WIDER Working Paper 2022/130

Rebel governance during COVID-19

Describing and explaining armed groups’ response to the pandemic in the Middle East

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November 2022
Abstract: As COVID-19 spread worldwide, armed groups in control of territory were called to address the health emergency. However, our knowledge in this regard is limited. Specifically, it remains poorly understood why different armed groups responded to the crisis differently. Recognizing this lacuna, this paper aims to illuminate the responses that different armed groups throughout the Middle East implemented in order to address COVID-19 and to explain why armed groups responded to the pandemic as they did. After studying three examples, Hayat Tahrir al-Sham, the Houthis, and Hamas, the paper argues that the intensity of the conflict does not account satisfactorily for variations observed in COVID-19 responses among the groups. Conversely, ultimate goals, financial resources, and governance experience contribute to explaining the observed patterns of COVID-19 response.

Key words: armed groups, COVID-19, Middle East, Hayat Tahrir al-Sham, Houthis, Hamas

Acknowledgements: I would like to thank the participants in the WIDER Development Conference The puzzle of peace – towards inclusive development in fragile contexts—held 16–17 May 2022—for their useful comments.
1 Introduction

As COVID-19 spread worldwide, it was not only governments but also armed groups—especially those in control of territory—that were called to face the crisis. However, and as will be noted in the first part of this paper, our understanding of the responses implemented by such groups to address the pandemic is limited. In fact, while a body of scholarly literature has been developing in recent years on armed groups’ governance, academic knowledge is limited when it comes to how armed groups respond to external shocks such as famines, droughts, natural calamities, and health emergencies. Thus, while great attention was devoted to states’ responses to the coronavirus pandemic, much less attention was paid to non-states’ responses. To be certain, there are some authors who have recognized the importance of studying rebel governance during COVID-19. However, why different armed groups responded to the crisis differently is a question that has remained largely unexplored.

As large swaths of territory throughout the Middle East are under the control of armed groups, this paper seeks to understand the responses that armed non-state actors in the region adopted to address the pandemic. It aims to describe the different responses that different armed groups implemented and explain why those armed groups responded to the pandemic as they did. Answering these questions is relevant from an academic perspective as well as from a policy perspective. From an academic perspective, understanding the responses that armed groups adopt in the face of external shocks is relevant to address the lacuna currently existing in the scholarly knowledge. From a policy perspective, understanding the behaviour of armed groups during COVID-19 is relevant to inform effective approaches to these non-state actors in times of emergency.

The present paper proposes to conduct a qualitative case study analysis of three ruling armed groups: Hayat Tahrir al-Sham (HTS) in Syria, the Houthis in Yemen, and Hamas in Gaza. As I will explain in the third section of the paper, the three groups have been selected for the following reasons: they enjoy territorial control and provide some form of governance; they adopted different responses to COVID-19; and they display differences when it comes to some of the factors commonly discussed in the literature to explain governance variation—that is, ultimate goals, intensity of conflict, financial resources, and previous governance experience. To collect data, reference will be made to a combination of primary sources and secondary sources.

Following the development of a relevant theoretical framework in the second, third, and fourth sections of the paper and the study of HTS, the Houthis, and Hamas in Sections 5, 6, and 7 respectively, in Section 8 I will argue that intensity of conflict does not appear to be a relevant explanatory factor, as it cannot account satisfactorily for the variations observed among the three groups. Conversely, the groups’ ultimate goals, the type of financial resources available to them, and their prior governance experience can explain the observed patterns of COVID-19 governance. In the last section, I will offer concluding observations.
The years 2020 and 2021 were marked by the spread of the COVID-19 pandemic worldwide, which as of September 2022 had taken the lives of more than six million people. As the virus spread, it was not only governments but also armed groups that were called to address the health emergency. In many territories throughout the world, in fact, daily life is administered by armed non-state actors.

However, it is still the case that very little is known about the responses implemented by armed groups to address the pandemic. In general, academic knowledge is limited when it comes to how armed groups respond to external shocks such as famines, droughts, natural calamities, and health emergencies. The academic literature on rebel governance, in fact, has focused mostly on rebel responses to shocks that are related to the conflict—such as the emergence of ideological competition between among groups; changes in the rebels’ military fortunes; variations in the rebels’ control over territory and resources; changes of rebel leadership; growing military pressure on the rebel proto-state; and the temporary cessation of hostilities. Conversely, much less attention has been devoted to the relationship between governance and shocks unrelated to the conflict dynamics.

Thus, while over the past two and a half years, studies have been devoted to states’ responses to the coronavirus pandemic, much less attention has been paid to non-state actors’ responses. To be certain, there are some scholars who have recognized the importance of studying rebel governance during COVID-19. For instance, Hockey and Jones were among the first to offer an


analysis of the response to COVID-19 implemented by al-Shabaab.\textsuperscript{9} Adopting a comparative approach and extending the analysis to Hayat Tahrir al-Sham and the Taliban, I have suggested that emergencies are opportunities for rebels to present themselves as more credible and desirable rulers than the government.\textsuperscript{10} Similarly, Alijla looked into the responses of Hamas and Hezbollah, focusing on the groups’ capacity to mobilize their constituency and reliance on pre-existing welfare systems.\textsuperscript{11} Recently, Breslawski has mapped the responses adopted by different types of armed groups.\textsuperscript{12} Interesting research has also been conducted by Felbab-Brown on Mexican drug cartels and their provision of COVID-19-related aid.\textsuperscript{13}

However, the question of why different groups have responded to the same crisis differently has remained largely unexplored. Yet addressing this question is of great relevance from an academic as well as from a policy perspective. From an academic perspective, understanding the responses that armed groups adopt in the face of external shocks is relevant to address the lacuna currently existing in the scholarly knowledge. From a policy perspective, understanding the behaviour of armed groups during the current health emergency is relevant to ultimately inform effective approaches to these violent non-state actors. Considering that 150 million people live under the control of armed groups, addressing these questions is most necessary.

