



Arab League

MUNUC 33

ONLINE



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CHAIR LETTERS

Dear Delegates,

Hello! We are incredibly excited to have you in our committee for MUNUC 33. My name is Farah and I am one of the Co-Chairs of the Arab League. I am a second year at the University of Chicago and am double majoring in Biology and Comparative Human Development. Beyond academics and MUNUC, I'm a crisis director for ChoMUN (UChicago's college-circuit conference), a tour guide on campus, and a research assistant at the Patnaik Lab.

This Arab League committee will be discussing two topics that are critical issues that the Arab world is currently dealing with: healthcare in conflict zones, and the refugee crisis. These two issues have impact beyond the Arab League, especially the refugee crisis which has affected nations across the world. As delegates, you will be able to not only consider these issues and their effects on your nations, but you will also have the opportunity to work together to create solutions that are efficient and effective.

As one of your co-chairs, I am here to support you and help you tackle these issues as delegates. That being said, this committee is meant to be a learning experience for you and your fellow delegates. I encourage you to ask questions when you have them, to speak up about the ideas that cross your mind, and to collaborate with others and approach any topic with a spirit of collaboration as this will help you develop a more comprehensive and impactful solution.

Cheers,

Farah Doughan

Co-Chair, Arab League (ARL)

Dear Delegates,

Welcome to MUNUC XXXIII! My name is Lily Hong, and I am so excited to be one of your co-chairs for the Arab League. I am a second year at the University of Chicago, majoring in Anthropology and Philosophy. Outside of MUNUC, I am the VP of Marketing for the Moot Court team and a campus Brand Ambassador for TikTok.

Delegates in our committee this year will get the opportunity to consider two important topics in Arab League countries. As conflict continues in the Middle East, millions of migrants are resettling in different countries and both the refugees and the countries must figure out how to ensure the health of refugees and how to promote economic development in the areas in which people are resettling. With uncertainty over when the conflict will end and strains on host countries' infrastructure, delegates must balance short-term and long-term solutions to allow for prosperity in the region.

My co-chair and I are here as resources for you, so if you have any questions or concerns feel free to communicate those to us. We want to make sure you all see this as an opportunity to learn from one another and engage in productive debate to reach a resolution that addresses the many aspects of the topic you all choose. I look forward to meeting all of you in committee.

Sincerely,

Lily Hong

Co-Chair, Arab League (ARL)

COMMITTEE OVERVIEW

The Arab League (ARL) is an organization of Arab States in the Middle East and North Africa (MENA) region and was founded in 1945.¹ Egypt, Lebanon, Iraq, Syria, and Transjordan were the founding members of the Arab League.² The Arab League was founded as a response to regional concerns about divisions and territorial threats and the purpose of the ARL is to strengthen and coordinate the socioeconomic, cultural, and political programs of member states.³ The league also serves to mediate disputes between member states. Each member state of the ARL has one vote and member states that vote for certain decisions are bound by them⁴.

Committee Specifics

This Arab League committee includes observer states, and it is important to understand how important they are and what role they will play. At first glance, it might seem as though observer states have no stake in the issues at hand. Upon a second look, however, one can recognize how observer states play a crucial role in coordinating international responses to regional conflicts and issues. The issues we discuss may seem as though their effects are limited to the member states of the Arab League, but the effects seep beyond this and ripple throughout the international arena.

Aside from giving the ARL a glimpse into how the international community might respond to certain suggestions and proposed solutions, many observer states have a stake in the crises we tackle in our committees. When considering the refugee crisis and migration, for example, many non-members of the ARL were affected by this crisis as they became host nations or set up camps for refugees.

Observer states are a valuable element of the Arab League, often offering useful insights. Their support of a working paper might not confer more votes in the real-world version of this committee,

¹The Editors of Encyclopaedia Britannica. "Arab League." *Encyclopædia Britannica*, Encyclopædia Britannica, Inc., 5 Feb. 2020, www.britannica.com/topic/Arab-League.

² Ibid.

³"The Arab League and Iraq." *Council on Foreign Relations*, Council on Foreign Relations, www.cfr.org/background/arab-league-and-iraq.

⁴ Ibid.

but it communicates the effectiveness and practicality of a paper. Having taken note of this, it is important to ensure that observer states are active in our committee, that they participate in debate, and that they are included in the resolution-writing process, so all delegates will be able to exercise voting power.

TOPIC A: HEALTHCARE ACCESS AND EQUITY IN AREAS OF CONFLICT

Statement of the Problem

Introduction of the problem

One of the UN's current goals is to achieve universal healthcare by 2030, in line with the current sustainable development goals which call for the promotion of healthy lives and well-being for all.⁵ For any population, access to equitable, high quality healthcare is important and necessary. This is even more necessary in regions where there is a higher demand for healthcare due to disease, violence, or poor quality of life. Access to healthcare in zones of conflict has been an ongoing issue, and this instability in healthcare is both triggered and exacerbated by a plethora of different causes.

One of the primary factors contributing to the limited access and quality of healthcare in zones of conflict is that these areas do not have stable medical centers. Since the locations of treatment are always changing, healthcare is significantly less reliable. It is also important to note that in most **conflict zones**, access to electricity is extremely limited and when electricity is accessible, it is not reliable. This means that patients who need long-term care or have injuries and ailments that require continuous attention are less likely to survive. For example, women with breast cancer in Gaza have a 5-year survival rate which is 25% lower than that for women in the USA.^{6,7} While not in the Arab League, Ghana, a nation also dealing with similar power outages in medical facilities, researchers found that for every day there was a power outage of at least 2 hours, mortality for in-facility patients increased by 43%.⁸ This shows that an inability to access reliable electricity means that

⁵"UN Pushes for Universal Health Care on International Day." 2018. UN News. December 12, 2018.

<https://news.un.org/en/story/2018/12/1028331>.

⁶"Breast Cancer - Statistics." 2012. Cancer.Net. June 25, 2012. <https://www.cancer.net/cancer-types/breast-cancer/statistics#:~:text=The%205%2Dyear%20survival%20rate>.

⁷Panato, Chiara, Khaled Abusamaan, Ettore Bidoli, Mokhtar Hamdi-Cherif, Daniela Pierannunzio, Stefano Ferretti, Mahmoud Daher, Fouad Elissawi, and Diego Serraino. 2018. "Survival after the Diagnosis of Breast or Colorectal Cancer in the GAZA Strip from 2005 to 2014." *BMC Cancer* 18 (June). <https://doi.org/10.1186/s12885-018-4552-x>.

⁸Irwin, Bridget R., Klesta Hoxha, and Karen A. Grépin. 2019. "Conceptualising the Effect of Access to Electricity on Health in Low- and Middle-Income Countries: A Systematic Review." *Global Public Health* 15 (3): 452–73.

<https://doi.org/10.1080/17441692.2019.1695873>.

patients who need ventilators, dialysis, heart monitors, and even automated external defibrillators (AED), are all at risk.

Blockades are also a common circumstance in conflict regions. Blockaded areas, such as Gaza and Al Za'tari camp in Jordan, cannot receive any aid or resources. Given that resources are already limited within the region, blocking access to supply shipments, deliveries, personnel, and equipment further strains the already strained health care systems in place.

Access to personnel is another issue, as most individuals living in conflict zones who once were physicians are no longer practicing as a result of displacement issues and the political climate. The rise of authoritarian regimes drove many physicians out, and those who remain often cannot serve as doctors due to their circumstances, the lack of job availability, or the fact that they would not be compensated for their work. Non-governmental programs (NGPs) and organizations have been able to offer help in the past. Unfortunately, for the conflict zones in question within the Arab League boundaries, non-governmental organizations (NGOs) either find it too dangerous to send volunteers or are unable to do so due to blockades. Doctors Without Borders was previously a very important organization in the region, but they haven't been as active in the region.

What makes the lack of access to healthcare even more problematic is that its absence is mostly noted in the conflict zones with higher death and injury rates. Across Syria and Iraq, people are still recovering from damage caused by ISIS and, in some regions, citizens are still dealing with ISIS **splinter groups**, which are groups that have split away from the initial parent group and can be even more dangerous and unpredictable.⁹ In Gaza, the ongoing crises have caused spikes in injury and death rates. In Jordanian refugee camps, there has been a resurgence of extremism and there are some known sleeper cells -- groups strategically remaining dormant to evade capture that are planning later acts of terrorism -- that have caused violence and harm to the camp inhabitants.¹⁰ The violence and conflict in these regions is a threat both to healthcare workers and to patients who are

⁹Clarke, Colin P., and Chad C. Serena. n.d. "Analysis | This Is the Problem with Trying to Destroy the Islamic State." Washington Post. Accessed August 2, 2020. <https://www.washingtonpost.com/news/monkey-cage/wp/2016/07/12/the-problem-with-destroying-the-islamic-state/>.

¹⁰"Deadly Attacks On Health Care Workers And Patients Rising In Conflict Zones." n.d. Health Policy Watch. Accessed August 2, 2020. <https://healthpolicy-watch.org/deadly-attacks-on-health-care-workers-and-patients-rising-in-conflict-zones/>.

in desperate need of treatment. While extremism affects healthcare structures, extremist groups themselves are not the central element of this topic and focusing on extremism would detract from the other issues that affect healthcare access and quality. Thus, discussion of extremism should be limited to its effects on healthcare, rather than combating extremism itself, which would be a valuable topic of debate for another year.

As a consequence of the different circumstances described above, most are more concerned with survival rather than comfort and **quality of life**. Health is not a main concern when one is faced with more immediate concerns such as displacement, poverty, and other issues stemming from the conflicts in these regions. Their quality of life is very poor, and the living conditions are not only unsafe, but also unhealthy. In refugee camps and small villages that emerged during nations' recovery from recent political issues like civil wars and the Arab Spring, the large groups of people that live within confined spaces are an ideal environment for the spread of infection and disease. Beyond this, most people have limited to no access to clean water, which means that they drink contaminated water and, on the occasions that they have the opportunity to use resources for hygienic maintenance, they shower or wash their hands in unclean water as well. Their living spaces are unclean, and this is especially true for refugee camps as they are mostly located in desert-like regions of nations and not in towns or cities where the government and municipalities must ensure citizens' access to water, gas, etc. The populations in these regions also face "sharp increases in **chronic diseases**" including diabetes and cardiovascular issues.¹¹ This is a consequence of "lifestyle related challenges" and living conditions.¹²

In addition to having no infrastructure for hospitals and a healthcare system, educational systems are very lacking in most conflict zones. This especially affects women and lower-class families, or parts of the population that were already limited in their access to educational resources and

¹¹ Özlem Fidanci. 2019. "How Technology Can Revolutionise Healthcare across the MENA Region." World Economic Forum. April 4, 2019. <https://www.weforum.org/agenda/2019/04/how-ai-can-revolutionise-healthcare-across-the-mena-region/>.

¹² Ibid.

schooling. Due to a lack of education and awareness, “women may not be aware of their health problems and/or not seek medical help” even when the resources are available.¹³

Defining Traditional Solutions

Nations facing these troubles have tried to ameliorate the circumstances, most commonly requesting aid from other nations or increasing the presence of NGOs and creating more NGPs. Furthermore, many nations have attempted to tackle the issues by increasing awareness of resources in these regions. In Jordan, the Ministry of Health instituted the “Healthy Villages Program” which sought to “raise people’s health awareness”, amongst other goals.¹⁴ However, these awareness efforts often proceed without any improvement because the awareness campaigns are not centered in the refugee camps or the villages in the center of conflict.

Effects on Patients and Citizens

The impact of this lack of access permeates through the Middle East and is not isolated in conflict zones, but rather ripples throughout entire nations. Pressure on the available capacity of healthcare is increasing.¹⁵ As time goes on, conflict fails to settle, and as people become more displaced, their quality of life worsens and as does the general population trends in the region with respect to disease, injury, and death rate.

