COVID-19 Discussion Paper

The COVID-19 Crisis in Conflict-Affected Contexts

The COVID-19 pandemic has deeply affected every society around the world. In many countries, conflict dynamics and fragile governance and health systems make tackling COVID-19 even more difficult. The health crisis itself and ill-adapted response measures threaten to deepen dividing lines and undermine peace, hindering effective health responses and driving longer-term instability. “Conflict-smart” responses are needed to enable more effective health responses and promote more peaceful, resilient, and sustainable communities in the long term.

Search for Common Ground (Search) recently consulted our teams of peacebuilders in over 30 countries on their analysis of the needs and opportunities around the COVID-19 crisis. The insights drew on organizational experience implementing over 2,000 peacebuilding programs around the world, our networks with local actors and perspectives from people living in the places where we work, and our history of working in fragile contexts on epidemics, natural disasters, and other crises. Based on these local insights and analysis, this discussion paper provides an overview of the important role peacebuilders can play in fighting the COVID-19 pandemic and preventing increased instability and divisions. It stresses the importance of context- and conflict-sensitive responses and highlights how the pandemic may be a watershed opportunity to inspire collaboration across dividing lines. Finally, it provides recommendations for policymakers within donor agencies on how to best formulate “conflict smart” responses to COVID-19.

Challenges for COVID-19 response in conflict-affected areas

Conflict and fragility weaken the healthcare systems needed for effective mitigation and management of COVID-19. On average, fragile and conflict-affected areas have only one doctor per 2,500 people.¹ As this crisis emerges, South Sudan only has four ventilators for the entire country. The Central African Republic has three.² Highly marginalized communities in densely populated areas like crowded refugee and internally displaced persons camps are often unable to practice social distancing or access the water, soap, and protective equipment needed to prevent the spread of COVID-19. In Kutupalong-Balukhali Camp in Bangladesh’s Cox’s Bazar District, where 860,000 Rohingya refugees live, there are 40,000 people per square kilometer (100,000 per square mile), many of whom lack access to adequate WASH facilities.³

Areas with active violent conflict will be especially difficult to reach and may become the sites of intense outbreaks of disease. Checkpoints, blockages, bombardments, lack of electricity and water, lack of healthcare professionals, and deliberate targeting are all examples of how acute violence impacts healthcare. As a result, people living in war zones face

³ Saidul Hoque, “If COVID-19 arrives in the camps, it will be devastating”, UNHCR, 21 April 2020 (link).
diminished services and often are already facing other health crises that will only be exacerbated by the COVID-19 pandemic. In countries like Syria and Yemen, medical access has been greatly reduced due to the ongoing civil wars. Last year at least 60 medical facilities in Syria were damaged in air strikes. In Yemen, already experiencing dire health crises from malnutrition to cholera, half of the country’s hospitals are no longer operating. COVID-19 may further debilitate health responses as border closures, travel restrictions, and the economic slow-down disrupt the ability of health professionals to deliver live-saving assistance to those who live amidst ongoing violent conflict.

If public health responses do not consider conflict dynamics and local context, they may be met with resistance or even violence. In conflict-affected areas, governments often lack the trust needed to engage effectively with their constituencies, especially among already marginalized or vulnerable groups. This occurred in the initial responses to Ebola epidemics in DRC and West Africa, which were led by national authorities and international agencies and often designed with little understanding or appreciation of the local dynamics, public opinion, or history. Mistrust and social divisions may prompt vulnerable groups to reject protection measures, sometimes violently. We see this playing out today in response to COVID-19, from the killing of a WHO worker in Rakhine state in Myanmar who was carrying testing supplies to attacks on COVID treatment centers in Cote d’Ivoire. Further, among communities who have had their lives upended by violent conflict, ill-adapted information campaigns risk triggering fatalistic responses that decrease the likelihood that protective measures are adopted.

