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► From crisis to opportunity for sustainable peace

A joint perspective on responding to
the health, employment and peacebuilding
challenges in times of COVID-19





From crisis to opportunity for sustainable peace

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employment and peacebuilding challenges
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About this paper

This paper examines key policy and programmatic considerations for international health and employment interventions responding to COVID-19 in conflict-affected countries. It outlines a range of important peacebuilding considerations and highlights significant contributions the World Health Organization (WHO) and the International Labour Organization (ILO) are making to mitigate the impacts of the pandemic.

By doing so, this paper aims to shed light on the risks and resilience factors that are particularly relevant in countries recently or currently affected by armed conflict, or where the risk of an outbreak, escalation of, or relapse into violence is high (for the sake of readability, these situations are hereafter referred to as “conflict-affected”). It suggests how these considerations can best be incorporated into COVID-19 policy responses and programming, and provides general and practical guidance for how programmes and interventions may need to be adapted to become optimally effective, do no harm and strengthen prospects for peace. Thus, one of the main added values of this paper is the link of peace to health.

The paper stems from a partnership among WHO, ILO, Interpeace and the UN Peacebuilding Support Office (PBSO) of the Department of Political and Peacebuilding Affairs.¹ This publication targets national governments/donors, international agencies and civil society engaged in the COVID-19 response specifically in the areas of health, decent work and employment, and peacebuilding in conflict-affected settings.

¹ The Swiss Federal Department of Foreign Affairs (FDFA) provided financial support for ILO. Global Affairs Canada and the Foreign, Commonwealth and Development Office of the United Kingdom provides financial support for Interpeace’s Peace Responsiveness Facility.

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Preface

Initially, some referred to the COVID-19 crisis as a “great equalizer,” yet it is anything but equalizing. The pandemic is exacerbating persistent political, social and economic structural inequalities that render some groups more vulnerable than others. In many contexts, it is reinforcing patterns of inequality and grievance that undermine trust and the social contract among individuals and communities with the states that must represent, protect and govern them. Beyond the enormous direct health impacts of the virus itself, these patterns are undermining access to decent jobs, health services, education, food and livelihoods – triggering new grievances and exacerbating pre-existing conflict dynamics. Besides being the greatest health crisis of our time, COVID-19 is a multidimensional crisis that threatens broader peace and stability.

The potential of increased conflict and violence at such a time must command our collective attention. The virus spreads far and fast and does not know, nor care, for boundaries. In some contexts, fragile peace agreements and containment measures have kept violence to a minimum. In many others, armed groups and other actors have exploited the crisis to their advantage, increasing violence while undermining public health responses.

Potential conflict threatens not only peace and stability but also the effectiveness of public health responses to meet the COVID-19 challenge. While the primary response to the pandemic must come from both local and national levels, the role of international actors is still crucial.

The question of how conflict sensitive and peace responsive approaches are integrated into international technical health responses and broader socio-economic responses - such as employment programs - will determine their effectiveness and sustainability but also how they impact peace and conflict dynamics. Therefore, how peacebuilding approaches are integrated into multidimensional humanitarian and development actions of governments, INGOs, social partners (employers and workers organisations) and UN actors – or not – is not an abstract question, but a critical operational imperative.

This joint paper by the World Health Organization, the International Labour Organization, Interpeace and the UN Peacebuilding Support Office aims to outline practical guidance on how our interventions in conflict-affected settings may need to be adapted to be more effective, more integrated, ensure they do no harm and strengthen prospects for peace. When dealing with the multidimensional and complex nature of peace in societies it is key we do not view our contributions in isolation but realize a holistic, integrated and connected understanding of how our teams and partners operate on-the-ground.

We hope the guidance helps our teams and partners around the world to develop, enable and support others in crafting COVID-19 policies and programmatic interventions that avoid inducing or exacerbating conflict, better achieve their important technical outcomes and make a positive contribution to peace.

As the interconnectedness of our world has never been more evident, and the need for collaboration never more urgent, we hope this paper encourages and equips our respective organizations and colleagues to realize collective outcomes and enable local leadership. While the pandemic has exposed serious vulnerabilities, it has also revealed unseen levels of generosity, courage and faith in human nature, offering new opportunities for collective action and innovation. Jointly and in solidarity, we believe that all of us can contribute to more inclusive, resilient and peaceful societies for all.



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Executive summary

The COVID-19 pandemic is overwhelming health systems, interrupting supply chains, exacerbating unemployment and/or underemployment, and diverting resources and capacities from other health needs. The crisis is aggravating persistent political, social and economic structural inequalities that render some groups more vulnerable than others. The risk of contracting the disease is particularly high among already disadvantaged groups, such as the unemployed, those working in the informal economy, refugees, displaced people and migrants living in camps and informal settlements.²

Pre-existing inequity in access to health care, social protection and decent work for financial, logistical or even political reasons has become more apparent or worsened, potentially further deepening inequalities between social groups. In many contexts, this reinforces patterns of inequality and grievances that undermine trust and the social contract between individuals and communities and the states that represent, protect and govern them.

The containment measures deeply affect the economies of conflict-affected states – especially those economies and households that rely heavily on international exchanges and remittances. Women and youth tend to suffer disproportionately from the socioeconomic impacts, both in the immediate term and in relation to prospects. Decent work is further reduced, as remaining labour opportunities are scarce, and households may need to resort to negative coping strategies. Child labour and trafficking may increase as a result.

Social protection mechanisms are unable to provide sufficient livelihood support, particularly for those relying on the informal economy. Government strategies to protect economies are often inadequate to mitigate negative effects on livelihoods and remain primarily geared towards formal businesses.

Government responses to manage the pandemic, rapidly upgrade health-care systems and tackle the socioeconomic consequences for livelihoods may be perceived as unsatisfactory by the population, particularly in situations where confidence in the state is low. This underlines an important aspect of policy responses to the crisis: in many settings, the impacts are directly and indirectly conflict inducing. This means it is more important than ever to consider how and when peacebuilding approaches ought to be integrated into multidimensional humanitarian and development actions.

This is relevant not just for peace, but for the outbreak of COVID-19 itself. The extent to which international humanitarian and development responses are conflict sensitive and peace responsive to the direct and indirect impacts of the pandemic will be critical in determining their effectiveness.

In conflict-affected settings, the impacts of the virus on health, livelihoods and decent work fuel dynamics of conflict and violence and erode social cohesion. They can create instability, reduce trust and social cohesion, and increase the risk of violence. They can also lessen the effectiveness of the measures taken to contain the virus, which can forge a vicious cycle where the disease and conflicts are mutually reinforcing.

The pandemic may also affect structural factors underpinning the potential for conflict and thus reduce prospects for sustainable peace. The direct and indirect impacts of COVID-19 may deepen structural inequalities and social injustice, fueling dissent and increasing mistrust, especially in situations where misinformation is widespread. The real or perceived inability of governments to respond to the crisis adequately and fairly can erode trust in state authorities. This, in turn, may create conflictual dynamics, and illegitimate, criminal or non-state actors can gain greater legitimacy by providing services.

2 International Federation of Red Cross and Red Crescent Societies (IFRC), 'Least Protected, Most Affected: Migrants and Refugees Facing Extraordinary Risks during the COVID-19 Pandemic' (IFRC, 2020) <<https://reliefweb.int/sites/reliefweb.int/files/resources/IFRC-report-COVID19-migrants-least-protected-most-affected.pdf>> accessed 17 June 2020.

As the pandemic unfolds and intensifies, frustration may lead to more social dissent and protest. This could turn violent, especially if security forces have heavy-handed responses. Criminal and interpersonal (including gender-based) violence may increase, due to shrinking business opportunities and fragile livelihoods. Health-care professionals and international responders may be attacked if responses are not conflict sensitive – a phenomenon that hampered the Ebola response in West Africa and eastern Democratic Republic of the Congo.

Although these impacts occur in some contexts, they are not necessarily present everywhere. In many countries and communities around the world, people understand why their governments have taken certain measures, despite the pain they have caused. Still, the risks of diminishing the prospects for sustainable peace are real and must be considered when designing and implementing interventions.

Approach a multidimensional crisis with a multidimensional response

Epidemiological responses to tackle the virus, including containment measures, and actions to mitigate the socioeconomic impacts must be designed in close connection to each other, considering indirect impacts in other sectors and maximizing synergies among different sectoral responses. Multidisciplinary competencies and expertise are required. Humanitarian, development and peace actors must link their responses towards collective outcomes rooted in a sound understanding of local needs and enable local leadership.

Youth and gender need to be integrated as disproportionately affected groups, as well as to maximize their potential to contribute to more effective approaches. Importantly, a multidimensional approach should also consider the impact of the crisis on civil rights and ensure their protection.

Commit to conflict-sensitive, peace-responsive and tailored policy and programmatic approaches

National and international agencies must progressively invest in capacities to analyse the impact of COVID-19 on the broader context, including on conflict dynamics. National and international organizations supporting health care, livelihoods and decent work in the context of the pandemic must always ensure the conflict sensitivity of their interventions, and establish the necessary capacity, systems and processes to do so.

Beyond conflict sensitivity, ensuring that the response to the crisis supports sustainable peace requires applying peace-responsive approaches³ – that is, proactively identifying how health, employment and other interventions can contribute to peace. Ensuring conflict sensitivity and peace responsiveness requires senior-level commitment and the dedication of specialized human and financial resources. WHO, ILO, PBSO and others have developed conflict-sensitivity guidance tailored to specific programming interventions that national and international actors operating in this field can use.

Use the COVID-19 crisis as an opportunity to shift to locally led responses

Effectively addressing various dimensions of the pandemic in conflict-affected contexts depends heavily on context-specific as well as locally informed and led responses. The response is compounded by the operational limitations faced by international – and even national – actors due to containment measures.

The pandemic can thus serve as a key lever to advance the localization agenda and integrate it more centrally into the broader humanitarian-development-peace nexus. In practice, this will require new funding and operational modalities that incentivize a bigger role in decision-making for local actors. It is also necessary to intentionally strategize how to achieve this without unevenly transferring risks to local partners, but rather seeking to manage risks jointly between local and international actors. This requires a greater degree of programmatic and financial flexibility than is available today, and adapted accountability mechanisms more based on trust and partnership.

³ Interpeace, 'Peace Responsiveness,' <<https://www.interpeace.org/our-approach/peace-responsiveness/>> accessed 10 July 2020.

Adapt programmatic and communication approaches to local realities and capacities

Containment approaches have strong negative socioeconomic impacts on labourers in low- and middle-income countries, especially those with a relatively large informal sector and weak social protection coverage. Trust in government responses and the efficacy of communication efforts are crucial in determining the success of mitigation strategies. Communicating transparently about the rationale and priorities for the responses is a key element that can only succeed when working with and through trusted sources and intermediaries.

Responses must operationalize partnerships beyond the state and establish collaborative efforts whereby stakeholders (including communities, civil society, local leaders, workers, employer organizations and authorities) design locally suitable strategies and gather support for them. To be peace responsive, all efforts must be designed through an “inequality lens,” meaning no effort should – or be seen to – further increase inequality among social groups.

Integrate a peace and conflict lens to maximize positive and mutually reinforcing direct and indirect impacts

Technical agencies working in the spheres of health, employment and decent work can make valuable contributions to mitigate the conflict and peace dynamics of COVID-19. The ILO Handbook and the WHO Peace and Health Initiative elaborate the pathways through which technical interventions can potentially help sustain peace. Considering the strong linkages between health, socioeconomic impacts and conflict dynamics, these kinds of interventions can have multiplier effects beyond their direct technical outcomes.

Short-term emergency public works schemes, for instance, can help mitigate the socioeconomic impact and support the health response by upgrading infrastructures for primary health care and access to clean water, sanitation and hygiene. Skills development programming can strengthen the health response by creating a workforce skilled in contact tracing to prevent the further spread of the disease. Small firms could be supported to domestically produce protective equipment required for the health response.

In all such efforts, equity – whether in access to health care or socioeconomic opportunities – must be at the forefront of the operational programme design approaches of national and international response planners. Potentially important direct impacts can also be leveraged for peace. In the realm of health diplomacy, it may be possible to address conflicts between parties by temporarily suspending hostilities to allow for crossline cooperation in health. This could underpin confidence-building efforts, providing more fertile ground for future negotiation and peacebuilding.

Lay down foundations for structural changes and build resilience

While immediate measures are necessary, they should be part of a wider, long-term vision for recovery that addresses the underlying factors of fragility that made society and the economy particularly vulnerable to shocks in the first place. Programming therefore must ensure explicitly that short-term responses help lay the foundations for the transformation of these more structural challenges.

Existing public employment programmes can be rapidly scaled up when new crises hit. Some countries may need such programmes in the long term. Investment in productive infrastructure must be increased, for instance, through these employment programmes. Social protection schemes should be upgraded and their coverage expanded to cater to the most vulnerable. Similarly, health-care systems need to be overhauled and moved closer to universal coverage.

All such reforms, whether in the health or the socioeconomic sphere, must be developed through participatory and inclusive methods that ensure these policies are appropriate and in line with people’s needs and desires. By doing so, they ought to enhance trust in state authorities and strengthen social cohesion. The limited fiscal space of many conflict-affected and fragile contexts may stymie many of these reforms, such as expanding social protection and health care. Therefore, more international collaboration and solidarity will be required in the coming years.

Seizing the occasion for transformative change

The magnitude of the pandemic boosts its potential to change fundamentally unsustainable political and social conditions, thereby creating an environment conducive to deeper reform and genuine peacebuilding processes. It may give development actors a better chance to collaborate with government counterparts as well as social partners (worker and employer organizations), local leaders and communities, to initiate more inclusive processes for more far-reaching policy reforms for sustainable peace.

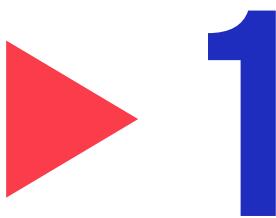
The pandemic may also help to advance long-discussed changes to the humanitarian and development sector, including the humanitarian-development-peace nexus and the connected localization agenda. This work is urgent, as the crisis has exposed the degree to which the different sectors of our societies are interlinked.



We are living through a difficult time, but we can turn the COVID-19 crisis into an opportunity for sustainable peace and greater inclusion.

► The UN Secretary-General





Introduction

The unprecedented magnitude of the pandemic means its impact is wide-ranging. Although COVID-19 originated as a health crisis, most, if not all, sectors of society and the economy have been affected. Measures taken to slow the spread of the virus have had serious social, economic and political implications.

Conflict-affected countries are particularly exposed to the effects of the pandemic. In these societies, the sudden onset of a new disease can easily aggravate social, economic and political challenges and disrupt already fragile social contracts.

The specialized agencies in health (World Health Organization) and employment and decent work (International Labour Organization) can make important contributions to mitigate the direct impacts of the pandemic, as well as the broader impacts on peace and conflict through collaboration with peace actors. **Recommendation 205** of the International Labour Organization provides the key international normative framework and underscores the central role of employment and decent work in prevention, recovery, peace and resilience with respect to crisis situations arising from conflicts and disasters.

