

## When Covid-19 meets conflict: politics of the pandemic response in fragile and conflict-affected states

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### Abstract

The Covid-19 pandemic has magnified existing crises and vulnerabilities, yet much remains unknown on how the pandemic affected fragile and conflict-affected settings. This paper builds on disaster studies' theory that hazards become a disaster in interaction with vulnerability and response policies, yet often lead to renewed disaster risk creation. The paper is based on seven case studies of countries that experienced social conflict at the advent of the pandemic outbreak: The Democratic Republic of Congo (DRC), Haiti, Zimbabwe, Philippines, India, Brazil and Chile. Country studies were implemented by students and researchers residing at the International Institute of Social Studies, using remote interviews and secondary sources, and covered the period from March to August 2020. Findings show that authorities instrumentalised Covid-19 to strengthen their control and agendas. While taking responsibility for lockdowns, this was not accompanied with care to mitigate the adverse effects. Social conflict shaped the response, as high levels of mistrust in authorities complicated the implementation of measures, while authorities did not support community-based coping initiatives. The paper concludes that whether Covid-19 will trigger or exacerbate conflict and vulnerabilities depends on pre-existing, country-specific conditions, and how a government and other actors frame and respond to Covid-19.

**Keywords:** conflict, Covid-19, disaster governance, disaster risk creation, politics of disasters, vulnerability

### Introduction

As Covid-19 swept the globe, it soon became a concern how low-income countries and vulnerable populations will be affected and able to respond to it (International Crisis Group, 2020; Mena, 2020). Similarly, it was asked how the pandemic would exacerbate inequalities, and compound problems already prevalent in and in those areas where humanitarian crises or conflict were ongoing (Desportes, 2020; Hilhorst, 2020). In response to this concern, the authors teamed up with students at our institute to study the effects of Covid-19 and the measures taken in seven countries, for six months from March 2020 to August 2020. Seven couples were formed with researchers from or working in those countries, who analysed international and national news outlets and reports, and complemented their findings with online key-informant interviews. The results from the cases, to be detailed below, were published in blog posts, working papers, and reports. This article provides a qualitative meta-analysis of those results to understand the politics of Covid-19 responses better. This means that we have undertaken a thematic secondary qualitative analysis of the primary findings of the country studies.

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The study into Covid-19 responses was part of the final phase of a five-year research programme into cases where disasters meet conflict. This programme centred on three major themes: the relevance of critical disaster studies that seek to distinguish hazards from vulnerability and response capacities, emphasising that disasters are never 'natural'; the interaction of crises when they are compounded, i.e. how the dynamics of conflict and disaster affect each other; and how conflict magnifies the politics of disaster.

In a similar vein, we set out to unravel how the hazard of Covid-19 led (or not) to disaster, how the pandemic interacted with ongoing crises and if and how governments or other actors instrumentalised measures surrounding the outbreak of Covid-19 to advance their interests and politics. In addition, we paid special attention to the tension between top-down and bottom-up responses to the Covid-19, as this was a recurring theme worldwide. While there is no doubt that top-down policies and expert knowledge is required to curb a pandemic, there were many controversies around this from the beginning, leading to social protest on how governments imposed far-reaching regulations, while overlooking the potential of community-based responses. We expected this to be especially pronounced in conflict-affected areas that were already characterised by high levels of distrust in state authorities.

The study covered seven countries that have been conflict-affected in different ways. One group of countries concerned low-intensity or post-conflict societies known to have fragile institutions. This group constituted the Democratic Republic of Congo, Haiti, and Zimbabwe. In these countries, the state is seen to be centralised, in some ways fragile, and in other ways highly organised, for instance, concerning surveillance. The state is seen to be far removed from the communities, and although there are authority structures on the local level, it is often combined with a strong mistrust between people and their authorities. The second group of countries concern strong or authoritarian states, a high prevalence of social conflict with a vocal civil society and other institutions providing countervailing powers that challenge the states' actions. This group constituted the Philippines, India, Brazil and Chile. A possible third group of high-intensity conflict areas, for example, comprising Yemen and Afghanistan, was not included for several reasons, including lack of access to data and non-availability of national researchers in our institute.

The paper will first review the emerging literature on Covid-19 and conflict and elaborate on the research themes, before presenting the methodology, the cases, and the meta-analysis of the country studies.