3 Assessing and explaining variation in COVID-19 responses

Regarding the responses that armed groups can implement to address the COVID-19 pandemic, I have built an \textit{Emergency Response Continuum} (Figure 1 below) in which responses range from ‘null’ to ‘extensive’. Null engagement is observed when a ruling armed group refrains from taking any measure aimed at addressing the emergency and/or undertakes detrimental actions. In the case of COVID-19, examples in this regard include the tendency of some armed groups to deny cases of infection, to engage in disinformation campaigns, and to promote conspiracy theories.

Minimal engagement is observed when a ruling armed group adopts one or more preventative measures aimed at restricting the spread of the emergency. In the case of COVID-19, examples in this regard include closing traditionally crowded public spaces (e.g. markets); enforcing general lockdowns for a period of time; launching awareness campaigns on the virus; and circulating guidelines on how to behave to prevent its transmission. Significantly, these types of actions are relatively inexpensive for an armed group to undertake, as they involve a comparatively lower investment of resources and capacity in comparison with the more proactive measures that will be discussed below.

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A more extensive response is observed when a ruling armed group adopts proactive measures aimed at containing the emergency and does so with the support of other parties, such as international aid organizations, civil society organizations, and foreign governments. In the case of COVID-19, proactive joint measures include the distribution of medical supplies; the training of medical personnel; and the distribution of vaccines. These actions are relatively more expensive for an armed group to undertake, as they involve greater resources and capacity than preventative measures.

Finally, extensive engagement is observed when a ruling armed group adopts proactive measures and does so without external support. In the case of COVID-19, proactive independent measures include the creation of quarantine facilities; the testing of inbound travellers; the sterilization of public places; and the distribution of gloves and masks to the people. These actions are the most expensive, as they require great resources and the costs fall exclusively on the rebel group.

Figure 1: Emergency response continuum

<table>
<thead>
<tr>
<th>Null</th>
<th>Minimal</th>
<th>Intermediate</th>
<th>Extensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>No action</td>
<td>Preventative measures</td>
<td>Proactive joint measures</td>
<td>Preventative measures</td>
</tr>
<tr>
<td>Disinformation</td>
<td></td>
<td></td>
<td>Proactive independent measures</td>
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</tbody>
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Source: author’s construction.

When attempting to explain why different armed groups opt for different strategies in their response to the COVID-19 emergency, reference to the literature on rebel governance suggests that the following factors are especially worthy of being investigated: the group’s ultimate goals; the intensity of the conflict in which the group is engaged; the group’s prior governance experience; and the type of resources available to the group.

The literature on rebel governance has identified a group’s ultimate goals as one of the factors that might explain its propensity to engage in governance. Specifically, it has suggested that secessionist groups are particularly prone to investing extensive efforts in civilian administration. In fact, the long-term success of secessionist groups depends mostly on their capacity to acquire international legitimacy, as their seceded polity can be viable only if recognized internationally. Driven by this dependency on international recognition, they see governance as a desirable strategy to reach their objective.14 Furthermore, secessionist groups are interested in civilian administration because they need to prove to the population of their envisioned state that if they were to secede they would indeed be capable of governing.15 Similarly, ethno-nationalist groups have been identified as inclined to invest in governance, because they face a pressing need to prove to their narrow ethno-nationalist constituency that they are ready to rule.16 Conversely, non-secessionist groups, whose goal of capturing power at the centre is considerably less dependent on international recognition, and non-ethno-nationalist groups, whose political project targets the entire civilian population

16 Mampilly, Rebel Rulers, 76–77.
rather than a narrow sub-group thereof, are less incentivized to invest resources in governance and more prone to investing them in the military effort.

Building on these arguments, I argue that secessionist groups and ethno-nationalist groups are more likely to engage in extensive governance efforts when faced with an external emergency such as COVID-19, because they need to prove to the international community and to their local constituency their credibility as rulers even in face of unprecedented challenges. Conversely, non-secessionist groups and non-ethno-nationalist groups are less likely to engage in extensive responses to external shocks, as they do not necessarily have to prove their governance capacity—either to the international community or to the local population.

According to the scholarly literature, another factor that might be responsible for a group’s capacity and willingness to engage in governance is the intensity of the conflict. In fact, it is difficult for an armed group to engage in governing activities when it is fighting for its survival. Armed groups that face military pressure have both less capacity and less interest in governance, as most of their resources (time, finances, and personnel) need to be directed to the battle-front. As suggested by Breslawski, armed groups in high-intensity conflicts are also likely to face more-frequent shifts in territorial control, which renders the benefits associated with governance less relevant and negatively affects the motivation to respond to public emergencies. Conversely, armed groups that enjoy periods of relative peace are more prone to investing resources in governance.

