

SPECIAL REPORT

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Searching for COVID-19 Ceasefires: Conflict Zone Impacts, Needs, and Opportunities

By Tyler Jess Thompson



Firefighters spray disinfectant along a road in Manila, Philippines, on April 6, 2020, in an effort to keep the coronavirus from spreading. (Photo by Jes Aznar/New York Times)

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Summary

- Few bilateral or multilateral ceasefires related to the COVID-19 pandemic have been reached. The threat of the pandemic on conflict states, however, is steadily increasing in severity, creating an extreme humanitarian challenge.
- The presence of a global pandemic alone might not change parties' willingness to enter a ceasefire or any other political arrangement. Ceasefires, particularly humanitarian, serve specific purposes depending on the conflict context, but they do not always lead to comprehensive negotiations.
- Approaches to COVID-19 ceasefires should be based on astute conflict analysis, the pandemic's impact on party behavior, and the readiness of humanitarian interventions.
- Women, nonviolent movements, and civil society are key sources of pressure to pause violence in order to address COVID-19. These groups are the most important factor in driving lasting, transformative, peaceful settlements.
- Peacebuilding efforts should be deemed essential work and exempted from COVID-19 restrictions. Local, regional, and international peacebuilders should be provided with the equipment and knowledge needed to protect themselves from the virus.



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Making Peace Possible

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ABOUT THE REPORT

Drawing on the actions of the international community, domestic peace-builders, and conflict parties in response to the COVID-19 crisis, this report explores the relationship between extreme humanitarian demand and the interests that drive conflict parties. Research for this report was coordinated by the Inclusive Peace Processes program in the Center for Applied Conflict Transformation at the United States Institute of Peace (USIP).

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The views expressed in this report are those of the author alone. They do not necessarily reflect the views of the United States Institute of Peace. An online edition of this and related reports can be found on our website (www.usip.org), together with additional information on the subject.

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An Iraqi border agent walks through a deserted part of the Al Zurbatiya border crossing with Iran on March 10, 2020.
(Photo by Ivor Prickett/New York Times)

Introduction

On March 23, 2020, UN Secretary-General António Guterres called for a global ceasefire in response to the COVID-19 pandemic.¹ Seventy countries joined in repeating this call. In response, several conflict parties soon announced unilateral ceasefires, including the National Democratic Front in the Philippines, the Syrian Democratic Forces, and the National Liberation Army in Colombia, among others.² In some cases, such as in Cameroon, parties have attempted to convene for negotiations.

On July 1, three months after the secretary-general's call, the Security Council adopted UN Security Council Resolution 2532, which France and Tunisia had proposed, for a ninety-day global ceasefire. The international community, though, has not yet taken aggressive coordinated action to that end. Now that a Security Council resolution is in place, the UN and its members can redouble their efforts, benefiting from lessons learned while the resolution was being negotiated and in the months since.

Although the global call was a positive first step, an array of predictable factors impedes implementation. Focused and practical action can address them. To mitigate the rising numbers of COVID-19 cases in conflict states, peacebuilders should apply lessons learned from the efforts of those first few months. The arrival of a vaccine or viable therapeutic treatment will present another important opportunity, but ceasefires are needed now if major outbreaks are to be reduced. Peacebuilders need to focus on the fundamental principles of conflict resolution.

The presence of a global pandemic on its own is unlikely to change the core factors that so often determine parties' willingness to enter into a ceasefire or any other political arrangement. Despite a high level of danger and potential devastation for civilian populations from COVID-19, peacebuilders will—as always—need to understand and respond to the interests and cost-benefit calculations of belligerent parties to achieve much-needed pauses in violence.

The pandemic is accelerating the military, political, economic, and social dynamics that could hasten the onset of what has been called a “mutually hurting stalemate” in many conflicts, presenting opportunities for negotiation.³ However, if this is to unfold, peacebuilders must look for potential openings and support significant action. It will require a strong diplomatic effort, consistent engagement, and taking advantage of party interests to bring about conditions needed for humanitarian pauses or comprehensive talks for sustained peace.

IMPACT OF COVID-19 ON CONFLICT

Overall, the emergence of COVID-19 as a pandemic has not led to a significant reduction of conflict-related violence in most active conflict zones.⁴ In many cases it has amplified the underlying dynamics of ongoing conflicts. For example, in states where the legitimacy and efficacy of governance is criticized or directly challenged by nonstate groups, the state's inability to protect its populations from COVID-19 further highlights deficits in those areas. When a party is seeking to suppress dissent, the virus has been exploited to justify the suspension of democratic protections.⁵ When parties are seeking to exert territorial control or eliminate insurgent groups, security forces have played an outsized role in responding to the crisis.⁶

The virus could exacerbate existing conflicts and also set the conditions for new conflicts.⁷ In many countries, the emergence of COVID-19 has added a new dynamic for parties to address, leverage to their benefit, or protect against. The virus does not, however, necessarily affect the parties' core interests—which include security, freedom, rights, sovereignty, representation, self-determination, and influence—nor their strategic calculations in any fundamental way.

In the most promising cases, parties' strategic and tactical shifts related to COVID-19 present opportunities for both humanitarian pauses and comprehensive negotiations. The pressures of the pandemic on foreign backers have led some to reconsider or alter their interventions in conflicts. Further, coordination between states and nonstate groups to deliver public health information and medical supplies can provide potential channels for peace negotiations.⁸

HUMANITARIAN CEASEFIRES

In his initial statements calling for a global initiative, Secretary-General Guterres said he would mobilize UN officials to “help move towards ceasefires on the ground as a prerequisite to lasting peace.”⁹ Significant attention and high expectations followed this call. By addressing common limiting dynamics specific to ceasefires, peacebuilders can avoid pitfalls and the international community can insulate itself against fatigue as progress ebbs and flows.

First, ceasefires vary considerably based on their purpose and intended duration. Agreements use a range of terms such as *truce*, *cessation of hostilities*, *ceasefire*, *pause*, and *armistice*, but the terms are less important than the intent of the parties. In general, *humanitarian ceasefires* are those intended to allow civilians either access to life-saving goods and services or safe

UN Secretary-General António Guterres is shown on a screen at the German Environment Ministry delivering an address to the Petersberg Climate Dialogue on April 28, 2020. The conference was held digitally because of the coronavirus pandemic. (Photo by Michael Kappeler/AP)

passage. Other types of ceasefires include those intended to build confidence between parties, those intended to pause hostilities while substantive political negotiations are underway, and those designed as security arrangements for a permanent end to an armed conflict. Ceasefires can serve multiple purposes at the same time; for example, a humanitarian ceasefire can also build confidence.

