



## Policy Brief

# COVID-19 pandemic: an opportunity and a barrier to health as a bridge for peace in fragile and conflict-affected countries

### Key messages

- COVID-19 presents a number of challenges to peacebuilding in fragile, conflict and violence-affected (FCV) settings, but also an opportunity to address underlying inequities and bring together opposing sides for a concerted COVID-19 response.
- COVID-19 has exacerbated deep fissures and injustices in societies across the globe, highlighting socioeconomic, health and gender inequalities, and lack of trust in institutions.
- The pandemic has put a strain on already fragmented health systems in FCV settings. Violence will further undermine the delivery of health services, with vulnerable populations such as women, children and displaced people particularly at risk.
- The UN Secretary General's call for a ceasefire, UN Security Council resolution and EMRO Health for Peace Initiative can be used to facilitate dialogue between opposing sides and prevent conflict from hindering the COVID-19 response.
- Responses to COVID-19 in FCV settings must be conflict-sensitive, gender-responsive, and based on an analysis of socio-political factors. The injustices which give rise to and are perpetrated by violence cannot be ignored.
- Universal Health Coverage (UHC) offers a unifying framework to ensure the COVID-19 response promotes equality and inclusion.
- The UN Peacebuilding Fund and COVID-19 Response and Recovery Fund can be utilised in FCV countries to 'build back better', invest in equitable healthcare, and contribute to peace.

### Introduction

As of 26 July 2020 there have been 15,785,641 confirmed COVID-19 cases worldwide with 640,016 related deaths globally.[1] The pandemic has caused major disruption to health systems, societies and economies around the world, and the impact in fragile, conflict and violence-affected (FCV) countries may exacerbate conflicts and stall peacebuilding work. However, in FCV settings, COVID-19 and the response to it may also present opportunities to addressing the underlying drivers of conflict, with multilateral initiatives supporting cooperation to achieve equitable access to healthcare.

On 28 May 2020, the World Health Organization (WHO) Regional Office for the Eastern Mediterranean (EMRO)

and the *Lancet*-SIGHT Commission on Peaceful Societies through Health and Gender Equality co-hosted a webinar chaired by Richard Horton, Editor-in-Chief at *The Lancet*. [2] With a distinguished expert panel and the participation of policymakers, practitioners and researchers, the discussion focused on the impact of the pandemic on conflict dynamics, the gendered impact of the pandemic, and the opportunities and challenges for the health community to contribute to peace. This policy brief summarises the themes raised by webinar participants and proposes considerations to understand and leverage the links between health, gender equity and peace during the current pandemic.

## Global calls for peace

On 23 March 2020, twelve days after COVID-19 was declared a pandemic, the Secretary General of the United Nations, António Guterres, called for a global ceasefire to facilitate humanitarian action in conflict affected settings, including pandemic response activities. [3] This was followed by a UN Security Council resolution on 1 July demanding an “immediate cessation of hostilities” in conflict zones.[4] Given the impact of COVID-19, the resolution calls for “all parties to armed conflicts to engage immediately in a durable humanitarian pause for at least 90 consecutive days” to enable delivery of humanitarian assistance and medical assistance. Despite delays due to disagreements, this now sets a legally binding statement promoting peace in the context of COVID-19.

This global call for peace aligns with the Health for Peace initiative, launched by the Regional Director of WHO EMRO in 2019 and endorsed by the Sultanate of Oman and Government of Switzerland. Utilising the role of WHO as a neutral actor in the health sector, the Health

“Today, I am calling for an immediate global ceasefire in all corners of the world. It is time to put armed conflict on lockdown and focus together on the true fight of our lives. To warring parties, I say: Pull back from hostilities. Put aside mistrust and animosity. Silence the guns; stop the artillery; end the airstrikes”. - UN Secretary General António Guterres

for Peace initiative encourages cooperation between UN and non-UN entities in order to support diplomacy and promote peace and equity. Evidence for the ways health equity and gender equality can contribute to greater stability is being developed through the work of the *Lancet-SIGHT* Commission.[5]

Despite support from Member States, regional organisations, religious leaders, and armed groups, global calls for peace have not yet translated to peace on the ground. The role of health in peacebuilding is therefore a critical question leaders are considering during this pandemic.

