

COVID-19 and Armed Conflict

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Abstract

This article studies the impact of COVID-19 on armed conflict. The pandemic has significant health, economic and political effects. These can change the grievances and opportunity structures relevant for armed conflicts to either increase or decrease conflict risks. I analyse empirical evidence from Afghanistan, Colombia, India, Iraq, Libya, Pakistan, the Philippines, Thailand and Yemen from the first four months of 2020. Results suggest that COVID-19 provides little opportunities for health diplomacy and cooperation, but it also has not yet driven grievances to a level where they became relevant for armed conflicts. Three countries have encountered temporary declines in armed conflicts, mostly due to strategic decisions by armed groups to account for impeded logistics and increase their popular support. Armed conflict levels have increased in five countries, with parties exploiting either state weakness or a lack of (international) attention related to COVID-19. This is a worrisome trend given the tremendous impacts of armed conflict on human security and the capabilities of countries to deal with health emergencies.

Keywords: Corona; civil war; disease; health diplomacy; security; violence

1 Introduction

COVID-19 is an infectious disease caused by the SARS-CoV-2 virus. At the day of writing (May 17 2020), at least 4.5 million people worldwide have been infected with COVID-19, and more than 300,000 have died. Many low- and middle-income countries are yet to experience the peak of case numbers, with high-income countries fearing a second wave of infections. Widespread government measures to combat the spread of SARS-CoV-2 resulted in various forms of lockdown imposed on more than one third of the world's population since mid-March (Ritchie, Roser, Ortiz-Ospina, & Hasell, 2020). The economic consequences of this are devastating. The most recent World Economic Outlook diagnosed a real GDP growth of -3% for 2020 – the deepest recession since 1945 – with several countries predicted to face double digit declines (IMF, 2020).

Currently, scholars and policy makers assign high priority to limiting the spread of the virus, improving treatment, developing a vaccine, and mitigating adverse economic effects. Contributing to these efforts, I argue that it is also of utmost importance to monitor and analyse the impact of COVID-19 on armed conflict, with an emphasis on its most prevalent form, intrastate armed conflict.

Outbursts of physical violence involving at least one organised group claimed on average more than 108,000 lives per annum for the last five years on record (Pettersson, Högladh, & Öberg, 2019).¹ Armed conflict therefore has enormous negative effects on human security and effectively constitutes “development in reverse” (Collier, 2007). Past studies indicate that contagious diseases have a tangible impact on the onset risk and the duration of armed conflicts (e.g., Cervellati, Sunde, & Valmori, 2017; Kustra, 2017). Factors like GDP decline and poor health are also among the established predictors of civil war (Cederman & Weidmann, 2017). UN Secretary-General António Guterres therefore concluded that “the pandemic also poses a significant threat to the maintenance of international peace and security” and called for ceasefires to aid responses to COVID-19 (Clarke, 2020).

An increasing frequency or intensity of armed conflict, in turn, would seriously affect efforts to cope with the pandemic. Armed groups collaterally or intentionally destroy infrastructure that is

¹ Data are for the period 2013-2018 and only includes conflicts and actors responsible for at least 25 deaths per year.

essential to a healthy life, such as water or electricity (Sowers, Weinthal, & Zawahri, 2017). Health systems also suffer directly during armed conflicts due to physical destruction, limited funding, reduced trust in state institutions, and mobility barriers for patients and health staff (Blackburn, Lenze, & Casey, 2020; Wise & Barry, 2017). In line with these arguments, Wagner et al. (2019) find that high-intensity armed conflict increased the mortality of female non-combatants in Africa by 202%. In the worst case, migration flows triggered by violence may spread SARS-CoV-2 even further.

In this article, I theorise how COVID-19 can affect armed conflict risks (section 2). I then analyse armed conflict trends and their drivers in nine countries in the period January to April 2020 based on quantitative and qualitative evidence (section 3) before drawing a conclusion (section 4).