Second, humanitarian ceasefires are among the most common type of ceasefire. They rarely set the foundation for substantive negotiations to resolve a conflict, nor are they intended to do so. They are generally considered successful if they achieve their immediate humanitarian goals. Peacebuilders need to be clear about their metrics of success in achieving a COVID-19 ceasefire. A temporary pause to improve humanitarian access and allow much-needed medical supplies into the conflict space should be considered a major success even if it does not lead to lasting peace. The use of humanitarian ceasefires as confidence-building measures toward more comprehensive talks is an additional potential bonus. The clarity, monitoring, and effective implementation of such ceasefires increase the likelihood of their building trust, laying the groundwork for broader negotiations.¹⁰

Third, ceasefires do not progress toward comprehensive negotiations in a linear way. A single conflict often has many such pauses that expire, collapse under violations, or fade as parties' positions change. This iterative and bumpy path toward comprehensive negotiations should not discourage peacebuilders as they attempt to answer the global call for a cessation of hostilities.

Fourth, ceasefires, even for humanitarian purposes, do not always serve parties' interests. The past decade of conflict has been marked by regular, deliberate starvation campaigns and sieges in Iraq, Myanmar, South Sudan, Syria, and Yemen. In these circumstances, parties agree to ceasefires when they feel their objectives have been met, or when external political, economic, or military pressure becomes too costly to bear. Peacebuilders need to anticipate that COVID-19 and the denial of humanitarian assistance can be wielded as a weapon.¹¹ Parties who believe they are on a trajectory toward military victory, who have unmet military objectives, who seek to delegitimize other actors in the conflict space, or who stand to lose control during a ceasefire might not see a benefit. Thus, the most effective entrée will not always be the premise that a COVID-19 ceasefire is in everyone's interests. Parties may need to be convinced or coerced.





A street vendor sells handmade masks in Medellín, Colombia, on March 17, 2020, in response to the spread of the coronavirus. (Photo by Federico Rios/New York Times)

Findings: Actors and Impacts

The first months of the pandemic and the ceasefire call have provided several lessons from a range of conflict contexts. This report focuses on findings from Afghanistan, Colombia, Cameroon, the Central African Republic, Israel/Palestine, Libya, the Philippines, South Sudan, Syria, Ukraine, and Yemen. However, the United Nations and peacebuilders worldwide have engaged in dozens of other conflicts that have yielded similar lessons.

ACTORS, NOT VIRUSES, CREATE CEASEFIRE OPPORTUNITIES

Several months into the pandemic, some shifts in conflicts are evident, but the direct and indirect impacts may take years to develop. Sometimes referred to as *disaster diplomacy*, the example often invoked is the 2004 Boxing Day tsunami and the subsequent humanitarian ceasefire in Aceh, Indonesia, which paved the way for a comprehensive negotiated settlement to that conflict.¹² Of course, differences between a one-time regional event like a tsunami and a global pandemic are pronounced, but both situations show that breakthroughs require a broad range of factors beyond the presence of a humanitarian crisis.¹³

Pandemics and epidemics have a mixed record of affecting conflict dynamics. HIV/AIDS was (and is) devastating globally. From 1996 to 2016, the virus killed more than one million people per year, peaking at nearly two million in 2004 and killing nearly seven hundred thousand in 2019.¹⁴ HIV/AIDS has had far-reaching impacts on the nature of culture, governance, security-

sector management, and international assistance in conflict-affected states. Even given these paradigm shifts in the four decades since the HIV virus appeared, it is difficult to point to a conflict that had a breakthrough as a direct result of HIV/AIDS. In fact, research has shown that conflict increased with the prevalence of HIV/AIDS in Africa.¹⁵ Ebola, a smaller but fast-moving and devastating epidemic, also failed to result in lasting cessations of violence in conflict states such as the Democratic Republic of Congo.¹⁶

It is too soon to establish whether the impacts of COVID-19 will fundamentally alter conflict dynamics in certain contexts. But relying on hopes that all parties will assess the threat equally and agree to act in solidarity to mitigate the pandemic would be a mistake. The rest of this report draws lessons from how COVID-19 has affected parties' interests, positions, and capacities thus far. As the virus rages on, parties may find that the economic, political, or human toll of maintaining conflict forces them to the negotiating table. If, as some have noted, the pandemic will "accelerate history," then several conflicts could be headed more quickly toward a hurting stalemate, when the time to negotiate a settlement becomes ripe.¹⁷ The peacebuilding community should take steps to bring these moments about faster by focusing on meeting the parties' interests, addressing the virus, and creating pathways to lasting settlements—in that order of priority.

INFECTIONS, DEATHS, AND THE IMPACTS ON CONFLICT STATES AND BELLIGERENT PARTIES

If peacebuilders seek to leverage the pandemic in creating avenues for negotiations, they need to continually assess how the parties perceive the threat of the virus to their interests. It does not rise to the level of "drop everything" importance for most armed conflict parties. The presence of COVID-19 in a country might influence belligerents' decision making, but the expectation of progress toward a ceasefire should be tempered by understanding parties' responses to prior public health crises. The UN ceasefire call framed the virus as a global "common enemy," and in the secretary-general's reiteration of the appeal, he claimed that "there should be only one fight in our world today, our shared battle against COVID-19."¹⁸ As of this writing, COVID-19 is a leading cause of death globally in 2020.¹⁹ It is not the intention of this report to downplay the monumental threat that the virus poses on a global scale, but peacebuilders should acknowledge the risk of COVID-19 in conflict environments relative to preventable or other health threats such as malnutrition, diabetes, cholera, and malaria, or human-created threats such as displacement, targeting of civilians, destruction of hospitals, and starvation as a weapon of war. By the summer of 2020, some conflict environments had not experienced the level of spread that was expected.²⁰ In this context, it is unlikely that COVID-19 will be the breakthrough common enemy that stops all conflict, somehow accomplishing what malaria, Ebola, HIV/AIDS, drought, and famine have not. Parties therefore be expected to respond to COVID-19 in ways similar to their responses to these other health crises.

In Syria, COVID-19 cases began surging in August, particularly in and around Damascus. The World Health Organization reported more than 3,200 cases and 130 deaths, although these numbers dramatically underestimate the true extent of the virus in government-controlled Syria. Anecdotal evidence, including death notices posted on Facebook, suggests the pandemic is spiking in those areas. Health care workers have been threatened by the regime for detailing the extent of the virus. In areas beyond the government's control, northeast Syria reported its first

Although the pandemic has yet to provoke a paradigm-shifting moment in this conflict, it still has the potential to affect Syria adversely, shifting the behavior of actors on the ground. Moreover, its second- and third-order effects could alter the calculus of key foreign backers.

