



MENA Crisis Tracker – 11/29/2021

The MENA Crisis Tracker is a weekly newsletter that provides information on public health indicators, expected economy-wide losses, and social consequences of the ongoing COVID-19 crisis in the Middle East and North Africa. COVID-19's spread, fatality, and economic costs are particularly difficult to ascertain when testing is far from universal. Data transparency is key to facilitate context-specific policy responses, which require tradeoffs between public health outcomes and socio-economic conditions in the short run. But publicly available data must be interpreted with caution because testing is far from universal. In addition to presenting COVID-19 related indicators with caveats, the Tracker provides links to publicly available research on the economics of the pandemic and potential policy responses.

Highlights from this edition¹:

- **Missing Data Alert:** In the absence of universal testing, general mortality rates during 2021 can be compared to pre-pandemic mortality as a proxy for the public health consequences of the pandemic. Unfortunately, MENA countries do not offer publicly available data on deaths.
- High-income MENA countries lead in testing per capita – see [Public Health Tracker](#). Testing data for Algeria, Yemen, and Syria has been updated using Worldometer data, but WB staff cannot corroborate the information using official government sources. Many MENA countries have positivity rates above the WHO's recommendation of 5% or lower.
- The Tracker presents information on vaccination efforts across MENA. See last section under [Public Health Tracker](#).
- Global evidence indicates that testing per person tends to rise with income per capita, after controlling for population size and the quality of public health systems. This finding confirms that developing economies are at a disadvantage relative to rich countries. See [What Is Correlated with Testing per Capita](#).
- Expected macroeconomic losses due to the pandemic have surged since March 2020, reaching 6.1% of MENA's 2019 GDP as of November 2nd, 2021 relative to the counterfactual scenario of no crisis. The expected GDP losses are highest for Lebanon, with an expected accumulated loss in 2021 equivalent to 9.9% of its 2019 GDP. See [Macroeconomic Costs](#).
- The economic losses have increased poverty relative to the counterfactual scenario without the crisis. Yet estimates of increases in the number of poor people might be underestimated. See [Poverty and Social Costs](#).
- In many MENA countries, food prices have risen by more than 20 percent since February 14th, 2020. See [Insights from the MENA Welfare Observatory](#).
- [Insights from Academia](#) includes a new [paper](#) that empirically examines the effects of fiscal policy measures during the COVID-19 pandemic.

¹ The editor for this edition is Christina A. Wood, Senior Economist, Office of the Chief Economist for MENA. Excellent data assistance provided by Rana Lotfi. This work is a product of the staff of The World Bank with external contributions. The findings, interpretations, and conclusions expressed in this work do not necessarily reflect the views of The World Bank, its Board of Executive Directors, or the governments they represent. The World Bank does not guarantee the accuracy of the data included in this work.



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I. Public Health Tracker

Under the hypothetical of universal testing, the spread of the virus is measured by the number of COVID-19 cases per capita, and its fatality rate is tracked by the number of deaths per capita. Given that the incidence of testing around the world and in MENA is far from universal, indicators of the spread are neither strictly reliable nor comparable across countries. In fact, it is likely that countries with more widespread testing will present higher rates of spread and fatality. Hence the degree of testing itself must be tracked to put the indicators of the spread and deaths in perspective. Testing is tracked by two indicators: the number of tests per capita and the test positivity rate (number of positive cases over total tests) which tends to decline with the incidence of testing. Table 1 provides a summary of the indicators and their caveats.

Table 1: Summary of Public Health Indicators

	Indicator	Caveats
Testing	Tests per capita	Testing data is sparse for some economies
	Test positivity rate (number of positive cases over total tests)	Emerging rule-of-thumb: Test-positivity rate should be below 5 percent
Spread	Number of COVID-19 cases per capita	Testing is not universal; many cases may be missed
Fatality	Deaths due to COVID-19 per capita	COVID-19 deaths may be misattributed, or at-home deaths may be missed; deaths may be underestimated

Missing data alert: Given that testing is not universal, an arguably more trustworthy indicator of the fatality rate is the difference between total deaths reported during the spread and pre-pandemic mortality trends. Currently, most MENA countries do not provide readily accessible historical or recent data on the number of deaths (due to any cause). This alone indicates that MENA faces a transparency challenge.

Another caveat to keep in mind is that each country may be at a different stage of the pandemic. A country may seem to be faring better than another, although at the peak of the outbreak it may suffer more. Without universal testing, the true spread of the virus can only be understood by random population testing.^{[1][2]} Notably, reported numbers are susceptible to selection bias, since it is common for only those with symptoms to be tested. Random population testing has only been undertaken in a few places. In New York State, random testing of 3000 individuals revealed that 14 percent were carriers of the COVID-19 antibody as of April 23.^[3] In Indiana, random population

^[1] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7138654/>

^[2] <https://www.medrxiv.org/content/10.1101/2020.04.09.20059360v2>

^[3] <https://www.reuters.com/article/us-health-coronavirus-usa-new-york-idUSKCN2252WN>



testing in April suggested that the virus had a 2.8% prevalence rate in the state, implying that for every officially reported case of COVID-19, 10 cases were unreported.^[4] In a state in southern Brazil, a program was launched to randomly test 18,000 people. A significant upward trend was observed over the course of three surveys, with an increase in seroprevalence from 0.135% in the first round to 0.222% in the third during the early days since the arrival of the virus in southern Brazil.^[5]

In the MENA Region, few studies have tried to assess the seroprevalence of antibodies against SARS-CoV-2. In Al-Madinah, Saudi Arabia, after studying samples from 1,212 healthy blood donors between mid-May and mid-July, 2020, a study showed a seroprevalence of 19.3%.^[6] In Iran, and based on a larger sample size of 8,902 individuals, random testing conducted between April and June 2020 showed a seropositivity rate of 17.1%.^[7] A second study conducted in Iran's Guilan province during April 2020, based on 551 individuals, exposed an even higher seroprevalence of 22%.^[8] However, it is important to notice that seropositivity rates may largely vary depending on the population and the surrounding circumstances. In Jordan, after studying 746 healthy blood donors living under strict lockdown measures between January and June 2020, it was found that none of the individuals carried COVID-19 antibodies. Still, it is possible that the spread of the virus could be much higher than reported by official statistics.

News Highlights:

- ❖ COVID Omicron: How are [Middle Eastern countries](#) responding to the variant?
- ❖ [Lebanon](#)'s crises leave it less prepared for Omicron outbreak, Minister warns.
- ❖ [Jordan](#) fears third wave and Omicron spread will batter fragile recovery.
- ❖ [Algeria's poor](#) fret over plan to slash subsidies on basic goods.
- ❖ [Middle East Crude-Benchmarks](#) slip; Vitol to deliver two cargoes.