2 Theoretical background: grievances, opportunities and conflicts

Armed conflicts are complex, dynamic and multi-faceted phenomena. Their onset, intensity and duration is driven by a wide range of factors (Cederman & Vogt, 2017). This results in a limited explanatory power of single variables like COVID-19 (or infectious diseases more generally). However, based on established theoretical frameworks and previous research, there are reasons to assume that COVID-19 and its economic fallout affect armed conflict dynamics.

Broadly speaking, armed conflicts can be driven by grievances and opportunities (Taydas, Enia, & James, 2011). Grievances refer to intense perceptions of inequality or unfairness by individuals or social groups. If the latter see no perspective for addressing such unequal or unfair situations in a non-violent manner, they might resort to physical violence. This is especially relevant if the respective “other” is conceived as threatening, evil or inhumane (Bar-Tal, 1998). However, Fearon and Laitin (2003) argue that grievances are far too widespread to explain relatively rare phenomena like armed conflict. In their view, explanations should instead focus on factors that provide aggrieved groups with the opportunity to start and sustain violent confrontations, such as the availability of recruits, weapons, and hideouts. In practice, the grievances and opportunity perspective are often deeply intertwined, for instance when aggrieved individuals can be more easily recruited by armed groups.

COVID-19 can affect grievances to an extent that make armed conflict both more and less likely. Many consequences of the crisis such as poor health, poverty and economic recession can lead to significant individual frustration, and are well-established predictors of armed conflict (Cederman & Vogt, 2017). Strained budgets and additional financial demands reduce the ability of the state to appease such grievances (Price-Smith, 2009). Lockdown measures are themselves a significant point of contention as indicated by protests around the world that oppose them (Reuters, 2020). Furthermore, the Armed Conflict Location and Event Dataset (ACLED) records a significant number of protests and attacks against ethnic minorities or migrants suspected of transmitting SARS-CoV-2 (Raleigh, Linke, Hegre, & Karlsen, 2010). Such xenophobic attributes and actions harden pre-existing cleavages. COVID-19 might also provide a chance to demonstrate solidarity and good intentions, and hence lessen grievances. The literature on health diplomacy, for example, discusses how cooperation on shared health challenges can increase the prospects for peaceful relations, although the empirical success of such efforts has so far been limited (Kelman, 2019). US investments into the health sector in Iraq are a case in point (McInnes & Rushton, 2014). However, research on environmental peacebuilding has revealed that low-level, mutually beneficial cooperation can yield peace dividends in certain contexts (Ide, 2019). Furthermore, ceasefires to deliver health benefits have at least temporarily reduced armed conflict intensity on several occasions in the past (Chattu & Knight, 2019). In response to the pandemic, armed groups in Afghanistan, Cameroon, Colombia, Myanmar, the Philippines, Thailand, Ukraine and Yemen, among others, have announced (limited) ceasefires to support responses to COVID-19 (Davis, 2020; Jackson, 2020).

The COVID-19 crisis can affect opportunity factors to increase armed conflict risks. Armed groups can benefit from appropriating medical aid for their purposes. As GDPs decline, unemployment is on the rise and international remittance flows are reduced by around 20% (World Bank, 2020), livelihood insecurity will grow. This results in lower opportunity costs for individuals joining an armed group vis-à-vis seeking legal employment, hence facilitating recruitment by violence entrepreneurs. In the same vein, Kustra (2017) argues that high levels of disease prevalence and the associated loss in life expectancy reduces the relative risks of individuals for joining dangerous activities like rebellion. Capable states can deal with these impacts of COVID-19 by extending

social security nets, mediating emerging conflicts, and disarming violent groups (Sobek, 2010). But COVID-19 undermines state capability (Price-Smith, 2009): While financial demands to the state grow, its fiscal base is strained due to a loss of tax revenues. The collapse of tourism and primary commodity prices such as oil affect the income of many states as well. Furthermore, members of the police and military might get infected, or are re-deployed to assist measures to contain the disease (Ataguba, 2020; Bagozzi, 2016).