### **Covid-19 as a disaster**

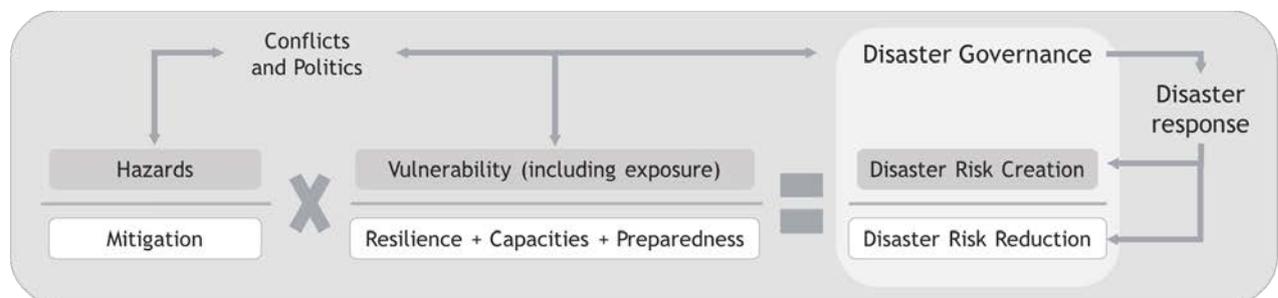
Covid-19 may be seen as subject to the 'iron law' of disaster studies that a disaster cannot be equated to the hazard (Wisner et al., 2012). Disaster risks result from hazards encountering vulnerability, mitigated by response capacities (Wisner et al., 2004). Whether a disaster unfolds upon an earthquake, for example, depends on the level of prevention in the built environment in combination with poverty levels in the population (Kelman, 2020a; Wisner et al., 2012). While Covid-19 has been prominent worldwide and had large effects on populations in high-income countries, there is ample evidence that marginalised and vulnerable populations are at greater risk of becoming infected (Raju and Ayeb-Karlsson, 2020).

In the case of Covid-19, global preparedness was wanting, despite long-time warnings that risks of pandemics were increasing, due to ‘intensification of international travel, trade and livestock husbandry, as well as increasing human population density and changing interactions between humans and wild animals’ (Oppenheim et al., 2019, p. 1). The Epidemic Preparedness Index as well as the Disease Vulnerability Index showed large parts of the world unprepared to manage a large epidemic infectious disease (Moore et al., 2016), despite consistent warnings following previous epidemics like Spanish Flu, HIV/AIDs, SARS and Ebola (Bergeijk, 2021). The lack of preparedness may be seen as a major contributor to the disastrous impact of the virus, and conflict-affected countries were among the least prepared for Covid-19 (International Crisis Group, 2020; Mustasilta, 2020).

Responses to disaster are designed to prevent or reduce risk, yet can also lead to further disaster risk creation (Wisner and Lavell, 2017; Lewis and Kelman, 2012). Covid-19 is a hazard turned into a disaster due to the actions taken (or not) to prevent and respond to it (Hilhorst, 2020; Kelman, 2020a, 2020b, p. 297). Covid-19 did not by itself produce the risks that we have seen unfolding throughout the world, and major research questions have become pertinent about the impact of response policies: whether they have been effective, resulted in the net increase or decrease of risks, their unintended consequences and possible wicked side-effects that may lead to increased risks of virus infection. Viewing Covid-19 as a disaster thus compels us to ask how the risk evolves in the interplay of hazard and response policy, and how risks are allocated and affected by vulnerability.

The ‘logic’ of disasters discussed is summarised in Figure 1 that schematically represents how disasters come about and could be reduced.

**Figure 1.** Disaster risk creation and risk reduction



Source: The authors

### Disaster politics of Covid-19

It is accepted wisdom in disaster studies that disasters are political events, yet this notion is difficult to land in public and popular thinking about disasters. As detailed above, disaster risks are largely human created and hence subject to politics of prioritising (economic) interests over reducing disaster risks, foregrounding certain risks while ignoring others. Similarly, once disasters happen, the response becomes political within ‘seconds after their occurrence’ (Olson, 2000). Of particular importance are the politics of securitisation and instrumentalisation. Securitisation refers to a political ‘speech act’, namely a publicly accepted declaration of a vital threat that requires extraordinary actions (Buzan et al., 1998; Waever, 1993). It lends a sense of urgency and priority to a particular threat and hence creates a ‘state of exception’. Successful securitisation results in a

political situation where firstly, all other concerns are overtaken by a single threat. Secondly, this is used to justify extraordinary measures beyond the established and known rules and politics. Thirdly, where these measures are represented as 'objectively' necessary, setting aside the basic tenet of democracy, namely that there are always alternative options that should be subject to political choice (Buzan et al., 1998; Waever, 1993).

A certain securitisation may be seen as a proper response to an emergency like Covid-19. Yet, it is often subject to politics of instrumentalisation, where measures presented as crisis response have other or secondary political objectives, such as tightening control, curbing civil society's freedoms, silencing the media, or undermining political opponents. Instrumentalisation can take the form of *over*-securitisation when risks are presented as existential threats, as well as *under*-securitisation (or *de*-securitisation, Waever, 1993) when risks are denied or belittled for political purposes. Authoritarian regimes, for example, are notorious for underreporting disaster impacts to retain their image of control (Desportes and Hilhorst, 2020). In the case of Covid-19, political speak is seen to bring out nationalism (for example, in the vaccination politics) and the externalisation of the responsibilities of the negative consequences of the pandemic (Hoffmann Pfrimer and Barbosa, 2020). Moreover, Instrumentalisation and political exploitation of the pandemic can lead to violating human rights by imposing severe sanctions on civilians (Nygård et al., 2020). Studying disaster politics thus implies a focus on the ways disasters are framed, as securitisation and instrumentalisation comes with particular interpretations of the nature of the crisis, its causes (and who is to blame) and solutions.