Impacts of COVID-19 on conflict and fragility
Many governments have relied on overly-securitized responses to control COVID-19, which may increase tensions in places with weak civilian-military relationships. Governments from Sri Lanka to Nigeria have entrusted security actors such as police and military to enforce “stay-at-home” and social distancing orders. A similar approach was used in Ebola response, where security actors’ lack training in nonviolent communication, de-escalation, and cultural and religious sensitivities contributed to persistent challenges. Particularly in contexts where local forces already have troubled relations with civilian populations, these tensions undermine the wider disease response and challenge the legitimacy of the state and its security forces in fragile contexts, risking future instability. In Nigeria, for example, there have been hundreds of reported abuses committed by the security forces, including extra-judicial killings, extortion, gender-based violence, and harassment.

The outbreak of and response to COVID-19 risks exacerbating existing tensions and creating new divides. The pandemic strains the social fabric in every community it touches and brings simmering divisions to the surface. As a result of social distancing, there are fewer opportunities for positive social interaction among different identity groups. Some countries have already seen new tensions emerging and communities turning inwards along ethnic, religious,
or other identity lines. Stigma against those suspected of contracting COVID-19 or narratives circulating of a certain group being responsible for the spread of the disease further propagate inter-communal violence. Amid slower uptake of prevention measures in northern Nigeria, stigma and blame for the spread of the disease has reinforced existing north-south divisions and begun to be attached to religious identity divides. In Lebanon, the worsening economic conditions risk aggravating friction between refugees and host communities. In Kenya, there have been reports that a man was killed for suspectedly contracting COVID-19. Moreover, if decision making on COVID-19 response is not perceived as inclusive or representing the interest of all groups, they could contribute to longer term marginalization and grievances.

**COVID-19 and responses to the pandemic will shift perceptions of legitimacy and power dynamics between warring parties.** Responses can reinforce or weaken conflicting parties' power and political authority. In Afghanistan, the Taliban projects an image of preparedness to ensure effective health responses in areas it controls, including enforcing quarantines and spreading health information. In Yemen, parties to the conflict have similarly advanced their authority by controlling the movement of supplies and defining local responses. There is a risk that some violent groups might carry out attacks and recruit while authorities or opponents are preoccupied with COVID-19 responses. For example, a recent editorial of the ISIS newsletter Al-Naba encouraged attacks while targets are occupied with the pandemic. The crisis may also move parties towards deescalation as with appeals for ceasefires championed by the UN Secretary General and others.

**Vulnerable groups like women and youth may be especially impacted by COVID-19 and its second-order effects.** The impact of COVID-19 may reduce marginalized groups’ access to resources, ability to exercise their rights, and opportunities for civic engagement. Women’s job security is often more precarious than men’s and more likely to be in the informal sector, reducing access to livelihood assistance during stay-at-home orders. The measures put in place to reduce the spread of the pandemic increase overall risks of violence in the home, while simultaneously reducing access to external support, such as legal interventions, help lines, or therapy. For youth, access to education during periods of mandated isolation is severely curtailed, especially where access to online resources is limited. Governments may also use the pandemic to close civic spaces or take disproportionate measures to limit civic participation in both the short and long terms. This may especially affect people who already had fewer opportunities or access to political power before the pandemic, such as youth, women, or marginalized identity groups.

**Economic crisis triggered by the pandemic will drive longer-term instability.** The International Monetary Fund predicts that living standards in at least 170 countries will fall this year and the World Food Programme has warned that COVID-19 could double the number of

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6 Ben Farmer and Sami Yousafzai, "Protection or propaganda? Taliban swaps weapons for disinfectant in coronavirus public health video", *The Telegraph*, 14 April 2020 [link].

people facing a food crisis. In regions where people lack access to key resources or have fewer economic opportunities, economic frustrations can fuel perceptions of injustice or inflame tensions in communities. Civilians’ economic grievances may be directed at their authorities, and trust in authorities is likely to be weakened by any evidence of mishandling, corruption, and unequally enforced protection. Alleviating newly aggravated conflict dynamics and divisions will likely require dedicated action.

Opportunities for inclusive, conflict sensitive responses and collaboration across dividing lines

Multi-stakeholder responses can increase the overall effectiveness of health interventions and avoid aggravating underlying conflict dynamics. Governmental and multilateral agencies play an important role in responding to COVID-19. However, community resilience and trust-based communication are critical elements of crisis management and recovery, necessitating a “whole-of-society” engagement. Effective response and recovery requires the participation of a broad range of actors including women- and youth-led organisations, traditional leaders, local authorities, religious actors, and social media influencers. COVID-19 is a defining cultural and political moment for young people in particular and youth have valuable contributions to make. Such partnerships can reduce tensions between citizens and governments or security actors and facilitate access to hard-to-reach communities.