^[4] <https://www.medrxiv.org/content/10.1101/2020.04.09.20059360v2>

^[5] <https://www.nature.com/articles/s41591-020-0992-3>

^[6] <https://www.sciencedirect.com/science/article/pii/S1319562X20306641>

^[7] [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30858-6/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30858-6/fulltext)

^[8] <https://www.medrxiv.org/content/10.1101/2020.04.26.20079244v1>



The information below covers data for the date ending: November 29, 2021.

1. Testing as of November 29, 2021.

Table 2 presents each country's tests per million of population and the test-positivity rate. Test positivity rates have improved slightly in a few countries yet remained largely unchanged in most countries since January 2021. Last week showed no change in test positivity rate of the MENA average (6%) or of almost all countries relative to the preceding week—one country showed a marginal improvement, whereas another showed a marginal decrease in that ratio. A low test-positivity rate in cases of low tests per million, or a high test-positivity rate suggests that testing is selective and insufficient relative to the spread of the disease.

Based on last week's data, Arabian gulf countries continue to lead the region in terms of having the highest tests per million in the region, specifically the UAE (10,023,370), Oman (4,726,826) and Bahrain (4,128,523). These three, joined by Saudi Arabia, Djibouti, and Yemen, also have the lowest test-positivity rates below the 5% recommended by the WHO.

Three countries, Syria, Algeria and Yemen, have consistently lacked reliable testing data over the course of the pandemic, have not been providing official updates, and have low tests per million. While the Worldometer database occasionally has updated testing data for these three countries, World Bank staff are unable to corroborate this data from the Worldometer database using official, government sources.

Oman has not released new testing data since September 13th, 2021, Egypt has not released new testing data since September 20th, 2021 and Lebanon has not released new testing data since November 22nd, 2021.



Table 2. COVID-19 Tests per Million of Population as of November 29, 2021

Country	Tests/1M	Total Tests	Tests last week	Cases/Tests
United Arab Emirates	10,023,370	100,819,432	1,971,902	1
Oman	4,726,826	25,000,000	-	1
Bahrain	4,128,523	7,367,419	113,756	4
Kuwait	1,208,494	5,268,253	87,425	8
Jordan	1,165,500	12,057,798	310,908	8
Qatar	1,062,124	2,982,237	36,070	8
Saudi Arabia	873,578	31,078,369	23,275	2
Lebanon	707,061	4,795,578	-	14
West Bank and Gaza	516,492	2,720,854	16,747	16
Iran	449,558	38,439,240	1,079,679	16
Iraq	392,922	16,302,398	124,245	13
Morocco	277,586	10,416,645	80,653	9
Libya	271,422	1,900,679	27,949	20
Tunisia	264,279	3,169,379	24,826	23
Djibouti	244,140	246,141	2,630	5
Egypt*	35,159	3,693,367	-	10
Yemen*	8,627	265,253	-	4
Syria*	5,723	103,566	-	46
Algeria*	5,134	230,861	-	91
MENA Region	581,389	266,857,469	3,900,065	6

Source: Authors' calculations based on data from Worldometer (<https://www.worldometers.info/coronavirus/>). Color coordination done as follows: 0-5% Green, 6-10% Yellow, 11-19% Orange, 20% + Red. "-" means data is not currently available. Countries should aim to be below the 5 percent test positivity rate threshold, according to a May 12th advisory statement by the World Health Organization. * = World Bank staff have not been able to corroborate the data reported in the Worldometer database.

2. Spread of COVID-19 as of November 29, 2021

Table 3 presents the number of reported COVID-19 cases per million of population, cases in the past week and percentage change in cases last week compared to the preceding week. Bahrain (155,552), Lebanon (98,503), Kuwait (94,800) and Jordan (91,179) have the highest rates. Two of these countries, Bahrain and Kuwait, posted zero-to-low percentage increases in weekly cases (18% and 0% respectively) while Lebanon and Jordan reported moderately high increases in weekly cases (30% and 25% respectively).

In countries with ongoing conflicts such as Iraq, Libya, Syria, and Yemen, weak testing capacity could often lead to fewer reported positive cases and paint a potentially misleading picture of low



spread. In this regard, Syria (-20%) and Yemen (-14%) reported moderate decreases in positive cases, whereas Libya (20%) and Iraq (1%) reported low-to-moderate increases in positive weekly cases. Seven other MENA countries reported decreases in Covid cases last week compared to the preceding week, ranging from -2% in Egypt to -57% in Oman. Qatar (5%), West Bank and Gaza (24%) and Morocco (16%) reported low-to-moderate increases in weekly covid cases. Lastly, Tunisia reported an elevated increase in weekly cases of 73%.

Table 3. Total Cases per Million Population as of November 29, 2021

Country	Cases/1M	Total Cases	Cases Last Week	Cases last week relative to previous week
Bahrain	155,552	277,585	196	18%
Lebanon	98,503	668,087	8,683	30%
Kuwait	94,800	413,266	129	0%
Jordan	91,179	943,305	28,456	25%
Qatar	86,591	243,132	1,045	5%
West Bank and Gaza	81,568	429,697	1,605	24%
United Arab Emirates	73,761	741,918	485	-1%
Iran	71,445	6,108,882	31,444	-21%
Tunisia	59,809	717,258	996	73%
Oman	57,576	304,519	27	-57%
Libya	53,061	371,571	3,760	20%
Iraq	50,123	2,079,622	5,203	1%
Morocco	25,309	949,732	809	16%
Saudi Arabia	15,451	549,695	216	-16%
Djibouti	13,394	13,504	3	-50%
Algeria	4,674	210,152	1,200	22%
Egypt	3,396	356,718	6,321	-2%
Syria	2,650	47,965	753	-20%
Yemen	325	9,987	32	-14%
MENA Region	33,631	15,436,595	91,363	1%

Source: Authors' calculations based on data from Worldometer (<https://www.worldometers.info/coronavirus/>). Color coordination done as follows: Any % decrease is Green, 0-24% increase is Yellow, 25-49% increase is Orange, 50%+ is Red.