#### **Top-down approaches in disaster governance**

Disasters used to be responded to through strict top-down, command-and-control measures geared to bring order into the 'chaos' and to return to 'normal.' This has been overtaken by insights that an inclusive governance model is more effective, especially when taking into account disaster risk reduction and long-term recovery. The current Sendai Framework for Disaster Risk Reduction (2015–2030) builds on an inclusive governance model for disaster response and disaster risk reduction (Djalante and Lassa, 2019). The pace, commitment and extent to which the consensus on this model is translated in practice vary considerably across the world. Still, there have been significant changes towards governance models that bring together different state and non-state actors and combine top-down with bottom-up approaches (Hilhorst et al., 2020). With regards to pandemics, there have been similar calls to complement top-down state-centred control with more inclusive and collaborative forms of governance. The Ebola crisis in Sierra Leone is a clear case in point, where the reluctance to involve traditional leaders and community health workers in the response proved to be very counter-productive (Parker et al., 2019; Mallett and Denney, 2015). In Syria, for example, bottom-up responses and the role of local volunteers and leaders were the foundation to scale up regional response to Covid-19 (Ekzayez et al., 2020). Ignoring, or even stifling, instead of building on community-based responses to disaster is especially ineffective where states are fragile or limited in the capacity to deal with the impact of the disaster and the consequences of the response policies.

#### **The nexus between Covid-19 and conflict**

The nexus between Covid-19 and conflict concerns, firstly, about the effects of the pandemic on the intensity and dynamics of conflict and, secondly, the effects of conflict on the impact of and responses to the pandemic.

### *Effects of the pandemic on conflict*

When it became clear that the 'global outbreak has the potential to wreak havoc in fragile states, trigger widespread unrest, and severely test international crisis management systems' (International Crisis Group, 2020, p. 1), multiple actors called for ceasefires and extra efforts to stop conflict to facilitate the responses to Covid-19 (United Nations, 2020a; Mehrl and Thurner, 2020). In April 2020, the United Nation's Secretary-General published an Appeal for Global Ceasefire, indicating the implication of Covid-19 on international peace and security, and on ground level responses and actions in response to the pandemic (United Nations, 2020b). More than fifty United Nations (UN) Member States and several non-state actors, including armed groups, have endorsed the appeal.

Nonetheless, emerging literature seems to point to a rise in conflict during Covid-19, even though it is admittedly complicated to establish this correlation. Using the Armed Conflict Location and Event Dataset (ACLED), Polo (2020) and Bloem and Salemi (2021) found that while some forms of conflict decreased at the beginning of the pandemic, for example, protest and riots, in the long run most countries facing violent conflict before the pandemic saw an increment in conflict-related events during Covid-19 versus pre-pandemic levels. Mehrl and Thurner (2020) found that while lockdown policies increased armed conflict in the Middle East, the number of violent clashes decreased during Covid-19 lockdowns in Southeast Asia and the Caucasus. However, they warned that these results might be skewed because of reporting difficulties during Covid-19. In Afghanistan, violent attacks against civilians have increased since the coronavirus pandemic (Polo, 2020), many of which have been claimed by the Taliban who is 'using the coronavirus crisis for propaganda' (Jackson, 2020, online). Ide (2021) reached similar conclusions based on the study of nine countries. In four of these countries, armed conflict initially declined (Afghanistan, Colombia, Thailand, and Yemen), which may be related to a decision by armed groups to use the outbreak as a window to gain support and resolve logistical problems they had in carrying out their activities. In the other five (India, Iraq, Libya, Pakistan, and the Philippines), conflict prevalence increased, in part and importantly due to '[t]he weakening of state institutions (providing incentives for rebels to intensify military pressure) and a lack of (international) public attention (allowing to extend military operations without backlashes)' (Ide, 2021, p. 5).

One reason why conflict may be intensified is related to the global nature of the pandemic, as many countries become more inward-looking, affecting diplomatic efforts and distracting or delaying efforts related to peace operation, peacebuilding, and conflict resolution mechanisms (International Crisis Group, 2020; Mustasilta, 2020).

The politics of disaster outlined above are also present in case of conflict. Disasters reveal and affect the social struggles and inherent inequities between actors (Cuny, 1983; Pelling and Dill, 2006; Venugopal and Yasir, 2017; Desportes, 2020). The processes of disaster politics in conflict-affected areas are not different from disaster situations in more peaceful areas, yet may be magnified and set in sharper relief in view of their consequences for life and death. The health-related, economic, and political consequences of Covid-19 can thus be seen to add – or alter - ongoing dynamics of conflict and social tensions while being woven into ongoing narratives of conflict. The pandemic can lead to

competition over scarce resources, exacerbate root causes of conflict, and be instrumentalised by actors to gain political advantage, territorial control, and advance personal agendas (Bloem and Salemi, 2021; Brown and Blanc, 2020; Mehrl and Thurner, 2020; Mustasilta, 2020; Polo, 2020).