¹³Dr Hina Naveed. 2018. “An Introduction to Women’s Health in the Middle East | Middle East Medical Portal.” Middle East Medical Portal. September 14, 2018. <https://www.middleeastmedicalportal.com/an-introduction-to-womens-health-in-the-middle-east/>.

¹⁴“Public Health in the Middle East Building a Healthy Future Middle East Institute Viewpoints.” 2011. <http://www.uclaisap.org/assets/documents/Middle%20East%20Report.pdf>.

¹⁵ “Gx Lshc 2015 Health Care Outlook Middle East.” 2015. <https://www2.deloitte.com/content/dam/Deloitte/global/Documents/Life-Sciences-Health-Care/gx-lshc-2015-health-care-outlook-middle-east.pdf>.

History of the Problem

Introduction

When considering the current state of the region in relation to the structure of healthcare systems, it is important to recognize the roots of these issues. The foundation for modern medicine was laid out by Arab-Islamic scholars based on observation and reasoning. Arabic medical texts were the standard for medical practice across Europe, and the capital of Iraq (Baghdad) was a hub for inquiry, science, and knowledge, attracting scholars from all around the world.¹⁶ Even recently, healthcare in some of the regions of conflict was not such a prominent issue. Before conflict broke out in Syria, the healthcare system was efficient and the nation had seen improvements in “life expectancy and infant and maternal mortality.”¹⁷ Idlib and Aleppo had “a combined 550 health facilities.”¹⁸ How did a region that heavily contributed to medical knowledge end up with healthcare systems that are inadequate and inequitable?

What Does the Damage Look Like?

The remnants of the empire that laid out the foundation for modern medicine are struggling in maintaining their healthcare systems. Due to socio-political conflicts and violence, the region’s many zones of conflict have experienced significant issues in regard to healthcare quality and access to healthcare in general.¹⁹ The health disparities within some countries “exceed those between rich and poor nations.”²⁰ Moreover, as a result of the conflict and large population displacements, most nations in the Middle East North Africa (MENA) Region lack the adequate data necessary for a better understanding of the causes of mortality.²¹ This makes it impossible to design healthcare systems in

¹⁶ Ypocras, Olde, Avycen Constantyn, Gilbertyn Written, and David Tschanz. n.d. “The Arab Roots of European Medicine Wel Knew He the Olde Esculapius and Deyscorides and Eek Rufus.” Accessed August 2, 2020.
<https://bxscience.edu/ourpages/auto/2011/12/14/29951124/Arab%20Roots%20of%20European%20Medicine.pdf>.

¹⁷ “Our Mission | International Medical Corps.” 2020. International Medical Corps. 2020.
<https://internationalmedicalcorps.org/who-we-are/our-mission/>.

¹⁸ Ibid.

¹⁹ Maziak, Wasim. 2006. “Health in the Middle East.” *BMJ : British Medical Journal* 333 (7573): 815–816.
<https://doi.org/10.1136/bmj.39006.478796.80>.

²⁰ Ibid.

²¹ “Health Trends in the Middle East and North Africa | HFG.” 2018. Hfgproject.Org. 2018.
<https://www.hfgproject.org/health-trends-in-the-middle-east-and-north-africa/>.

these areas and format a system that would cater to the needs of the general population, as there is no data from which the healthcare needs of the people can be determined.²²

What Caused This Damage?

The inequities in healthcare that we see in these conflict zones can be traced back to the late 1990s. Between the years of 1998 and 2000, “an estimated 15,000 Arab doctors left their countries” due to the political climate of the region.²³ As wars were breaking out among the region, which heavily affected Iraq, many nations in the region began facing UN sanctions. The region was not yet “integrated into the international economy” which caused some strain by limiting opportunities for trade and commerce.²⁴ The conflicts and crises throughout the region created new health challenges, and the refugee crisis is included among these conflicts and crises.

Immigration of refugees heavily impacted the healthcare systems of host nations. The influx of displaced individuals into bordering nations challenged economies and healthcare systems throughout the Middle East and North Africa. Refugees found themselves in difficult circumstances, incapable of affording healthcare resources, and host nations had to compensate for the increase in the population needing care.²⁵ It is undisputed that peace is crucial “to ensure a healthy, productive global population,” and the turmoil in the region only increased from thereon out- and rise in terrorism, as well as civil wars, and religious tensions escalating led to an inevitable decline in the structure and functionality of healthcare systems.²⁶

²²Ibid.

²³ Ibid.

²⁴Behrendt, Christina, Tariq Haq, and Noura Kamel. n.d. “The Impact of the Financial and Economic Crisis on Arab States: Considerations on Employment and Social Protection Policy Responses.” https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms_204000.pdf.

²⁵“Health Trends in the Middle East and North Africa | HFG.” 2018. Hfgproject.Org. 2018. <https://www.hfgproject.org/health-trends-in-the-middle-east-and-north-africa/>.

²⁶ Catherine Andersen, Ekaterina Bogatyreva, Philippa Druce, Scott Gates, Hanna Kaade, Robert Mood, Håvard Mogleiv Nygård, et al, “Approaches to protect and maintain health care services in armed conflict – meeting SDGs 3 and 16,” *Conflict and health*, January 29, 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6350312/>.

The Function and Structure of Healthcare Systems

The way healthcare systems work has traditionally been an issue for certain nations. Even when healthcare was operating and booming, it was not functioning as efficiently as it could have been and there were deep flaws in the system. Governments were unwilling to control the healthcare system and did not consider making healthcare services accessible their responsibility, as taking on this responsibility would be a sink for resources and personnel. Early on, companies saw this gap in government services as an opportunity to take over the sector and this has led to healthcare becoming a “commodity with a curative, rather than preventive, orientation.”²⁷ Thus, the systems in place accommodate corporations and not the people. This carries significant impact by creating divisions between the public and private sector healthcare that often leave certain parts of the population with inadequate resources. In Jordan, for example, the private sector plays an important role in developing national healthcare strategies. However, “mistrust” between the public, composed mostly of lower-income families and a large refugee population, and the nation’s private sector hinders cooperation.²⁸

Issues Beyond Healthcare Structure

The consequences of this flawed structure are severe. This system means healthcare facilities are localized in areas where there is profit to be made, despite the majority of the population being lower-classed. Beyond this, many other factors contributed to the deep issues that are characteristic of the fragmented and inequitable health care we see today.

Facilities and Infrastructure

A major dilemma is that there aren’t enough healthcare facilities, physicians, or medicines to serve those needing care in these areas of conflict. Most of the patients need emergency care, medication for chronic disease, delivery rooms, or treatment for trauma and other mental health issues related

²⁷ Wasim Maziak, “Health in the Middle East No one's priority, everyone's problem,” *BMJ*, October 21, 2006, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1618429/>.

²⁸ SHOPS Plus and HFG, “Health Trends in the Middle East and North Africa,” *Health Finance and Governance Project*, July 2018, <https://www.hfgproject.org/health-trends-in-the-middle-east-and-north-africa/>.

to the conflict.²⁹ Infrastructure that previously existed, such as hospitals, clinics, primary care centers, and emergency rooms, have been destroyed and are no longer functional. In many different conflict areas, “**tent-style emergency care facilities**” are available.³⁰ However, these facilities are limited in terms of how many are available and each individual facility has a very small capacity. Furthermore, since these tent care centers are not indoor, they cannot be properly sanitized and the risk of patients contracting infection increases.

Access to Supplies

Blockades and barriers to accessing supplies is also a common issue in these regions. The “strategic interruption of supply chains, electricity and water” heavily impacts healthcare systems, making it more and more difficult to deliver preventative **equitable care**. In different countries, such as Yemen, the “reduced capacity” of healthcare systems makes it difficult to address infectious diseases such as cholera.³¹ Frederik Siem from the Norwegian Red Cross highlighted that infant mortality rates usually increase by 13% during a typical five-year conflict.³²

Risk Factors

These issues with public health systems ripple throughout Arabic societies and have prominent impacts. These regions are characterized by a “widespread distribution of **risk factors** for disease, such as smoking, obesity, and hypertension.”³³ These issues are even more prominent in conflict areas where people have even less access to healthcare and almost no access to educational and awareness resources.

²⁹ “The World’s Refugees in Numbers,” *Amnesty International*, accessed August 2, 2020, <https://www.amnesty.org/en/what-we-do/refugees-asylum-seekers-and-migrants/global-refugee-crisis-statistics-and-facts/>.

³⁰ Ahmad Borham and Marwa Dabaieh, “An Adaptive Refugee Camp Model for the Middle East,” *EcoMENA*, accessed August 2, 2020, <https://www.ecomena.org/refugee-camp-middle-east/>.

³¹ “Arab Convention on Regulating Status of Refugees in the Arab Countries,” *League of Arab States*, 1994, accessed August 2, 2020, <https://www.refworld.org/docid/4dd5123f2.html>.

³² *Ibid.*

³³ Katharina Lenner, “Making Refugees Work? The Politics of Integrating Syrian Refugees into the Labor Market in Jordan,” *Middle East Critique*, April 30, 2018, <https://www.tandfonline.com/doi/full/10.1080/19436149.2018.1462601>.

Lacking Areas

In addition to those outlined above, there are additional lacking areas. Healthcare is more than surgeons and emergency care physicians. The issue is that the **healthcare basket**, which refers to the “totality of services, activities and goods reimbursed or directly provided by a public health care programme” itself is lacking³⁴. One element of the basket, or a specific area that is lacking, is mental health services. Specifically in the Middle East, the absence of mental health services is a result of a lack of awareness and stigmatization of mental health, which consequently results in little to no government funding and very few properly trained professionals.³⁵ Inadequate mental health is a major issue because most of the people in these conflict zones are recovering from traumatic experiences and have had their lives change abruptly.

Medical Neutrality

Although this committee will not be taking special interest in terrorism or extremism in terms of the actual violence they cause, medical neutrality is something we should keep in mind. **Medical neutrality** is a “principle of noninterference with medical services in times of armed conflict and civil unrest.”³⁶ Lack of consideration for medical neutrality has an impact on patients because they can’t access “healthcare facilities due to the destruction of this infrastructure.”³⁷

Specific Examples

All member states are related, even if not explicitly, to the issues regarding access to equitable healthcare. However, there are some regions with particularly fragmented and inadequate healthcare systems. Some examples are detailed below but note that these are not the only regions or nations that are experiencing difficulties related to healthcare. All member states have internal

³⁴ Wa’ed Alshoubaki and Michael Harris, “The impact of Syrian refugees on Jordan: A framework for analysis,” *Journal of International Studies*, April, 2018, https://www.jois.eu/files/11_454_Alshoubaki%20et%20al.pdf.

³⁵ “Hidden Afflictions: Mental Illness in the Middle East,” *Center for Strategic & International Studies*, October 15, 2010, <https://www.csis.org/analysis/hidden-afflictions-mental-illness-middle-east-o>.

³⁶ “Introduction to Medical Neutrality,” *Physicians for Human Rights*, accessed August 2, 2020, <https://phr.org/wp-content/uploads/2019/11/Introduction-to-Medical-Neutrality-Fact-Sheet-2013.pdf>.

³⁷ Maha Yahya and Marwan Muasher, “Refugee Crises in the Arab World,” *Carnegie Endowment for International Peace*, accessed August 2, 2020, <https://carnegieendowment.org/2018/10/18/refugee-crises-in-arab-world-pub-77522>.

issues that they should work to solve, and observer states play a critical role in coordinating an international response to these issues.



