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Building Back Better from Covid-19? What Follows for Peace, Governance and Equality

Robin Luckham and Becky Carter
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Authors: Robin Luckham and Becky Carter, Institute of Development Studies at the University of Sussex.

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SUMMARY

The Covid-19 pandemic is a massive public health and humanitarian crisis. At the same time, it is a crisis of governance, in which global, national and local governance institutions have been tested to their limits. This paper asks how the pandemic has impacted upon fragility, violent conflict and human rights. It suggests that it should be seen as an opportunity to do better, rather than the same or worse, on peace, governance and social equality. Doing better can only be achieved through cooperation, building on trust relationships emerging during the pandemic. Development partners can engage by: promoting state–civil society cooperation and resilience; encouraging human rights initiatives; supporting inclusive and effective institutions; and by supporting conflict prevention and peacebuilding. To have any chance of succeeding, their initiatives need to draw upon sound analysis and empirical understanding: of the pandemic itself; and of its wider change impacts.

Introduction

This paper begins by identifying the **main vectors of Covid-19-related change**, including the direct and secondary impacts of the pandemic itself, along with the wider political, economic and social conditions, which have shaped its course, skewed its impacts and determined who have been most at risk from its burdens. **The direct health and mortality impacts have been immense but are vastly underestimated in existing published sources, especially in the poorest, most fragile national contexts.** Even so, the countries and regions deemed most at risk from the spread of Covid-19 have so far had the lowest cumulative infection and mortality rates relative to their populations. Seemingly the full force of the health pandemic has not yet hit them, at least directly. That does not mean it will not do so. The precautionary principle advises that this risk should be anticipated and prepared for.

Meanwhile, **the secondary impacts of the pandemic may be even more damaging than its primary impacts**. First among these are the global economic dislocations stemming from Covid-19, together with impacts of these on weak national economies already vulnerable to external shocks: disrupted supply chains; reduced export earnings and tourist revenues; fiscal squeezes; heavy debt burdens; and the impacts of all of these on under-resourced health systems and endemic poverty. **Compounding the economic dislocations are the shifting configurations of political power, which complicate international responses to the pandemic and arguably reinforce existing trends towards fragility and authoritarianism.** The pandemic has seen a veritable explosion of information, but also of misinformation, unleashing multiple struggles to control the narrative. Wealth, power and information connect and reinforce deep-rooted, intersecting inequalities and exclusions, national and international, which shape the incidence of the disease and distribute its risks unequally between rich and poor.

The paper considers the impacts of these Covid-19 vectors of change in the developing South, especially in fragile and conflict-affected contexts. **Recent analysis of fragility has shifted from a specific focus on the fragility of states towards a broader conceptualisation of multiple political, security, economic, environmental and societal fragilities, which include risks to public health.** The public health crises triggered by Covid-19 potentially feed into the political ruptures that weaken public authority, break states and lead to violent conflicts. So far, direct Covid-19-related mortality in all except two of the Organisation for Economic Co-operation and Development (OECD)'s 40 most fragile contexts remains well below the global average. Nevertheless, all of them in their different ways suffer the secondary economic and political impacts. Moreover, there are complex relationships to other dimensions of fragility, including climate change – the other pressing issue of our times.

What of the impacts of Covid-19 on the rising tides of authoritarianism, violent conflict and human rights violations? In each case, the pandemic has built upon and reshaped existing trends, rather than initiating new ones. There is little evidence so far that the pandemic has triggered the creation of new autocracies, nor that it has initiated new cycles of violent conflict. However, major restrictions have been introduced on rights and freedoms: in autocracies, in democracies and

in the many political systems which fall somewhere in between. In many cases, these restrictions have gone well beyond what is required to bring the pandemic under control, consolidating already harsh practices of authoritarian governance.

There has also been public backlash against restrictions, some of it divisive, as with anti-vaccine protests, but some of it identifying real abuses and demanding greater accountability. In the best cases, judicial bodies and civil society actors have kept abuses in check and acted to protect vulnerable people and groups. It was hoped at the outset of the pandemic that spaces for conflict resolution and peacebuilding might be opened, since all sides have an interest in mitigating shared pandemic risks. But to a large extent these hopes have gone unrealised.

Far from being 'the great leveller', the Covid-19 pandemic has exacerbated inequalities everywhere. Social inequalities, discrimination and exclusion have heightened the exposure of vulnerable groups to the pandemic, left them out from pandemic responses, and exposed them to other protection hazards, including violence. Gender, religious, ethnic, caste, class, disability and other exclusions have intersected. The everyday burdens of the pandemic have been especially heavy in geographical pockets of fragility and exclusion, for instance in urban informal settlements, marginalised rural peripheries or in conflict zones. Violence against women and girls has inflicted a 'shadow pandemic'. Covid-19 has worsened the plight of displaced communities. And it has made it harder for humanitarian organisations to meet marginalised and displaced people's compound health, economic and other needs.

