

# 3. The United Arab Emirates, an Early Adopter of Global Best Practices

*William Guéraiche*

## Abstract

The nexus between authorities and experts in the United Arab Emirates (UAE) differs from that of the Western democracies. The decision-making process is complex, a blend of Bedouin tradition, modern administration and nation branding. On the surface, it seems that the Sheikhs took all decisions during the pandemic. The reality was of course more complex. Whilst the sheikhs might still jealously guard their power, they know how to listen to outside parties (including experts in different fields) before taking important decisions. For instance, the cooperation on the coronavirus (SARS) with World Health Organisation since 2003 justified the health protocol implemented at the inception of the pandemic. The crisis was therefore no exception and revealed that the experts do not interact with decision-makers in the media. There had been no debate about the chloroquine, herd immunity or the effectiveness of the vaccines. Experts oriented the political decisions but never intervened as independent actors in the public debate.

## 1. Introduction

After the COVID-19 pandemic in the United Arab Emirates (UAE), academic articles exponentially increased, yet with little assessment of the performance of the federal and the local governments in 2020 during the pandemic (e.g., Abbas et al., 2021). The scope

---

### How to cite this book chapter:

Guéraiche, W. (2024). The United Arab Emirates, an Early Adopter of Global Best Practices. In: Premat, C., De Waele, J.-M., & Perottino, M. (eds.), *Comparing the place of experts during the first waves of the COVID-19 pandemic*, pp. 197–223. Stockholm: Stockholm University Press. DOI: <https://doi.org/10.16993/bco.d>. License: CC BY-NC 4.0.

of the research focused on the health (Al Hosany et al., 2021; Cheikh Ismail, 2021; Radwan et al., 2021; Suliman et al., 2021), business (Aburumman et al., 2020; Alsuwaidi et al., 2021; Al Numairy et al., 2022; Kooli, 2022) and education (Al-Karaki et al., 2021; Hussein et al., 2020) sectors. Comparative politics poses questions in comparing, for instance, the British health infrastructure (Gaskell et al., 2020) or the US health infrastructure (Blumenthal et al., 2020; Francisco, 2020) with the Emirati one, asking whether the success of the Emirati model shows no systematic weakness. Such comparisons reveal that countries with long established health infrastructures and paradigms may not have fared as expected because of the combination of institutional, political, health factors (Wagschal, 2022), whereas a young health infrastructure in the UAE, supported by multiple factors, appears to have mitigated the crisis fairly successfully and quickly.

To address these questions, the link between decision-making and Gulf populations should be taken into account. Since the inception of the oil exploitation in the 1960s, the UAE has been analysed as a “rentier-state” whose social contract is to satisfy the needs of the local population in exchange for obedience to the rulers. High-levels of oil revenue led to an increasingly passive attitude (by the local population) from a political point of view (Mahdavi, 1970; Gengler, 2015; Najmabati, 2015). A recent bibliography has also questioned the nature of the local powers. When the British announced their withdrawal in 1968, observers wondered if the local sheikhs could survive (Friedman, 2020, p. 8). They did. Is it because they have gained ‘autocratic legitimacy’ (Dukalskis & Gerschewski, 2017, p. 253)? Gulf leaders may share the same claims for legitimacy as authoritarian regimes: foundation myth, personalism (‘extraordinary personality’), performance (ability to satisfy the people’s needs), and international engagement<sup>31</sup> (Von Soest & Grauvogel, 2017, pp. 290–291). Yet, all regimes, regardless of their nature, justify their rule to assure their longevity (Kailitz & Stockemer, 2015). Of course, this rentier-state evolved to maintain its legitimacy in the long run (Kailitz & Stockemer, 2017). Gregory Gause and Sean Yom’s distinction stands true here: the Emirati sheikhs have not reigned but they have ruled by establishing cabinets, authorising consultative bodies and managing the administration – through the appointment

of experts. Thus, did this “resilient royalism” (Yom & Gausse, 2012, p. 77) which had escaped the ripple effects of the Arab Spring do the same with the COVID crisis?

What was the exact role of the experts in the shadow of the decision-makers? The answer lies in the consubstantial link between politics, the public sphere, and legitimacy in the Gulf. In a nutshell, all kinds of public actions are anchored on the legitimacy of the decision-maker. If the ruler is legitimate, his decisions are too, which can explain the longevity and stability of monarchies (Bank et al., 2014, p. 164; Khalaf, 2003, p. 8). This stability is also the result of various strategies implemented by the ruling families (Bryman & al., 1999). Like in foreign policy, as Stephen Wright rightly points out, decisions and politics in general tend to be personalised and epitomised in some leading figures. They involve a smaller number of individuals (Wright, 2011, p. 79) or families. This reliance on family members restricts government capabilities and action (Peterson, 2001, pp. 26–27). This statement, while valid for the Gulf Cooperation Council (GCC), is not necessarily true for the UAE, federation of seven local emirates. After independence, the UAE became a federation formed with seven local emirates. Each ruler (Sheikh) wanted to keep full control over their people within the territories which were delineated. As a result, local powers survived in a complex game with the federation. Even rulers with three at the forefront (Abu Dhabi, Dubai and Sharjah) generate a power dynamic that we cannot find within the other GCC states. The stalwart determination toward modernity and globalisation ushered in state-of-the-art communication systems, thereby reorganising the decision-making process, inevitably based on global expertise and think-tanks (Wright, 2011, p. 80).

The complex relationship between Emirati authorities and the Emirati population (Emirati citizens and residents living in the country with a visa) relies on open sources and follows the methodology of open sources intelligence (Os-Int) (Hérodote, 2022/23; Steele, 2007, pp. 130–133), which gleans information from different kinds of open sources but from one source in particular, the Emirati press agency WAM (*Wakalat Anba’a al Emarat*). Between January 2020 and December 2021, more than 3,600 dispatches informed the media and the public about the

situation in the country (half of them on the situation abroad). We have to be careful though with this material. If WAM is a press agency, the federation strictly monitors the content of the dispatches. Consequently, instead of waiting for circulation of information, the readers are able to understand the official discourse of the Emirati authorities. Used as official documents, their analysis reveals the place of experts in trying times, and how the authorities selected the advisers to turn the crisis into an opportunity. Finally, the vaccination campaign underlines the tensions between authority and expertise, allowing for an assessment of the performance of the Emirati authorities.

