



COVID-19, Conflict and Risks in the Arab Region Ending Hostilities and Investing in Peace



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Economic and Social Commission for Western Asia (ESCWA)

COVID-19, Conflict and Risks in the Arab Region: Ending Hostilities and Investing in Peace



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Key messages

- ✓ The twin health and economic crises precipitated by the COVID-19 pandemic pose an unprecedented threat to wellbeing in the Arab region, particularly in conflict-affected countries such as Iraq, Libya, the State of Palestine, Somalia, the Sudan, the Syrian Arab Republic and Yemen. The consequences of protracted conflict and military occupation, which include mass forced displacement, profound food insecurity, collapsing health sectors, and severe economic decline, have left these countries uniquely vulnerable to the virus and its devastating secondary effects;
- ✓ The international community must intervene immediately to equip local structures and communities in these countries with better knowledge, tools and assets to contain the spread of the virus and prevent further deterioration in the socioeconomic conditions of the most vulnerable. Food security and livelihood programmes (cash and in-kind) for host communities and displaced people should be adapted and expanded, access to community health facilities should be facilitated, WASH services should be accelerated, health and hygiene e-awareness programmes should be scaled up, and access to chronic and acute medicines should be improved;
- ✓ There is an urgent need to intensify peace efforts in these seven countries, in line with the call for a global ceasefire made by the Secretary-General of the United Nations in March 2020, which was subsequently endorsed by the Security Council in resolution 2532 (2020). In the absence of such a truce, there is little hope of minimizing the effects of the pandemic in the short term, let alone of ‘building back better’ from the crisis moving forward;
- ✓ A sustainable recovery is possible, but time is running out and current trends are cause for grave concern. Thus far, conflict levels in the region remain mostly unchanged, with intermittent spikes of violence. The international community must act swiftly to halt the bloodshed, contain the virus, and pave the way towards an enduring peace. In particular, it must undertake two sets of actions simultaneously:
 - Intervene in a concerted, coherent fashion across peacebuilding, development, and humanitarian sectors at the global, regional and local levels to confront the dual conflict-COVID-19 crisis engulfing the region, without losing sight of other risks such as climate change, water scarcity, high unemployment and food insecurity;
 - Build and strengthen inclusive and accountable local and national institutions and governance structures capable of dealing with different types of shocks, such as another pandemic, extreme climate events and disasters, renewed violence or worsening socioeconomic hardship, in an equitable and sustainable way, so that the region can cope better with future shocks, including the challenge of a post-COVID recovery.

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Introduction

The COVID-19 pandemic gained a foothold in the Arab region more slowly than in others, yet it is poised to have a devastatingly outsized impact. This is especially true of the seven Arab countries that remain locked in ongoing conflict or occupation, namely Iraq, Libya, the State of Palestine, Somalia, the Sudan, the Syrian Arab Republic and Yemen. Although the situation in each of these countries is distinct, they are among the countries most vulnerable to the pandemic and its seismic secondary effects. Years of bloodshed and strife have eviscerated their social contracts, shattered their economies, amplified their household food insecurity, devastated their health systems, degraded their infrastructure, and uprooted and traumatized their populations. The capacity to manage a public health crisis, let alone a once-in-a-century global pandemic concurrent with the worst economic collapse since the Great Depression, is alarmingly depleted.

For these reasons, the call for a global humanitarian truce made by the Secretary-General of the United Nations in March 2020, and its subsequent endorsement by the Security Council in resolution 2532 (2020), is of paramount importance. Only a suspension of violence, including lifting restrictions on aid and medical relief imposed as part of military or security policies, can create the space needed to confront the health and socioeconomic ramifications of the pandemic. Equally crucial, a cessation of hostilities would provide a rare window of opportunity to begin addressing the underlying inequities and injustices that have left these seven countries so exposed to the dual crises of conflict and the pandemic.

The present paper highlights the ways in which the COVID-19 pandemic is exacerbating the humanitarian and economic devastation wrought by prolonged conflict in the Arab region. It provides an overview of current and forecasted conflict trends in the seven countries, and shows that these remain largely unchanged, or in some cases worsened, since the outbreak of the virus. Based on these analyses, the present paper calls on Governments and their international partners to harness the sense of urgency that the pandemic has unleashed to end violence, and to begin building towards peace. A sustainable recovery is possible, but time is running short and recent developments in the region are cause for alarm. In the absence of a tangible step change, the pandemic will devastate the region's conflict-affected countries.

I. Effects of COVID-19 on conflict-affected Arab countries

A. Spread of the pandemic in Arab conflict-affected countries

Largely cut off from international travel, conflict-affected Arab countries initially avoided the brunt of the virus. Today, however, cases are rising precipitously in many of those countries. For example, Iraq had 2,000 confirmed cases at the beginning of May 2020, but by early June 2020 the daily case count had topped 1,000, increasing to more than 2,000 daily cases by early July 2020.

Tables 1 and 2 set out the number of COVID-19 cases and deaths as at 25 August 2020 and at 15 October 2020. While case numbers and deaths remained relatively stable in Somalia, Sudan and Yemen over that six-week period, the number of cumulative cases doubled in Iraq, the State of Palestine and the Syrian Arab Republic. In Libya case numbers quadrupled, while the number of deaths tripled. Deaths doubled in the Syrian Arab Republic, and tripled in the State of Palestine. These sharp increases in a six-week period illustrate the magnitude of the threat posed by the pandemic, and the acute vulnerability of conflict-affected countries. Although, with the exception of Iraq, these figures remain low by international standards, increasing case numbers alongside pre-existing vulnerabilities caused by conflict pose severe risks for these countries.

Table 1. COVID-19 cases and deaths in Arab conflict-affected countries as at 25 August 2020

Country	Cumulative total cases	Cumulative total deaths	Transmission classification
Iraq	207,985	6,519	Community transmission
Libya	11,009	199	Cluster of cases
State of Palestine	25,577	150	Cluster of cases
Somalia	3,269	93	Sporadic cases
Sudan	12,903	818	Community transmission
Syrian Arab Republic	2,293	92	Community transmission
Yemen	1,920	556	Community transmission

Source: WHO, COVID-19 Dashboard.

Table 2. COVID-19 cases and deaths in Arab conflict-affected countries as at 15 October 2020

Country	Cumulative total cases	Cumulative total deaths	Transmission classification
Iraq	413,215	10,021	Community transmission
Libya	45,821	669	Community transmission
State of Palestine	56,999	463	Community transmission
Somalia	3,864	99	Sporadic cases
Sudan	13,691	836	Community transmission
Syrian Arab Republic	4,883	234	Community transmission
Yemen	2,057	597	Community transmission

Source: WHO, COVID-19 Dashboard.

Furthermore, there is reason to believe that cases and deaths in the seven countries are being dramatically undercounted. Efforts to suppress data about the virus have proliferated, as parties to conflict seek to avoid blame for the crisis, while testing capacity remains woefully insufficient. For instance, just a handful of laboratories have the capacity to test for COVID-19 in all of Yemen, but excess deaths and hospitalizations across the country point to the uncontrolled spread of the virus. The United Nations is operating under the assumption that the pandemic became ‘full blown’ in Yemen in early May 2020.

B. Dire humanitarian situation

Although cases remain relatively low by international standards, the confluence of conflict and COVID-19 poses a grave threat to a region that was already home to many of the world’s worst humanitarian crises. Roughly 57.1 million people in the Arab region were already in need of humanitarian assistance prior to the pandemic. As at January 2020, 24.1 million Yemenis (80 per cent of the population) required humanitarian assistance as at January 2020, and 11.1 million Syrians were in need of emergency aid. The number of people in need stood at 9.3 million in the Sudan, 4.1 million in Iraq, 2.4 million in the State of Palestine, and 900,000 in Libya.

The pandemic has only exacerbated the plight of those caught up in humanitarian crises, while making it much more difficult for the humanitarian system to provide desperately needed assistance. The number of food insecure Syrians has risen by 42 per cent since 2019. In Yemen, millions of people are on the brink of famine, yet only 24 per cent of the humanitarian response plan for Yemen was funded by the end of August 2020, and aid agencies are reaching almost 6 million fewer Yemenis than they were in December 2019.

