2012): 1814-20. doi:10.1056/NEJMoa1211721
[3] "Middle East Respiratory Syndrome Coronavirus (MERS-CoV)." World Health Organization, March 11, 2019. https://www.who.int/news-room/fact-sheets/detail/middle-east-respiratory-syndrome-coronavirus-(mers-cov).
[4] "Saudi Health Minister Dismissed." *Al-Sharq al-Awsat*, April 22, 2014. https://aawsat.com/home/article/81606.
[5] "Ministry of Health Launches New Health Control Center." Ministry of Health, June 1, 2014. https://www.moh.gov.sa/en/Ministry/MediaCenter/News/Pages/News-2014-06-01-002.aspx.

learned hard lessons, like Kuwait) were unable to draw on when the COVID-19 pandemic arrived so quickly.[6]

Egypt's recent experience with Hepatitis C similarly shaped the way the state was equipped to respond, but that crisis led to a focus on provision of treatment rather than prevention through restrictions on public gatherings and activities. When dealing with the current pandemic, the muscle memory of the Egyptian state was built upon dealing with Hepatitis C—ironically a crisis that itself had an origin in state health policy. In the period between the 1950s-1980s, the Egyptian Ministry of Health, with guidance from World Health Organization, implemented a large scale antischistosomal treatment that led to a widespread infection of Hepatitis C among the population, primarily through the use of shared and reused needles. In 2008, a survey showed that 14.7% of the Egyptian population was infected.[7] In 2006, the Egyptian National Committee for the Control of Viral Hepatitis was established and developed a 4-year strategy (2008-2012) to cure the patients. However, the strategy did not achieve its goals, largely due to the unavailability of funds and poor health care conditions in hospitals. But in 2014, a global change on how medicines were distributed allowed Egypt to acquire a large number of the needed medicine at a 99% discount and with funds provided from the World Bank. Since 2014, many patients were treated by the new medicine.[8] In 2018, Egypt launched a new campaign to test and treat more than 20 million individuals, one of the world's largest pre-COVID experiences with mass testing. In July 2020, Egypt announced its victory over Hepatitis C.[9]

The response to Hepatitis C shaped the response to COVID even though the means of transmission for the two diseases are very different. In handling Hepatitis C, Egyptian authorities were less focused on developing capacities in the area of infection control and more on testing and delivering medicines. This, to a large extent, explains why Egypt adopted the *Ta'āyush* (Coexistence) Policy in fighting Covid-19. After an uncertain period of curfews, lockdowns, and suspension of travel, work, prayers and schools—measures that were difficult to sustain and enforce—the new policy was launched on May 13. Its aims have included achieving a balance between the continuation of economic life with restrictive measures on public activity. It drew a plan for opening up the country—a process gradually allowed over the summer of 2020. The effective policy resembles—in effect, if not in intent—one based on something like herd immunity, but with testing lagging far behind spread (and thus an enormous number of unrecorded cases), it is impossible to say with precision what the results are.

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[6] Hagagy, Stephen Kalin, Ahmed. "Hard Times Shape Speedy Saudi and Kuwaiti Coronavirus Response." *Reuters*, March 30, 2020. https://www.reuters.com/article/us-health-coronavirus-saudi-kuwait-idUSKBN21H2BT.

[7] Frank, Christina, et al. "The role of parenteral antischistosomal therapy in the spread of hepatitis C virus in Egypt." *The Lancet* 355.9207 (2000): 887-891.

[8] Hirschler, Maggie Fick, Ben. "Gilead Offers Egypt New Hepatitis C Drug at 99 Percent Discount." *Reuters*, March 21, 2014. https://www.reuters.com/article/us-hepatitis-egypt-gilead-sciences-idUSBREA2K1VF20140321.

[9] "Egypt Celeberates Becoming Hepatitis-Free." *Al-Sharq al-Awsat*, July 29, 2020. https://bit.ly/3a6tSG3.

