



COVID-19 and Conflict: Seven Trends to Watch

Deadly and disruptive as it already is, and terribly as it could yet worsen and spread, the 2020 coronavirus outbreak could also have political effects that last long after the contagion is contained. Crisis Group identifies seven points of particular concern.



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Overview

The COVID-19 pandemic unquestionably presents an era-defining challenge to public health and the global economy. Its political consequences, both short- and long-term, are less well understood.

The global outbreak has the potential to wreak havoc in fragile states, trigger widespread unrest and severely test international crisis management systems. Its implications are especially serious for those caught in the midst of conflict if, as seems likely, the disease disrupts humanitarian aid flows, limits peace operations and postpones or distracts conflict parties from nascent as well as ongoing efforts at diplomacy. Unscrupulous leaders may exploit the pandemic to advance their objectives in ways that exacerbate domestic or international crises – cracking down on dissent at home or escalating conflicts with rival states – on the assumption that they will get away with it while the

world is otherwise occupied. COVID-19 has fuelled geopolitical friction, with the U.S. blaming China for the disease while Beijing tries to win friends by offering aid to affected countries, exacerbating existing great-power tensions that complicate cooperation on crisis management.

It is not yet clear when and where the virus will hit hardest, and how economic, social and political factors may converge to spark or aggravate crises. Nor is it guaranteed that the pandemic's consequences will be entirely or uniformly negative for peace and security. Natural disasters have sometimes resulted in the diminution of conflicts, as rival parties have had to work together, or at least maintain calm, to focus on preserving and rebuilding their societies. There have been a few signs of governments trying to ease political tensions in the shadow of COVID-19 with, for example, the United Arab Emirates (UAE) and Kuwait offering Iran – centre of one of the worst initial outbreaks outside China – humanitarian assistance. If the pandemic is likely to worsen some crises internationally, it may also create windows to improve others.

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The coming months will be acutely risky, with the U.S. and European countries focusing on the domestic impact of COVID-19 just as the disease is likely to spread to poor and war-affected countries. With the exception of Iran, in its first phase COVID-19 mainly affected states – including China, South Korea and Italy – that had resources to manage the problem, albeit unevenly and at the cost of severe strains on their health systems and economies. To date, there have been fewer reported cases in countries with weaker health systems, lower state capability or significant internal conflict, where consequences of an outbreak could be overwhelming.

That is of little solace, however. The low numbers are almost certainly a function of insufficient testing or of a delay between the virus's onset and its manifestation. Confirmed case numbers are ticking up in fragile parts of the Arab world and Africa. If countries struggle to put in place social distancing or other measures to stop the virus's spread, or delay doing so, they could see spikes of cases like those now overwhelming parts of Europe, but with far fewer emergency care facilities available to

save lives. The suffering that would cause is hard to overstate. If the disease spreads in densely packed urban centres in fragile states, it may be virtually impossible to control. The dramatic economic slowdown already under way will disrupt trade flows and create unemployment that will do damage at levels that are hard to forecast and grim to contemplate. A recession could take a particularly heavy toll on fragile states where there is greatest potential for unrest and conflict.

All governments face hard choices about how to manage the virus. Countries from the Schengen area to Sudan have already imposed border restrictions. Many are placing partial or blanket bans on public gatherings or insisting that citizens shelter at home. These are necessary but also costly measures, especially given projections that the pandemic could continue for well over a year until a vaccine becomes available. The economic impact of restricting movement for months on end is likely to be devastating. Lifting restrictions prematurely could risk new spikes in infections and require a return to isolation measures, further compounding the disease's economic and political impact and requiring further injections of liquidity and fiscal stimulus by governments around the world.

These are universal problems, but as an organisation focusing on early warning and conflict prevention, Crisis Group is especially concerned with places where the global health challenge intersects with wars or political conditions – such as weak institutions, communal tensions, lack of trust in leaders and inter-state rivalries – that could give rise to new crises or exacerbate existing ones. We also hope to identify cases where the disease could, with effective diplomacy, stimulate reductions in tensions. This briefing, the first in a series of Crisis Group publications on COVID-19 and its effects on the conflict landscape, draws primarily from the input of our analysts across the globe, and identifies seven trends to watch during the pandemic.

