COVID-19 Policy Brief

Integrating Conflict Prevention and Peacebuilding into the COVID-19 Global Pandemic Response

This policy brief provides key recommendations to the Biden Administration to effectively mitigate the pandemic’s whole-of-society destabilizing impacts by centering conflict prevention and peacebuilding efforts.

In July 2020, shortly after the pandemic began, the Alliance for Peacebuilding released a policy brief stating that the COVID-19 global pandemic is more than just a health crisis because it is fueling “stabilization in reverse.” The policy brief recommended donors and policymakers significantly integrate peacebuilding and conflict prevention in their COVID-19 strategies. Even after a few months in the spring of 2020, the data showed the pandemic was increasing instability and violence and exacerbating conflict dynamics in conflict-affected and fragile states, while contributing to increasing instability in democracies, including the United States. Unfortunately, even as the evidence demonstrates that COVID-19 is compounding conflict dynamics, government and multilateral donors are not meaningfully integrating conflict prevention and peacebuilding in their strategies; this failure continues more than a year later.

IMPACT OF COVID-19 ON CONFLICT, VIOLENCE, AND FRAGILITY
Fragile and conflict-affected states are disproportionately affected by the virus, and this impact is compounded by a global uptick in violence. The Infectious Disease Vulnerability Index shows conflict is present in the 25 countries most vulnerable to infectious diseases; 22 are in Africa and the other three are Afghanistan, Yemen, and Haiti. Conflict, violence, and fragility complicate disease containment and contribute to an increase in virus transmission by making it more difficult to control the spread and care for infected people, resulting in new variants.

Last year, the United Nations Secretary-General called for a global ceasefire so the world could focus on ending the pandemic. Unfortunately, deadly conflicts and violence are rising globally. New conflicts broke out or increased in countries including Ethiopia and Mozambique, and in many countries, conflict, violence, and fragility increased. Recent analysis from Mercy Corps outlines three pathways through which COVID-19 impacts conflict dynamics, including a diminished trust in governments; an increase in economic hardship and resource scarcity; and disruption of social cohesion within and between communities.

COVID-19 is damaging resource distribution and service delivery and causing increasing tension for economies and food and human security. The International Monetary Fund estimates the COVID-19 pandemic could cost the global economy $28 trillion through 2025. Additionally, the World Bank estimates fragile and conflict-affected countries’ GDPs will be 8.6% lower than pre-pandemic projections. As for food security, in 2020, the UN estimates between 720 and 811 million people went hungry, but an even higher number—2.37 billion people—lacked access to adequate food.

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Before COVID-19, democracy was already under threat, but the pandemic increased democratic backsliding and allowed autocrats to further consolidate power. The decline in global freedom predates the pandemic, with 2020 being the 15th consecutive year showing a decline in democracy. Last year, the countries experiencing a decline in freedom outnumbered those with improvements by the largest margin recorded since the negative trend began in 2006. The International Crisis Group warned the crisis creates “ample room for political leaders to try to exploit COVID-19, either to solidify power at home or pursue their interests abroad,” including through postponing elections, crackdowns, arrests, and consolidating power.

Shock events, whether natural disasters, financial crises, pandemics, or armed conflicts, have lasting social, political, and economic effects on the health of societies. Social cohesion is a critical resource for disaster recovery planning and an important component of the pre-disaster, acute, postdisaster, and recovery phases. Countries with greater social cohesion handled the pandemic better. The U.S. saw the steepest decline in social cohesion, and prior to the distribution of the vaccine, it also had one of the world’s highest numbers of COVID-19 cases and deaths, even though indices and assessments predicted the U.S. would effectively respond to a pandemic. Research found investing in social cohesion can be a significant vehicle for building stronger, more connected, and resilient communities that are better able to cope with crises and more welcoming towards others. The United Nations Development Program noted it is critical to invest more in social cohesion by strengthening democratic institutions, countering hate speech and misinformation, and harnessing new technologies and data to more accurately map and respond to the drivers of crisis.