At the same time, **local pockets of resilience and cooperation have emerged in response to the pandemic**. Even where civic space has been narrowed – for instance in conflict zones – grass-roots, community and women's organisations have remained active in voicing concerns, and in delivering needed services for vulnerable people and communities. Moreover, there are examples of local action being scaled up and of horizontal partnerships being forged within and across national boundaries to address common needs – as well as pertinent instances of state–civil society cooperation to deal with particular problems, such as the monitoring of Covid-19 relief funds in Mozambique.

In sum, **there are critical challenges – and some opportunities – in building back from Covid-19**. Key entry points for donors to support both fragility, conflict and human rights (FCHR) and peace, governance and (gender) equality (PGE) objectives include:

- **Donor Covid-19 'build back better' agendas need to be guided by the Sustainable Development Goals (SDG) framework.**
- Achieving the SDGs requires **a reinvigorated 'push' to build international support for, and to ensure effective collective action around, FCHR agendas**.
- Governance for building back better should prioritise interventions that **support effective and inclusive institutions that can mitigate the impacts of crises, in particular for the most vulnerable and marginalised people**.
- **FCHR responses to Covid-19 will require close scrutiny of how best to support rights-based approaches, especially but not only in authoritarian and conflict contexts.**
- **Integrated support for peacebuilding is a vital yet neglected aspect of building back better from Covid-19.**
- Building back better from Covid-19 is an **opportunity to support community-led initiatives and civil society activism** that have flourished in many places during the pandemic.
- There is a strong case for **'transformational' agendas, that seek to address the systemic social inequalities exposed by the pandemic**.
- Donors cannot shirk the political difficulties of achieving these objectives in an divided and unequal Covid-19 world. Changes come with risks, and require **new ways of working, including broadly based alliances with empowered local, as well as national and global, actors**.

1 Covid-19 presents opportunity as well as crisis

Covid-19 has induced multiple shocks, reverberating at all levels of the world we live in. It can be regarded as a grim natural experiment: a prism through which the systemic failings (and sometimes strengths) of global, national and local institutions have come into focus. The pandemic is global, shaped by the ongoing dynamics of power, geopolitics, capitalist production, knowledge, science and information. It has triggered national and local crises and responses, translating global dislocations into country-level risk factors and local deprivations. At the same time, it has challenged prevailing conceptions of vulnerability, of how changes happen, and thus of development (Leach *et al.* 2021)

Covid-19 is to a major extent a governance issue. The unfolding of the pandemic has been shaped as much if not more by the policy responses to it, as by the enormity of the pandemic itself. Making policy and crafting interventions in conditions of a rapid-onset emergency has proved to be enormously complex and difficult. This is due in part to radical uncertainty and incomplete information, about the pandemic itself, about its sources and impacts, and thus about the effectiveness (or not) of policy interventions. It is too early for definitive answers about which policy interventions work well and which do not. But there are all too many examples of bad practice, when interventions have been avoided, delayed, or bent out of shape by authoritarian populism, corruption, vested interests or bad governance. These failings are by no means confined to fragile or authoritarian states. Some of the allegedly best prepared national public health systems have come close to collapse. Major democracies in the industrial North as well as the developing South have been found wanting, to such an extent as to bring into question the distinctions between fragile and non-fragile systems, and democratic and non-democratic governance.

It is in this context that we explore **the relationships between Covid-19, fragility, authoritarianism, violent conflict and human rights**. The definition of 'fragility' spelt out in Box 1 recasts the OECD's formulation (OECD 2020b) in simpler language to emphasise the fragility of the bonds binding states and societies,[1] put to the test by the pandemic. The definition of 'conflict' places violence centre stage and includes state as well as insurgent deployment of violence. The characterisation of human rights articulates a broader view of rights than just political and civil liberties, even though the latter

Box 1. Key concepts

- **'Fragility'** exists where the social contracts, which bind states, societies and citizens, are breaking apart under the stress of political crises, security challenges, economic shocks, or existential risks like health pandemics, famines and climate change.
- **'Violent conflict'.** Conflict happens when social actors have incompatible goals and/or interests. It is a normal feature of all political systems. It becomes violent conflict only when social actors are unwilling or unable to resolve differences through dialogue, negotiation, and compromise, and resort instead to force. (States are both arbiters of and participants in violent conflict; they both limit violence and they deploy it.)
- **'Human rights'** are entitlements that belong to all people to enjoy as human beings and as citizens. Such entitlements include both civil and political rights (like freedom of speech, freedom of movement, freedom from arbitrary arrest, equal treatment before the law) and social and economic rights (like rights to health, education, food, livelihoods, gender equity).