I. The Vulnerability of Conflict-affected Populations

The populations of conflict-affected countries – whether those in war or suffering its after-effects – are likely to be especially vulnerable to outbreaks of disease. ¹ In many cases, war or prolonged unrest, especially when compounded by mismanagement, corruption or foreign sanctions, have left national health systems profoundly ill-prepared for COVID-19.

In Libya, for example, the UN-backed government in Tripoli has pledged roughly \$350 million to respond to the disease, but to what end

is unclear: the health system has collapsed due to an outflow of foreign medics during the war. ² In Venezuela, as Crisis Group warned would happen in 2016, the standoff between the *chavista* government and opposition has hollowed out health services. COVID-19 is liable to overwhelm the country's remaining hospitals very quickly. ³ In Iran, the government's lethargic response compounded by the impact of U.S. sanctions has brought calamity: the virus reportedly is infecting nearly 50 people and taking five to six lives every hour. ⁴ In Gaza, where a healthcare system weakened by years of blockade was ill equipped to serve the high-density population long before COVID-19, the Health Ministry is scrambling to gather the experts and obtain the supplies necessary for when the disease sweeps in. It appears to be an uphill climb: medical suppliers serving the region told Crisis Group that they had run out of key items even before the ministry announced two COVID cases on 21 March.

On top of such institutional problems, it can be hard to persuade populations with little trust in government or political leaders to follow public health directives. Reviewing the 2014 Ebola outbreak in Guinea, Liberia and Sierra Leone, Crisis Group noted that “the virus initially spread unchecked not only because of the weakness of epidemiological monitoring and inadequate health system capacity and response, but also because people were sceptical of what their governments were saying or asking them to do”. ⁵ The doubts stemmed in part from misinformation and poor advice about the contagion from the governments involved but also from recurrent political tensions in a region scarred by war in the previous decade.

In cases of active conflict, national and international medics and humanitarian actors may struggle to get relief to people in need. In 2019, the World Health Organization (WHO) and international NGOs struggled to contain an Ebola outbreak in the eastern Democratic Republic of the Congo (DRC), despite support from UN peacekeepers, due to violent local militias that blocked access to some affected areas. At times, combatants targeted doctors and medical facilities themselves. Although the Congolese authorities and WHO apparently succeeded in ending the outbreak in recent months, the disease lasted far longer and claimed far many more lives (with a confirmed 2,264 fatalities) than would have been the case in a stable area. ⁶ Security obstacles are similarly liable to hamper the COVID-19 response in places where hostilities continue.

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The areas of active conflict at highest immediate risk of COVID-19 outbreaks may be north-western Syria, around the besieged enclave of Idlib, and Yemen. Both countries have already experienced health crises during their civil wars, with violence impeding the international response to an outbreak of polio in Syria in 2013-2014 and cholera in Yemen from 2016 onward. UN officials have now raised the alarm about COVID-19 infecting the population of Idlib, where a Russian-backed offensive by government forces has systematically targeted hospitals and other medical facilities and led to the displacement of over one million people in the last six months alone. ⁷ Many people fleeing clashes sleep in fields or under trees, and basic hygiene and social distancing practices are made impossible by the lack of running water or soap as well as cramped living spaces. Delivery of vital test kits has been delayed by weeks. Humanitarian workers fear that an outbreak of the disease in Idlib would both overwhelm the province's medical facilities and make it impossible to care for victims of war.

In Yemen, war since 2015 has decimated what even before was a very weak health system. Over 24 million people already require humanitarian assistance. ⁸ After de facto authorities in the capital city of Sanaa and the internationally recognised government in Aden banned international flights to prevent the virus from spreading, international relief teams reduced their numbers to essential staff. A COVID-19 outbreak could rapidly overwhelm aid efforts and make one of the world's most serious humanitarian catastrophes even more dire.