The webinar 'Armed group responses to the Covid-19 crisis' (see ODI, 2020), revealed that instrumentalisation might also be beneficial to the response to Covid-19. Participants to the webinar testified how different armed groups across the world have used the pandemic as an opportunity to further their agendas in terms of violent acts, but also as a means to gain legitimacy and social approval. For instance, '[t]he Islamic State issued directions on handwashing, and videos emerged of the Taliban enforcing temperature checks. The National Liberation Army (ELN) in Colombia announced lockdown measures, and Hezbollah mobilised thousands of medical personnel. In addition, organised criminal groups in Mexico, Brazil and El Salvador delivered aid packages and enforced curfews to curtail the spread of the virus' (Jackson and Weigand, 2020). While these activities may partly be instrumental to the interest of these groups, they can also be seen as a demonstration of solidarity and good intentions, resulting not only in reduction of Covid risks, but also have the potential to reduce grievance and conflict in the medium or long term (Ide, 2021).

#### *Compounding effects of conflict and Covid-19*

It is nearly impossible to establish the death toll of Covid-19 in relation to conflict and fragility. The cases of this paper display a large diversity with an accumulated death toll of 8,5 per million in DRC; 22,37 in Haiti; 104 in Zimbabwe; 122 in India; 143 in the Philippines; 1,255 in Chile; and 1,614 in Brazil, according to numbers provided by John Hopkins University (Statista, 2021, accessed on 8 April 2021). The databases rely on governments' statistical reports, and apart from problems of incomparable datasets, data may be incomplete. Other effects, including ailing health, malnutrition, loss of livelihoods or collapse of services, are even more difficult to collect or yet to be compiled. The World Food Programme, for example, anticipated in June 2020, at the launch of the annual Hunger report, an additional 83-132 million people would become malnourished because of the pandemic (WHO, 2020), but actual figures have not yet been given. There are, however, a number of interactions between conflict and Covid-19 becoming visible through case-study evidence that are in line with patterns found in the nexus of disaster and conflict.

The way in which conflict can affect the spread of Covid-19 varies. Posen (2020) found that conflict is associated with conditions that are beneficial for the spread of diseases, including lower hygienic conditions and increased poverty levels. Conflict may further contribute to the collapse of local economies (International Crisis Group, 2020). Covid-19 may be seen to compound and exacerbate economic and health crises related to the conflict, which has been confirmed in a study in Ukraine, Colombia, Libya, Sudan, Ukraine and Yemen (Mustasilta, 2020). This may be exacerbated in the densely populated settings of refugee camps (Mena, 2020; Raju and Ayeb-Karlsson, 2020). Weak health systems and lack of basic infrastructure are also factors contributing to increasing the risk for COVID-19 in places affected by conflict (Ekzayez et al., 2020). The most vulnerable countries to infectious disease outbreaks, according to the Infectious Disease Vulnerability Index, list many countries affected by violent conflict, including Somalia, South Sudan, Haiti, Afghanistan, the Democratic Republic of Congo (DRC), Sierra Leone, and Yemen (Moore et al., 2016). On the other hand, some of the aspects associated with vulnerability for Covid-19 in non-conflict and highly

developed countries, including an ageing population and intense travelling, may be less applicable in conflict settings, which usually have a demographic youth bulge and where travelling is restricted.

Conflict can further exacerbate the effects of Covid-19 by negatively affecting the ability to respond. Conflict produces civilian displacement, low levels of citizen trust in leadership and fragmented political authority, creating a challenging environment for the implementation of state responses to the pandemic (Brown and Blanc, 2020), as shown for example for the case of Mali (Sandnes, 2020). Conflict is also associated with corruption, international sanctions, and high levels of state fragility (Brown and Blanc, 2020; International Crisis Group, 2020). Conflict further limits operational spaces to response, as observed in the cases of Iraq and Somalia (Hamasaheed, 2020; Hasan, 2020).

In addition, the resources destined for relief in conflict-affected zones must now be shared with this new crisis. As stated by the president of the International Committee of the Red Cross and Red Crescent (ICRC), '[o]ur double response to conflict and Covid-19 is extra difficult because of the vital measures taken to contain the pandemic' (Maurer, 2020). This may be exacerbated by the fact that many donor countries are absorbed with their own Covid-19 crisis. Total humanitarian flows to Zimbabwe and DRC, for example, have decreased in 2020 compared to 2019. In Haiti, the humanitarian contribution increased, yet only reached 33% of the appeal. A Covid-specific appeal in 2020 for these countries was only covered for 43% for DRC, 42% for Zimbabwe, and 20% for Haiti (see OCHA, 2021). In a similar vein, Covid-19 can lead to a reduction in remittances as was found in Somalia (Blanc, 2020; Elder, 2020; Morgan, 2020). International vaccination politics and conflict conditions are expected to severely impact the prospects for vaccination in conflict-affected areas (Glinski, 2021; Tiller et al., 2021).