3. COVID-19 Fatality as of November 29, 2021

Table 4 shows the deaths per million of population, and the last week's percentage change in deaths relative to the preceding week. A limitation of this measure is that it may underreport deaths by



not counting deaths that occur at home, or by misattributing COVID-19 deaths to other causes. Due to either case, the numbers reported may be underestimates. Tunisia (2,115) has the highest rate in the region, followed by Iran (1,516) and Lebanon (1,284). Tunisia and Iran joined ten other MENA countries—West Bank and Gaza, Bahrain, Libya, Iraq, Kuwait, Morocco, Saudi Arabia, Egypt, Syria and Yemen—in posting declines in Covid-related deaths last week relative to the preceding week, ranging from -5% to -100%. Lebanon and Algeria had zero-to-low increases, whereas Oman, Qatar and Djibouti again had no covid-related deaths during the week. Lastly, Jordan and the UAE had elevated increases in weekly covid-related deaths, the latter being from a very low base.

Table 4. COVID-19 Fatality Rate – Deaths/Million population as of November 29, 2021

Country	Deaths/1M	Total Deaths	Deaths last week	Deaths last week relative to previous week
Tunisia	2,115	25,363	19	-42%
Iran	1,516	129,629	673	-15%
Lebanon	1,284	8,709	64	2%
Jordan	1,117	11,551	190	54%
West Bank and Gaza	860	4,528	17	-32%
Bahrain	781	1,394	0	-100%
Oman	778	4,113	0	-
Libya	777	5,438	58	-31%
Iraq	573	23,793	128	-21%
Kuwait	565	2,465	1	-50%
Morocco	394	14,774	13	-28%
Saudi Arabia	248	8,833	9	-18%
Qatar	218	611	0	-
United Arab Emirates	213	2,146	2	100%
Egypt	194	20,347	414	-5%
Djibouti	184	186	0	-
Syria	151	2,739	35	-8%
Algeria	135	6,058	37	0%
Yemen	63	1,946	8	-47%
MENA Region	598	274,623	1,668	-9%

Source: Authors' calculations based on data from Worldometer (<https://www.worldometers.info/coronavirus/>). Color coordination done as follows: Any % decrease is Green, 0-24% increase is Yellow, 25-49% increase is Orange, 50%+ is Red. “—” indicates not applicable due to change from 0 cases the previous week.



4. COVID-19 Vaccinations as of November 29, 2021

Countries in the MENA region face mixed prospects of vaccine rollout in 2021-22. Arabian Gulf countries such as the UAE, Qatar, and Bahrain lead the region in the percent of the population vaccinated at 88.4%, 75.7%, and 66.3%, respectively (Table 5).

Data on vaccine doses administered has been inconsistent across the region. While most MENA countries have been consistently updating their vaccination numbers, other countries have been slow to release updated figures.

Table 5. COVID-19 Vaccinations as of November 29, 2021

Country	% of population vaccinated	Cumulative COVID-19 vaccine doses administered	Vaccine Contracts	Vaccine clinical trial participation (Y/N)	Vaccine imports through COVAX Facility (Y/N)
Algeria	11.9%	12.03 million by November 22 nd	Sputnik V, AstraZeneca, and Sinopharm	N	Y
Bahrain	66.3%	2.91 million by November 28 th	Pfizer and BioNTech, Sinopharm, AstraZeneca	Y	N
Djibouti	2.6%	99,679 by November 24 th	Sputnik V	N	Y
Egypt	13.5%	36.91 million by November 20 th	40m from Sinopharm, AstraZeneca	Y	Y
Iran	54.5%	104.61 million by November 27 th	Sputnik V	N	N
Iraq	10.9%	11.72 million by November 24 th	1.5m doses – Pfizer, Sinopharm, 1m Sputnik V	N	Y
Jordan	36.3%	7.85 million by November 28 th	3m doses - Pfizer and BioNTech	Y	Y
Kuwait	21.3%	2.67 million by August 14 th	1m doses - Pfizer, BioNTech, AstraZeneca	N	Y
Lebanon	24.7%	3.57 million by November 28 th	2.1m Pfizer, AstraZeneca	N	Y
Libya	9.1%	2.29 million by November 24 th	\$9.6 million of vaccines contracted with WHO	N	N
Morocco	60.8%	48.72 million by November 24 th	65 million - Sinopharm and AstraZeneca	Y	Y
Oman	54.1%	5.93 million by November 23 rd	370,000 Pfizer-BioNTech doses, AstraZeneca	N	N
Qatar	75.7%	4.96 million by November 28 th	Pfizer-BioNTech and Moderna	N	Y
Saudi Arabia	63.3%	47.31 million by November 28 th	Pfizer-BioNTech	Y	Y
Syria	4.0%	1.41 million by November 15 th	5,000 doses received	N	Y
Tunisia	42.6%	10.42 million by November 27 th	2m doses – Pfizer, 1m Sputnik	N	Y
UAE	88.4%	21.55 million by November 15 th	Sinopharm and Pfizer	Y	Y
West Bank & Gaza	26.2%	3.02 million by November 10 th	37,440 Pfizer and 24,000 AstraZeneca delivered through COVAX	N	Y
Yemen	1.2%	759,220 by November 21 st	2.3 million doses with COVAX	N	Y

Source: Data on vaccination from Our World in Data (<https://ourworldindata.org/covid-vaccinations>). The Pfizer-BioNTech vaccine has been approved by the WHO for emergency use. Other vaccines have been approved on a national level as follows: Sinopharm in China, UAE, Bahrain, and Egypt; Sputnik V in Russia, West Bank and Gaza, Algeria, and Paraguay; AstraZeneca vaccine in the UK, India, Argentina, Morocco, Kuwait, and Mexico.

II. What Is Correlated with Testing per Capita?

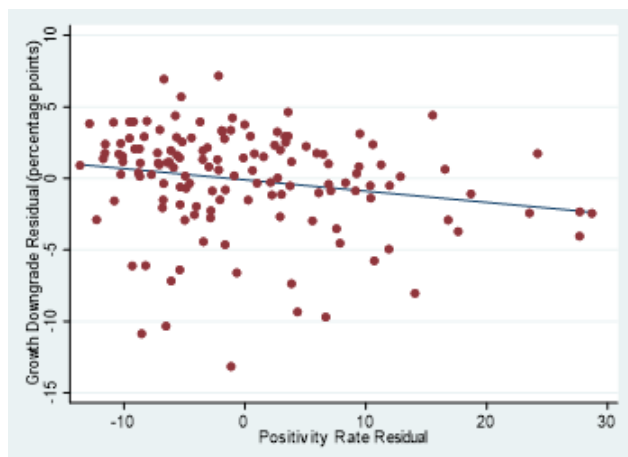
Using data on testing as of November 29, 2021 we can draw some insights about the correlates of testing across countries. The regression results reported in Table 6 below show that countries that are richer, have better health security and capabilities, or are smaller, tend to test more per capita. The regional fixed effects (not presented in Table 6) show that South Asia has the largest coefficient, followed by the Gulf Cooperation Countries group, then Europe and Central Asia. These are the only regions with statistically significant coefficients relative to East Asia and the Pacific, besides Sub-Saharan Africa reporting a negative coefficient. The conclusion is that richer countries test more, but there are no scale effects from being a larger economy. Arabian gulf countries on average appear to have more testing per capita than countries from other regions apart from South Asia after controlling for population size and GDP per capita.