Syria

In the case of Syria, there has been significant damage to infrastructure which has led to limited access to shelter and energy, as well as “serious deterioration of water and sanitation services, food insecurity, and serious overcrowding.”³⁸ People’s access to healthcare is “hampered by security factors,” and for those who are chronically ill, more than 50% have to interrupt their treatments.³⁹ Furthermore, the quality of healthcare is heavily impacted by “deterioration in the functionality of medical equipment” as well as “shortages of drugs and medical supplies due to sanctions.”⁴⁰ These issues in Syria can be traced back to the start of the refugee crisis in early 2011; after the civil war, with 500,000 people dead, and more than half of the country’s pre-war population of 21 million fled

³⁸ “League of Arab States’ Intervention To Global Refugee Forum,” *UNHCR*, accessed August 2, 2020, <https://www.unhcr.org/en-us/events/conferences/5dfa43674/statement-league-arab-states-arabic-english.html?query=arab%20league>.

³⁹ *Ibid.*

⁴⁰ *Ibid.*

their homes, with the majority of them now either displaced inside Syria or living as refugees outside the country.⁴¹

Iraq

In the case of Iraq, it's important to consider the nation's history as Iraq has been in and out of conflict, war, and personal crisis for the past 40 years.⁴² Many other elements that are intertwined with conflicts in Iraq have impacted the nation's healthcare systems, including "international sanctions, sectarian violence, and political instability," and the conflict-related security concerns had dramatic consequences on budget allocation and feasibility of health infrastructure projects.⁴³ In the five years after Saddam Hussein was no longer a part of Iraqi politics, approximately 18,000 doctors left Iraq, and the remaining doctors were stuck working in difficult conditions with electricity shortages and limited resources.⁴⁴ Research by the World Health Organization (WHO) has shown that "96.4% of Iraqi-s are [currently] without health insurance."⁴⁵ This can be attributed to the lack of a healthcare and **insurance** systems which leaves citizens with no option other than to seek care through inefficient, lacking, and sparse government resources.⁴⁶

Gaza

When it comes to regions in Palestine such as Gaza, the circumstances are even more troubling than those of other conflict zones in the Arab League. Some direct causes of Gaza's healthcare problems - - aside from obvious conflict -- include blockades, inadequate facilities, and inadequate funds to pay healthcare teams. Years of "socioeconomic decline, conflict, and closure" rendered the healthcare

⁴¹ Maha Yahya, Jean Kassir, and Khalil El-Hariri, "Policy Framework for Refugees in Lebanon and Jordan," *Carnegie Middle East Policy*, April 16, 2018, <https://carnegie-mec.org/2018/04/16/policy-framework-for-refugees-in-lebanon-and-jordan-pub-76058>.

⁴² "Iraq May Be Coming to the End of 40 Years of War." 2017. The Independent. October 27, 2017.

<https://www.independent.co.uk/voices/iraq-sunni-kurds-isis-may-have-won-but-to-achieve-peace-they-need-to-listen-a8023211.html>.

⁴³ "The Refugee Crisis in Europe and the Middle East," *International Rescue Committee*, accessed August 2, 2020, <https://www.rescue.org/sites/default/files/document/911/irccrisisappealcompositerevaugust.pdf>.

⁴⁴ "Resettlement," *UNHRC*, accessed August 2, 2020, <https://www.unhcr.org/en-us/resettlement.html>.

⁴⁵ "Healthcare in Iraq," *Iraqi Research Foundation for Analysis and Development*, accessed August 2, 2020. <http://www.irfad.org/healthcare-in-iraq/>.

⁴⁶ "Egyptian MFA, UN in Egypt Launch Response Plans to Support Refugees and Asylum-Seekers." UNHCR. UNHCR Egypt, May 29, 2019. <https://www.unhcr.org/eg/12967-egyptian-ministry-of-foreign-affairs-united-nations-in-egypt-launch-response-plans-to-support-refugees-and-asylum-seekers.html>.

sector in Gaza lacking.⁴⁷ Healthcare facilities are “overstretched” and service is often interrupted by power outages⁴⁸. These challenges threaten the population, only worsening the multiple other threats currently endangering people, such as food insecurity and rising poverty. Prolonged blockades spanning over 11 years have been impacted by increases in casualties, with essential medicines running short, and surgical care and rehabilitation services being strained by the high injury rate⁴⁹. Even beyond Gaza, around 900,000 of the population of 1.2 million are in need of humanitarian health care.⁵⁰ Together, these factors have had a disabling effect on Palestinian healthcare systems.

Conclusion

Many factors have led to the current problems of inequitable and inaccessible healthcare in regions of conflict. History is a very important part of this conflict, and considering failures and successes in addressing the issues, as well as the root causes of the problem at hand, is essential for crafting a future plan of action.

⁴⁷ “Easing Syrian Refugees’ Plight in Lebanon.” Crisis Group. International Crisis Group, February 13, 2020. <https://www.crisisgroup.org/middle-east-north-africa/eastern-mediterranean/lebanon/211-easing-syrian-refugees-plight-lebanon>.

⁴⁸ Ibid.

⁴⁹ “Arab Spring.” Encyclopædia Britannica. Encyclopædia Britannica, inc., August 23, 2019. <https://www.britannica.com/event/Arab-Spring>.

⁵⁰ Bahar, Dany. “Why Accepting Refugees Is a Win-Win-Win Formula.” Brookings. Brookings Institute, June 19, 2018. <https://www.brookings.edu/blog/up-front/2018/06/19/refugees-are-a-win-win-win-formula-for-economic-development/>.

Past Actions

The Arab League (AL) was founded in 1945, as an extension of pan-Arabism, which entails advocating for a political alliance of Arab states.⁵¹ Each member state of the Arab League has one vote on the League Council and the decisions are only binding to those nations that vote to pass them.⁵² Thus, the goal of the Arab League was to strengthen the cultural and socioeconomic programs of the member states in a manner that would allow for each nations' programs and initiatives to be better supported and more successful.

These issues with healthcare in regions of conflict have spanned decades, with some regions' troubles more difficult than others. Historically, the Arab league has not addressed these issues directly, and most past actions or "solutions" that have been previously implemented were sponsored, suggested, or funded by other UN agencies or NGOs. Beyond this, most treaties and resolutions served to address issues with medical neutrality, and not the lack of access to equitable healthcare in conflict regions.

NGOs

As previously mentioned, most progress made and most aid to these regions can be credited to NGOs and NPOs. It is also important to consider the circumstances detailed earlier that have prevented the involvement of NGOs and blocked aid organizations from being able to access the regions in question.

Sustainable Development Goal #3

In 2017, a meeting was organized by the Centre for Global Health at the University of Oslo, the Peace Research Institute Oslo, and the Norwegian Red Cross. This meeting discussed different possible solutions that they could pursue in order to protect and maintain healthcare services in conflict zones, in hopes of meeting **sustainable development goal #3**, but did not result in any firm

⁵¹ "Pan-Arabism." Merriam-Webster. Merriam-Webster. Accessed August 2, 2020. <https://www.merriam-webster.com/dictionary/Pan-Arabism>.

⁵² The Editors of Encyclopaedia Britannica. "Arab League." Encyclopædia Britannica. Encyclopædia Britannica, inc., February 5, 2020. <https://www.britannica.com/topic/Arab-League>.

solution.⁵³ This goal relates to health specifically, aiming to ensure “good health and well-being” for everyone.⁵⁴ This meeting allowed for discussions between doctors, humanitarian workers, and diplomats to address medical neutrality and the issue of ensuring that “citizens and professionals can access and provide healthcare services at no risk.”⁵⁵

The Geneva Call and International Medical Corps

NGOs are also playing a critical role in raising awareness about the issue of inequitable healthcare.⁵⁶ The Geneva Call is a humanitarian organization, and their primary goal is to protect civilians in armed conflict and ensure their safety.⁵⁷ The International Medical Corps is another organization that has provided aid in these regions. The organization aims to “relieve the suffering of those impacted by war” by delivering healthcare services.⁵⁸

UN Involvement

UN Security Council Resolution 2286

Having noticed that there is a direct, positive relation between increased violence in these areas and mortality, as well as how increased violence corresponds to lower quality healthcare, the UN Security Council adopted resolution 2286 in 2016. This resolution condemned the attacks against medical facilities and personnel in conflict situations.⁵⁹ However, the resolution failed to provide a

⁵³ Druce, Philippa, Ekaterina Bogatyreva, Frederik Francois Siem, Scott Gates, Hanna Kaade, Johanne Sundby, Morten Rostrup, et al. “Approaches to Protect and Maintain Health Care Services in Armed Conflict - Meeting SDGs 3 and 16.” Conflict and health. BioMed Central, January 29, 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6350312/>.

⁵⁴ “About the Sustainable Development Goals.” United Nations. United Nations. Accessed August 2, 2020. <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>.

⁵⁵ Ibid.

⁵⁶ Schlesinger, Divya. “Deadly Attacks On Health Care Workers And Patients Rising In Conflict Zones.” Health Policy Watch. Health Policy Watch, May 15, 2019. <https://healthpolicy-watch.org/deadly-attacks-on-health-care-workers-and-patients-rising-in-conflict-zones/>.

⁵⁷ Geneva Call. Accessed August 2, 2020. <https://www.genevacall.org/>.

⁵⁸ International Medical Corps. Accessed August 2, 2020. <https://internationalmedicalcorps.org/>.

⁵⁹ Red Cross, Médecins Sans Frontières Heads, and Secretary-General Brief Members. “Security Council Adopts Resolution 2286 (2016), Strongly Condemning Attacks against Medical Facilities, Personnel in Conflict Situations | Meetings Coverage and Press Releases.” United Nations. Security Council, May 3, 2016. <https://www.un.org/press/en/2016/sc12347.doc.htm>.

constructive solution or path of action that would ameliorate the issue of low-quality healthcare that they found to correspond with the increased violence.

UN High Commissioner for Refugees and World Health Organization

UN agencies have also played a role in gathering critical data to provide a better understanding of the problem, as well as providing aid to the regions in need. The United Nations High Commissioner for Refugees (UNHCR) often provides medical services to refugees within camps, and those living outside of camps may access care from other NGOs, if available, or from private sector physicians.⁶⁰ The World Health Organization (WHO) provides healthcare services through mobile clinics in remote areas.⁶¹ A previous study conducted by the UNHCR found that 64% of refugees in Egypt seek care from private sector physicians and attributed this to refugees' limited awareness of the fact that they have access to primary care in the public sector in Egypt.⁶² International NGOs are also an important element of the healthcare industry for refugees in Algeria and in Jordan, as the ministry of health no longer provides free/reduced-cost services to refugees.⁶³ The same UNHCR study showed that 81% of Syrian refugee households in Jordan spend around 45% of their household income on health care, even though their monthly income was only \$328 (105 Jordanian Dinars).

Arab League Action - Summit of 2018

The Arab League's most recent action on the matter was in 2018 during a summit in which they adopted a new strategy on health and environment, however, this committee is more concerned with the health-related decisions. The guidelines were developed by the WHO regional office and the WHO Regional Centre for Environmental Health Action. The summit outlined several priorities, including, but not limited to, the following: water, sanitation and health; sustainable development

⁶⁰ SHOPS Plus, and Health Financing and Governance Project. "Health Trends in the Middle East and North Africa." HFG, July 2018. <https://www.hfgproject.org/health-trends-in-the-middle-east-and-north-africa/>.

⁶¹ Kherallah, Mazen, Tayeb Alahfez, Zaher Sahloul, Khaldoun Dia Eddin, and Ghyath Jamil. "Health Care in Syria before and during the Crisis." *Avicenna journal of medicine*. Medknow Publications & Media Pvt Ltd, July 2012. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3697421/>.

⁶² Ibid.

