COVID-19 IN YEMEN
State Narratives, Social Perceptions, and Health Behaviours

On 10 April 2020, 14 weeks after the first case was announced in China, Yemen was one of the last countries worldwide to announce a single confirmed case of COVID-19 infection in its population. Nevertheless, political authorities and the public, both in areas under the control of the Houthi movement and the internationally recognised government (GoY), responded early and in differing ways to the declaration of the pandemic. The current multiplicity of actors in charge of public health across the country as well as cultural and political differences in the way the pandemic is perceived by the population pose a challenge for humanitarian agencies trying to operate on the ground and across the Houthi/GoY divide.

This report charts the institutional reaction to the pandemic from the moment the Houthi and GoY administrations acknowledged the problem in mid-February until the end of April 2020 and the measures implemented by the various authorities that are in de facto control of different parts of the country. It also analyses the political narratives that have been adopted by the different authorities and popular perceptions towards the pandemic. Both narratives and perceptions influence the public's health behaviour and determine the degree to which Yemenis will adopt and adhere to a variety of different measures. Thus this report presents an analysis of the potential impact of social perceptions and political narratives on a COVID-19 outbreak in Yemen, as well as recommendations for its mitigation.

Yemen's northern governorates are under the authority of the Houthi movement. In the south of Yemen the internationally recognised government of president Hadi competes for control with the Southern Transitional Council (STC), and with locally influential political actors such as individual governors and militia leaders. **As a result, the COVID-19 crisis has become yet another politicised element of the conflict and a way for each side to point at the failures of the other or even accuse the other of helping spread the virus.** The report underlines this dialectic element in the parties' opposing approaches and highlights the need for nuanced, customised interventions in different parts of Yemen by humanitarian agencies.

About this report

This thematic report aims to provide background information on how key political actors and local communities in Yemen view COVID 19 to help humanitarian actors tailor their COVID 19 programming and health messaging to the local context.

Key Findings

1 **People in Houthi-controlled territories tend to downplay the risk associated with COVID-19 considering war their main existential threat.** People in government and STC-controlled territories are more worried with the bad state of the healthcare system and lack of political initiative to deal with the pandemic.

2 **Competition for political legitimacy among state and non-state authorities influences their response to COVID-19** and citizens' health behaviour.

3 **Houthi authorities are adopting a similar rhetoric and language as their regional partners, Iran and Hezbollah.** The Government of Yemen (GoY) and Southern Transitional Council (STC) authorities take a more 'Western' or 'scientific' approach.

PERCEPTIONS OF COVID-19 in NORTHERN YEMEN
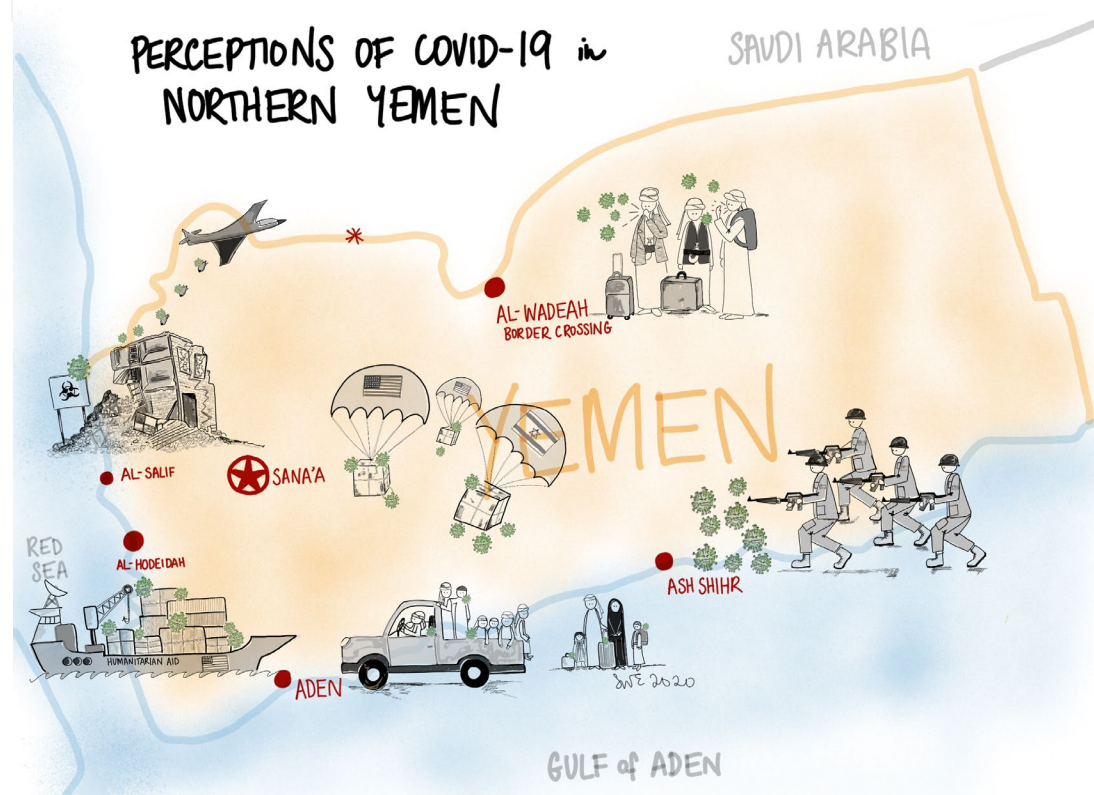
Executive summary