## **2. A country ready for a major crisis**

Seeking international credibility on the global stage, the UAE has increasingly participated in more partnerships and engagements in multilateralism (Antwi-Boateng & Alhashmi, 2022, pp. 13–14). Unlike the states which showed reluctance to cooperate with the World Health Organisation (WHO) during the pandemic (Cockerham, 2022, p. 195 sq), the UAE increased its cooperation. To what extent did these “functional experts” encroach on the UAE decision-makers’ authority? And, equally, how did the historically successful model of rule rather than reign incorporate the health experts to legitimise monarchical rule and provide successful governance strategies during a local and global crisis?

### **2.1 The WHO expertise**

The cooperation between the UAE and the World Health Organisation (WHO) stems from spring 2003 and the Severe Acute Respiratory Syndrome (SARS) outbreak. According to the WHO, 2,600 cases had been registered in 17 countries, including the UAE. To actively combat the coronavirus, the federation joined the International Communication Disease Committee (CDC), a branch of the UN agency. In May, the federal authorities anticipated the dangerous virus with the establishment of a Management Plan in coordination with the private sector (WAM, 2003). Dr. Mahmoud Fikri, Assistant Under-Secretary for Preventive Medicine at the UAE Ministry of Health, announced

that the MoH would strictly follow the WHO in diagnosing and classifying potential SARS cases (Bathish, 2003).

From the very start of the coronaviruses in Asia, the federation adopted a transparent attitude. Because of its central location in the networks of globalisation (hub for trade between Asia and Europe as well as a multi-modal platform for regional markets, the result of an aggressive marketing strategy on all commercial fronts including Emirates and Etihad airlines), Emirati officials had anticipated the federation's vulnerability. SARS was a reminder that a pandemic could paralyse the country. The food crisis in Asia (2007–2008) reinforced this feeling (Guéraiche, 2017, pp. 163–171; Degefa, 2022, pp. 89–98). In 2014, the Middle East Respiratory Syndrome (MERS) strengthened relations between the UAE and the WHO. Between March and May 2014, the UAE counted a total of 37 cases. However, from 12 September 2013 to 16 April 2014, the country reported 253 confirmed cases and 93 deaths<sup>32</sup>. The WHO advised vigilance, especially regarding returning travellers. Patients were required to have a nasopharyngeal swab test and preferably samples from the lower respiratory tract. People working with animals (MERS was also called the “Camel flue”) had to adhere to general hygiene measures such as regular hand washing. In June 2014, the WHO sent six experts in epidemiology, infection prevention and control, food safety, the human-animal interface and risk communication on a five-day mission to Dubai and Abu Dhabi. The head, Peter Ben Embarek, was impressed with the data collected by the Emirati health authorities. In order to better assess the risk and better understand the “routes of transmission from animals to humans”, the WHO encouraged the local health authorities to investigate MERS further (WAM, 2014). The main interlocutors of the UN agency were Abdul Rahman Al Owais, Minister of Health since 2011, and Farida Al Hosani, manager of the communicable diseases department of the Health Authority Abu Dhabi (HAAD). The two officials, already aware of the possible threat of coronaviruses, played a key role at the beginning of the pandemic in January 2020. Abdul Rahman Al Owais, still the Minister of Health, was familiar with UN bureaucracy. In 2018, Tedros Ghebreyesus, Director-General of WHO, appointed him as a member of the WHO Commission

on Non-Communication Diseases. For her part, Farida Al Hosani was promoted official spokesperson for the UAE health sector. Both individuals, one an expert in process and the other in medicine, became the figureheads of the federal authorities during the regular press conferences held in 2020.

Therefore, and with good reason, prior to 2020, the Emirati authorities, like the South-Korean's ones, paid a great deal of attention to the spread of new viruses. They were particularly concerned by trans-boundary threats and zoonotic diseases. Although medical research has been limited in the UAE, focusing mostly on genetic diseases, the Emirates were open to global solutions for controlling and managing communicable diseases. In a symposium held in Abu Dhabi in April 2018, local actors discussed a "one health" cooperation under the guidance of the Abu Dhabi Department of Health (DoH), which "ensures the implementation of best practices in communicable disease controls aligned with the highest international standards in collaboration with relevant partners" (WAM, 2018). The Ministry of Health, renamed Ministry of Health *and Prevention* (MOHAP), significantly emphasised prevention as an intentional strategy, reassuring the public two days after Xi Jinping's speech (20 January 2020) that the country was free of the mysterious virus:

The UAE has an effective integrated system and plans for emergency and crisis to address public health risks and that the country is in constant touch with the World Health Organisation, WHO, to find out the latest updates, recommendations and procedures taken in this matter.

The MOHAP took the threat seriously. It called a meeting on 22 January with the Dubai Health Authority (DHA), the Department of Health-Abu Dhabi (HAD), the National Emergency Crisis and Disaster Management Authority (NCEMA), the General Authority of Ports, Borders and Free Zones Security, and UAE Airports (the same structures that coordinated their efforts during the crisis) to review the situation (WAM, 22 January, 2020). The UAE raised the alert level on 26 January and eventually announced the first case of coronavirus on 29 January. A Chinese family coming from Wuhan tested positive (WAM, 29 January, 2020). The prompt

and transparent reaction of the authorities maintained calm until the confinement on 26 March. The main issue in the UAE (and worldwide) was to manage the crisis effectively with the guidance of health experts. Nothing was publicised about the internal debate within the health authorities and the political authorities, which maintained public confidence in the governmental agencies. The international debate concerning the strategies (herd immunity) or the seriousness of the coronavirus looked far different from the daily preoccupations of a global hub. Like in many other countries, the UAE population thought that the Emirates would be spared from the pandemic, while the authorities immediately placed visible and invisible barriers to the virus in the form of closures and cooperation.