1 See Luckham (2021) for a recent analysis and critique of the OECD's approach to fragility. The latter has shifted from the previous focus on state fragility towards a broader conceptualisation of multiple political, security, economic, environmental and societal fragilities, which include risks to public health. But more empirical precision is required about how – if at all – these fragilities are causally linked, or if indeed they work in different directions or even clash. Despite the shift from state-focused to a wider array of fragilities, the unit of analysis for the measurement of these fragilities has still to a large extent remained the nation state. Moreover, there is a danger that too much focus on fragility may result in other key issues being overlooked, notably the presence and legacies of major inequalities in power, information, status and wealth. More attention needs to be given as well to how international and national fragilities reinforce each other and in turn impact on the insecurities faced by local communities and people.

Box 2. Titmuss: The gift relationship

A half century ago the sociologist Richard Titmuss used the example of blood donation to develop a wider argument about the importance for modern societies of acts of altruism towards 'strangers' (fellow citizens or fellow human beings) that are neither directly enjoined by the state, nor purely dependent on personal relationships, nor driven by the market. The argument was in part a moral one; but it was also empirical. Collective action to resolve shared problems, such as the need for adequate supplies of healthy blood, was more likely succeed if based on altruism, mutual trust, and solidarity. In particular, systems of voluntary blood donation were demonstrably superior, both quantitatively and qualitatively, to the exchange of blood in expectation of monetary reward.

Source: Titmuss (2019, first published 1970).

remain important, not least because they influence how other rights are exercised. The right to health is one such right. Furthermore, any consideration of the impacts of Covid-19 on rights should factor in how and by whom pandemic measures have been framed, legitimised and enforced.

The relationships between Covid-19, fragility, violent conflict and human rights are inevitably plagued by major questions of evidence and causality. What we do not know, exceeds what we do know by considerable margins, and this needs to be properly acknowledged. Covid-19 can be seen as an exogenous shock that potentially worsens fragility, authoritarianism, violent conflict and human rights. But all of the latter conversely influence how the pandemic plays out in specific national and regional contexts. The relationships tend to be reciprocal and multivariate.

Furthermore, changes attributed to Covid-19, for instance towards increased authoritarianism, may be no more than a continuation of existing trends, which are largely driven by other causes. It is too early for definitive answers, and data challenges are formidable[2] (both pre-Covid and exacerbated by virus containment policies). Any conclusions drawn will inevitably be modest.

The question of social equity and inclusion will be a major concern throughout this paper. Who benefits and who loses from the pandemic? Identifying and tackling the main inequalities and exclusions, between countries and within them between marginalised regions, groups and communities, is a priority in its own right. It also has major implications for how the spread of Covid-19 is contained and for mitigating its impacts on those most at risk.

The Covid-19 pandemic can be seen as an opportunity to build back better, as well as it being a crisis. By exposing the cracks and fissures in the existing structures of power and profit, it can help to identify where changes are most needed, how they might be brought about, and who might emerge as agents of change. Nothing is guaranteed, and in an unequal and dysfunctional world, there is also a serious risk of building back much the same or building back worse. At the very minimum, development policy and practice should aim to counteract any backsliding from existing gains in democracy, rights, human security and building peace.

More positively, **existing responses to the pandemic already point the way towards more transformative possibilities**:

- First, by demonstrating the importance of altruism, mutuality and of networks of solidarity (what Titmuss called the gift relationship[3] – see Box 2) at many different levels: for instance, the sharing of scientific findings about the virus by scientists, sometimes at personal risk to themselves; the widespread acceptance by citizens that they have responsibilities towards others, for example by wearing face-coverings and self-isolating; or the idea that vaccines need to be shared internationally, not least to protect against the emergence of new variants.

- Second, there has been an apparent if faltering reinvigoration of the public sphere and of the social contract between states and citizens, because legitimacy and trust in public authority are seen as prerequisites for effective public health measures.

2 Consequently, this report has relied to a considerable extent on research produced by organisations with in-country embedded presence (such as UN humanitarian actors, NGOs such as the Mo Ibrahim Foundation and Mercy Corps, human rights organisations such as Human Rights Watch), as well as research institutes undertaking qualitative studies (such as Anderson *et al.* 2021; Howard *et al.* 2021; Wickenden *et al.* 2021), and existing evidence reviews (such as Herbert and Marquette 2021).

3 Titmuss (2019, first published 1970).

- Third, by highlighting the importance of rapid, effective collective action, internationally and within national and local boundaries.