Yemen is fractured along multiple lines: territorial, political, religious, and cultural. Competition for legitimacy among the three main authorities is likely to heavily influence the response to COVID-19. These are: the Supreme Political Council of Ansar Allah (more commonly known as the Houthis), the Internationally Recognised Government of Yemen (GoY) led by President Hadi, and the Southern Transitional Council (STC), an alliance of southern politicians, militias and tribes which is seeking to reestalish a separate state in the south along the lines of the People's Democratic Republic of Yemen which was in existence from 1967 to 1990. In the northern territories, the **Houthis** base their legitimacy on countering what they call 'the aggression'. They blame the Saudi-led coalition, their international allies, and the GoY for the destruction of public health infrastructure. Accordingly, **citizens have low expectations** about the health response and feel helpless in the face of COVID-19. They exert their agency through Islamic piety, resistance to the war, and the search for a livelihood.

In southern territories, the **GoY** is the internationally recognised state authority and it must live up to the expectations of citizens in terms of social welfare. **People have high expectations** about the health response, and they consider the GoY responsible for countering COVID-19. They are proactive in trying to avoid a spread of the contagion, and more likely to follow health prevention measures. The **STC** is endeavoring to gain legitimacy to the detriment of the GoY. This might lead to a virtuous circle, with the two authorities competing with each other to improve the response to COVID-19. However, so far this competition has proven disruptive and it is likely to enhance the **autonomy of local governors across the South**.

Perceptions vs Health Behaviour across the North/South Divide

Shared Premise	Knowledge of symptoms and public health messages is widespread		Distrust and negative perceptions around public healthcare		Conspiracy and rumours
Area and Authority	North/ Houthi	South/ GoY & STC	North/ Houthi	South/ GoY & STC	North & South
Effect on Health Behaviour	People do not consider COVID-19 as the main existential threat and downplay it	People are proactive in spreading information and demanding preventive measures	People stay away from hospitals, use traditional medicine, blame the Saudi-led coalition	People demand better health services and blame the GoY	People flout the imposed security measures because they are suspicious of their aim

Recommendations

- Political struggles and the ongoing war might push a potential COVID-19 outbreak into the background. The international community should maintain a high level of alert and continue to emphasise the risks associated with the spread of the virus.

- Humanitarian agencies and INGOs working across the north/south divide need to be sensitive to the different responses local society has adopted against the virus in different parts of the country and adapt their strategies accordingly. A one-size-fits-all approach will not yield the desired results.

- Lack of proper training and specialised equipment for medical staff across the country will hinder efforts to trace the movement of the outbreak and hamper any attempt at a timely response. The international community has an important role to play in providing equipment, training and clear public health messaging for front line health workers.

- The international community should focus on delivering clear public health messages, tailored to the local area, rather than trying to counter each and every rumour point by point. Clear and consistent public messaging has played an important role in slowing the spread of the virus in other countries. Radio may prove a better way to disseminate messages in Yemen than the internet or TV, particularly in rural areas.

- The international community should support tailored public health messaging and increased disease monitoring during Ramadhan. Ramadhan (23 April to 23 May 2020) might have a devastating impact on the spread of the virus and lead to an acceleration of infections. Large gatherings for communal prayers, crowded markets, the sharing of food among households, and other characteristic social practices for Ramadhan are likely to increase the speed of propagation of a potential outbreak and make it difficult for the authorities to impose measures. Eventually, the traditional visits and travel associated with the Eid al-Fitr holiday (likely 23 and 24 May 2020) that marks the end of Ramadhan are likely to spread COVID-19 from major urban centres to the countryside.

Political narratives, institutions and preventive measures

Key actors and Authorities

Houthi regime

Three state institutions are likely to play a prominent role in Houthi controlled areas.

The **Higher Ministerial Committee for Combating Epidemics** established on 17 February to coordinate the response to COVID-19 and to elaborate preventive measures to counter the outbreak. The Higher Ministerial Committee is chaired by Dr **Husayn Maqbuli**. Born in the Tihama area of Al Hodeidah governorate, Maqbuli holds a PhD in economics. He is a technocrat, and previously served as General Director for the Al Hodeidah branch of the Yemen Petroleum Company and Minister of Finance in the Supreme Political Council (SPC) cabinet. He was removed from the latter position after disagreements with Ahmad Hamid, President of SCMCHA (see below), the authority in charge of coordinating humanitarian affairs. He is currently the Deputy Prime Minister for Services and Developments. In each governorate, the national authority is represented by a local 'Technical Committee to Confront the Corona Virus', chaired by the governor and composed by members of the local authority, including the security director and the director of the General Health Office (GHO). The 'Joint Committee to Confront Corona', led by Abdulkarim al-Kuhlani, is in charge of the official communication concerning COVID-19.