Finally, emerging scholarship on Covid-19 and conflict emphasises that, as in any disaster, marginalised and vulnerable populations are at greater risk and suffer more the effect of any disaster (Raju and Ayeb-Karlsson, 2020). Covid-19 adds vulnerability to people already facing life under conflict with poverty and lack of (health) services (International Crisis Group, 2020). For instance, in Yemen, Covid-19 entered a country already experiencing severe food insecurity and a cholera outbreak (Nagi, 2020). A Covid-19 also unveils vulnerabilities already present in the places affected, explaining the impact of the pandemic and the relevance to understand the compound nature of vulnerability and crises (Cornejo and Fischer, 2020; Mena, 2020).

## Methodology

This paper uses the lens of intersecting and compounded crises to analyse local responses to Covid-19 in seven countries and from there to analyse the politics of the Covid-19 response in fragile and conflict-affected states. We choose a small-N approach, where a relatively small number of cases enables us to qualitatively analyse findings in their context, yet allow generalisation of the results (Flyvbjerg, 2001). The *When Disasters meet Conflict* program worked in three categories of countries: high-intensity conflict, low-intensity conflict in countries with authoritarian tendencies, and fragile post-conflict societies. High-intensity conflict cases were not possible for lack of access to data, and hence we retained two categories of countries. The first group of countries concerned countries with high levels of ongoing social conflict, strong or authoritarian states and social counter-movements. This group comprised the Philippines, India, Brazil and Chile. The second category consisted of conflict-affected areas with fragile governments and institutions. This concerned the

Democratic Republic of Congo (DRC), DRC, Haiti and Zimbabwe. The exact choice of the countries was informed by the availability of researchers from these countries, so that they had a knowledge base on the country and could review secondary sources and have interviews in their own language.

The case studies have been implemented by master students and PhD researchers residing at the International Institute of Social Studies, on the basis of secondary sources, and remote interviews conducted between April and August 2020. The results have been published in multiple blog posts and a series of working papers and reports, as detailed below in the description of the cases. This paper is based on a meta-analysis of those results using thematic content analysis. The analysis focused on four themes: (1) vulnerabilities and their relationship with disaster risk creation and disaster (Covid-19) impact, (2) instrumentalisation and securitisation of Covid-19 responses, (3) top-down and locally-led responses to Covid-19, and (4) the effect and relationship between the Covid-19 disaster and social conflict. These themes were identified at the onset of the research, based on our theoretical approach to disaster in conflict, and initial reading about Covid-19 in the countries of research and other conflict-affected areas. The themes informed the initial data-gathering in the countries, and the different country studies were guided by the authors to secure that they would yield relevant data. After completion of the country papers, the authors have reviewed the findings of each of the countries according to these themes. In addition, a literature review on the topic was conducted guided by the same themes, consisting of books, journal articles, reports, and news articles. Given the recent developments on the subject of study and the importance of capturing information on a wide range of actions and responses, the review also included grey literature and audio-visual material, such as blog entries, websites, and webinars.

The interviews held in the countries asked people about their experiences and views, as well as to confirm or refute findings from secondary sources. A total of 36 interviews were done. Most of the interviews concerned representatives of vulnerable groups especially pertinent to that country, such as domestic workers and indigenous communities in Brazil and sex workers in India. In addition, interviews were done with experts, such as health professionals in DRC, and advocates, such as leaders of social movements in the Philippines.

There was much diversity between and within the cases that researchers focused on issues that arose as pertinent from the review and had prior knowledge and access to informants. This paper is thus not composed based on comparable data sets and takes into account the real-life 'messiness' of a variety of cases. The comparison is based on what Ludwig Wittgenstein (1953) called 'family resemblance' where a series of overlapping similarities connect the cases. In our case, the similarities were that the cases fitted some basic characteristics of the low-intensity conflict authoritarian, and fragile post-conflict scenarios that were developed in the When Disasters meet Conflict programme (Hilhorst et al., 2019).

### The cases

As part of the first group of cases, concerning low-intensity or post-conflict countries, the case study of the **Democratic Republic of Congo (DRC)** was done by Claire Akello and Christo Gorpudolo. Their report (Gorpudolo and Akello, 2021), focused on the Kivus, a mining region bordering Rwanda. Covid-19 came after more than two decades of protracted violent conflicts, compounded by recurrent outbreaks of cholera, Ebola, yellow fever and measles. The poverty level of DRC is 70% and

the health systems are fragile, although there were some coordination capacities for pandemics in relation to Ebola. A drastic national lockdown after the first single case of Covid-19 was confirmed wreaked havoc for the two major economic sectors of mining and cross-border trade.

