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# Jordan and COVID-19: Effective Response at a High Cost

According to health statistics, Jordan has largely avoided the COVID-19 pandemic. As of early June 2020, there have only been 9 deaths in a population of 10 million. Jordan implemented a strict closure before the outbreak gained momentum. The country's swift lockdown was due to it being well-equipped to coerce the population, while being structurally ill-equipped to deal with a large outbreak. Jordan has a weak health-care system, a struggling economy and densely populated poor urban areas where the virus would have been hard to contain. Jordan is a success story from a public health perspective, but the societal and economic costs have been high.

## Brief Points

- The key to understanding the Jordanian reaction is the state's high coercive capacity contrasted with the low health care capacity.
- Unlike most countries, Jordan implemented a preventive lockdown of an unusually high severity.
- Economic and societal costs have been high, including increasing limitations on the freedom of speech, but the health costs have been remarkably low.

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## Country Overview

The Hashemite Kingdom of Jordan has a low resource base. In terms of GDP per capita, it is ranked around 110th in the world. This already low ranking conceals the fact that Jordan has an unequally distributed economy, not only amongst its own citizens, but especially in relation to the refugee population in the country. This is starkly illustrated by the data: 15.7% of the Jordanian population and 78% of the country's Syrian population lived under the poverty line already before the COVID-19 outbreak.<sup>1</sup> The overall unemployment rate was at a staggering 19.1%. Furthermore, the state had little economic leeway to deal with a crisis given that it had a public debt of 99.1% of GDP in 2019.<sup>2</sup> Since tourism is one of the most important economic drivers in Jordan, the Kingdom's economy was also ill-prepared for closing the country's borders.

While Jordan overall has a low-density population at 115 per km<sup>2</sup>, the country's approximately 10 million inhabitants are strongly concentrated in Amman (4 million) and the surrounding areas, and the urban population stands for 91.5% of the total.<sup>3</sup> The country also houses 656,000 Syrian refugees, of which approximately 124,000 reside in large camps such as Zaatari (population 76,000).<sup>4</sup> Even before the outbreak of COVID-19, there was a large funding gap for the needs of this refugee population, meaning that the infrastructure in these camps was inadequate.<sup>5</sup> This population pattern meant that Jordan was at risk of being a high-spread country.

Jordan also suffers from severe water scarcity, which is a challenge for living up to the hygiene standards required to limit the spread of COVID-19. In addition, it has a low health care capacity, which would pose a significant challenge if the virus started to spread on a large scale. The World Health Organization (WHO) had ranked Jordan's health care system as one of the least prepared for a pandemic, and the International Health regulation score placed Jordan as worse prepared than Lebanon, Morocco and Sudan, but better prepared than Syria, Yemen and the Palestinian Territories. Hospitals in Jordan have 1.4 beds per 1,000 inhabitants, which is about half of the world average, as shown in Figure 1.<sup>6</sup>

In sum, Jordan was ill-prepared for the pandemic economically, demographically and in

terms of health capacity. While it is difficult to postulate exactly what would have happened if the preventive closure had not been implemented, it is clear that the Jordanian government saw these simple facts and decided to act preventively. This made the Jordanian policy different from the global pattern whereby states have mostly enforced degrees of lockdown after there has been a national outbreak of a certain magnitude.

## Severity of COVID-19 Outbreak

Jordan has adopted measures that are so strict they are comparable only to those countries that had extremely high outbreaks of COVID-19 (Spain, Italy, France). While in these country-cases the high severity of COVID-19 can be used to explain the high severity of the lockdown, we see the reverse mechanism for Jordan. Here, the high severity of the lockdown can be used to explain the low severity of COVID-19 outbreak. As of 10 June, Jordan had registered 845 cases overall and 9 deaths.<sup>7</sup> This means that the rate of infection was 8.4 per 100,000, and the death rate 0.1 per 100,000. For the sake of comparison, Spain – a country with a similarly strict lockdown – had an infection rate of 518 per 100,000 and a death rate of 58 per 100,000. For a Middle East comparison, Israel, which took more limited measures than Jordan, had an infection rate of 212 per 100,000 and a death rate of 3.5 per 100,000.<sup>8</sup> In both the Spanish and Israeli cases, unlike Jordan, the lockdowns were implemented in response to the severity of the outbreak. Globally, there are in fact only three country-cases that compare to Jordan in the sense that they had limited spread of the disease, but implemented full lockdowns: India, Rwanda and Honduras. The fact that on 14 March, when the government decided that it would close its borders, schools and many non-essential businesses, there was only 1 registered case in the country, underscores the preventive character of the Jordanian response.<sup>9</sup>