In Idlib, Yemen and beyond, internally displaced persons (IDPs), asylum seekers and refugees are particularly exposed to outbreaks of COVID-19, given their frequently squalid living conditions and limited access to health care. Data released by the UN High Commissioner for Refugees in 2019 suggest that over 70 million people fall into these categories of displacement globally, and the number has most likely risen since then, especially given events in Syria. ⁹ Whatever narrow avenues might have existed for displaced persons to move or be resettled to safer and more secure locations are, for all intents and purposes, now shut off due to COVID-19.

There is a long history of contagion spiking in IDP and refugee camps, a risk that now looms again, although in some areas medical services available in camps may be better than those for surrounding populations. UN officials are particularly concerned about the al-Hol camp in north-eastern Syria, home to over 70,000 people, including women and children who fled the Islamic State's last territorial foothold as it collapsed, among them Syrians, Iraqis and approximately 10,000 nationals of other countries. As we wrote about the camp in the fall of 2019, it was already "a scene of humanitarian disaster, rampant with disease – its residents lacking adequate food, clean water, often cut off

entirely from medical services”, leaving its population highly vulnerable to COVID-19. ¹⁰

Also of concern are the Rohingya refugee camps in Bangladesh, where over one million people live in overcrowded conditions, with sanitation facilities and health care services limited to a bare minimum. ¹¹ A government ban on internet and mobile phone services in the camps limits access to vital preventive information, while high levels of malnutrition likely imply that both the refugees and local residents are more susceptible to the disease. Should COVID-19 reach the camps, humanitarian agencies expect it to spread like wildfire, potentially triggering a backlash from Bangladeshis who live in the surrounding areas and are already unnerved by the refugees’ prolonged stay.

In these cases – as for displaced communities in Iraq and elsewhere in the Middle East, Africa and Asia – there is a risk that IDPs and refugees facing large-scale outbreaks of COVID-19 in the camps where they reside may aim to flee again to safety, leading local populations or authorities to react forcefully to contain them, which creates the potential for escalating violence. States attempting to stop the spread of the disease are likely to view new refugee flows fearfully. Colombia and Brazil, for example, closed their borders with Venezuela after previously taking a relatively generous approach to those fleeing the crisis there, but the pressure to escape worsening poverty and health risks in Venezuela could force rising numbers of migrants to use illegal crossings.

The COVID-19 emergency could also exacerbate the humanitarian crisis in Central America tied in part to the Trump administration’s immigration policies, as well as the region’s already high levels of violent crime. Having announced the closure of its southern border to all non-essential traffic from 21 March, the U.S. may seek to strengthen efforts to halt the arrival of migrants and refugees from Central America and return them to host countries. El Salvador and Guatemala nevertheless suspended in mid-March all incoming flights of Central American deportees from the U.S. The service to Guatemala has since resumed, but it remains to be seen whether Washington can continue to export deportees when both these countries have grounded all other international passenger flights.

At a time of grave threat to Central America’s fragile economies, moves to continue U.S. and Mexican deportation flights could expose growing numbers of displaced people to a frosty reception once they land, as locals may fear that the arrivals are spreading disease. Many deportees are likely to face the choice of heading back to the U.S. border, with the

support of trafficking networks, or becoming victims or accomplices of the region's pervasive criminal groups and street gangs.

In many cases, COVID-19's impact on refugees and IDPs will be felt disproportionately by women, who often form the majority of displaced populations in conflict-afflicted regions. These women's access to services and ability to feed their families are already deeply constrained by stigma relating to their ties (real or alleged) to armed groups. Exposed to sexual exploitation or abuse, with their rehabilitation or integration back into communities a low priority for feeble or indifferent governments, displaced women and children stand poised to be affected fast and first by the economic crises that will accompany the spread of the disease.

II. Damage to International Crisis Management and Conflict Resolution Mechanisms

One reason why refugee and IDP populations are likely to be especially vulnerable to COVID-19 is that the disease could severely weaken the capacity of international institutions to serve conflict-affected areas. WHO and other international officials fear that restrictions associated with the disease will impede humanitarian supply chains. But humanitarian agencies are not the only parts of the multilateral system under pressure due to the pandemic, which is also likely to curb peacemaking.