COVID-19 cases in the Al Hol displacement camp, which houses 65,000 residents, primarily women and children. Camps housing refugees and internally displaced persons (IDPs) are particularly conducive to the rapid spread of the virus. As of August 16, there were 51 confirmed cases of COVID-19 in northwest Syria, an ominous development considering the high density of IDPs in the region.

As the pandemic makes greater inroads into the Middle East, infections could spike more broadly across Syria with

catastrophic results. The Syrian Democratic Forces (SDF), the Kurdish-led militia controlling much of northeast Syria, are mindful of the potential dangers in the region, which is particularly vulnerable to the pandemic given the lack of adequate humanitarian access and poor health infrastructure. Although the pandemic has yet to provoke a paradigm-shifting moment in this conflict, it still has the potential to affect Syria adversely, shifting the behavior of actors on the ground. Moreover, its second- and third-order effects could alter the calculus of key foreign backers.²¹ The Syrian government has not disavowed its policy of blocking humanitarian aid to populations perceived as adversarial despite the onset of the pandemic. Nor does it appear willing to undertake prisoner releases as a pandemic-mitigation measure. Although the March 5 ceasefire in Idlib between Russia and Turkey largely continues to hold, a resumption of hostilities cannot be ruled out despite the pandemic. At the same time, Russia's refusal to renew the two remaining UN border crossings in northwest Syria, reducing the number of crossings to one, has resulted in a further restriction of humanitarian access rather than a much-needed expansion in view of the virus.

Both Israel and the Palestinian Authority (PA) reacted aggressively to the emergence of COVID-19 and, through close cooperation between them in the first months of the pandemic, managed to contain its spread. A threatened Israeli annexation of territory, however, prompted the PA to suspend civilian and security coordination with Israel in mid-May, which in turn led to an economic and security deterioration among the Palestinian population and compromised the PA's ability to enforce coronavirus restrictions. Following an easing of public-health restrictions, both parties have experienced a significant resurgence in cases since late June. Israel's 139,000 cases (and 1,000 deaths) as of early September ranked among the highest positivity rates in the world; the PA's numbers have swollen to nearly 32,000 cases in the West Bank, with another 2,600 cases in East Jerusalem. In Hamas-controlled Gaza, fears have run high regarding a potential outbreak, given its population density, deep poverty, inadequate infrastructure and water supply, and weak and ill-equipped health system. Ironically, the long-running blockade of the territory limited the threat of COVID-19 for its two million inhabitants until recently. The pandemic ultimately struck Gaza, however, with nearly 1,500 active COVID-19 cases as of mid-September, raising concerns of wide community spread. While control of COVID-19 has been a factor in mediated communications between the parties, the pandemic has not affected the existing conflict dynamics.

Ukraine reported approximately 128,200 cases of COVID-19 and 2,710 deaths as of late August 2020, on par with its western neighbor Poland. The Russian proxy authorities of Donetsk and Luhansk have not published reliable information on infections, and it is difficult to tell whether infection and mortality rates in those regions are similar to the overall Ukraine rates or closer

to the much higher rates in Russia. The Ukrainian government closed border crossings to stop the spread of the virus from the occupied regions, which was followed by a reciprocal measure on the part of the Russian proxies. Russia reportedly also closed its western border. The Organization for Security and Cooperation in Europe (OSCE) has reported that the border closings and other measures to combat the virus have limited the work of the OSCE's Special Monitoring Mission to observe and report on ceasefire violations.²² Restrictions, blockades, and postponed meetings may endanger the fragile progress of the peace process.

The Central African Republic (CAR) confirmed its first case, in Bangui, on March 14. As of early September, the CAR Ministry of Health had reported 4,736 cases, which included 1,825 recovered and 62 deceased. The perception in CAR is that COVID-19 is a "foreign disease," introduced by Westerners. Central Africans have expressed dismay that the virus is now receiving more attention than the other diseases they have long been struggling with, including malaria, HIV/AIDS, tuberculosis, and, since 2019, an upsurge of measles cases.²³ The armed groups that control the majority of CAR's territory have a mixed record of cooperating with international humanitarian actors. A fragile peace agreement is in place, but armed groups continue to control vast swaths of the country and compete for territory and valuable trading routes. It is unclear whether these groups have the political will to cease intermittent hostilities or to cooperate with humanitarian actors in order to allow access to populations in need. CAR is recognized as a dangerous place for humanitarians and attacks have risen in recent years, including in and around N'Délé in early 2020.²⁴

In Yemen, the first case of COVID-19 was reported in Hadramawt Province on April 10. As of the beginning of September, official figures reported 1,962 cases and 567 deaths. Health experts believe the actual numbers, however, are much higher and increasing rapidly.²⁵ The Houthis in particular have been criticized for trying to hide the magnitude of the pandemic in areas under their control. Lack of testing, underreporting, lack of public awareness, and waning trust in the authorities all contribute to difficulties in assessing the full magnitude of the pandemic in Yemen. In the past, Yemen has experienced famine and cholera outbreaks, which in some cases yielded humanitarian pauses or the opening of corridors for humanitarian assistance, but none that led to significant political breakthroughs.

In Myanmar, initial concerns were high, given the 1,200-mile shared border with China and the arrival of countless Chinese tourists between November 2019 and January 2020. From the late March until mid-August, it appeared that the health impact of the coronavirus would be minimal. The civilian government banned arrivals from China in February, closed borders and grounded international flights in late March, and launched a public education campaign, which resulted in high levels of physical distancing and high rates of mask usage in public. It also introduced an effective repatriation program to bring overseas nationals back home and into quarantine, thereby checking the introduction of "imported cases." As of August 17, Myanmar had just 375 confirmed cases and six deaths. Since then, the number of cases has increased precipitously, with more than 2,150 confirmed cases as of early September. Myanmar's second wave of cases originated in Rakhine State, where fighting continues to rage between the Tatmadaw, Myanmar's military, and the Arakan Army. For the numerous ethnic armed organizations (EAOs) involved in Myanmar's decades-old civil conflicts, including the Arakan Army, the health impacts of the pandemic are secondary to efforts by the Tatmadaw to challenge their territorial authority through virus-response efforts and attempts to undermine EAO-led responses. The pandemic



A street market in Kabul on April 23, 2020. Afghanistan's health system, largely dependent on foreign aid, has been overwhelmed, and official numbers on the coronavirus are seen as an indication of a widening catastrophe. (Photo by Jim Huylebroek/New York Times)

has had no discernible effect on the behavior of armed actors in Myanmar. Key EAOs did use the risks of COVID-19 as a reason to avoid participating in a government-organized peace conference, but given the failure of the conference to invite all stakeholders to the table, they were not likely to participate regardless of COVID-19.