Ministry of Public Health and Population (MoH). The MoH, in coordination with the above mentioned *ad hoc* committees, retains a complete monopoly over the pandemic management. It is led by Dr. **Taha al-Mutawakkil**, a fervent Zaydi believer and an Imam. Mutawakkil retains a pivotal role in the regime, being an in-law of Abdulmalik al-Houthi, leader of the Houthi movement. Mutawakkil is a moderate and he already expressed the need for international aid to counter the pandemic (Ansarollah 21/03/2020).

Management and Coordination of Humanitarian Affairs and International Cooperation (SCMCHA). During the COVID-19 outbreak, it is likely that SCMCHA will remain the principal interlocutor for humanitarians and INGOs. SCMCHA's President, Ahmad Hamid, is also Office Director of the Presidency of the Republic and he is in charge of several Houthi media authorities. In all likelihood, he will have a key role in narrating the COVID-19 outbreak. Abdulmuhsin Tawus is the Secretary General of SCMCHA, and he is an in-law of Abdulmalik al-Houthi. The SCMCHA leadership has recently entered into a conflict with other factions of the Houthi regime, and in particular with Yahya al-Houthi (Minister of Education), Mahdi al-Mashat (President of the SPC), and the security leadership of Al Hodeidah governorate.

Government of Yemen (GoY)

Ministry of Public Health and Population. The Ministry of Public Health of the internationally recognised government retains nominal responsibility over the management of the national response to the COVID-19 crisis. The Minister is Dr Nasir Muhsin BaUm, a surgeon by profession. BaUm is from the southern governorate of Shabwa, a former member of the Yemeni Socialist Party he is now with the General People's Congress (GPC). He has been in this position since late 2015. He is well-versed in the needs of his department and considered a technocrat. However, the Ministry of Health is often accused in the public discourse of harbouring corruption, particularly due to its high degree of access to foreign funding (though most Yemeni institutions are regularly accused of corruption in Yemen's online and social media).

Yemen Supreme National Emergency Committee for COVID-19. This is the GoY specialised agency for the coordination of the national response to the pandemic. It is not clear when it was formed, but it is headed by the deputy prime minister Dr. Salim Ahmad Said al-Khanbashi, a GPC member from Hadramawt. Among its members are the Minister of Health and the Minister of Local Administration. Its public spokesperson is Dr Ali al-Walidi, an epidemiologist. The committee announced the opening of quarantine centres in all governorates that are under governmental control.

Southern Transitional Council (STC)

Emergency Committee. The Southern Transitional Council responded to the pandemic by announcing the formation of its own Emergency Committee and a set of six measures for countering the spread of the virus including daily curfews, the closure of qat markets, schools, and restaurants in the areas under its nominal control. The STC leadership relies on its militia, the Security Belt Forces, to implement those measures that deal with public order and adherence to regulations. The Committee is chaired by the STC head in Aden Dr Abd al-Nasir al-Wali.

COVID-19 in Houthi narratives

Northern and central governorates fall under the authority of the Houthi-controlled Supreme Political Council (SPC). Unlike southern governorates, where political authority is fragmented and governors have a higher degree of autonomy, Houthi-controlled territories are subjected to centralised power that is managing the outbreak following one coherent strategy.

The Houthi Ministry of Health (MoH) has introduced preventive measures to counter the COVID-19 outbreak by issuing 4 decrees on 10, 14, 16, and 22 March 2020. It declared that: 330 teams are monitoring the outbreak; 18 hospitals have been allocated in 12 governorates to train health personnel; 76 quarantine facilities arranged in 12 governorates; hundreds of medical students and volunteers mobilised to counter the outbreak; information on COVID-19 is monopolised by the state (through SMS, social media and TV broadcasting), and that the printing of information material is forbidden, as well as independent health promotion initiatives. Citizens feeling symptoms are invited to call 195 and stay at home (ACAPS DISCUSSIONS WITH OPERATIONAL ACTORS ON 21/04/2020, 6/04/2020) (Ansarollah 21/03/2020) (Telegram MoH, 14/03/2020, 16/03/2020, 17/03/2020, 22/03/2020).

In spite of preventive measures, northern Yemen is largely unprepared to handle an outbreak by the admission of prominent Houthi leaders. The MoH called on the WHO, UNICEF, ICRC, and UN population fund to equip Yemeni hospitals, demanding "at least 1.000 respirators urgently." The MoH also announced that 93% of the medical devices and services are not operational because of the blockade and of the ongoing war (Ansarollah 21/03/2020).

A thorough analysis of Houthi rhetoric shows that the SPC intends to frame the epidemic in politico-military terms, relegating medical intervention to a secondary role. The Houthi movement upholds an anti-imperialist rhetoric, fiercely opposing the US, Israel, and their regional allies. The SPC's legitimacy and popularity is grounded in the resistance to the so-called 'aggression', the war perpetrated by the Saudi-led coalition in Yemen. The leader of the Houthis, Abdulmalik al-Houthi, has delivered a comprehensive and multifaceted interpretation of the global Covid-19 pandemic, organised on two main levels.