In **Haiti**, Covid-19 came to a country that has not experienced war for a long time, but with ongoing social conflicts, a notoriously weak governance system, and profound levels of mistrust in authorities and aid actors, exemplified by recurrent protest and political manifestations. Angela Sabogal and Yuki Fujita conducted the research in Haiti (Fujita and Sabogal, 2021). In the case of **Zimbabwe**, James Kunhiak and Lara Vincent found how the responses to Covid-19 came to a country amidst political turmoil partly intensified by ongoing economic crises. Despite relatively low Covid-19 infection rates, the response of a total lockdown before a first case was detected had a severe impact in a population highly dependent on the informal sector for their living, a weak health sector, and high levels of corruption, unemployment and food insecurity (Kunhiak and Vincent, 2020; Kunhiak et al., 2020).

The second group of countries concerns strong or authoritarian states with high prevalence of social conflict. In this group, the case of **Brazil**, researched by Fiorella Macchiavello and Renata Cavalcanti, focused on the struggles of poor urban communities and indigenous peoples in the Amazon to respond to Covid-19. These groups suffered even more than others from the authoritarian measures of the government and the ensuing complex crisis (Macchiavello and Muniz, 2021; Macchiavello et al., 2021). In the case of **Chile**, the pandemic found the country immersed in social crisis, with high-levels of mistrust in the Government, large social protests, and high levels of unemployment and food insecurity among vulnerable population. In this context, Camila Ramos and Isabel Alduenda explored how bottom-up and communitarian initiatives to respond to Covid-19 were strongly intertwined with the dynamics of the pre-existing conflict (Alduenda and Ramos, 2021b, 2021a). In **India**, Covid-19 arrived at a time of intense social protest around the lack of access to official documents by some communities because of their migration history, occupation (and social stigma attached), and overall socio-economic background. In this context, Chitrakshi Vashisht and Birendra Singh studied how sex workers, a particularly vulnerable group in the country, struggled with Covid-19 and the government's measures that ultimately restricted them from working. (Singh and Vashisht, 2021b, 2021a). Finally, in the Philippines, Martin Dacles and Patricia Enriquez (Enriquez and Dacles, 2020, 2021) explored the impact of Covid-19 in a country where pockets of conflict continue, mainly in Mindanao, and where the state-society relations have been heavily affected by president Duterte's deadly war on drugs that extended to equally deadly measures against social activists and political opponents.

## Findings

### *Vulnerability and Disaster Risk Creation*

The research findings from the seven countries confirm that the disaster triggered by Covid-19 especially came about among the most vulnerable segments of the population. Regarding the infection rate of Covid-19, we do not know what would have happened without the measures taken to curb the pandemic. We do know, however, that the measures brought about adverse impacts, aggravating in many cases ongoing economic crises. Measures taken to address Covid-19, while their

benefits in terms of case prevention cannot be gauged, were also seen to create new vulnerabilities and hence resulted in disaster risk creation.

In the case of Zimbabwe, Chile, India, DRC and Haiti, while many vulnerable groups were living in situation of poverty and employed in the informal market, strict lockdowns were imposed and many saw their sources of income and work compromised, resulting in further impoverishment and food insecurity. In Chile, 'the COVID outbreak was a driving force that worsened conditions already occurring in the country and at the base of the social movement: poverty and informal economy' (Alduenda and Ramos, 2021a, p. 9).

The worldwide response to Covid-19 seems to have spilled over to Zimbabwe and DRC, as Zimbabwe announced the state of emergency ahead of the first case, whereas in DRC a first case triggered a countrywide lockdown. The more deadly Ebola had not triggered such lockdowns, nor had the AIDS pandemic in yesteryears. The lockdowns' impact was severe, with the standstill of cross-border trade and reduced mining activity in DRC. By the end of April 2020, 62% of the DRC population feared food-insecurity (eurAC, 2020). There were also indications that people's response to the lockdown was adverse in terms of infection risks with people seeking each other's company to cope with the crisis, despite the closures of bars, and reports of women destituted by the end of their trading activities resorting to transactional sex. In Zimbabwe, the measures also have had far-reaching repercussions on the daily living conditions, with amongst others a shortage of *mealie meal* (maize meal), fuel scarcity, and an inflation rate growing by 50% between January and July 2020. 'As a result, hunger and malnutrition, especially amongst children, spiked, as many cannot provide enough food for themselves and their families' (Kunhiak and Vincent, p.11). While governments seemingly took responsibility in curbing the pandemic by lockdown measures, their subsequent lack of responsibility for the impact of the measures displays a lack of a social contract in these countries. In DRC, this is reminiscent of the 'débrouillez-vous' or 'manage yourself' attitude that has characterised the Congolese government for a long time.

While the lockdown was severe in most countries, the impact was uneven, with the country reports underlying this, and papers focusing on vulnerable groups, including urban poor, indigenous communities and, in the case of India, the plight of the many sex-workers (female, transgender women, and hijras).