⁶³ Ibid.

and health; and food safety. The goal is to emphasize the leadership of **public health** sectors and catalyze the implementation of **preventative and corrective measures**.⁶⁴

Conclusion

As is evident by the continuing progression of the problem at hand, the solutions that have been suggested thus far and even those that have been implemented have not successfully addressed the issue of healthcare access in conflict zones. This summit had many positive outcomes in that it has brought to light many issues faced by different groups of people in zones of conflict, encouraging discussion, awareness, and political action. However, unless the Arab League and the international community begin to respond to the circumstances in these areas of conflict and work on devising a plan to protect civilians in these areas, the circumstances will not change.

⁶⁴ "Summit of Arab League Adopts Arab Strategy on Health and the Environment." World Health Organization. Regional Office for the Eastern Mediterranean, April 15, 2018. <http://www.emro.who.int/ceha/ceha-news/summit-of-arab-league-adopts-arab-strategy-on-health-and-the-environment.html>.

Possible Solutions

In order to avoid making the same mistakes that have been previously made, and to craft a solution that truly provides a means of addressing healthcare access issues, it is important to consider a variety of different factors. As is evident from taking a glance at the history of the problem and considering how the problem manifests itself differently in different nations, this is not a simple circumstance and thus requires a complex and detailed solution to address it.

The ideal solution is not yet known, but in order for a solution to work, it must align with or incorporate the following goals or elements:

Affordability

The alternative to the current system must be a healthcare system that is affordable but provides equitable and high-quality care nevertheless⁶⁵. Most individuals in these conflict zones are in need of financial aid and resources, are unemployed, and sometimes homeless as well. It is unlikely that they will be able to allocate part of their income to healthcare services without experiencing a financial strain. One option to address this is to establish a form of insurance specifically for the citizens in these regions that covers their medical expenses and connects them with nearby healthcare services that are to be established. However, the costs for those services still exist and there needs to be another way for those services to be paid rather than place the burden on those citizens.

Financing

Any proposed healthcare plan must be very well funded to prevent its collapse and ensure that it is sustainable. This funding could come from taxes on large organizations, or from revenue made by privatized resources. Rather than dealing with specific numbers or budgets though, consider in general the source of funding for your plans.

Resources and Care

⁶⁵ Ibid.

Rather than straining public resources, an ideal plan would take advantage of the private resources that are available in the Arab League member states and the international community. These private resources include existing ally relations and trade relations, NGOs, infrastructure, and capital. An ideal plan also should include a “**continuity of care**” for patients suffering from chronic illnesses and needing long-term care ⁶⁶.



Specificity

Any proposed solution should include specific measures tailored to the different domains of the now-fragmented healthcare system. These domains include “personal health management, health care delivery, public health, and health related research.”⁶⁷

⁶⁶ <https://doctorsoftheworld.org/blog/op-ed-by-board-president-dr-ron-waldman-healthcare-in-syria/>.

⁶⁷ https://www.researchgate.net/publication/281207196_Iraq_health_care_system_An_overview.

These different elements can be grouped in many ways but must all be considered for an effective solution. Some different possibilities for solutions could include a new insurance system for individuals living in this region. This would positively contribute to the situation by lifting any financial burden from families and individuals, which would effectively overcome a large barrier. However, it is important to consider that many of these individuals might not have any official identification documents due to their living circumstances. Moreover, it would be difficult to follow up with patients in filing claims when they live in very distraught regions.

Infrastructure

New, permanent infrastructure is also a route to be considered. Permanent infrastructure refers to buildings in place of tents or mobile centers. This would provide a resource for patients and offer stability in that they would be able to seek out their physicians or emergency care at the same location without having to search for mobile centers or tent facilities. However, this would be very costly, and it is important to keep in mind that any center constructed could be destroyed as many have been in the past.

Foreign aid

Seeking foreign aid might also be an option. However, different nations' positions on this could cause frustration. This is a great avenue for debate, especially since allowing foreign nations to interfere with internal matters (within the ARL) has led to avoidable conflict in the past.

Improving Trust With Healthcare Providers

Another pathway to pursue relates to bridging the gap and overcoming distrust between people and healthcare providers in the region. It is important to work with communities and civilians to help them build trust with healthcare workers. These communities face vulnerability to diseases and connecting them to care providers and finding a way to show them that these providers do not look down on them is essential to building trust.⁶⁸ In order for a healthcare system to work functionally in

⁶⁸ "Taking Risks to Provide Care in a Conflict Zone." World Health Organization. World Health Organization, May 22, 2019. <https://www.who.int/news-room/feature-stories/detail/taking-risks-to-provide-care-in-a-conflict-zone>.

place of the current ineffective system, the physicians must be empathetic and understanding of the circumstances that people in these regions are faced with.

Raising awareness

Raising awareness is also an essential element of this crisis. This is somewhat of a blanket term, but the vagueness is intentional as there is no single area that needs more awareness than others. The international community is not very aware of the flaws in the system and how they impact injured and sick civilians in these regions, as most efforts are often focused on ending the violence and not addressing the aftermath of it. Furthermore, civilians and citizens in these regions also need to be made more aware of the resources available to them.

Conclusion

Past actions have heavily revolved around medical neutrality, and medical neutrality certainly plays a role in this crisis and the issue of healthcare access and equity. However, keep in mind that medical neutrality and the relation between healthcare and armed conflict are not this committee's area of focus. It is definitely acceptable to address the issue of medical neutrality and include measures that serve to preserve and protect this essential principle. Improving accountability for violations of medical neutrality is important, but this should not be what any suggested solutions are centered around⁶⁹.

⁶⁹ Schlesinger, Divya. "Deadly Attacks On Health Care Workers And Patients Rising In Conflict Zones." Health Policy Watch. Health Policy Watch, May 15, 2019. <https://healthpolicy-watch.org/deadly-attacks-on-health-care-workers-and-patients-rising-in-conflict-zones/>.

Bloc Positions

Insurance

As previously mentioned, most member states of the Arab League do not have insurance-for-all systems in place. For those that do have insurance plans, these plans are based on employment. Some nations that support the expansion of insurance include Jordan, which has one of the best developed healthcare systems in the region.⁷⁰ Other nations that support the betterment of insurance and coverage systems include Iraq, Syria, and Palestine.^{71, 72} It is important to note that these nations support the principle of advancing insurance but are constrained or limited by the costs.

Infrastructure

One great way to determine a country's drive to support infrastructure growth and development is by considering the nation's growth rate. A higher growth rate is indicative of supporting infrastructural growth, while a smaller growth rate is indicative of the opposite. That being said, Mauritania, Egypt, and Djibouti have GDP growth rates that are a few of the highest among other members. Other nations such as Venezuela, Yemen, Saudi Arabia, Sudan, Tunisia, Bahrain, Iraq, and Kuwait are members of the ARL or observer states that have very low or negative growth rates.⁷³

Foreign Aid

When considering whether nations look favorable on foreign aid or not, past actions and precedents are often a reliable indicator. Some of the nations in the region that receive extensive foreign aid

⁷⁰ "Jordan Expat Insurance and Country Guide." Expat Financial. Accessed August 2, 2020.

<https://expatfinancial.com/regions/middle-east-insurance/jordan-expat-insurance-country-guide/>.

⁷¹ Schoenbaum, Michael, Adel K Afifi, and Richard J Deckelbaum. "Strengthening the Palestinian Health System." Rand Corporation, 2005. https://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG311-1.pdf.

⁷² "Syria: Social Security Programmes." Social Protection. International Labour Organization. Accessed August 2, 2020. <https://www.social-protection.org/gimi/gess/ShowWiki.action?wiki.wikild=707>.

⁷³ "GDP Annual Growth Rate." Trading Economics. Trading Economics, 2020. <https://tradingeconomics.com/country-list/gdp-annual-growth-rate>.

include Jordan, Iraq, Egypt, and Syria.⁷⁴ It is important to note that foreign aid is not limited to aid from the USA or other **P5 nations** (Russia, UK, USA, China, and France).⁷⁵ Another consideration is that quantifiable sums of money are very subjective. A certain sum of funds can have a very different impact on one nation than it does on another. Historically, aid is not always given to nations that are most in need. In 2016, only about 19.8% of traditional aid went to the least developed countries.⁷⁶

Awareness

Raising awareness has not been a main objective for most nations, so there is not much precedent to follow. Countries with strict advertising restrictions such as Saudi Arabia would likely favor more conservative and government-regulated campaigns, if any at all.⁷⁷ Other nations that focus on public health in their initiatives would likely favor awareness programs. These nations include Palestine and Iraq.⁷⁸

⁷⁴ Haynes, Jessica. "Here Are the Countries That Receive the Most Foreign Aid from the US." ABC News. ABC News, December 20, 2017. <https://www.abc.net.au/news/2017-12-21/here-are-the-countries-that-get-the-most-foreign-aid-from-the-us/9278164>.

⁷⁵ Ibid.

⁷⁶ Willem Fourie, "Why the world's poorest countries don't always get the foreign aid they need," *The Conversation*, April 12, 2018, <https://theconversation.com/why-the-worlds-poorest-countries-dont-always-get-the-foreign-aid-they-need-94371>.

⁷⁷ Mushtaq Luqmani, Ugur Yavas, and Zahir Quraeshi, "Advertising in Saudi Arabia: Content and Regulation," *Emerald Insight*, January 1, 1989, <https://www.emerald.com/insight/content/doi/10.1108/EUM000000001503/full/html>.

⁷⁸ "Public Health in the Middle East," *Middle East Institute Viewpoints*, September 2011, <http://www.uclaisap.org/assets/documents/Middle%20East%20Report.pdf>.

Glossary

Blockade: a blockade is a means of blocking off a certain region in a manner that prevents people or goods from leaving and entering the region freely.⁷⁹

Chronic disease: a medical or health condition that lasts at least one year and can limit an individual's quality of life.⁸⁰

Conflict zone: a conflict zone is a zone of active battle or conflict, this can include civil or international war, terrorism, or any struggle affecting the people and region.⁸¹

Continuity of care: concerned with care over time, continuity of care refers to ensuring that patients with chronic illnesses continue to receive care over the long-term.⁸²

Corrective healthcare measures: improving healthcare and correcting pre-existing issues.⁸³

Equitable care: care that is affordable, of high quality, and appropriate in terms of language and accessibility.⁸⁴

Health insurance: when a private organization / company or a government agency provides compensation for medical services and/or prescription drugs incurred by the insured.⁸⁵

⁷⁹ "Blockade," *Merriam Webster*, accessed August 2, 2020, <https://www.merriam-webster.com/dictionary/blockade>.

⁸⁰ "About Chronic Diseases," *Center for Disease Control*, last modified October 23, 2019, <https://www.cdc.gov/chronicdisease/about/index.htm#:~:text=Chronic%20diseases%20are%20defined%20broadly,dability%20in%20the%20United%20States>.

⁸¹ "conflict zone," *Collins Dictionary*, accessed August 2, 2020, <https://www.collinsdictionary.com/us/dictionary/english/conflict-zone>.

⁸² "Continuity of Care, Definition of," *American Academy of Family Physicians*, accessed August 2, 2020, <https://www.aafp.org/about/policies/all/definition-care.html#:~:text=Continuity%20of%20care%20is%20concerned,%2C%20cost%20Deffective%20medical%20care>.

⁸³ "National Commission on Correctional Health Care," *National Commission on Correctional Health Care*, accessed August 2, 2020, <https://www.ncchc.org/>.

⁸⁴ "Across the Chasm Aim 6: Health Care Must Be Equitable," *Institute for Healthcare Improvement*, accessed August 2, 2020, <http://www.ihc.org/resources/Pages/ImprovementStories/HealthCareMustBeEquitable.aspx>.

⁸⁵ "What Is Health Insurance?" 2020. Investopedia. 2020. <https://www.investopedia.com/terms/h/healthinsurance.asp>.