I thus argue that armed groups fighting high-intensity conflicts are unlikely to engage in governance efforts even when faced with a crisis unrelated to the conflict such as COVID-19, because the activities of warfare remain their priority. Differently, armed groups fighting low-intensity conflicts are more likely to engage in governance efforts when faced with sudden emergencies such as the current pandemic, as they can allow themselves to devote resources to non-military activities.

Another factor that might contribute to explaining why some armed non-state actors are more prone to engaging in emergency responses than others is prior governance experience—both in absolute terms and, even more so, in the specific area of governance affected by the emergency. In other words, when a ruling armed group is faced with an emergency, its capacity to respond is likely to be impacted by the group’s prior experience of governing. As noted by Mampilly, in fact, when rebels engage in governance from scratch, they are less likely to do so effectively because they initially lack the necessary institutions and competencies. The only exception to this would be if the rebel group managed to co-opt pre-existing institutions and networks of governance—if these exist at all. As similarly suggested by Alijla, pre-pandemic experience in service provision was something that Hamas and Hezbollah could rely on when addressing the COVID-19 emergency.

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17 Kasfir. ‘Guerrillas and Civilian Participation’.
18 Al-Tamimi and McCants, ‘Experts Weigh In (Part 2)’.
20 Mampilly, Rebel Rulers, 81–82.
21 Mampilly, Rebel Rulers, p.73.
22 Alijla, “We Are in a Battle with the Virus”.
Building on these arguments, I argue that armed groups that prior to the arrival of COVID-19 were already engaged to some extent in the provision of healthcare are likely to have had the capacity to respond to the pandemic in somewhat more extensive ways. Conversely, armed groups that were not engaged in the provision of healthcare, or could provide healthcare only limitedly and poorly, were likely to lack the capacity to address the pandemic beyond, perhaps, a minimal response.

Finally, scholars have noted that a group’s propensity to engage in governance is affected also by the resources available to it, as an armed organization with limited resources is unlikely to invest them in costly activities of administration. Equally important, however, is type of resources available. Specifically, rulers that depend on the civilian population to extract financial resources (e.g. taxation) have an interest in investing resources in governance. Conversely, rulers with access to financial resources that do not need the contribution of the civilian population to be extracted (e.g. foreign donations) do not face the same incentive to engage in activities of governance that benefit the people.

Therefore, I argue that groups that depend to some extent on the civilian population to extract resources are more prone to investing efforts in prompt and extensive governance responses when they are faced with emergencies that threaten the wellbeing of the population—and, by extension, the latter’s capacity to engage in productive economic activities. Differently, armed groups that do not depend (or not significantly so) on civilians to extract financial resources are more likely to refrain from extensive governance efforts when faced with emergencies, as they are less affected by, and therefore less concerned with, the people’s wellbeing.

4 Research questions, methodology, and data

As large swaths of territories throughout the Middle East are under the control of (mostly Islamist) armed groups, in this paper I focus on the Middle East region. I aim to describe the different responses that different Islamist armed groups implemented to address COVID-19 and explain why they acted as they did. To answer these research questions, I propose to conduct a qualitative case study analysis of Hayat Tahrir al-Sham in Syria, the Houthis in Yemen, and Hamas in Gaza.

I selected these three groups for the following reasons. First, they are instances of Islamist armed groups engaged in some form of (at least minimal) governance over some territories: HTS has been engaged in governance since approximately 2012 and today rules over the north-western governorate of Idlib and parts of the Aleppo governorate in Syria; the Houthis have been engaged in governance over the northern half of Yemen since late 2014; and Hamas has ruled over the Gaza Strip since 2007, when it took control of the territory militarily after its electoral victory was rejected by the Fateh-controlled Palestinian Authority in Ramallah, Israel, and much of the


international community. Second, a brief reading of the secondary literature suggests that the three groups have adopted different responses to COVID-19, which makes them particularly instructive case studies to illuminate variation in armed groups’ responses to emergencies. Third, the three groups display some relevant differences with respect to the potential explanatory factors that were discussed in the previous section.

To collect data, I combined primary and secondary sources to offer an account of governance by the three groups as accurate as possible. Specifically, I refer to the textual, audio, and video materials disseminated by the groups themselves. These primary sources are in Arabic and English and include administrative documents, newsletters, pamphlets, speeches, audio messages, videos, and pictures documenting groups’ governance efforts. At the same time, I refer to the reports and articles produced by humanitarian organizations and personnel, aid agencies, scholars, and journalists who have documented the governance experience of the three groups.

5 Hayat Tahrir al-Sham

Without going deeper into the history of the organization, it is worth remembering that HTS is the manifestation of what once was Jabhat al-Nusra (JaN). The latter was created in 2012 by the then leader of the Islamic State in Iraq (ISI) Abu Bakr al-Baghdadi as a small contingent led by Abu Mohammad al-Julani to be sent to Syria. The cell was assigned the task of penetrating the local insurgency and seizing territory. Once in Syria, JaN became increasingly self-sufficient. In the meantime, disputes emerged with ISI over matters of leadership and escalated until the final rupture that saw al-Baghdadi on one side and al-Julani and Ayman al-Zawahiri (al-Qaeda’s leader) on the other.