Table 6. Correlates of Testing per Capita – Scale vs. Per Capita Income

Model	OLS		
Outcome Variable	Log of Tests per Million of Population (as of November 29, 2021)		
	(1)	(2)	(3)
Log of GDP per capita (constant 2010 US\$), 2018	0.746*** (0.086)	0.736*** (0.088)	0.589*** (0.088)
Log of Population, 2018	-0.266*** (0.061)	-0.284*** (0.066)	-0.295*** (0.056)
Global Health Security Index, 2019	0.033*** (0.010)	0.032*** (0.010)	0.030*** (0.010)
Days since the 100th case (November 28, 2021)		0.001 (0.001)	0.000 (0.001)
Constant	9.070*** (1.205)	8.961*** (1.198)	10.705*** (1.097)
Region Fixed Effects	NO	NO	YES
Number of observations	163	163	163
Adjusted R2	0.732	0.731	0.770

note: *** p<0.01, ** p<0.05, * p<0.1, Robust Standard Errors. East Asia & Pacific omitted.

Figure 1: Change in Forecasts October '20 - October '19 vs Total Positivity Rates (Cases/Tests %)



Note: Y axis is the difference in growth projections (using IMF WEO data) for year 2020, October 2020 minus October 2019. X axis is the total positivity rate is a percentage calculated by dividing total number of cases by total number of tests (using Worldometer data). Sample includes all countries for which data is available.

On the right, we introduce several control variables: log of GDP per capita in 2019 (in USD, October 2020 WEO), total trade value in GDP in 2019 (percent), days since first positive case until Nov. 30, 2020 (JHU), and tourism as a % of export in 2018 (WDI).

	Growth Downgrade (Oct 2020 minus Oct 2019)	
	-1	-2
Total positivity rate as of Dec 7, 2020	-0.0309	0.0786***
	-0.0337	-0.0277
Log of GDP per capita in 2019		-1.583***
		-0.458
Tourism (% of exports in 2018)		-0.126***
		-0.0187
Trade (% of GDP in 2019)		-0.0055
		-0.0045
Days from the first confirmed case as Nov 30		-0.0038
		-0.0067
Constant	-9.072***	1.296
	-0.614	-1.726
Observations	139	139
R-square	0.00413	0.389

Standard errors in parentheses
* p<0.10, ** p<0.05, *** p<0.01

The downward trendline in Figure 1 that demonstrates the relationship between change in growth forecasts and total test positivity rate reveals a negative correlation between the two variables. Using a global sample for which data is available, regression results indicate that, even after controlling for log of GDP, tourism, and trade, a higher test positivity rate means a lower GDP growth forecast. As reported in Table 6, countries that are more developed tend to have higher incidences of testing. Figure 1 shows that countries who have maintained a low overall test positivity rate are likely to have a growth forecast.



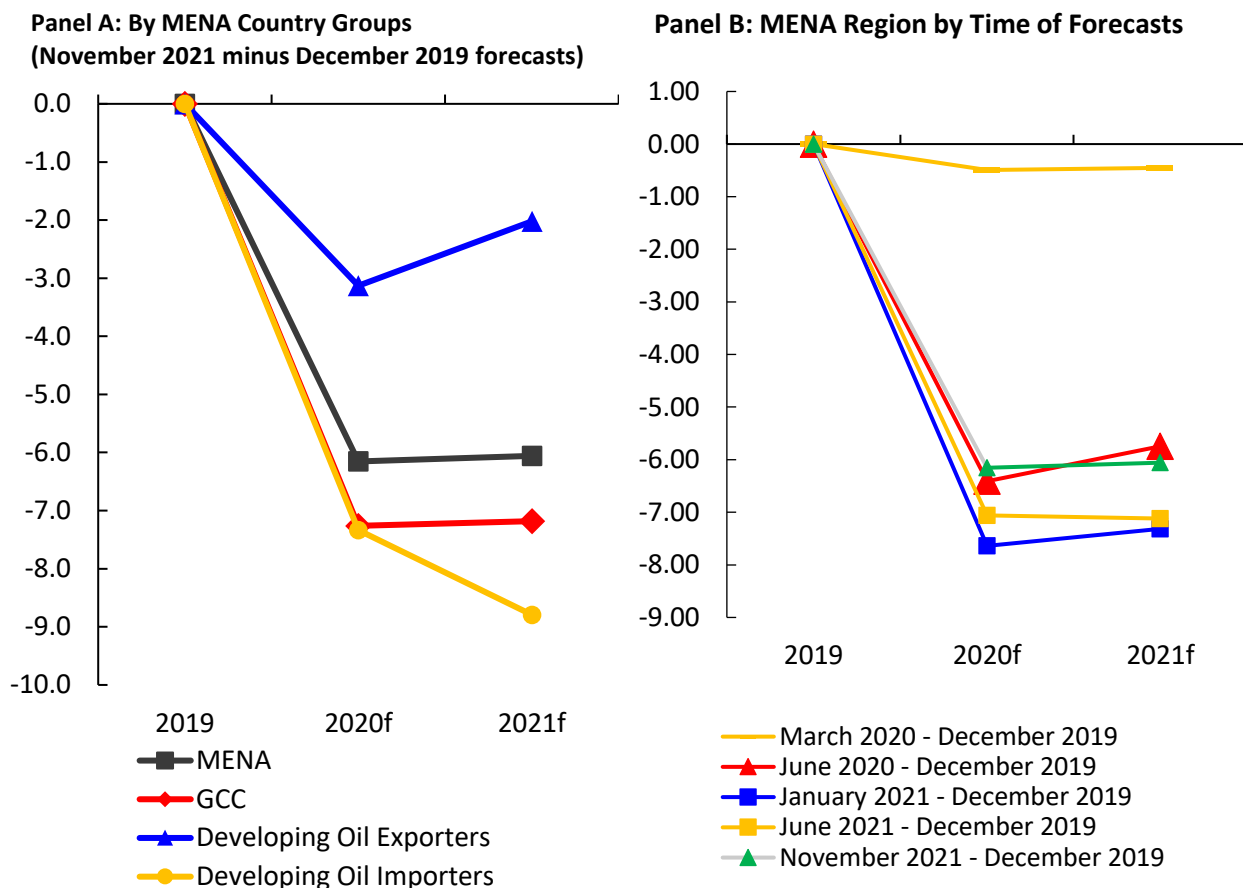
III. Macroeconomic Costs

Updated consensus growth forecasts by the private sector were released on November 2nd, 2021 containing information available through October 28th, 2021. We compute the effect of the crisis on the level of economic activity (GDP) as the growth downgrade for 2020 plus the impact of the changes in growth forecasts for 2021. MENA's 2021 GDP level reflects a downgrade of 6.1 percentage points on average (see Panel A of Figure 2).