### Syria [6][7]

Health and humanitarian agencies have learned lessons from the protracted Syrian conflict that can inform the response to COVID-19 in FCV settings. In previous years during the highest levels of conflict, WHO has utilised its position as a fair and impartial actor to work across the political divide and recognise that disease knows no borders. This strategy helped to expand the disease surveillance system which has effectively and efficiently managed several disease outbreaks, even during conflict. This resilient system is now being used to tackle the COVID-19 pandemic, which has resulted in 627 reported cases in Syria, as of 26 July. Coordination to achieve health goals may open the door for cooperation both nationally and locally.

As of 9 June, the ceasefire in Idlib had held since March, but like its predecessors it is prone to break down, an outcome which would limit concerted international action to contain COVID-19, with dire consequences given the deteriorated health system. Meanwhile some extremist groups have aimed to take advantage of overburdened security capacity to carry out attacks, highlighting the uncertain impact of the pandemic on this conflict.

### Yemen [8][9]

Since the first case in April, COVID-19 has spread to most governorates in Yemen, with 1678 cases reported as of 26 July. All parties have continued fighting, leading to civilian casualties and displacing 81,000 people in the first 5 months of 2020 alone. Competing authorities have used the pandemic for political gain, often lacking transparency in reporting cases and leading to significant concerns of underreporting.

The pandemic has exacerbated the long-term consequences of conflict: an already fragile economy and health system, as well as more than 25% of the population suffering from moderate to severe malnutrition and thus more vulnerable to contracting disease. While COVID-19 theoretically presents opportunities for peacebuilding, it remains to be seen whether this becomes a much-needed reality in Yemen.

[3] <https://www.un.org/en/un-coronavirus-communications-team/fury-virus-illustrates-folly-war>

[4] [https://undocs.org/en/S/RES/2532\(2020\)](https://undocs.org/en/S/RES/2532(2020))

[5] [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30158-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30158-6/fulltext)

[6] <https://www.crisisgroup.org/middle-east-north-africa/eastern-mediterranean/syria/fragility-northern-syria>

[7] [https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15322/808\\_COVID19%20\\_and\\_Violent\\_Extremism.pdf?sequence=1&isAllowed=y](https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15322/808_COVID19%20_and_Violent_Extremism.pdf?sequence=1&isAllowed=y)

[8] [https://reliefweb.int/sites/reliefweb.int/files/resources/May%20Humanitarian\\_update\\_2020\\_Final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/May%20Humanitarian_update_2020_Final.pdf)

[9] [https://reliefweb.int/sites/reliefweb.int/files/resources/Extension%20Yemen%20HRP%202020\\_Final%20%281%29.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Extension%20Yemen%20HRP%202020_Final%20%281%29.pdf)

## Dimensions of COVID-19 presenting barriers to peacebuilding

The UN Secretary General expressed deep concern that COVID-19 will make the protection of civilians during armed conflict more challenging than ever, warning that the pandemic is amplifying and exploiting fragilities across the world. Despite his call for a global ceasefire, in the last few months COVID-19 has increased the risk of violence in Libya, Syria, Somalia, South Sudan, the occupied Palestinian territory, and many other countries worldwide. This violence impacts health workers and health facilities, hampering essential service provision and the COVID-19 response. It also presents considerable barriers to peacebuilding in FCV countries.

### The drivers of conflict

Both the pandemic and responses to it have revealed deep fissures in societies across the world, not least in FCV settings where it further erodes trust in government and institutions. Hate speech has proliferated, consisting of blaming the other and fear mongering against vulnerable populations. Misinformation and disinformation, including over social media, have generated mistrust. Responses have often been too limited to be commensurate with the crisis, while discrimination in access to health services and the selective distribution of socio-economic support has further highlighted inequalities in society.[10] Government responses have in some cases impinged on human rights and there have been numerous protests worldwide in response to lockdowns imposed by governments; these protests have at times turned violent.[11]

To end conflicts and promote sustainable peacebuilding, it is essential to consider the political and social factors that may have caused the conflict to arise in the first place. These include social inequality and weak judicial systems as well as internal conflicts influenced by external forces. Left unaddressed, inequities cause a

sense of grievance and injustice that can foster despondency and anger, thereby increasing social and political instability and the risk of violence. It is therefore fundamental to identify and address these root inequities in order to promote peace.