After it brought under its control several territories across Syria, JaN opted to engage in some activities of governance to realize the goal of the group: overthrowing the existing system led by President Bashar al-Assad and establishing an Islamic emirate governed according to sharia. As far as those activities are concerned, HTS and the Syrian Salvation Government (SSG, the civil authority through which HTS has engaged in civilian administration since late 2017) have intervened in the provision of security and justice, the collection of taxes, the provision of public goods and services, and the regulation of public behaviour.

When coronavirus arrived in the Middle East in early 2020, HTS said in its Iba’ newsletter that the virus had been sent by God to kill the disbelievers who ‘shed the blood of Muslims all over the world’. However, HTS also recognized the importance of promptly addressing the threat posed by COVID-19, and already in mid-March the SSG’s Ministry of Health had instructed civilians on

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what preventative measures to adopt. The instructions were published on billboards and flyers. During the month of Ramadan, specific instructions were also given to worshippers to prevent mosques from becoming places of contagion.

As these preventative measures were promptly introduced, the Head of the SSG, Ali Keda, announced: ‘we [the SSG] call on humanitarian organizations and the World Health Organization to share its responsibility in the liberated north’, thus revealing the government’s renewed willingness and readiness to co-operate with other actors. Significantly, this new approach towards international aid organizations had already been announced by al-Julani during an interview in January 2020: ‘Our policy toward NGOs has changed. We are willing to facilitate the work of any organization that would like to return to work in Idlib, and we pledge non-interference. We will reconcile with any organization we’ve had problems with in the past if they are prepared to help the people here.’

Thanks to this greater co-operation with international organizations, in April 2021 HTS-controlled north-western Syria received 53,800 doses of coronavirus vaccine through the global vaccine-sharing platform COVAX. One month later, inoculations started. As of August 2021, 55,000 doses of vaccine had been distributed in Idlib, with priority given to healthcare workers, the elderly, and people with chronic diseases. In September 2021, there was an additional delivery of 358,000 vaccine doses.

HTS also took other active steps. For instance, it conducted medical checks on all inbound travellers at the border crossings with Turkey, as well as sterilization of buses at the crossing stations. At the Bab al-Hawa crossing, a temporary quarantine centre was established to isolate

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people returning from Turkey with symptoms. Additional quarantine centres were established in other areas and were regularly visited by the SSG’s Minister of Health. People who were required to self-isolate were provided with food baskets by the Ministry of Health. Sterilization practices were also put in place in Idlib’s mosques, police departments, and other public buildings.

Importantly, emergency response teams created by HTS and the SSG visited ovens and markets, medical points, and refugee camps to monitor and enforce health directives. During one such inspection, four ovens that had failed to implement the necessary measures were closed by the SSG’s General Directorate of Trade and Supply in co-operation with the Ministry of the Interior. In other cases, markets were subject to general closures. In those markets that were kept open, the SSG’s officials distributed gloves, masks, and informative brochures to sellers.

Mosques, parks, wedding halls, swimming pools, restaurants, cafes, and playgrounds were also closed to prevent gatherings. The Ministry of Education closed schools and universities and introduced online distance learning. One of HTS’s Quranic schools released pre-recorded course videos for children. In mid-July 2020, schools were reopened with proper preventative measures (distancing and compulsory use of masks and gloves) to allow students to take their final exams. As far as mosques are concerned, a circular from the Minister of Endowments ordered mosque administrators to sterilize mosques, shorten sermons, maintain social distancing between

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41 Public, communal ovens are common in this region.
44 Jihadology, ‘Coronavirus and the Salvation Government’, 6 April, 7 April, 8 April, 9 April, and 10 November 2020.
worshippers, and impose masks during prayer. Masks were distributed to worshippers at the entrance to mosques.

Importantly, the above measures were regularly communicated by the SSG’s Health Minister in official audio messages. Similarly, the director of the SSG’s Public Relations Office held press conferences to inform the public and the media about the measures taken and the Minister of Health published regular reports on the number of new infections, deaths, and recoveries. HTS’s efforts notwithstanding, cases of infections were soaring in Idlib as of September and October 2021. In late September, HTS and the SSG reimposed temporary closures of schools, markets, swimming pools, playgrounds, wedding halls, and amusement parks. Restaurants were kept open for deliveries only.

6 The Houthis

In May 1990, southern and northern Yemen were united into a single state. The Shia Zaydis who had ruled northern Yemen since the ninth century became a minority, and their areas were neglected by the government. It was in this context that the Houthi movement was created as an expression of Zaydi interests. When in early 2011 the Arab Spring arrived in Yemen, the Houthis joined popular opposition to President Ali Abdullah Saleh. The latter’s replacement with Vice-President Abdrabbh Mansur Hadi in February 2012 was met with criticism by the Houthis, who saw Hadi as representative of the old system. In addition to this, the National Dialogue Conference (March 2013 – January 2014) aimed at reconciling the parties failed to respond to the Zaydis’ political demands and territorial claims. In 2014, the Houthis aligned with Saleh and initiated an insurgency that saw the group overthrow the government. Since late 2014, the Houthis have been the de facto governing authority in the northern half of Yemen, in charge of running checkpoints, securing roads, collecting taxes, overseeing local government administration, and administering justice.