However, COVID-19 might also affect opportunity costs to the extent that armed conflict risks are reduced, at least temporarily. If a state's capability is strained and there is an urgent need to deal with a health emergency, military offensives are certainly undermined. Currently, existing as well as potential rebel groups and militias face similar challenges. They need to raise money and food to supply to their fighters during an economic recession, convince their members to take part in operations rather than staying at home (to reduce infection risks and support their family or community), and deal with the logistic constraints of lockdowns and border closures (Fearon & Laitin, 2003). Starting or intensifying attacks during the COVID-19 crisis is likely to decrease the local (and international) legitimacy of armed groups, especially if health infrastructure is affected. For this reason, many "Taliban fighters in Afghanistan have generally not attacked local health clinics, even those constructed by U.S. forces" in the past decade (Wise & Barry, 2017: 80). The ceasefire declarations by armed conflict parties in several countries can also be interpreted as a sign that COVID-related capability and legitimacy concerns are warranted.

3 Armed conflict dynamics during the first months of the pandemic

Analysing the impact of COVID-19 on armed conflict is difficult at this stage. Many countries have perhaps not seen their peak in infections yet, second and third waves of the pandemic remain possible, and the long-term economic, political and health impacts of the crisis are hard to predict. At the same time, COVID-related data are subject to uncertainties and political manipulation (Linsi & Aragão, 2020). This understanding is pertinent to my analysis of armed conflict dynamics in the face of COVID-19 in nine countries that have a significant history of

violent confrontations. To do so, I draw on quantitative and qualitative evidence and interpret it in the light of the theoretical statements outlined in the previous section.

Figure 1 visualises the total number of battles and explosions (as remote violence) events between January 1 2019 and April 30 2020 in the countries under study. Please note that these dynamics are inherently driven by various social, political and economic factors.

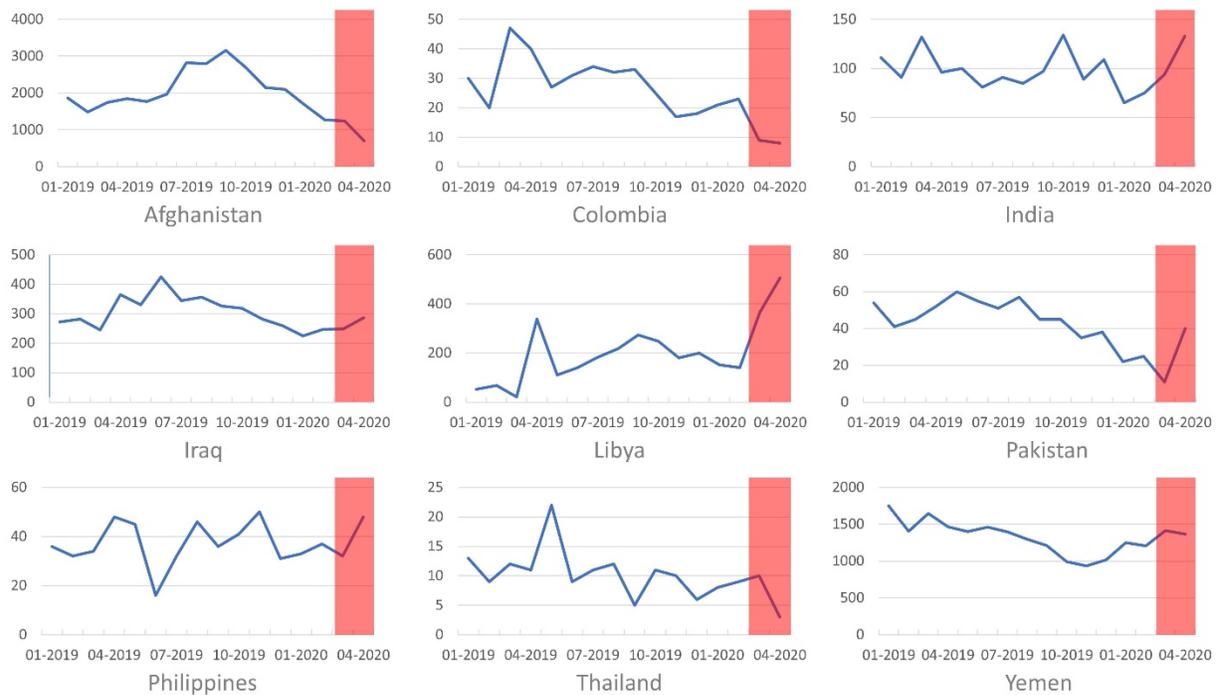


Figure 1: Battles and explosion events per month. Source: ACLED (Raleigh, et al., 2010)