Box 1. Spotlight on Yemen

A tragedy is unfolding in Yemen, as humanitarian needs continue to grow while aid agencies are running out of money to fund life-saving assistance. Millions of people who depend on aid for survival are now hanging by a thread in the world’s worst humanitarian crisis. Nearly 80 per cent of the population requires humanitarian aid and protection. Since mid-April 2020, 31 of 41 critical United Nations programmes have been scaled back or closed for lack of funding, most of them critical in the fight against COVID-19. On average, aid agencies reached only 9.5 million people with life-saving aid in April 2020, down from 13.7 million in March 2020 and 15.6 million in December 2019. Without funding, aid operations are expected to shrink further in the coming months, when 19 million people will lose access to health care, including children and pregnant and nursing women. Around 5 million children will miss out on vaccinations against killer diseases, and public health services will deteriorate further. At this critical time, financial incentives for 10,000 health-care workers have stopped, and more than 2.2 million people stand to lose access to urgent surgical assistance. Life-saving nutrition services for 2.5 million malnourished children will soon cease, leaving beneficiaries acutely malnourished and placing 23,500 children with severe acute malnutrition at immediate risk of death.

Source: OCHA, Yemen Situation Report. Available at <https://reports.unocha.org/en/country/yemen>.

Table 3. GHRP and COVID-19 responses financial overview, August 2020

Country	Global Humanitarian Response Plan (COVID-related) requirements	Funding	Coverage	Global Humanitarian Overview requirements	Funding	Coverage
Iraq	\$264.8 million	\$77.3 million	29%	\$662.2 million	\$250.7 million	38%
Libya	\$46.7 million	\$26.8 million	57%	\$129.8 million	\$110.9 million	85%
State of Palestine	\$42.4 million	\$33.9 million	80%	\$390.4 million	\$184.5 million	47%
Somalia	\$225.6 million	\$55.3 million	25%	\$1.01 billion	\$565.5 million	56%
Sudan	\$283.5 million	\$87.8 million	31%	\$1.63 billion	\$714.9 million	44%
Syrian Arab Republic	\$384.2 million	\$107.4 million	28%	\$3.82 billion	\$1.47 billion	38%
Yemen	\$3.85.7 million	\$77.7 million	20%	\$3.38 billion	\$811 million	24%

Source: OCHA, Global Humanitarian Response Plan: COVID-19, 2020. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/GHRP_ProgressReport_31AUG.pdf.

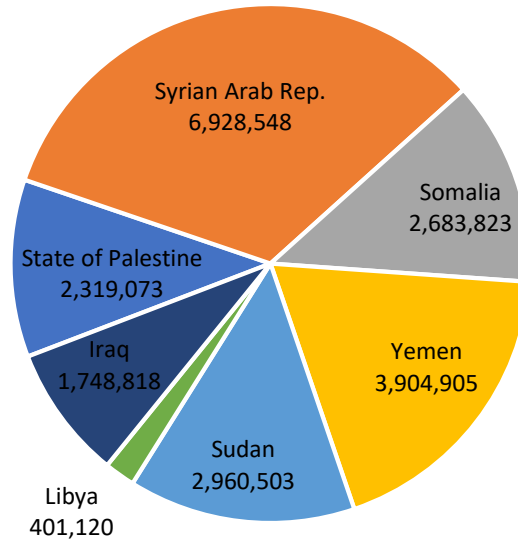
C. Plight of displaced persons

The situation of those uprooted by conflict is especially concerning. Home to 24 million refugees and internally displaced persons (IDPs), the Arab region is at the epicentre of the world’s forced displacement crisis. More than 6 million Syrians remain in exile as refugees, while roughly the same number live as IDPs within the country. Living conditions among both refugee and IDP communities have deteriorated markedly since the outbreak of COVID-19. In the overcrowded camps and informal settlements that house the vast majority of displaced persons, livelihoods have significantly shrunk, services remain stretched beyond capacity, the prices of essential goods such as food and soap have skyrocketed, water supplies are dwindling, malnutrition is rising, and the space needed to socially distance is non-existent. Meanwhile, refugees and IDPs are being scapegoated as vectors of infection, further compounding their plight.

Displaced women are particularly vulnerable. Gender inequality has become more apparent and more intolerable with the spread of the virus, affecting safety, livelihoods, and the structure of households.

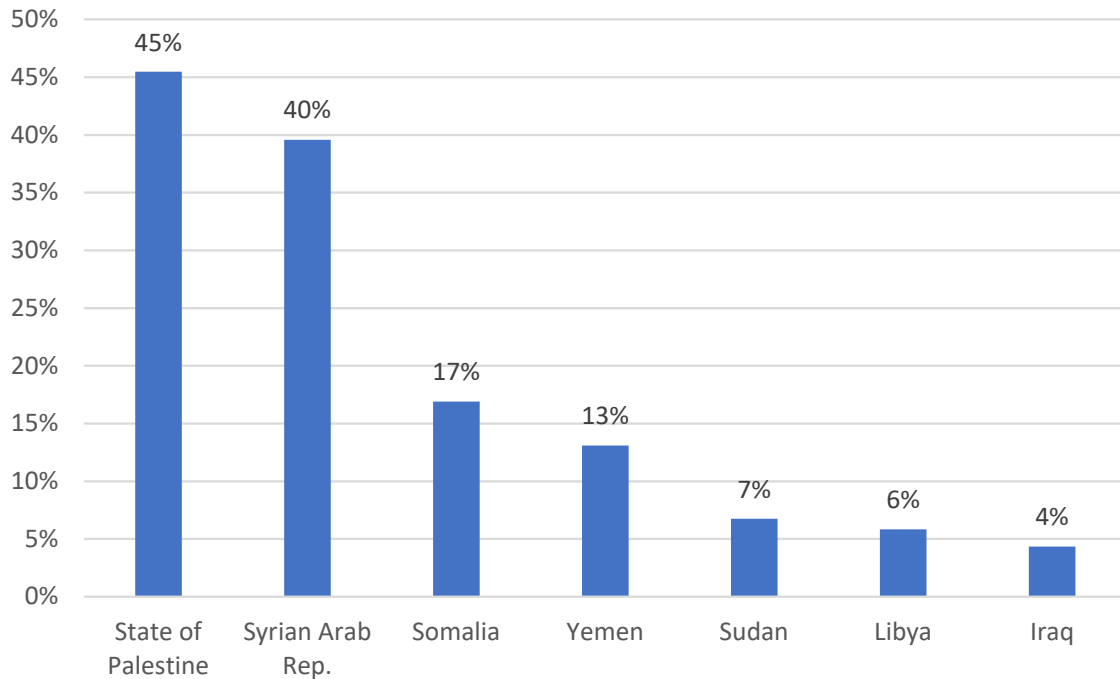
Women and girls in the Arab region now face additional barriers to education, mobility, access to financing and assets, and participation in the labour force and official decision-making as a result of the pandemic. Women and girls are experiencing regression in the informal labour market, elevated levels of violence and harassment, and increased care-taking burdens for out-of-school children, and sick and elderly family members.

Figure 1. Forcibly displaced people in Arab conflict-affected countries



Source: UNHCR Global Trends report 2019 and UNDESA Population Prospects.

Figure 2. Forcible displaced people in Arab conflict-affected countries as a percentage of the total population



Source: UNHCR Global Trends report 2019 and UNDESA Population Prospects.

D. Dire economic situation

Functioning health-care systems are the first line of defence against the virus. In Arab conflict-affected countries, these systems were already on the verge of collapse. In the Syrian Arab Republic, 70 per cent of the medical workforce has left the country, and the health infrastructure in cities like Aleppo and Homs has been systematically destroyed by violence. In Yemen, half the country's health facilities have been decimated by the war, and nearly 20 per cent of its provinces do not have any doctors. After decades of conflict and deprivation, Darfur in the Sudan has only about 600 health facilities for a population of 9 million people. The number of doctors per 10,000 people in Iraq and the Sudan is just 8 and 4, respectively (table 4). The capacity of the Palestinian health-care system has been severely impaired by long-standing challenges, mostly resulting from the occupation. The health infrastructure in the Gaza Strip has been eroded and overstretched, owing to the blockade and recurrent military operations.