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57 Schmitz, ‘Yemen’.
58 Schmitz, ‘Yemen’.
Yemen was among the last countries to announce the pandemic. The first confirmed case was declared on 10 April 2020. From that moment, the Houthis launched a disinformation campaign, declaring the virus an ‘American conspiracy’. In the words of the Houthi leader Abdulmalik al-Houthi, ‘America bears the primary responsibility for [the] COVID-19 epidemic … Americans have worked for years to benefit from the coronavirus and have worked to spread it in certain societies’. Mohammed Ali al-Houthi, president of the movement’s Revolutionary Council, made similar statements. The Houthis even organized public demonstrations of hostility towards the United States and Israel, accusing them of having created COVID-19 as a weapon of biological warfare.

To better control and manipulate information, Houthi authorities intimidated health workers, journalists, and even grave diggers to suppress information about the extent of the outbreak. Thus, while two hospitals in Sana’a—Zayed Hospital and Kuwait Hospital—were receiving patients with COVID-19, doctors and family members of the deceased feared to speak openly because of threats of reprisal. Most dramatically, as part of their broader manipulation of the COVID-19 health emergency, the Houthis also launched new recruitment campaigns among the youngsters, convincing them that joining the group was the only way not to contract the virus.

It was also the case that poems explaining the rules of social distancing to reduce the spread of the virus were published and shared on pro-Houthi websites and social media. While trying to promote some medical advice, however, these poems also sought to remind listeners/readers that foreign adversaries—the US, Israel, and the Saudi ‘aggression’—rather than Houthi officials were to be blamed for the pandemic and for the difficulty of addressing it.

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Nonetheless, in February 2020 the Houthis allegedly established a Higher Ministerial Committee for Combating Epidemics to co-ordinate the response to COVID-19 and elaborate preventative measures.69 In the words of the Houthis’ Minister of Health, Taha al-Mutawakkil, ‘we depended on our Almighty Allah and we urged the people to take guidelines and awareness into … account and as the instructions issued by the Higher Ministerial Committee for Combating Epidemics, including proper nutrition to strengthen immunity and deal with a high responsibility to prevent the spread of the virus’.70

Initially, the Houthi authorities reportedly gave instructions to close schools, stop prayers at mosques, limit public gatherings, and regulate markets and shops.71 They closed land borders with the government-controlled parts of Yemen and ceased all incoming flights.72 However, mass events relevant to the Houthis’ ideology were held: in October 2021, for instance, major rallies that attracted millions of people were organized in Sana’a and other Houthi-controlled cities to celebrate the anniversary of the birth of the Prophet Muhammad.73 Prior to that, Abdulmalik al-Houthi encouraged Yemenis to take to the streets and celebrate the seventh anniversary of the revolution that brought the group to power.74

Most recently, as vaccines were distributed to Yemen through COVAX, the Houthis refrained from distributing the necessary doses throughout the areas under their control and from cooperating with the World Health Organization (WHO) in this regard.75 More specifically, the Houthi authorities initially agreed to accept 10,000 doses of vaccine, but the transfer was obstructed after they set as a condition that the vaccines could only be distributed by the group without WHO supervision.76 This is in keeping with the traditional practice of the group, which in mid-2019 blocked a large shipment of personal protective equipment (PPE) that would have helped to protect against COVID.77 Thus, despite the Houthis’ claims of having met with the

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WHO to discuss how to best address the pandemic, it does not seem that any real or significant effort was made.

7 Hamas

As the First Intifada erupted in 1987, the Islamic Resistance Movement, better known by its acronym Hamas, was established as the armed wing of the Gaza-based branch of the Egyptian Muslim Brotherhood. Its goal was to eliminate Israel and create an Islamic state over historical Palestine. In 2005 Hamas participated in elections for the first time, and in 2006 it won the legislative elections. However, its victory was not recognized by most of the international community. A Palestinian civil conflict broke out that lasted until mid-June 2007, when Hamas established its own government in the Gaza Strip, which has since then been engaged providing security, resolving disputes, providing education and healthcare, taxation, and regulating public behaviour.

When the government in Ramallah announced a state of emergency in the context of the current pandemic and enforced a total lockdown in early March 2020, Hamas refused to follow suit, arguing that the Gaza Strip had no cases. It was only on the evening of 21 March that Hamas confirmed the first two cases of coronavirus. The two infected people, as well as all those who had been in contact with them, were promptly placed in quarantine. From there, Hamas proceeded to close markets, schools, mosques, and restaurants and prohibit large gatherings such as weddings. The working hours of non-essential businesses were also reduced to a minimum. In April 2021, as cases rose, Hamas imposed a ten-day total lockdown on Gaza, with only essential businesses

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84 A.A. Abuhabib, S.N. Abu-Aita, C. Procter, and I. Al-Smeri, ‘Unique Situation of Gaza Strip dealing with Covid-19 Crisis’, International Journal of Infectious Diseases, 110 (2020): 149–51, https://doi.org/10.1016/j.ijid.2020.08.070; Sky News, ‘Hamas Imposes a Curfew in Gaza after First Outbreak of Corona’, 25 August 2020, available (in Arabic) at: www.skynewsrabia.com/middle-east/1371545-%D8%AD%D9%86-%D8%A7%D8%B3-%D8%AA%D9%81%D8%B1%D8%B6-%D8%AD%D8%B8%D8%B1-%D8%AA%D8%AC%D9%88%D9%91%D9%84-%D8%BA%D8%B2%D8%A9-%D8%A8%D8%AF%D8%A9%D9%81%D8%B4%D9%91-%D9%84%D9%83%D9%88%D8%B1%D9%88%D9%86%D8%A7 (accessed 25 September 2022).
such as pharmacies, bakeries, and food stores allowed to remain open.\textsuperscript{85} The imposition of the lockdown, however, did not come without controversy, due to the precarious socioeconomic conditions in Gaza: in the words of a Hamas official, ‘one should remember that we’re in the Gaza Strip, not in Israel or another developed country that provides its citizens with a safety net or with compensation for closed businesses’.\textsuperscript{86}