### Health inequities and gender inequalities exacerbated

Though the pandemic has clearly taken its toll worldwide, FCV countries have the added burden of deteriorating health systems, displacement, community erosion, and lack of trust in institutions. The pandemic response risks overlooking or worsening the conditions of vulnerable populations, including children and young people and those suffering from mental health illnesses. It is critical that the COVID-19 response be conflict-sensitive so as not to exacerbate divisions, and instead leveraging this opportunity to revisit and reform policies to address inequities and social determinants of health. Unless FCV countries work to understand and address underlying social determinants and inequities, justice will not prevail and conflict will persist.

“Palestinian women are living in ‘triple captivity’. Under the Israeli occupation; under the COVID-19 lockdown; and under the burden of patriarchy.”  
- Dr Rita Giacaman, Birzeit University

COVID-19 has exposed and exacerbated gender inequalities, as seen in increased cases of domestic violence, as well as a disproportionate impact on the economic well-being and health of the many women engaged in unpaid care work.[12] The burden on women is even greater in FCV countries and any response that does not factor in the disproportionate effect on women is likely to aggravate existing problems. Comprehensive gender-sensitive conflict analysis must guide any response in order to maximise gains and limit negative impacts on vulnerable groups.

### Libya [13]

Despite appeals for a global ceasefire, the pandemic has not only failed to de-escalate conflict in Libya, but has also decreased the likelihood of a comprehensive peace settlement in the near future. Polarisation has been exacerbated as rival factions have developed their own response mechanisms, silencing dissident voices and imposing strict measures which further allow forces to act with impunity in civilian settings.

While measures may prove effective, with 2547 cases reported as of 26 July, they fail to take account of the humanitarian impact on a country already struggling economically due to sustained conflict, which disproportionately affects women. Nevertheless, the COVID-19 response could open the door to cooperation across rival Libyan authorities and communities. Online campaigns to raise awareness on the virus and its gendered impact have been started by civil society organisations, despite their limited resources.

[10] <https://en.unesco.org/news/covid-19-related-discrimination-and-stigma-global-phenomenon>

[11] <https://www.bbc.com/news/world-europe-52783936>

[12] <http://www.emro.who.int/violence-injuries-disabilities/violence-news/levels-of-domestic-violence-increase-as-covid-19-pandemic-escalates.html>

[13] <https://www.opendemocracy.net/en/north-africa-west-asia/libyas-forgotten-half-between-conflict-and-pandemic-women-pay-the-higher-price/>



Universal Health Coverage (UHC) – and the values of universality, equality and quality of healthcare that underpin it – must be advanced in FCV countries in order to enable peacebuilding, even during the pandemic. Member States at the 2019 World Health Assembly accepted UHC resolutions which focus on primary healthcare and the role of community health workers, as well as support for the September UN General Assembly high-level meeting on UHC.[22]

During the COVID-19 pandemic, the concept of UHC has heightened importance and is urgently needed to ensure that no one is left behind. As a unifying framework which brings together social justice, equity and basic needs provision, UHC holds potential to foster stability in FCV contexts. UHC can serve not only as a technical goal but also as a moral objective which ensures equitable access, thus providing an opportunity to ‘build back better’ from the pandemic.

Under the UN Secretary General's Peacebuilding Fund (PBF), finances have been made available for public health interventions which promote peace in FCV settings. In Somalia, for example, WHO and health authorities have developed a comprehensive mental health and psychosocial services (MPHSS) package to tackle the burden of mental health in the country.

Advocacy and fundraising are being furthered by inter-agency groups at UN headquarter level in order to ensure that such projects can be sustainably funded. This includes the Secretary General's UN COVID-19 Response and Recovery Fund, which not only supports the response to COVID-19 but also tackles the socio-economic impact and includes the recovery phase as key pillars of the pandemic response.[23]

Further opportunities are offered by strategic partnerships between UN agencies such as WHO and OCHA, and external partners like the World Bank, which finances conflict-sensitive health infrastructure development efforts in FCV countries.