Table 4. Density of medical doctors per 10,000 population

Country	Medical doctors per 10,000 population
Iraq	8
Libya	22
State of Palestine	20.9
Sudan	4
Somalia	0.2
Syrian Arab Republic	12
Yemen	3

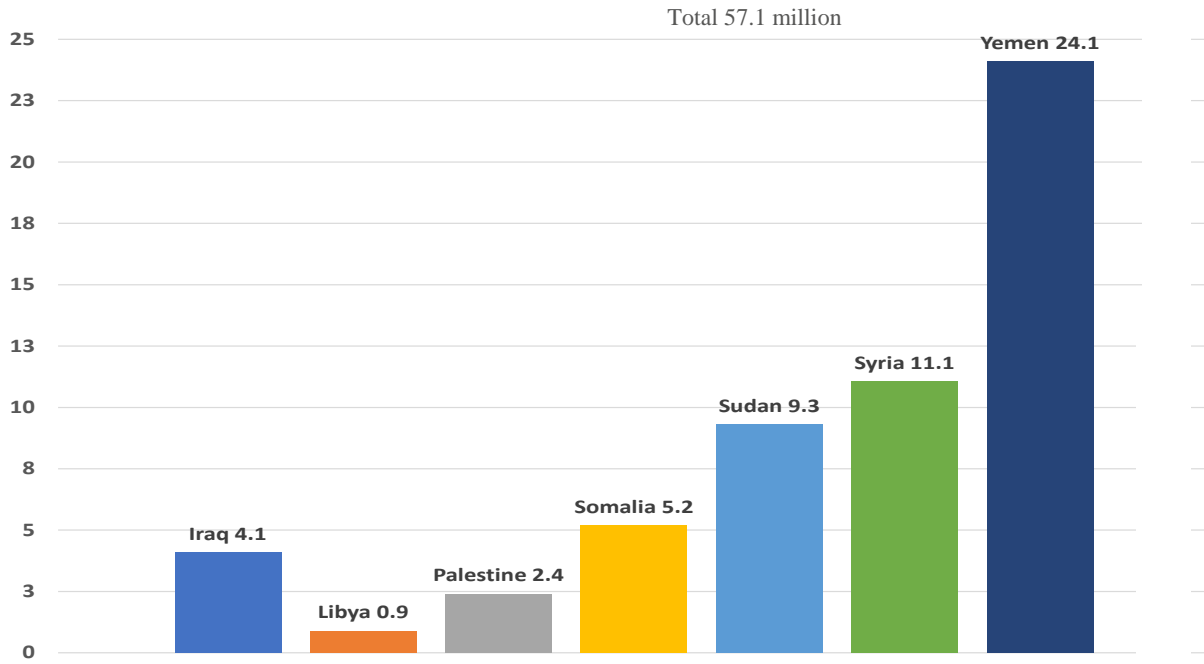
Source: WHO, World Health Data Platform. Available at [www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-\(per-10-000-population\)](http://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-(per-10-000-population)).

COVID-19 is accelerating the collapse of the health sector in these countries. Costs of medical goods are skyrocketing because of production shortages and trade bottlenecks. In the Sudan, for instance, the price of masks has tripled. Meanwhile, with no spare capacity, beleaguered health systems are having to divert attention and resources away from other critical health needs. In Gaza, hundreds of patients have been taken off oxygen cylinders to make way for a potential influx of COVID-19 patients. In Yemen, there has been a staggering 80 per cent fall in child health service provision.

Health care and water, sanitation and hygiene (WASH) services are critical for containing the virus. Yet, in these seven countries, water insecurity constitutes one of the highest drivers of humanitarian need, with an estimated 42.6 million in need of WASH assistance. In the Sudan, almost 40 per cent of the population has limited access to sanitation. Access to clean water and sanitation is especially limited in the country's refugee and IDP camps, where soap is a luxury, water pumps are scarce, and lavatories and bathing facilities are shared by dozens of people. Under such circumstances, the risk of virus transmission and personal security risks for women and girls increase tremendously.

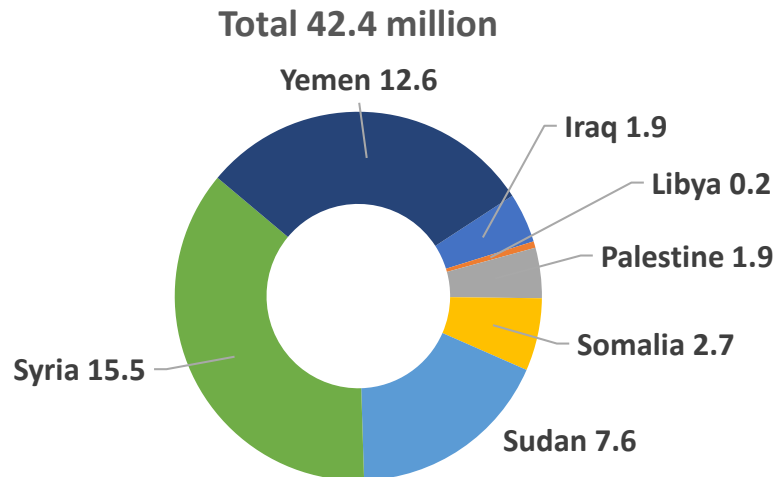
In Libya, much of the water infrastructure has been deliberately attacked by parties to the conflict. Iraq, the State of Palestine and the Syrian Arab Republic experience regular cuts to water and power supplies.

Figure 3. People in need of humanitarian assistance in conflict-affected Arab countries



Source: OCHA, Humanitarian Response Plan for Iraq (2020), Libya (2020), State of Palestine (2020), Somalia (2020), Sudan (2020), and Yemen (2019). Data for the Syrian Arab Republic is from: OCHA, Humanitarian Needs Overview, 2019.

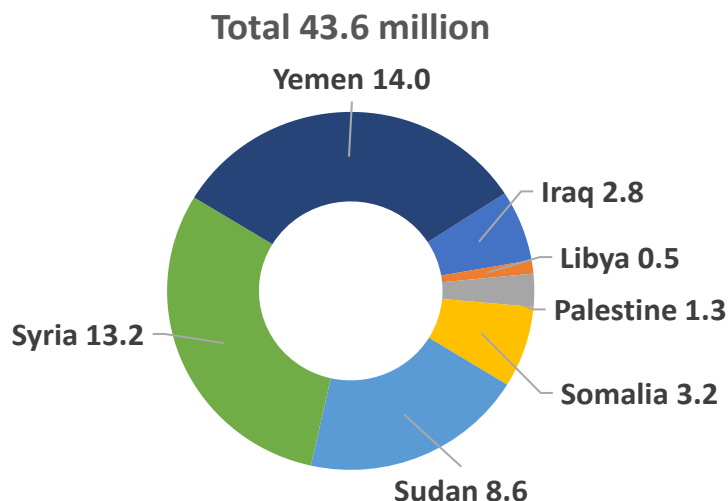
Figure 4. People in need of WASH assistance in conflict-affected Arab countries



Source: OCHA, Humanitarian Response Plan for Iraq (2020), Libya (2020), State of Palestine (2020), Somalia

(2020), Sudan (2020), and Yemen (2019). Data for the Syrian Arab Republic is from: OCHA, Humanitarian Needs Overview, 2019.

Figure 5. People in need of health assistance in conflict-affected Arab countries



Source: OCHA, Humanitarian Response Plan for Iraq (2020), Libya (2020), State of Palestine (2020), Somalia (2020), Sudan (2020), and Yemen (2019). Data for the Syrian Arab Republic is from: OCHA, Humanitarian Needs Overview, 2019.

Box 2. Natural disasters and climate change further exacerbate COVID-19 effects in the Sudan

The Sudan has experienced increased rainfall since July 2020, which has caused flooding across the country. Continued and intensified rain in September 2020 pushed the transitional Government to declare a three-month state of emergency. Over 500,000 people have been affected by the floods since July. The Blue Nile State has been most affected as the Bout Earth Dam in Tadamon collapsed, resulting in the flooding of at least 12 towns and the partial or total collapse of 100,000 homes, according. Poor drainage systems have led to stagnant water that poses multiple threats, including damaged roads and the spread of disease.

The already fragile health-care system has been strained further by flood damage or by the increase in waterborne and vector borne diseases, including cholera, dengue fever, rift valley fever and chikungunya. Affected by conflict and now suffering from widespread flooding, the Sudan is facing considerable challenges in containing the spread of COVID-19 and mitigating its repercussions. Access to clean water has been affected, with some 2,000 water sources contaminated or non-functional. Thousands have been displaced because of the floods, making it difficult to uphold social distancing measures. Moreover, damaged roads and infrastructure make it difficult for resources to reach certain communities and towns in desperate need of aid.

Source: OCHA, Sudan Situation Report. Available at <https://reliefweb.int/country/sdn>.