The largest GDP-level downgrade in 2021 is seen in forecasts for Developing Oil Importers (8.8 percentage points lower than what was implied by the forecasts of December 2019), followed by GCC (7.2 percentage points) and Developing Oil Exporters (2.0 percentage points). These GDP-level downgrades can be interpreted as the expected macroeconomic costs of the COVID-19 pandemic and oil price collapse as a percent of MENA's 2019 GDP.

The expected GDP losses for 2021 have remained substantial as more information became available. In addition, the recovery in GDP level in 2021 will not be a V-shaped recovery (Panel B of Figure 2). The 2020 GDP level downgrade for MENA, using the baseline December 2019 forecasts, was 0.5 percentage points in March, 1.8 percentage points in April, 5.1 p.p. in May, 6.4 p.p. in June, 6.9 p.p. in July, 7.3 p.p. in August, 7.5 p.p. in September, 7.7 p.p. in October, 7.4 p.p. in November, and 7.5 p.p. in December. Then, in 2021, the GDP level downgrade for MENA has been 7.6 percentage points in January of 2021, 7.3 p.p. in February, 7.5 p.p. in March, and 7.2 p.p. in April, 7.4 p.p. in May, 7.1 p.p. in June, 7.2 p.p. in July, 6.6 p.p. in August, 6.2 p.p. in September, 6.1 p.p. in October and 6.1 p.p. in November. This recent trend reflects private sector forecasters' improving views on average, of the cost of the crisis during 2020 and into 2021.

Figure 2. Not a V-Shape Recovery Relative to the Counterfactual of No Crisis: The Expected GDP Losses of the Crisis

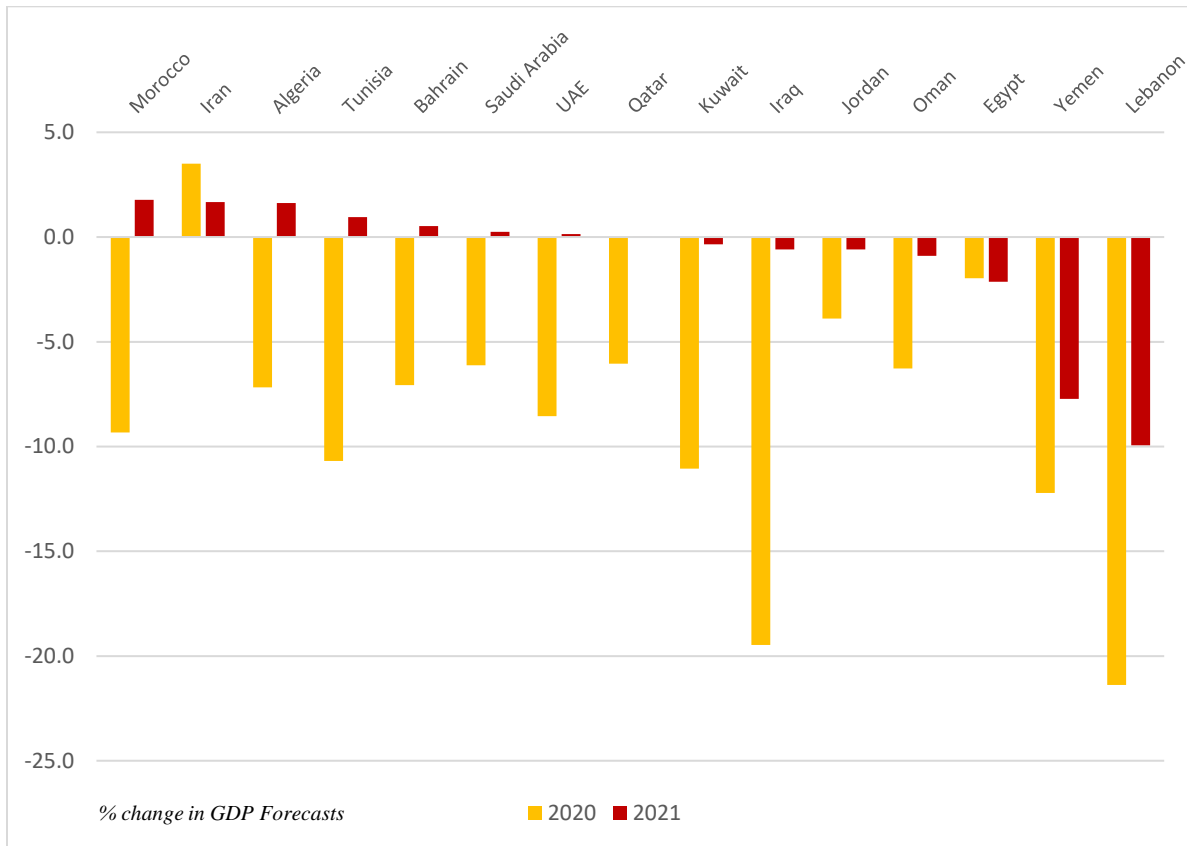


Sources: World Bank Staff calculations based on data from Focus Economics.

Notes: “GCC” includes Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and UAE. “Developing Oil Exporters” includes Algeria, Iran, Iraq, and Yemen. “Developing Oil Importers” includes Egypt, Jordan, Lebanon, Morocco, and Tunisia. “MENA” includes countries in all three groups. Data for Egypt correspond to its fiscal year, running from July 1 to June 30 in Egypt.

Figure 3 presents expected GDP-level downgrades by various private sector forecasters for each country. The 2021 GDP-level forecasts for half the countries were still downgraded, though now better off than the 2020 GDP-level forecasts computed in December 2019. Lebanon has the largest downgrade. Figure 3 also reveals that the expected GDP losses during 2020 are expected to be recovered during 2021 for only half of the countries. For the other half of MENA countries’ GDPs, the current November forecasts for 2021 are slightly improved over the October forecasts for 2021 (except for Yemen and Lebanon), but the GDP forecasts remain below their no-crisis counterfactual levels.