Travel restrictions have begun to weigh on international mediation efforts. UN envoys working in the Middle East have been blocked from travelling to and within the region due to airport closures. Regional organisations have suspended diplomatic initiatives in areas ranging from the South Caucasus to West Africa, while the envoy of the International Contact Group on Venezuela – a group of European and Latin American states looking for a diplomatic solution to the crisis there – had to cancel an already long-delayed trip to Caracas in early March for COVID-related reasons. ¹²

The disease could affect crucial intra-Afghan peace talks planned as a follow-up to the February preliminary agreement between the U.S. and the Taliban, at least reducing the number of those who can participate (although limiting the group to real decision-makers and essential support staff could be conducive to serious talks). ¹³

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More broadly, the disease means that international leaders, focused as they are on dramatic domestic issues, have little or no time to devote to conflicts or peace processes. European officials say that efforts to secure a ceasefire in Libya (a priority for Berlin and Brussels in February) are no longer receiving high-level attention. Diplomats working to prevent a deadly showdown in northern Yemen desperately need the time and energy of senior Saudi and U.S. officials but report that meetings with both are being cancelled or curtailed. Kenya’s president Uhuru Kenyatta called off a 16 March summit with counterparts from Ethiopia and Somalia that aimed to defuse dangerously escalating tensions between Nairobi and Mogadishu, with Kenyan officials citing their need to focus on efforts to halt the virus’s potential spread. ¹⁴ A summit between leaders of the EU and the “G5 Sahel countries” (Burkina Faso, Chad, Mali, Mauritania and Niger) will also be cancelled, dealing a blow to efforts to boost counter-terrorism operations in the region.

The disease could also affect multinational peacekeeping and security assistance efforts. In early March, the UN secretariat asked a group of nine peacekeeping troop contributors – including China and Italy – to suspend some or all unit rotations to blue helmet operations due to concerns about the spread of COVID-19. ¹⁵ UN operations have announced further limits to rotations since then, meaning that peacekeepers’ tours of duty will be extended for at least three months in tough mission settings such as the Central African Republic and South Sudan, potentially affecting their morale and effectiveness. A Security Council decision on setting up a new political mission to support Sudan’s transition to civilian rule appears likely to be postponed due to constraints on the Council’s meeting schedule to which its members agreed as part of virus containment measures. ¹⁶ While these diplomatic and operational decisions will have no immediate impact on UN operations, a prolonged pandemic could make it difficult to find and deploy fresh forces and civilian personnel, wearing down missions.

If international organisations may struggle to handle the crisis, media outlets and NGOs may also find it hard to report on conflict and crises due to travel restrictions, even as many readers and viewers are likely at least temporarily to lose interest in non-COVID-19-related stories. Some authoritarian governments seem ready to use the crisis to limit media access. Egypt has, for example, censored Western reporters for their coverage of the disease inside the country – removing the credentials of a *Guardian* reporter – while China has sent home a number of leading U.S. correspondents. Crisis Group itself has had to place significant limits on our analysts’ ability to travel during the pandemic for their own safety. As this briefing illustrates, we are determined to keep a

spotlight on conflicts – whether related to COVID-19 or not – and provide the best coverage possible, but our work will face inevitable constraints.

III. Risks to Social Order

COVID-19 could place great stress on societies and political systems, creating the potential for new outbreaks of violence. In the short term, the threat of disease is likely acting as a deterrent to popular unrest, as protesters avoid large gatherings. COVID-19's emergence in China precipitated a decline in anti-Beijing protests in Hong Kong (although public discomfort with radical elements of the protest movement may also have been a factor).¹⁷ There has been a decline, too, in the numbers of protesters taking to the streets in Algeria to challenge government corruption.¹⁸ The Russian opposition largely acquiesced in the authorities' move, ostensibly justified on health grounds, to block protests against President Vladimir Putin's decision to rewrite the constitution to extend his tenure in office.¹⁹ At least one exception to this general caution occurred in Niger, where demonstrators took to the streets against rules barring protest, which the government extended by invoking COVID-19. Three civilians were killed by security forces on 15 March.