## 2.2 Authority and expertise

The dominant figures of authority, namely Sheikh Mohamed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi, *de facto* president of the UAE, and Sheikh Mohammed bin Rashid Al Maktoum, Prime Minister and ruler of Dubai, screened the experts in the media. The exceptional situation did not jeopardise the structures of the Emirati society and state. Simply said, the Emiratis owe obedience to their sheikh in their emirate, and the ruler, in return, is responsible for the familial well-being of his people and the preservation of tribal traditions (Rugh, 2007, pp. 1–14). During the crisis, the patronage system remained unquestioned, and the trust in the rulers was also reinforced. However, the exceptional circumstances with a confinement of an overwhelming majority of foreigners (more than 85%) blurred a major distinction. “Locals”, common names given to the Emiratis, and foreign residents were put on an equal footing under the protection of the two sheikhs (Guéraiche, 2022, p. 276).

From an operational point of view, the pyramidal system was applied more strictly in 2020. The top decision-makers merged the two categories of “process” and “decision” expertise unabashedly. At the top, they had coordinated the federal and local governments. If, in theory, the federal ministries and *ad hoc* committees such as the Supreme Council for National Security (SCNS) or the National Emergency Crisis and Disaster Management Authority

(NECDAM) had precedence over the local governments (ministries in the local emirates are called “departments”), in reality, they had to cope with entities like the Dubai police, instrumental in the application of the top decisions. The different tasks were dispatched according to the domain of competence. The head of ministries, committees or local agencies could communicate publicly when their administration was involved. For instance, Hussain Al Hammadi, Minister of Education, was the functional expert on distance learning. Lead experts (process and functional on health), Abdul Rahman Al Owais, Minister of Health and Prevention, and Farida Hosani, spokesperson for the UAE health sector, became familiar figures in the Emirati media. The first press conferences were called when clarification was needed regarding policy on testing, vaccine safety, etc., while Farida Hosani was the regular contact person for the media (Guéraiche, 2022, p. 273). But even if the officials were empowered during the crisis, they were perceived as being the representatives of Sheikh Mohamed bin Zayed Al Nahyan and Sheikh Mohammed bin Rashid Al Maktoum. Indeed, the structure of power and the coordination of communications with the public appeared very coherent as a result. Without exception, the rulers of Dubai and Abu Dhabi were ultimately responsible for all major decisions made in the country.

### **3. Thinking of a crisis as an opportunity**

Two kinds of functional experts were heard during the crisis. There were those who specialised in health (Al Hosany & al., 2021) but, even before the end of the confinement, on 24 April (beginning of Ramadan), business experts were already preparing for the “day after” (Aburumman, 2020). With the administration, they tried to turn the crisis into an opportunity (Alsuwaidi et al., 2021).

#### **3.1 “Preventive actions”, a confinement without confinement?**

From 26 January to 26 March, the official discourse used the leitmotiv of “preventing actions”, which justified action without alarming the population. While international public



opinion debated the lethality of COVID-19, the Emirati authorities communicated the anticipation of a possible – albeit not yet acknowledged – crisis.

First, Abdul Rahman bin Mohammad bin Nasser Al Owais, Minister of Health and Prevention, pointed out that the country had enough resources to detect new cases. Five hundred medical staff already screened possible infected people with enough surgical masks, medical gloves, goggles, and protective clothing. Ahead of the game, and in line with WHO protocols, the authorities installed thermometers at airports and border crossings as soon as the virus was reported from China. The National Operations Centre made sure that all actors played their role (WAM, 11 February 2020). A month later, the authorities had not lowered the guard. On the contrary, they capitalised on their experience and remained open to WHO suggestions. In March, Dr. Badreya Al Harmi, Director of the Public Health Protection Department at the Dubai Health Authority stated that DHA had implemented an effective monitoring system for detecting individuals infected by COVID-19. This system helped to identify not only the confirmed cases but also the people who had been in contact with them (WAM, 11 March 2020).

Second, whereas the authorities were vigilant with contaminated passengers going through arrivals and departures at airports, the main threat was healthy carriers of the virus. Accordingly, attention was focused on schools and the workplaces. The closure of educational institutions was rapidly suggested. As business cities, Abu Dhabi and Dubai host merchants travelling to and from destinations in Asia, Africa, and Europe. If travellers were a-symptomatic upon arrival in the UAE, they could contaminate their children and the latter their classmates who could in turn expose their family to the virus, and so on. Instead of coercion, the authorities suggested comminatory measures. On 5 March, the Emiratis and the residents were advised to avoid travelling. Directly after, on 10 March, the MOHAP issued a statement notifying UAE residents that should travel be necessary, “preventive measures would be taken upon the traveller’s return to the UAE” (WAM, 10 March 2020), implying quarantine. Ultimately, “preventive and precautionary measures” led the Ministry of Education to announce

a four-week break, anticipating the spring holidays. Officially, the ministry explained that it would conduct massive operations of sterilisation in schools, universities and buses in accordance with “the international standards for health, safety and hygiene”. On the one hand, it broke the chain of contamination, and on the other, it gave instructors the time to learn the necessary skills to teach online (WAM, 4 March 2020). “Agility”, an attribute used and sometimes overused to describe the UAE (Guéraiche, 2017, p. 10) could characterise the approach of the Emirati authorities from January to March. Distance learning also provided an opportunity to promote state-of-the-art educational tools. In early March, the ministry highlighted that 23,000 students from Higher Colleges of Technology, Zayed University and UAE University (the three major public higher education institutions) completed experimental programmes in distance learning. The same could be said about remote work. Leading by example, the Emirati administration launched remote work from 15 March to 26 March (WAM, 26 March 2020).

In other words, the official decisions designed a confinement without confinement to preserve the merchant identity of Dubai and Abu Dhabi. Before the implementation of the confinement, all public activities and events were cancelled, including gatherings in the mosques – an unprecedented necessitation in a very religious country (WAM, 19 March 2020). These decisions were barely discussed in the public domain because they were coherent and appeared justified. The alignment of the federation’s policies and guidelines with international standards, notably by the WHO, and the anticipation of a global escalation of crisis exacted public policy that was rapid yet measured, decisive while informed. Consequently, functional experts in health and business always justified the decisions – without exception, and the population trusted the authorities. The crisis also confirmed to the population that the traditional patronage was as efficient as democracy (cf. the US or the UK) during crises. Furthermore, the commercial open-door policy of Dubai and Abu Dhabi during the crisis, precautionary as it was, did not jeopardise the reputation of the UAE as a safe heaven.