The pandemic struck at a time when conflict-affected Arab countries were already reeling from a series of structural challenges, especially inequality and socioeconomic deprivation. GDP in Yemen plummeted by 50 per cent between 2015 and 2019, and per capita income fell to a level not seen since 1960. In the Sudan, widespread unemployment, high inflation, and meagre safety nets have trapped the country in perpetual economic crisis. In the State of Palestine, Israel has blockaded the Gaza’s 2 million

residents since 2007, and severely restricted imports and exports. The blockade and the destruction resulting from successive military operations has led to de-development (GDP per capita is below its 1994 level), hyper-unemployment (45.5 per cent in the first quarter of 2020), and a prolonged humanitarian crisis.

The pandemic has exacerbated the economic situation in these conflict-affected countries. In the Syrian Arab Republic, where 8 in 10 people live below the poverty line,¹ the collapse of the Syrian pound has undermined Syrians' ability to afford food. Around 9.3 million Syrians are going hungry and another 2 million are at risk of a similar fate.² In the State of Palestine, the World Bank forecasts a contraction of 7.6 per cent and 13.6 per cent in real GDP and GDP per capita, respectively, in 2020.³ Yet, Israeli occupation measures have persisted despite the pandemic, including debilitating restrictions on the movement of people and goods and on access to services and resources, and demolitions of homes and other structures. Moreover, the global economic slowdown caused by the pandemic has drastically lowered the price of oil and is thus posing serious challenges to the Iraqi Government's budget, 90 per cent of which comes from oil revenue. These economic effects will be a long-term challenge if the international community does not intervene in the countries most affected by the pandemic.

In addition to increasing humanitarian needs, overwhelmed health and WASH systems, and stresses imposed by climate change on the region's productive natural resources and assets, conflict-affected Arab countries continue to suffer from a range of other structural challenges, including eroded social and institutional capacity, corrupt and fragmented governance, and large-scale disasters caused by the climate crisis. These vulnerabilities compound one another, and the pandemic is set to exacerbate these already dire conditions. For instance, the worst cholera outbreak ever recorded, ongoing in Yemen, is driven by flooding linked to climate change and the protracted conflict. In Gaza, the prolonged blockade has increased the population's vulnerability, while dependence on volatile oil markets in Iraq has undermined the State's capacity and bred corruption and distrust.

Box 3. Humanitarian development and the security sector

Conflict and polarized geopolitics have led countries to spend heavily on the security sector. Terrorism, non-State actors intervening across borders, and illicit crime networks are some factors that motivate countries to focus on security. Arms importation by Arab countries increased by 61 per cent between 2010 and 2019, comprising 35 per cent of total global arms imports over the past five years. The first and the third largest military importers in the world are Arab countries.

Heavy investment in the security sector is diverting scarce resources from socioeconomic development and capacity-building at the local and national levels, including efforts to combat COVID-19. Countries in conflict are more exposed than others to the many social and economic risks that the region is facing. Consequently, a cessation of all hostilities and the initiation of national peace dialogues are critical to limiting the humanitarian crisis.

Source: Stockholm International Peace Research Institute, USA and France dramatically increase major arms exports; Saudi Arabia is largest arms importer, says SIPRI, 2020. Available at www.sipri.org/media/press-release/2020/usa-and-france-dramatically-increase-major-arms-exports-saudi-arabia-largest-arms-importer-says..

¹ www.unocha.org/syrian-arab-republic/about-ocha-syria.

² <https://reliefweb.int/report/syrian-arab-republic/syria-crisis-hunger-spreading-amid-covid-and-economic-collapse>.

³ World Bank, Economic Monitoring Report to the Ad Hoc Liaison Committee, June 2020.

Table 5. Components of the INFORM Global Risk Index, 2020

Component	Iraq	Libya	Sudan	Syria	Yemen	Palestine	Somalia
Earthquake	5.4	1.9	0.1	7.8	2.1	5.2	1.6
Flood	9.5	2.6	8	5.2	4.8	1.8	7.5
Tsunami	0	7.3	0	5.6	5.5	5.6	8.1
Tropical Cyclone	0	0	0	0	0	0	1
Drought	3.3	5	6.9	7.2	2.6	0	10
Epidemic	6.8	3.1	6.1	5.4	6.9	4.4	6.3
Projected Conflict Risk	10	9.9	10	10	10	5.6	10
Current Highly Violent Conflict Intensity	10	10	9	10	10	7	10
Development & Deprivation	5.4	3.3	8.6	6.4	8.8	3.5	8.7
Inequality	3.9	2.3	5.1	7.3	6.5	2.2	10
Aid Dependency	1.6	1.6	0.6	10	6.2	8.1	8.4
Uprooted people	9.3	8.4	9.6	10	10	10	10
Other Vulnerable Groups	2.9	0.9	3.6	2.6	5.7	1	7.5
DRR	8.4	x	4.9	4.6	8.5	5.8	x
Governance	7.9	8.4	8.1	8.7	8.7	5.8	9.2
Communication	4.4	4.6	6.4	4.2	5.7	2.7	8.1
Physical infrastructure	3.5	3.3	8.3	2.7	7.2	0.3	7.8
Access to health care	5.9	3.4	5.9	6.3	7.4	0.3	9.2

Source: INFORM Global Risk Index 2020.

Note: Colours denote ascending scale of risk, with green representing a lower level of risk and red the highest level of risk.

As table 5 shows, the outlook of humanitarian risk in the seven Arab conflicted-affected countries is already bleak. They are more exposed to hazard events and increased vulnerabilities from high levels of conflict and displacement, and from eroding social and institutional capacity. In addition to high levels of violence and conflict, deficits in governance and development and increased socioeconomic deprivation are significant sources of risk exacerbated by the COVID-19 pandemic. Consequently, the pandemic coupled with the destabilizing dynamics of conflict pose an enormous threat of humanitarian catastrophe for populations living in situations of conflict.

II. Conflict trends in the Arab region

A. Call for a global ceasefire

The unbearable hardship facing communities as a result of conflict and the pandemic prompted the Secretary-General of the United Nations to appeal for a global ceasefire on 23 March 2020 – the first-ever such appeal in the 75-year history of the United Nations. Calls for a cessation of violence in the Arab region quickly followed suit. On 25 March 2020, the Secretary-General made a specific plea to the parties at war in Yemen to cease fighting and focus on combatting the pandemic. On 13 May 2020, the heads of seven United Nations agencies urged parties to the conflict in Libya to put down their arms, warning that the health and safety of the country’s entire population were at risk. After months of negotiations, the United Nations Security Council issued its first COVID-19-related resolution on 1 July 2020. In it, council members called for a humanitarian pause, lasting at least 90 days, to allow for medical and humanitarian assistance to be delivered without interference, including in Libya, the Syrian Arab Republic and Yemen. The stated purpose of these appeals is avowedly humanitarian, aiming to create a reprieve from fighting to enable lifesaving activities, such as aid delivery or disaster management.

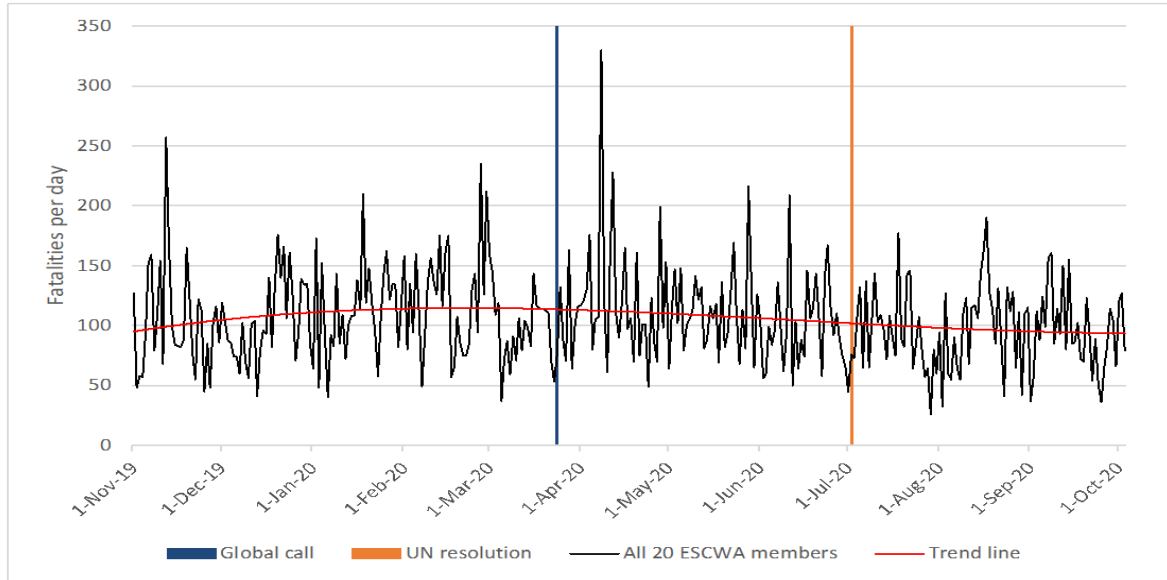
In theory, the call seeks to draw a distinction between immediate humanitarian needs and the broader political context, by calling for a specific form of humanitarian ceasefire directly related to the implications of the pandemic, in the hope that warring parties may agree to cooperate on an immediate humanitarian challenge even when broader cooperation or political negotiations are not possible. As the Secretary-General put it, there is right now only one pressing fight – our shared battle against COVID-19. Warring parties must therefore put armed conflict on lockdown and focus together on the true fight of our lives.