Afghanistan, a country with a population of thirty-five million, has been hard hit by the virus. The country was already facing challenges on multiple fronts: high unemployment with 80 percent of the population currently living below the poverty line, poor health infrastructure, political deadlock following a highly contested election, and ongoing peace talks. According to the latest statistics from the Afghan Ministry of Public Health, there were 38,113 confirmed cases of COVID-19 and 1,401 deaths as of late August. Because of limited ability to track cases, these numbers are assumed to be far higher. A large majority of Afghan civilians have not taken the virus seriously, continuing day-to-day activities and ignoring social distancing and stay-at-home guidelines. Experts predict that cases will increase through the remainder of the year before a decline is seen. The presence of COVID-19, however, may increase opportunities for the government and the Taliban to collaborate on the provision of services to residents, thus increasing confidence in a potential resolution to the conflict.

In summary, by the summer of 2020, the virus had not yet affected conflict states to the extent it had countries in Western Europe, North America, and much of Asia. Perceptions of the threat and prioritization of the virus against other pressing interests have therefore not yet matched the urgency of the secretary-general's call or Resolution 2532. The threat of the virus in conflict states will continue to rise, especially where population density is higher and access to hygiene systems or personal protective equipment (PPE) is more difficult, such as in IDP and refugee camps, protection-of-civilian sites, armed group barracks or cantonments, and urban areas. The secretary-general's call for a ceasefire may have preceded the arrival of COVID-19 in some conflict zones, but it also gave a desperately needed head start for peacebuilders to lay the groundwork for humanitarian ceasefires in preparation for when the waves inevitably surge. A keen awareness of the parties' prioritization of the virus as a threat will help peacebuilders create and seize opportunities.

Recommendations: Exemptions, Opportunities, and Sustained Coordination

The findings of this study and review yield several essential recommendations for both peacebuilders and policymakers.

PEACEBUILDING NEEDS TO BE EXEMPT FROM COVID-19 RESTRICTIONS

Several peace processes occurring at local, national, and international levels came to an abrupt halt with the onslaught of COVID-19. Facilitators and mediators have struggled to find alternatives to in-person meetings. Although some aspects of virtual negotiation and dialogue are promising, the risks related to information security, secrecy, momentum, and communication norms are significant.²⁶ In recent decades, high-level peace negotiations have been held in hubs such as Doha, Geneva, Addis Ababa, and Oslo. Travel and contact restrictions from airlines, host nations, and departure nations have made these types of negotiations difficult or impossible.²⁷ In Afghanistan, the pandemic has brought peacebuilding efforts at both the local and national levels to a complete halt; power outages and intermittent accessibility to the internet have left peacebuilders unable to make use of virtual facilities.

At the height of the first wave of the virus across Europe, Switzerland, Germany, Sweden, and the Vatican imposed strict measures to limit travel and social contact. These measures may have unintentionally threatened progress in a range of peace processes, including those in Libya, Syria, Yemen, and elsewhere. Many European cities have reopened, and certain processes—such as the Syrian Constitutional Committee based in Geneva—are scheduled to resume. Parties and peacebuilders should prepare for a second wave of infections in international negotiation hubs, either by developing alternatives or by working with officials to carve out exceptions from restrictions on travel and gathering when it possible to do so safely. Local-level work has also stalled in some places. For example, in South Sudan, implementation of the fragile peace agreement has been hampered by the pandemic. The formation of key local governance and power-sharing arrangements have also been impacted, as have international efforts to support them. Lockdowns and restrictions have threatened implementation efforts in Colombia, with some critics claiming that parties are intentionally seeking to scuttle the agreement with the Revolutionary Armed Forces.²⁸

COVID-19 restrictions should not be used as an excuse in conflict states to block peacebuilding efforts or to stall the implementation of peace agreements. Instead, all possible measures should be taken to make sure that these essential activities can occur. International donors and organizations should disseminate protocols for peacebuilders on COVID-19 prevention and devote resources to promote medically safe environments to do this work. Peacebuilding and the opportunities presented by the pandemic itself must not be ignored because of an inability to engage in the mechanics of negotiation, mediation, and dialogue.

ENSURE A READY HUMANITARIAN RESPONSE

When considering a ceasefire proposal, conflict parties look at how a pause in the fighting will serve their interests. For some conflict parties, a cessation of hostilities during the pandemic represents a cost that needs to be offset by a benefit. A humanitarian response therefore needs to be ready to flow in when the fighting stops. Such deployment-ready interventions in the near term should include PPE, test kits, ventilators, therapeutic medications, and related materials. Of course, when a vaccine or viable therapeutic cure for COVID-19 becomes available, it will present another major opportunity to induce parties to enter humanitarian ceasefires.

If external peacebuilders are seeking to propose a humanitarian ceasefire based on the pandemic, they should have a realistic understanding of preparedness conditions in the health and humanitarian sectors. In many conflict states, displaced populations are numerous, as are communities outside the territorial control of the state; similarly, the health infrastructure is often severely weakened or destroyed, and health-care professionals are at best in short supply.

Conflict states range in their health-care capacity and access to external humanitarian assistance. Syria's highly vulnerable population—which includes 6.2 million IDPs—and its decimated health infrastructure underscore its inability to address the COVID-19 challenge effectively. In particular, the targeting of hospitals and medical clinics by the Assad regime and its ally Russia have dramatically undercut the health sector's ability to respond effectively to the pandemic. The poor state of Syria's health infrastructure is further compounded by the outflow of medical professionals. Doctors and medical workers have been targeted throughout the conflict, an estimated 70 percent of health-care professionals having fled the country as a result. A nationwide ceasefire related to COVID-19 would help address these monumental challenges and serve its humanitarian purpose.

The Central African Republic has a weak health-care system and only three ventilators for an estimated population of four to five million. A significant portion of that population are at increased risk because of conflict-related displacement and higher population density—and hence greater difficulty of social distancing—in sites that house refugees and IDPs. As of July 31, the UN High Commissioner for Refugees reported 623,400 refugees and 684,004 IDPs from CAR. Further, the 2020 humanitarian response plan for CAR is only 24 percent funded.²⁹ The CAR government is taking the risk seriously, but the capacity to properly treat a major outbreak in the country is lacking, and the government is unable to evenly enforce the restrictions it has put in place.³⁰ The population in CAR is also taking the virus seriously, but people feel that they lack the means to take protective action, such as access to masks, gloves, and water.³¹ Although foreign assistance is being offered—notably by China, the European Union, Russia, the United States, and the World Bank—humanitarian access to much of the country is extremely limited.