The federation officials made head against ill-fortune. Through these trying times, Sheikh Mohamed bin Zayed Al Nahyan and Sheikh Mohamed bin Rashid Al Maktoum were faithful to the

long tradition of Arab rulers. They acted as community leaders as well as protectors of those residents forced to stay in the seven emirates. Experts played their part as well, but without encroaching on the political spheres, rather working symbiotically with them. At the same time, the rulers also tried to take advantage of the global crisis to benefit from the opportunities caused by the disruption. Like in many other countries, the crisis revealed not only the resilience of states but also their “deep-state” (understood here as the positive aspects of politics deeply entrenched in governance). For two decades, the UAE has used the nation-branding methods to enhance its role in the region and beyond.

### 3.2 Branding the crisis

Official statistics released daily followed a pattern (synthesis of the situation, major fact of the day, if any, number of new cases, deaths and recovery), and reiterated the basic principles of containment. However, from July onwards, communications were presented via a new visual tool (doc 1 below), which streamlined and reinforced all communications and sustained the trust in the authorities. Nevertheless, the authorities went further. The crisis communication tool used some key elements of the branding policy already used to promote the country on the global stage (Guéraiche, 2017, pp. 29–31). It reinforced the UAE as a land of innovation, leadership (“We want to be the first”), and pragmatic solutions to world problems.



**Figure 1.** Visual used for official communication.

Source: WAM (Licence: CC-BY-NC-ND).

The UAE as an incubator for innovation, for the welfare of the people, has been part and parcel of the official discourse for decades, but it found an unexpected revival during the crisis. On 26 January 2021, Sheikh Abdullah bin Zayed Al Nahyan, Minister of Foreign Affairs and International Cooperation, expressed appreciation for his ministry's endeavour in fighting the pandemic. In one accord with the two main leaders, his brother the crown prince of Abu Dhabi and the prime minister, he praised the attitude of the Emiratis and the residents for listening to the "voice of science", thereby attributing to Emiratis and the residents of his country a forward-looking and liberal perspective. The leadership's rhetoric of adaptability and retrenchment was based on "awareness, collaboration and adoption of knowledge" (WAM, 26 January 2021). The next day, Mohammad bin Abdullah Al Gergawi, Minister of Cabinet Affairs, explained further the rationale behind the decisions taken since the inception of the crisis. COVID-19 forced governments to adopt new practices. The federation had supported international efforts to find innovative solutions in sustainable development; now it was garnering the support of its citizens and residents to take pride in the drive for innovative solutions to the virus (WAM, 27 January 2021). Transnational cooperation, instead of competition, was now the key to public support and international approbation. In July 2020, the public Khalifa



**Figure 2.** Promotion of international research.

Sources: WAM (Licence: CC-BY-NC-ND).

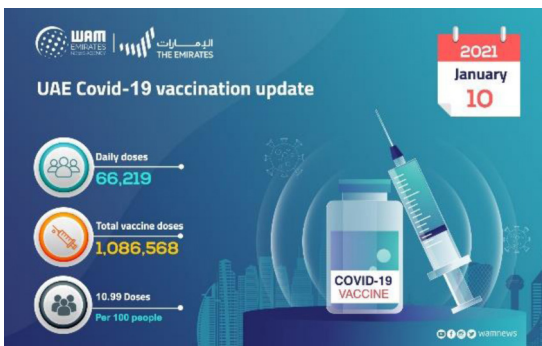
University led a multidisciplinary project with counterparts in the US, China, Singapore and Australia. A missing piece of the puzzle, epidemiologically, was the method of transmission of the coronavirus from animals to humans (WAM, 16 July 2020). In February 2018,<sup>33</sup> the National Strategy for Advanced Innovation already underlined the necessity for scientific breakthrough focused on public welfare and highlighted the work needed to understand the details of the transmission of COVID-19.

The second feature of the nation branding is the culture of world records, applied in this case to the pandemic. The most famous world records, Burj Khalifa and The Palm, epitomise the Emirati culture of the last few decades: “We want to be the first”. For the decision-makers, especially in Dubai, the competitive drive has led the city-state to centre stage globally and has paid off commercially and politically. If the previous generations of Emiratis had been raised with the belief that they can do as well as the best, the new generation is convinced that it can be better than the rest of the world (Guéraiche, 2017, pp. 183–201). Although a global crisis hit the world, the Emirati authorities wanted to show that the country could be resilient but also could do better than the traditionally science-leading states in two sectors, testing and vaccines.

First, before the pandemic broke out, the scientific community agreed that the testing of a population allows for a better management of the spread of an infectious disease. Even before the confinement, the UAE took the lead in testing per capita. According to Our World in Data, the UAE performed 127,000 swab tests, or 13,000 per one million people. Bahrain took second place (6,165) and South Korea third (4,831) (WAM, 17 March 2020). The official statements regularly highlight these accomplishments. Within two months, more than half a million tests had been performed. Dr. Farida Al Hosani, the official spokesperson for the health sector, explained that this number underscored the government’s commitment to protect “the health, safety, and wellbeing of the community” as well as the quality of the health system (WAM, 9 April 2020). In addition, the population trusted the Emirati authorities. Paul Cairney and Adam Wellstead demonstrated that, at the same time, the US and British authorities generated “distrust” in elected leaders and decisions applied (Cairney

& Wellstead, 2021, pp. 6–7 and p. 10). On 19 April 2020, the benchmark of one million was reached, rewarding public effort and making the UAE: “(...) an international model to follow for addressing crises with full transparency, due to the vision of its leadership and the cooperation between all national institutions.” The reassuring message was well-perceived, confirming that the authorities were in control of the situation – a week before the end of the confinement<sup>34</sup>. The UAE broke the two-million mark on 25 May and the five-million mark on 3 August 2020. Finally, in October, the federation became the first country in the world where the number of tests exceeded the population (10 million).