Technology

Both Saudi Arabia and Egypt witnessed centralization of power under a strong current leader--Crown Prince Muhammed Bin Salman (MBS) in Saudi Arabia and President Sisi in Egypt. However, this similarity is not mirrored when it comes to the technological capabilities. Before the rise of MBS, the Saudi bureaucratic system was characterized as "hierarchical, vertically hub-and-spoke system" with weak horizontal communication between its ministries and agencies.[10] However, in the period between 2012-2017, several powerful senior princes either died or were ousted, leaving power concentrated in the hands of MBS who undertook several initiatives to dismantle large ministries and increase the meso-level communication and coordination.

One such initiative proved particularly consequential during Covid: the reconfiguration of surveillance and cybersecurity. On October 31, 2017, a new royal decree was issued declaring the establishment of the National Cybersecurity Authority, as part of an increased push toward cybersecurity institutionalization. NCA is an independent agency "in charge of cybersecurity in the country, and it serves as the national authority on its affairs" and is linked directly to the king.[11] It absorbed several institutions from other ministries and agencies such as the Saudi computer Emergency Response Team (Saudi CERT) from the Communications and Information Technology Commission, and the Cybersecurity Center from the Ministry of Interior. Moreover, on August 31, 2019, a royal decree was issued establishing the Saudi Data and Artificial Intelligence Authority (SDAIA). SDAIA is composed of three centers: one of them is the Ministry of Interior's National Information Center, and the two others are new: National Data Management Office and the National Center of Artificial Intelligence.

As part of the Saudi response to Covid-19, SADIA developed two smartphone applications: *Tawakkalna* and *Tabaud*. From late February to mid-March, the Saudi government suspended international and domestic travel, mosques, schools and public events. Then, lockdowns in specific cities and neighborhoods and nationwide curfew were declared. The government listed a series of punishments for those who violate these measures. For example, if a person violates the curfew rules, she or he will pay a fee ranging from 10,000 SR ($2,666) to 100,000 SR (26,666) and/or serve a jailtime between a month to a year. To enhance enforcement of these regulation, the government relied heavily on the app *Tawakkalna.* Any individual who needs to go out of his home is required to file an online request through the app. When the request is granted it specifies the time window and the geographic destination permitted. If the individual stayed longer than the authorized period, or went to a different destination, the location-detection feature in the application notifies law enforcement. When the government started the gradual reopening in late May 2020, it added new features to the app. Among these was the feature to report suspected Covid-19 cases. The app classifies its users into three coded colors: green indicates that the

[10] Hertog, Steffen. *Princes, brokers, and bureaucrats: Oil and the state in Saudi Arabia*. Cornell University Press, 2011.
[11] "Royal Decree: Establishment of Cybersecurity National Authority." *Saudi Press Agency*, October 31, 2017. https://www.spa.gov.sa/1683043.

user has not been infected by the virus; red is for the infected; and orange is for those who contacted an infected individual and are required to quarantine at home. It also includes a feature that allows users to request a gathering by filling out the gathering date, location, and purpose. If granted, the host will be provided with a special code to share it with his or her guests, who check in thorough the app before joining the gathering. The other application, *Tabā'ud* (distancing), uses Bluetooth technology to trace the movements of its users and notify them if they were in contact with an infected person within the last fourteen days.

In Egypt, there is one strong parallel with Saudi Arabia: the centralization of authority in the hands of a single figure, in this case the president. But the two countries differ in their technological capabilities and healthcare preparedness. In some sense, the Egyptian response has paralleled the Saudi attempt at monitoring, but with far less technological capability, diminishing its reach. In Egypt, the government, like its Saudi counterpart, issued a list of punitive measures for those who do not abide by the rules and regulations related to Covid-19. The violators of the curfew would be forced to pay 4,000 Egyptian pounds ($256). However, the government relied mainly on traditional methods of enforcement that most likely limited the ability of the state to generate the desired levels of compliance. In April 2020, the Egyptian government launched an app called *Sehat Masr*. However, this app is not equipped with the same features available in the Saudi ones. Instead, it is restricted to raising awareness and communicating with Ministry of Health.