In Myanmar, EAOs and the military have struggled for control over the COVID-19 response. The government attempted to address the tensions by establishing a mechanism, chaired by the government's lead peace negotiator, to work with EAOs on the response. Ongoing clashes between the Tatmadaw and EAOs in Rakhine, Shan, Kachin, and Karen States and the labeling of the Arakan Army as a terrorist organization have, however, created the impression that the Tatmadaw is not acting in good faith. Escalations of violence in these areas have hindered response efforts and resulted in the death of a World Health Organization (WHO) worker who was attempting to transport COVID-19 samples from Rakhine State to Yangon.

The pandemic hit Yemen amid a complex, protracted, multilayered conflict that has already resulted in great human suffering—more than a hundred thousand people killed and 3.6 million displaced—and the world’s largest humanitarian crisis.

The pandemic hit Yemen amid a complex, protracted, multilayered conflict that has already resulted in great human suffering—more than a hundred thousand people killed and 3.6 million displaced—and the world’s largest humanitarian crisis. Of the estimated thirty million Yemenis, twenty-four million need humanitarian assistance. Yemen, which had a very limited health-care system and infrastructure in the first place, was further degraded by lack of resources

and violent conflict over the past five years. According to the UN, Yemen has 645 ICU beds and 735 ventilators, 426 of which arrived on June 19 as part of a forty-three-ton donation to the WHO from the International Initiative on COVID-19 in Yemen, a collaborative partnership of businesses and international organizations established in April.³² On June 2, donors pledged \$1.35 billion to support relief efforts in Yemen at a virtual conference organized in Riyadh by Saudi Arabia and the UN Office for the Coordination of Humanitarian Affairs. However, the total amount fell below the target of \$2.4 billion, which included \$180 million for COVID-19 response.³³ In recent months, the UN was forced to cut aid to Yemen even as virus cases increased. Some 75 percent of UN programs in Yemen have had to shut their doors or reduce operations. The World Food Program cut rations in half, and UN-funded health services were reduced in 189 of 369 hospitals nationwide.

In Afghanistan, the Ministry of Public Health stated in early June that it was receiving up to twenty thousand COVID-19 test kits a day but had the capacity to test only two thousand.³⁴ Further, the country has 536 hospitals, approximately fifteen thousand beds in total for the population of thirty-five million, with roughly three doctors for every ten thousand patients. The ministry also reported that the country had fewer than two hundred ventilators. Speaking to reporters in June, Afghan Public Health Minister Ahmad Jawad Osmani said, “Our hospital beds are almost full, we won’t have any more capacity very soon.” At the same press conference, Kabul Governor Mohammad Yakub Haidary noted that cases in Kabul alone could reach upward of a million people infected, saying that “disaster is coming.”³⁵ Not only does the Ministry of Public Health lack the resources to handle the pandemic, but the NGOs that have long been responsible for providing health care throughout the country are similarly resource-constrained, further exacerbating Afghans’ frustrations with already limited access to health care.

In Ukraine, weak governance systems, a disproportionately large elderly population (a result of this group’s inability to flee the fighting), and a health-care system seriously degraded by six years of war, isolation, and Russian occupation give cause for concern that the infection is an especially serious problem in Donbas. Border closings have made it difficult for international and humanitarian organizations in the West to provide medical supplies and protective gear, and for the population in the affected regions to seek medical care in Ukraine or Russia.

In Cameroon, humanitarian organizations have continued to support public health capacity in the southwest and northwest regions despite facing violence from both government and separatist forces. The conflict has left 34 percent of Cameroon’s health centers in these regions nonfunctional or only partly functional, and the northwest region has only three ventilators.³⁶ The regions require immediate assistance rebuilding destroyed infrastructure and building up COVID-19 response capacity. A humanitarian ceasefire would allow medical assistance to reach conflict-affected rural

communities, where the separatist presence is greater, and would allow citizens who have fled their homes and are hiding in the bush without proper medical care or sanitation to return to their towns.

In most conflict countries, humanitarian need is significant and capacity limited for the domestic health sector to respond to a moderate or severe outbreak such as those in the United States and Italy. As the pandemic worsens, As the pandemic gets worse in these conflicts, parties may be more willing to enter humanitarian ceasefires to address it, keeping in mind that they need to preserve their interests. The pandemic has weakened international humanitarian efforts, presenting a challenge for the humanitarian community to respond when and if parties reach agreement on a pause in fighting. For humanitarian ceasefires to gain traction or build trust, these materials must be ready and delivered as intended.

CAPITALIZE ON PARTIES' INTERESTS

Conflict parties will adapt to any circumstances to protect their survival and secure their interests. Tactical or strategic shifts can create opportunities for engagement or windows for negotiation. Party shifts in behavior, and even their maintenance of the status quo, will give peacebuilders information on how an approach to a ceasefire might be designed, or whether it might be more prudent to wait. Below are some of the pandemic-response dynamics that may be leveraged.

Some armed actors have been slowed down by the pandemic. In Israel and Palestine, for example, periodic rocket attacks on Israel largely came to a stop with the advent of the virus, although Hamas threatened severe action against Israel if it blocked the entry of needed ventilators to Gaza. Over time, however, attacks and counterattacks escalated, driven more by long-standing conflict dynamics than by COVID-19. In Syria, the pandemic's March 2020 onset appeared to slow the pace of conflict inside the country. Such slowdowns in deployment or kinetic activity of parties can be exploited for negotiation attempts in some circumstances, but they can trigger increased conflict in others.

Some parties have used the crisis to accelerate their military efforts to weaken opponents and make gains on the battlefield. The so-called Islamic State (ISIS) in Syria has sought to exploit COVID-19 to its advantage, escalating attacks in some areas, most notably the Badia desert region. An ISIS prison controlled by the SDF has witnessed two riots due to an uptick in tensions as a result of the pandemic.³⁷ In Libya, parties and their backers have accelerated military efforts, drawing major regional powers closer to direct confrontation. In eastern Ukraine, only as of late July did the virus seem to have an impact on Russia's aggression. Ukrainian president Volodymyr Zelensky has been keen to halt the fighting and stem further loss of life. The Ukrainian government and Russian forces have agreed several times to abide by ceasefires, most recently at a meeting of the Trilateral Contact Group (Ukraine, Russia, and the OSCE) that took place via video conference on July 22. After initial violations, the ceasefire took hold, though it is difficult to predict whether or how long it may remain in effect. When military efforts are accelerating, peacebuilders might work to convince parties that their near-term military goals will be threatened if a COVID-19 wave hits the population, including infecting fighters, and impacts the conflict economy, and that a ceasefire now would protect against that vulnerability. Additionally, peacebuilders and the international community could seek to impose high political and economic costs on those who accelerate their military efforts during the pandemic.