As visualised by Figure 2, eight of the nine countries experienced a rapid spike of COVID-19 infections starting in mid to late March. It is important to recognise here that while some factors connecting the Corona crisis to armed conflict depend on the number of infections (e.g., infected members of the military and armed groups, higher mortality rates), this is not necessarily the case for many others (e.g., economic recession, response policies). Table 1 shows that the policy reactions of the countries under study are similar.

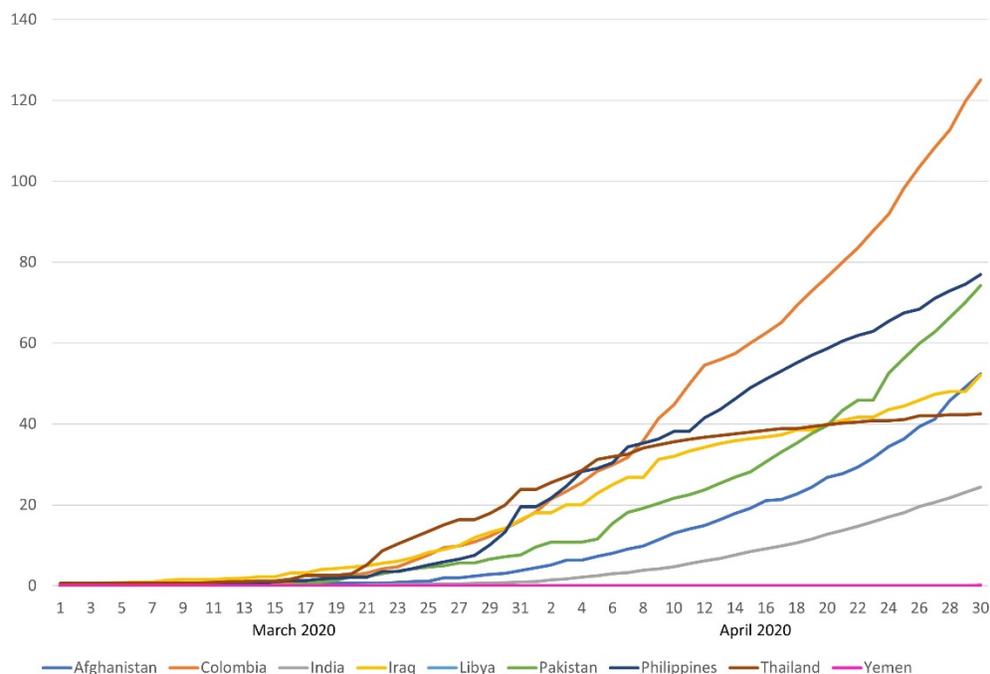


Figure 2: Confirmed COVID-19 cases per day (real numbers are likely to be higher). Source: Ritchie, Roser, Ortiz-Ospina and Hasell (2020)

Country	Workplace closures ¹	Stay at home orders ¹	Domestic travel restriction ¹	Restrictions on small public gatherings ^{1,2}
Afghanistan	X	(X)	X	X
Colombia	X	(X)	X	X
India	(X)	X	X	X
Iraq	(X)	(X)	X	X
Libya	X	X	X	X
Pakistan	(X)	(X)	X	X
Philippines	X	X	X	X
Thailand	X		X	X
Yemen		(X)	X	

Table 1: Restrictions in response to COVID-19 implemented between March 1 and April 30 in selected countries. Data source: Ritchie, Roser, Ortiz-Ospina and Hasell (2020). ¹ X = fully implemented, (X) = partially implemented; ² Gatherings of less than 10 people.