Yet these transformative possibilities are in danger of evaporating as the pandemic continues. Policy responses to it have been compromised by abuses of power, distributional inequities, the breakdown of networks, increased distrust and the fragmentation of action. In order to build back better not worse, national governments must be persuaded to move beyond electoral advantage and narrow national and corporate interests. To push governments into action, new and more inclusive forms of political and social mobilisation must be found, new channels of information and communication must be opened, and new ways of thinking about the entitlements and responsibilities of citizens must emerge. All of this will inevitably challenge vested interests and consequently be resisted.

The policy entry points for donor agencies and their development partners will be hard to identify, all the more because the processes of change are unruly and unlikely to follow pre-arranged scripts.

2 The principal vectors of Covid-19-induced change

- The 'silent dead': direct impacts of Covid-19 on disease and mortality in weak, underfunded health systems, on care provision and on safety nets
- The changing structure and distribution of Covid-19-related risks between and within national contexts
- The global economic dislocations resulting from Covid-19, together with the impacts of these dislocations on national and local economies already vulnerable to external shocks
- Securitisation and the shifting configurations of power, challenging governance structures worldwide and tipping them towards fragility and authoritarianism
- The media infodemic and struggles to control the narrative
- How Covid-19 has reinforced inequalities in power and wealth, globally and nationally, exacerbating entrenched social exclusions and intersecting inequalities

The pandemic has been described as **a grey swan event**. Not a black swan, because it was not unexpected. Not a white swan either because its precise nature and timing were not predicted in advance. Moreover, it has not yet run its full course, especially in the poorest and most imperilled countries and regions.

However, there is little doubt that **Covid-19 has transformed and will continue to transform the world we inhabit**. It is no surprise that the spread and impacts of the pandemic reflect the major inequalities between poor and rich countries. The poorest countries are more exposed to the risks of impoverishment, population displacement, social upheaval and disease. Their already weak and under-resourced public health systems are coming under severe pressure. Acute and in many cases continuing shortages of vaccines make them especially reliant upon lockdowns and other non-pharmaceutical interventions (NPIs), often in situations where the latter may be harshly imposed and ineffective. This matters greatly because **the right to health is a fundamental human right, health provision is part of the social contract between states and citizens, and health deficits are built into most definitions of fragility**.

But we still do not know enough about **the change trajectory of Covid-19**, or its risks and burdens. And we still have much to learn about how it bears upon those most at risk, especially in fragile situations, in marginalised localities and among excluded groups.

Six vectors of Covid-19-related change are considered in this section. They include both the direct and the indirect impacts of Covid-19; along with the wider political, economic and social conditions which shape the course of the pandemic, skew its impacts, and determine who most suffers

its burdens. Some are better understood than others. The causal relationships among them are complex and often reciprocal. In some instances, Covid-19 has a direct impact all of its own; in others it reinforces existing trends; and in other cases it has little or no independent effect.

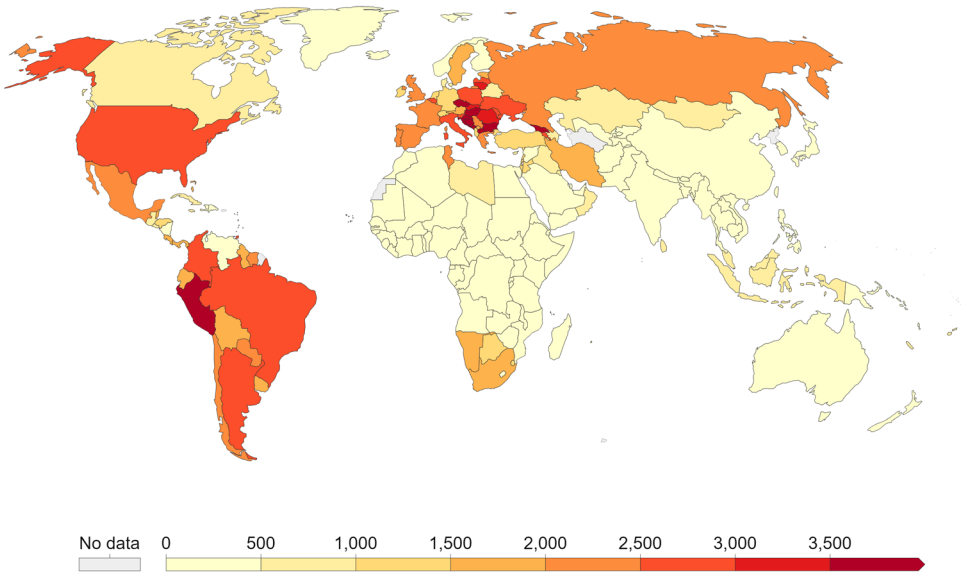
2.1 The 'silent dead': direct impacts of Covid-19 on disease and mortality in weak, underfunded health systems, on care provision and on safety nets

Covid-19, along with mitigating measures, have disrupted health service supply chains and diverted already overstretched health resources, especially in low- and middle-income countries with already substantial disease burdens and historically weak health service provision and access (Inzaule *et al.* 2021).