### South Sudan [24]

With a fragile peace process further delayed by the pandemic, the situation in South Sudan has deteriorated. Delays in implementing measures outlined in the peace agreement have undermined trust and ongoing violent clashes are taking place across the country. These factors have in turn limited the ability to respond to COVID-19, with active conflict restricting access for humanitarian actors seeking to provide health and other services in areas where violence is taking place. Rising COVID-19 cases having reached 2262 as of 26 July, there is an urgent need to recommit to a ceasefire.

If all political actors were to look at COVID-19 as a common enemy and if the government were to focus strongly on the pandemic, it could instead lay the foundation for maintaining and strengthening the peace process. Discussions have begun for development partners such as the EU to introduce trauma counselling at the national level, for instance within the military; better mental health could have a significant impact on the peace process in South Sudan.

### Somalia [25][26]

A youth and peacebuilding study conducted in 2018 by the UN and World Bank found that young Somalis want to actively participate in promoting sustainable peace. However, recurrent conflict, displacement and trauma reinforces their vulnerability and disenfranchisement, leading to harmful and self-damaging practices that fuel tension and drive conflict. COVID-19 may further restrict access to basic services, especially for the 1.7 million internally displaced people requiring humanitarian assistance.

With 73% of the population under the age of 30, the number of people in Somalia knowing conflict for most of their lives is stark. Given that much of the population are therefore dealing with multi-layered psychosocial challenges which have never been addressed, the absence of mental health services is all the more serious.

In this context, a project is currently being developed by WHO in partnership with IOM and UNICEF, with funding from PBF. It aims to provide mental health services for Somali youth in conflict-prone displacement areas, enabling them to actively engage in promoting peacebuilding and social cohesion, rather than resorting to negative practices that contribute to conflict. For more details on the project, please view the WHO Somalia website: <http://www.emro.who.int/countries/somalia/index.html>

[22] <https://www.who.int/news-room/detail/22-05-2019-world-health-assembly-72-update#:~:text=Member%20States%20at%20the%20World,high%2Dlevel%20meeting%20on%20UHC.>

[23] <https://unsdg.un.org/sites/default/files/2020-04/COVID19-Response-Recovery-Fund-Documents.pdf>

[24] <https://www.saferworld.org.uk/resources/news-and-analysis/post/873-a-tale-of-two-crises-conflict-and-covid-19-in-south-sudan>

[25] <http://documents1.worldbank.org/curated/en/463921526414702925/pdf/126251-WP-P152600-PUBLIC-Youth-As-Agents-of-Peace-Somalia.pdf>

[26] [https://reliefweb.int/sites/reliefweb.int/files/resources/Somalia\\_2019\\_HRP\\_FIN\\_260520.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Somalia_2019_HRP_FIN_260520.pdf)

## Conclusion

While the situation is constantly evolving, the impacts of the COVID-19 pandemic will be felt for months and years to come. Stability and prospects for peace in FCV settings will be shaped by how the COVID-19 response tackles not only population health and the impact on health systems, but also the socio-economic repercussions of the pandemic and underlying inequities driving conflict.

The pandemic provides opportunities to 'build back better' and promote peacebuilding as an integral

component of the COVID-19 response. To leverage this potential, lessons from the health community's work in FCV settings must be applied, conflict-sensitive frameworks and approaches should guide health responses to include peacebuilding as a key output, and evidence needs to be expanded to understand what enables health to contribute to peace in varying contexts. Through better multilateral action, knowledge, advocacy and funding, it is now pivotal for the context of COVID-19 to be used as an opportunity to strengthen peacebuilding.

**We thank the following for their contribution to this policy brief:** Huda Abdul-Ghaffar, Maha El-Adawy, Zahra Ahmed, Sara Fewer, Peter Friberg, Elizabeth Hoff, Wasiq Khan, Mamunur Malik, Vian Russell, Sinead Walsh

The designations employed and the presentation of the material in this document do not imply the expression of any opinion whatsoever on the part of the World Health Organization, *The Lancet*, SIGHT or *Lancet-SIGHT* Commission on Peaceful Societies through Health and Gender Equality concerning the legal status of any country, territory, city or area, or its authorities, or concerning the delimitation of its frontiers or boundaries.