#### *Politics of disaster: Instrumentalisation and securitisation*

Governments worldwide struggled with the response to Covid-19, despite continued warnings about the certainty of a pandemic to happen (Bergeijk, 2021; Moore et al., 2016). Without exceptionalising our cases, we do observe that ongoing conflict tainted the responses and may have amplified the politics of disaster. What is more, the framing of Covid-19 as an enemy to defeat was common to a number of cases, and may have served as a welcome distraction from ongoing political and social unrest. The latter was particularly prominent in Chile with language such as 'Santiago's battle is the crucial battle in the war against coronavirus' (Alduenda and Ramos, p. 10).

In all cases, government responses were instrumentalised for political purposes not related to Covid-19. In a number of cases, this took the form of *over*-securitisation. The pandemic was used as an excuse to intensify the suppression of social protest with the use of excessive force by the police and order forces in Haiti, Chile, the Philippines and Zimbabwe. In the Philippines, Chile, and Zimbabwe

cases of arrests and violation of human rights targeted to members of the social protest movements have been reported, justified as a measure to control the virus. In Zimbabwe, authorities used the lockdown to 'to settle scores with opposition supporters and politicians', by selectively arresting opponents for organising small meetings (Kunhiak and Vincent, 2020, p. 13). In Haiti, the lockdown was accompanied by strict measures to stop social gathering, effectively ending ongoing social protest in the streets.

Political over-securitisation could also be accompanied by *under*-securitisation of the health risks of Covid-19. Brazil is the most prominent case in point. Covid-19 responses in the country took, on the one hand, a securitisation approach adopting military strategies, bureaucracy, and language, framing the pandemic as an international threat and invisible enemy to be combated (Hoffmann Pfrimer and Barbosa, 2020). Yet, the country has also become notorious for denying or belittling health risks and displaying an authoritarian sense of control over the pandemic. This under-securitisation was manifest, amongst others, in the president's actions to prevent mayors in the country from declaring local lockdowns and blocking other early response measures. The Philippine president likewise maintained an image of control for months into the pandemic.

Another form of instrumentalisation was to use the lockdown and state of emergency to push through controversial and adverse measures. A case in point is the Philippines, where the government used the emergency to pass the Anti-Terrorism Act, despite the protest the intended Act had triggered. The fast-track passing of the Act was justified as needed in this time of crises, yet 'provided the government with the legal tools to oppress and silence those who dissent' (Enriquez and Dacles, 2020). Another case concerned Zimbabwe where the resumption of trade was accompanied by the introduction of a registration and tax system. Informal traders could only go back to work if they registered their business, and paid a 'presumptive tax', which is a form of income tax payable by low-income earners (Parliament of Zimbabwe's Bill Watch 38 2020, in Kunhiak and Vincent, 2020, p. 12). The government was thus seen to use the pandemic to increase control over the informal sector.

#### *Top-down versus bottom-up responses*

Whereas mismatches between top-down and bottom-up responses were perhaps typical for the global response to Covid-19, in a number of our cases this mismatch was deepened by pre-existing high levels of mistrust in authorities.

The lack of trust in authorities played a prominent role in several of the countries. In DRC, Zimbabwe, Chile and Haiti there was a widespread mistrust about the numbers of cases, infections as well as mortality, of Covid-19 provided by the governments. This distrust translated into a lack of legitimacy of the government's actions. This complicated the implementation of measures and created negative responses, such as denial, resistance, or sabotage. In Haiti, for instance, the 'disconnection between measures and context was only exasperated by the lack of legitimacy of the government among Haitian people. Therefore, certain communities did not follow the protocols or even rejected them openly' (Fujita and Sabogal, 2021, p. 19). Governments in Chile and Haiti tried to respond with information and transparency campaigns, yet these could not take away the underlying distrust.

As everywhere in the world, people had to mainly rely on their coping mechanisms to deal with the crises. Initiatives emerged from the communities to help people deal with the health emergency, especially the impact of government measures. Interestingly, in different countries the mobilisation of social protest that had been going on before the pandemic outbreak, transformed into community assistance to deal with the crisis. Civil society initiatives to address poverty, unemployment, and other issues emanating from conflict or state fragility served as a springboard for Covid-19 responses.

In Haiti, makeshift voodoo clinics have been an alternative source of healthcare in view of the precarious health system in the country before the pandemic. These were strengthened and many new ones opened to tackle Covid-19. In Chile, the *ollas comunes* (common pots) that have a history dating back to the dictatorship before the 1990s and has been present since then in the poorest neighbourhoods as a solution for food insecurity, had resurfaced during the social mobilisations and crises of 2018, and once again during Covid-19. In Brazil, diverse indigenous groups and people living in favelas organised among themselves to collect food and hygiene items, organised information campaigns, and to vocalise their situation and needs. Moreover, gangs in multiple favelas imposed curfews to reduce slow Covid-19's spread (Barretto Briso and Phillips, 2020; Soares, 2020). The role of slum leaders and small-scale bottom-up solutions proved to be essential to respond to Covid-19 in India (Auerbach and Thachil, 2021). In our case, community networks and NGOs played a role in supporting sex workers in India to receive income and food, as their work had become inviable, even though some of them were able to maintain some of their work through online or telephone-based services or were given some support by regular clients. Finally, the theme of instrumentalisation came back in relation to community donations from large private companies, as there were similar observations in several countries that these companies accompanied their donations with an important emphasis on the branding of the company name and media exposure.