In addition, there are major impacts on many other areas of public health including child immunisations; tuberculosis (TB), HIV and malaria prevention, testing and treatment; reproductive health services; and nutrition services (Hrynick *et al.* 2020;[4] The Global Fund 2021[5]).

There is little dispute that a major public health crisis is in progress both worldwide and in poor and fragile contexts, which is putting the health and lives of millions at risk. But **we still do not know enough about the dimensions of this crisis, especially in the poorest and most conflict-torn countries**, where analysis is beset by immense information and data gaps. An uncritical reading of the published estimates might seem to support the misleading claim that Covid-19 is primarily a rich and middle-income disease, whose worst impacts are geographically confined mostly to Europe, North America and middle-income countries in Latin America (see Figure 1).

Figure 1. Cumulative confirmed Covid-19 deaths per million people, 13 February 2022



Note: For some countries the number of confirmed deaths is much lower than the true number of deaths. This is because of limited testing and challenges in the attribution of the cause of death.
Source: Johns Hopkins University, JHU CSSE COVID-19 Data, made available by Our World in Data, CC-BY-4.0.

4 Hrynick *et al.* (2020: 3, with original footnotes removed) reported that '[p]redictive modelling of broader health impacts suggest the world could see an additional 1.2 million (mostly preventable) child deaths, nearly 57 thousand additional maternal deaths, 1.4 million additional deaths to TB, a doubling of malaria cases in Africa, and decreases in life expectancy for people with [non-communicable diseases] among other impacts'.

5 Spot checks by The Global Fund (2021: 17) across 502 health facilities in 32 countries (24 in Africa, seven in Asia, and also in Ukraine) have highlighted the pandemic's 'devastating impact on the continuity of HIV, TB and malaria services between April and September 2020'. Across all the facilities surveyed there was a fall in HIV testing by 41 per cent and TB referrals by 59 per cent in Q2/3 in 2020 compared with Q2/3 in 2019. Across surveyed facilities in the seven countries in Asia, malaria diagnoses fell by 56 per cent and malaria treatment services by 59 per cent. Meanwhile, '[a]ntenatal care first visits (ANC1) fell by 5% across Africa, and by a staggering 66% across facilities surveyed in seven countries across Asia' and '[f]acilities across Africa experienced a decrease of 23% in consultations for under-5 services in 2020 relative to 2019, while in seven countries across Asia these services fell 74%' (*ibid.*: 4).

Published estimates significantly understate Covid-19 cases and morbidity both worldwide and in the great majority of national cases. Excess deaths above those projected from pre-Covid-19 population estimates are generally regarded as more reliable. According to an authoritative database (Karlinsky and Kobak 2021),[6] the global death toll from Covid-19 has been at least 40 per cent higher than recorded figures, probably more since the database does not cover many of the poorest countries. National excess mortality estimates[7] are not available for the majority of countries in South Asia (including India), South-East Asia, the Middle East and North and sub-Saharan Africa. The Mo Ibrahim Foundation (2021: 17) observes that in Africa a key constraint for calculating excess deaths is that only eight African countries[8] have a universal death registration system. South Africa is the only country in sub-Saharan Africa where excess mortality has been estimated, exceeding the recorded figures by at least 30 per cent (Karlinsky and Kobak 2021: 7). There exist no excess mortality estimates for any of the OECD's 20 most fragile contexts.

To fill this gap, *The Economist* has built a machine-learning model, using governments' official excess death numbers when and where available and the model's estimates in all other cases. Where the data are least certain, the confidence interval is widest. According to its estimates, Covid-19-related excess deaths in Africa may have been from four to over 11 times higher than suggested by official reports (the wide range given shows how little data there are, and how uncertain the estimates are as a result) (*The Economist* 2022). The disparities between excess deaths and official estimates are almost as wide in Asia. But even when due allowance is made for underestimation, it appears that the cumulative excess Covid-19-related deaths per million in both Africa and Asia are below those of other regions, most notably Latin America, so far the worst affected in the developing South.