Despite the overwhelming logic of such calls to halt violence, if only temporarily, in the face of an unprecedented humanitarian emergency, attempts thus far to institute a ceasefire in the Arab region have not been successful. However, in October 2020, warring parties in Libya struck a peace agreement between five senior commanders from either side, laying the groundwork for a new political era in the country. On 9 November 2020, talks to draw up a blueprint for the future of Libya began in Tunisia.

B. Evolution of violent conflict in the Arab region

Despite the profoundly destabilizing effects of COVID-19, overall patterns of violent conflict in the Arab region have been largely unaffected by the pandemic. Figure 6 shows the number of conflict fatalities aggregated across all ESCWA countries in 2020 (updated through October), indicating that the overall trend in fatalities has remained constant. This, however, masks some important country-specific variations, which show violence increasing in several contexts. For country specific analysis please refer to the annex to the present document.

Figure 6. Fatalities in all ESCWA member States, 1 November 2019 – 1 October 2020



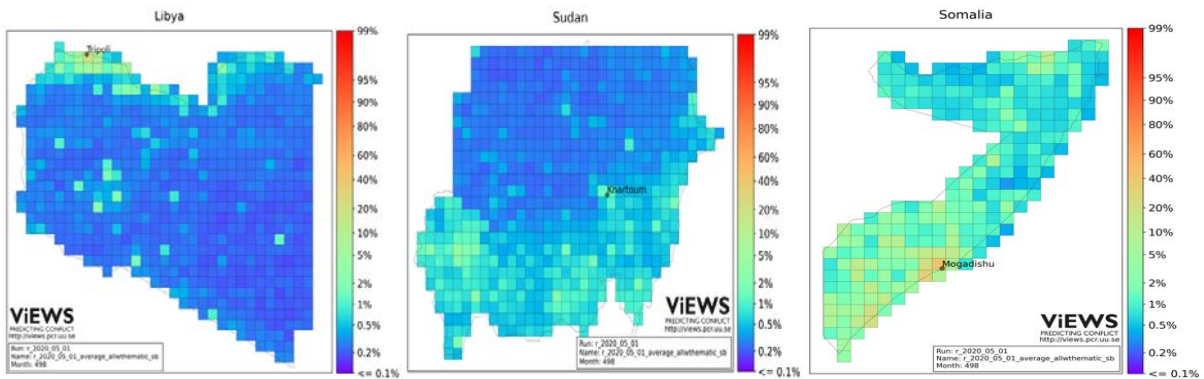
Source: ACLED and PRIO Corona Ceasefires dataset.

Note: The blue line indicates the trend in fatalities, and the vertical thick black line marks the date of the Secretary-General’s call for a global ceasefire.

C. Conflict outlook for 2021

Conflict forecasts do not inspire much confidence. The risk of internal armed conflict for Libya, the Sudan, and Somalia was estimated for the coming year using the Violence Early Warning System (ViEWS).⁴ Figure 7 shows the predicted probability of at least one fatality for June 2021 for each 50x50 square kilometre grid cell.

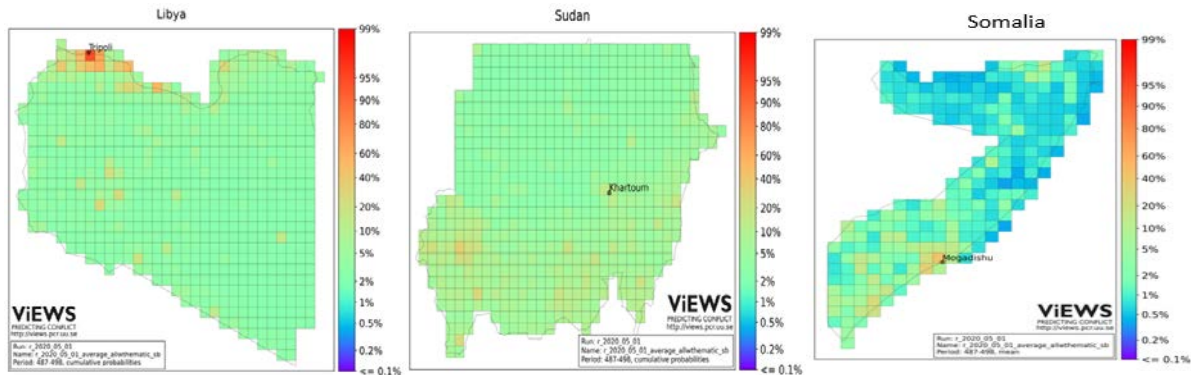
Figure 7. Predicted probability of internal armed conflict at the grid cell level for Libya, Sudan, and Somalia for June 2021



Source: ViEWS project forecasts.

⁴ ViEWS uses machine-learning techniques and a range of input factors relating to socioeconomic development, conflict history, demography, political institutions, and social unrest to predict the risk of internal armed conflict at the PRIO-GRID cell level.

Figure 8. Predicted probability of internal armed conflict at the grid cell level for Libya, Sudan, and Somalia, cumulative for the period July 2020 to June 2021



Source: ViEWS project forecasts.

While figure 7 only shows a single snapshot in time of June 2021, figure 8 shows the cumulative risk of seeing at least one battle related death in the grid cell from July 2020 to June 2021. As depicted, these countries have some risk, around 2% on average, of seeing at least one battle death over the period July 2020 to June 2021. Other areas, such as the northwest of Libya, the south of the Sudan, and the south of Somalia, especially the area around Mogadishu, have considerably higher risk. These forecasts indicate the likelihood of continued protracted conflict despite the pandemic.

D. Potential opportunities

‘Building back better’ in the region will require first and foremost the end of hostilities and violence. There can be no sustainable recovery without peace, nor can conflict-affected countries achieve such progress alone. Conflict dynamics in the region are driven and sustained in large part due to the interventions of both regional and international actors. The international community has a political role in encouraging and using its leverage to convince these actors to heed the call of the Secretary-General and the Security Council for a ceasefire, which would help alleviate the immediate humanitarian crisis and potentially create an opportunity for the sustainable political resolution of ongoing conflicts.

The international community needs to act immediately to help communities reduce the additional burden of the pandemic, through assets and knowledge-building based on a conflict-sensitive approach. Short-term coping mechanisms should be promoted and expanded to cover increased vulnerability. In-kind and cash food assistance are essential to improve food availability and accessibility. Livelihoods programming should be revised to address new realities. Focus on agriculture livelihoods should be encouraged to reduce food insecurity. WASH services are more important than ever as a humanitarian tool to deal with the pandemic. Community health structures should be empowered and supported to provide day-to-day health services and hygiene awareness. Access to affordable chronic and acute medicine for the most vulnerable needs to be improved to cope with the increased health burdens and reduced incomes caused by the pandemic.

The resolution of ongoing conflict is necessary to address the humanitarian catastrophe that the region is experiencing and will also unlock a development dividend, not least through the reallocation of military and defence expenditure to prioritize socioeconomic development, and support public institutions to provide essential health, education, water and sanitation services. This reallocation of

spending is essential to reduce the number of aid-dependent people in the Arab region, which currently stands at over 57 million.

Equally important is the need to strengthen the capacity of local and national institutions to address the impact of COVID-19, alongside the triple challenge posed by simultaneous humanitarian crisis, underdevelopment and conflict. A solid entry point would be to strengthen local and national actors in the management and prevention of risks that result from both human-made and natural disasters. Accordingly, greater investment from multilateral entities and donor countries in local and national capacity will enable countries to more effectively manage and prevent risk in a sustainable manner.