WHO has also heeded the call by the UN Secretary-General to contribute proactively to building and sustaining peace. Its recent Health and Peace Initiative explores how its comparative advantage as the leading global health agency can help lessen the impact of armed conflict and violence and improve the prospects of lasting, local peace within the scope of its mandate.

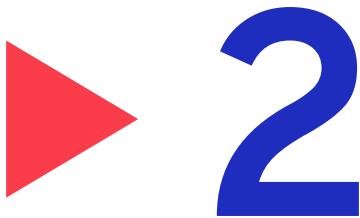
Beyond the immediate humanitarian and socioeconomic challenges of the crisis, the implications for building and sustaining peace are diverse and sobering. Containing and addressing COVID-19 in conflict-affected contexts will require serious consideration of the complex multidimensional risks and resilience capacities present in these settings. While mitigation measures mainly target the immediate and direct needs to contain the disease, these national and international responses must be conflict sensitive and peace responsive. They must not exacerbate conflict dynamics or mistrust, yet they should proactively seize opportunities to help ease tensions and strengthen peace (for example, by fostering social cohesion).

This paper will draw on emerging findings on how the epidemic has affected these multiple dimensions in society. Important lessons in this regard have also been learned from recent Ebola outbreaks in Central and West Africa; these have been incorporated at relevant points in this paper.

The global and local impact of COVID-19 is of a nearly unrivalled nature as a risk, shock and stressor. As such, the pandemic is a critical juncture in which there may be scope for transformative change to unsustainable and broken social contracts. It has brought to light social fault lines of inequality, little trust in authorities and the weak ability of the public sector to quickly and appropriately. It is therefore the right time to understand how international support for national and local capacities can help both recover from the shock and stress of COVID-19 and “build back better” for sustainable peace.

This paper sets out the most relevant considerations for effective, conflict-sensitive and peace- responsive approaches to mitigate the effects of the pandemic in conflict-affected contexts. It provides general guidance on how to adapt programmes and interventions so they are the most effective, do no harm and strengthen (prospects for) peace.





Understanding the impact of COVID-19 in conflict-affected settings

The pandemic has taken a major toll on health systems, which are struggling to cope with the surge in demand for complex health-care treatment. At the same time, the nature of the virus and the effectiveness of treatment options are still unclear.⁴ Measures taken to contain COVID-19, such as lockdowns, have significant socioeconomic impacts on individuals and households, compounding the already precarious nature of livelihoods in areas affected by conflict or violence.

This section identifies the main threats the pandemic poses to access to health care and the health-care systems in conflict-affected countries. It also examines the socioeconomic impacts of the crisis and containment strategies, including the impact on labour conditions and decent work.

These threats do not take place in a vacuum. Broader conflict dynamics and structural factors already limit the extent to which peace can be achieved and sustained. Therefore, this section also analyses how the effects on health care, employment and livelihoods may directly influence violence and instability, and more indirectly – but perhaps more profoundly – the structural factors underpinning conflict and peace, including the levels of social cohesion and trust in society.

2.1 Impact on access to health care and health-care systems

The public health impact to date

- ▶ As of 4 September 2020, more than 26 million confirmed COVID-19 cases and over 863,000 deaths had been reported to WHO. The Americas accounted for more than half of both all cases and deaths, followed by Europe (17 per cent of all cases; 26 per cent of all deaths), South-East Asia (17 per cent; 9 per cent) and the Eastern Mediterranean region (8 per cent; 6 per cent). Africa and the Western Pacific together made up only 6 per cent of the cases and 4 per cent of the deaths.⁵
- ▶ In early August, there were more than 53 per cent male confirmed COVID-19 cases in the countries for which sex-disaggregated data were available, yet the average male-female ratio of deaths was close to 1.4.⁶

4 World Health Organization (WHO), 'Rolling Updates on Coronavirus Disease (COVID-19)' (WHO, 2020) <<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>> accessed 1 July 2020.

5 'WHO Coronavirus Disease (COVID-19) Dashboard' (WHO 2020), <<https://covid19.who.int/>> accessed 4 September 2020.

6 'COVID-19 sex-disaggregated data tracker', Global Health 50/50 <<https://globalhealth5050.org/covid19/sex-disaggregated-data-tracker/#1593530303289-1a59fb7f-b2b7>> accessed 4 September 2020.

Health systems may be overwhelmed or at risk of collapse

► The rapid rise in the number of COVID-19 patients requiring immediate care may devastate fragile health systems. Limited medical and paramedical personnel, lack of medical material – including tests – and insufficient numbers of hospital beds may complicate the immediate health response to the pandemic.

There may be too few hospital beds to manage the influx of patients in conflict-affected areas such as Afghanistan (which has five beds for every 10,000 people), Burkina Faso (4), Myanmar (9) and South Sudan (7.2), especially when compared with figures of high-income countries like Germany (more than 82 beds for every 10,000 people) or the United States (29).

Suitable equipment to treat the most complicated cases may also be in short supply. Venezuela, where half of the doctors left the country during the pre-pandemic humanitarian crisis, has 84 beds in intensive care units for a population of 32 million. South Sudan has 24 intensive care unit beds and four ventilators for its 11.7 million inhabitants.⁷ Conflicts also often lead to the disruption of health systems and the collapse of essential medical supply chains.⁸

Diverting health systems' scarce resources to the pandemic response can reduce the availability of health services for other major diseases. In some West African countries in 2014–2015, the disruption of routine health service delivery, vaccination programmes and disease-specific interventions due to a focus on the Ebola outbreak led to higher morbidity and mortality rates for endemic diseases such as malaria.⁹

Disadvantaged groups and individuals are most affected by the virus

- Although they are not necessarily more susceptible to COVID-19, disadvantaged groups (such as the unemployed and working poor, as well as refugees and other forcibly displaced people living in camps and settlements) have a higher risk of becoming infected.¹⁰ Inadequate and crowded housing conditions, the inability to maintain social distancing recommendations, poor hygiene and lack of water and sanitation facilities contribute to the spread of the virus. These vulnerable groups often cannot afford or have no access to health services, which increases the risk of the virus spreading.
- The vast majority of workers in the informal economy are highly exposed to occupational health and safety risks and lack appropriate protection. Most of these workers do not have guaranteed access to medical care or sickness or employment injury benefits. Those who can access health care may be forced into debt or compelled to sell productive assets, plunging them into deeper poverty. Before the crisis, 100 million people fell into poverty annually due to catastrophic health expenses.¹¹
- The pandemic has significant direct repercussions for women because of their prevalence as front-line workers and caregivers.¹² The indirect effects are also substantial, due to the impact on the funding and availability of other health-care services on which women depend, such as sexual and reproductive health services. The downstream impacts on health services for women can be devastating in low-capacity health systems.

7 'Hospital Beds (Per 10 000 Population)', The Global Health Observatory (World Health Organization (WHO) 2020); and International Rescue Committee, 'COVID-19 in Humanitarian Crises: A Double Emergency' (International Rescue Committee (IRC) 2020) <<https://www.rescue.org/sites/default/files/document/4693/covid-19-doubleemergency-april2020.pdf>> accessed 21 June 2020.

8 World Health Organization (WHO), Health and Peace Initiative (WHO 2020).

9 Alyssa S. Parpia and others, Effects of Response to 2014–2015 Ebola Outbreak on Deaths From Malaria, HIV/AIDS, and Tuberculosis, West Africa' (2016) 22 *Emerging Infectious Diseases* <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4766886/>> accessed 25 May 2020; Kim J. Brolin Ribacke and others, 'Effects of the West Africa Ebola Virus Disease on Health-Care Utilization – a Systematic Review' (2016) 4 *Frontiers in Public Health* <<https://www.frontiersin.org/articles/10.3389/fpubh.2016.00222/full>> accessed 25 May 2020; and Laura Sochas, Andrew Amos Channon and Sara Nam, 'Counting Indirect Crisis-Related Deaths in the Context of a Low-Resilience Health System: The Case of Maternal and Neonatal Health During the Ebola Epidemic in Sierra Leone' (2017) 32 *Health Policy and Planning* <https://academic.oup.com/heropol/article/32/suppl_3/ii32/4621472> accessed 25 May 2020.

10 United Nations High Commissioner for Refugees (UNHCR), 'Coronavirus Emergency Appeal UNHCR'S Preparedness and Response Plan (REVISION)' (UNHCR, 2020) <<https://reporting.unhcr.org/sites/default/files/COVID-19%20appeal%20-%20REREVISED%20-%202011%20May%202020.pdf>> accessed 2 July 2020.

11 International Labour Organization (ILO), 'COVID-19 Crisis and the Informal Economy Immediate Responses and Policy Challenges' (ILO 2020) <https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/briefingnote/wcms_743623.pdf> accessed 4 July 2020.

12 United Nations, 'Policy Brief: The Impact of COVID-19 on Women' (UN, 2020) <<https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf>> accessed 8 July 2020.

Unequal access to health care is exacerbated

- ▶ Equitable access to health care was far from the reality in many conflict-affected countries, and the pandemic is likely to further entrench or deepen these inequalities. In particular, the disadvantaged groups most at risk of contracting the virus may be the least able to access health care, for financial or logistical reasons. Especially in rural areas, health-care services may simply not be available.
- ▶ Issues related to inequity in access to quality health care will probably return after a possible COVID-19 treatment or vaccine is found.
- ▶ Insecurity and other challenges where armed conflict is ongoing may further undermine the availability of and access to information and health care, forcing people to seek shelter or flee.
- ▶ Political patronage or even outright political manipulation may determine who can access health care, as means to manipulate the situation for political gain. In some cases, authorities may exploit the crisis to deprive specific groups of much-needed access to health care during the pandemic, e.g. in opposition-held areas. For instance, the Cameroonian authorities initially halted humanitarian flights within the country to prevent the spread of the virus, a decision that was interpreted as undermining the COVID-19 response in disputed zones.¹³

Government responses may be inadequate or insufficiently supported by the population

- ▶ The inability of state institutions to design and implement suitable and tailored health responses or to rapidly upgrade health systems so they take local or group particularities into account may foment distrust in authorities. This can be further fueled by a lack of clear communication by crisis authorities, and perceptions of a discriminatory response to, or mismanagement of, the pandemic.
- ▶ With containment strategies relying heavily on lockdown and social distancing, freedoms have been temporarily curtailed. In some cases, the temporary withdrawal of oversight mechanisms – parliament, judiciary, civil society – for the sake of expediency means the executive branch could prolong the state of emergency and use coercive powers disproportionately, further shrinking the civic space and using the pandemic for political reasons.¹⁴

2.2 Impact on livelihoods and decent work

Containment measures deeply affect economies of conflict-affected states

- ▶ Conflict and violence feature mostly in middle- and low-income economies, including the least developed countries. In these settings, both the overall economy and large swathes of the population are even more vulnerable to the sudden social and economic shocks of the pandemic.
- ▶ Socioeconomic vulnerability to local and global containment policies hinges on several factors, including the share of the informal economy, the importance of remittances, the ability of the economy to re-employ returning emigrants and reliance on international exchanges. Restrictions on the movement of people disrupt supply chains and reduce export-oriented production. Travel bans may hurt critical sectors, including tourism, leading to loss of income and food insecurity.
- ▶ Informal enterprises, which employ about 80 per cent of the adult workforce in low- and lower middle-income countries,¹⁵ are very vulnerable. They have low productivity, low rates of savings and investment, and negligible capital accumulation, which makes them particularly susceptible to economic shocks.¹⁶ A review of the initial measures taken in Africa to reduce the impact on the economy reveals that the focus so far has been primarily on the formal economy, such as airlines, trade, infrastructure, energy and insurance.¹⁷

13 Human Rights Watch, 'Cameroon: Allow Aid Access Amid Pandemic' (HRW 2020) <<https://www.hrw.org/news/2020/04/10/cameroon-allow-aid-access-amid-pandemic>> accessed 23 May 2020.

14 International Crisis Group (ICG), 'COVID-19 and Conflict: Seven Trends to Watch' (ICG 2020) <<https://www.crisisgroup.org/global/sb4-covid-19-and-conflict-seven-trends-watch>> accessed 23 May 2020.

15 International Labour Organization (ILO), 'ILO Monitor: COVID-19 and the world of work. Fourth edition' (27 May 2020) https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_745963.pdf accessed 14 July 2020.

16 ILO, 'COVID-19 Crisis and the Informal Economy Immediate Responses and Policy Challenges.'

17 International Labour Organization (ILO), 'The Impact of the COVID-19 on the Informal Economy in Africa and the Related Policy Responses' (ILO 2020) <https://www.ilo.org/wcmsp5/groups/public/---africa/---ro-abidjan/documents/briefingnote/wcms_741864.pdf> accessed 4 July 2020.

Socioeconomically vulnerable groups are most deeply affected in their livelihoods

- ▶ Workers in the informal economy, including migrants and refugees, have seen their income opportunities shrink dramatically.¹⁸ Informal employment represents 90 per cent of total employment in low-income countries and 67 per cent in middle-income countries, compared to 18 per cent in high-income countries.¹⁹ Women are more exposed to informality in low- and lower middle-income countries and are often in more vulnerable situations than men.²⁰
- ▶ Lockdowns may be more costly for poor urban consumers due to the difficulty of accessing informal economy markets and the associated increase in prices of basic goods. This may lead to more rural-urban migration or create an incentive for informal trading and flows of these goods between rural and urban areas, which can contribute to the spread of the virus.²¹
- ▶ Households relying on remittances face significant drops in income due to the crisis. In low- and middle-income countries, 800 million relatives of migrant workers need this vital financial support.²² This year, the World Bank projects a 19.7 per cent decline in remittances to USD 445 billion from USD 554 billion in 2019.²³ Money sent from abroad usually has a countercyclical effect, helping households in times of hardship and providing tax revenue to governments. But in a truly global crisis, remittances may not be sufficient to offset income losses.^{24,25}

Women and youth suffer disproportionately from the socioeconomic impacts

- ▶ The COVID-19 crisis affects men and women differently. Early sex-disaggregated data suggest that more men than women die from the virus. However, the social and economic effects of the pandemic are likely to affect women and girls disproportionately.^{26,27,28}
- ▶ Women comprise the health workforce of most countries – especially nurses working on the front line of the COVID-19 response – thereby increasing the risk of infection among female health workers.²⁹ The socioeconomic crisis is expected to take a bigger toll on lower-wage, low-skilled jobs, which tend to be occupied by women, further exposing women to loss of income.
- ▶ Social norms in many settings mean that female members of households will carry the increased caregiving burden at home – for the sick, older relatives and children – further impeding an already restricted access to education for girls and to livelihoods for women.³⁰ With the enforcement of stay-at-home orders and school closures, women and girls are also more likely to suffer from sexual or physical violence perpetrated by an intimate partner or family member.³¹

18 See, for instance, the impact on Syrian refugees in Jordan: Tewodros Aragie Kebede, Svein Erik Stave and Maha Kattaa, 'Facing Double Crises: Rapid Assessment of the Impact of COVID-19 on Vulnerable Workers in Jordan' (International Labour Organization (ILO) 2020) <https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms_743391.pdf> accessed 9 July 2020.