Detailed reporting from donor agencies and NGOs working in poor and fragile contexts also suggests that the pandemic has spread more widely than the statistical aggregates suggest.[9] In March 2021, the Disasters Emergency Committee (DEC 2021) carried out a survey of DEC charities, UN and local partner staff in Yemen and Syria in the Middle East; Somalia, South Sudan and the Democratic Republic of Congo (DRC) in Africa; Afghanistan in Asia – and the Rohingya refugee camps in Bangladesh. Almost all respondents (98 per cent) 'agreed that the pandemic had worsened the humanitarian crisis in their respective countries, with three quarters (73%) saying it is the worst it has been in the last 10 years' (*ibid.*). DEC stress that Covid-19 cases in these contexts are 'substantially underreported due to lack of data, stigma and fear' (*ibid.*). There are reports of the 'silent dead' in several countries (e.g. in Papua New Guinea (Nicholas 2021)), which are seeing high numbers of deaths that are not reflected in the official Covid-19 data.

2.2 The changing structure and distribution of Covid-19-related risks between and within national contexts

A comprehensive mapping exercise by the INFORM COVID-19 Risk Index based on multiple indicators[10] has highlighted the poorest countries, the majority of which are in sub-Saharan Africa, most imperilled by the pandemic (see Figure 2). But comparison with the mappings of confirmed Covid-19 morbidity rates in Figure 1 reveals an apparent paradox. The countries with the highest rates of infection and morbidity (and the highest proportions of the population vaccinated) have so far been rich and middle-income countries (including with a few notable exceptions almost all the world's major democracies). The countries deemed most at risk on indicators of fragility, weak health systems, low governance capacity, and lack of resources, etc. have (so far) tended to escape the worst ravages of the pandemic, if only according to published figures. The same contrast appears when one looks at individual countries within each region. The highest infection and mortality rates in Africa, for instance, are to be found in the more prosperous countries

6 On which *Our World in Data*'s excess mortality figures are based (Giattino *et al.* 2021).

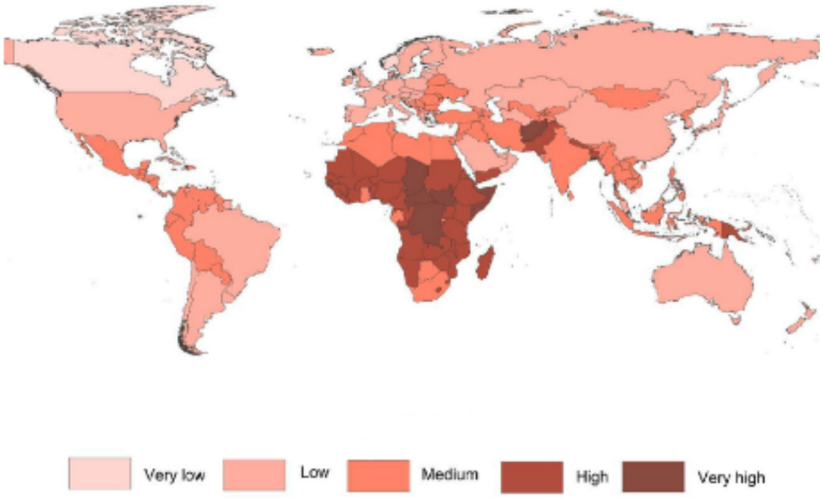
7 Although there are sub-national estimates for a number of cities and regions in these countries.

8 Algeria, Cabo Verde, Egypt, Mauritius, São Tomé and Príncipe, Seychelles, South Africa and Tunisia (Mo Ibrahim Foundation 2021: 17).

9 See, for instance, the careful compilation of evidence on Africa by the Mo Ibrahim Foundation (2021), which paints a more rounded picture, as well as SDC's own compilation of views and evidence from its field offices (SDC n.d.).

10 The indicators are set out in the INFORM COVID-19 Risk Index, which aims to identify 'countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity, and therefore lead to a need for additional international assistance' (Poljansek *et al.* 2020: 3). The indicators, all based on data immediately prior to the pandemic, include criteria on hazard and exposure (such as population density, household size, percentage of population living in urban areas and slums, and water, sanitation and hygiene); vulnerability (such as movement, behaviour, comorbidities, socioeconomic deprivation and vertical and horizontal inequality); and lack of coping capacity (including health, governance and infrastructure) (*ibid.*: 8–10).

Figure 2. Regions and countries most at risk from Covid-19 according to INFORM COVID-19 Risk Index, 2020



Source: Poljansek *et al*. (2020: 10, Figure 1). © European Union 2020, CC-BY-4.0.

and in the better governed democracies, such as South Africa, Botswana and Tunisia (Johns Hopkins University JHU CSSE COVID-19 Data, 2022a, b).[11]

Part of this contrast is down to the immense data gaps in the poorest, most fragile countries and regions already referred to. But these data gaps can only be part of the story.[12] The demographic make-up of poorer countries, which have much larger proportions of young people in their populations, has also been cited as a factor bringing the numbers down, although this may be of diminishing importance as new variants spread. Some of the poorest countries may have been spared because they are less interconnected globally and nationally, although this can only offer them temporary relief.