Yemeni women manufacture protective face masks at a textile factory in Sanaa on March 17, 2020. (Photo by Hani Mohammed/AP)

Other parties are trying to block legitimizing efforts their adversaries are taking in response to the virus and also are seeking to limit opponents' areas from controlling outbreaks. In Myanmar, the Tatmadaw has actively interfered where EAOs lead response efforts. In early May, for example, Tatmadaw forces burned down two health checkpoints operated by the Karen National Union (KNU), an EAO that is party to the Nationwide Ceasefire Agreement. Tensions around this action sparked fighting between the KNU and the Tatmadaw. In other places, the Tatmadaw has actively prevented EAOs from distributing aid and pressured civilians not to accept aid from EAOs. The Myanmar government has attempted to address these issues by establishing a coordination committee led by its peace process representative, but ongoing hostilities between the Tatmadaw and EAOs have limited its effectiveness. In the case of Syria, China and Russia vetoed a UN Security Council resolution that would maintain two cross-border humanitarian access points through Turkey, instead reducing the number of crossings for UN cross-border assistance to one.³⁸ ISIS has used the crisis to reassert existing anti-Western narratives, claiming that the virus is a punishment from God against illegitimate states. Their explicit exemption from Resolution 2532 and the economic downturns associated with the crisis will also likely bolster their legitimacy narrative. Peacebuilders should be vigilant about where these legitimacy

struggles hamper humanitarian access and should seek to design approaches that allow assistance to enter but do not upend the legitimacy balance, unless intended.

The most promising dynamics are when parties move to address vulnerabilities or disadvantages on the battlefield with support for the global ceasefire call. These groups seek to leverage the COVID-19 crisis to boost legitimacy, regroup, slow deteriorating battlefield conditions, or protect against adversaries using a more aggressive approach to take advantage of the crisis. For example, EAOs in Myanmar are primarily concerned with the Tatmadaw's growing influence, its refusal to announce and uphold an unconditional and inclusive ceasefire, and its movements to exert control over the health response in ethnic controlled areas, thereby undermining EAO autonomy. In early April, a group of EAOs called for a ceasefire and urged the government to partner with them on a coordinated response to the pandemic. The government responded by declaring a ceasefire in May, but raised questions about its seriousness when it continued operations against many of the major EAOs. The Communist Party of the Philippines (CPP) responded to the call for a global ceasefire, drawing praise from the secretary-general and other international actors, which boosted their international legitimacy. Although their offer was not reciprocated by the government, they received this political benefit. In northeast Syria, the SDF echoed the call by the UN secretary-general.³⁹ The SDF also harbored concerns that Turkish-backed forces could exploit the militia's pivot toward pandemic-related issues to undertake attacks. In Colombia, the National Liberation Army announced a one-month ceasefire on March 28 and then called for a ninety-day ceasefire in July.⁴⁰

Most of these declarations are unilateral. Unilateral ceasefires and the motivations behind them are encouraging for comprehensive negotiations, but true breakthroughs occur only when bilateral or multilateral attempts are made. Peacebuilders should seek to leverage unilateral offers and pressure other parties to reciprocate. A recent example is in Cameroon, where a legitimacy-seeking ceasefire offer by separatist groups was initially rejected. Boosted by Resolution 2532, the government of Cameroon reciprocated the call, and the parties have been planning to engage in negotiations.⁴¹ Peacebuilders will need to understand the motivations and interests of holdout parties and seek to find tailored approaches to convince or coerce them into entering negotiations now, accelerating the process because of the growing threat of pandemic catastrophe.

PRIORITIZE COMPREHENSIVE NEGOTIATIONS FOR RIPE CONFLICTS

Although humanitarian ceasefires are difficult to achieve, foundational ceasefires leading to comprehensive negotiations are even more of a challenge. While humanitarian ceasefires should be pursued in all conflict contexts, more comprehensive ceasefires and peace negotiations should be prioritized in conflicts that are experiencing "ripeness." Ripeness theory has been a core tenet of peacebuilding and negotiations for the past several decades. Parties will not engage in good-faith negotiations until the conflict is *ripe*, meaning that the alternatives to a negotiated solution are increasingly unacceptable to the parties. Scholars have found that the most significant factor in establishing ripeness is a mutually hurting stalemate, a scenario in which military efforts are not achieving the parties' interests but are exacting high political, economic, and human costs.⁴² For the conflict to ripen, parties must also believe that a negotiated solution is possible. The international community has a role to play in helping parties reach these ripeness conditions and

COVID-19's first wave disproportionately affected countries that have traditionally supported conflict parties outside their territory. . . . For some, the pandemic is likely to trigger tactical and even strategic shifts in how they pursue their interests in conflicts.

convincing them that their interests are best met through negotiation, dialogue, and mediation.

Several conflicts were approaching ripeness before the pandemic unfolded. Afghanistan was already several years into fostering a multiphase negotiation to resolve its multilayered conflicts. To accelerate negotiations, the United States had significantly shifted its positions regarding the Taliban and has openly signaled its intention to

draw down costly troop engagement. Nearly twenty years of conflict have led parties to become intimately familiar with the other sides' interests, red lines, and capabilities. The parties still claim they can achieve their objectives militarily, but recent progress shows that the conflict may have entered a phase of previously unachieved ripeness.⁴³ The pandemic offers an opportunity to pave a way for mutual cooperation among the Afghan government, the international community, and the Taliban. Cooperation that involves a humanitarian ceasefire and mitigating the pandemic, if carried out effectively, could provide renewed energy to the peace process and intra-Afghan dialogues.

In Yemen, 2019 saw increasing divisions between President Abid-Rabbuh Mansour Hadi's government and the Southern Transitional Council (STC), both part of the coalition fighting the Houthis. That November, the Saudis brokered the Riyadh Agreement between the two sides to reduce tensions and ultimately share power between them. On April 26, 2020, the STC established an autonomous administration and declared a state of emergency in Aden, claiming that the government had failed to provide basic services. On June 22, in an attempt to save the anti-Houthi coalition, Saudi Arabia announced that a ceasefire had been reached between Hadi's government and the STC and invited both sides to meet in Saudi Arabia to move implementation of the Riyadh Agreement forward. The talks did not lead to a more lasting political arrangement between these two factions. However, the willingness of the parties to leverage the pressures of the virus to come to negotiations is a promising sign.

If the UN and other peacebuilding entities are seeking to create momentum for lasting peace, these conflicts should take priority in their efforts. Perhaps a more aggressive, comprehensive peace approach beyond straightforward humanitarian ceasefires may be possible in conflicts that are not yet ripe.