Yet the quiet in the streets may be a temporary and misleading phenomenon. The pandemic's public health and economic consequences are liable to strain relations between governments and citizens, especially where health services buckle; preserving public order could prove challenging when security forces are overstretched and populations become increasingly frustrated with the government's response to the disease.

Early signs of social disorder already can be seen. In Ukraine, protesters attacked buses carrying Ukrainian evacuees from Wuhan, China, in response to allegations that some were carrying the disease.²⁰ Prison breaks have been reported in Venezuela, Brazil and Italy, with inmates reacting violently to new restrictions associated with COVID-19, while in Colombia prison riots and a reported jailbreak over the perceived lack of protection from the disease resulted in the death of 23 inmates at La Modelo jail on 21 March. In Colombia as well, looters attacked food trucks headed for Venezuela, at least in part to protest the economic effects of the decision taken by both Bogotá and Caracas to close the Colombian-Venezuelan border for health reasons. Even reasonable precautions may inspire angry responses. In Peru, the authorities have arrested hundreds of citizens for breaking quarantine rules, in some cases leading to violence.

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More broadly, the disease’s catastrophic economic impact could well sow the seeds of future disorder. It could do so whether or not the countries in question have experienced major outbreaks of the disease, although the danger in those that have will be magnified. A global recession of as yet unknown scope lies ahead; pandemic-related transport restrictions will disrupt trade and food supplies; countless businesses will be forced to shut down; and unemployment levels are likely to soar. ²¹

Governments that have close trading ties with China, especially some in Africa, are feeling the pain of the slowdown emanating from the original Wuhan outbreak. ²² Oil producers are already struggling with the collapse of energy prices. Countries like Nigeria, which has strong import/export links to China and relies on oil prices to prop up its public finances, are suffering. Abuja has reportedly considered cutting expenditures by 10 per cent in 2020, meaning that authorities may have to default on promises to raise the minimum wage. ²³ Such austerity measures, combined with other economic effects of COVID-19 – such as the disappearance of tourists in areas that depend heavily on foreign visitors – could lead to economic shocks that last well beyond the immediate crisis, creating the potential for prolonged labour disturbances and social instability.

As Crisis Group noted at the start of 2020, the raucous protests of 2019 stemmed from a “pervasive sense of economic injustice” that could “set more cities ablaze this year”. ²⁴ Anger over the effects of COVID-19 – and perceptions that governments are mismanaging them – could eventually trigger new demonstrations. The economic decline will have even more immediate effects on societies in low-income countries. Across large swathes of sub-Saharan Africa in particular, millions depend on their daily income to feed their families. An extended lockdown could rapidly create widespread desperation and disorder.

One further reason for worry is COVID-19’s clear potential to unleash xenophobic sentiment, especially in countries with large immigrant communities. Early in the crisis, Chinese labourers in Kenya faced harassment linked to suspicions that China Southern Airline flights were bringing the coronavirus into the country. Some Western politicians, notably U.S. President Donald Trump, have attempted to whip up resentment of Beijing with jibes about the “Chinese virus”. There is anecdotal evidence of an increase in prejudice toward people of Chinese ethnicity in the U.S. and other Western countries, and a serious risk that the diseases will fuel more racist and anti-foreigner violence. ²⁵

IV. Political Exploitation of the Crisis

Against this background of social pressures, there is ample room for political leaders to try to exploit COVID-19, either to solidify power at home or pursue their interests abroad. In the short term, many governments seem confused by the speed, reach and danger of the outbreak and, in some cases, the disease has infected political elites. An outbreak in Brazil's isolated capital, Brasilia, has sickened a large number of officials and politicians. In Iran, there have been dozens of cases among senior officials and parliamentarians. In Burkina Faso, where the government is already struggling with the collapse of state authority in large parts of the country, a rash of cases has hit cabinet members. The first vice president of the parliament was the first recorded fatality in sub-Saharan Africa. In such instances, the disease is more likely to weaken authorities' ability to make decisions about both health issues and other pressing crises.