There has also been a tendency to underestimate the pandemic responses of governments in the developing South along with the resilience and coping capacity of their health systems and of their grass-roots institutions. The Mo Ibrahim Foundation (2021: 29) points out that 21 African countries introduced comprehensive contact-tracing before their first hundred confirmed cases,[13] in many cases building on best practices established during previous outbreaks of Ebola and Lassi. By mid-April 2020, 48 African countries had introduced five or more stringent Public Health and Social Measures (PHSMs), although only 36 still had them in place at the end of the year, despite an increase in cases. The first wave of the pandemic hit Africa later and was milder than in Europe, the second was significantly stronger, and a few countries were already into a third wave (*ibid*.: 15).

But even if (arguably) it is poor people in middle-income and rich countries who have so far borne the major brunt of infection and mortality, rather than those in the poorest, most fragile contexts, that is only the beginning of the story. **There may well be further major crises in the making as the pandemic spreads into regions, countries and localities it has so far left relatively untouched**, especially those (like the great majority of African countries) where only tiny fractions of their populations have been vaccinated to date. **The precautionary principle advises preparation for future, not just present, risks; and these future risks are substantial and still growing.** Moreover, the vectors of Covid-19-induced change include not just the direct health impacts, but also the secondary economic and political shocks, whose damaging impacts upon the poorest and most fragile countries are already being felt.

11 Libya is the only truly fragile country in Africa with high measured rates of infection and morbidity.

12 For further discussion of what they term the 'Africa paradox' of low measured morbidity (though it is not confined solely to Africa), see MacGregor *et al*. (2022: 3–5)

13 Compared with only 14 EU countries that did so before their first hundred cases.

2.3 The global economic dislocations resulting from Covid-19, together with the impacts of these dislocations on national and local economies already vulnerable to external shocks

The contraction of the major industrial economies and shrinking demand have brought even deeper reductions in trade flows and economic activity in poorer countries, whose economic recovery has been slower and weaker. Supply chains have been disrupted. Debt burdens, already high, have increased. Shortfalls in government revenues have impacted on the legitimacy of states and on their capacity to cope with the pandemic and with other challenges such as large-scale impoverishment and population displacement. Official development assistance and remittances, which help to keep many poor countries afloat, are not enough to protect them from the full impacts of the pandemic. Added to these are the economic impacts of lockdowns, travel restrictions and border closures on already weak economies.

In Africa, according to the Mo Ibrahim Foundation (2021: 142–4), the pandemic has laid bare the 'vulnerabilities in the trade structures underpinning Africa's growth model. Many African countries occupy positions at the start and at the end of global supply chains' due to their reliance on primary commodity exports, and on imports of essential goods, from food to pharmaceuticals. The global economic shutdown has led to negative growth in the continent's real GDP for the first time in 30 years, with concomitant impacts on government revenues, health spending, unemployment, poverty and food insecurity (*ibid.*: 130), although these impacts have been unevenly spread between countries and sectors.

Full analysis of these economic dislocations is beyond the scope of this paper. Some indication of their potential impacts is provided by a recent analysis using World Bank data of the projected increases in the number of people living in extreme poverty compared to previous trends (Mahler *et al.* 2021: see the trendlines in Appendix 2). According to these projections, **the pandemic will significantly reverse previous poverty reduction in the world as a whole**: in sub-Saharan Africa it will transform small rises in the numbers of extremely poor people into much larger numbers pushed into extreme poverty.

These are just the projected direct economic impacts on poverty. **In addition, the tectonic plates of the world economy have been shifting** (Tooze 2021), partly in response to the pandemic, accelerating wider structural trends, some negative, others more positive: deepening existing and creating new inequalities; shifting the balance between governments and large corporations, including pharmaceutical and media companies; boosting the information economy; hastening the shift in gravity from Western to emerging market economies in East and South-East Asia. These are not covered in this paper, but they are mentioned because they are likely to influence the course of the pandemic over the longer term, shaping its impacts on poorer people and countries. In principle, 'building back better' funding could be deployed creatively to foster equitable, peaceful and ecologically sustainable development. But the resources made available to date fall far short of the scale of the challenges.