19 International Labour Organization (ILO), 'ILO Monitor: COVID-19 and the world of work. Fourth edition' (27 May 2020) https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_745963.pdf accessed 14 July 2020.

20 ILO, 'COVID-19 Crisis and the Informal Economy Immediate Responses and Policy Challenges.'

21 ILO, 'The Impact of the COVID-19 on the Informal Economy in Africa.'

22 United Nations Network on Migration, 'International Day of Family Remittances: The Global Pandemic Highlights the Crucial Role of Remittances for Migrant Families' (2020) <<https://migrationnetwork.un.org/international-day-family-remittances-global-pandemic-highlights-crucial-role-remittances-migrant>> accessed 10 July 2020.

23 Antoinette Sayeh and Ralph Chami, 'Lifelines in Danger' (International Monetary Fund (IMF) 2020) <<https://www.imf.org/external/pubs/ft/fandd/2020/06/pdf/COVID19-pandemic-impact-on-remitiance-flows-sayeh.pdf>> accessed 10 July 2020.

24 Ibid.

25 Antoinette Sayeh and Ralph Chami, 'Lifelines in Danger' (International Monetary Fund (IMF) 2020) <<https://www.imf.org/external/pubs/ft/fandd/2020/06/pdf/COVID19-pandemic-impact-on-remitiance-flows-sayeh.pdf>> accessed 10 July 2020.

26 'COVID-19: Emerging Gender Data and Why it Matters' (UN Women Data Hub, 2020) <<https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>> accessed 27 May 2020.

27 Clare Wenham, Julia Smith and Rosemary Morgan, 'COVID-19: The Gendered Impacts of the Outbreak' (2020) 395 *The Lancet* <[https://doi.org/10.1016/S0140-6736\(20\)30526-2](https://doi.org/10.1016/S0140-6736(20)30526-2)> accessed 27 May 2020.

28 David Evans, 'How Will COVID-19 Affect Women and Girls in Low- And Middle-Income Countries?' <<https://www.cgdev.org/blog/how-will-covid-19-affect-women-and-girls-low-and-middle-income-countries>> accessed 27 May 2020.

29 International Labour Organization (ILO), 'Women Health Workers: Working Relentlessly in Hospitals and At Home' (ILO, 2020) <https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_741060/lang--en/index.htm> accessed 3 June 2020.

30 CARE, 'Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings' (CARE 2020) <https://insights.careinternational.org.uk/media/k2/attachments/CARE_Gender-implications-of-COVID-19_Full-Report_March-2020.pdf> accessed 2 July 2020.

31 UN Women, 'The Shadow Pandemic: Violence Against Women and Girls and COVID-19' (UN Women 2020) <<https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-infographic-en.pdf?la=en&vs=5348>> accessed 1 July 2020.

- ▶ Youth employment vulnerability, already at a high level, is rising quickly. Even before the crisis, young people (aged 15 to 24) were more likely to be unemployed or in worse quality jobs than adults (aged 25 and above), with the global youth unemployment rate standing at 13.6 per cent in 2019.³² The youth informality rate ranges from 32.9 per cent in Europe and Central Asia to 93.4 per cent in Africa, making young people particularly vulnerable to the socioeconomic impacts of COVID-19.³³ Recent data from developed countries point to a dramatic jump in the youth unemployment rate since February 2020, particularly for young women. Although accurate data on the increase in youth unemployment in conflict-affected states is not currently available, it is likely to be high.³⁴

Decent work is further reduced

► Box 1. Decent Work – ILO definition

Decent work sums up the aspirations of people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security and representation in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to form and join organizations and express their concerns, organize and participate in the decisions that affect their lives, and equality of opportunity and treatment for all women and men.³⁵

- ▶ The COVID-19 crisis has revealed the significant deficits in decent work that still prevail in 2020. The crisis highlights the vulnerability of millions of working people and worsens labour-market vulnerabilities for many already disadvantaged groups, including people with disabilities, indigenous peoples and members of disadvantaged ethnic groups, refugees, internally displaced people, smallholder farmers and others.
- ▶ The economic downturn and scarcity of demand for labour may further increase the exploitative, precarious and informal nature of the remaining work opportunities. To ensure immediate household survival, vulnerable workers may fall prey to underpaid or forced labour or seek credit with a high risk of debt bondage. They may also seek income in illegal or riskier lines of work, including sex work, trafficking and smuggling.
- ▶ Children are particularly susceptible, and the COVID-19 crisis may cause recent gains on combatting child labour to go into reverse. Households may be more inclined to resort to child labour to compensate for the loss of jobs or the cost of health care. Children are often the most available labour in households and more likely to accept work for less pay and in risky conditions. Children may even be sent away, or left behind when family members relocate, leaving them even less protected and more vulnerable to the worst forms of labour. After the 2015 earthquake in Nepal, for instance, the breakdown of private and public protection mechanisms drove increased human trafficking of children.³⁶
- ▶ In addition, governments and the private sector are placing more restrictions on the rights of workers to organize and negotiate collectively. The COVID-19 crisis may have contributed to this trend.³⁷

Social protection mechanisms cannot provide sufficient livelihood support

- ▶ Social networks – e.g. extended family, neighbours and friends – usually act as a support system in difficult times as part of community resilience mechanisms, especially for workers in the informal economy. As lockdowns and other containment measures disrupt social contacts and travel, some people may be

32 International Labour Organization (ILO), 'Global Employment Trends for Youth 2020' (ILO, 2020) <https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_737648.pdf> accessed 8 June 2020.

33 International Labour Organization (ILO), 'ILO Monitor: COVID-19 and the World of Work. Fourth Edition. Updated Estimates and Analysis.' (ILO 2020) <https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_745963.pdf> accessed 2 July 2020.

34 *Ibid.*

35 'Decent Work' (ILO) <<https://www.ilo.org/global/topics/decent-work/lang--en/index.htm>> accessed 1 July 2020.

36 International Labour Organization and United Nations Children's Fund, 'COVID-19 and Child Labour: A Time of Crisis, a Time to Act.' (ILO and UNICEF 2020) <https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---ipec/documents/publication/wcms_747421.pdf> accessed 27 May 2020.

37 International Trade Union Confederation, '2020 ITUC Global Rights Index: Violations of Workers' Rights at Seven-Year High' (2020) <<https://www.ituc-csi.org/violations-workers-rights-seven-year-high>> accessed 1 July 2020.

deprived of this valuable source of resilience (though most reports highlight the continued importance of these connections and the emergence of new support groups as the key means for survival).

- ▶ Social protection schemes only partially absorb socioeconomic shocks. Just 45 per cent of the world's population is covered by at least one social protection benefit, and this share drops to 39 per cent in Asia and the Pacific and 18 per cent in Africa.³⁸ Workers in the informal economy are mostly excluded from these social protection mechanisms. Gaps in coverage disproportionately affect those workers in the care economy who are critical during the current crisis, notably in the cleaning, delivery, domestic work and transportation sectors.³⁹
- ▶ The fiscal space to establish adequate social protection mechanisms is a serious obstacle. An estimated 5.6 per cent of gross domestic product is required for least developed countries to build a social protection system, which is unrealistic for many governments.⁴⁰

Government strategies to reduce containment and protect economies are often insufficient

- ▶ Governments play a critical role in crisis response and in stimulating the economy with counter-cyclical measures. At times, they act as the employer of last resort to ensure livelihoods of the most vulnerable. Yet, many governments do not have the fiscal space, or the level of institutional preparedness, to apply the necessary measures.
- ▶ Various lockdown policies implemented in high-income countries may be ill adapted to conflict-affected economies and societies. As discussed above, many socioeconomically vulnerable groups and people living in dense settlements cannot afford confinement. Containment efforts may therefore be difficult to maintain for a longer period. In India, for example, lockdown measures motivated informal workers in large cities to return to their rural homes, causing large-scale displacements that could offset the very virus suppression objective of quarantine measures.

2.3 Impact on conflict dynamics⁴¹

In conflict-affected settings, these impacts on health, livelihoods and decent work may fuel dynamics of conflict and violence and erode social cohesion. This may directly increase violence and instability, or it may affect the more fundamental factors underpinning conflict and peace, including the level of social cohesion and trust.

► Box 2. Social Cohesion

Social cohesion can be described as "the extent of trust in government and within society and the willingness to participate collectively towards a shared vision of sustainable peace and common development goals."⁴²

A useful way to understand social cohesion is to depict it along two axes: vertical and horizontal. Vertical social cohesion refers to the relationships between social groups and the government. Horizontal social cohesion designates interactions among groups across divisions such as language, religion, ethnicity, class and other dimensions of identity.

³⁸ International Labour Organization (ILO), 'World Social Protection Report 2017–19' (International Labour Office – Geneva 2020) <https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_604882.pdf> accessed 25 May 2020.

³⁹ International Labour Organization (ILO), 'Social Protection Spotlight. Social Protection Responses to the COVID-19 Crisis: Country Responses and Policy Considerations' (ILO 2020) <https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_742337.pdf> accessed 26 May 2020.

⁴⁰ International Labour Organization (ILO), 'Fiscal Space and the Extension of Social Protection. Lessons Learnt from Developing Countries' (ILO, 2020) <https://www.ilo.org/wcmsp5/groups/public/---dcomm/---publ/documents/publication/wcms_692971084.pdf> accessed 5 July 2020.

⁴¹ Interpeace, 'Why peacebuilding should be part of the COVID-19 response' (Interpeace 2020) <<https://www.interpeace.org/wp-content/uploads/2020/07/Interpeace-COVID19-BriefingPaper.pdf>>

⁴² United Nations Development Programme, 'Strengthening Social Cohesion: Conceptual Framing and Programming Implications' (UNDP 2020) <<https://www.undp.org/content/undp/en/home/librarypage/democratic-governance/conflict-prevention/strengthening-social-cohesion--conceptual-framing-and-programmin.html>> accessed 1 July 2020.

Societal capacities to absorb and adapt to the shock of the pandemic can depend on many factors, including a sense of solidarity and the perceived legitimacy of and popular confidence and trust in state actors. Societies with a history of cooperative interactions among people and between people and the government may be better equipped to tackle the negative impact of a crisis. Divided societies and countries prone to or emerging from armed conflict may lack these assets, as societal fault lines may have deepened and societies fractured.

Even with strong bonds within society, the COVID-19 pandemic has hit the core of the social fabric, affecting everyone's daily physical and social interactions and economic exchanges. In contexts where the socioeconomic consequences are enormous, social support systems and mutual trust may succumb to the pressures. Both the relations between the population and state institutions – vertical social cohesion – and the ties that bind individuals and groups – horizontal social cohesion – are likely to be affected.

2.3.1 Potential effects on fundamental factors underpinning conflict and peace

Increased visibility and deepening of horizontal inequalities

- ▶ The pandemic has revealed and aggravated underlying structural fault lines in many countries. As noted above, the crisis has had a greater impact on already disadvantaged and vulnerable groups, such as the working poor, indigenous and tribal populations, women, migrants, refugees and other politically or socially marginalized groups.
- ▶ The disproportionate effect on specific groups heightens the sense of inequality and discrimination. It may also lead to more grievances and real or perceived exclusion among certain social groups that may already have been marginalized and perhaps were ready to rise up. When the measures to contain COVID-19, particularly those relating to access to health care and livelihood support, are perceived as excluding certain groups, it can further spark resentment and a sense of injustice.

Deterioration of trust in authorities (vertical social cohesion)

- ▶ The increased strain on basic services, and the inability of many states to deliver these services to the entire population in an equitable manner, can significantly undermine confidence in state bodies at different levels, including the health system and other social institutions. These services cover basic needs of the population and are critical in and of themselves. But for ordinary people, they are also the most tangible – and often the most positive – manifestation of state authorities, and an important source of their popular legitimacy.
- ▶ Governments are facing dilemmas and must strike a difficult balance between measures that contain the virus and those that protect the economy. In most countries, strongly opposing views may exist on how to manage these perceived trade-offs between the economy and health considerations. This can lead to high degrees of frustration and anger against government responses.
- ▶ Lack of clarity on the reasons for the containment strategies, the selection criteria and sections of the economy that are prioritized can further erode trust in the authorities. This is particularly relevant in situations where the pre-pandemic levels of trust were low, and information coming from the authorities may be a priori mistrusted. This mistrust in government communication hampered the effectiveness of early efforts to combat Ebola in West Africa, for instance.
- ▶ Governments and the private sector may impose more restrictions on the rights of workers to organize and negotiate collectively.⁴³ This may damage the perception of the institutions governing the country, including state authorities, as well as private sector actors and employer organizations, and deepen socioeconomic frustrations and grievances.
- ▶ Postponing elections and restricting public gatherings constitute major risks to maintaining state-society dialogue – precisely at a moment when critical decisions require societal buy-in. In the absence of such dialogue, and in contexts where state legitimacy rests solely on provisioning public services, the risks of violent conflict are accentuated.

43 International Trade Union Confederation, '2020 ITUC Global Rights Index.'

Deterioration of trust among people (horizontal social cohesion)

- ▶ As with other crises, people may tend to revert to their in-group for security and blame others for the sudden adversity they face. Separation along ethnic, religious, sectarian and other lines may be aggravated, fueling isolation and intergroup mistrust. This may lead to new grievances, or exacerbate existing ones, thereby providing fertile ground for tension and conflict.
- ▶ In many countries, misinformation about the pandemic is spreading on social media and elsewhere. Left unchecked, rumours, inaccurate information and accusations can fuel suspicion, fear and negative stereotypes against specific groups. In several countries, members of religious groups have been stigmatized and discriminated against after confessional gatherings were identified as the source of important infection clusters. Xenophobic and racist reactions against foreigners and outsiders, blamed for “importing” the virus, have been documented, and other marginalized groups associated with outbreaks have also been targeted. COVID-19 patients as well as front-line health-care workers themselves have also been affected by stigma.
- ▶ In divided societies, containment measures such as physical and social distancing may strain the ties that bind people together. Suppression measures may undermine the network of relationships that acts as a support mechanism for vulnerable groups, weakening the “social glue” that is a source of resilience in the face of adversity.
- ▶ Restrictions on gatherings may also jeopardize peacebuilding activities. Efforts to rebuild social cohesion are often based on people-to-people approaches and must bring individuals and groups together, especially at the local level.
- ▶ In countries with histories of violent conflict, the sometimes highly securitized response to COVID-19 or the ease with which violence may flare up can revive traumatic memories of the violence of war – as occurred during the Ebola outbreak in Liberia – and thus undo hard-won gains in trust-building, psychological healing and social welfare.⁴⁴

Potential increase in power and perceived legitimacy of non-state actors

- ▶ When authorities are unable to provide basic protection services, criminal or armed groups and illicit activities may fill the vacuum. In the long term, this can tilt the balance of power towards more non-democratic and illegitimate forces, causing changes in the political economy that may not be easily reversed.
- ▶ Insurgents, extremists or organized criminal groups may exploit the lack of economic opportunities to recruit new fighters and sympathizers, offering food, income and protection as incentives. Or they may use this opportunity to demonstrate their ability to meet people’s needs. Mexican cartels, for example, are reportedly providing aid to poor communities.⁴⁵
- ▶ Non-state actors, sometimes opposed to the incumbent regime can capitalize on lack of governmental capacity.^{46, 47, 48}

44 Platform for Dialogue and Peace (P4DP), ‘Documenting the Resilience of Liberians in the Face of Threats to Peace and the 2014 Ebola Crisis.’ (P4DP and Interpeace 2015) <http://3n589z370e602eata9wahf14.wpengine.netdna-cdn.com/wp-content/uploads/2015/11/2015_11_17_Liberia-Country-Note-2015.pdf> accessed 1 July 2020.