Healthcare basket: the totality of services, medications, supplies, and equipment available for treatment.⁸⁶

Medical neutrality: a principle of noninterference with medical services and centers in times and areas of conflict.⁸⁷

P5 nations: Russia, UK, USA, China, and France.

Preventative healthcare measures: measures that serve to prevent illness and decrease risk factors.⁸⁸

Public health: health of a population as a whole.⁸⁹

Quality of life: an individual's standard of health and comfort, their general living situation.⁹⁰

Risk factor: something that increases the risk of a person contracting a specific disease or developing a specific medical condition.⁹¹

Sleeper cells: groups strategically remaining dormant to evade capture that are planning later acts of terrorism.

Splinter groups: groups that have split away from the initial parent group and can be even more dangerous and unpredictable.

⁸⁶“What Is the Healthcare Basket? – The Shira Pransky Project.” n.d. Accessed August 2, 2020.

<https://shirapranskyproject.org/basket-of-health-services/#:~:text=The%20healthcare%20basket%20includes%20all.>

⁸⁷“Medical Neutrality.” n.d. Physicians for Human Rights. Accessed August 2, 2020. <https://phr.org/issues/health-under-attack/medical-neutrality/>.

⁸⁸“What Is Preventive Healthcare? | Colleague.” n.d. Wwww.Colleaga.Org. Accessed August 2, 2020.

<https://www.colleaga.org/article/what-preventive-healthcare#:~:text=Preventive%20healthcare%20deals%20with%20the.>

⁸⁹“What Is Public Health? | CDC Foundation.” 2019. Cdcfoundation.Org. 2019. <https://www.cdcfoundation.org/what-public-health.>

⁹⁰Jenkinson, Crispin. 2019. “Quality of Life.” In *Encyclopædia Britannica*. <https://www.britannica.com/topic/quality-of-life.>

⁹¹“Definition of RISK FACTOR.” 2019. Merriam-Webster.Com. 2019. <https://www.merriam-webster.com/dictionary/risk%20factor.>

Sustainable development goal #3: “good health and well being.”⁹²

“Tent -style” care facility: medical/health care facilities in tents and not proper infrastructure.⁹³

⁹²“Sustainable Development Goals.” n.d. Unfoundation.Org. Accessed August 2, 2020. https://unfoundation.org/what-we-do/issues/sustainable-development-goals/?gclid=EAlalQobChMIInpfv6enK6gIVT_DACH23sAcmEAYAyAAEgKuT_D_BwE.

⁹³Hospitainer. n.d. “Medical Tents for Field Hospital near Iraq.” Hospitainer.Com. Accessed August 2, 2020. <https://hospitainer.com/products-and-services/services/rapid-deployment/rapid-deployment/medical-tents-for-field-hospital-near-iraq/>.

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TOPIC B: MIGRATION OF REFUGEES

Statement of the Problem

Introduction to the problem

As of 2018, the UNHRC reported a record high of 70.8 million **forcibly displaced persons** worldwide, 26 million of whom are refugees.⁹⁴ As defined by the UNHCR emergency handbook, a forcibly displaced person, also often referred to as an internally displaced person (IDP), is a person who has been forced to leave their home as a result of violence, natural disaster, or human rights violations, but they remain in their original country, and therefore, retain their rights as a citizen.⁹⁵ A refugee, as defined by the 1951 Refugee Convention, is a person whose fear of persecution as a result of their race, religion, nationality, social group, or political opinion has forced them out of their country, and are unable or unwilling to return to their country of origin out of that fear.⁹⁶

Of the 26 million refugees worldwide, more than half are in the Middle East.⁹⁷ The UNHRC also reported that almost 4 out of 5 refugees live in a country neighboring their country of origin,⁹⁸ a fact especially relevant to the Middle East as most refugees are coming from Syria, Palestine, Sudan, Somalia, Eritrea, Iraq, Yemen, Libya. These numbers result in an important conclusion for the nations of the Arab League and their neighboring countries: they are all directly invested in solving this issue.

However, while human rights and immediate aid are always concerns related to refugees, an extremely important long-term issue for all involved is the economic development in these zones of

⁹⁴ "Global Trends Forced Displacement in 2018," UNHCR, June 20, 2019, <https://www.unhcr.org/5do8d7ee7.pdf>.

⁹⁵ "IDP definition," UNHCR, Accessed September 6, 2020, <https://emergency.unhcr.org/entry/44826/idp-definition>.

⁹⁶ "The Refugee Convention, 1951," Refworld, Accessed September 6, 2020, <https://www.refworld.org/pdfid/53e1dd114.pdf>.

⁹⁷ "Global Trends Forced Displacement in 2018," UNHCR, June 20, 2019, <https://www.unhcr.org/5do8d7ee7.pdf>.

⁹⁸ Ibid.

refugee migration. If they fail to consider the future impacts of this crisis, the Arab League nations will consistently lag behind the rest of the world in all sectors.

The Effects on Refugees

In the typical case, once refugees have migrated from their homes, a number of different issues impact their ability to adapt and succeed economically. Some of these issues include: the lack of general rights that hinders their ability to succeed economically, the high risk of violence within refugee camps, existing prejudices against refugees in the host countries, and a lack of employment opportunities. A combination of all of these factors leads to extreme difficulty in achieving economic stability for both the refugees and the host country as a whole. Further, most refugees live for at least five years, or face **protracted displacement**, in urban, over-crowded communities.⁹⁹

Of those able to apply for work permits in the MENA region, employment is not guaranteed. Applications for work permits are extremely complicated, usually requiring many documents and forms of identification that are inaccessible to refugees, and sometimes even requiring payments of multiple fees.¹⁰⁰ Notably, many of the refugees are under the age of 18, and therefore, cannot work. However, they too are economically stunted when they do eventually reach a working age of 18.¹⁰¹ Along with all of the other issues refugees face, the refugees under the age of 18 are offered fewer educational opportunities, as refugee children are five times more likely to be out of school.¹⁰² In 2015, 60 percent of the Syrian refugees in Jordan over 15 years old had not completed even basic schooling.¹⁰³ Additionally in 2017, a report from Save the Children revealed that the enrollment of

⁹⁹ "Refugees," Center for Disaster Philanthropy, Accessed September 6, 2020, <https://disasterphilanthropy.org/issue-insight/refugees-and-internally-displaced-persons/>.

¹⁰⁰ Katharina Lenner and Lewis Turner, "Making Refugees Work? The Politics of Integrating Syrian Refugees into the Labor Market in Jordan," Taylor & Francis Group, *Middle East Critique*, 2019, <https://www.tandfonline.com/doi/full/10.1080/19436149.2018.1462601>.

¹⁰¹ "Refugees," United Nations, Accessed September 6, 2020, <https://www.un.org/en/sections/issues-depth/refugees/#:~:text=Among%20them%20are%20nearly%2030,employment%20and%20of%20movement.>

¹⁰² Dany Bahar and Meagan Dooley, "No Refugees and Migrants Left Behind," Brookings, *Leave No One Behind Time for Specifics on the Sustainable Development Goals*, October 29, 2019, https://www.brookings.edu/wp-content/uploads/2019/09/LNOB_Chapter5.pdf.

¹⁰³ Bjorn Rother et al., "The Economic Impact of Conflicts and the Refugee Crisis in the Middle East and North Africa," IMF, September 2016, <https://www.imf.org/external/pubs/ft/sdn/2016/sdn1608.pdf>.

Syrian children in primary school dropped from 98 percent before the war to 61.5 percent.¹⁰⁴ With little schooling on top of the additional disadvantages faced by refugees, employment opportunities become even more difficult to find. In 2017, the unemployment rate for the youth eligible to work reached 30 percent.¹⁰⁵

Moreover, even with education, participation in the labor market of new host countries can be quite complex for a number of reasons. One potential hurdle is the language barrier. Many refugees have moved to a country with a language entirely different from the one of their country of origin, making it difficult to interview for jobs or even understand job postings. Another obstacle is the lack of documentation as a result of the rushed journey out of the country of origin during which refugees were unable to bring any official documents like birth certificates or passports.¹⁰⁶ Without these documents, not only does access to jobs become limited, but it also restricts access to social services, aid, and even education.

Host Nations' Role

Of course, refugees are not the only ones impacted. The nations hosting these refugees are also affected. Many nations avoid hosting refugees as a result of fears over decreased economic development caused by those zones of refugee migrations. Specifically, they do not want to commit resources to be put into refugee camps that could be used for their own citizens. They also fear security risks, cultural differences, increased job competition for citizens, and a decrease in tourism.

One notable feature of the refugee crisis is the lack of efforts taken by developed countries. Despite having more resources, more political stability, and higher standards of living, only 16 percent of refugees were hosted by developed nations worldwide.¹⁰⁷ These numbers are also applicable to the refugee crisis in the Middle East. The Gulf Cooperation Council (GCC), made up of Saudi Arabia,

¹⁰⁴ Laurie A. Brand and Marc Lynch, "How the refugee crisis is transforming the Middle East," *The Washington Post*, March 30, 2017, <https://www.washingtonpost.com/news/monkey-cage/wp/2017/03/30/how-the-refugee-crisis-is-transforming-the-middle-east/>.

¹⁰⁵ Nader Kabbani, "Youth employment in the Middle East and North Africa: Revisiting and reframing the challenge" Brookings, February 26, 2019, <https://www.brookings.edu/research/youth-employment-in-the-middle-east-and-north-africa-revisiting-and-reframing-the-challenge/>.

¹⁰⁶ Ibid.

¹⁰⁷ "Global Trends Forced Displacement in 2018," UNHCR, June 20, 2019, <https://www.unhcr.org/5do8d7ee7.pdf>.

Kuwait, UAE, Qatar, Bahrain, and Oman¹⁰⁸ (all ARL countries), have granted even fewer individuals refugee status in comparison with other nations like Lebanon or Jordan which are geographically closer to the areas of conflict.¹⁰⁹



Economic Impacts

Refugees have had massive economic effects on the entire MENA region. Since 2010, Syrian and Iraqi refugees have largely increased Lebanon’s and Jordan’s populations by 25 percent and 10 percent respectively.¹¹⁰ With this substantial influx of refugees, Lebanon and Jordan, like other host countries, have experienced great pressure on their budgets, labor markets, public services, and infrastructure. These factors only further discourage potential host countries from welcoming refugees into their borders.

¹⁰⁸ “Gulf Cooperation Council,” Encyclopedia Britannica, last updated May 18, 2020, <https://www.britannica.com/topic/Gulf-Cooperation-Council>.

¹⁰⁹ Maha Yahya and Marwan Muasher, “Refugee Crises in the Arab World,” Carnegie Endowment for International Peace, Accessed September 6, 2020, <https://carnegieendowment.org/2018/10/18/refugee-crises-in-arab-world-pub-77522>.

¹¹⁰ Bjorn Rother et al., “The Economic Impact of Conflicts and the Refugee Crisis in the Middle East and North Africa,” IMF, September 2016, <https://www.imf.org/external/pubs/ft/sdn/2016/sdn1608.pdf>.

The movement of refugees is not the only issue influencing the economic development of the MENA region. Conflict, a main cause of the refugee movement, is also impacting countries' economic statuses. In addition to finding solutions to help with the refugees' and host countries' economic success, solutions must be found for the conflicts which create these refugees in the first place. Conflict-ridden nations have experienced significant drops in their GDPs, as well as sharp increases in their inflation rates.¹¹¹ Similar to the impact of refugees on the entire region, the negative economic impacts of conflict are also felt by neighboring countries.