There has not been a single reported case of COVID-19 amongst the country's Syrian refugee population. Both the low number of cases in Jordan as a whole and the lack of cases amongst the Syrian refugees may reflect the fact that there has been limited testing. Jordan has conducted 193,060 tests (as of 2 June).<sup>10</sup> This means that approximately 1,931 people have been tested per 100,000. Comparing Jordan to the two cases

highlighted above, by the end of May Spain had tested about 4,000 per 100,000 and Israel had tested approximately 6,000 per 100,000. Compared to other neighboring states, though, Jordan looks good on this account. As shown in Figure 2, Jordan had a far higher testing ratio than Iraq (593 per 100,000), and even somewhat better than Saudi Arabia (1,887 per 100,000).<sup>11</sup>

Another challenge to monitoring COVID-19 amongst the Syrian refugees in Jordan is that there is a fear of registering such an illness given the precariousness of their position in Jordanian society.<sup>12</sup> Nonetheless, given that Jordan is a rather transparent society, if there was a large gap between reported cases and actual cases it would likely have been picked up by reporters, civil society and international health workers.

## Policies to Deal with the COVID-19 Crisis

Jordan has reacted quickly and effectively to the COVID-19 crisis, both at the outset and to all later indications of second waves. Schools were closed on 15 March, borders were closed on 17 March, and the General Curfew was imposed on 21 March. When the first total shutdown took place, there were less than 100 registered cases, although there was a steady climb in the number of cases at the time. As we can see, then, the total shutdown was implemented in stages, but the transition between the stages was quick. The jump from 80 to 100 on the stringency index, where 100 is maximum, took place within only a few days. This stringency index, developed by the Blavatnik school of government, rates states' "containment and closure" policies enacted by governments according to nine categories of indicators. On 9 April, a 48-hour curfew was implemented and on 21 May Jordan again imposed a new three-day shutdown after a spike in new diagnoses, illustrating its willingness to respond to the reemergence of the virus.

The shutdowns were closely monitored by police and the military and violators were penalized. Those who were caught breaking the curfew were fined JD100–500 (\$140–700). For a period, residents could even face a year in jail if they left their homes. This total lockdown was downgraded to a curfew. Under this regulation, residents aged between 16 and 60 could leave their

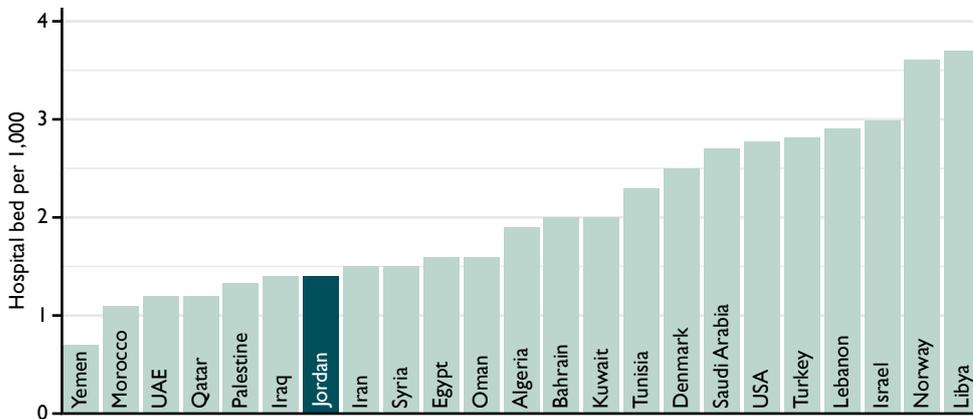


Figure 1: Hospital beds per 1,000 inhabitants. Source: Hartnett et al. (2020)

homes between 10am and 6pm to buy food and medicine. The lockdown was also implemented in areas with no reported cases, and the refugee camps were effectively shut off from the rest of the country. While the lockdown was a national policy, there have been some regional variations in the re-opening, with areas found to be virus-free going first.

Economic measures were also implemented to limit the hardships people faced as a result of the shutdown. However, the structure of the Jordanian economy – a large informal economy with high inequality – meant that these economic measures had limited effects. Defense Order Nr. 6 from 8 April obliged employers to keep their employees and provide them with a certain amount of wages. This did not affect those Jordanians employed in the informal sector, which is a large portion of the Jordanian workforce. Nor did it affect those with temporary contracts.

### Civil Society and Media

Given the severity of the lockdown, there has not been any room for direct civil society engagement in the COVID-19 crisis. The most important debate in this regard relates to freedom of the press. Even before the outbreak, Jordan was ranked 128 in the world on Press Freedom by Reporters Without Borders.<sup>13</sup>

Since the outbreak, Jordanian authorities have instituted a series of measures which have limited the space for public debates on the government's policies. For instance, on 17 March a state of emergency was instituted which gave the Prime Minister the authority to suspend

certain individual rights, such as freedom of movement and expression.<sup>14</sup> While the limitations on the freedom of movement are part and parcel of COVID-19 limiting measures, the limitations on freedom of speech are not.