45 Vanda Felbab-Brown, ‘Mexican Cartels are Providing COVID-19 Assistance. Why That’s Not Surprising.’ (The Brookings Institution 2020) <<https://www.brookings.edu/blog/order-from-chaos/2020/04/27/mexican-cartels-are-providing-covid-19-assistance-why-thats-not-surprising/>> accessed 14 May 2020.

46 Rachel Brown, Heather Hurlburt and Alexandra Stark, ‘How the Coronavirus Sows Civil Conflict. Pandemics don’t Bring People Together – Sometimes, They Pull Societies Apart’ *Foreign Affairs* (2020) <<https://www.foreignaffairs.com/articles/world/2020-06-06/how-coronavirus-sows-civil-conflict>> accessed 9 July 2020.

47 Tom Perry and Laila Bassam, ‘Hezbollah Deploys Medics, Hospitals Against Coronavirus in Lebanon’ *Reuters* (2020) <<https://www.reuters.com/article/us-health-coronavirus-hezbollah/hezbollah-deploys-medics-hospitals-against-coronavirus-in-lebanon-idUSKBN21C3R7>> accessed 3 July 2020.

48 Josheph Hincks, ‘With the World Busy Fighting COVID-19, Could ISIS Mount a Resurgence?’ *Time* (2020) <<https://time.com/5828630/isis-coronavirus/>> accessed 27 May 2020.

2.3.2 Potential direct effects on levels of violence and instability

Violent protests and crackdowns

- ▶ Patterns of exclusion, mistrust of government, misinformation and fear of the virus all provide fertile ground for violence to occur. In highly tense contexts, the imposition of stringent isolation policies has been met with violent resistance, including protests, roadblocks and armed attacks. In Niger, for instance, the population widely contested the closure of mosques and the suspension of collective prayers for social distancing purposes; this led to violent demonstrations.⁴⁹
- ▶ Governments' heavy-handed approach to enforcing containment measures may also create instability. Poorly trained and overwhelmed security forces could turn to violence – especially against the vulnerable and marginalized – including at borders and checkpoints and when controlling crowds. Other security providers, such as the military, have been deployed as backup in some countries, and they perform policing duties for which they are not properly educated and equipped.
- ▶ Against the background of an upsurge in authoritarian measures, high-profile events, such as the death of a protester, can act as triggers for violent collective action against state authorities or opposing groups. Riots broke out in the city of Kayes in southern Mali after an off-duty police officer killed a young man, amid heightened tensions due to an unpopular curfew introduced to prevent the spread of the coronavirus.⁵⁰ Although it is difficult to disentangle the various factors that spark social unrest and protests, discontent over the handling of the pandemic has likely fueled pre-existing frustrations and brought people onto the streets. In some cases, urban young people have rallied to express dissatisfaction with the authorities' handling of the pandemic.⁵¹

Attacks on health-care professionals and international responders

- ▶ COVID-19 response teams and health-care workers have themselves been targeted by violence. Since the virus was officially declared a pandemic, health-care and COVID-19 response facilities have been hit by air strikes and shelling, and health workers have been killed and kidnapped.⁵²
- ▶ Pandemic response efforts are more likely to face resistance in places where people do not trust authorities. During the recent Ebola outbreak in eastern DRC, response teams and infrastructures were met with aggressive and sometimes violent behaviour. Rumours spread that the disease had been fabricated to serve political interests; local private health service providers saw their turnover directly harmed by external responders offering free medical care and drugs; and there was an overall impression that Ebola was brought in by outsiders.⁵³

Upsurge in crime and opportunistic violence

- ▶ Violent organizations can become magnets for individuals seeking immediate income and support, and crime networks may use instability to recruit new members or expand their activities. In Central America, a rise in gang violence appears to be linked to restrictions in criminal business activity and greater competition over a shrinking market.⁵⁴

49 International Crisis Group, 'Covid-19 au Niger : Réduire les Tensions Entre Etat et Croyants Pour Mieux Contenir le Virus' (2020) <<https://www.crisisgroup.org/africa/sahel/niger/covid-19-au-niger-reduire-les-tensions-entre-etat-et-croyants-pour-mieux-contenir-le-virus>> accessed 3 July 2020.

50 Will Ross, 'Mali Riots After Police Officer Kills 18-year-old' BBC Africa (2020) <<https://www.bbc.com/news/topics/cq23pdgvrqwt/mali>> accessed 12 June 2020.

51 Shraddha Pokharel, 'Nepal's Summer of Discontent: Young Protesters in Nepal Say "Enough is Enough" as the Government Struggles in its Fight Against COVID-19.' *The Diplomat* (2020) <<https://thediplomat.com/2020/06/nepals-summer-of-discontent/>> accessed 3 July 2020.

52 Insecurity Insight, 'Attacks on Health Care During The COVID-19 Response January and May 2020' (Insecurity Insight 2020) <<http://insecurityinsight.org/wp-content/uploads/2020/06/2020-Jan-May-Fact-Sheet-COVID-19-and-Conflict.pdf>> accessed 4 July 2020.

53 Interpeace, 'Cartographie des Acteurs Engagés Positivement ou Négativement dans la Lutte Contre la Maladie à Virus Ebola (MVE)' Interpeace Internal Document (2019).

54 The Armed Conflict Location & Event Data Project (ACLED), 'Central America and COVID-19: The Pandemic's Impact on Gang Violence' (ACLED, 2020) <<https://acleddata.com/2020/05/29/central-america-and-covid-19-the-pandemics-impact-on-gang-violence/>> accessed 4 July 2020.

- ▶ Mob violence and spontaneous violence by unarmed or crudely armed groups have risen since the pandemic. This is largely mob engagements with state forces enforcing lockdowns and attacks on health-care workers and individuals thought to be infected with the virus.⁵⁵

2.4 Experience and capacities gained during previous health crises

As shown above, health and socioeconomic impacts have a strong bearing on conflict, violence and trust. These dynamics, in turn, have a strong bearing on the effectiveness of the approaches to contain the virus and mitigate its effects. Although some of these interaction factors already shine through clearly in the early signs of the impact of COVID-19, important lessons can also be drawn from the Ebola crisis in West Africa (2014–2016) and eastern Democratic Republic of the Congo (2018–2020).⁵⁶

► Box 3. Lessons from the Ebola epidemic in West Africa and DRC (2014–2016)

Key issues faced in the Ebola response:

- ▶ One of the primary reasons for the rapid spread of the disease was the **deep-rooted mistrust of government, security forces and health workers**. These are countries that had recently emerged from civil war and political crisis, and relationships within and among communities and with government institutions were still tenuous.⁵⁷
- ▶ **Information** that was shared with the population, either through governments or via social media, **was often inconsistent**. This further compounded the feelings of mistrust towards government institutions, as well as humanitarian agencies.⁵⁸
- ▶ **Suspicion towards the authorities significantly reduced the effectiveness of national and international responses.**⁵⁹
- ▶ The **monopolization of Ebola response resources** caused the most tension in communities. Support was inevitably focused on Ebola survivors and health workers, while the epidemic affected everyone.⁶⁰
- ▶ In Democratic Republic of the Congo, most resistance to the measures resulted from weak capacities of local leaders involved in the pandemic response to persuade community members of its importance. Thus, the need to build the capacity of community leaders in mediation and negotiation techniques must be emphasized.⁶¹

Solutions that significantly increased the effectiveness of the response:

- ▶ **West Africa adopted locally led responses to deal with the epidemic.** Collaboration with local peacebuilders and trusted and respected community members, created the right environment where the local population could start to believe and collaborate with health workers and government institutions.

55 The Armed Conflict Location & Event Data Project (ACLED), 'COVID-19 Disorder Tracker Spotlight: Mob Violence.' <<https://acleddata.com/2020/05/21/cdt-spotlight-mob-violence/>> accessed 4 July 2020.

56 Michael R. Snyder, 'DRC's Success in Containing Ebola Serves As Lesson To Countries Battling COVID-19 - Democratic Republic Of The Congo' (ReliefWeb, 2020) <<https://reliefweb.int/report/democratic-republic-congo/drc-s-success-containing-ebola-serves-lesson-countries-battling>> accessed 8 July 2020.

57 Janet Adama Mohammed, 'The Role of Community Peacebuilders in a Pandemic: What We Learnt from the Ebola Crisis' (Conciliation Resources, 2020) <<http://www.c-r.org/news-and-insight/role-community-peacebuilders-pandemic-what-we-learnt-ebola-crisis>> accessed 12 June 2020.

58 *Ibid.*

59 Interpeace, 'Cartographie des acteurs engagés positivement ou négativement dans la lutte contre la maladie à virus Ebola'.

60 Mohammed, *op. cit.*

61 Interpeace, 'Cartographie des acteurs engagés positivement ou négativement dans la lutte contre la maladie à virus Ebola'.

► **Box 3. (cont.)**

- ▶ In Democratic Republic of the Congo, Interpeace facilitated dialogue among the population, civil society, response teams and the authorities to improve confidence and coordination and ensure that the measures put in place to combat the pandemic were sensitive to local conditions. In particular, the focus was on using existing resilience capacities and local dialogue structure, and ensuring that actors involved in the response understood the actual and potential impacts of their interventions, and the way they could be perceived or reinforce the dynamics of conflict and power.⁶²
- ▶ Local peacebuilders played an important role. In the border regions of Côte d'Ivoire, Guinea, Liberia and Sierra Leone, locally owned peacebuilding structures – where networks included trusted and respected community members – became a vital bridge between the communities and health workers, humanitarian organizations and government institutions.⁶³ Their dialogue sessions also gave people who were not recognized as direct victims a space to talk about the collective suffering of the community and the nation, which helped maintain social cohesion.⁶⁴
- ▶ A key lesson learned from the Ebola experience is the importance of disseminating clear information about the disease and how it spreads, and proactively finding means to prevent and debunk rumours, especially in remote areas.
- ▶ Local actors invented and adopted microsolutions to help slow the spread of the virus. The Veronica Bucket, for instance, a dustbin-sized plastic receptacle with a tap attached and a bowl to collect wastewater, enabled people to wash their hands in the absence of running water. Now again, the bucket is appearing outside offices and malls, and in villages and slums across West Africa.⁶⁵
- ▶ The main lesson for Africa and other parts of the world from Ebola for COVID-19 is that shared learning between communities and medical professionals is a key aspect of human adaptive response to emergent diseases. In any disease for which community mobilization is an important aspect, “families need to think like epidemiologists, and epidemiologists need to think like families”⁶⁶
- ▶ For Democratic Republic of the Congo, the main lesson was that response strategies implemented at the national level must also consider the realities on the ground and be sensitive to the dynamics of conflict. It was therefore essential to take into account the security context (and plan a conflict resolution strategy), the political context (especially to prevent the response to the pandemic from falling prey to political manipulation), the economic context (to avoid the response causing or reinforcing economic struggles), and social and cultural conflicts of interest, as well as the peculiarities of different health zones.⁶⁷

However, it is also necessary to point to the significant disease-response capacities that have been built up in some conflict-affected areas as a consequence of dealing with previous epidemics. Although the previous sections have focused primarily on negative impacts and risk factors for exacerbating conflict and violence, all is not “doom and gloom” in conflict-affected countries.

Having navigated Ebola, HIV and other epidemics, several African countries – many of which can be considered conflict-affected – have significantly upgraded their disease-response capacity. Although health systems remain weak in many places, investments by national governments and the African Union, along with international initiatives, have built important public health capacities. In the context of COVID-19, African

62 Ibid.

63 Mohammed, op. cit.

64 Ibid.

65 David Pilling, ‘Africa’s Covid-19 Response is a Glimpse of how Things Could be Different’ *Financial Times* (2020) <[http://Africa's Covid-19 response is a glimpse of how things could be different](http://Africa's%20Covid-19%20response%20is%20a%20glimpse%20of%20how%20things%20could%20be%20different)> accessed 15 June 2020.

66 Paul Richards, ‘What Might Africa Teach the World? Covid-19 and Ebola Virus Disease Compared’ <<https://oxfamblogs.org/fp2p/what-might-africa-teach-the-world-covid-19-and-ebola-virus-disease-compared/>> accessed 15 June 2020.

67 Interpeace, ‘Cartographie des acteurs engagés positivement ou négativement dans la lutte contre la maladie à virus Ebola.’

governments are offering examples of effective international cooperation. The African Union, for instance, started early to strengthen its coordination on a continental strategy.⁶⁸

Africa's experience in dealing with both HIV/AIDS and Ebola has also given rise to innovative strategies to trace, treat, isolate and care for the sick. Countries have begun to engage communities, communicate risks and adopt local and innovative practices.⁶⁹ African civil society actors and the private sector are forming unprecedented partnerships to fight the coronavirus. In Nigeria, for instance, the Coalition Against COVID-19 has brought together local banks to mobilize resources to support social protection and the purchase of personal protective equipment.⁷⁰

In summary, some broad lessons can be drawn from the ways past and current responses have taken into consideration the specificity of conflict-affected contexts. These include:

- ▶ building on existing capacities and thinking beyond the state;
- ▶ acknowledging the pivotal importance of trust and strengthening trust or finding alternative means;
- ▶ investing in awareness and communication efforts and adapting these to local realities.

68 Matthew M. Kavanagh and others, 'Access to Lifesaving Medical Resources for African Countries: COVID-19 Testing and Response, Ethics, and Politics' (2020) 395 *The Lancet* <[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31093-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31093-X/fulltext)> accessed 3 July 2020.

69 United Nations, 'Policy Brief: Impact of COVID-19 in Africa.' (2020) <<https://unsdg.un.org/sites/default/files/2020-05/Policy-brief-Impact-of-COVID-19-in-Africa.pdf>> accessed 3 July 2020.