TAKE ADVANTAGE OF CHANGES IN SUPPORT

Many of today's intractable conflicts are marked by foreign powers feeding money, weapons, fighters, and political support to belligerents. These interventions postpone the mutually hurting stalemate that is so beneficial to successful peace processes. A change in these interventions would very likely affect these conflicts' ripeness considerations.

COVID-19's first wave disproportionately affected countries that have traditionally supported conflict parties outside their territory, including China, Egypt, Iran, Pakistan, Qatar, Russia, Saudi Arabia, Turkey, United Arab Emirates (UAE), the United States, and others. For some, the pandemic is likely to trigger tactical and even strategic shifts in how they pursue their interests in conflicts. If these shifts come to fruition, windows of opportunity for peacebuilding could be revealed.



Yemeni fighters loyal to the Saudi-led coalition at a front line in Nehim, Yemen, on January 23, 2019. Saudi Arabia announced the kingdom and its allies would observe a unilateral ceasefire in the war in Yemen in order to limit spread of the coronavirus. (Photo by Tyler Hicks/New York Times)

Syria has evolved into a regional, even global, proxy war. Key foreign actors include Iran and its allies, Russia, Turkey, and the United States. As the pandemic swept through their countries, some of these actors adjusted their posture on the ground inside Syria. Iran appears to have drawn down or tactically redeployed its presence, at least

temporarily.⁴⁴ Its ally Hezbollah, the Lebanese Shiite militia, also appeared to shift its attention from fighting in Syria to focus on the pandemic and deteriorating socioeconomic conditions in Lebanon.⁴⁵ For Russia and Turkey, COVID-19's economic impact at home is likely to influence their longer-term calculus regarding Syria. Pandemic-related economic downturns—compounded by the oil market collapse in Russia—could affect their decision making. They may be increasingly reluctant to pour scarce resources into the conflict, potentially heightening the appeal of a sustained ceasefire that freezes the conflict.

In Yemen, Saudi Arabia has been leading a coalition and military campaign against the Houthis and their allies. The coalition declared a two-week ceasefire that was extended on April 23 for another month, claiming this was in response to the call by Secretary-General Guterres and UN Envoy to Yemen Martin Griffith. The declaration was not successful in stopping violence, however, and the Houthis managed to take more territory. According to multiple sources, the Saudis have been interested in winding down the war in Yemen and talking to the Houthis toward that end since well before the pandemic; recent violence has not derailed those ambitions. Griffith continues to pursue talks between the internationally backed Hadi government and the Houthis to build on the December 2018 Stockholm Agreement, which aimed at ending the conflict.

Libya provides a contrasting example: foreign backers do not appear deterred by the crisis at home. Since the end of 2019, the conflict has become a messy proxy war with Egypt, France, Jordan, Russia, and the UAE backing the Libyan Arab Armed Forces (LAAF), a political-military alliance based in eastern Libya and led by Khalifa Haftar. Turkey provides overt military support to the Tripoli-based, UN-recognized Government of National Accord (GNA). The rhetoric and actions of the opposing parties showed no indication that they would make peace a priority. As of September 2020, the parties' international backers continued to export military supplies to Libya, a flow flouting the UN arms embargo with an increased pace since January.⁴⁶ Room

is ample to speculate that countries are using the Libyan conflict as a distraction from unwelcome domestic realities. For example, Egypt, which is facing both COVID-19 and enacting a crackdown on journalists, has repeatedly threatened to enter Libya's East to protect its interests and stop the GNA's (and Turkey's) advance after ejecting the LAAF from Tripoli. Neither side made any real attempts to abide by UN calls for a ceasefire or to come to the negotiating table. Countries supporting the parties rightly noted that given the world's attention on the pandemic, the chance was slim that they would be called out for their role in fueling the conflict. They instead have used COVID-19 as a cover for importing additional military supplies, for increasing divides between regions, and for rejecting compromise.

In Ukraine, Russia denies and tries to hide its large-scale military support of its proxies, though it often touts its humanitarian assistance.⁴⁷ Reports indicate, however, that thousands of Russian troops and large amounts of Russian equipment, munitions, and supplies are propping up the proxy forces and keeping the conflict active.⁴⁸ Ukraine's partners in the West have stood by the nation in its efforts to maintain its independence and sovereignty over its territory and recently announced new assistance packages and financial support to also help overcome the effects of COVID-19.⁴⁹ Despite pressure from the international community, Russia and its proxies show no sign of altering their course, though as of early September they were abiding by a recently agreed ceasefire.

Cameroon is an example of potential trends among nonstate foreign backers. Members of the Cameroonian diaspora fund and lead the largest armed separatist groups, and diaspora-based funding enabled the evolution of separatist arms from obsolete hunting rifles to sophisticated weaponry. A downturn in the global economy could constrict the ability of those in the diaspora to continue military funding; separatists, however, demonstrated an ability to successfully counter better-armed government forces early in the war.⁵⁰

Peacebuilders and international organizations should seek to exploit changed circumstances, both by convincing foreign backers to reduce their proxy efforts and by showing in-country parties that their pipeline of support may soon dry up, thus widening the space for negotiations. As these cases illustrate, limited resources and attention will drive shifts in tactics and perceptions related to proxy support. Peacebuilders and diplomats can continue applying pressure to maximize these shifts.

SUPPORT LOCAL EFFORTS AND ACTORS

Research indicates that the empowerment and inclusion of women, nonviolent groups, and local peacebuilders increase the likelihood of lasting settlements. The pandemic presents an opportunity for these actors to amplify their effect on peace processes. Resolution 2532 rightly recognizes the central role for women in this work. Local individuals and groups can fill gaps left by international actors, assert their essential roles in addressing crises, and leverage the fact that unarmed communities will bear the biggest cost of COVID-19 outbreaks exacerbated by conflict. Nonviolent movements have had to shift tactics during the pandemic and in some cases have increased their influence.⁵¹

Women have been disproportionately affected by the virus and its follow-on repercussions. In response to these challenges, several women's civil society organizations have mobilized to pressure parties to suspend hostilities. In Yemen and Afghanistan, women's groups have



A woman wears a mask and gloves as she walks through the Grand Bazaar in Tehran on May 14, 2020. The country was hit by a surge of coronavirus cases three weeks after reopening. (Photo by Arash Khamooshi/New York Times)

issued joint calls for ceasefires. Despite the proven benefits of meaningful participation of women in peace negotiations, most processes are falling short in this area. Peacebuilders should redouble their efforts to achieve meaningful participation, provide specific support to women in negotiation delegations, call for gender-responsive commitments in humanitarian ceasefire agreements, ensure a vital role for women in the implementation of agreements, and increase efforts to include civil society in negotiation processes.⁵²