By then, the focus of public opinion had already shifted to the vaccine. Dr. Omar Abdulrahman Al Hammadi, Official Spokesman of the UAE Government, assured the public that the vaccine trial would be administered on a voluntary basis (WAM, 6 October 2020). In early 2021, the scientific community validated the efficacy of the first vaccines, keeping in mind that they would not necessarily be the most efficient in the long run. The communication strategy was in place on 10 January 2021. A visual, similar to the one used to monitor the pandemic situation, was released on the WAM’s website. One-million doses had already been administered (see visual and campaign below) (WAM, 10 January 2021). On 10 February 2021, the mark of 4 million doses was reached making the UAE the second most effective country in the world, after Israel (close to 70.00) (Bloomberg,



**Figure 3.** Visual for monitoring the vaccines in the UAE.

Sources: WAM (Licence: CC-BY-NC-ND).

2021), in terms of vaccine distribution rate for every 100 persons (47.37) (WAM, February 10, 2021).

To stimulate the public and parastatal sectors, the UAE adopted a third feature of nation branding, namely, the drive to become “solution finders” or “early adopters”. The drive to excel on the global stage and the mobilisation and accessibility of budgets explains the success of targeted innovations during the year. The Federal Customs Authority (FCA) and some units of the Higher Colleges of Technology (HCT) joined forces to train sniff dogs for the detection of the coronavirus. Scientists and the customs K9 Unit carried out a promising experiment showing a strong correlation between the PCR test results and those of the customs K9 dogs. It goes without saying that this method, if applied, would be faster and cheaper than the laboratory analyses (WAM, 13 December 2020), yet the main success of the local research is the implementation of the DPI (Diffractive Phase Interferometry) test. During the initial weeks, scientists all over the world looked for a technology that would help the medical authorities to reduce the diagnosis time and allow medical staff to focus on the infected patients. In May, QuantLase Imaging Lab, an Abu Dhabi laboratory announced the development of a new technique that gives test results in a few seconds. The DPI test significantly advanced the Emirates as “a hub of research and innovation” (WAM, 19 May 2020).

The UAE has been compelled to either employ foreign researchers or rely on the transfer of technology in order to bring about scientific breakthroughs of this kind, since Emirati researchers are still in the early stages of their professional development. The crisis, however, hastened grassroots research due to the early adopter stance. The most noticeable innovation was the drive-through testing centres, based on the model of the fast-food drive through. The Koreans opened their first one on 26 February 2020<sup>35</sup>. The first testing station in the UAE followed shortly after in Dubai, on 7 April 2020<sup>36</sup>. From the first weeks of the pandemic, countries that had experienced MERS knew that testing and tracking infected people was a vital solution to containing the virus (South Korea, Taiwan, the UAE, etc.). It is worth noting that the UAE authorities were bold and open enough to look abroad

for promising ideas, pilot programmes and solutions. No wonder that government related enterprises (GRE) such as Emirates Airlines also became early adopters. In partnership with Uveya, a Swiss company, the Emirates used a new method (ultraviolet technology) to sanitise the cabins (WAM, 14 December 2020). The “We want to be the first” attitude was particularly rewarding a year into the pandemic. The UAE ranked first globally in terms of the number of indexes related to addressing the coronavirus crisis and specifically the number of tests per capita and the distribution of vaccines (from 12 January to 18 January 2021). The Emirates are also credited with excellent results globally for public satisfaction (1<sup>st</sup> in the Middle East and 3<sup>rd</sup> in the world), and the best in the Middle East for addressing the crisis by the Global Soft Power Index published by Brand Finance (WAM, 20 January 2021).

#### 4. Vaccination campaign

The vaccination campaign illustrates the respective roles of the experts and decision-makers. There was no “expert narrative” debating past disease experiences like SARS in 2003 (Au et al., 2022). The fact that only a vaccine could end this period of uncertainty was therefore taken for granted at an early stage (Spring 2020). To reach herd immunity, confidence in the authorities to accept the Sinopharm vaccine was the determining factor (Ahamed et al., 2021). Building this confidence over the crisis was a success (Suliman et al., 2021), despite reluctant segments of the population such as college students (Alzubaidi et al., 2021). Finally, even before the end of confinement, the advent of the “new normal”, de-securitisation, was already being prepared (Guéraiche, 2022, pp. 278–279). It was a matter of survival for a country whose prosperity relies on reputation and open exchange with global networks (trade, tourism, labour migrations, etc.). What then was the role of the experts in transforming the UAE into a leading model of vaccination during the COVID pandemic, vaccinating more than 70% of its “medically eligible” population?

The UAE authorities bypassed the debate about the need and effectiveness of vaccines. In mid-September, while the pharmaceutical companies were still in the development phase, the UAE



defined the framework of a vaccination campaign. Abdul Rahman Al Owais, Minister of Health, announced “the emergency use of the COVID-19 vaccine” in compliance with the rules and regulations of the UAE (without mentioning the WHO) but also its intention to support “scientific progress to find effective and definitive solutions”. Without mentioning the origins of the vaccine (Sinopharm from China), the minister reported that the first and second phases of the trial showed that the vaccine was safe and “effective”. A strong argument to justify this exceptional process was the destination of the first doses: the medical staff, namely frontline workers, or “heroes who are more at risk of catching COVID-19”, would be vaccinated as a priority (WAM, 14 September, 2020). Again, communicating the intention and vision of the government to the public was central: the purpose of the communication was to eliminate any doubt about the effectiveness of the vaccine. Two weeks later, the “frontline” staff at Sharjah International Airport received the first doses. Mohammed Abdullah Al-Zarouni, Director of Sharjah Medical District, explained that his services supervised the vaccination “in accordance with evidence-based scientific rules, quality control procedures, and the internationally approved protocols which include the constant medical follow-up and the monitoring of any side effects that may occur.” The director concluded: “The confidence in the effectiveness and efficacy of the vaccine has stepped up after the front-line health workers got the first dose of coronavirus vaccine.” (WAM, 29 September 2020).