70 *Ibid.*



► 3

Recommendations for effective, conflict-sensitive and peace-contributing responses

3.1 Approach the multidimensional crisis with a multidimensional response

Multidimensional responses are necessary to address a multidimensional crisis. In conflict-affected contexts, the pandemic will be one additional layer of complexity in an already complex situation. This is more than a public health and a socioeconomic crisis. Responses need to factor in these multiple dimensions but based on a human and employment-centred approach. Science-based responses to contain the virus and socioeconomic responses and other relevant sectoral interventions must be designed in relation to each other, taking into account secondary impacts in the other dimensions and maximizing synergies between sectors.

Approaches should be designed across the humanitarian-development-peacebuilding nexus. In addition to sectoral cooperation, the gaps between humanitarian, development and peacebuilding interventions must be closed. Domestic actors and their international partners intervening to mitigate the health, socioeconomic and peacebuilding risks of the pandemic should work together to achieving the desired outcomes.

For the United Nations, this crisis is an opportunity to put into practice the [New Way of Working](#), with its emphasis on inter-agency context and risk analysis, collaborative response planning and achieving collective outcomes.⁷¹ However, responses will need to go further than cooperation among international agencies. They will have to engage local actors directly to better understand local needs and capacities and ensure those local actors have a leadership role in addressing needs, whether they are humanitarian, development or peace related.

Youth and gender must be mainstreamed across all approaches. Gender and youth sensitivity and responsiveness should be maintained across all these interventions, in line with United Nations Resolution 1325 on Women, Peace and Security and Resolution 2250 on Youth, Peace and Security.⁷²

71 United Nations, 'The New Way of Working' (2020) <<https://www.un.org/jsc/content/new-way-working>> accessed 17 May 2020.

72 Gender Action for Peace and Security (GAPS), 'Call to Action: Now and the Future, COVID-19 and Gender Equality, Global Peace and Security' (2020) <<https://gaps-uk.org/covid-19-and-gender-equality-global-peace-and-security/>> accessed 1 July 2020.

► **Box 4. Women, Peace and Security and the COVID-19 response^{73,74,75,76,77}**

As we celebrate the 20th anniversary of UN Security Council Resolution 1325, the Women, Peace and Security (WPS) agenda that has gained growing support over two decades, provides a compass for navigating the pandemic. Its people-centric approach to security threats is more relevant than ever. From a pragmatic perspective, gendered analysis, the systematic use of sex-disaggregated data and gender sensitivity are proving to be indispensable to build a comprehensive picture of the COVID-19 pandemic and design effective responses.

Echoing the call of the WPS agenda for women's participation and agency in local peacebuilding efforts, women's activists in conflict-affected settings are harnessing their networks and influence to prevent and combat the virus. In refugee settlements in Uganda, South Sudanese women mediators are shifting activities from resolution of daily conflicts to informing the displaced on the risks of the coronavirus and what to do to prevent infections.⁷⁸ Created a year ago to seek influence over male-dominated decision-making bodies, the Libyan Women's Network for Peacebuilding has engaged in awareness-raising activities and started to produce protective equipment for health-care workers.⁷⁹

However, this grass-roots engagement is not matched with the critically important involvement of women in high-level decision-making, for both health matters and peace and security issues. Effective and decisive crisis management by female leaders has been highlighted in a handful of countries. Yet women remain underrepresented in senior roles to combat the pandemic, with less than 20 per cent female health ministers and only 25 per cent of senior positions in health agencies held by women.⁸⁰

Women and girls must be empowered to play a major role in decision-making on COVID-19 responses to ensure their rights and needs are met and avoid aggravating gender inequalities in conflict-affected settings.

73 Ibid.

74 North Atlantic Treaty Organization (NATO), 'COVID-19: At the Heart of the Women, Peace and Security Agenda' (2020) <https://www.nato.int/cps/en/natohq/news_175694.htm> accessed 1 July 2020.

75 Thania Paffenholz and others, 'Making Women Count - Not Just Counting Women: Assessing Women's Inclusion and Influence on Peace Negotiations.' Inclusive Peace and Transition Initiative [The Graduate Institute of International and Development Studies] and UN Women 2016) <<https://www.inclusivepeace.org/sites/default/files/IPTI-UN-Women-Report-Making-Women-Count-60-Pages.pdf>> accessed 2 July 2020.

76 United Nations Secretary-General, 'Deputy Secretary-General's Remarks at the Virtual High-Level Meeting: The Impact Women Leaders are Having in the Fight Against the Covid-19 Pandemic' (2020) <<https://www.un.org/sg/en/content/dsg/statement/2020-06-05/deputy-secretary-generals-remarks-the-virtual-high-level-meeting-the-impact-women-leaders-are-having-the-fight-against-the-covid-19-pandemic-prepared-for-delivery>> accessed 2 July 2020.

77 UN Women, 'Women Peace and Security, and Covid-19 in Asia-Pacific' (UN Women Asia and the Pacific 2020) <<https://asiapacific.unwomen.org/en/digital-library/publications/2020/03/women-peace-and-security-and-covid-19-in-asia-pacific#view>> accessed 30 June 2020.

78 UN Women, 'Women Peace Mediators Become Key Actors on the Front Lines of COVID-19 Prevention in Refugee Settlements in Uganda' (2020) <<https://www.unwomen.org/en/news/stories/2020/6/feature-women-mediators-during-covid-19-in-refugee-settlements>> accessed 2 July 2020.

79 UN Women, 'Connected by Their Phones, Women Peacebuilders Lead COVID-19 Prevention Efforts Across Libya' (2020) <<https://www.unwomen.org/en/news/stories/2020/6/feature-women-peacebuilders-lead-covid-19-prevention-efforts-across-libya>> accessed 27 June 2020.

80 International Finance Corporation (IFC), 'Women's Leadership in Private Health Care' (IFC, 2020) <https://www.ifc.org/wps/wcm/connect/a062e443-5503-4e87-af07-593db1bed033/IFC+Women+Leaders+Healthcare_FinalWeb4.pdf?MOD=AJPRES&CVID=mCRI3Yb> accessed 2 July 2020.

► Box 5. Empowering youth in COVID-19 responses

Health risks associated with COVID-19 appear to increase with age. However, the socioeconomic impact of the pandemic disproportionately affects young people, and this is exacerbated for the one in four young women and men who live in conflict-affected regions.⁸¹ Young people are disproportionately affected by poverty, livelihood difficulties due to restrictions on the informal economy, rising unemployment rates and bars to entering the labour market, as well as precarious labour conditions.

Furthermore, school closures may reverse gains made in access to education, worsen educational inequalities and lead to more gender-based and domestic violence and early pregnancies. Some of the most negative consequences of the pandemic involve its impact on the psychosocial, mental health and wellbeing of young people. This includes the creation of barriers that impede young people's transition to adulthood, which often depends on factors such as access to education, jobs or independent livelihoods, land or an independent home, marriage and/or childbearing.⁸²

As young people appear to be a relatively lower-risk group from a health perspective, they play a key role in the immediate responses to the pandemic. National governments and international partners should therefore avoid exacerbating youth exclusion and should instead proactively seek to include and empower them as part of the COVID-19 response.

In countries such as Cameroon, Haiti, South Sudan and Syria, young people have devised innovative ways to mitigate the spread of the coronavirus, including by tackling misinformation on social media, raising awareness on health risks, and producing and distributing protective material such as hand sanitizers and masks.⁸³ Official responses should build on and invest in positive initiatives developed by youth, and include them in each phase of programming, as well as in the development of national and international policy responses tackling consequences of the pandemic, and particularly its socioeconomic impacts.

The COVID-19 recovery and reconstruction response should not only be sensitive to the immediate peace and security concerns of young people but should be shaped and designed through a youth lens so as to "build back better" for future generations.⁸⁴

Governance aspects should not be overlooked in a multidimensional approach. Health and socioeconomic interventions are embedded in a broader sociopolitical context. Civic rights such as freedom of assembly have been curtailed – in most situations temporarily and for good reason. But in some cases, the pandemic is being used as a pretext to reduce civic space disproportionately or more permanently, or to advance specific political agendas. Health and socioeconomic responses can also be used for political purposes, including by guiding support or contracts for health products to political allies.

Diplomatic actors have an important role to play in putting these governance issues on the agenda, as part of the international response. Local actors, such as civil society actors and labour rights proponents, can (be supported to) advocate for civil rights to be maintained.⁸⁵

81 United Nations Secretary-General, 'Secretary-General's Remarks to Virtual Security Council Meeting on the Maintenance of International Peace and Security: Youth, Peace and Security' (2020) <<https://www.un.org/sg/en/content/sg/statement/2020-04-27/secretary-generals-remarks-virtual-security-council-meeting-the-maintenance-of-international-peace-and-security-youth-peace-and-security-delivered>> accessed 18 June 2020.

82 Graeme Simpson, 'The Missing Peace: Independent Progress Study on Youth, Peace and Security' (UNFPA and PBSO 2018) <<https://www.youth4peace.info/system/files/2018-10/youth-web-english.pdf>> accessed 22 May 2020.

83 Jayathma Wickramanayake, 'Meet 10 Young People Fighting COVID-19 1st Edition' <<https://medium.com/@jayathmadw/meet-10-young-people-leading-the-covid-19-response-in-their-communities-685a0829bb48>> accessed 12 June 2020.

84 United Nations Inter-Agency Network on Youth Development (UN IANYD), 'Statement on COVID-19 and Youth' (2020) <<https://www.youth4peace.info/system/files/2020-04/IAYND%20Statement%20on%20COVID-19%20and%20Youth%20FINAL.pdf>> accessed 6 July 2020.

85 See, for instance, an example from India, where the COVID-19 situation has led to a deterioration of labour rights: Roli Srivastava and Anuradha Nagaraj, 'Workers' Rights at Risk as Indian Labour Laws Face Post-Lockdown Challenge' Reuters (2020) <<https://www.reuters.com/article/us-health-coronavirus-india-workers-trfn/workers-rights-at-risk-as-indian-labour-laws-face-post-lockdown-challenge-idUSKBN22P00H>> accessed 22 May 2020.

A multidimensional crisis has implications on the range of competencies and expertise needed in the response. Although the crisis originated as a health emergency, official bodies planning the response should not consist solely of medical and public health specialists. They should also involve non-medical staff such as human resource specialists, anthropologists, lawyers, economists and communication specialists, as well as further sectoral expertise reflecting the breadth and diversity of sectors considered in response planning.

3.2 Commit to conflict-sensitive, peace-responsive and tailored policy and programmatic approaches

National and international agencies must invest in capacities to analyse the impact of COVID-19 on the broader context, including conflict dynamics. Despite massive efforts to advance scientific understanding of the virus, considerable uncertainty surrounds its spread, the effects of mitigation measures, and the scale and scope of its social and economic impacts. This unpredictability implies that the agencies will need to upgrade their capacities to monitor the context continuously, factoring in new COVID-19 developments, and create scenarios around the possible impacts.

► Box 6. Pointers on conflict analysis

The rapid spread of the virus and its effects on operations means time may be limited to conduct full-scale context or conflict analyses. Nonetheless, minimal efforts can rapidly produce sufficient conflict analyses:

- ▶ Quick assessments can be conducted to detect the early impacts of the pandemic;
- ▶ Previous context and conflict analyses can be updated based on early observations of the pandemic;
- ▶ A multidimensional and participatory approach will be necessary to capture the variety of potential impacts and risks.

Elements of particular importance in the context of COVID-19 include:

- ▶ Pre-existing inequalities, grievances and sense of social injustice;
- ▶ Disproportionate effects of containment strategies and relative vulnerability of specific social groups;
- ▶ Levels of trust in authorities and the main contributing factors;
- ▶ Trust among different groups and societal fault lines;
- ▶ Members of society that are trusted and may serve as intermediaries;
- ▶ Social and cultural practices, specifically in relation to large gatherings (funerals, weddings, etc.);
- ▶ Elites, including politicians, and non-state actors aiming to benefit from the situation and their strategies (e.g. militia and criminal networks).

Useful guiding documents:

- ▶ UN Development Group's *Conducting a Conflict and Development Analysis*: guidance to conduct in-depth conflict analysis;⁸⁶
- ▶ ILO's *How to mainstream conflict sensitivity, social cohesion and peacebuilding in COVID-19 socioeconomic/labour-market assessments*;⁸⁷
- ▶ UN Sustainable Development Group, *Guidance Note on Conflict Sensitivity, Peacebuilding and Sustaining Peace* (forthcoming);
- ▶ Recovery & Peacebuilding Assessment 2020, *Conflict Sensitivity Guidance for RPBAs* (forthcoming).⁸⁸

86 United Nations Sustainable Development Group (UNSDG), 'Conducting a Conflict and Development Analysis Tool' (United Nations 2020) <<https://unsgd.un.org/resources/conducting-conflict-and-development-analysis-tool>> accessed 25 May 2020.

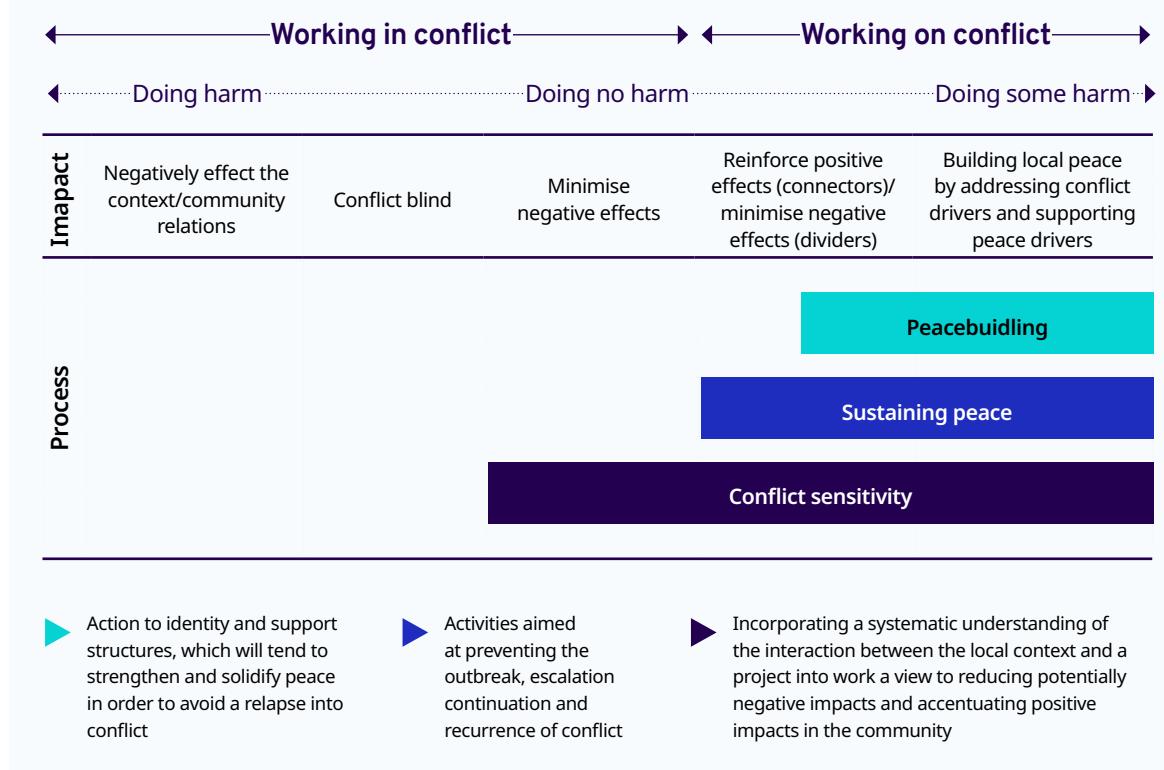
87 International Labour Organization (ILO), Annex 1 to the Guidance Note on Jobs for Peace and Resilience: A Response to COVID-19 in Fragile Contexts (ILO 2020) <https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/instructionalmaterial/wcms_742185.pdf> accessed 31 May 2020.