One troubling trend among local peacebuilders is a reduction in funding because of the pandemic: as many as 80 percent have suspended their activities or shifted their efforts to non-peacebuilding work in response to new donor interests.⁵³ Local organizations report a reduction in funds, a lack of civic space, a lack of infrastructure for virtual alternatives, and a lack of government collaboration on responses to both COVID-19 and resolving conflict.⁵⁴ In Somalia, efforts to establish and train new district peace committees have been stopped because of the virus.⁵⁵ In Yemen, the Peace Track Initiative, a coalition of Yemeni women, has continued its work, including violence and ceasefire tracking, on WhatsApp and online, but is concerned that its efficacy will decrease without in-person meetings.⁵⁶ The implementation of South Sudan's peace agreement has been stalled in part because pandemic-response measures have delayed the

establishment of subnational governance structures, key high-level engagements relating to the monitoring and implementation of the agreement, and local-level efforts focused on reducing alarming rates of intercommunal violence. International actors must not allow these essential local efforts to lose steam. Donors should acknowledge that funding cuts will lead to increased violence and backsliding in peace process momentum. Even if donors and international actors cannot engage in person, they should focus on ways to support local actors remotely.⁵⁷ For both humanitarian ceasefires and comprehensive negotiations, these actors are essential.

In several conflict countries, the belief is widespread that COVID-19 is a foreign threat brought into the domestic environment by countries such as China or the United States, or by international institutions such as UN peacekeepers and humanitarian workers. In states where internationals are already not trusted, this stigma is further damaging their credibility and usefulness. These institutions should not waste precious time trying to remedy this stigma if there are near-term opportunities for ceasefires or broader peace negotiations that can flourish without foreigners engaging in person. Instead, they should support and empower local actors.

APPLY SUSTAINED, COORDINATED PRESSURE AND SUPPORT

The fundamental elements that push parties toward and away from negotiations remain constant, but the international community could easily apply the recommendations this report offers to create and seize opportunities. The existing work of the United Nations, its members, and other peacebuilders will need to be amplified and applied in creative ways to take advantage of such opportunities. Humanitarian and peacebuilding institutions could benefit from working together to achieve their mutual goals. The imperative to pause or even resolve deadly and expensive conflicts during a pandemic rightly creates a sense of urgency.

In Syria, the critical measures necessary to combat COVID-19 align with elements of Resolution 2254, which laid out a road map for a political settlement in the country: a sustained nationwide ceasefire, prisoner releases, enhanced humanitarian access, and humanitarian waivers on sanctions. Distinct trade-offs—such as the Syrian government’s reopening of the closed Yaroubia border crossing in exchange for the United States’ actively encouraging companies to use humanitarian waivers on sanctions—could fight the pandemic and pave the way for peace. To date, the UN Special Envoy for Syria has had little success in pushing these steps, and recent moves by key protagonists make achieving them even more distant. Concerted action—spurred by COVID-19’s devastating impacts—could enhance the long-term prospects for peace in Syria, however.

In South Sudan, Uganda, Sudan, and the Intergovernmental Authority on Development are essential to maintaining progress in the struggling peace agreement. Implementation of the agreement requires constant mediation, convening, and pressure from these guarantors. Of course, the states involved are focused on their own domestic responses to the virus and other crises, which has hampered their efforts at keeping the parties on track. Absent pressure from these international actors and their support in ongoing mediation, the risk that the peace deal could collapse is significant.

Following the UN secretary-general’s appeal for a global ceasefire, NATO Secretary General Jens Stoltenberg called on Russia to halt its aggression in Ukraine.⁵⁸ France and Germany also called on the Russian proxies to not use the crisis as an excuse to restrict OSCE mission

movements.⁵⁹ The United States and the EU maintain crippling sanctions on Russia for both its intervention in eastern Ukraine and its illegal occupation of Crimea. As Russia's isolation and economic instability have heightened because of the sanctions, President Vladimir Putin's domestic approval ratings have declined.⁶⁰ They have dropped to historic lows during the COVID-19 crisis.⁶¹ In this context, some experienced observers believe that Putin may be more open to some sort of deal on relief of sanctions in exchange for Russian withdrawal from Donbas—though not from Crimea.⁶² Whether the Kremlin decides such a deal is worthwhile remains to be seen. For Ukraine's Western partners, however, it is important in moving forward to maintain support for Kyiv so that Russian leadership gets a strong signal that its current course is a dead end and that the withdrawal of Russian forces is Moscow's only realistic option.

In the Philippines, the CPP rejected the government's pre-pandemic ceasefire offer. After the UN secretary-general's call, the CPP offered a ceasefire, which the government in turn rejected. Despite clear signs of willingness, the parties have not achieved a mutual negotiation, let alone a ceasefire. Analysts have attributed this as a major failure of process design and diplomatic coordination.

The lack of facilitation, mediation, and technical support from both international and domestic experts leads to major lost opportunities.⁶³ The international community should apply pressure and be ready with fast-acting support to take advantage of these windows for peace.

Conclusion

Despite the presence of a pandemic, our core understanding of conflict dynamics and the conditions necessary for ceasefires are constant. The pandemic may change parties' approaches, but conflicts are resolved only when interests are met, grievances are addressed, or parties are coerced. Ceasefires, as always, play an important role in this process and will of course be essential in responding to COVID-19 in conflict states. It is unrealistic to expect parties that have already decided to kill and die for their cause to suddenly let the cause take a back seat to a public health crisis, especially when a pause in hostilities would weaken their position, strengthen enemies, or grant legitimacy to parties they insist are illegitimate. It is the job of peacebuilders to think creatively to elevate and capitalize on openings created by the impacts of the pandemic. Until the international community finds approaches that acknowledge and service the interests of parties and their core conflict grievances, COVID-19 ceasefires will remain elusive.

Peacebuilders need to ensure that humanitarian responses are available and take advantage of tactical shifts in each conflict. Local actors, civil society, foreign backers, and international pressure all play essential roles in driving parties toward negotiation. The international community and the United Nations are correct to use the pandemic as an urgent call for action. Now that the Security Council, many conflict parties, humanitarian organizations, and civil society have rallied around the global call, it is prudent to focus on the pragmatic steps needed in each specific conflict context. As the tide of the virus rises in conflict states, the peacebuilding community will need to consistently learn from its attempts and be prepared to sustain COVID-19 ceasefire efforts for the next several years.

Notes

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Unless noted otherwise, data on the number of COVID-19 cases and deaths cited in this report are based on a mix of official and media sources.

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