Furthermore, the primary recourse for divided societies is to enable a robust public sector that provides access to essential services in an inclusive, equitable and transparent manner. The framework of Sustainable Development Goal (SDG) 16 is a solid building block upon which public institutions and local governance should rest. It provides a critical roadmap to fight the pandemic, while also achieving peace and sustainable development. It is the ideal blueprint for enabling an effective public health response in fragile and conflict-affected countries, while mitigating the pandemic's lasting impact on the development trajectories of conflict-affected populations, thereby reducing the risk of further conflict.

A shift towards local peacebuilders and supporting them to play a more prominent role in mediation and conflict resolution could offer a sustainable solution for peacebuilding in light of COVID-19 and the strained geopolitical context. Given that most of the Arab region's conflicts have internationalized components, focusing peacebuilding efforts at the local level could help to break this strong foreign-domestic bond and mitigate international influence over local conflicts. Taking into consideration the humanitarian dimension, the following framework is suggested by the Humanitarian Policy Group to enable effective communication and community engagement:

- Crisis-affected populations can make decisions based on consistent, relevant and accurate information from sources they trust;
- They have channels to provide feedback to service providers on their evolving needs, preferences and concerns; and
- Those providers listen to this feedback and adapt their work as a result.⁵

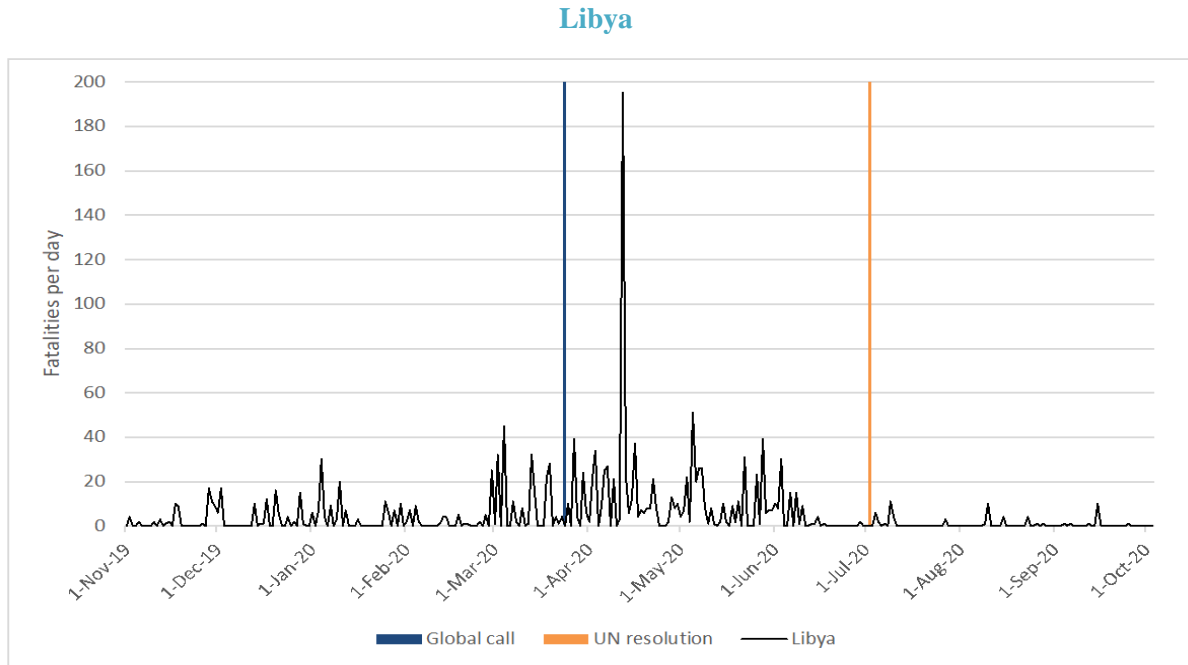
Conflict resolution and combating the pandemic require swift and coordinated global, regional and local action. Without such concerted intervention, violence will persist and the pandemic will continue to spread, thereby deteriorating the governance capacity and socioeconomic conditions of Arab conflict-affected countries. Furthermore, the compounding crisis will exacerbate the risks of violence and its transboundary impact on neighbouring countries. Significantly, the COVID-19-conflict nexus will also undermine the ability to confront other risks, such as climate change, water scarcity, and food insecurity.

While peace is the most critical element to reverse the impact of both conflict and non-conflict drivers of vulnerability, building local and national governance structures capable of mitigating different types of shocks such as pandemics, violence and socioeconomic hardship, is essential to the sustainability of a reconciliation process and establishment of peace.

⁵ Oliver Lough and Kerrie Holloway, "COVID-19: A watershed moment for collective approaches to community engagement? Briefing Note, Humanitarian Policy Group, July 2020. Available at www.odi.org/sites/odi.org.uk/files/resource-documents/covid-19_cce_briefing_note_web.pdf.

Annex
Trends in the seven conflict-affected Arab states

Figure A.1 Fatalities in Libya, 1 November 2019 – 01 October 2020



COVID-19 ceasefires have been declared, in one form or another, in Libya, the Sudan, the Syrian Arab Republic and Yemen. Libya provided one of the first hopeful examples, with both parties to the conflict welcoming the idea of a ceasefire on 21 March 2020 – two days before the Secretary-General issued his own appeal. However, less than a day later, battles resumed across the country, and have escalated since. As figure A.1 indicates, a short-term dip in violence was soon succeeded by a significant spike in fatalities. Civilian deaths rose by 172 per cent during the second quarter of 2020, compared with the first quarter.⁶ The conflict has significantly hampered efforts to combat the coronavirus. In March alone, humanitarian workers reported more than 850 access constraints.⁷ WHO has documented over 20 attacks on medical providers and facilities in Libya since the start of the pandemic.⁸ Rockets have repeatedly struck a hospital in Tripoli designated to receive COVID-19 patients, while fighting to the west has forced at least four hospitals to suspend services. As a result, the health system is teetering on the brink of total collapse owing to acute shortages of personnel, supplies and equipment. Around 75 per cent of the country’s primary health clinics are not functioning.⁹ Despite

⁶ www.un.org/press/en/2020/sc14243.doc.htm.

⁷ www.unocha.org/story/un-agencies-warn-covid-19-and-conflict-threaten-life-libya.

⁸ www.un.org/press/en/2020/sc14243.doc.htm.

⁹ <https://reliefweb.int/report/libya/libya-fighting-covid-19-times-conflict>.

the fallbacks and spikes of conflict, Libya is currently working on a plan for a new political era, following a peace deal struck by warring parties in October 2020.¹⁰