Key Point

The attitude of the Houthi regime towards INGOs and international organisations is always deliberately ambiguous: while some leaders demand cooperation, others accuse them of being "accomplices of the aggression" (Al Masirah 8/04/2020).

Cultural Background

Destiny and free will: In the Zaydi school of Islam, the belief is held that "God only writes what is good." It follows that human beings are considered free and held responsible for evil action, including the corruption of God's creation.

At the **religious** level, the argument is put forward that most disasters, epidemics, and calamities are the *result of human action*. The corruption (*fasad*) of God's creation "descends from the wrong actions of peculiar human beings who are not guided by God."

At the **political level**, al-Houthi argues that the United States and Israel are purposefully manipulating God's creation to cause harm through **biological warfare**. Zionist lobbies in the US are held responsible for creating COVID-19 and releasing it to damage China, an economic competitor and a rival civilization (Thaqafa Qurania 21/03/2020).

Following these premises, the Houthis envisage four strategies to counter the epidemic.

1. First, a return to divine guidance and the promotion of a new model of Islamic civilization (*namudhaj hadhari*) to "purify the international order from the catastrophes produced by the evildoers" (*al-ashrar min bani al-bashar*).

2. Second, public demonstrations of hostility towards the US and Israel.

3. Third, the implementation of preventive measures and health guidelines. However, it is important to note that health prevention measures are not given top priority in the Houthi discourse. The inadequacy of the public health system pushes the Houthi authorities to emphasise other types of response to the epidemic.

4. The fourth strategy is **politico-military**: COVID-19 is dealt with as a weapon of the enemy. The Houthis argue that the US and their allies will spread the virus in northern Yemen by "specific means" (including: **contaminated humanitarian aid**, medical material, and food; explosive devices; and military weapons) and through the ports (Motabaat 30/03/2020).

Geopolitical Background

The Houthis are aligned with the so-called 'axis of resistance' (i.e. Iran, Hizbullah, Hamas, Shiite partners in Iraq), and we should expect them to **shape their response to COVID-19 in accord with regional partners**. They are close to Russia and China, and fiercely oppose Western democracies. They label Islamic countries cooperating with the West as 'munafiq' (or hypocrites, simulating to be Muslim).

While most countries in the world depict the pandemic as a war-like situation, the Houthis reverse this metaphor and argue that **the actual disease is war**: "We face another kind of virus, the virus of aggression and the germs of betrayal!" (Thaqafa Qurania 21/03/2020).

Since mid-March, most Houthi leaders anticipated that the coalition will be held responsible for any spread of the virus, alleging that they are in control of land, sea and air ports and that northern Yemen is "virus free" (Al Ahed News 16/03/2020) (Al Masirah 20/03/2020).

Accordingly, spreading panic about Covid-19 is considered a hostile action, and people are discouraged from talking about positive cases in the north If the virus is a weapon of the enemy, the most effective way to counter it is channeling fighters and economic resources towards the frontlines. (Thaqafa Qurania 21/03/2020) (ACAPS DISCUSSIONS WITH OPERATIONAL ACTORS ON 6/04/2020).
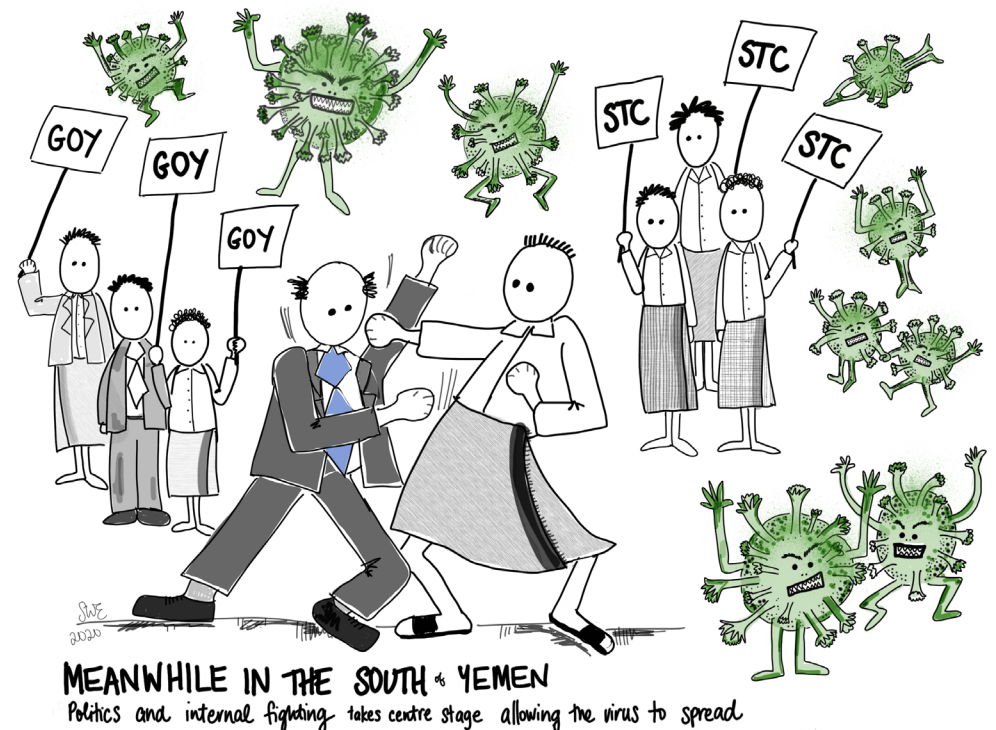
So far, the Houthis have publicly accused the GoY and the Saudi led coalition of a number of hostile acts which they claim are aimed at spreading the virus. These include:

- allowing 4 flights to reach Yemen with a total of 1,000 passengers (Al Ahad News 16/03/2020);
- opening al-Wadeah land port (Ansarollah 21/03/2020);
- hiding a COVID-19 outbreak among GoY soldiers on the Midi frontline;
- purposefully infecting people in the south to spread the contagion in the north (Thaqafa Qurania 21/03/2020);
- dropping contaminated face masks and humanitarian aid (Motabaat 30/03/2020);
- targeting quarantine centres to spread the virus (Al Ahed News 1/03/2020); and
- massing African immigrants at the Yemeni border (Uprising Today 8/03/2020).

Each 'perceived' hostile act is likely to justify new preventive measures. For instance, the belief that GoY soldiers were infected on the Midi frontline justified the implementation of an *ad hoc* plan to introduce periods of isolation for war prisoners. The idea that travelers could spread the virus led to a lockdown of land and air ports (Khabar News Agency 30/03/2020) (Al Mashhad Al Yemeni 27/03/2020).

COVID-19 in GoY and STC narratives

In the southern governorates of Yemen political developments have been defined by the non-implementation of the Riyadh Agreement (imposed by Saudi Arabia in November 2019 to end three months of conflict between the internationally-recognised Yemeni government (GoY) and the Southern Transitional Council (STC)) and increasing competition between the GoY and STC. The Riyadh agreement provides for effective collaboration between the two parties on all levels and its implementation would have given significant support to the anti-COVID-19 efforts. On 25 April the STC unilaterally declared self-rule in Aden and the areas under its control. Six southern governors announced that they were rejecting STC self rule. As a result of political tensions, responses to the pandemic across the South have been fragmentary and disjointed. Leadership of the common effort against COVID-19 has been politicised by both the GoY and the STC. This has resulted in unilateral announcements of measures by one side (GoY), such as the closure of qat markets in Aden, only to be countered by the other (STC). This competition has also led to delays in the delivery of key WHO equipment that was being blocked by STC affiliates at the port of Aden (including 81 ambulances, 15 mobile clinics, 65 ventilators).

MEANWHILE IN THE SOUTH of YEMEN
Politics and internal fighting takes centre stage allowing the virus to spread

Contrary to the Houthi anti-Western political narrative on the pandemic, the response in the southern part of Yemen has been in line with Western practices. Southern secessionists aim to show to their domestic and international audience that they are rational political actors and worthy of international recognition. As a result the STC set up its own Emergency Committee in order to coordinate local responses to the pandemic. At the same time it issued direct letters to both the WHO and the US government with appeals for mutual collaboration and support.

Another important element in the southern response to the pandemic is the central role taken by local Civil Society Organisations (CSOs) in raising awareness among the population. The lack of centralised and coordinated action across the areas under GoY control is mitigated by the fact that local CSOs have emerged as a reliable and effective conduit of public health information. Emulating similar campaigns abroad, civil society actors in all southern governorates have mobilised medical faculty students, women activists, social media influencers, popular artists and radio presenters to disseminate a public health messages and educate the public on best hygiene practices. Yemenis living abroad in stricken countries have produced informative videos based on their own experiences. In the face of what they perceive as GoY inaction, the southern public has taken a more proactive approach in implementing social distancing measures and has even protested against the lifting of rules that it considered positive for stopping the spread of the virus.

The Hadhrami port of al-Shihr became the first Yemeni locality to announce one confirmed case of coronavirus on 10 April 2020. It involved a local port worker, who was promptly isolated. Hadramawt has emerged as one of the best prepared governorates in the country, which is credited to the Governor Faraj al-Bahsani. His authority extends

Key Point

The STC sees the pandemic as an opportunity to acquire international recognition and legitimacy. It has also framed southern secession as a way to establish a modern state and "responsible" international partner in South-western Arabia. As part of this narrative it is keen to emulate western responses to the pandemic and emphasise its antithesis to what it portrays as "traditionalist" approaches by the Houthis.

mainly in the coastal regions of Hadramawt, but the popularity of the early measures he took against COVID-19 has allowed him to work with local authorities in Wadi Hadramawt too. The main hospital for COVID-19 patients in al-Mukalla is a former juvenile detention centre with a capacity of 150 beds, 10 ICU beds, and 10 ventilators. He subsequently opened another COVID-19 treatment centre in the town of al-Qatn, in the al-Hayat General Hospital, with a capacity of 50 beds and the ability to expand to 200 with a separate isolation unit.