Nonetheless, as the crisis goes on, some leaders could order restrictive measures that make public health sense at the peak of the crisis and then extend them in the hope of quashing dissent once the disease declines. Such measures could include indefinite bans on large public gatherings – which many governments have already instituted to stop community spread of COVID-19 – to prevent public protests. Here again there are precedents from West Africa's Ebola crisis: local civil society groups and opposition parties claim that the authorities prohibited meetings for longer than necessary as a way of suppressing legitimate protests. ²⁶ A harbinger of what is to come may have appeared in Hungary, where Prime Minister Viktor Orban asked parliament on 21 March to indefinitely extend a state of emergency that prescribes five-year prison sentences for those disseminating false information or obstructing the state's crisis response. ²⁷

“There is ample room for political leaders to try to exploit COVID-19.”



Elections scheduled for the first half of 2020, and perhaps later, are also liable to be postponed; here too, the immediate public health justification may be valid but the temptation to use the virus as a pretext for further delays and narrowing of political space could well exist.

Indeed, there are likely to be good practical reasons for delaying voting in such cases. In addition to complicating domestic planning, the pandemic will obstruct the deployment of international electoral support and, where planned, observation missions. Still, opposition parties are likely to suspect foul play, especially in countries where political trust is low, there has been recent instability, or the government enjoys dubious legitimacy or has a history of manipulating electoral calendars.

Again, there are already examples. The interim president in Bolivia, Jeanine Añez, announced on 21 March that the presidential election planned for 3 May to find a full-time replacement for Evo Morales – whom the military ousted after controversial polls in 2019 – would be delayed to an unspecified future date. In Sri Lanka, an Election Commission decision to postpone parliamentary elections for public health reasons could grant President Gotabaya Rajapaksa – a hardline nationalist associated with human rights abuses directed at minorities and political critics – enhanced powers. Although Rajapaksa initially wanted the polls to go ahead (reflecting expectations of a landslide victory), should he refuse to recall parliament while elections remain on hold, the length and legality of his interim rule may well stir controversy.

Some leaders may also see COVID-19 as cover to embark on destabilising foreign adventures, whether to deflect domestic discontent or because they sense they will face little pushback amid the global health crisis. No such case has yet surfaced, and there is a risk that analysts will now attribute crises to COVID-19 that are better explained by other factors. Still, at a time when the pandemic is distracting major powers and multilateral organisations, some leaders may surmise that they can assert themselves in ways that they would otherwise deem too risky. A spate of attacks against U.S. targets by Iranian-backed Shiite militias in Iraq may well be part of a pre-existing effort by Tehran to push the U.S. out of the Middle East. But with Iran's leadership already under enormous domestic pressure, the toll taken by the coronavirus might also affect its calculus. As we wrote, “feeling besieged and with no obvious diplomatic exit ramp, Iran might conclude that only a confrontation with the United States might change a trajectory that's heading in a very dangerous direction”. 28

Similarly, the crisis may create openings for jihadist groups to launch new offensives against weakened governments in Africa and the Middle East. To date, neither ISIS nor any of al-Qaeda's various branches has displayed a clear strategic vision relating to the pandemic (although ISIS has circulated health guidance to its militants on how to avoid the disease based on the Koran). 29 Nonetheless, as Crisis Group has previously argued, jihadist forces tend to “exploit disorder”, gaining

territory and adherents where conflicts already exist or weak states face social turmoil. ³⁰ ISIS, for example, used the post-2011 chaos in Syria to gain a level of power that would otherwise have been impossible. It is possible that social and political disorder may create similar openings for jihadist actors as the crisis goes on. Conversely, those groups – such as al-Shabaab in Somalia – that control significant swathes of territory could, like governments, face a surge of public discontent if they cannot keep COVID-19 in check. ³¹

V. A Turning Point in Major Power Relations?

The potential effects of COVID-19 on specific trouble spots is magnified by the fact that the global system was already in the midst of realignment. ³² The current moment thus stands apart from other, still relatively recent, international crises. When the financial crash prompted a global economic downturn in 2008, the U.S. still held enough clout to shape the international response through the G20, although Washington was careful to involve Beijing in the process. In 2014, the U.S. took charge of a belated multilateral response to the West Africa Ebola crisis helped by countries ranging from the UK and France to China and Cuba. ³³ Today, the U.S. – whose international influence already had considerably weakened – has simultaneously mishandled its domestic response to COVID-19, failed to bring other nations together and stirred up international resentment. President Donald Trump has not only harped on the disease's Chinese origins but also criticised the EU for bungling its containment.