**Figure 3. Recovery Relative to the Counterfactual of No Crisis:
Expected GDP-Level Downgrades of the Crisis by Country in 2020 and 2021**



Source: World Bank Staff calculations based on data from Focus Economics. Note: Data for Egypt corresponds to fiscal years (July 2019 -June 2020, and July 2020 – June 2021) not calendar years, which makes it not comparable to the data from other countries.



IV. Poverty and Social Costs

The crisis shock will increase poverty in 2021. The uncertainty of the magnitude of the economic shock caused by the pandemic, as well as the uncertainty of the distribution of its effects on household per capita consumption, imply that any estimate of the expected percent changes in poverty due to the pandemic relies on restrictive assumptions. Tables 7 and 8 present alternative estimates of expected percent changes in poverty headcounts for 8 developing MENA economies. Both tables show estimated impacts of the pandemic by applying poverty-rate-to-growth elasticities to changes in GDP forecasts by Focus Economics. In both sets of estimates, the elasticities are based on the assumption that the economic shock is “inequality-neutral,” which means that they rely on the assumption that all households are impacted by a constant proportion of the GDP shock equal to 0.85, which is known as the “pass-through rate.”

Table 7 uses a common elasticity for the eight MENA countries at each poverty threshold, which is the median elasticity for the sample of MENA countries listed in the table at each poverty line. These elasticities were estimated with pre-crisis data by [Mahler, Lakner, Aguilar and Wu \(2020\)](#).² In contrast, the estimates reported in Table 8 allow for the poverty-to-GDP elasticities to vary across countries as well as across poverty thresholds. These estimates were provided to the Tracker by the World Bank’s MENA Poverty team.

Lastly, please note that if a country has negligible pre-crisis poverty rates at low poverty-line thresholds, the absolute change in poverty rates (the number of poor people as a share of the population) can also be negligible. This is the case of Lebanon in Tables 7 and 8.

² The median MENA regional inequality-neutral elasticity for the international poverty rate (\$1.9 in 2011 PPP) is -4.8, for the lower middle-income poverty rate (\$3.2 in 2011 PPP) is -3.3, and for upper middle-income poverty rate (\$5.5 in 2011 PPP) is -2.3. All these MENA-specific elasticities are larger in absolute values than median elasticities for the world as provided by World Bank Economist, Daniel Mahler of the Development Economics Data Group (DECDG) on May 1, 2020. The median global elasticities are lower: -1.4 for the \$1.9 threshold (1.4% decline in \$1.90 headcount ratio per 1% increase in GDP), the median elasticity for \$3.2 is -1.2, and the median elasticity for \$5.5 is -0.9.



Table 7. Estimates of Increases in Poverty Headcounts due to the Crisis based on Private-Sector Growth Forecasts as of November 2021 and Median MENA Poverty Elasticities (percentage of pre-crisis poverty rates)

Country	Change in Forecasts (%)	% Change in Poverty Rates Due to the Crisis GDP Losses		
		International poverty rate (\$1.9 in 2011 PPP)	Lower middle-income poverty rate (\$3.2 in 2011 PPP)	Upper middle-income poverty rate (\$5.5 in 2011 PPP)
		2021	2021	2021
Algeria	1.6	-7.7	-5.3	-3.7
Egypt	-2.1	10.1	6.9	4.8
Iran	1.7	-8.2	-5.6	-3.9
Iraq	-0.6	2.9	2.0	1.4
Jordan	-0.6	2.9	2.0	1.4
Lebanon	-9.9	47.5	32.7	22.8
Morocco	1.8	-8.6	-5.9	-4.1
Tunisia	1.0	-4.8	-3.3	-2.3

Source: MNACE Staff calculations based on data from Focus Economics and poverty-GDP elasticities by Daniel Mahler (World Bank, DECDG). The median MENA regional inequality-neutral elasticity for the international poverty rate (\$1.9 in 2011 PPP) is -4.8, for the lower middle-income poverty rate (\$3.2 in 2011 PPP) is -3.3, and for upper middle-income poverty rate (\$5.5 in 2011 PPP) is -2.3. * indicates that pre-crisis poverty rates at the indicated thresholds were estimated at zero. Forecasts for Egypt are based on data from its fiscal year of 2021, which runs from July 1st, 2020 to June 30, 2021.

Table 8. Estimates of Increases in Poverty Headcounts due to the Crisis based on Private-Sector Growth Forecasts as of November 2021 using Varying Elasticities (percentage of pre-crisis poverty rates)

Country	Change in forecasts (%)	% Change in Poverty Headcount Due to Expected GDP Losses from the Crisis		
	2021	International poverty rate (\$1.9 in 2011 PPP)	International poverty rate (\$3.2 in 2011 PPP)	International poverty rate (\$5.5 in 2011 PPP)
Algeria	1.6	16.7	27.7	16.7
Egypt	-2.1	14.8	10.9	3.4
Iran	1.7	-16.7	-13.5	-9.4
Iraq	-0.6	130.5	65.7	27.1
Jordan	-0.6	1.3	15.6	12.6
Lebanon	-9.9	0.0	-	207.0
Morocco	1.8	23.6	23.2	16.9
Tunisia	1.0	53.9	41.8	28.0

Source: World Bank Staff calculations based on data from Focus Economics and varying poverty-GDP elasticities. “—” indicates that pre-crisis poverty rates at the indicated thresholds were estimated at zero.³

As mentioned, the estimates of the impact of the crisis on the number of poor people presented in Tables 7 and 8 rely on the weak assumption that the impact is “inequality neutral.” Yet, it is likely that some individuals or households will be more severely affected than others. Across the region, those at risk of falling into poverty are probably self-employed, informal sector workers who lack social protection, and individuals working in sectors directly hit by the COVID-19 crisis. Migrant workers—for example in GCC countries—are excluded from safety nets available to citizens. In addition, the crisis is affecting some industries more than others, which implies that the economic risk of individuals depends on their sector of employment. For example, hard-hit sectors include tourism, retail, textile, and garment industries, which are particularly salient for the economies of Lebanon, Tunisia, Morocco, and Egypt. Individuals whose livelihoods are tied to these sectors are probably at a higher risk of falling into poverty. Thus, the estimates of the expected increases in the number of poor people need to be interpreted with a grain of salt. But it suffices to say that poverty is expected to rise, possibly by large numbers.