Where divisions and mistrust are high, common health concerns can bring people together across dividing lines. Effective responses to public health crises require broad collaboration against a common challenge and offer an opportunity to build horizontal and vertical trust. The ceasefire in Yemen is a promising example of collaboration to facilitate COVID-19 response in conflict-affected countries, although lasting progress will not come without local and international commitment and support. There are also opportunities for collaboration at the international level. Created by Search in 2002, the Middle East Consortium on Infectious Disease Surveillance brings together Israeli, Jordanian, and Palestinian authorities to promote coordinated infectious disease detection, control, and response. It is one of the only regular government-to-government contacts between Israeli and Palestinian authorities. Search is now developing a cross-border cooperative emergency response to COVID-19 with these health professionals and similar initiatives could be promising in other areas. Opportunities to foster short- and long-term collaborative relationships between governments and populations abound, including on issues like effective COVID-19 service delivery and communications.

Recommendations to Ensure International Responses to COVID-19 are “Conflict Smart”

1. **Underscore the need and create incentives for warring parties to lay down their weapons to enable health, humanitarian, and stabilization responses.** COVID-19 is a uniting factor

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8 Kristalina Georgieva, “Confronting the Crisis: Priorities for the Global Economy”, International Monetary Fund, April 9, 2020 (link); United Nations Food Programme, “COVID-19 will double number of people facing food crises unless swift action is taken”, 21 April 2020 (link).

which can incentivize ceasefires and new approaches to ending violent conflict. Ending violent conflict would play a critical role in enabling more effective health response.

2. **Continue support to programming that builds social cohesion and addresses underlying drivers of conflict.** Dedicated peacebuilding action is crucial to both facilitate effective health interventions and respond to tensions created or aggravated by the pandemic.

3. **Ensure that health, humanitarian, and recovery interventions are context-specific and conflict-sensitive.** Responses that do not take local conditions, perspectives, and social cohesion into account risk being ineffective. All interventions in conflict-affected areas should include conflict analysis in their design and incorporate mechanisms in partnership with local actors for regularly assessing changes in the context and the interaction between the intervention and conflict dynamics.

4. **Support access to reliable and trusted information for all.** This should include supporting trusted local messengers to share empowering, locally-adapted health guidance, uproot channels of misinformation, foster prosocial narratives to counter stigma and divisive messages, and facilitate local understanding of health interventions.

5. **Partner with local actors to mobilize “whole-of-society” engagement on response and recovery.** Direct support should be available and accessible for initiatives involving a diverse range of actors, including local authorities, local civil society, religious actors, and youth and women’s organizations.

6. **Take this opportunity to build trust between citizens and governments and to protect against shrinking civic space.** International actors should support state-non-state partnerships on response and recovery initiatives and the participation of marginalized groups in decision making.

7. **Support economic recovery measures to be transparent and inclusive in their design and implementation.** In particular, dedicated support should target marginalized and harder-hit groups, including women and youth.

8. **Train and engage security forces as protectors of human rights and citizen security.** Embedding public order measures in community partnerships can help avoid heavy-handed security responses and foster longer-term security through increased trust and collaboration between civilians and security actors.

9. **Use media partnerships to break the echo chambers of isolation in divided societies.** Traditional and social media, including social impact entertainment, can create bridges between divided groups as physical separation increases the risk of backsliding into identity-based conflicts.

10. **Respond to the heightened risk of violence against women and girls in the home.** Support increased and adapted monitoring, prevention, and response services, including online services, to account for difficulties accessing external support during quarantines.

11. **Strengthen collaboration, resilience, and cross-sector learning through response and recovery support.** Improved cross-sector collaboration and information sharing mechanisms within donor agencies and among partners and resilient state and community response systems will be crucial to address the likely waves of second- and third-order impacts of this crisis, as well as preparing for future crises. This should include support for conflict sensitivity infrastructure, such as the Yemen Conflict Sensitivity Platform, and efforts to sustain new
collaboration among diverse actors internationally and locally.