Hadramawt is one of the few positive examples across the GoY controlled areas where local authorities coordinated early and put in place a comprehensive plan in response to the pandemic. It is possible that this will antagonise both the GoY and STC authorities.

Hadramawt was the first southern governorate to implement a ban on the selling of qat which has been observed by the local population. The governorate authorities even ran a test curfew before cases were reported with positive results in terms of popular compliance. A particular problem affecting Hadramis were people stranded outside the country in places such as Egypt, Jordan, and India when the flight ban came into effect. Bahsani was instrumental in mobilising a group of Hadrami businessmen with ties to the Gulf that was able to raise funds for the support of stranded travellers.

Key Point

Hadhramaut is a key area for the anti-COVID-19 efforts in the southern governorates. A number of possible entry points for coronavirus cases are in the governorate: one of the two operational airports in the South is in the town of Sayun, and two seaports in al-Mukalla and Shihr. With a significant Hadrami diaspora in the Gulf countries, South East Asia and the Horn of Africa, the governorate is particularly vulnerable to imported cases of COVID-19. Major travelling and smuggling routes from the Omani border and al-Mahra pass through both the coast and the inland parts of the governorate.

Social Perceptions and Health Behaviour

Distrust in the public health care system

Even before the war, Yemenis viewed the public health care system negatively and expressed high levels of distrust about the quality of services. Many considered the health personnel corrupt and emphasised that money had to be paid to obtain services. Others expressed doubts about the effectiveness of medical prescriptions and believed that "local" drugs or those imported from countries in the Global South such as India were diluted, considering western medicines more powerful and effective and private services,

offered by renowned hospitals (e.g. the Saudi–German hospital) to be of a higher quality (ACAPS INTERVIEWS 2009-2013).

In the north, the war deepened this feeling of distrust. "The health infrastructure is inadequate for the purpose [of countering the virus] because of the war and the siege. As for the countering of the virus, it will be ineffective, because we lack medical supplies and the medical staff lacks experience for this new virus." In pre-war Yemen, the government was blamed for the ineffective services. Now the Saudi-led coalition is considered responsible. (ACAPS INTERVIEW 14/03/2020).

In the southern governorates that have been under the authority of the GoY, people are equally mistrustful of public health services but blame the corrupt practices of the Hadi regime for their bad state. They consider the government responsible for having abandoned its people, with ministers and the president living in the security of Riyadh.

Across Yemen most people are aware of the symptoms of Covid-19 and declare they would self-isolate should they feel sick. Many interviewees understand that isolation in quarantine facilities is the alternative to self-isolation. "I'd do anything not to go to quarantine. Did you see how they treat them? Like animals." In fact, rumours have spread that quarantined people in Hajjah tried to escape because the facility did not provide essential services. In the north, a minority of the interviewees believes that medical treatments will be offered at home by the government when calling 195. (ACAPS INTERVIEW, 15/04/2020) (ACAPS DISCUSSIONS WITH OPERATIONAL ACTORS ON 21/04/2020).

Many interviewees declare that, should they feel Covid-19 symptoms, they would stay at home, isolate from other people, and use **traditional medicine**, including: male garlic, *zahawiq*, poppy seeds (*habba sawda*), ginger and clove. Semi seriously, some argue that chewing *qat* can prevent the contagion. Most certainly, they would not accept a reduction in *qat* consumption because of the Covid-19 crisis. Although Hadramawt has managed to control the consumption of qat and close qat markets, in Aden clashes were reported on 14 April after local forces tried to ban the selling of qat. (ACAPS INTERVIEW, 6/04/2020, 9/04/2020).

Houthi-controlled Yemen is "free from the virus"

Most interviewees showed knowledge of Covid-19 symptoms and awareness of public health messages (e.g. avoidance of hand shaking and public gatherings, necessity of personal hygiene and self-isolation). Nonetheless, they acknowledged that **they are not engaging in preparedness activities**. This is explained on multiple levels.

The SPC rhetoric upholds that **Houthi-controlled territories are free of COVID-19** (even after the first case was recorded in Hadramawt on 10 April). This rhetoric has a decisive impact on people's health behavior, especially among those trusting the Houthi regime. "We are not implementing any preventive measure, because of the absence of this virus,

and praise be to God" **Men and women are living their normal daily routine**, though men argue that women are self-isolating more out of fear (*khawf*). Some female interviewees denied this claim: "I love the taste of going out with Corona. I feel the taste of life. I'm not scared… But cautious, I wash my hands and wear gloves. *Niqab* is the biggest sanitary mask." A similar distinction in the behaviour between men and women was also recorded in Aden. Women appear to already observe a degree of social distancing by reducing their outings to one a day just to go to the market for essential foodstuffs, and avoiding the customary afternoon visits to other female relatives and friends (ACAPS INTERVIEW 14/04/2020, 8/04/2020, 10/04/2020).