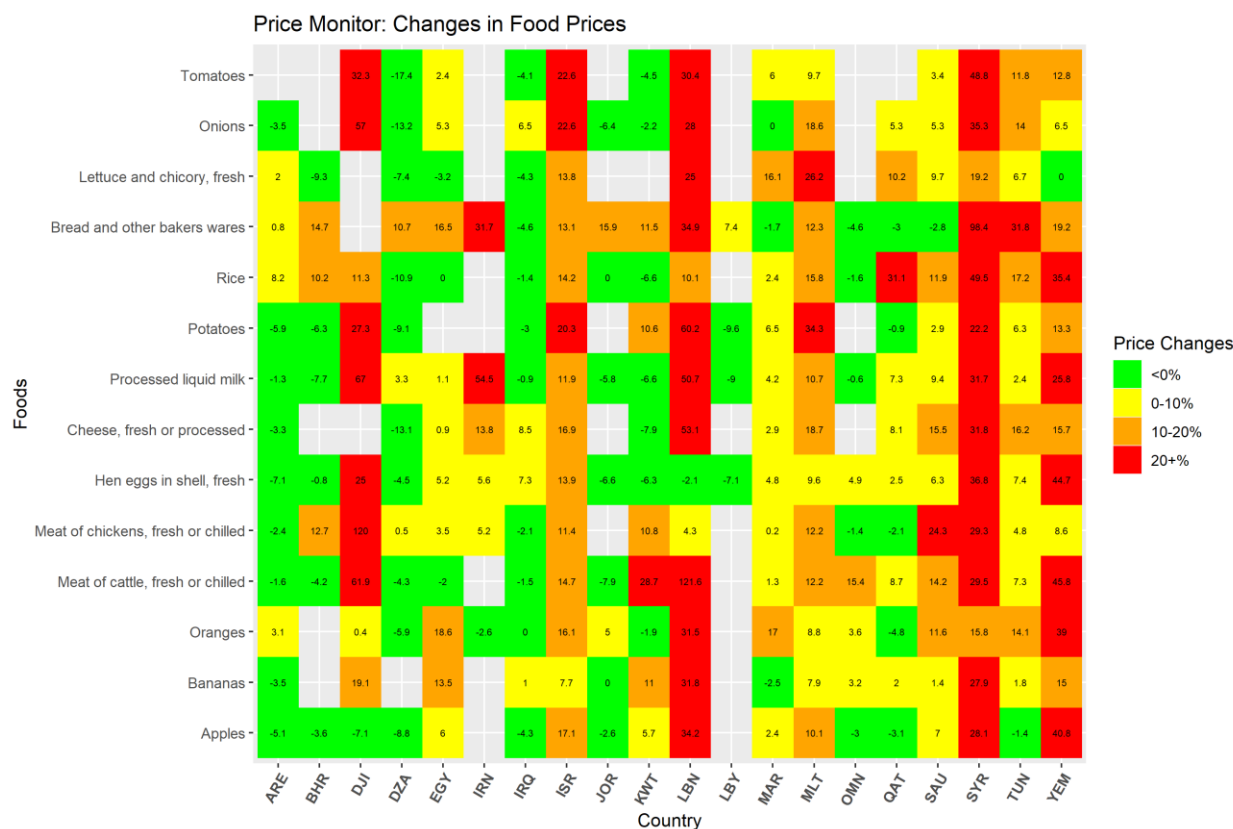
³ The estimates of the increase in the number of poor people relative to the counterfactual scenario of no crisis are based on simulations. The results are sensitive to the pre-Covid distribution of household consumption per capita. In the case of Lebanon, the original data come from the 2011/2012 household survey. The poverty rates since then were estimated by applying a pass through of GDP per capita growth to household per capita consumption, assuming that all households were affected by the same proportion -- the inequality-neutral shock assumption. Earlier this month, the revised 2011 purchasing power parities data (released in May 2020 from the International Comparison Program (ICP)) was updated in the poverty calculation. The result was that measured poverty in 2011 and all subsequent years were estimated to be lower than previously thought. More importantly, the distribution of per capita consumption at the bottom tail (low levels of per capita consumption) is flat, and thus the poverty elasticity with respect to GDP shocks also fell. This explains why the current estimates in Table 8 for Lebanon and other countries are lower than those previously reported in this Tracker.

V. Insights from the MENA Welfare Observatory (Poverty Team)

1. Food Price Changes

COVID-19 poses considerable risks to already vulnerable populations. One of these risks come from rising food prices, which have come under stress due to breakdowns in global supply chains. Food-price inflation is assessed here by analyzing changes in food prices since February 2020 (prior to COVID-19) across the MENA region, for five food categories: carbohydrates, dairy, fruits, meats, and vegetables. Across the region food prices have been rising (see Figure 4). In most countries price increases have been modest (5% or less) but in Djibouti, Iran, Lebanon, Syria, Yemen, and even Malta prices of staples have increased by more than 20 percent since February 14th, 2020. Lebanon, Djibouti, Syria, and Yemen have been particularly hard hit, with prices increasing across the board between February 14, 2020 and November 16, 2021. Since food expenditures tend to account for a large share of poor households' consumption relative to rich households, food inflation tends to be regressive.

Figure 4: Food Price Changes between February 14, 2020 and as of November 16, 2021





Note: WB calculations based on food price data from the FAO.

VI. Insights from Academia

1. [The Effects of Fiscal Measures During COVID-19](#)

by Pragyan Deb, Davide Furceri, Jonathan D. Ostry, Nour Tawk, and Naihan Yang.

This paper empirically examines the effects of fiscal policy measures during the COVID-19 pandemic, using a novel database of daily fiscal policy announcements—classified by type of fiscal measure—and high-frequency economic indicators for 52 countries from January 1 to December 31, 2020. The results suggest that fiscal policy announcements have been effective in stimulating economic activity, boosting confidence, and reducing unemployment, but their effect varies by type of measure and country characteristics. Emergency lifeline measures (which form the bulk of below-the-line measures) are more effective when containment policies are stringent, providing cashflow support to firms and households. Demand-support measures (which comprise most of above-the-line measures) are more effective when containment measures are relaxed.

2. [Developing economy debt after the pandemic](#)

By M. Ayhan Kose, Franziska Ohnsorge, Carmen Reinhart, Kenneth Rogoff

Global government debt soared in last year's pandemic-induced global recession. It may now be tempting to rely on the post-pandemic growth and inflation rebound to reduce debt burdens. This column argues, however, that medium-term growth prospects are dimming, and inflation helps reduce debt burdens only under particular circumstances. As a result, some developing economies may eventually need to resort to debt default to restore fiscal sustainability, with the associated heavy economic and political cost. The global community can help by coordinating prompt and efficient debt relief and restructuring.