88 Phil Vernon, Conflict Sensitivity Guidance for RPBAs (Recovery & Peacebuilding Assessment 2020).

National and international organizations supporting health care, livelihoods and decent work in the context of the pandemic must always ensure the conflict sensitivity of their interventions. Conflict sensitivity means paying attention – before, during and after interventions – to how these interventions may affect the risks of conflict and violence and vice versa. As this paper has shown, technical interventions to contain the virus affect the risks of conflict and violence, both in the short term and the long term.

Conflict sensitivity is foundational and always needs to be ensured when operating in all contexts where conflict may be a factor. Minimizing negative effects (doing no harm) comes before efforts of doing some good, as these can very easily be undermined by lack of basic conflict sensitivity.

► **Figure 1. Spectrum of interventions in fragile and conflict-affected contexts (Food and Agriculture Organization (FAO), 'Pathways to Sustaining Peace at the Food and Agriculture Organization of the United Nations')**



Conflict sensitivity guidance that is tailored to specific programming interventions may increase the ease of use by programme staff. WHO has outlined the key steps for building peace-responsive and conflict-sensitive interventions in its recent Health and Peace Initiative paper, to be followed by more detailed operational guidance.⁸⁹ ILO has developed practical guidance on conflict sensitivity in designing and implementing programmes based on decent work in its handbook [How to Design, Monitor and Evaluate Peacebuilding Results in Jobs for Peace and Resilience Programmes](#) (see Box 7).⁹⁰

89 World Health Organization (WHO), Health and Peace Initiative (WHO 2020).

90 International Labour Organization (ILO), *Handbook: How to Design, Monitor and Evaluate Peacebuilding Results in Jobs for Peace and Resilience Programmes* (1st edition, ILO 2020) pp. 3-18 <https://www.ilo.org/wcmsp5/groups/public/-ed_emp/documents/instructionalmaterial/wcms_712211.pdf> accessed 10 June 2020.

► **Box 7. Pointers on conflict sensitivity for employment interventions**

The [ILO handbook](#) provides detailed guidance on developing conflict- and gender-sensitive employment-based interventions, which can be used in COVID-19 programming. It suggests key questions to be kept in mind to mitigate potential harmful effects, in particular:

- ▶ What potential risks are involved in selecting certain areas and participants (ethnic background, gender, etc.)?
- ▶ What are dividers and sources of tensions between groups, gender and social partners? Social partners and civil society?
- ▶ How could a project affect dividers and tensions, especially among social partners?
- ▶ Who would benefit from the resources distributed through the programme?
- ▶ How will the project affect gender relations?
- ▶ What are options for programme adjustment so it will do no harm, particularly for excluded groups?
- ▶ What is the relative importance of the formal and informal rules that govern how the state and society work? How does it affect gender relations?
- ▶ What is the legitimacy of the state among elites? Among diverse social groups? Among social partners?
- ▶ Are we sure we are not creating parallel structures outside the state? (ILO handbook, p. 18)⁹¹

The selection of direct partners and recipients, e.g. local administration or civil society organizations, and ultimate beneficiaries of the employment intervention is an important and delicate aspect of conflict sensitivity. Targeting should prevent the project from being perceived as favouring one group or a region over another, or lacking transparency. The findings of context and conflict analysis should underpin the selection of partners and beneficiaries. Unambiguous and clearly communicated criteria of eligibility for the programme will also help avoid misunderstandings and tensions.

Some important questions to be asked to guide targeting decisions include:

- ▶ How do unemployment or underemployment and decent work deficits affect specific societal “antagonistic” groups?
- ▶ What is the relevance of age, gender, displacement, ethnicity, religion, geographic location, disabilities, etc. in mediating access to employment and decent work?
- ▶ What are the different and common implications for the host community/refugees/internally displaced people and migrants, disaggregated by sex?
- ▶ What is the specific implication for women in conflict?
- ▶ What is the role of the worker and employer organizations? (ILO Handbook, p. 16)⁹²

Moving beyond conflict sensitivity to peace responsiveness (See Box 8).⁹³ The sustaining peace approach calls for humanitarian, development, stabilization, human rights and peace actors to work cross-sectorally towards locally led peace. It is important to uphold this imperative and continue to travel down the path towards operationalizing it that most agencies have embarked upon. This requires identifying, when following the steps outlined above, how health, employment and decent work, and other primarily technical interventions can also contribute to peace by, for example, strengthening intergroup relations or participatory governance processes.

91 *Ibid.*

92 *Ibid.*

93 Interpeace, ‘Peace Responsiveness,’ *op. cit.*

Such opportunities to foster resilience and peace often exist in situations of crisis but require intentional analysis and programme design. Conflict-sensitive and peace-responsive approaches are central to the immediate effectiveness of measures to respond to the health and socioeconomic impacts of the pandemic in conflict-affected contexts. They are also necessary to build long-term resilience and build back better by strengthening resilience, from the perspective of livelihoods and peace. As outlined below, working with local actors in meaningful partnerships⁹⁴ and towards genuinely locally led responses is essential to achieving this.

Ensuring conflict sensitivity and peace responsiveness requires senior-level commitment, and the dedication of specialized human and financial resources. High-level policy commitments need to be coupled with specific guidance and dedicated institutional support. Conflict sensitivity and peace responsiveness must be ensured at the policy level, institutional level and project level. Especially in the context of COVID-19, operational issues related to the selection of partners and targeting of beneficiaries also become highly salient.

► **Box 8. Peace Responsiveness – Definition**

Peace Responsiveness⁹⁵ refers to the ability of actors operating in conflict-affected or fragile contexts to deliberately design for, and realize, peace-contributing outcomes through their technical programming, regardless of the specific sectoral area in which they operate, in accordance with their mandates.

Peace responsive programming explicitly addresses conflict drivers or strengthens drivers of peace, in a manner that enhances collective impact, supports locally-led change, strengthens resilience to conflict and violence, and ultimately contributes to sustaining peace. In addition to these peace impacts, peace responsive programming will also benefit the effectiveness and sustainability of technical interventions and their expected development outcomes (for instance, in terms of food security, decent work and livelihoods or health).

3.3 Use the COVID-19 crisis as an opportunity for a genuine shift to locally led responses

Successfully addressing the pandemic in conflict-affected contexts will depend heavily on context-specific and locally informed responses, so effective local leadership becomes central. A strong complementarity of international, national and local actors, with their respective resources, capacities, access and ingenuity will be required.

This gets to the heart of recent commitments to increased localization of humanitarian response, which was highlighted at the World Humanitarian Summit in 2016 and outlined in the Agenda for Humanity (2016), the Grand Bargain (2016) and the Charter for Change (2015).⁹⁶ Yet, relatively little progress has been made on their implementation, even in pre-pandemic times.⁹⁷

In the lead-up to the World Humanitarian Summit, Interpeace conducted research in three contexts and shared recommendations on how to move towards meaningful partnerships between international and local actors to strengthen the effectiveness of interventions as well as local capacities for resilience to violent conflict. This work, aimed at enabling localization, is now more relevant than ever.⁹⁸

94 Interpeace, 'How Humanitarian Response Can Strengthen Resilience to Violent Conflict and End Need Insights and Recommendations' (Interpeace 2020) <http://www.interpeace.org/wp-content/uploads/2016/05/Interpeace_Case_Study_Format_Insights_200516-v3.pdf> accessed 10 June 2020.

95 Interpeace, 'Peace Responsiveness,' *op. cit.*

96 Interpeace, *Mapping Incentives in the Humanitarian System for Conflict Sensitive and Peace Responsive Action* (Interpeace 2020) – Forthcoming.

97 *Ibid.*

98 Interpeace, 'How Humanitarian Response Can Strengthen Resilience to Violent Conflict and End Need Insights and Recommendations' (Interpeace 2020) <http://www.interpeace.org/wp-content/uploads/2016/05/Interpeace_Case_Study_Format_Insights_200516-v3.pdf> accessed 10 June 2020.

The COVID-19 pandemic can advance the localization agenda and integrate it more centrally into the broader humanitarian-development-peace nexus. The need for locally led responses is clear, especially in light of the operational limitations faced by international – and even national – actors amid containment measures.

In this sense, the pandemic constitutes a crossroads for the localization agenda: it will either engender sustainable changes to the modus operandi and power dynamics of international assistance or just temporarily empower local actors until the effects of the pandemic subside. To move from a temporary ‘empowerment’ and the transfer of risk to local actors, several key considerations must be integrated in the international response:

- ▶ **More funding and a bigger role in decision-making:** Local actors will need more funding and to play an integral role in decision-making and coordination bodies. Devolution of decision-making on distribution of resources can support this localization of funding.
- ▶ **Manage risks jointly:** Rather than simply transferring the risk to local actors at the forefront of delivering assistance, security, supply chain and institutional risks must be shared between international and local actors. Local actors will need to be able to manage risk adequately and to be given the resources to do so effectively.
- ▶ **Ensure programmatic and financial flexibility:** Shaping programmes to local realities and priorities requires programmatic and financial flexibility – moving beyond short-term, project-based frameworks and budgets that deepen the spiral of unsustainability for local actors. National and international actors must use this opportunity – while all operational realities have been upended – to put in place programmatic and budgetary adaptations so programming is truly responsive to the current situation and locally defined priorities.
- ▶ **Adapt accountability mechanisms:** International and local actors can jointly develop accountability mechanisms, placing at equal value the requirements of donors, project managers and local actors. The pandemic has led to donors giving significant leeway on funding implementation, considering the unique conditions under which the international assistance system needs to operate. This creates an opportunity to base these mechanisms more heavily on learning as well as trust.
- ▶ **Provide capacity development and accompaniment support:** Localization calls for a change in the role of international actors, from implementers to enablers of locally led action. This means jointly assessing what additional capacities, skills and tools local actors may require, and jointly creating capacity development strategies grounded in local realities and needs.
- ▶ **Enable long-term planning:** Localization matters not just for the immediate humanitarian needs created by the pandemic. Local actors are best placed to see opportunities in which short-term actions can create conditions for longer-term transformative changes. Rather than supporting these actors only for their role in humanitarian action, their long-term vision needs to be taken seriously and supported.

3.4 Adapt programmatic approaches to local realities and capacities

Design containment approaches based on a careful weighing of health risks and socioeconomic impacts

In an emergency like the COVID-19 pandemic, responders tend to act quickly and operate based on models tested in other crises and turned into “best practices” that seem universally applicable. Yet, experience has shown that context-specific solutions that draw on existing capacities are more likely to work. The trajectory and impact of the coronavirus depend on various factors including demography, urbanization rates, people’s mobility and the burden of pre-existing diseases. The socioeconomic impacts are in turn influenced by the share of the informal economy, the importance of remittances and the reliance on international exchanges, among other factors. In the face of such diversity, one-size-fits-all approaches to suppression should be avoided. In each context, an appropriate balance needs to be found, where strict health-care parameters cannot be the only guiding consideration.

Invest in awareness and communication efforts and adapt these to local realities

Close attention must be paid to communication about the measures taken to contain the virus, whether in the health or socioeconomic arenas. Government authorities need to communicate transparently on reasons for measures, selection criteria and prioritization, especially vis-à-vis the availability of hospital beds, personal protective equipment and other critical resources (and later, regarding possible treatments and vaccines) in the health sector, as well as any on social protection and livelihood support mechanisms that may have been put in place.

Miscommunication about the virus, measures to contain it and livelihood support programmes must be avoided and mitigated. This is particularly relevant in places where local communities' trust in state institutions was already limited or eroded.

For the messages to be received, heard and acted upon, the language must be understood, and the sources of information trusted by the communities.⁹⁹ It is therefore essential to collaborate with trusted intermediaries, which could include religious and customary leaders, local peacebuilders, grassroots organizations and other civil society groups, local elected authorities, and even union leaders and employers' representatives (see Box 10).

Reduce or avoid exacerbating inequality

Policy responses will need to consider the disproportionately affected and most vulnerable groups, to explicitly address inequities in access or quality of health care. They must also pay specific attention to groups most affected by the socioeconomic impact of the pandemic. Measures to alleviate the impact on the informal economy can include protecting the health of workers, ensuring business continuity, stimulating demand and supporting employment and incomes while respecting International Labour Standards, for instance through emergency social protection schemes.^{100,101}

Such schemes can serve as real opportunities to address inequality and reduce tensions. As an example, a special allowance granted to all households or those most affected by containment policies would mitigate the negative socioeconomic impact of the crisis. It could also ease grievances about lockdown measures and their impact on livelihoods, thereby improving perceptions of the government's response and trust in the authorities (see Box 9).¹⁰²

Policy responses need to carefully consider how they affect inequality and how they are perceived. The rationale for certain measures and the targeting criteria must be communicated transparently. At the same time, stigmatization of particular groups or an excessive focus on victims from certain groups should be avoided. This requires a careful balancing act of even-handed approaches, clear communication and careful targeting (see Box 7).

99 Bhavya Dore, 'How Do You Translate a Pandemic?' *The New Humanitarian* (2020) <https://www.thenewhumanitarian.org/feature/2020/06/23/Coronavirus-India-language-translation?utm_source=The+New+Humanitarian&utm_campaign=875b288e0d-RSS_EMAIL_CAMPAIGN_ENGLISH_ASIA&utm_medium=email&utm_term=0_d842d98289-875b288e0d-75570337> accessed 3 July 2020.

100 International Labour Organization, 'ILO Standards And COVID-19 (Coronavirus): FAQ' (2020) <https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---normes/documents/genericdocument/wcms_739937.pdf> accessed 15 June 2020.

101 ILO, The Impact of the COVID-19 on the Informal Economy in Africa.'

102 Note: Non-contributory social protection transfers require no prior direct contribution from beneficiaries or their employers to be eligible to receive benefits. Contributory schemes are based on contributions made by beneficiaries and their employers, such as social insurance systems.

► **Box 9. Some considerations for expanding social protection to mitigate the socioeconomic impact of COVID-19**

Virtually all countries and territories around the world have introduced or strengthened social protection measures to alleviate the health and socioeconomic impact of the pandemic. Responses have ranged from income protection, unemployment and sickness benefits, and special grants to housing subsidies and food distribution. Most measures are non-contributory and consist of new benefits or adjustments to existing programmes.