The public’s doubt about the safety of the vaccine was inevitable, but the leadership was confident in the vaccination campaign. Campaigns, similar to advertising campaigns, after all, have historically comprised a significant bulk of the communications between the Emiratis and residents and the rulers. Indeed, they could reflect the level of trust between the people and their ruler. Sheikh Nahyan, Minister of Tolerance, and previously Minister of Culture, a well-known figure of the Emirati cabinet, was the first personality to receive the vaccine. By late October, 31,000 volunteers “from 125 nationalities” “participated” in the trial (WAM, 28 October 2020). It was important to include foreign residents and workers in the campaign to alleviate doubts across

the demographics of the country and to authenticate the rhetoric of shared well-being and safety amongst all the people living in the emirates, as well as the patronage and beneficence of the rulers. Sheikh Nahyan was followed by the global face of the federation, Sheikh Mohammed bin Rashid Al Maktoum. Accustomed to communicating on Twitter, the prime minister changed the terms of the “debate”. The ruler of Dubai did not elaborate on the effectiveness of the vaccine – because he had received it – but emphasised instead that the “(...) teams have worked relentlessly to make the vaccine available in the UAE. The future will always be better in the UAE” (WAM, 3 November 2020). By the same token, in a religious country, the implicit consent of a religious scholar is unequivocally intended to reassure the population. On 22 December 2020, the UAE Fatwa Council issued a *fatwa* (Islamic ruling) explaining the *halal* nature of the coronavirus vaccines, which could be used in compliance with Sharia law, and especially the tradition referring to the human body (WAM, 22 December 2020). Therefore, on 4 January 2021, Sheikh Abdullah bin Bayyah, Chairman of the UAE Fatwa Council, received the vaccine, “in support of the country’s efforts to contain



**Figure 4.** Sheikh Mohammed bin Rashid Al Maktoum, prime minister and ruler of Dubai receives the vaccine.

Source: WAM (Licence: CC-BY-NC-ND).

the spread of the virus” (WAM, 4 January 2021). In the case of the vaccine, the government did not put the experts on a pedestal, but rather the rhetoric of shared well-being, Emirati global leadership and securing the future, with the leaders at the forefront in the shared experience.

The rulers did not take the place of the functional and process experts because they were in two different spheres that did not overlap. Perhaps the recent irruption of expertise in the public debate in the United States and Europe forged the conviction that experts are expected, required or solicited to raise their voice. However, on the whole in the 20<sup>th</sup> century, they never interfered in politics. Andrew Rich remarks that scientific experts were not even desirable in political debate (Rich, 2005, p. 6). In American politics, John Kingdon showed as well that policy experts were even strictly separated from political people (Kingdon, 2015, pp. 417–432). The same occurred in the UAE during the pandemic. Experts may be called upon after decisions were taken, but they did not interfere in the public debate.

The rigid structure of the crisis communication left little space for the experts to shape Emirati public opinion, particularly in the case of vaccination. Dissenting voices were monitored on social media. The Ministry of Interior repeated that fake news would be harshly reprimanded (Guéraiche, 2022, p. 276). The official discourse has remained coherent with obvious coordination between the different officials, literally speaking with one voice. During the course of 2020, the communication strategy changed in compliance with mainstream information coming from the international scientific community. There had been no discussion on topics such as chloroquine for medical treatment or herd immunity. A comparison between the UAE and countries like Italy, the UK and the US suggests that the Emirati authorities unequivocally acted on forward thinking convictions. According to John Hopkins University, the death rate (per 100,000) was 10.24 on 14 February 2021 when it had reached 146.95 in the US and 175.23 in the UK<sup>37</sup>. Hence, John Rakolta, US Ambassador to the UAE, did not object to his countrymen remaining in the Emirates during the crisis because the UAE was a safer place than the United States (WAM, 15 April 2020).

From a different perspective, the COVID crisis revealed the nature of the link between decision-making and acceptance among the Emirati population. The Emiratis, as well the foreigners, have been used to trust, follow and respect the authorities' decisions. There have been no room for discussion. In this regard, especially for the Emirati citizens, the official decisions are necessarily "right" because it cannot be otherwise. Even if there is always a veneer of critical thinking, rational justification behind decisions, the rulers expect in return full obedience. Challenging a decision would imply to question the rulers and, beyond, God who vested his authority in them. Westerners, observers in the UAE, barely understand how religious the Emiratis are. As a result, in the federation, no public debate can occur. In 2020–2021, if experts or outsiders<sup>38</sup> would have expressed their opinions, the Emiratis would have perceived it as an attempt to disrupt the social (and religious) order. It does mean that the Emirati leaders could not use experts to justify their decisions but only those who confirmed their decisions.

### Declaration of conflict of interest

All the pictures were authorised by the WAM.

### References

- Abbas Zaher, W., Ahamed, F., Ganesan, S., Warren, K., & Koshy, A. (2021). COVID-19 crisis management: Lessons from the United Arab Emirates leaders. *Frontiers in public health*, 9, 1–8.
- Aburumman, A. A. (2020). COVID-19 impact and survival strategy in business tourism market: the example of the UAE MICE industry. *Humanities and social sciences communications*, 7(1), 1–11.
- Ahamed, F., Ganesan, S., James, A., & Zaher, W. A. (2021). Understanding perception and acceptance of Sinopharm vaccine and vaccination against COVID-19 in the UAE. *BMC Public Health*, 21(1), 1–11.
- Al Hosany, F., Ganesan, S., Al Memari, S., Al Mazrouei, S., Ahamed, F., Koshy, A., & Zaher, W. (2021). Response to COVID-19