Quarantine was imposed on symptomatic and infected people returning to Gaza through the Rafah border crossing with Egypt and the Eretz border crossing with Israel.\textsuperscript{87} The group also installed a temporary medical clinic at the Rafah crossing to conduct medical checks on inbound travellers and instruct those required to self-isolate.\textsuperscript{88} Quarantine centres were also opened in hotels.\textsuperscript{89} As was the case with general lockdowns, the imposition of quarantine was also a challenging task for Hamas: as argued by the group’s head in Gaza, Yahya Sinwar, ‘when we [Hamas] decided to establish compulsory quarantine facilities for people returning to Gaza, we knew that it would be a difficult decision that would cause a lot of criticism against us’.\textsuperscript{90}

Faced with a major health crisis, al-Qassam Brigades—the armed wing of Hamas—tried to play the role of a national army by participating in efforts to fight the pandemic. They contributed to the construction of two quarantine facilities and to the sterilization of public spaces.\textsuperscript{91} However, it was reported by residents that Hamas also resorted to harsh tactics such as beatings, water cannons, and dirt barriers to keep people away from the streets.\textsuperscript{92}

Besides the measures described above, the Ministry of Health in Gaza conducted training for medical personnel in hospitals and healthcare centres, including on how to deal with suspected cases, transfer patients, and conduct sterilization.\textsuperscript{93} Campaigns of awareness were also organized: the Health Education Department of the Ministry of Health printed 122,000 leaflets and 200

\begin{itemize}
\item\textsuperscript{86} Khoury, ‘Hamas Orders Lockdown’.
\end{itemize}
awareness-raising posters. In addition to this, Hamas urged mosques to use Friday sermons to inform and preach about coronavirus, its symptoms, and the importance of hygiene and social distancing from a religious point of view.

To address the crisis and deal with the limits of Gaza’s healthcare system, Hamas also engaged in some form of co-operation with Israel: it sent doctors, nurses, and lab technicians to Israel for training; samples were sent from Gaza to Israel for testing; Israel sent to the Strip 20 respirators, 300 testing kits, and 50,000 masks; and doctors in Gaza and Israel shared data on the virus’s spread. Nonetheless, despite this collaboration on COVID-related issues, it is worth mentioning that, just as the Houthis blamed the ‘Saudi aggression’ for the effects of COVID-19 in northern Yemen, Hamas put the blame for its difficulties in addressing the health emergency on the blockade imposed on the Strip by Israel.

Besides Israel, Hamas co-operated also with international aid organizations and other governments. For instance, the UAE donated to Gaza a field hospital for the treatment of COVID-19 patients that was installed in Rafah city. The WHO co-operated with the Ministry of Health to implement an advanced course for doctors; the Turkish Red Crescent delivered medical supplies to the Ministry of Health; and the Palestinian government in Ramallah sent testing kits and sterilizers to the Strip.

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95 Alijla, “We Are in a Battle with the Virus”.
102 Sama News, ‘Ramallah: The Ministry of Health Announces the Dispatch of a Shipment of Medical Aid to Gaza’, 19 July 2020, available (in Arabic) at: https://samanews.ps/ar/post/414267/%d8%b1%d8%a7%d9%85-%d8%a7%d9%84%d9%87-%d9%88%d8%b2%d8%a7%d8%b1%d8%a9-%d8%a7%d9%84%d8%b5%d8%ad%d8%a9%d8%a7%d8%b9%d9%84%d9%86-%d8%a5%d8%b1%d8%a3%d9%87%d9%84%d8%b4%d8%ad%d9%86%d8%a9-%d9%85%d8%b3%d8%a7%d8%b9%d8%af%d8%25 (accessed 25 September 2022).
In February 2021, the Gaza Ministry of Health launched a national vaccination campaign, starting with medical staff. The Ministry of Health distributed Pfizer and AstraZeneca vaccines received through the COVAX programme. Up to 50,000 people had been inoculated at the time of writing.

8 HTS, the Houthis, and Hamas in the fight against COVID-19

Following the case studies above, I argue that the Houthis offered a COVID-19 governance response located somewhere between ‘null’ and ‘minimal’. Conversely, HTS displayed much greater engagement in COVID-19 response, which can be located between the ‘intermediate’ and ‘extensive’ points along the proposed continuum. For its part, Hamas offered a COVID-19 governance response that can be coded as ‘extensive’. The observations are summarized in Figure 2.

Figure 2: COVID-19 response by HTS, the Houthis, and Hamas

<table>
<thead>
<tr>
<th>Null</th>
<th>Minimal</th>
<th>Intermediate</th>
<th>Extensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houthis</td>
<td>HTS</td>
<td>Hamas</td>
<td></td>
</tr>
</tbody>
</table>

Source: author’s illustration.