To be effective in conflict situations, social protection components of pandemic response should be informed by the following considerations:

- **Social protection measures need to be designed and implemented in a conflict-sensitive manner to avoid creating or adding tensions.** The selection of beneficiaries for new or extended allowances must be based on clear equitable criteria and a sound understanding of the needs and expectations of the targeted communities. This will ensure the measures do not exclude certain segments of the population, e.g. refugees, internally displaced people and migrants. When appropriate, governments should waive conditionalities to make the social protection response more inclusive.
- Reaching vulnerable groups, including the self-employed and workers in the informal economy, may prove challenging, especially where existing social security schemes have limited coverage and reliable databases and registries are absent. In these situations, a “universal” approach to social protection that reaches everyone may be preferable. Such an approach would help avoid tensions and perceived or actual discrimination, which could increase trust in and the legitimacy of authorities. Innovative strategies must be developed for social protection to reach those excluded from formal systems, e.g. through mobile phone numbers or identity cards.
- **Humanitarian cash transfers supported by donors and international organizations should be aligned with and built on existing social protection systems,** thereby complementing the national response. Linking humanitarian cash distribution with social protection not only helps avoid duplication and fragmentation of efforts, but it also contributes to laying the foundations for expanded national social protection policy. As they extend protection to previously uncovered groups, stopgap measures introduced in response to COVID-19 can later be turned into more sustainable social protection mechanisms based on a fair distribution of costs among employers, governments and workers.

Build on existing capacities and think beyond state institutions

Where trust in institutions is low or has been put to a test due to the pandemic, people may be wary of top-down approaches used by governments to inform about the disease and containment measures. The same way that trusted intermediaries are necessary to communicate and create awareness about the virus, participatory methods and co-creation are essential to foster locally led approaches.

Community resilience is important for coping with the pandemic and must be built upon. Existing dialogue platforms can be used or adapted to collect the concerns and ideas of local communities, health-care workers and civic and business leaders. In such creative spaces, locally appropriate mechanisms may be devised, and recommendations channelled upwards to higher-level coordination and planning bodies. Women and youth would need to be explicitly included in such mechanisms. Similar approaches were used – and proved effective – during the Ebola crisis in West Africa.¹⁰³

Besides creating stronger societal acceptance of the measures taken to contain the epidemic, such an approach also takes advantage of lessons learned and capacities built up during previous epidemics, including micro-level solutions and other innovative and locally suitable mechanisms to slow the spread of the virus or deal with its consequences.

103 Mohammed, *op. cit.*

Social dialogue on issues of common interest relating to economic and social policy can be useful to facilitate community inclusion and build support for response efforts (see Box 10).¹⁰⁴ In South Africa, for example, the National Economic Development and Labour Council, which brings together labour, business, government and community constituents, was activated early on to coordinate measures on workplace adaptation, social protection, support to businesses and preventing discrimination.¹⁰⁵

► **Box 10. Employing social dialogue in developing appropriate responses to the pandemic**

Social dialogue, as defined by ILO, includes all types of negotiation, consultation or simply the exchange of information between, or among, representatives of governments, employers and workers, on issues of common interest relating to economic and social policy.

Worker groups and employer and business membership organizations (EBMOs) – also known as “social partners” – play important roles in the response to COVID-19. They advocate for business continuity and income security and collaborate with government authorities to ensure that occupational safety and health measures are adapted to new workplace risks, especially in essential sectors such as health care.

Unions and EBMOs can use their trust capital, networks and convening power to facilitate crisis response. As a **trusted source of information for their respective constituencies**, they can pass on messages about containment and other measures, combat the “infodemic” and ultimately help stem the spread of the coronavirus. Where state institutions are weak, distrusted by the population or absent, respected employer and worker organizations may temporarily fill governance gaps and act as “trusted brokers” in areas that are critical for effective crisis response.

Acting individually or jointly, **social partners have shown their potential in easing tensions and preventing violent conflicts** in several contexts. Unions and EBMOs bring their constituents together beyond divisive lines such as ethnicity and language, so they are in a good position to bridge conflicting groups. In Kenya, against the backdrop of serious electoral tensions in the past 13 years, social partners used their influence and stature to prevent the escalation of violence and address grievances of opposing groups, including in the workplace.

Where social partners have a history of constructive engagement – either in a bipartite set-up or with the inclusion of government ministries – **social dialogue¹⁰⁶ mechanisms offer an alternative platform to discuss crisis management**. Social partners should proactively work together and provide the neutral grounds where innovative, locally adapted and inclusive responses to COVID-19 can be devised. Social dialogue can be activated to channel discontent with and resistance to response efforts, and ensure they are both expressed and tackled in non-violent, constructive ways that could increase trust in institutions.

Special effort will be needed to ensure that **excluded and vulnerable groups, such as workers in the informal economy, women, internally displaced people and refugees, are included in such social dialogue institutions and processes**, as they are the most affected by containment strategies.

104 International Labour Organization (ILO), ‘Social Dialogue’ (ILO, 2020) <<https://www.ilo.org/ifpdial/areas-of-work/social-dialogue/lang-en/index.htm>> accessed 27 May 2020.

105 International Labour Organization (ILO), ‘The Need for Social Dialogue in Addressing the COVID-19 Crisis’ (ILO 2020) p.3 <https://www.ilo.org/wcmsp5/groups/public/-/ed_dialogue/-/dialogue/documents/briefingnote/wcms_743640.pdf> accessed 14 June 2020.

106 Social dialogue includes all types of negotiation, consultation or simply exchange of information between, or among, representatives of governments, employers and workers, on issues of common interest relating to economic and social policy. It can exist as a tripartite process, with the government as an official party to the dialogue or it may consist of bipartite relations only between labour and management (or trade unions and employers' organizations), with or without indirect government involvement (International Labour Organization, ‘Dialogue’).

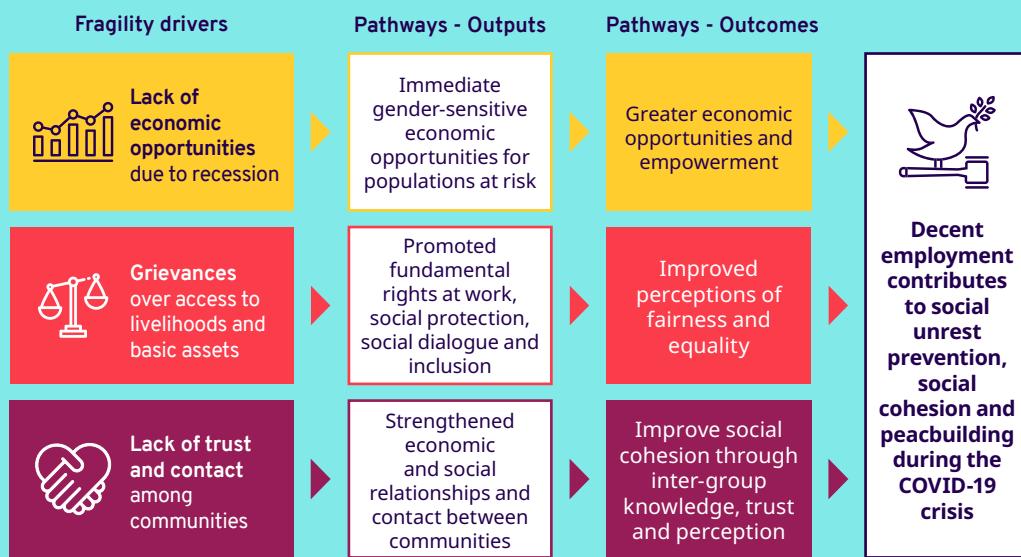
3.5 Use and adapt approaches to maximize positive secondary impacts

Technical agencies working in the spheres of health, employment and decent work can make valuable contributions to mitigating the impact of COVID-19. Both ILO and WHO have elaborated the pathways through which their technical interventions can potentially contribute to sustaining peace, in the WHO Peace and Health Initiative and the [ILO handbook](#). Considering the strong linkages between health, socioeconomic impacts and conflict dynamics, these kinds of interventions can have multiplier effects beyond their direct technical outcomes.

Interventions related to employment and decent work can have secondary impacts in the health sector, and the other way around. Both can also contribute to the resilience of households, and potentially contribute to social cohesion and sustaining peace – when designed and implemented in conflict-sensitive and peace-responsive ways. These potential synergies will show up in different ways in different contexts. In practice, this requires programme staff to proactively assess such opportunities in every context.

► Box 11. Potential pathways to sustaining peace: Jobs for Peace and Resilience programme

Launched in 2016, ILO's Jobs for Peace and Resilience (JPR) programme is a way to operationalize the guidance of ILO [Recommendation 205](#) on employment and decent work for peace and resilience. Recommendation 205 helps governments and employer and worker organizations address world-of-work issues in crisis situations. It outlines the potential of technical interventions related to the world of work – e.g. job creation, skills development and enterprise support – to address three broad drivers of conflict and violence: the lack of positive contact among groups and individuals, the lack of economic opportunities and the existence of grievances and sense of injustice. Through a number of pathways, these technical interventions have the potential to contribute to sustaining peace.



The JPR programme works towards more peaceful and resilient societies through four technical approaches that can be applied individually or combined in integrated projects: (1) providing direct job creation and income security, through so-called employment-intensive investments; (2) enhancing skills for employability; (3) supporting self-employment, enterprises and cooperatives; and (4) bridging labour supply and demand via employment services. Beyond its technical modalities, JPR also integrates a governance and rights-based approach by focusing on institution building, social dialogue and the promotion of fundamental principles and rights at work.

Health or employment and decent work interventions will not automatically help sustain peace. However, they may do so if they i) actually address a factor that is a salient driver of conflict in a given context, ii) are conflict sensitive in design and implementation, and iii) are adapted to local realities. ILO developed a specific guidance note on how JPR can be adapted to COVID-19 programming, with a set of immediate and more long-term measures that can be adapted to the specificities of the context.¹⁰⁷

With creative thinking, some of these measures could be designed so that, beyond their contribution to sustaining livelihoods, they also positively affect the health sector or social cohesion. Some examples include:

- ▶ **Employment-intensive investments.** Short-term emergency public works schemes, for instance, can help mitigate the socioeconomic impact and perhaps even support the health response. They create immediate job opportunities for the most vulnerable, provide short-term income security and help maintain productivity. Based on careful targeting underpinned by conflict-sensitivity considerations, such schemes could specifically hire vulnerable and excluded groups, and favour intergroup interactions in selecting participants (e.g. displaced/host communities).

South Africa's Expanded Public Works Programme, which employs several hundred thousand vulnerable workers, paid participants' wages despite the lockdown, continued providing essential services such as waste collection, and partnered with health NGOs to hire 20,000 young people to distribute handwashing materials in high-risk areas.¹⁰⁸

Such public works schemes can be geared towards infrastructures for primary health care and access to clean water, sanitation and hygiene. In pre-pandemic Mauritania, ILO and the Office of the United Nations High Commissioner for Refugees used the employment-intensive approach to strengthen cohesion between host communities and Malian refugees by creating decent jobs in the construction of basic community infrastructure.¹⁰⁹ This model could be replicated to support health infrastructure building during or after the COVID-19 crisis.¹¹⁰

- ▶ **Skills development.** JPR programming can strengthen the health response by helping to build a large workforce skilled in contact tracing, a key COVID-19 control method to prevent the further spread of the disease.¹¹¹ This intervention would not only enhance employability for a sector in high demand (as all segments of society need to be covered for contact tracing to be effective), but it could also reinforce intergroup relations that may have been strained, e.g. by training and composing tracer teams across dividing lines. The training could further include conflict management and peacebuilding skills into vocational training curricula in conflict settings, to increase its potential contribution to social cohesion.
- ▶ **Enterprise support.** When the disruption of international supply chains has affected the economy, small-scale firms could be supported to produce essential equipment that can no longer be imported, such as gowns, masks and head coverings.¹¹² Local businesses could be incentivized to train and hire young people who would be particularly at risk of engaging in illicit activities or being recruited into violent or extremist groups.

107 International Labour Organization (ILO), 'Jobs for Peace and Resilience (JPR) a Response to COVID-19 in Fragile Contexts Key Recommendations from the JPR Task Team' (ILO, 2020) <https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/instructional-material/wcms_742182.pdf> accessed 28 May 2020.

108 International Labour Organization (ILO), 'Coping with Double Casualties: How to Support the Working Poor in Low-Income Countries in Response to COVID-19' (ILO 2020) <https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_743215.pdf> accessed 27 May 2020.

109 International Labour Organization (ILO) and United Nations High Commissioner for Refugees (UNHCR), 'UNHCR and ILO Facilitate the Integration of Malian Refugees in Mauritania' (UNOWAS, 2020) <<https://unowas.unmissions.org/unhcr-and-ilo-facilitate-integration-malian-refugees-mauritania>> accessed 8 June 2020.

110 International Labour Organization (ILO), 'Jobs for Peace and Resilience' (ILO 2020) <https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_738531.pdf> accessed 28 May 2020.

111 Note: Contact tracing is the process of identifying, assessing, and managing people who have been exposed to a disease to prevent onward transmission.

World Health Organization (WHO), 'Rolling Updates on Coronavirus Disease (COVID-19)' (WHO, 2020) <<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>> accessed 1 July 2020.

112 See, for instance, [Rañatela Cooperative](#) in Argentina, [SEWA Cooperative Federation](#) in India, Ganesh Sugar Mill in India, [Die and Mold Cooperative](#) in Korea, [Co-op Couturières Pop](#) in Canada.

► **Box 12. Potential pathways to sustain peace: The Health and Peace Initiative**

WHO's recently developed Health and Peace Initiative explores how health programming can help sustain peace and social cohesion. The visual shows the global theories of change that underpin the concept.

Interventions in the health sector can address drivers of conflict, such as grievances against state institutions (e.g. over lack of access to health care) or social divisions (e.g. a legacy of intergroup mistrust in post-conflict settings). They can also offer a platform to promote collaboration across conflict divides.

If

Individuals and groups enjoy equitable access to health services fulfilling their rights to physical and mental health, and **Health actors design health interventions that promote trust and dialogue** and **Communities are empowered to cope with violent conflict**.



Improving citizen state cohesion through Health Equity:

If dialogue is facilitated between state authorities, local medical practitioners and communities in conflict zones; and authorities and humanitarian actors adapt health reforms and service delivery to address needs and grievances expressed by the population.



Facilitating Cross line cooperation in health Governance

If healthcare professionals from across line conflict divide are provided with a neutral platform facilitated by a credible technical 3rd party that allows them to work together to address mutual health concerns amidst ongoing conflict.



Promoting health & wellbeing through Dialogue and Inclusion

If community members engage in processes of healing and inclusive dialogue to overcome social divisions, as well as the physical and mental scars of war, and are provided with the opportunities to voice their grievances in a safe and constructive manner.