The outlier in the sample of countries is **Yemen**, which has a very low number of cases (only six by the end of April) and very few restrictions in place. COVID-19 had no impact on the country's civil war. The number of conflict events reflects very little variation in March and April 2020. On April 9, the coalition supporting the exiled Yemenite government announced a unilateral ceasefire to support the COVID-19 response, but the ceasefire only lasted one day (McKernan, 2020). Health diplomacy has failed in this case. The decline in conflict events in late April might be related to increasing COVID-19 cases and restrictions in major urban areas like Aden and Sanaa, hence undermining the fighting capabilities of both sides. However, there is no concrete evidence for this to date (The National, 2020).

Three countries experienced a remarkable decline in armed conflict events during the first months of the COVID crisis.

The downward trend in **Afghanistan** is in part due to the February 2020 peace deal between the USA and the Taliban. The capability of the state to carry out attacks has been strained by COVID-19, for example because soldiers had to support the pandemic response. The Taliban have rejected government calls for a ceasefire. Since late March, the group has also deployed personnel to deal with COVID-19 (rather than to its spring offensive), including public information campaigns, distribution of goods, and enforcing quarantining measures. This move is strategically motivated and envisioned to serve as a "ladder" that helps the group to gain public support and eventually oust the Afghan government (Feroz & Zaman, 2020; Jackson, 2020; Kapur & Saxena, 2020).

The armed conflict in **Colombia** between the government and the Ejército de Liberación Nacional (ELN) de-escalated considerably in March and April. On March 30, the ELN declared a ceasefire to ease coping with COVID-19. While humanitarian rather than strategic considerations drove this decision, the ELN seems less committed to permanent peace negotiations, and did not extend the ceasefire beyond May 1. The Colombian government and military did not commit to a ceasefire, but instigated fewer attacks in March and April. However, this is more likely because resources were shifted to support the COVID-19 response. This is considering that the military was heavily involved in these efforts and Colombia has a high number of infections per capita (Alsema, 2020; Burnyeat & Gomez-Suarez, 2020).

In **Thailand**, the intensity of the conflict between the Barisan Revolusi Nasional (BRN) and the government declined in April after intense clashes in March. On April 3, the BRN declared a cessation of armed activities to help inhabitants in its areas of operation dealing with COVID-19. This first ceasefire is predominately strategically motivated. The BRN's operative capabilities were weakened by internal travel restrictions, a lack of retreatment areas due to the closing of the border to Malaysia, and Thai military offensives in early 2020. The groups' leadership was also concerned that attacks in the wake of the pandemic (and Ramadan) would reduce its support among the local population. The Thai government did not formally reciprocate the ceasefire (Davis, 2020; Keating, 2020).

At the same time, five countries experienced an increase in armed conflict activity during the first months of the pandemic.

The growing number of armed conflict events in **India** was not related to the Maoist insurgency. The presence of state security forces on the ground has been reduced due to fears of infection and the Maoists' supply lines were heavily affected by a comprehensive lockdown. There are concerns, however, that the rebels use the lack of state presence and economic deprivation to recruit for future offensives (Bhardwaj, 2020; Kujur, 2020). Armed confrontations in the Kashmir region contested between India and Pakistan, by contrast, increased significantly. Clashes between both countries' militaries were a result of longer-standing tensions and thus unrelated to the pandemic (Staniland, 2020). There is however evidence that Pakistan's support for pro-Pakistani insurgents increased to put additional pressure on India during the COVID-19 crisis, hence resulting in an intensification of the armed conflict (Basu & Philip, 2020).

In **Iraq**, the capabilities of the government have been severely strained by the crisis, among others because oil prices collapsed and military forces are preoccupied with COVID-19 responses (e.g., enforcing curfews). The international coalition supporting the government has also stopped training activities and pulled out troops due to the pandemic. The Islamic State (IS) was affected financially by the crisis as well. Nonetheless, the group sought to exploit the current weakness of the Iraqi state to expand its territorial control, thus launching additional attacks (Browne, 2020; Sattar, 2020).