Figure A.2 Fatalities in Yemen, 1 November 2019 – 01 October 2020

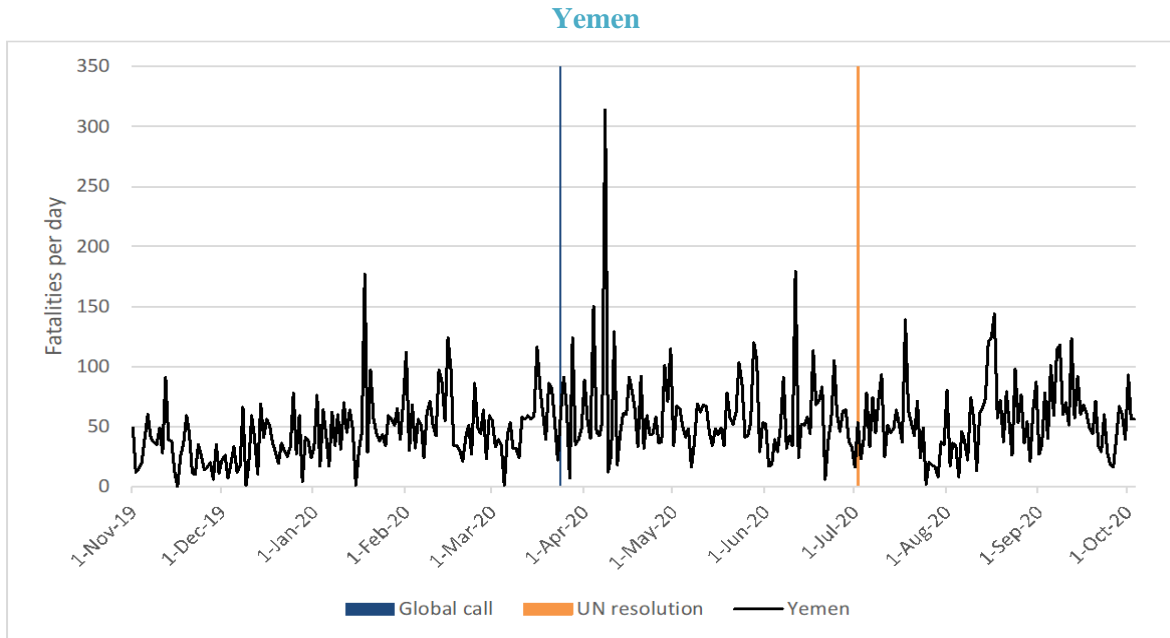
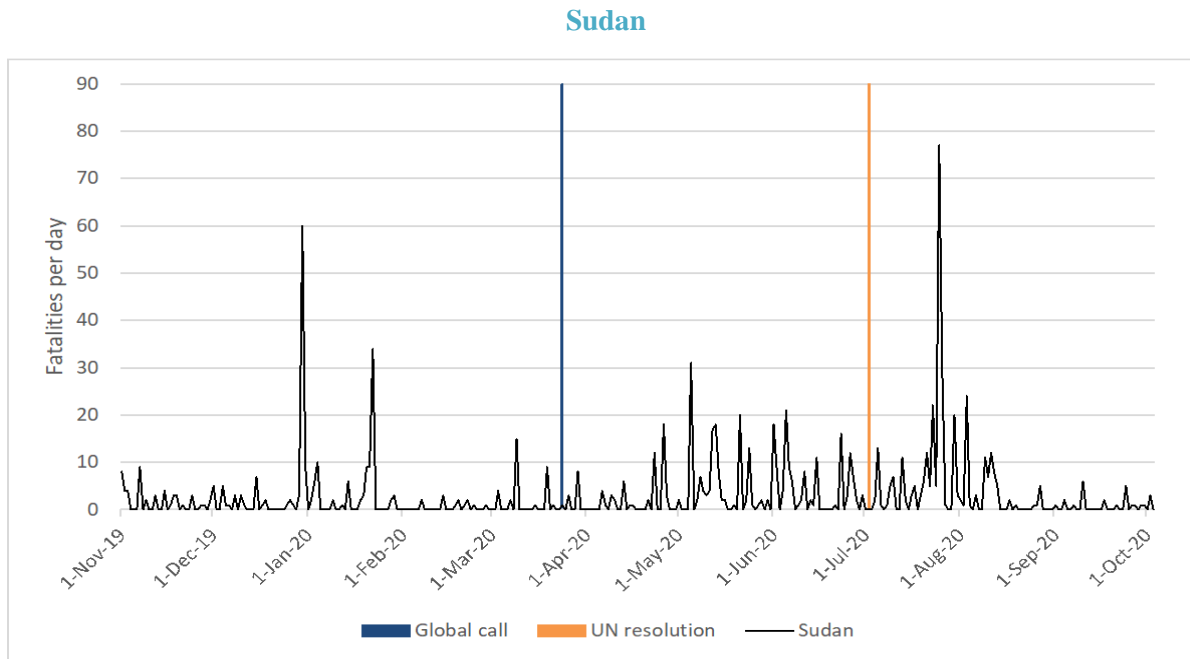


Figure A.3 Fatalities in Sudan, 1 November 2019 – 01 October 2020

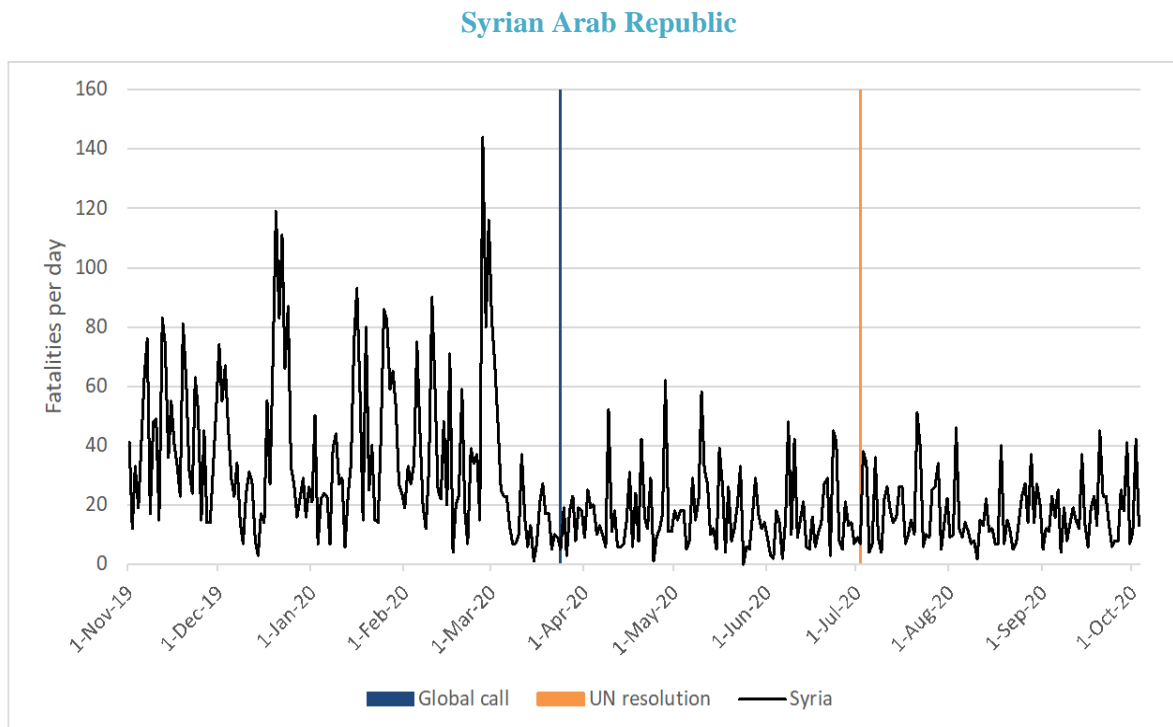


¹⁰ <https://news.un.org/en/story/2020/11/1077222>.

A similar dynamic is playing out in Yemen, as seen in figure A.2. On 25 March 2020, two days after the Secretary-General’s appeal, the two main opposing sides – the internationally-recognized government of President Abdrabbuh Mansur Hadi and the Ansar Allah – at first welcomed the United Nations call for a ceasefire. Less than a week later, fighting again escalated in Yemen. Similarly, in April 2020, Saudi Arabia, which backs the Hadi government in the conflict, announced a unilateral ceasefire. Nonetheless, the ceasefire appears to have had little effect on the violence. New frontlines have opened up, bringing the total number of battlefields in the country to 42.

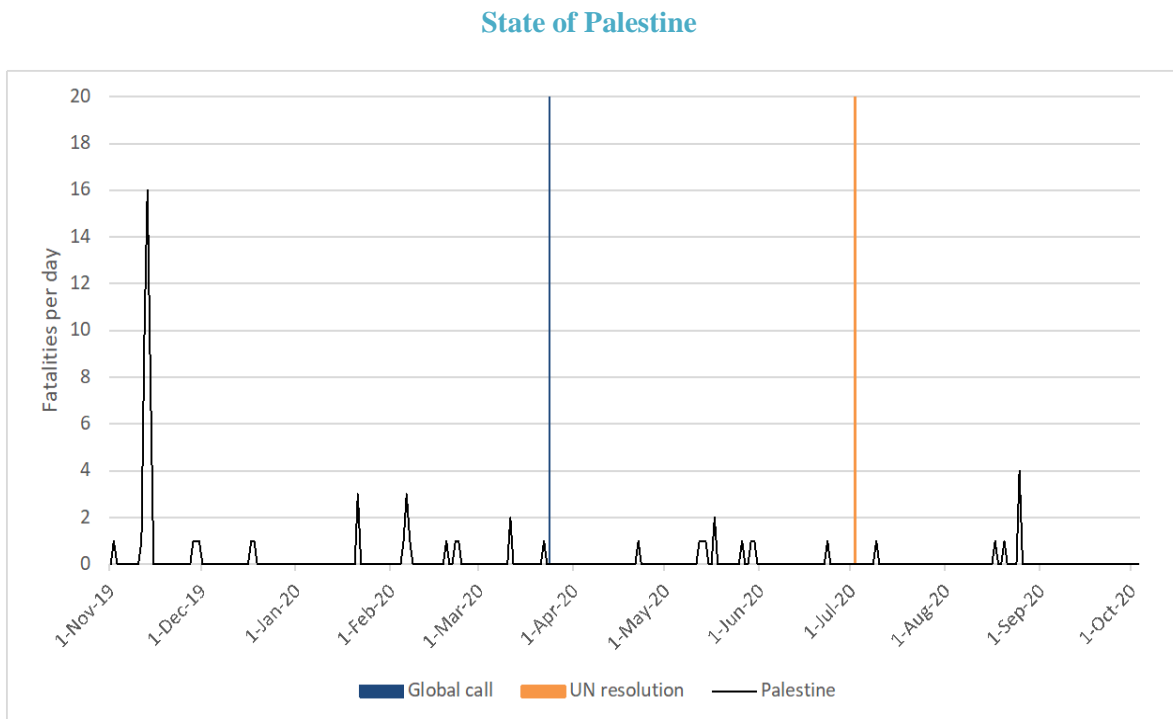
Prolonged and complicated peace negotiations have been ongoing in the Sudan since the overthrow of the Government in April 2019. The country is still ravaged by two active armed conflicts: one in the Darfur region, and another in the southern states of Southern Kordofan and the Blue Nile. In support of the peace process, the head of Sudan’s sovereign council, Abd al-Fattah al Burhan, declared a nationwide ceasefire on 16 October 2019, which was then extended in December 2019. After the Secretary-General’s call for a global ceasefire on 23 March 2020, and in view of the humanitarian crisis posed by the COVID-19 pandemic, groups from both conflicts expressed their support for the call, and reaffirmed commitment to the pre-existing ceasefire declared in 2019. On 1 April 2020, the Sudan People’s Liberation Movement-North, a group fighting in the states of Southern Kordofan and the Blue Nile, announced that it would extend its already ongoing ceasefire by three months. Similarly, the Sudan Liberation Movement fighting in Darfur also supported Secretary-General’s call for a ceasefire, although it reiterated its refusal to join the peace process in Juba. Nevertheless, these nominal ceasefires have seemingly had little effect on actual levels of violence. As indicated in figure A.3, fatalities from the fighting have increased since the ceasefire call was made.