- pandemic in the UAE: a public health perspective. *Journal of Global Health*, 11.
- Al-Karaki, J. N., Ababneh, N., Hamid, Y., & Gawanmeh, A. (2021). Evaluating the Effectiveness of Distance Learning in Higher Education during COVID-19 Global Crisis: UAE Educators' Perspectives. *Contemporary Educational Technology*, 13(3).
- Alsuwaidi, A. R., Al Hosani, F. I., ElGhazali, G., & Al-Ramadi, B. K. (2021). The COVID-19 response in the United Arab Emirates: challenges and opportunities. *Nature Immunology*, 22(9), 1066–1067.
- Al Numairy, H. A., Al Essa, S. R., Alshamsi, A. S., Ahli, H. I., Al Zarooni, S. A., & Webb, H. (2022). The Impact of COVID-19 on Bank Consumers in the UAE: A Dubai-Based Literature Review. *External Events and Crises That Impact Firms and Other Entities*, 211–225.
- Alzubaidi, H., Samorinha, C., Saddik, B., Saidawi, W., Abduekarem, A. R., Abu-Gharbieh, E., & Sherman, S. M. (2021). A mixed-methods study to assess COVID-19 vaccination acceptability among university students in the United Arab Emirates. *Human vaccines & immunotherapeutics*, 17(11), 4074–4082.
- Antwi-Boateng, O., & Alhashmi, A. A. (2022). The emergence of the United Arab Emirates as a global soft power: current strategies and future challenges. *Economic and Political Studies*, 10(2), 208–227.
- Au, L., Fu, Z., & Liu, C. (2022). “It’s (Not) Like the Flu”: Expert Narratives and the COVID-19 Pandemic in Mainland China, Hong Kong, and the United States. *Sociological Forum*, 37(3), 722–743.
- Bank, A., Richter, T., & Sunik, A. (2014). Durable, yet different: Monarchies in the Arab Spring. *Journal of Arabian Studies*, 4(2), 163–179.
- Bathish, H. M. (15 May 2003). Authorities follow criteria set by WHO on SARS. *Khaleej Times*.
- Bloomberg. (13 February 2021). More Than 168 Million Shots Given: COVID-19 Tracker. <https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/> Accessed July 10, 2021.

- Blumenthal, D., Fowler, E. J., Abrams, M., & Collins, S. R. (2020). COVID-19—Implications for the health Care System. *New England Journal of Medicine*, 383(15), 1483–1488.
- Bryman, D. L., & Green, J. D. (1999). The Enigma of Political Stability in the Persian Gulf. *The Middle East Review of International Affairs*, 3(3).
- Cheikh Ismail, L., Mohamad, M. N., Bataineh, M. A. F., Ajab, A., Al-Marzouqi, A. M., Jarrar, A. H., Abu Jamous, D. O., Ali, H. I., Al Sabbah, H., Hasan, H., & Stojanovska, L. (2021). Impact of the coronavirus pandemic (COVID-19) lockdown on mental health and well-being in the United Arab Emirates. *Frontiers in Psychiatry*, 12.
- Cockerham, G. (2022). The World Health Organization and COVID-19: Testing the International Health Regulations in a Global Pandemic. In *COVID-19: Cultural Change and Institutional Adaptations* (pp. 194–211). Routledge.
- Degefa, B. (2022). Food Security in the UAE. In Guéraiche W. (Ed.), *Facets of Security in the United Arab Emirates* (pp. 88–98). Routledge.
- Cairney, P., & Wellstead, A. (2021). COVID-19: effective policymaking depends on trust in experts, politicians, and the public. *Policy Design and Practice*, 4(1), 1–14.
- Dukalskis A., & Gerschewski J. (2017). What autocracies say (and what citizens hear): proposing four mechanisms of autocratic legitimation. *Contemporary Politics*, 23(3), 251–268.
- Friedman, B. (2020). *The End of Pax Britannica in the Persian Gulf, 1968–1971*. Palgrave Macmillan.
- Francisco, C. A. (2020). Understanding the US failure on coronavirus—an essay by Drew Altman. *The bmj*, 370.
- Gaskell, J., Stoker, G., Jennings, W., & Devine, D. (2020). Covid-19 and the blunders of our governments: Long-run system failings aggravated by political choices. *The Political Quarterly*, 91(3), 523–533.
- Gengler, J. (2015). *Group conflict and political mobilization in Bahrain and the Arab Gulf: Rethinking the rentier state*. Indiana University Press.

- Guéraiche, W. (2017). *The UAE. Geopolitics. Modernity and Tradition*. I.B. Tauris.
- Guéraiche, W. (2022). The securitisation of the COVID 19 crisis in the UAE. In Guéraiche, W. (Ed.), *Different Facets of Security in the UAE*. Routledge.
- Hérodote. (2022/23). *Osint. Enquêtes et terrains numériques* 2022/3, n°186, 192 p.
- Hussein, E., Daoud, S., Alrabaiah, H., & Badawi, R., (2020). Exploring undergraduate students' attitudes towards emergency online learning during COVID-19: A case from the UAE. *Children and youth services review*, 119.
- Kailitz, S., & Stockemer, D. (2017). Regime Legitimation, Elite Cohesion and the Durability of Autocratic Regime Types. *International Political Science Review*, 38(3), 332–348.
- Khalaf, A. (2003). What the Gulf Ruling Families Do when They Rule. *Orient-Hamburg*, 44(4), 537–554.
- Kingdon, J. W. (2015). Agendas, alternatives, and public policies. In Balla, S. J., Lodge, M., & Page, E. C. (Eds.), *The Oxford handbook of classics in public policy and administration* (pp. 417–432). Oxford: OUP.
- Kooli, C. (2022). Challenges of working from home during the COVID-19 pandemic for women in the UAE. *Journal of Public Affairs*, 2829.
- Mahdavi, H. (1970). Patterns and problems of economic development in rentier states: The case of Iran. In M. A. Cook (Ed.), *Studies in the economic history of the Middle East: From the rise of Islam to present day* (pp. 428–467). Oxford University Press.
- Najmabadi, A. (2015). Depoliticisation of a Rentier State: the case of Pahlavi Iran. In *The Rentier State* (pp. 211–227). Routledge.
- Peterson, J. E. (2001). Rulers, Merchants and Shaikhs in Gulf politics. *The Gulf family: Kinship policies and modernity* (pp. 1–36). Saqi Books.
- Radwan, H., Al Kitbi, M., Hasan, H., Al Hilali, M., Abbas, N., Hamadeh, R., Saif, E. R., & Naja, F. (2021). Indirect health effects of COVID-19: unhealthy lifestyle behaviors during the

lockdown in the United Arab Emirates. *International journal of environmental research and public health*, 18(4).

Rich, A. (2005). *Think Tanks, Public Policy, and the Politics of Expertise*. Cambridge University Press.