3. [A Mountain of Debt: Navigating the Legacy of the Pandemic](#)

by M. Ayhan Kose, Franziska Ohnsorge, and Naotaka Sugawara

The COVID-19 pandemic has triggered a massive increase in global debt levels and exacerbated the trade-offs between the benefits and costs of accumulating government debt. This paper examines these trade-offs by putting the recent debt boom into a historical context. It reports three major findings. First, during the 2020 global recession, both global government and private debt levels rose to record highs, and at their fastest single-year pace, in five decades. Second, the debt-financed, massive fiscal support programs implemented during the pandemic supported activity and illustrated the benefits of accumulating debt. However, as the recovery gains traction, the balance of benefits and costs of debt accumulation could increasingly tilt toward costs. Third, more than two-thirds of emerging market and developing economies are currently in government debt booms. On average, the current booms have already lasted three years longer, and are accompanied by a considerably larger fiscal deterioration,



than earlier booms. About half of the earlier debt booms were associated with financial crises in emerging market and developing economies.

4. [COVID-19 uncertainty: A tale of two tails](#)

by Philip Bunn, David E. Altig, Lena Anayi, Jose Maria Barrero, Nicholas Bloom, Steven Davis, Brent Meyer, Emil Mihaylov, Paul Mizen, and Gregory Thwaites.

Abstract: The onset of the COVID-19 pandemic triggered a massive spike in uncertainty. This article presents data from panel surveys of US and UK business executives to document how uncertainty over own-firm sales growth rates over the year ahead roughly doubled in reaction to the shock. Firm-level uncertainty receded after spring 2020 but remains much higher than pre-COVID levels. The nature of this uncertainty has shifted greatly since the pandemic struck, from an enormous widening in perceived downside risk to a sharp increase in upside risk. Economic uncertainty associated with the pandemic has morphed from a tale of the lower tail into a tale about the upper tail.

5. [Financial Incentives and Other Nudges Do Not Increase COVID-19 Vaccinations among the Vaccine Hesitant](#)

by Tom Chang, Mireille Jacobson, Manisha Shah, Rajiv Pramanik & Samir B. Shah

The research is presented in this [video](#) by co-author Mireille Jacobson.

Abstract: This paper reports findings of a random controlled trial on whether financial incentives, public health messages and other behavioral nudges—approaches deployed by state and local governments, employers, and health systems in the US—increase COVID-19 vaccination rates among the vaccine hesitant in the US. In mid-2021, the authors randomly assigned unvaccinated members of a Medicaid managed care health plan to \$10 or \$50 financial incentives, different public health messages, a simple appointment scheduler, or control to assess impacts on COVID-19 vaccination intentions and vaccine uptake within 30 days of intervention. While messages increased vaccination intentions, none of the treatments increased overall vaccination rates. Consistent with backlash concerns, financial incentives and negative messages decreased vaccination rates for some subgroups. Financial incentives and other behavioral nudges do not meaningfully increase COVID-19 vaccination rates amongst the vaccine hesitant.



VII. Useful Resources for Information on

COVID-19 & Government Response Trackers	Description	Link
World Bank	World Bank COVID-19 Operations Projects	https://www.worldbank.org/en/about/what-we-do/brief/world-bank-group-operational-response-COVID-19-coronavirus-projects-list
Worldometer	Daily updates of data on COVID-19 spread, fatalities, and testing per capita	https://www.worldometers.info/coronavirus/
Coronavirus News Tracker	Daily updates on COVID-19 media coverage including the levels of panic and misinformation	https://coronavirus.ravenpack.com/
WHO Tracker	Daily updates of new COVID-19 cases, total confirmed cases, and death totals	https://covid19.who.int/
Our World in Data	Visualization and downloadable data on daily COVID-19 statistics	https://ourworldindata.org/coronavirus
Bloomberg Live	COVID-19 visuals including global map of travel restrictions	https://www.bloomberg.com/graphics/2020-coronavirus-cases-world-map/
Johns Hopkins Coronavirus Research Center	COVID-19 totals of cases, deaths, and testing with visuals	https://coronavirus.jhu.edu/map.html
Financial Times Coronavirus Tracker	Visualization of COVID-19 daily deaths per country including government response stringency index	https://www.ft.com/coronavirus-latest
Oxford University	Government response Tracker	https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker
Ugo Gentilini (World Bank Social Protection Expert)	Social Protection Response to COVID-19	https://www.ugogentilini.net/
Worldwide Lockdown Dataset	Dataset of lockdowns by country	https://www.kaggle.com/jcyzag/covid19-lockdown-dates-by-country#countryLockdowndates.csv



IMF	Global Fiscal Support Monitor with a breakdown of country-specific fiscal responses to COVID-19	_https://blogs.imf.org/2020/05/20/tracking-the-9-trillion-global-fiscal-support-to-fight-COVID-19/
The Guardian	COVID vaccine tracker: when will a coronavirus be ready?	https://www.theguardian.com/world/ng-interactive/2020/aug/31/covid-vaccine-tracker-when-will-a-coronavirus-vaccine-be-ready
Human Mobility Data	Description	Link
Cuebiq	Analysis of mobility and shelter in place analysis by tracking movement of its users through their devices (mostly US so far). Cuebiq maintains direct relationships with 80+ apps that reach a diverse base of anonymous, opted-in users, giving the ability to collect accurate and precise SDK location data at scale on a daily basis.	https://www.cuebiq.com/visitation-insights-covid19/
Facebook Disease Prevention Maps	Mobility patterns tracked using Facebook data	https://dataforgood.fb.com/tools/disease-prevention-maps/
Satellite Data (to capture COVID-19 effects)	Description	Link
ESA: Sentinel 5P	Air Pollution Maps	https://earth.esa.int/web/guest/missions/esa-eo-missions/sentinel-5p
NASA Goddard: Black Marble	Night Lights maps	https://blackmarble.gsfc.nasa.gov/#home
Social media and Crowd-sourced data	Description	Link
Premise	Custom questions as part of on-going micro-surveys, for example perceptions of social distancing measures, government support, livelihood impacts	https://www.premise.com/



Google Trends	High frequency data COVID-19 related searches	https://trends.google.com/trends/story/US_cu_4Rjdh3ABAABMHM_en
Waze	Crowd-sourced data on quarantine-related road closures, medical testing centers, and emergency food distribution centers	https://www.waze.com/covid19

COVID-19