The view that northern Yemen is Corona-free is upheld by several other narratives. Many respondents believe that **God spared Yemen**. People tend to uphold narratives that turn them into proactive agents. When a Corona-shaped hailstone fell on Ibb, people commented "This is a message from God that the virus will be cold and peaceful for the good people of Yemen." An interviewee stated, "nothing will strike us, but what is written by God. Another observed, "This is a trial from God (*ibtila'*), for the whole world. But He knows the situation of Yemeni people, and he will not torture them further." In this view, **the blockade imposed by the Coalition turns into a blessing from God**: "They closed on us the air, sea and land ports, the [import] of goods and everything… And now God sieged them in their houses." This view is reinforced by a Koranic verse, "But you may hate a thing although it is good for you, and may love a thing although it is evil for you. Allah knows, and you do not" (al-Baqara, 216) (ACAPS INTERVIEW 9/04/2020, 15/04/2020).

Cultural Background

Gender-defined social behaviours: Yemenis spend most of their days outside of their homes. A forced cohabitation might increase tensions and gender-based violence. Yemeni women are able to move with relative freedom among the households of their female relatives and friends. This practice can help the spread of the virus between different households and hinder attempts at social distancing.

Key Point

Discouraging people from actively seeking health services in hospitals seems to be part of the Houthi strategy to handle the outbreak. This also helps reproduce the narrative that northern Yemen is 'Corona-free'. Recording positive cases is a decisive step in raising people's awareness of the threat posed by Covid-19. As long as the country is thought to be Corona-free, people will not seriously adopt preventive measures.

The virus is a threat, but…

Health behaviour is informed by multiple narratives. Many interviewees who do not support the Houthis, especially from the central Sunni areas of Ibb and Al Hodeidah as well as the South, believed the Houthi regime to be hiding positive cases. Zaydi interviewees believe that Sunni people from Taizz are secretly sharing information about cases of infection.

Covid-19 could be a major trigger of conflict between the Houthi authorities and Sunni majority populations in Taizz, Ibb, and Al Hodeidah. Social boundaries (especially religious, ethnic, and territorial identities) are likely to create scapegoats.

It is worth noting that even people who believe the virus to be widespread are not adopting preventive measures. "It's not that we don't feel fear… We do… But I go out to make my livelihood (*atarazzaq*). I prefer to die of Corona than to die of hunger." The war-time economy has forced most people to earn their livelihood on a daily basis. Self-isolation would threaten a family's income. Comparisons are often made with the West, where people are believed "to stay at home because the state is helping" (ACAPS INTERVIEW 15/04/2020).

Corona is the least of our problems
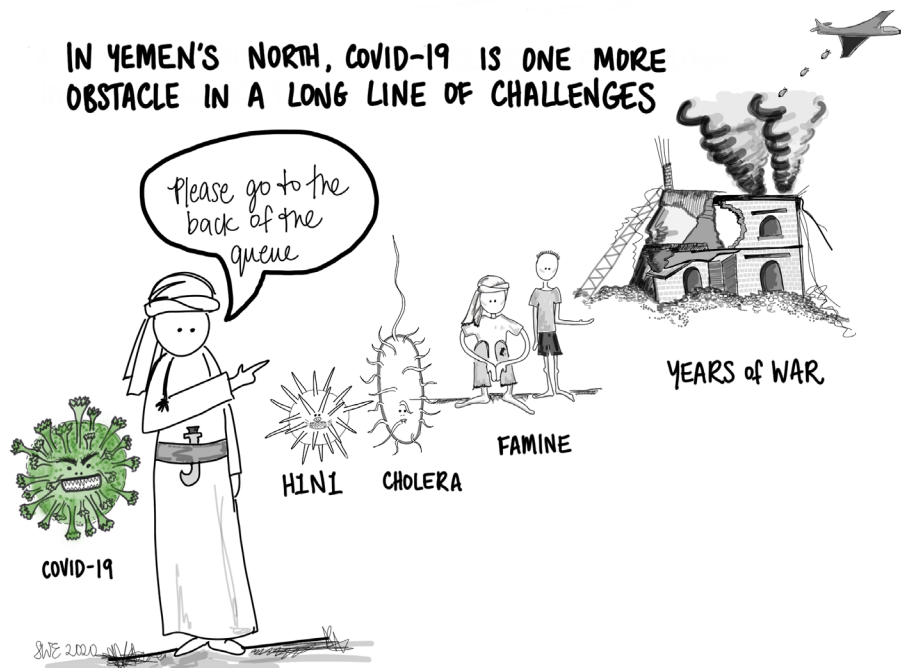
In the north, the great majority of the interviewees think that **nothing can be done to dodge the blow of Corona**. Even fatalist beliefs imply an active cultivation of Islamic piety. "If the Corona disease arrives, it's a test from God (*ibtila'*), and if God takes the patient and you believe in God, you are a martyr (*shahid*). The people who are living in this state of mind don't get to panic" (ACAPS INTERVIEW 6/04/2020).