Rugh, A. (2007). *The political culture of leadership in the United Arab Emirates*. Springer.

Steele, R. D. (2007). Open source intelligence. In *Handbook of intelligence studies* (pp. 129–147). Routledge.

Suliman, D. M., Nawaz, F. A., Mohanan, P., Modber, M. A. K. A., Musa, M. K., Musa, M. B., & Moonesar, I. A. (2021). UAE efforts in promoting COVID-19 vaccination and building vaccine confidence. *Vaccine*, 39(43), 6341–6345.

Von Soest, C., & Grauvogel, J. (2017). Identity, Procedures and Performance: How Authoritarian Regimes Legitimize their Rule. *Contemporary Politics*, 23(3), 287–305.

Wagschal, U. (2022). The influence of democracy, governance and government policies on the COVID-19 pandemic mortality. *European Policy Analysis*.

Yom, S. L., & Gause III, F. G. (2012). Resilient royals: How Arab monarchies hang on. *Journal of Democracy*, 23(4), 74–88.

## WAM dispatches

WAM. (5 May 2003). Strategy to prevent SARS entry.

WAM. (7 June 2014). WHO praises UAE response to MERS.

WAM. (9 April 2018). Abu Dhabi a global model in controlling MERS-CoV.

WAM. (22 January 2020). UAE completely free of Coronavirus: Ministry of Health.

WAM. (29 January 2020). UAE announces first case of new coronavirus.

WAM. (11 February 2020). Tariq Alfaham UAE medicine stockpiles “sufficient” for coronavirus outbreak, says Health Minister.

WAM. (4 March 2020). Hassan Bashir. Education Ministry announces early 4-week spring vacation, starting Sunday.



- WAM. (26 March 2020). Esraa Ismail, Binsal AbdulKader, Nour Salman. MBRF invites community to use “Digital Knowledge Hub” services.
- WAM. (10 March 2020). Rasha Abubaker, Nour Salman. DHA explains travel procedures in place for COVID-19.
- WAM. (11 March 2020). Tariq Alfaham, Hassan Bashir. Dubai Health Authority continues strong preventive measures against COVID-19.
- WAM. (17 March 2020). UAE leads global COVID-19 testing to prevent further spread.
- WAM. (19 March 2020). Esraa Ismail, Nour Salman. UAE efforts to combat COVID-19 spread.
- WAM. (9 April 2020). Tariq Alfaham. Daily COVID-19 media briefing: More than 500,000 coronavirus tests conducted till 7th April, more in pipeline, Minister of Health reveals.
- WAM. (15 April 2020). Most of 75,000 US residents want to stay back in UAE amidst global challenge: US Envoy.
- WAM. (19 May 2020). Tariq Alfaham. UAE develops a rapid coronavirus laser testing technology.
- WAM. (16 July 2020). Team of Khalifa University and international researchers studying how COVID-19 virus jumps from animals to humans.
- WAM. (14 September 2020). Hazem Hussein, Hassan Bashir. UAE authorises emergency use of COVID-19 vaccine for members of first line of defence.
- WAM. (29 September 2020). Hazem Hussein. Sharjah Airport International staff receive first dose of COVID-19 vaccine: MoHAP.
- WAM. (6 October 2020). Tariq Alfaham, Hatem Mohamed. UAE first country where number of COVID-19 tests exceeded population: Official Spokesman.
- WAM. (28 October 2020). Esraa Ismail. Nahyan bin Mubarak receives COVID-19 vaccine.
- WAM. (3 November 2020). Esraa Ismail, Rasha Abubaker. Mohammed bin Rashid receives COVID-19 vaccine.

- WAM. (13 December 2020). UAE's Federal Customs Authority, HCT use canines in world-first COVID-19 detection study.
- WAM. (14 December 2020). Hazem Hussein. Dnata to boost cabin cleaning services with cutting-edge UV technology.
- WAM. (22 December 2020). Hatem Mohamed, Hazem Hussein. UAE Fatwa Council says it's permissible to use Corona vaccines; calls for cooperation with governments to ensure success of vaccination campaigns.
- WAM. (4 January 2021). Esraa Ismail, Rasha Abubaker. Chairman of UAE Fatwa Council receives COVID-19 vaccine.
- WAM. (10 January 2021). Esraa Ismail, Hassan Bashir. UAE vaccinates 66,219 people against COVID-19 in last 24 hours.
- WAM. (20 January 2021). Esraa Ismail, Hassan Bashir. UAE ranks first globally in several indexes related to addressing COVID-19 pandemic.
- WAM. (26 January 2021). With commitment, solidarity and embracing science, we can fight pandemic: Foreign Minister.
- WAM. (27 January 2021). Governments have experienced new challenges that require revisiting concepts: Mohammad Al Gergawi.
- WAM. (10 February 2021). Hassan Bashir, Rasha Abubaker. Availability of vaccines a key national achievement in battle against COVID-19: UAE Government media briefing.

## Endnotes

31. The two others are ideology, a system which intends to create a collective identity and procedure, and institutional justification, in some cases the military.
32. Interestingly, during the COVID-19 crisis this number was reached in early May 2020 – when the confinement already ended. But there was almost no publicity for MERS, unlike COVID-19.
33. <https://u.ae/en/about-the-uae/strategies-initiatives-and-awards> (Last visit, 10 January 2024).

34. The end of the confinement came as a surprise. Just days before, no one could have expected such a rapid end.
35. Ivan Watson and Sophie Jeong, *CNN*, 3 March 2020. South Korea pioneers coronavirus drive-through testing station, <https://edition.cnn.com/2020/03/02/asia/coronavirus-drive-through-south-korea-hnk-intl/index.html> (Last visit 10 January 2024)
36. Government of Dubai, 7 April 2020. Dubai Health Authority opens drive-through COVID-19 testing centre at Al Nasr Club. <https://www.mediaoffice.ae/news/2020/April/07-04/Corona-vechile-test-in-Dubai> (Last visit 10 January 2024).
37. John Hopkins Coronavirus Resources Center, Tracking, <https://coronavirus.jhu.edu/data/mortality> accessed on 10 July 2021.
38. Non-Arab and non-Muslim peoples.