Having described how HTS, the Houthis, and Hamas responded to the health emergency posed by COVID-19, I proceed here to explain the variations observed in the three groups’ responses (summarized in Table 1). As I suggested earlier, when armed groups are faced with an unexpected crisis, their propensity to respond may depend on their ultimate goals. Specifically, secessionist and ethno-nationalist groups are expected to be more prone to engaging in extensive activities of governance at times of crisis, as they regard this as a useful strategy to obtain the international legitimacy and domestic credibility on which their success depends. Conversely, non-secessionist and non-ethno-nationalist groups are expected to invest less in emergency governance.


These expectations find confirmation in the three case studies. Hamas has historically pursued the establishment of an internationally recognized Islamic state over Palestine.\textsuperscript{106} To reach its ambitious goal, however, Hamas cannot rely on military might alone. Rather, it must also prove its capacity to govern, both to the Palestinian population over which it aspires to rule and to the international community by which it aspires to be recognized. Therefore, when faced with the health emergency posed by COVID-19, Hamas sought to offer an extensive response that would enhance its governance credentials both at home and abroad. As noted by Alijla, Hamas’s response to COVID-19 ‘was meant to send a message to the international community, but also to the local population, that it is capable of acting as a governing body’.\textsuperscript{107}

Similar considerations apply to HTS. When the group joined the Syrian insurgency, its goal was to overthrow the regime and establish an Islamic emirate. Over time, however, HTS has reformulated its goals, and today the group aspires to obtain international recognition of its Islamic statelet in Idlib.\textsuperscript{108} In other words, today HTS aims to secure Idlib as the locus of an alternative, internationally recognized Islamist polity.\textsuperscript{109} To reach this goal, HTS must prove to the international community its actual capacity to govern over the millions of Syrians living under its rule. Thus, when COVID-19 spread throughout the country, the group sought to invest resources in a healthcare response extensive enough that it would testify to its capacity to provide for the people.

The Houthis, for their part, aspire to capture power throughout Yemen and consider the entire Yemeni population as their targeted audience.\textsuperscript{110} Driven by this goal, they prioritize the military struggle and do not see the need to prove themselves as governors in the eyes of domestic or international audiences. In fact, while they are interested in international recognition, they are also aware that gaining power in Yemen is dependent not upon this but rather upon their capacity to conquer territories and consolidate victories.\textsuperscript{111} Therefore, as cases of COVID-19 were reported in Yemen, the Houthis lacked incentives to engage in extensive activities of governance—


especially as doing so required redirecting resources away from a military effort perceived as crucial.

Besides ultimate goals, I also suggested that intensity of conflict might contribute to explaining a group’s propensity to engage in governance in times of emergency. Specifically, I suggested that groups engaged in low-intensity conflicts will be more prone to acting as rulers than those engaged in high-intensity conflicts. In fact, the temporary cessation of hostilities allows the former to invest resources in governance without running risks in terms of survival.

This expectation, however, is only partially confirmed by the three case studies. Hamas, which invested in an extensive COVID-19 response, is engaged in a low-intensity conflict against Israel. Therefore, when COVID-19 arrived in Gaza, Hamas could afford to invest resources in governance activities without a risk that this would translate into military defeats on the battle-front. The Houthis, engaged in null to minimum COVID-19 response, are fighting a high-intensity conflict against the Yemeni government. Therefore, when COVID-19 arrived in Yemen, they could not afford to divert resources away from the military effort, as this would have offered an advantage to the enemy. However, HTS is also engaged in a high-intensity conflict against the Syrian regime and its allies. Nonetheless, as COVID-19 spread, it decided to invest in a somewhat extensive COVID-19 response. These observations suggest that while a low level of conflict intensity might place an armed group in a better position to address an external emergency, this is not necessarily a sine qua non. Armed groups engaged in high-intensity conflicts might still find incentives and ways to perform activities of governance even as they continue to be confronted by pressing military concerns.

In the discussion in the second part of this paper, I suggested that a further factor that might contribute to explaining variation in armed groups’ responses to external emergencies is a group’s prior governance experience, especially in the area affected by the crisis. I suggested that groups with poor experience as providers of healthcare would be less capable of engaging in extensive COVID-19 governance responses, while groups with meaningful experience as providers of healthcare would have greater capacity to address the pandemic.

This expectation is confirmed by the three case studies. Hamas has been engaged in practices of healthcare governance since conquering Gaza in 2007. It has run hospitals and clinics and employed its own medical staff. It has also co-operated and co-ordinated with many international humanitarian agencies, allowing them to run their clinics. Therefore, when cases of COVID-19 began to be reported in Gaza, Hamas could benefit from this prior experience as a provider of healthcare, relying on pre-existing medical personnel, hospitals and clinics, medical equipment, and co-operative relationships with external actors.

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Although comparatively less successfully than Hamas, HTS has also been actively engaged in the provision of healthcare. Following the creation of the SSG, the government’s Ministry of Health was charged with the task of managing Idlib’s hospitals, pharmacies, and medical centres and regulating all healthcare matters. To be sure, provision of healthcare has been far from ideal in HTS-controlled territories. Nonetheless, HTS and the SSG have been engaged in governance efforts that provided them with some degree of useful know-how once COVID-19 spread throughout north-western Syria. As the first cases were reported, HTS did not have to build its governance capacity from scratch but rather could refer to its prior experience and pre-existing structures.