Because of the resistance by neighboring countries to take in refugees, thousands of MENA region refugees have attempted to head for the EU through Turkey. Not only is the sea-crossing journey risky and dangerous for refugees, but this movement has contributed to the **brain drain** occurring in the Middle East. Brain drain is emigration of educated and/or professional people from one country to a different one that offers more opportunities and/or better living conditions.¹¹² While the movement of these refugees to Europe was recently discussed in a EU-Arab League summit in February of 2019, no definitive solution was reached and no truly new solutions were proposed.¹¹³

However, refugees do not have to be a drain on resources. If provided the necessary resources, they can, in fact, meaningfully contribute to the economy of the host nation. Rarely do refugees quickly return to their countries of origin, often making their host countries their permanent or, at the very least, their long-term homes. This means that the refugees also have an interest in their host nation, their new home.¹¹⁴ Outside of essential aid, if host countries were to provide additional job opportunities and better living conditions, refugees would be able to significantly contribute to economies and cultures of host nations as workers, consumers, and potentially citizens.

¹¹¹ Ibid.

¹¹² "Brain Drain," Merriam-Webster, Accessed September 6, 2020, <https://www.merriam-webster.com/dictionary/brain%20drain>.

¹¹³ Dominic Dudley, "Europe's Summit With Arab League Ends As It Began, Overshadowed By Brexit," *Forbes*, February 25, 2019, <https://www.forbes.com/sites/dominicdudley/2019/02/25/europe-summit-arab-league-overshadowed-brexit/#2aaaf0f96fd1>.

¹¹⁴ Maha Yahya and Marwan Muasher, "Refugee Crises in the Arab World," Carnegie Endowment for International Peace, Accessed September 6, 2020, <https://carnegieendowment.org/2018/10/18/refugee-crises-in-arab-world-pub-77522>.

History of the Problem

Introduction

Before attempting to reach solutions to aid the economic development in countries impacted by the refugee crisis, it is necessary to understand the context that has led to the situation of today. In addition to knowing the history of the region, an understanding of the definition and handling of refugees will aid in a discussion on the complexities of displaced peoples and how the treatment of those refugees has affected the economic development of associated countries.

Acknowledging Refugees

The issue of refugees is not a new one nor does it only impact the Middle East. The first modern definition of a refugee actually comes from the League of Nations who created the Commission for Refugees in 1921 in the aftermath of World War I. Headed by Fridtjof Nansen, the Commission created internationally recognized travel documents for refugees, allowing them to escape danger and make it across international borders.¹¹⁵ The Convention Relating to the International Status of Refugees in 1933, hosted by the Commission, imbued countries with an obligation to refugees, and discussed real and important questions of legality, labor conditions, relief, education, and economic status.¹¹⁶

Furthermore, that Convention of 1933 set the framework for the Convention relating to the Status of Refugees of 1951, which was a landmark convention that formed the basis for the UNHCR and **non-refoulement**, the idea that “a refugee should not be returned to a country where they face serious

¹¹⁵ “Nansen - a man of action and vision,” UNHCR, September 14, 2009, <https://www.unhcr.org/en-us/events/nansen/4aae50086/nansen-man-action-vision.html>.

¹¹⁶ Gilbert Jaeger, “On the history of the international protection of refugees,” International Committee of the Red Cross, September 2001, https://www.icrc.org/en/doc/assets/files/other/727_738_jaeger.pdf.

threats to their life or freedom.”¹¹⁷ Along with the Convention of 1967, the Convention of 1951 established the rights for refugees and the obligations for host states.¹¹⁸

These conventions have created the groundwork for determining the rights of refugees and displaced persons and their treatment by the international community. However, they were created mostly with post-WWII and Cold War Europe/U.S. in mind and had no binding mechanisms requiring responsibility.¹¹⁹ The conventions drafted a framework for rendering aid to refugees but did not require that countries implement these policies. The lack of required responsibility leaves many refugees vulnerable as countries are not bound to help. Furthermore, as of 2017, only nine of Arab League member countries had signed the Refugee Convention, with no ratifications.¹²⁰

The Conflicts

The refugee crisis in the MENA region has multiple contributing factors, the main one being conflict. But what is causing the conflict? Conflict and forced displacement are not a recent development in the region. Since World War II, the region has seen multiple waves of refugees as a result of imperialism and decolonization efforts. Some specific events in the region that resulted in millions of refugees were the Armenian Genocide between 1914-1923, the partition of Palestine in 1947, the June War of 1967, the Lebanese civil war from 1975-1991, and the Iraqi Invasion of Kuwait in 1990.¹²¹

The partition of Palestine and the War of 1948 that created Israel created about 700,000 Palestinian refugees.¹²² While the magnitude of refugees then pales in comparison to the tens of millions of

¹¹⁷ “The 1951 Refugee Convention,” UNHCR, Accessed September 6, 2020, <https://www.unhcr.org/en-us/1951-refugee-convention.html>.

¹¹⁸ “The 1951 Convention Relating to the Status of Refugees and its 1967 Protocol,” UNHCR, September 2011, <https://www.unhcr.org/en-us/about-us/background/4ec262df9/1951-convention-relating-status-refugees-its-1967-protocol.html>.

¹¹⁹ Maha Yahya and Marwan Muasher, “Refugee Crises in the Arab World,” Carnegie Endowment for International Peace, Accessed September 6, 2020, <https://carnegieendowment.org/2018/10/18/refugee-crises-in-arab-world-pub-77522>.

¹²⁰ Ibid.

¹²¹ Marc Lynch and Laurie Brand, “Refugees and Displacement in the Middle East,” Carnegie Endowment for International Peace, March 29, 2017, <https://carnegieendowment.org/2017/03/29/refugees-and-displacement-in-middle-east-pub-68479>.

¹²² Elizabeth Ferris and Kemal Kirisci, “The Context, Causes, and Consequences of Syrian Displacement,” *The Consequences of Chaos*, Brookings Institution Press, 2016, https://www.jstor.org/stable/pdf/10.7864/j.ctt1c2cqws.6.pdf?ab_segments=0%252Fbasic_SYC-5187_SYC-5188%252Fcontrol&refreqid=excelsior%3A415af657bd8ecb9d384d1d6b4eba8b13.

refugees today, those original Palestinian refugees have had long lasting impacts on the attitudes of many Arab nations towards refugees. The UN originally assigned the UN Conciliation Commission of Palestine to help with the conflict, however that group ultimately failed and stopped functioning in the 1950s, leading to the creation of the United Nations Relief and Works Agency of Palestinian Refugees in the Near East which still exists to this day.¹²³ The continued presence of Palestinian refugees in the region for over 70 years has shaped attitudes and expectations of refugees for countries.

Both Lebanon and Jordan, two countries with some of the highest numbers of refugees per capita, took in Palestinian refugees in 1948, expecting it to be a short-term situation.¹²⁴ Obviously, that has not been the case, and the two countries' reactions to the refugees were very different. Jordan allowed the Palestinians to become citizens, while Lebanon has allowed citizenship for only a small fraction of the refugees (mostly the Christian Palestinians), and has only allowed their Palestinian refugees to work like other foreigners in the past decade.¹²⁵ However, despite the difference in attitudes, both countries have a similar takeaway: a reluctance to take in more refugees, and an even greater reluctance to integrate them into their countries.¹²⁶ These attitudes have been seen in the treatment of the current wave of refugees resulting from the violence that came out of the Arab Spring.

While the existence of refugees in the region is not new, the magnitude of the current wave of refugees is unprecedented in comparison to past waves with 25.4 million refugees and displacements in just 2018, according to the UNHCR.¹²⁷ This on-going wave is a result of the Iraq War which began in 2003 and led to the **Arab Spring**.¹²⁸ Arab Spring was a series of pro-democracy movements in many Middle Eastern countries that led to civil uprisings against the regimes many

¹²³ Ibid.

¹²⁴ Ibid.

¹²⁵ Ibid.

¹²⁶ Ibid.

¹²⁷ Dany Bahar and Meagan Dooley, "No Refugees and Migrants Left Behind," Brookings, Leave No One Behind Time for Specifics on the Sustainable Development Goals, October 29, 2019, https://www.brookings.edu/wp-content/uploads/2019/09/LNOB_Chapter5.pdf.

¹²⁸ Laurie A. Brand and Marc Lynch, "How the refugee crisis is transforming the Middle East," *The Washington Post*, March 30, 2017, <https://www.washingtonpost.com/news/monkey-cage/wp/2017/03/30/how-the-refugee-crisis-is-transforming-the-middle-east/>.

citizens found to be oppressive.¹²⁹ The initial success of some uprisings in achieving their democratic goals (Tunisia and Egypt) spurred similar attempts in other nations (Yemen, Bahrain, Libya, and Syria).¹³⁰ However, those attempts so far have been less successful and have resulted in many displaced peoples. In each case, however, the government and police response to the uprising were extreme as they utilized a variety of strategies from censorship to police brutality and even the use of tanks. Overall, Arab Spring has led to over 11 million people displaced from their homes, and 6.6 million refugees resulting solely from the Syrian civil war.¹³¹

Prolonging Displacement

While conflict causes most of these refugees, economic hardship prolongs it. Additionally, the refusal of countries from accepting refugees as result of fears of economic hardship adds to the difficulty refugees face. As discussed earlier, many of the protocols and conventions discussing the proper ways to deal with refugees failed to truly implement any binding duties, which results in widely inconsistent handling of refugees. While many countries have taken in refugees, some provide education, healthcare, and other social services, and others provide little to nothing.¹³² The financial difficulties of refugees worsen their vulnerability, and also worsen the situations of the countries hosting them.

Economic Responsibilities

One of the major reasons that Arab League countries have previously been reluctant to take action on the refugee issue was their perception of who was responsible for those refugees.¹³³ With regards to the Palestinian refugees, Arab states felt that Israel was responsible for causing the refugees, and it was the responsibility of the “international community,” rather than the Arab League, to deal with

¹²⁹ “Arab Spring: Background,” University of Illinois Library, Accessed September 6, 2020, <https://guides.library.illinois.edu/c.php?g=348276&p=2346883>.

¹³⁰ “Arab Spring: A Research & Study Guide,” Cornell University Library, Accessed September 6, 2020, https://guides.library.cornell.edu/arab_spring/Tunisia.

¹³¹ “The ‘Arab Spring:’ Five Years On,” Amnesty International, Accessed September 6, 2020, <https://www.amnesty.org/en/latest/campaigns/2016/01/arab-spring-five-years-on/>.

¹³² Dany Bahar and Meagan Dooley, “No Refugees and Migrants Left Behind,” Brookings, Leave No One Behind Time for Specifics on the Sustainable Development Goals, October 29, 2019, https://www.brookings.edu/wp-content/uploads/2019/09/LNOB_Chapter5.pdf.

¹³³ Mohammad Khaled al-Aza’r, “Arab Protection for Palestinian Refugees,” BADIL Resource Center, November 2004, http://www.badil.org/phocadownloadpap/Badil_docs/Working_Papers/wp-8%20khalid%20al-azare.pdf.

those refugees.¹³⁴ This belief continues to influence their reluctant response when asked to provide more financial and political aid towards refugees. However, because of the lack of binding mechanisms on those original refugee protocols and conventions (1951 and 1967) that were meant to deal with post-World War II refugees, the international community did not step in to help in the Middle East. This has resulted in the countries closest to the conflict like Lebanon and Jordan with a disproportionately large number of refugees.¹³⁵

The conflicts that have caused the refugee migrations also created direct economic effects seen in the region. In Iraq and Afghanistan, in the early-2000s inflation reached over 30%, and in Syria, it was even worse with an increase in consumer prices by more than 300% between 2011 and 2015.¹³⁶ The high inflation rates were joined by large depreciation in local currencies which created exchange rate pressures.¹³⁷ But the economic impacts were not limited to just the areas of conflict, it also heavily impacted neighboring countries. Jordan, a neighbor to multiple conflicts, saw a decrease in economic growth by approximately 1% in 2013, and Lebanon saw an even larger decrease in their GDP's growth from 9% in 2007 to only 2.5% in 2013.¹³⁸ The conflict also has a destabilizing effect, reducing confidence in the economy which declines investment, increases security and military spending, and shrinks tourism.¹³⁹

Recent History

As a result of the Syrian government's violent response to non-violent protests and citizens in the Arab Spring and Syrian War, the Arab League suspended Syria's membership from the Arab league.¹⁴⁰ It is the third suspension in all of the Arab League's history, and with it, the Arab League created a peace plan requiring the withdrawal of Syrian forces and an end to the attacks on

¹³⁴ Ibid.