Additionally, violent extremist groups are weaponizing the global pandemic, calling on supporters to step up attacks and spread the virus itself. Furthermore, online recruitment and dissemination of propaganda, disinformation, and conspiracy theories skyrocketed during the last year and increased the reach of violent extremist organizations and networks. Al-Qaeda referred to COVID-19 as “a soldier of Allah” and used the pandemic to enhance propaganda. COVID-19 is also exacerbating an already expansive gender equality gap. Since March 2020, the pandemic has disproportionately affected women and girls through adverse economic, health, and educational impacts, threatening to reverse decades of incremental gains. This “shadow pandemic” is significantly increasing gender-based violence, including female genital mutilation and child forced marriage, demonstrating a “syndemic” relationship between the COVID-19 pandemic and gender-based violence. Specifically, the pandemic is compounding gender-based violence and contributing to COVID-19 vulnerability and transmission, while gender-insensitive COVID-19 responses are worsening gender inequality in fragile settings through unequal “access to health and social services, the militarization of movement, and reduced socioeconomic status.” These immediate challenges will have long-term impacts on health, safety, educational and economic opportunities, and security without immediate interventions.

U.S. COVID-19 Strategies Continue to Fail to Prioritize Peacebuilding

In July 2021, the Biden Administration released its COVID-19 Global Response and Recovery Framework. This framework puts health and humanitarian as the first-order issues and lists conflict prevention as a fourth-order priority along with other issues, such as economic impacts. Unfortunately, this strategy follows the previous Administration’s COVID-19 strategy that inadequately addressed the pandemic’s complex, society-wide effects.

The U.S. must integrate all of these sectors to effectively mitigate the pandemic’s whole-of-society destabilizing impacts. A linear and siloed approach is contrary to best practices and the principles incorporated in the bipartisan Global Fragility Act (GFA), enacted in December 2019, and the U.S. Strategy to Prevent Conflict and Promote Stability (GFA Strategy), released in December 2020. Failure to integrate conflict prevention and peacebuilding into COVID-19 strategies will result in increased conflict dynamics in conflict affected and fragile states and increased violent conflict and fragility.

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The Alliance for Peacebuilding recommends the following:

1. The State Department and USAID should revise the current COVID-19 strategy with an integrated approach that puts peacebuilding and conflict prevention at the center, while building on research, lessons learned, and failures from previous U.S. Government operations.

To counter the exacerbating and compounding effects of violent conflict on COVID-19, the U.S. response must work to untangle these interconnected problems and pinpoint both the main drivers of conflict and fragility and the pathways to resilience. A proper framework for this response must entail a "triple nexus" approach, which integrates humanitarian, development, and conflict prevention assistance.

In practice, this "triple nexus" approach requires governments to, according to Mercy Corps, "integrate conflict analysis into all pandemic response activities, facilitate good governance, strengthen grassroots conflict resolution, support communities in rebuilding their livelihoods and moving away from illicit economic activities, and overcome communities’ sense of abandonment that has increased the appeal of joining or supporting armed groups." Fostering trust between governments, civil society, and impacted communities can stem the tide of pandemics. Within months of the 2014 Ebola outbreak, efforts were made by organizations, including the Johns Hopkins Center for Communication Programs, to engage and empower village leaders across West Africa to disseminate accurate information about Ebola and safe burials. Virtually every non-governmental organization (NGO) and civil society organization (CSO) that worked on the Ebola outbreaks cited the need for trust as a critical factor in the success of their efforts.

2. The international community must increase and sustain foreign assistance to contain this pandemic and link objectives of the strategy and its implementation plan with assistance resources and monitoring.

Beyond the health implications, the COVID-19 pandemic poses far-reaching and long-term dangers through the disruption of effective governance, economic collapse, and significant threats to human and food security. The American Rescue Plan includes $11 billion for the global pandemic response. Since the outbreak of the pandemic, the U.S. government announced more than $1.5 billion in health, humanitarian, economic, and development assistance. The State Department, USAID, and Center for Disease Control are collaborating to support health systems, humanitarian assistance, and economic, security, and stabilization efforts worldwide with the $2.4 billion provided by supplementary Congressional funding. However, the appropriations lacked peacebuilding and conflict prevention programming. Until the health crisis abates, sustained funding must address both the immediate health implications, as well as those related to violent conflict and fragility.
The strategy's implementation plan must provide funding and expenditure information that USAID has for each objective and how the funding aligns with and integrates peacebuilding and conflict prevention in each objective. This information is critical for identifying potential gaps and needs for adaptation, especially for activities other than health and humanitarian assistance.

USAID should also increase transparency, including through issuance of monthly or quarterly factsheets containing funding obligations by country and plan objective; holding quarterly consultations with civil society; and conducting regular briefings with the press and Congress. As of right now, it appears that the U.S. has not devoted any funding to fourth-order issues caused by the pandemic, including conflict prevention. Greater transparency would allow the peacebuilding community to more quickly and efficiently call attention to this shortcoming. We also recommend that the Agency appoint an “accountability czar” or point of responsibility, charged with monitoring and reporting on implementation of each objective.