Then

Health coverage is more universal, grievances can be heard and addressed to generate trust around **emergency health concerns**, **affected communities are more likely to make meaningful contributions to peace and reconciliation, and resist incitements to violence**.

The Health and Peace framework can be used to address some of the effects of COVID-19 in conflict contexts, using the pathways shown in Box 12.

► **Increasing health equity:** As they make critical decisions in their COVID-19 responses, political leaders and response planning bodies can align them with the need to ensure access of all people and communities to health services. In the immediate term, state health agencies could conduct participatory health needs assessments to determine the inequities and strengthen the service delivery to those with least access. In combination with effective communication and a deliberate emphasis on the equity of access to health care (without stigmatizing specific groups), this can help build trust in authorities.

Facilitating crossline cooperation in health governance: Conflicts between parties may be suspended to allow for crossline cooperation in health. Health is often viewed as a superordinate goal for all sides of a conflict, allowing health initiatives to serve as a neutral starting point to bring together rival parties. In ongoing conflicts, respected health organizations and practitioners can use their networks and influence

to negotiate access with opposing groups to carry out much-needed coronavirus testing and community-based prevention around COVID-19 health risks. Such crossline collaboration around emergency health issues can help lessen mistrust among parties.

In past decades, WHO and others brokered “days of tranquility” or “corridors of peace” so immunization campaigns and other health interventions could take place amid violent conflict in numerous countries, starting in El Salvador in 1985.¹¹³ These efforts not only led to significant public health outcomes; they also offered opportunities to establish channels of communication between warring factions and to create an atmosphere of confidence – a necessary ingredient to launch serious peace talks.¹¹⁴

3.6 Lay down foundations for structural changes and build resilience

National governments and their partners are under pressure to act swiftly. In emergency response, there is an understandable focus on the immediate provision of essential goods and services. While such measures are necessary, they should be made part of a wider, long-term vision for recovery, which not only promotes self-sufficiency and sustainable livelihoods, but also addresses the underlying factors of fragility that made the society and economy particularly vulnerable to external shocks in the first place.

This would also ensure that the immediate support provided to countries affected by COVID-19 will not leave a vacuum afterwards or leave the institutions and support systems even more vulnerable. Programming thus needs to deliberately and explicitly ensure that short-term responses help lay the foundations to transform structural challenges. It should focus on increasing the resilience of society to cope with future multidimensional shocks – be they health-related or of a different nature – not only in absorptive and adaptive ways, but also in transformative ways.

An important early finding was that countries that had invested in stronger health systems and benefited from some form of social security system were better prepared to address the public health and socioeconomic consequences of COVID-19. This positive perception of key social services could be built upon when linking short-term measures with opportunities to overcome structural barriers in access to health care and decent employment. Some examples are provided below:

► **Reforming and expanding social protection schemes.** Emergency measures to protect income and livelihoods in the short term could be expanded to achieve lasting gains. Cash and broader social safety net programmes, including those funded under the COVID-19 Global Humanitarian Response Plan, could also be integrated into more long-term support for the development of national social protection systems.¹¹⁵ These could target the most vulnerable, providing a minimal employment guarantee for its beneficiaries.¹¹⁶

In Togo, the national authorities provided cash transfers for workers of the urban informal economy, reaching more than half a million people within a month. They may build on this stopgap COVID-19 measure to include beneficiaries in a newly designed, sustainable social insurance scheme for independent and informal workers.¹¹⁷ Government and social partners could work together with associations and cooperatives of informal economy workers, such as street vendors, taxi drivers, waste pickers or domestic workers, to devise more formal, long-term, contributory social protection schemes tailored to their situations.¹¹⁸

¹¹³ Neil Arya, ‘Peace Through Health?’ (Neil Arya, 2020) <<https://www.neilarya.com/wp-content/uploads/2012/01/AryaPeacethroughHealthWebelandGaltungchap24.pdf>> accessed 2 June 2020.

¹¹⁴ World Health Organization (WHO), *Health and Peace Compendium – Selected Examples of health interventions in and on conflicts*. (WHO 2019) – Unpublished.

¹¹⁵ International Organization for Migration (IOM) and UN Office for the Coordination of Humanitarian Affairs (OCHA), ‘Increasing Links Between Humanitarian Cash and Social Protection for an Effective Response to the COVID-19 Pandemic – World’ (Relief Web, 2020) <<https://reliefweb.int/report/world/increasing-links-between-humanitarian-cash-and-social-protection-effective-response>> accessed 1 July 2020.

¹¹⁶ ILO, ‘Coping with Double Casualties.’

¹¹⁷ ILO, ‘Social Protection Spotlight.’

¹¹⁸ ILO, ‘The Impact of the COVID-19 on the Informal Economy in Africa.’

► **Strengthen or create national public employment programmes.** Response policies that create immediate, temporary jobs in the wake of the crisis could be turned into large-scale public employment programmes (PEPs). Existing PEPs can be scaled up quickly and use prevailing networks, while continuing to provide livelihoods and job opportunities to the most vulnerable, building needed assets and services, and addressing inequality issues. Where they do not exist, development partners could refocus their financing from simple short-term cash transfers and cash-for-work schemes and contribute to designing such a coherent national programme.

PEPs contribute to universal social protection and create sustainable employment recovery, while households and private sector businesses may be reluctant to invest as long as the economic future is uncertain. In some countries, structural problems mean PEPs may be needed in the longer term to sustain temporary employment, especially to ensure that the most vulnerable are not left behind. Developing such systems in a collaborative manner through social dialogue with social partners will be essential to ensure the needs and aspirations of the most vulnerable are met.

► **Increasing investment in productive infrastructure.** Short-term investment in infrastructure, as part of PEPs, can lead to more long-term infrastructure investment that can help generate long-term employment opportunities. A focus on building infrastructure, assets and services that promote social and economic development, increasing agricultural productivity, providing care work, supporting education and health, and addressing environment and climate-related challenges is investing in the future.

These investments are best aimed at addressing inequalities (notably horizontal inequalities among social groups) in access to health care and other basic services, as well as to productive resources. This can be coupled with additional investment in skills development, employment services and strengthening the business environment that can promote inclusive and effective labour-market governance in the longer term – including the social and economic empowerment of women, which is essential for sustaining peace and resilience in conflict situations.¹¹⁹

► **Adopting inclusive and participatory approaches to reform health systems and expand access to health care.** Building on efforts to design appropriate and locally led responses to the pandemic, initiatives could bring about more wide-ranging health sector reforms aimed at universal health coverage and promoting health and well-being. Such reforms should focus on breaking down economic, geographic and epidemiological barriers to access to health, and tackling obstacles resulting from a lack of sensitivity to specific cultural and social norms and practices.

Involving people and communities goes a long way in designing health care systems, social protection systems and employment measures that are in tune with the needs and expectations of people and in line with budgetary and capacity constraints. Providing such a safe space for inclusion, participation and decision-making can improve perceptions and rebuild positive ties with the authorities.

Tunisia adopted such a participatory method in the post-revolution context. A Societal Dialogue for Health System Reform was launched to capture the needs, perceptions and ideas of Tunisians for a new national health system.¹²⁰ The WHO handbook, *Strategizing national health in the 21st century*, provides practical guidance on participatory approaches based on the experiences of Tunisia and other countries, as well as on broader policy and strategic considerations to strengthen health systems in conflict-affected settings.¹²¹

► **Sowing the seeds of sustainable mental health services.** Beyond the focus on universal health care, emergencies such as COVID-19 provide opportunities to reshape key areas of the health system, including mental health, over the long term. The mental health impact of COVID-19 will also be significant and context specific. Emergencies tend to increase mental health issues, but they also make political leaders more aware of the psychological welfare of people who survived disasters and wars – a topic the media often address in the aftermath of emergencies.

119 International Labour Organization (ILO), 'Tunisia: Empowering Women Through the Induced Effects of Investments for Economic Diversification' (ILO 2020) <https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_675196.pdf> accessed 3 July 2020.

120 World Health Organization (WHO), Health and Peace Initiative (WHO 2020).

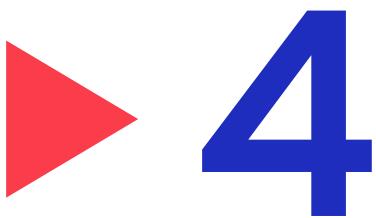
121 Gerard Schmets, Dheepa Rajan and Sowmya Kadandale, 'Strategizing National Health in the 21st Century: A Handbook' (WHO 2016).

In both Aceh (Indonesia) and Sri Lanka, the mental health and psychosocial support response initiated in areas most affected by the 2004 tsunami continued beyond the emergency phase.¹²² Indeed, they led to the development of mental health policies, community-based systems, budgets and infrastructures, dramatically improving mental health-care services compared to the pre-tsunami period. In its report *Building back better: sustainable mental health care after emergencies*,¹²³ WHO highlights successful instances of where more sustainable mental health systems emerged from disasters and conflicts and can be used as guidance in the COVID-19 response.

122 United Nations High Commission for Refugees (UNHCR), 'UNHCR's Response to the Tsunami Emergency in Indonesia and Sri Lanka, December 2004 - November 2006' (UNHCR, 2020) <<https://www.unhcr.org/afr/461504522.pdf>> accessed 8 July 2020.

123 World Health Organization (WHO), 'Building Back Better: Sustainable Mental Health Care After Emergencies' (WHO 2013) <https://apps.who.int/iris/bitstream/handle/10665/85377/9789241564571_eng.pdf;jsessionid=1177B66AEA1753108667E87F6CD3B720?sequence=1> accessed 17 June 2020.





Seizing the occasion for transformative change

The pandemic has devastating consequences for large parts of the global population, in terms of its profound health and socioeconomic impacts. There are strong interlinkages of the health and socioeconomic dimensions with governance, inequality and conflict. Yet, because of its very magnitude, **the pandemic will change critical political and social conditions**, thereby creating important moments for deeper reform and genuine peacebuilding processes. Seemingly intractable issues may suddenly be put into context, as has been seen in different situations around the world.

While the virus is still wreaking havoc across the globe, it is nonetheless important to look to the future – or different futures – into which the pandemic may lead us. The *UN Framework for the immediate socioeconomic response to COVID-19* calls this “an opportunity to reverse the trend of shrinking civic space; institutionalize community led-response systems; rely on social dialogue; empower local governments; scale-up community and city level resilience; and enhance legal and institutional frameworks.”¹²⁴

What can be done to “build back better”? And what can be done now to increase the chance of positive structural and societal transformations that bring about a more sustainable peace? How can social cohesion and social justice be at the centre of all interventions? And more broadly, how can all interventions help address the structural barriers to sustaining peace? It is necessary to look at these questions from a technical as well as a governance perspective to understand what overarching reforms are necessary to boost the resilience of conflict-affected contexts to multiple shocks beyond epidemics.

Unfortunately, the limited fiscal space of weak state institutions will hinder initiatives to expand coverage of social protection and health care.¹²⁵ For instance, the average financing gap for implementing an adequate social protection floor in low income countries is equivalent to 5.6 per cent of their gross domestic product – fiscal space that many of these countries do not have.¹²⁶ Similarly, upgrading health-care systems will come at a high cost, although creative design can help keep costs at manageable levels, as places like Kerala (India) and Costa Rica have shown.

Coordinated global support to investments in the public sector will be required. Partnerships with the private (financial) sector are needed to support businesses and address structural challenges. Aid-for-trade resources could help build trade capacity and the infrastructure that is necessary for trade-related adjustments. Such investments should be accompanied by measures to enhance the transparency and effectiveness of public spending.¹²⁷

¹²⁴ United Nations, ‘A UN Framework for the Immediate Socio-Economic Response to COVID-19’ (UN 2020) <<https://unsdg.un.org/sites/default/files/2020-04/UN-framework-for-the-immediate-socio-economic-response-to-COVID-19.pdf>> p.40 accessed 23 May 2020.

¹²⁵ Note: Fiscal space is defined as the resources available as a result of the active exploration and use of all possible revenue sources by a government. (Isabel Ortiz and others, ‘Fiscal Space for Social Protection: A Handbook for Assessing Financing Options’ (ILO 2019) <https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_727261.pdf> accessed 27 May 2020.)

¹²⁶ ILO, ‘Coping with Double Casualties.’

¹²⁷ *Ibid.*

The COVID-19 crisis can serve as an opportunity for development actors to start collaborating actively and effectively with government counterparts, as well as social partners (worker and employer organizations), local leaders and communities, to initiate inclusive processes for more far-reaching reforms. While a deliberately technical, expert-led approach and a reference to international best practice can serve to depoliticize a topic, these kinds of structural transformation processes are inherently highly political in nature, with specific constituencies likely to gain or lose out. Technical agencies must be responsive to the political economy at play and determine if the conditions are in place for a constructive, multi-stakeholder approach to devise such structural reforms. The suitable role for donors and technical agencies is that of facilitator and supporter of participatory approaches, broad coalitions and social dialogue that may enable local leadership and local elaboration of such reforms.

The pandemic has also highlighted the need to make progress on structural changes to international humanitarian and development assistance itself. Specifically, the situation can give a strong boost to operationalizing the Humanitarian-Development-Peace Nexus and implementing the New Way of Working. It can also give a push to the localization agenda, as this opportunity should be seized to bring positive and lasting change to the business model of international development and humanitarian assistance, creating real shifts in power and leadership to local actors.

The COVID-19 crisis has exposed everyone to the multidimensional nature of the situation, and many technical agencies have incorporated elements related to broader societal dynamics and conflict drivers into their rapid assessments. This heightened awareness of these interlinkages can generate momentum around further institutionalizing conflict sensitivity and peace responsiveness into institutional policies and processes. Although conflict sensitivity is and remains the basis, these first attempts to contribute explicitly to sustaining peace can teach us about the effectiveness of such approaches. They can also start to create a stronger evidence base on how and under which conditions sectoral interventions can help sustain peace.

To end with the words of the UN Secretary-General: “*We are living through a difficult time, but we can turn the COVID-19 crisis into an opportunity for sustainable peace and greater inclusion.*”¹²⁸

*“a moment in which the UN must be able to address the peoples of the world and appeal for a massive mobilization and for a massive pressure on governments to make sure that we are able to respond to this crisis, not to mitigate it but to suppress it, to suppress the disease and to address the dramatic economic and social impacts of the disease. And we can only do it if we do it together, if we do in a coordinated way, if we do it with intense solidarity and cooperation, and that is the raison d'être of the United Nations itself.”*¹²⁹

128 Antonio Guterres, ‘Saturday Marks the 100-Day Countdown to #Peaceday.’ <<https://twitter.com/antonioguterres/status/1271654779408842753>> accessed 13 June 2020.

129 United Nations, ‘COVID-19: UN Chief Calls for Global Ceasefire to Focus on ‘The True Fight of Our Lives’ (2020) <<https://news.un.org/en/story/2020/03/1059972>> accessed 26 May 2020.

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