¹³⁵ Maha Yahya and Marwan Muasher, "Refugee Crises in the Arab World," Carnegie Endowment for International Peace, Accessed September 6, 2020, <https://carnegieendowment.org/2018/10/18/refugee-crises-in-arab-world-pub-77522>.

¹³⁶ Bjoern Rother, et al., "The Economic Impact of Conflicts and the Refugee Crisis in the Middle East and North Africa," IMF eLibrary, International Monetary Fund, September 2016, https://www.elibrary.imf.org/view/IMF006/23669-9781475535785/23669-9781475535785/23669-9781475535785_A001.xml?language=en.

¹³⁷ Ibid.

¹³⁸ Ibid.

¹³⁹ Ibid.

¹⁴⁰ Liz Sly, "Syria suspended from Arab League," The Washington Post, November 12, 2011, https://www.washingtonpost.com/world/syria-suspended-from-arab-league/2011/11/12/gIQAvqGxEN_story.html.

civilians.¹⁴¹ However, after the continuation of this violent response, despite disapproval from other Arab League Members, the Arab League officially voted Syria out of the Arab League and imposed sanctions against the Al-Assad regime.¹⁴² They even gave a seat to the Syrian opposition group in the Arab League summit in Doha in 2013.¹⁴³ The Arab League eventually voted on the opposition group officially joining the League, but that vote failed, so currently, no seat in the Arab League officially represents Syria. There have been recent talks of the potential for a readmittance to Syria, with Syria's readmission on the Arab League's agenda for multiple months, but no official actions have publicly been taken.¹⁴⁴

Conclusion

The strong connections between the Arab League countries create a domino effect of instability evidenced by the history of the region. The prolongment of conflict and vulnerable refugees will breed only more instability. However, while the connections between the region's countries can create violence and instability, if utilized strategically, it also can result in positive change. If one country were to improve the treatment of refugees legally and socially, not only would the refugees and their own country benefit, but so would the region as a whole. The more refugees that are taken in and appropriately integrated into their host country, the better for the region as a whole. There are a lot of aspects to this problem that the Arab League must consider in determining a solution, but there is still some optimism to be had when considering the connectedness of the League's countries.

¹⁴¹ Ibid.

¹⁴² Vappu Tysska, et al., "The Syrian Refugee Crisis: A Short Orientation," Ryerson Centre for Immigration and Settlement, April 2017, https://www.ryerson.ca/content/dam/rcis/documents/RCIS%20Working%20Paper%202017_2%20Tysska%20et%20al_Final.pdf.

¹⁴³ Hala Droubi and Rick Gladstone, "Syrian Opposition Joins Meeting of Arab League," *The New York Times*, March 26, 2013, <https://www.nytimes.com/2013/03/27/world/middleeast/syrian-opposition-group-takes-seat-at-arab-league.html>.

¹⁴⁴ Tom O'Connor, "Syria Nears Return to Arab World Stage, Despite Resistance From U.S. and Saudi Arabia," *Newsweek*, March 4, 2019, <https://www.newsweek.com/syria-nears-arab-return-us-saudi-arabia-1351443>.

Past Actions

Introduction

Created in 1945 with the purpose of strengthening political, cultural, economic, and social bonds between its members, the Arab League has addressed the issue of refugees in the region in the past.¹⁴⁵ However, recently, their role (or lack thereof) in confronting the refugee issue has been criticized as insubstantial.

Casablanca Protocol

Since 1945, there have been many charters, conventions, resolutions, protocols, etc. aiming to solve the refugee problem. The Casablanca Protocol on the Treatment of Palestinian Refugees was created by the Arab League and signed in 1965 defines five specific principles that Arab League states should follow in addressing Palestinian refugees: (1) the right of employment on par with citizens; (2) the right to leave and return to the current state in which they reside; (3) right to enter other member states for a set purpose and leave after a set period of time; (4) right to valid travel documents and renewal of said documents without delay; (5) right to the same treatment as member state citizens, regarding visa, and residency applications.¹⁴⁶

While this protocol focuses only on Palestinian refugees, it is relevant for all refugees. It sets some important framework for future solutions to improving the economies in zones of refugee migration, specifically the right of employment on par with citizens, as employment is one of the major struggles refugees face. However, despite the fact that this protocol was agreed upon in 1965, it was never truly implemented and was essentially revoked in 1991 with Resolution 5093, which

¹⁴⁵ "Arab League," Encyclopædia Britannica, Encyclopædia Britannica, Inc. last updated February 5, 2020, <https://www.britannica.com/topic/Arab-League>.

¹⁴⁶ "Protocol for the Treatment of Palestinians in Arab States ('Casablanca Protocol')," Refworld, League of Arab States, September 11, 1965, <https://www.refworld.org/docid/460a2b252.html>.

established that Palestinians would be subject to laws of each individual country, rather than the general rules of the 1965 protocol.¹⁴⁷

Arab Charter on Human Rights

The Arab Charter on Human Rights adopted by ARL in 2004 was a revision of a 1994 Charter.¹⁴⁸ It established the universality of human rights which includes the right to health, education, liberty and security, and many more rights.¹⁴⁹ Yet, it fails to truly make these rights universal as it does not extend these rights to non-citizens, and like Resolution 5093, the Charter still allows many rights to be decided by each individual country.¹⁵⁰ Additionally, even with the compromises in human rights in the Charter, less than half of the Arab League members have ratified it.¹⁵¹

Arab Strategy for the Protection of Children

Recently, in November 2019, in partnership with the UNHCR, the Arab League launched the Arab Strategy for the Protection of Children in Asylum Context in the Arab Region, which works to address the safety of refugee children.¹⁵² Along with advancing safety and human rights in the region, this strategy is an important step towards economic development of the zones of refugee migration as it will address some of the large hurdles limiting refugees' economic success. Specifically, it focuses on removing the challenges surrounding documentation, registration of refugee children, and combats child labor by focusing on its main cause: poverty.¹⁵³ In dealing with the issue of refugee poverty, the League of Arab States and UNHCR will aid refugee families through formal education, technical training, ending illiteracy and more.¹⁵⁴ This compounding of a focus on

¹⁴⁷ Khaled Mejri, "A Comparative Study of Refugee Laws in Arab Countries," Konrad Adenauer Stiftung, December 2018, <https://www.kas.de/documents/282499/282548/MDS+16+A+Comparative+Study+of+Refugee+Laws+in+Arab+Countries+ENGLISH.pdf/1fea19a8-4aa7-35d4-3aa7-106dd9943363?version=1.3&t=1546956641330>.

¹⁴⁸ Mervat Rishmawi, "The Arab Charter on Human Rights," Carnegie Endowment for International Peace, October 6, 2009, <https://carnegieendowment.org/sada/23951>.

¹⁴⁹ Ibid.

¹⁵⁰ Ibid.

¹⁵¹ Ibid.

¹⁵² "UNHCR, League of Arab States launch the 'Arab Strategy for the Protection of Refugee Children,'" UNHCR Egypt, November 24, 2019, <https://www.unhcr.org/eg/13535-unhcr-league-of-arab-states-launch-the-arab-strategy-for-the-protection-of-children-in-asylum-context-in-the-arab-region.html>.

¹⁵³ Ibid.

¹⁵⁴ Ibid.

human rights to solve economic problems is an important technique to consider in potential solutions.

Conclusion

As described in the History of the Problem, attitudes towards refugees are generally not positive in the Middle East, and most countries are resistant to taking in refugees themselves. While the Gulf Coast League countries are able to avoid taking in refugees because of their geographic distance, countries closer to the conflict like Lebanon and Jordan become unwilling hosts.¹⁵⁵ Though these Arab League countries like Lebanon and Jordan have taken in many, they do very little to integrate the refugees into their countries, as they restrict refugee mobility, education, employment, and education.¹⁵⁶ This type of treatment towards refugees has been supported by a pattern of national **sovereignty** afforded to each individual member state, and the increased importance placed upon national sovereignty within the Arab League has resulted in a weakening of the effectiveness of the Arab League, especially relating to refugees.¹⁵⁷ This issue of state sovereignty is an important one, and must be considered in resolutions.

¹⁵⁵Maha Yahya, Marwan Muasher. "Refugee Crises in the Arab World." Carnegie Endowment for International Peace. Accessed September 6, 2020. <https://carnegieendowment.org/2018/10/18/refugee-crises-in-arab-world-pub-77522>.

¹⁵⁶ Ibid.

¹⁵⁷"Falling Through the Cracks - McGill University," McGill University, Accessed September 6, 2020, https://prn.mcgill.ca/research/papers/050815_fallingthroughthecracks.pdf.

Possible Solutions

Defining Traditional Solutions

There are three main solutions for refugees that have traditionally been reached: repatriation, resettlement, or local integration. Repatriation is when the refugee chooses to return home to their country of origin. However, repatriation is rare. According to the UNHCR's 2018 global report, only three percent of all refugees return home.¹⁵⁸ Resettlement is the transfer of a refugee from one country to another that is offering them permanent residence.¹⁵⁹ This option is also rarely taken since of the 20.4 million refugees that the UNHCR handled in 2019, less than one percent were resettled.¹⁶⁰ Finally, local integration is the process wherein a refugee becomes a legal citizen in their host country.

Mutualistic Integration

Integration is a popular option that many researchers support. However, much of this discussion about economic solutions for refugees is occurring in developed countries, despite the fact that low- and middle-income countries make up a large majority of the refugee-hosting countries.¹⁶¹ Along with the humanitarian issue of refugee rights and economic development, there must be an acknowledgement of the economic development and ability of those host countries; mutually beneficial solutions must be found.

With a mutualistic integration, host countries must view refugees as an opportunity, rather than a burden, just as refugees view these host countries as new opportunities. This changing of attitudes and recognition that refugees are a resource involves a reeducation of government and citizens. This medium- to long-term resettlement of refugees can also benefit the origin countries as their

¹⁵⁸ "Global Trends Forced Displacement in 2018," UNHCR, June 20, 2019, <https://www.unhcr.org/5do8d7ee7.pdf>.

¹⁵⁹ United Nations High Commissioner for Refugees, "Resettlement," UNHCR, accessed September 6, 2020, <https://www.unhcr.org/resettlement.html>.

¹⁶⁰ Ibid.