The U.S. should seek increased funding to ensure integration of conflict prevention through vehicles such as the Prevention and Stabilization Fund, the Multi-Donor Global Fragility Fund, the Complex Crises Fund, the Atrocities Prevention Fund, the Conflict Stabilization Operations Account, USAID’s Democracy Fund, and the State Department’s Human Rights and Democracy Fund.

3. Exercise vaccine diplomacy and provide an adequate and sustainable vaccine supply to developing countries with a peacebuilding and conflict prevention approach.

Many countries cannot afford vaccines for their populations and rely on donor countries. After the U.S. failed to provide substantial vaccine supplies to countries in need in the early months of the pandemic, countries like Russia and China stepped in, but with strings attached that threatened democratic values. The U.S. recently took a massive stride forward with its vaccine diplomacy in new purchases and donations. By 2022, the U.S. will donate 1.1 billion vaccines globally. The U.S. has been active in Latin America and Africa. It is also working to increase its reach globally while blunting Russia and China’s geopolitical maneuvering, particularly in Asia. Vaccine distribution should not only address strategic imperatives, but also incorporate the same peacebuilding, conflict prevention, and localized approaches outlined above for the COVID-19 response—because no one is safe until everyone is safe.

4. Do not shortchange standalone peacebuilding programs.

Conflict prevention and peacebuilding integration into development and humanitarian assistance is critical to addressing the pandemic, but funding for standalone peacebuilding programs is also vital. Conflict resolution programs that put processes and mechanisms in place to increase social cohesion, facilitate collective action, and build trust and relationships can enhance community resilience to diverse crises. COVID-19 can act as a “window of opportunity” to implement a peace-first approach that proactively increases community resilience and cohesion while addressing the pandemic’s destabilizing impacts. By supporting standalone peacebuilding programs, policymakers and donors can move beyond acute emergency pandemic response and address problems in the long-term that prepare communities to effectively respond to emerging crises.

5. Ensure mental health programs are well-resourced to address the significant psychological trauma from COVID-19.

This pandemic is not ordinary. Its impact has been extraordinary on mental health globally, from the most developed to the most conflict affected and fragile states. Mental health issues will prolong the impact of COVID-19 and contribute to ongoing and future conflict dynamics. According to a World Health Organization (WHO) survey, the pandemic “disrupted or halted critical mental health services in 93% of countries,” despite the drastically increased need for those services. Youth in fragile and conflict affected states are particularly in need of psychosocial support due to the pandemic. Studies show unaddressed trauma can worsen over time, posing significant threats resulting from a pandemic of this scale. United Nations Secretary-General António Guterres emphasized the need for integrated mental health and psychosocial support as necessary components of all humanitarian, peacebuilding, and development programs related to COVID-19 response. Responses must include an integrated mental health approach for both individuals impacted, as well as program and response implementers.
6. Engage local actors, including women, youth, faith leaders, and other marginalized communities, to prevent and contain the pandemic and ensure stability.

It is critical to partner with local civil society and faith actors on the ground to address COVID-19. As demonstrated during the 2014 Ebola outbreak in West Africa, the establishment of trust with local communities is vital to tackling the COVID-19 pandemic. International NGOs and donors can build trust by including local CSOs and community members in strategy development, ownership, and more flexible procurement mechanisms to promote local ownership and maintaining that engagement through a mutually accountable relationship.

Local actors, such as women and youth, as well as faith-based leaders, are lynchpins of their communities and serve on the front lines of response in crises, demonstrated by their pivot to address immediate needs, such as the distribution of food, hygiene supplies, and accurate information about COVID-19. Responses that are diverse and inclusive of local actors are more likely to accumulate trust from local communities and, therefore, ultimately be more successful, sustainable, and cost-effective. In the case of women, this can entail integrating gender-based violence across public health messaging, linking COVID-19 public health interventions with gender-based violence services, and implementing gender sensitivity in COVID-19 responses. These actors and communities must be significantly involved in developing, implementing, and monitoring programs from the earliest stages.
About Alliance for Peacebuilding:

Named the “number one influencer and change agent” among peacebuilding institutions worldwide—AfP is a nonprofit and nonpartisan network of 150+ organizations working in 181 countries to prevent conflict, reduce violence, improve lives, and build sustainable peace. At our core, AfP cultivates a network to strengthen and advance the peacebuilding field, enabling peacebuilding organizations to achieve greater impact—tackling issues too large for any one organization to address alone.