The civil war in **Libya** between the Government of National Accord (GNA) and the Libyan National Army (LNA) has intensified in 2020, with a significant rise since March. Both parties intended to win and received significant logistical and material support from their international patrons. Therefore, an escalation of the war would have taken place irrespective of COVID-19. Contrary, the pandemic has accelerated this escalation in two minor ways: It distracted the world's attention from the fact that both sides (and their respective international allies) ignored the agreements reached during the Berlin conference in January 2020. Furthermore, the GNA and the LNA believed that the other side might collapse very soon under the combined pressure of military offensives and the virus (Allahoum, 2020; Joseph & Pusztai, 2020).

The military of **Pakistan** engaged in more battles with the Indian army and local Taliban groups in March and April 2020. The intensification of the India-Pakistani conflict is linked to other factors than COVID-19 (Staniland, 2020). It is plausible that groups like the Taliban have attempted to exploit a situation where the state is weakened, border controls with Afghanistan get more difficult, and dissatisfaction with the government's response is widespread, especially among religious groups (Guz, 2020; Wani, 2020). Concrete evidence of this is currently lacking , however.

In the **Philippines**, the upwards trend in armed conflict events was mostly driven by a step rise of clashes between the military and the Communist New People's Army (NPA). Both sides declared unilateral ceasefires when the number of infections increased strongly in late March to facilitate responses to COVID-19. Accusing each other of continuing attacks, the government and the NPA decided not to extend their respective ceasefires in late April. Reliable information on which groups did not commit to the ceasefires and why is not currently available. There have been some reports, however, that the government utilized the distraction caused by the pandemic for harsher measures against its opponents (including the rebels), while the NPA appropriated food and medical aid for its purposes (Chavez, 2020; Tomacruz, 2020).

4. Discussion and conclusion

Besides its immediate health and economic effects, COVID-19 can also impact armed conflict risks, with these conflicts themselves being an important obstacle in dealing with the pandemic. This article provided a rapid assessment of the impact of COVID-19 on armed conflict based on data from the first four months of 2020. Existing theoretical and empirical evidence suggests that depending on the context, the pandemic could affect conflict risks through increased grievances, possibilities to demonstrate solidarity, or modified opportunity structures for armed groups.

Results show that in three of the nine countries under study, the number of armed conflict events declined after the onset of the COVID-19 crisis in March 2020. These declines are mostly related to strategic decisions and less favourable opportunity structures for armed groups, such as logistical difficulties and attempts to increase popular support in the face of COVID-19. They offer few prospects for health diplomacy and long-term, sustainable peacebuilding. In places like Afghanistan, where the Taliban restrain their military activities to gain local support, the initial decline might even set the stage for a later escalation of the armed conflict.

In five of the nine countries analysed, armed conflict prevalence increased in the face of the pandemic. This is further evidence that health diplomacy approaches demonstrating goodwill and reducing grievances in the face of a shared threat have little impact during the pandemic. COVID-19 did not change the root causes or principal dynamics of the armed conflicts in any of these five countries, but it accelerated existing trends and provided strategic opportunities for armed groups to exploit. Two factors are particularly relevant here: The weakening of state institutions (providing incentives for the opposing side to intensify military pressure) and a lack of international attention (allowing to extend military operations while the focus of attention is on the pandemic).

The effects of COVID-19 on armed conflict might worsen in the months to come. While international attention could shift back to other topics once major countries passed the peak of new infections, global disintegration related to the pandemic (such as the current split between China and the USA) can make conflict mediation more difficult. Already fragile states will be weakened further by economic recession, low prices of primary products (such as oil) and

declining remittances, hence increasing opportunities for insurgents. These economic repercussions – in particular when they coincide with the scapegoating or discrimination of ethnic minorities – might also raise grievances to a level where new armed conflicts erupt. To date, however, there is no empirical evidence for this. Declining levels of democracy as states claim emergency powers to combat COVID-19 are also a risk factor; at least, countries with a medium level of democracy are empirically much more likely to experience civil wars than consolidated democracies (Cederman & Vogt, 2017).

Armed conflict can have tremendous negative effects on human security and health governance. It is therefore of crucial importance to monitor the impact of COVID-19 on armed conflict risks and to develop adequate policy responses, such as sanctioning armed groups trying to exploit the pandemic.

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