The new Covid-19 crisis is systematically compared to the overall situation of northern Yemen. "Everyone says 'so what?' we are already in a war, 5th year, what will the virus do? Take another million people? Even the people are willing to sacrifice. **What can you do? You can't change anything**" (ACAPS INTERVIEW 6/04/2020). "We experienced the war, swine flu, cholera… The war is the worst: destruction, oppression, fear, hunger. As for illness, it is destiny (*qadar*)" (ACAPS INTERVIEW 9/04/2020). References to destiny are a way to rationalise loss or to make sense of insurmountable obstacles. In this case, destiny entails a feeling of impotence and it is grounded in the conviction that nothing can be done to counter this virus in Yemen.

This feeling of helplessness is pushing people to ignore preventive measures, favouring narratives that prospect an active role for social actors. It is better to die as a martyr on the frontlines, rather than "dying as a sheep, locked in a house as a prisoner". By contrast, the southern population that has mostly been spared from the ravages of war since the Houthis and AQAP were driven out of southern governorates early in the conflict are more likely to adopt a more proactive approach. Though coronavirus is equally seen as one of many evils that cause illness and death (malaria, cholera, dengue) it is considered by some the least worrying one in comparison (Khabar News Agency 29/03/2020).

Cultural Background

Ibtila' is God's trial that the believer must endure to gain merit (*ajr*). The believer is expected to rely upon God (*tawakkul*), cultivating patience (*sabr*) and the acceptance of God's will.

Key Point

The notion that coronavirus has already infected people in Yemen reinforces the previous popular perception that it is not a particularly threatening disease compared to all other problems that Yemenis are facing. The assumption is that if it has already been in the country, it has not caused the same negative results and deaths in Yemen that other countries are reporting.

Corona has already been here

People from Aden and to a lesser extent Taizz have reported a strange illness which they call *mukarfas* the main symptoms of which are similar to those of COVID-19 including high fever, shivering, and body fatigue. They claim that this first appeared in Yemen towards the end of 2019 and did not seem to respond to the usual kinds of treatment for known diseases in Yemen, such as cholera, malaria, or dengue fever. As a result, they allege that the coronavirus has already existed in Yemen and it somehow has not produced the same negative effects seen in other countries. This leads to local beliefs either that the Yemeni population has already come in touch with the virus and are immune to it, or a fatalistic approach that there is not much one can do to avoid being infected. Interviewees have often posited that the Yemeni population is largely young and hardened by years of adversity and therefore it will be able to see off COVID-19 (ACAPS INTERVIEW 23/04/2020).

Corona is a foreign ploy to distract Yemenis and steal their country

The announcement of the first confirmed COVID-19 case in al-Shihr was followed by a number of different rumours that questioned its existence or presented slightly altered details of the facts. The more significant one focused on the importance of the port of Shihr claiming that the coronavirus pandemic is a foreign ploy to distract public opinion and allow foreign powers to occupy strategic parts of Yemen. People were urged to challenge the curfews imposed by the authorities, because they were designed to keep people out of the way of the occupying forces (text shared in whatsapp group 11/04/2020).

Yemenis across the North/South divide have always seen their country as a strategic crossroads coveted by regional and western powers. As it is more likely for COVID-19 cases to appear among people working in strategic installations (ports, airports, border crossings, oil and gas plants) these rumours can acquire enough traction to inform social behaviours that flout any quarantine or curfew measures and even cause enmity towards foreigners operating in the country.

Key Point

Medical training at Yemeni universities is conducted in English. Most Yemeni doctors are adequately versed in English for language not to present a significant barrier in them accessing information and training on good practice regarding the virus. Interviewees have expressed the fear that ignorance will cause more deaths in Yemen than the virus itself.

Misinformation among medical staff Medical staff from Aden have expressed concerns over the total lack of adequate training and diagnostic tools in identifying potential COVID-19 patients. They cite the lack of relevant documentation in Arabic, and even in English. This has resulted in a number of cases of patients that presented with symptoms similar to those of COVID-19 being refused treatment or being turned away by a succession of public and private hospitals they visited. Similar cases of patients being refused treatment by medical practitioners are increasingly being reported from both Aden and al-Mukalla in the South. (AL_JAZEERA ARABIC 17/04/2020) (ACAPS INTERVIEW 20/04/2020).

Methodology

This report offers a contextual overview of the impact of COVID-19 in Yemen. It examines and compares the policies and political narratives of the most relevant political players of the country, and provides an analysis of social perceptions of the outbreak and of health-seeking behaviours. Perceptions and narratives included in the report were collected by ACAPS anthropologists through 15 in-depth and semi-structured interviews conducted between 6 and 21 April 2020 with Yemeni interlocutors (from Sanaa, Hajjah, Al Hodeidah, Ibb, Aden and Mukalla) and INGOs, monitoring of social media, and discursive analysis of relevant political narratives. Data on key actors were collected by the VERSUS project. The report presents an analysis of the potential impact of social perceptions and political narratives on a COVID-19 outbreak in Yemen, as well as recommendations for its mitigation.

Limitations

This report relies on key informant interviews because of the limitations to research imposed by the ongoing conflict in Yemen. Though relevant sectarian, territorial, and political differences are considered in the report, more location-based information is required to inform activity-level preparedness planning.

PERCEPTIONS OF COVID-19 in NORTHERN YEMEN