¹⁶¹ Dany Bahar and Meagan Dooley, "No Refugees and Migrants Left Behind," Brookings, Leave No One Behind Time for Specifics on the Sustainable Development Goals, October 29, 2019, https://www.brookings.edu/wp-content/uploads/2019/09/LNOB_Chapter5.pdf.

previous citizens may be able to send money back home which will help with the rebuilding efforts.¹⁶²

However, despite the seemingly straightforward path, the history the region has with refugees (Armenians, Palestinians, Iraqis, and now Syrians) will make overcoming the biases towards refugees very difficult.¹⁶³ Social pressures will not quickly dissolve, and in finding solutions, countries must make an effort to get the support of citizens on top of trying to get the baseline political and economic support. Additionally, there will be huge initial impacts on host countries' infrastructure and physical capabilities. As is seen in Lebanon and Jordan, two major hosts of Syrian refugees, the sheer number of refugees has been too much for their public infrastructure and economy to support which has resulted in increasingly restrictive policies.¹⁶⁴ This initial strain caused by the large numbers of refugees are not insubstantial, and they inflame the existing xenophobia of citizens.¹⁶⁵

Labor Market Access

If a mutualistic integration is to be successful, it must involve improving refugees' access to the labor market. Allowing refugees to work not only grows the economy of a host country internally, but it attracts foreign investment which will boost employment opportunities for both refugees and citizens.¹⁶⁶ Studies have also shown that the addition of immigrants into the workforce has "little to no aggregate effect on the natives' wages and employment."¹⁶⁷ While there is some uncertainty over the short-term impacts of an influx of unskilled laborers, in the mid- to long-term, evidence suggests that the influx of unskilled refugees can result in an upward movement of unskilled natives to higher level jobs.¹⁶⁸

¹⁶²Dany Bahar, "Why Accepting Refugees Is a Win-Win-Win Formula," Brookings, June 20, 2018, <https://www.brookings.edu/blog/up-front/2018/06/19/refugees-are-a-win-win-win-formula-for-economic-development/>.

¹⁶³ Marwan Muasher and Maha Yahya, "Refugee Crises in the Arab World," Carnegie Endowment for International Peace, accessed September 6, 2020, <https://carnegieendowment.org/2018/10/18/refugee-crises-in-arab-world-pub-77522>.

¹⁶⁴Ibid.

¹⁶⁵ Maha Yahya, Jean Kassir, and Khalil El-Hariri, "Policy Framework for Refugees in Lebanon and Jordan - Unheard Voices: What Syrian Refugees Need to Return Home," Carnegie Middle East Center, April 16, 2018, <https://carnegie-mec.org/2018/04/16/policy-framework-for-refugees-in-lebanon-and-jordan-pub-76058>.

¹⁶⁶ Dany Bahar and Meagan Dooley, "Refugees As Assets Not Burdens," Brookings, February 2020, https://www.brookings.edu/wp-content/uploads/2020/02/refugees_as_assets_not_burdens_final.pdf.

¹⁶⁷Ibid.

¹⁶⁸Ibid.

Overall, integration of refugees entails making all steps more accessible which includes the permit process, language barriers, mobility, and many other factors. Training and education programs for refugees also help make the labor market more accessible to refugees. It is important however, that with these opportunities, it is focused not only on the supply-side but also on the demand for goods and services.¹⁶⁹ This training will help direct refugees to industries that the host country has a need for labor, thereby creating a win-win situation where refugees have access to jobs and countries are able to develop their industries. Furthermore, in offering education to refugees, it will help combat some of the effects of the brain drain resulting from the instability of the region. It is important, however, that with this increased accessibility, there are still protections for refugees. There must be a balance in the integration of refugees wherein the host countries are not taking advantage of the already vulnerable refugees.

Funding

As has been mentioned, there will be initial strain on infrastructure and social services making international aid a key part of a successful solution. Unfortunately, this increasing need has not been able to be fulfilled, and global institutions like the UNHCR and World Food Program have been unable to fully help these refugee zones, only being able to fund 23% of the requested budget in Jordan in 2015.¹⁷⁰ As humanitarian aid programs are unable to meet the increasing need for assistance, new sources of funding must be found. With most of the affected Middle East countries already in extreme debt, the IMF has recommended that the region's countries look for donor support, grants or **highly concessional loans**.¹⁷¹

Ending Conflict and Stabilization

Of course, conflict, the main cause of the refugees, should also be addressed, especially in considering the conflict's direct role in harming the region's economy. The Arab League has been

¹⁶⁹ Ibid.

¹⁷⁰ Alexandra Francis, "Jordan's Refugee Crisis," Carnegie Endowment for International Peace, September 21, 2015, <https://carnegieendowment.org/2015/09/21/jordan-s-refugee-crisis-pub-61338>.

¹⁷¹ Bjoern Rother, et al., "The Economic Impact of Conflicts and the Refugee Crisis in the Middle East and North Africa," IMF eLibrary, International Monetary Fund, September 2016, https://www.elibrary.imf.org/view/IMF006/23669-9781475535785/23669-9781475535785/23669-9781475535785_A001.xml?language=en.

criticized for its lack of a role in solving the region's problems, especially problems relating to the refugee crisis. According to Tamara Cofman Wittes, a senior fellow at the Brookings Institute, the most important part of stabilizing the region is a rebuilding of the social contract between the region's leaders and the region's people. The Arab League was founded on the idea that it would strengthen the region politically, socially, culturally, and economically. If the conflict is to be stopped, the Arab League must do exactly what it was created to do. Rather than rebuild the region through outsiders, the Arab League countries should focus on local and community levels, starting with the refugees, the people who have been hurt most by the weakening of the region.¹⁷² Additionally, civil societies must be a priority and in addition to promoting the integration of refugees into host countries, countries must also integrate the natives into their government.¹⁷³ Once the people are truly represented in their government, the cause of most of the conflict will be neutralized.

However, ending the conflict will bring its own challenges. There are large economic costs to rebuilding, which makes solutions appear counterintuitive that in order to economically develop these zones of refugee migration, there will be large economic costs. According to the IMF, even with a GDP growth rate of 4.5%, it would take Syria 20 years just to return to its GDP of 2010 before the conflict.¹⁷⁴ This means that even in ending the conflict, refugees would not be able to immediately move back to their homes and the long rebuilding period would most likely require the refugees to remain in their host countries for years and even decades.

¹⁷²Tamara Cofman Wittes, "Want to Stabilize the Middle East? Start with Governance," Brookings, November 22, 2016, <https://www.brookings.edu/blog/markaz/2016/11/22/want-to-stabilize-the-middle-east-start-with-governance/>.

¹⁷³ Tamara Cofman Wittes, "Politics, Governance, and State-Society Relations." Brookings, Atlantic Council, Accessed September 6, 2020. https://www.brookings.edu/wp-content/uploads/2016/11/cmep_201611_mest_paper_final.pdf.

¹⁷⁴Bjoern Rother, et al., "The Economic Impact of Conflicts and the Refugee Crisis in the Middle East and North Africa," IMF eLibrary, International Monetary Fund, September 2016, https://www.elibrary.imf.org/view/IMF006/23669-9781475535785/23669-9781475535785/23669-9781475535785_A001.xml?language=en.

Bloc Positions

Taking in Refugees

Approximately 4 in 5 refugees have lived in a country neighboring their origin country.¹⁷⁵ With all conflict occurring in the Middle East and the geographic closeness of many Arab League nations, most members have felt the refugee crisis. They may be hosting refugees, creating refugees, and/or experiencing the economic impact of the conflict. Some of those host countries (Lebanon and Jordan) were originally welcoming refugees, but as they felt the strains on infrastructure and began fearing the long-term impacts of the refugees' protracted stay, they began adopting more deterrent policies. Others, like Djibouti have been continuously welcoming towards refugees and have even provided social services like health care and education.¹⁷⁶ More in the middle are countries like Egypt, who have taken in refugees, but have been substandard in their ability to provide adequate services to support refugees.¹⁷⁷

Domestic Aid

While many countries in the Arab League are part of or neighboring the conflict that is causing the movement of refugees, and as a result of proximity have taken in many of refugees, there are also a number of the member countries that are too geographically far to take in large numbers of refugees, such as Morocco, Algeria, and Mauritania. There are also members that are opposed to taking in refugees like, Saudi Arabia, UAE, and Qatar, and Kuwait.¹⁷⁸ Despite not taking in refugees, they have been big contributors to the countries that have been hosting refugees.

¹⁷⁵ "Global Trends Forced Displacement in 2018," UNHCR, June 20, 2019, <https://www.unhcr.org/5do8d7ee7.pdf>.

¹⁷⁶ "Tunisia," Tunisia | Global Focus, accessed September 6, 2020, <https://reporting.unhcr.org/tunisia>.

¹⁷⁷ "Country Briefs," Food and Agriculture Organization of the United Nations, Accessed September 6, 2020, <http://www.fao.org/giews/countrybrief/index.jsp>.

¹⁷⁸ Ishaan Tharoor, "The Arab World's Wealthiest Nations Are Doing next to Nothing for Syria's Refugees," *The Washington Post*, WP Company, May 2, 2019. <https://www.washingtonpost.com/news/worldviews/wp/2015/09/04/the-arab-worlds-wealthiest-nations-are-doing-next-to-nothing-for-syrias-refugees/>.

Foreign Aid

Countries outside of the ARL are also needed. Humanitarian as it is has not been able to meet the needs of refugees due to a lack of funding.¹⁷⁹ Also, as mentioned the History of the Problem, many of the Arab countries see refugees as an international responsibility, not just a regional one.¹⁸⁰ So, in addition to receiving aid from Arab League countries, foreign humanitarian aid must also be scaled up to help with the short term needs of refugees, initial strains refugees have on host countries, and long term development of the region. This especially includes observer states like Armenia, Brazil, Eritrea, India, and Venezuela some of which are not geographically close, but are economically linked to Arab League countries.

¹⁷⁹ Alexandra Francis, "Jordan's Refugee Crisis," Carnegie Endowment for International Peace, September 21, 2015, <https://carnegieendowment.org/2015/09/21/jordan-s-refugee-crisis-pub-61338>.

¹⁸⁰ Mohammad Khaled al-Aza'r, "Arab Protection for Palestinian Refugees," BADIL Resource Center, November 2004, http://www.badil.org/phocadownloadpap/Badil_docs/Working_Papers/wp-8%20khalid%20al-azare.pdf.

Glossary

Arab Spring: A series of pro-democracy movements in many Middle Eastern countries that led to civil uprisings and violent government response.¹⁸¹

Brain Drain: The emigration of educated and/or professional people from a country to a different one that offers more opportunities and/or better living conditions.

Forcibly Displaced Person: A person who has been forced to leave their home as a result of violence, natural disaster, or human rights violations, but they remain in their original country, and therefore, retain their rights as a citizen.¹⁸²

Highly Concessional Loans: Loans more generous regular market loans that have lower interest rates and/or long grace periods where the country borrowing does not have to pay anything.¹⁸³

Non-refoulement: Protection against expulsion from the refugee's host country to their country of origin where they may be subject to persecution.¹⁸⁴

Protracted Displacement: Displacement that lasts five years or more.¹⁸⁵

National Sovereignty: A state's independence, and its the right and ability to regulate its internal affairs without foreign interference.¹⁸⁶

¹⁸¹ "Arab Spring." Encyclopædia Britannica. Encyclopædia Britannica, inc., August 23, 2019. <https://www.britannica.com/event/Arab-Spring>.

¹⁸² "Emergency Handbook," UNHCR, accessed September 6, 2020, <https://emergency.unhcr.org/entry/44826/idp-definition>.

¹⁸³ "Concessional Loans." OECD Glossary of Statistical Terms - Risk management Definition. Accessed September 6, 2020. <https://stats.oecd.org/glossary/detail.asp?ID=2361>.

¹⁸⁴ United Nations High Commissioner for Refugees, "Note on Non-Refoulement (Submitted by the High Commissioner)," UNHCR, accessed September 6, 2020, <https://www.unhcr.org/excom/scip/3ae68ccd10/note-non-refoulement-submitted-high-commissioner.html>.

¹⁸⁵ Nicole Loeffler-Gladstone, "What Is Protracted Displacement?" Clowns Without Borders USA, January 25, 2019, <https://clownswithoutborders.org/what-is-protracted-displacement/>.

¹⁸⁶ "National Sovereignty Legal Definition of National Sovereignty." Accessed September 6, 2020. <https://legal-dictionary.thefreedictionary.com/National+sovereignty>.

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