### **Discussion and conclusion**

This paper addressed what happened when Covid-19 met conflict, in the period of six months, from March to August 2020. It dealt with three low-intensity or post-conflict countries (DRC, Haiti, and Zimbabwe) with important levels of state fragility, and four countries that are characterised for having a strong or authoritarian state and social counter-movements (Philippines, India, Brazil, and Chile). The paper did not cover high-intensity conflict scenarios for lack of access to data. The choice for countries with low-intensity conflict and high state fragility makes the paper relevant to many other countries that have similar patterns of social unrest related to fragility or authoritarianism.

The paper built on analytical frameworks and theories of disaster studies, analysing the cases with a similar set of questions that we had previously raised on cases where disaster meets conflict. An 'iron law' of disaster studies dictates that disasters come about through the interaction of a hazard, vulnerabilities and responses. As a result, policies, including policies meant to mitigate disaster, are often seen to lead to (new) disaster risk creation. While many governments view, or frame, Covid-19 as the disaster, we found that indeed the virus represents a hazard that can turn into a disaster when interacting with vulnerability, and can become exacerbated as a result of actions taken or not to address the risk of the pandemic and people's vulnerability. In other words, inadequate responses would thus lead to disaster risk creation.

The case-studies partly focused on vulnerable groups, including indigenous communities, sex workers, and urban poor people living in favelas or slums. In all the cases, measures taken to address Covid-19 while reducing the spread of the virus initially, created new risks and accentuated the impact of the pandemic, especially among vulnerable groups. Lockdowns, for instance, found in most of the cases people working in the informal sector, resulting in higher levels of impoverishment and food insecurity. While governments were seen to take strong responsibility in declaring states of emergencies and lockdowns, there was a striking contrast with the lack of responsibility to mitigate the impact of the pandemic and the measures – pointing to a lack of social contract where people were left to largely manage by themselves.

Across the cases, we found instances of disaster politics whereby Covid-19 was securitised – either over-securitised or under-securitised – and instrumentalised. Governments opted for having an *over-securitisation* approach to respond to Covid-19, with strong top-down measures such as curfews, quarantines, and restrictions to gathering, which were also used to counteract social protest that was prevalent before and during the outbreak and to advance unpopular agendas. While these strategies may have been successful in silencing dissident voices, the root causes of social unrest remained unaddressed or even worsened.

Conditions of social conflict and state-society disarticulation widened the gap between top-down and bottom-up initiatives that are often found in disaster responses. Firstly, high levels of mistrust in authorities meant that populations in a number of countries did not believe the figures provided by the government about the pandemic, and the measures lacked legitimacy in their eyes, leading to non-abiding or sabotage. Secondly, and as mentioned above, we did not find instances of government supporting bottom-up coping initiatives. Many of the community-based coping mechanisms were continuities from pre-Covid times as the countries were already experiencing crises. Thirdly, a number of community-based projects were initiated or supported by groups engaged in social protest or activism prior to the outbreak. Where countries targeted social activists, it can thus be concluded that this also led to governments actively disabling community-based response mechanisms.

These findings allow us to conclude two main points with regards to the impact of conflict on Covid-19. These points are consistent with the literature on the nexus of disaster and conflict, as depicted in Figure 1. Firstly, the effects of Covid-19 as a disaster on people's vulnerability and disaster risk creation are related to previous conflict histories. A disaster like Covid-19 does not offer an easy scenario to navigate with. Strong top-down measures are widely considered necessary to slow the virus's spread and reduce the epidemic's impact. However, even though responses to Covid-19 were seemingly similar at a global level, including lockdowns, the way these were given meaning and worked out for affected communities was context-specific. Social conflict was one of the factors that shaped the response to Covid-19, via the instrumentalisation of the response and varying securitisation tactics. This turned taken measures into vehicles of disaster risk creation. Secondly, the handling of disasters like COVID-19 mediates their effects on conflict and people's vulnerabilities. Whether disasters will trigger or exacerbate conflict and vulnerabilities depends on pre-existing, country-specific conditions and how a government, and other actors, frame and respond to the disaster.

This paper was written on the basis of remote research in the first six month of the pandemic. One of the limitations was that the data-collection was not uniform across the countries. Nonetheless, strong patterns were found across countries, with regards to the instrumentalization of the response and mismatches between top-down and bottom-up approaches. How these have worked out, and in particular whether bottom-up initiatives to curb the pandemic were effective in raising support (instead of being oppressed) and to mobilize populations to take protective measures is a question for subsequent research.

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### Data Availability Statement

Data available on request due to privacy/ethical restrictions.

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