Peace and the pandemic: the impact of COVID-19 on conflict in Asia

By Adam Burke

Disasters and crises – floods, earthquakes, wars, and of course pandemics – shine an unforgiving light on society’s problems and tensions. As the COVID-19 pandemic spreads across conflict zones, the impact will be unpredictable and
potentially catastrophic. These areas are typically inaccessible and dangerous, politically complex, and often beyond the reach of the state.

**Fault lines, fear and discrimination**

COVID-19 is already starting to expose fractures, prejudices and weaknesses among many marginal or conflict-affected populations. Existing discrimination against minority ethnic or religious groups is intensifying as they are perceived to be spreading the virus. In Pakistan, minority Shia Muslims have been blamed for importing the virus from Iran, creating potentially serious implications for communal tensions and a challenge for those organising a comprehensive response. In the Philippines, prejudices between villages and along religious lines are being amplified, and hate speech is spreading online. Where relationships between local communities and authorities are already strained – from urban neighbourhoods in India to rural parts of Southeast Asia – official health advice on COVID-19 has been rejected.

Addressing these fears and prejudices is challenging but not impossible. Decades of development work in conflict-affected areas have led to an array of approaches, many of them actively pursued by local and foreign organisations. Development actors must ensure that pandemic mitigation efforts do not backfire by exacerbating current problems or unintentionally stoking violence. Further steps can proactively seek to dispel rumours, build common understanding, and ease tensions.

**Peacebuilding: risks and opportunities**

Since 2004, southern Thailand has struggled under a bloody and attritional confrontation between local armed cells and the Thai military. Hundreds of shootings, bombings, reprisals and revenge attacks have led to over 7,000 deaths. Ceasefires have been repeatedly proposed but never gained momentum. Recently, though, the threat of COVID-19 has led to a minor breakthrough as the main rebel
faction informally decided to postpone hostilities until the pandemic is brought under control.

This example shows how sudden crises can break established patterns of behaviour, sometimes generating shared interest in ending violence. In other cases, a major crisis such as COVID-19 can lead to more conflict. Governments are already taking advantage of emergency legislation and a distracted international media to suppress their rivals. In February 2020, the Myanmar Government ramped up aerial and ground attacks on an armed group, the Arakan Army, in a heavily populated area of Rakhine State, striking hard while the world is distracted.

Similarly, fear of the pandemic has not stopped ongoing conflicts in Afghanistan, and leaders of the extremist group Islamic State have openly encouraged followers to launch attacks globally. Meanwhile, lockdowns, quarantine, and travel bans may weaken ceasefire monitors and peacekeeping missions in conflict zones across the world.

**Working across conflict lines**

Coordination and collaboration, two essential elements in addressing a pandemic, are especially hard to achieve in conflict zones where responses need the support of all armed actors. Involving armed groups is critical if they hold territory or exert strong influence over local civilians.

There are precedents for cross-conflict cooperation. International agencies have backed cooperation across conflict lines when organising mass vaccination campaigns. Non-state armed groups have already assumed some responsibility for COVID-19 responses. The most powerful non-state armed group in Myanmar, the United Wa State Army, rapidly introduced travel restrictions and launched public health information campaigns.
The response to COVID-19 provides an opportunity for foreign aid agencies, who are now obliged to work remotely, to support local capacity and devolve program management, steps that they have already pledged to take. In conflict-affected areas where people often mistrust or fear government representatives including even health workers, local organisations can play a vital role by providing health services, gathering accurate information, and persuading local communities to change behaviour.

**Reaching the vulnerable**

Displaced and refugee populations, the victims of conflicts, are especially vulnerable. Families in refugee camps and temporary settlements endure poor sanitation, dense housing, and limited access to information. In Bangladesh, the government has restricted mobile internet access for almost 900,000 Rohingya confined to refugee camps around Cox’s Bazar. The resulting information vacuum has allowed damaging rumours over COVID-19 to flourish. People suspected of carrying the virus are being stigmatized, leading to the underreporting of symptoms and unwillingness to seek treatment.

Policymakers may have limited information on events in conflict-affected areas, from the spread of the virus through to the status of border closures and availability of basic goods. Measures to gather and report on data, qualitative or quantitative, can make a significant difference for areas that are off the radar and for marginalised groups who otherwise remain invisible.

Gender inequalities are exaggerated by the combination of conflict and crisis. While statistically more men than women have serious symptoms and die from COVID-19, the indirect impact of the pandemic in conflict zones is likely to disproportionately affect women, aggravating gender based violence.

**The unpredictable long haul**
After the risks of outbreaks recede or a vaccine becomes available, the economic impacts of the virus will persist. Analyses of policy responses to major shocks indicate that things rarely return to the old normal. Once governments introduce new powers or impose new taxes, the temptation to retain them is strong.

Where the COVID-19 pandemic accelerates changes that were already under way, it may trigger a tipping point into a new normal. For example, controversial forms of high-tech surveillance and monitoring of citizens may become acceptable. The policy response to the virus may unintentionally increase border restrictions over the long term, with unclear consequences for the many conflicts in Asia which straddle frontiers and borderlands. More immediately, border closures will have a devastating effect on communities who depend on cross-border trade for their livelihoods.

The COVID-19 pandemic makes existing conflicts in Asia less predictable. Change often follows disruption; one well-quoted study indicated that most long-term conflict rivalries both start and end in the ten years following a major shock. If current conflicts follow the same trends, the next decade will be a time of both risk and opportunity for peacebuilding. Accurate local information and high-quality analysis will be vital to make sense of the confusing new terrain.

This article is co-published with The Asia Foundation.

This post is part of the #COVID-19 and Asia series.

About the author/s

Adam Burke
Dr. Adam Burke is The Asia Foundation’s director of Conflict and Fragility, effective October 2018. With almost 20 years of experience working across Southeast and South Asia, Burke is a distinguished specialist in conflict,
peacebuilding, and development, having worked as researcher and practitioner on many aspects of conflict prevention across the region.