The Jordanian government has been very active in keeping the public informed about the situation, but this has had both a coercive and a purely informative function. For instance, the government has updated the population on the status of the virus but also on arrests of individuals for breach of the curfew and spread of false information. Some of the laws that have been enacted regarding the spread of false information are striking. Defense Order Nr. 8 of 15 April prohibits the spread of information that can cause panic. Those found to have broken this law can face up to 3 years in prison and fines of JD3,000 (\$4,200). The criminal acts in question include “publishing, re-publishing, or circulating any news about the epidemic in

order to terrify people or cause panic among them via media, telephone, or social media.” One can easily see how this can be loosely interpreted. The severity of these restrictions on “false information” led Human Rights Watch to issue a statement that Free Speech is under threat in Jordan.<sup>15</sup> Such limitations come in a context where as many as 93% of Jordan's journalists are found to conduct self-censorship.<sup>16</sup>

Despite the severity of the government policies, the dire economic costs, and the absence of a large number of COVID-19 cases to legitimize these measures, there has been extensive public support for the government's policies. In a poll conducted by the Jordanian Center for Strategic Studies during the first four days of the lockdown, an extraordinarily high number of Jordanians expressed their support. Also, in the same poll, 73% of Jordanians thought that the government measures would alleviate the economic hardships to a large degree.<sup>17</sup> In a poll conducted by the same institution some days later, there was a clear decline in support for the government's economic policies during the lockdown.<sup>18</sup> A FAFO/ILO report from 1 May finds high levels of support: 79% of respondents were satisfied with government.<sup>19</sup> While one should be careful in taking these numbers at face value, there are also other indications that the government has been seen as popular during the crisis such as widespread support for the Minister of Health on social media. Yet, given the underlying problems in the country and the economic hardships that will follow, it is hard to imagine that this popularity will last. The COVID-19 crisis came at a time when there had been protests in the country that the government was clamping down on.<sup>20</sup>

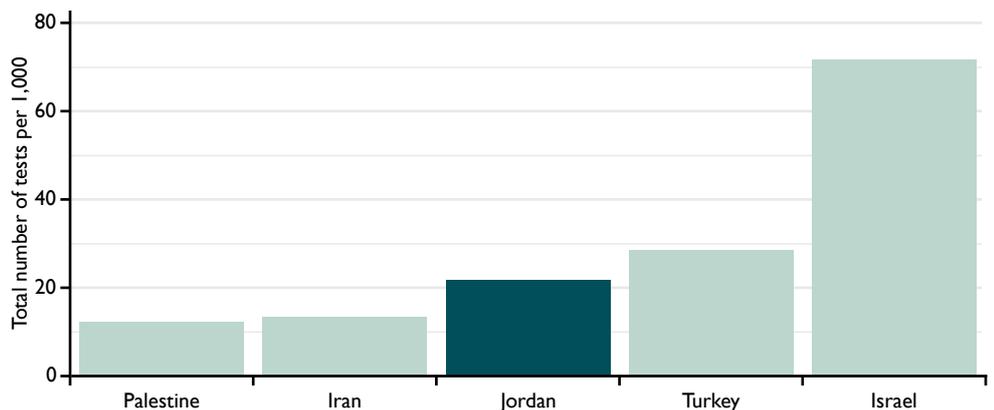


Figure 2: Total number of tests per 1,000 as of early June. Sources: OCHA (2020) and Obaid (2020)

None of this is to say that there has not been discontent in the Kingdom also during the crisis. Notably, the transition from total lockdown to a curfew, which enabled people to buy food and medicine during the day, came as a result of protests over the inadequate food handouts.<sup>21</sup>

## Conclusion

Jordan stands out as one of very few cases in the world that has acted in a strict preventive fashion against COVID-19. Scoring 100 on the stringency rating is rare, and it is outright extraordinary for countries with few cases. The explanation for Jordan's handling of the crisis is simple – it utilized the tools it had at its disposal to compensate for the lack of other tools (health capacity and economic means). **Jordan was coercively well-equipped to institute a lockdown, while being structurally ill-equipped to deal with a large outbreak.**

While the government's handling of the pandemic had clear positive health effects, the economic consequences were severe, and many of the measures have the potential for enhancing the authoritarian nature of the regime. The initiation of the State of Emergency can easily be abused, as can some of the measures restricting freedom of the press. While the COVID-19 health crisis is over for now, Jordanian society still faces serious challenges. ■

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## THE CENTRE

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