Figure A.4 Fatalities in the Syrian Arab Republic, 1 November 2019 – 01 October 2020



Ceasefire announcements in the Syrian Arab Republic have had more success. Prior to the outbreak of the pandemic, the Russian Federation, the Syrian Arab Republic and Turkey agreed to a ceasefire in Idlib on 5 March 2020. The ceasefire has been described as fragile; although it seemed to be holding for the first few days, there are now almost daily reports of violations. Yet, as figure A.4 shows, there has been a clear reduction in overall violence since the Idlib ceasefire. A similar dynamic appears to be playing out in the northeast, where the Kurdish-led Syrian Democratic Forces (SDF) responded to the call for a ceasefire by indicating that they would put down their weapons and only act in self-defence. These promising but tenuous developments have not led to a nationwide ceasefire. However, violence levels in the country have been substantially lower since the Idlib ceasefire. The past three months have been the least violent in Syria since 2011.

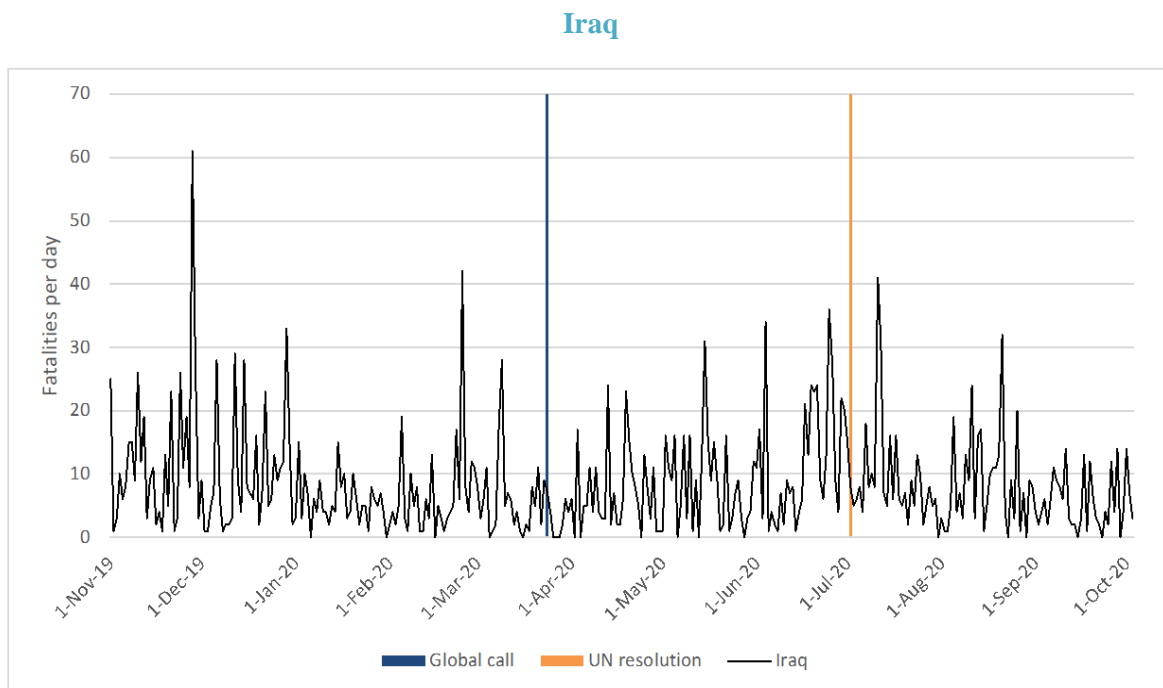
Figure A.5 Fatalities in the State of Palestine, 1 November 2019 – 01 October 2020



As shown in figure A.5, the number of fatalities resulting from fighting remains relatively low in the State of Palestine compared with the other Arab conflict-affected countries. Yet, the Gaza blockade remains in force since June 2007 despite the pandemic, as do movement restrictions in the West Bank. Initial stages of containment proved successful in Gaza, but COVID-19 cases spiked in August 2020 as curfews loosened and tensions rose between Hamas and Israel. In early August 2020, Hamas and other Palestinian factions resumed action against Israel, demanding they carry out the provisions of the 2018 ceasefire agreement. The agreement included increasing work permits for Palestinians to work outside Gaza, increasing export abilities, increasing fuel imports, and advancing infrastructure projects that included schools, health-care facilities, and water treatment plants. Israel retaliated with air raids and the shutting of the Kerem Shalom crossing from Israel into Gaza. The Israeli government also imposed a total ban on the entry of fuel into the strip on 13 August 2020, and closed the fishing zone off the Gazan coast in an apparent effort to persuade the armed factions in Gaza to desist. Following United Nations mediation, Israel again allowed for the passage of humanitarian aid on 27 August 2020. On 31

August 2020, United Nations mediators announced another ceasefire agreement between Israel and Hamas, which led Israel to lift fuel restrictions. These measures helped authorities in Gaza address the demands posed by the pandemic. However, to maintain peace between Israel and Gaza, the international community must address future blockades more efficiently.

Figure A.6 Fatalities in Iraq, 1 November 2019 – 01 October 2020



In Iraq, violence appears to have increased since the global call was made, as shown in figure A.6. This is against a background of public demonstrations against corruption, high unemployment and poor essential services. Almost three years after Iraqi military operations against the Islamic State (IS) ended, social and communal tensions persist. Recent months have witnessed a marked increase in IS-initiated attacks across Iraq. The threat of a resurgent IS is likely to fracture any progress towards social cohesion, and could result in further discrimination against IDPs and returnees perceived to be affiliated with terrorist groups.

Following decades of violence, poverty, natural disasters and political instability, Somalia is struggling to handle the compounding consequences of COVID-19, in addition to a locust crisis and flooding. In an effort to stay on track toward peacebuilding and state-building, the mandate of the United Nations Assistance Mission in Somalia (UNSOM) has been renewed until August 2021, and the international community has stepped up to support pandemic containment efforts. The COVID-19 response plan, supported by United Nations agencies and programmes, provides critical support including medical equipment, logistical support, technical expertise, and training of health workers. Furthermore, the World Food Programme has planned for the provision of two months' worth of food rations. In line with the global call for a ceasefire, reconciliation efforts have advanced in the Mudug Region of Somalia. Starting on 15 March 2020, peace talks facilitated by the Federal Government of Somalia, the Office of the National Security Advisor and the International Organization for Migration led to the signing of a

ceasefire between the hostile clans, stopping the bloodshed and saving lives. However, as shown in figure A.7, Somalia has had a more or less stable trajectory of conflict fatalities between November 2019 and September 2020, indicating that the call for a ceasefire has remained unheeded.

Figure A.7 Fatalities in Somalia, 1 November 2019 – 01 October 2020.