Conversely, the Houthis have poor experience as providers of healthcare. After taking over Sana’a, they did not invest in governance—and healthcare has probably been the area in which the limits of their governance have been most evident. Specifically, the Houthis have been unable to pay salaries to medical workers or to address the shortage of medical equipment and drugs. They have also occupied and militarized hospitals to control medical services and have commandeered medical facilities to prioritize care for their members or supporters. When COVID-19 arrived in northern Yemen, the Houthis were completely unprepared—inexperienced and under-resourced—to deal with the emergency. Their prior failure to act as providers of healthcare governance meant that when the pandemic arrived, there was no pre-existing experience or structure that they could refer to.

Finally, I suggested that the type of financial resources available to a group might also explain propensity to provide governance. Groups that depend on the population to extract resources are more incentivized to perform activities of civilian administration when confronted with an emergency that threatens the wellbeing of the people. Conversely, groups that do not depend on the population to extract resources are hardly incentivized to perform activities of civilian administration when an emergency threatens the people’s health and life.


Table 1: Explaining variation in armed groups’ COVID-19 response

<table>
<thead>
<tr>
<th>Armed group</th>
<th>Ultimate goal</th>
<th>Conflict intensity</th>
<th>Governance experience</th>
<th>Financial resources</th>
<th>COVID-19 response</th>
</tr>
</thead>
<tbody>
<tr>
<td>HTS</td>
<td>Islamic state in north-west Syria, internationally recognized</td>
<td>High</td>
<td>Intermediate</td>
<td>Dependent on people</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Houthis</td>
<td>Central power in Yemen</td>
<td>High</td>
<td>Poor</td>
<td>Independent of people</td>
<td>Null</td>
</tr>
<tr>
<td>Hamas</td>
<td>Islamic state in Palestine, internationally recognized</td>
<td>Low</td>
<td>Significant</td>
<td>Dependent on people</td>
<td>Extensive</td>
</tr>
</tbody>
</table>

Source: author’s construction.

This is confirmed by the case studies of Hamas, HTS, and the Houthis. Hamas derives many of its financial resources from the taxation of Gaza’s population, collecting fees on services such as birth certificates, water, shop licences, and building permits and custom duties on goods that enter the Strip from Israel and Egypt. It is also known to collect taxes on activities of smuggling conducted through Gaza’s underground tunnel network.121 HTS too derives most of its financial resources from the collection of taxes from the local civilian population. In addition, it collects fees at checkpoints and border crossings for the transit of goods and people and fees for the provision of services.122 In the words of an SSG official, ‘[m]ost of the [SSG’s] resources come from taxes and royalties on citizens and organizations, as well as entry and exit fees’.123 Therefore, when COVID-19 spread throughout Gaza and Idlib, it became of paramount importance for Hamas and HTS respectively to engage in an effective response that would protect civilians. A sick population, in fact, would not be able to engage in those economic activities that are the backbone of the taxation system of the two groups. Thus, as COVID-19 spread, Hamas and HTS were incentivized to engage in governance responses extensive enough to preserve their traditional patterns of financing, suddenly threatened by the pandemic.


The Houthis, conversely, derive most of their financial resources from the seizure of properties, bank accounts, and companies; appropriation of the revenues and salaries of public employees; control over the Sana’a branch of Yemen’s Central Bank; theft of humanitarian aid and sale thereof on the black market; custom duties on incoming vessels at Hodeida; and fees on ships for discharging their cargo. Sustained by these financial revenues, when coronavirus arrived in Yemen the Houthis lacked the incentive to engage in even a minimal response. In fact, the financial wellbeing of the organization is not dependent on the wellbeing of the civilian population and the latter’s capacity to engage in economic activities.

9 Conclusion

As COVID-19 spread worldwide, it was not only governments but also armed groups in control of territories that were called to address the crisis. Recognizing that little scholarly attention has been paid to the phenomenon, in this paper I have sought to explain armed groups’ responses to the pandemic. I built a continuum of armed groups’ governance responses to COVID-19 ranging from ‘null’ to ‘extensive’, passing through ‘minimal’ and ‘intermediate’. I then referred to the existing scholarship on non-state governance to identify the factors that might be most useful to illuminate governance variation in times of emergency. I identified the following: ultimate goals, conflict intensity, governance experience, and financial resources.

Following the study of HTS, the Houthis, and Hamas, I found that intensity of conflict does not appear to be a relevant explanatory factor. Conversely, a group’s ultimate goals, the type of financial resources available to it, and its prior experience in (healthcare) governance explain the observed patterns of COVID-19 governance. More specifically, I found confirmation of the expectations that armed groups that aspire to obtain international recognition of their political system, those that have prior experience in the area of governance affected by the crisis, and those whose financial resources depend mostly on civilians are more likely to engage in intermediate to extensive emergency governance.

This being the first study to look in depth into armed groups’ responses to COVID-19, future studies should test on other armed groups the arguments advanced here. Future studies should also look beyond the Middle East and include in their analyses non-Islamist groups ruling in other geographical regions. Focusing on non-Islamist groups would also allow investigation of whether doctrine might also contribute to different patterns of COVID-19 governance, and to armed groups’ crisis response governance more generally.