China, by contrast, after having to cope with the consequences of the initial outbreak, its early and costly decision to hold back information, and its own uneven response, and having sought at times to blame the U.S. by waging an irresponsible misinformation campaign, now sees in the health crisis an opportunity to gain influence over other states through humanitarian gestures. ³⁴ China has kicked its diplomatic machine into high gear to position itself as leading the international response to potential widespread outbreaks of COVID-19 on the African continent. ³⁵ On 16 March, Chinese billionaire Jack Ma announced that his foundation would give 20,000 testing kits, 100,000 masks and a thousand units of protective gear to each of the continent's 54 countries. He said it would channel the donations through Ethiopia, with Prime Minister Abiy Ahmed, the 2019 Nobel Peace Prize winner, coordinating distribution. ³⁶ On 19 March, Beijing further bolstered its diplomacy on the subject, announcing plans to build an African Centre for Disease Prevention and Control research facility in Nairobi. ³⁷ Beijing has also rolled out offers of assistance to EU members, blunting European criticisms of its initial handling of the contagion in Wuhan. ³⁸

“Despite the WHO’s pleas for unity, the pandemic is taking on a divisive geopolitical hue”

Overall, despite the WHO’s pleas for unity, the pandemic is taking on a divisive geopolitical hue. Some leaders have framed it very clearly in these terms. Serbian President Aleksandar Vučić, for example, declared that – lacking any real support from the EU – “all my personal hopes are focused on China and its president”.³⁹ While Riyadh, which currently presides over the G20, has called for a “virtual summit” of leaders (similar to one already held by the G7), the crisis could increase tensions among Washington, Beijing and other powers. EU experts have warned that Russia is spreading disinformation about COVID-19 in Western countries.⁴⁰ Jockeying among the big powers to take advantage of the general disarray could not only complicate technical cooperation against COVID-19, but also make it harder for the powers to agree on how to handle the political disputes it creates or exacerbates.

More broadly, the coronavirus and how it will be dealt with is likely to have a profound influence on the shape of the multilateral order that will emerge in its aftermath. It is too early to assess those implications. For now, one can discern two competing narratives gaining currency – one in which the lesson is that countries ought to come together to better defeat COVID-19, and one in which the lesson is that countries need to stand apart in order to better protect themselves from it.⁴¹ The crisis also represents a stark test of the competing claims of liberal and illiberal states to better manage extreme social distress. As the pandemic unfolds, it will test not only the operational capacities of organisations like the UN and WHO, but also basic assumptions about the values and political bargains that underpin them.

VI. Opportunities to Be Seized

While the warning signs associated with COVID-19 are significant, there are also glimmers of hope. The scale of the outbreak creates room for humanitarian gestures between rivals. The UAE has, for example, airlifted over 30 tonnes of humanitarian aid to Iran to deal with the disease (Bahrain, by contrast, took the opportunity to accuse the Islamic Republic of “biological aggression”).⁴² States with closer relations with Iran, including Kuwait and Qatar, have also proffered assistance. President Trump wrote to North Korea’s leader, Kim Jong-un, expressing willingness to help Pyongyang confront the disease, prompting a message of gratitude in response.⁴³ Despite closing its border with Venezuela, the Colombian government has also had its first official contact with Caracas in over a year under the aegis of the teleconference mediated by the Pan American Health Organization to discuss a joint health care response in border areas. Anti-*chavista* politicians have also taken tentative steps to work with their rivals to address the crisis, as occurred in the border state of Táchira.

Two other examples: in the Caucasus, the U.S. sent its first aid to the secessionist Georgian region of Abkhazia in over a decade to help counter COVID-19 even though Abkhaz authorities are coordinating with Moscow rather than Tbilisi over the disease. In the Philippines, the normally hawkish President Rodrigo Duterte announced a one-month unilateral ceasefire with communist rebels, to allow government forces time to focus on the pandemic. ⁴⁴

“As the devastation spreads and economies shrink, pressures may grow on governments and opposition in polarised situations to find common ground.”