Relations with Health Workers

Governments do not depend simply on armies or police to fight pandemics, but rather on medical workers. Both Egypt and Saudi Arabia need health workers' knowledge and expertise to fight the coronavirus, but at the same time, fear criticism and noncompliance from them. This situation creates several challenges that the two governments differ in managing. The differences lie in the way professionals are organized (especially in their ability to express collective voices) and have established patterns of dealing with them. Saudi Arabia is wealthier than Egypt and relies heavily on health care workers who are not citizens and have no formal organization, and thus have little ability to collectively press for specific policies or provide alternative sources of information. The Saudi government praised the efforts of its healthcare workers, made them equivalent to the army soldiers fighting in Yemen, and pledged to pay 500,000 SR ($133,000) to the relatives of healthcare workers who die combatting the virus.

The Egyptian regime did not have such resources and showed more nervousness toward health care professionals, some of whom are organized in professional associations, collectively pressed for specific protections and benefits, and could provide alternative sources of information. Most notable in this regard is the Egyptian Medical Syndicate (EMS), formed in 1940 and with a leadership elected by its around 200,000 members. While the days of Islamist domination are over, the Syndicate (and some other similar, if weaker, professional bodies) still showed some autonomy. Since the beginning of the pandemic crisis in Egypt, the EMS was vocal in its criticism of the Egyptian government's

treatment of medical health workers and the crisis in general. It called the Ministry of Health to publish data on health workers' cases, and when the government ignored its request, the EMS started publishing its own data.[12] Later, it asked the government to provide the families of the doctors who died during the pandemic the same aide given to police and military from the Martyrs Fund that was formed in 2018.

The Egyptian authorities resorted to coercion to discipline the EMS. In July 2020, the government arrested several doctors due to their criticism. But while there have been some restrictions, individual and collective structures continue to provide information and even pressure authorities. The professionals have seen few of their demands met, and indeed some of those most vocal in their criticisms (or those held responsible for circulating information the authorities deem false) have not escaped official ire and sanction. But policing cannot erase the severity of the crisis. And indeed, it has not. While there have been some suspicions that officials were underplaying the severity of the health crisis, something more prosaic seems to have been at work: in Egypt, even counting the number of those afflicted with the disease has been beyond official capacity. Official figures reflect only positive tests—and Egypt has not had the capacity to test widely. Unsurprisingly, then, a recent poll (one that received attention within the country, suggesting the authorities were not simply suppressing bad news) indicated a number of self-reported infections far greater than official figures.[13] More broadly, while the Egyptian regime has found itself falling back on a stick as much as a carrot is still constrained by its reliance on a set of professionals who are confronting a health crisis that simply exceeds the official capacity to meet it.

Conclusion

Saudi Arabia and Egypt have regimes that can be classified as thoroughly authoritarian. Neither regime had faced an existential threat, but when confronted with the COVID-19 pandemic, they still had to scramble into action—albeit with different tools and resources. The state's muscle memory—what its agencies had the ability to do quickly—coupled with differences in technological capability and in state-society relations led to some very different responses. Saudi Arabia—with its more recent experience with a similar crisis, and with greater resources and technological capabilities—has been able to react more quickly and undertake more effective preventive measures, resulting in a more impressive performance. Egypt went into the crisis with its health system more equipped to administer treatment but with less effective tools to manage prevention or even the politics of the challenge.

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[12] Jomah, Ahmed. "Egyptian Medical Syndicate: 3 Doctors Died and 43 Infected." *Masrawy*, April 11, 2020. https://bit.ly/39OngeZ.

[13] Taha, Mohammed. "Basirah: 2.9 Million Coronavirus Cases in Egypt in 2020." *al-Masry al-Yawm*, March 9, 2021. https://www.almasryalyoum.com/news/details/2278319.

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