These are only relatively small positive steps. But as the devastation spreads and economies shrink, pressures may grow on governments and opposition in polarised situations to find common ground if that is a condition for stability and receiving international assistance. Academic surveys show that warring parties frequently respond to natural disasters with agreements to reduce violence. A similar dynamic may apply in some conflicts in the face of COVID-19, although the scale of the crisis – and its emerging impact on international diplomacy – could make it hard for outside mediators and multilateral organisations to support peacemaking efforts as they could in more normal times. ⁴⁵

Earlier this month, Crisis Group pressed the U.S. and Iran to seize this moment and reach a mutually beneficial understanding: Tehran would release all its dual national or foreign detainees (who face real risks from the disease in Iranian prisons) while Washington would loosen its sanctions (which are exacerbating the harrowing humanitarian situation Iran faces as a result of its own mismanagement of the COVID-19 crisis).

⁴⁶ Since then, Tehran has made concessions on prisoners – swapping a French detainee for an Iranian held in France and allowing a British-Iranian prisoner to leave jail temporarily. While the U.S. has said it would send humanitarian assistance to Iran, the Islamic Republic’s leadership promptly rejected the offer as disingenuous, pointing to the fact that U.S. sanctions remain fully in place. Supreme Leader Ayatollah Ali Khamenei has cited conspiracy theories blaming the U.S. for the illness. ⁴⁷

VII. Potential Crisis Mitigation Measures

Looking ahead, governments will have to decide whether to support more cooperative approaches to handling the crisis, not only in global public health terms but also as a political and security challenge. All leaders face pressure to focus on and spend money and political capital on domestic priorities, and in particular to ignore conflict risks in weak states that may seem hard to resolve or simply not important enough to worry about. But there will be a day after, and if the coming period is not dealt with wisely, it could be marked by major disruptions in already conflict-ridden areas, the eruption of new violence and a far more fragile multilateral system. In addition to following the negative and positive trends noted above, Crisis Group will also be watching to see if states and multilateral institutions take preventive and mitigating measures to limit the pandemic's impact on peace and security.

In that spirit, and to mitigate the possibility that COVID-19 brings about a new generation of security crises, governments aiming to limit the pandemic's impact could consider the following steps:

- Follow needs assessments from the UN, the International Committee of the Red Cross and other relevant agencies, and inject essential COVID-19-related funding into humanitarian support, especially for refugees and IDPs, factoring in the disproportionate risks for displaced women;
- Work with the UN, International Monetary Fund and World Bank – which have already started to mobilise funds to address health system failures and economic jolts resulting from COVID-19 – to assess the social and political shocks potentially arising from the pandemic to governments in weak states, and offer financial aid and debt relief;
- Offer sanctions relief to states affected by COVID-19 and that are under sanctions, through multilateral frameworks such as the EU or UN, or through the suspension of unilateral sanctions, as appropriate if only temporarily, on humanitarian grounds, and remove any obstacles to the delivery of humanitarian goods;
- Try to keep peace processes and conflict prevention efforts alive by working with UN envoys and other mediators to, for example, maintain secure electronic

communications with conflict parties;

- Where authorities delay elections or other polls for legitimate COVID-19 related reasons, offer outside support – such as declarations of extra-electoral assistance once the disease subsides, or quiet diplomacy between the parties – to reassure citizens that they will eventually get to vote;
- Where possible, establish or strengthen diplomatic back channels among states and non-state actors most affected by the crisis to communicate over potential escalatory risks in tense regions;
- Invest in efforts led by the WHO, independent media, non-governmental organisations and civil society to share impartial news about COVID-19 in weak states to counter rumour and political manipulation of the crisis as well as to keep a spotlight on conflicts that require international help.

The COVID-19 pandemic threatens to be long and draining. It will make diplomacy, and especially crisis diplomacy, harder. But it is crucial to keep channels of communication – and a spirit of cooperation – intact in a period when the international system seems as ready as ever to fragment.

New York/Brussels, 24 March 2020