What might these dislocations mean for vulnerable people and groups living in the most fragile countries beset by humanitarian crises? **For those already struggling with limited assets and no safety nets before the public health crisis, the economic impacts of Covid-19 are hitting hard.** For example, in the fragile East and Horn of Africa region, 'already weakened by conflict, insecurity, extreme weather conditions, climate change and pests', low coping capacity of households has been yet further eroded, impacting on urban jobs, school closures disrupting school feeding, lockdown-related supply and demand shocks, and an increase in 'empty-handed' return migration (IOM and WFP 2021: iii). Social impacts have likewise been heightened for areas already in crisis: '[A]dolescent girls in conflict zones are 90 per cent more likely not to go to school, and 70 percent of women in humanitarian settings are more likely to experience GBV [gender-based violence]' (OCHA 2020: 9).

In some places acute food insecurity and the risks of famine, already trending up before Covid-19, have increased, driven by a combination of conflict dynamics, extreme climate events and economic shocks (including Covid-19 impacts) (WFP and FAO 2021). In October 2021, the United Nations (UN 2021b) warned of 'unprecedented catastrophic levels of acute food insecurity', with nearly half a million people suffering famine-like conditions in Ethiopia, Madagascar, South Sudan and Yemen, and globally 41 million people facing emergency levels of food insecurity (a 50 per cent increase in two years). Meanwhile humanitarian organisations, particularly NGOs and local responders, are severely underfunded; in December 2020 there was a funding gap of US$22bn for the Global Humanitarian Response Plan for 2021 (OCHA 2020: 61).

2.4 Securitisation and the shifting configurations of power, challenging governance structures worldwide and tipping them towards fragility and authoritarianism

A key feature of the current crisis has been securitisation of the pandemic and more broadly of public health. Already, well before Covid-19 emerged, the risks of a major pandemic were considered a major international and national security threat (Elbe 2010: chapters 1, 6; De Waal 2021: chapters 5–6) having the potential to aggravate political unrest, population displacements, refugee flows and terrorism. Yet in the event, both international organisations and most national governments turned out to be woefully under-prepared for its arrival. During the initial stages of the pandemic the main priority was tackling the health burdens and human costs of the pandemic (that is, human security rather than state security), together with cooperation across national boundaries to prevent its spread. But more and more, the pandemic has been reframed in geopolitical terms, linked to the policing of national boundaries, controls over the movement of people, and vaccine diplomacy. As analysed in more detail in sections 3.2 and 3.4, national governments in many countries have used emergency measures during the pandemic to justify enhanced security, restrictions on civil liberties and the closing down of political and civil spaces.

The course and impacts of the pandemic have been shaped by how political authorities have responded to it, but in ways that have frequently defied expectations. Almost the only clear pattern to emerge has been the relative success of both developmental autocracies (like China, Vietnam and Singapore) and of developmental democracies (like Taiwan and South Korea) in containing the spread of Covid-19 through varying combinations of coercive restraint (despotic power) and extending state legitimacy and capacity through to grass-roots (socially embedded power (Luckham 2021)). With a few notable exceptions, liberal as well as illiberal democracies have proved less capable, although their coping strategies have varied greatly. There is less information about how fragile autocracies (like Venezuela, Myanmar or DRC) have (or have not) coped, although mostly it would seem they have done badly. Countries torn apart by violent conflict (such as Afghanistan, Yemen or South Sudan) already face massive problems in protecting their populations and delivering health care, let alone dealing with Covid-19, which can only have worsened their situation. We flag these problems here to emphasise that they do not affect fragile contexts alone: **the pandemic has brought on or aggravated political crises in almost all parts of the world, and under all forms of governance**.

Moreover, **national aggregates conceal major intra-national variations, which have not been sufficiently factored into our understanding of pandemic governance**. These variations are particularly salient in war-torn countries like Syria or Myanmar. At the same time, marginalised and violent peripheries exist even in otherwise stable states like India, Turkey and (previously) the UK. These peripheries already carry heavy burdens of violence, displacement and disease, and potentially bear the brunt of the pandemic as well.

2.5 The media infodemic and struggles to control the narrative

Closely linked to political power is the control of information (or power-knowledge) intermediating the pandemic. There has been **a veritable explosion of information, but also of misinformation, unleashing multiple struggles to control the narrative** by international actors, governments, civil and uncivil society groups, and even armed insurgents. Much attention has been given to the so-called 'infodemic' – the flood of misinformation, which has surrounded Covid-19 and complicated efforts to bring it under control. But this is only part of wider transformations in social connectedness, which touch even the poorest people in poor countries. This social connectedness is Janus-faced. It has facilitated the efforts of scientists and others to share information about the virus and limit its spread. It has been used by governments and health authorities to monitor the progress of the pandemic, track and deal with outbreaks and communicate public health messages. Yet these health messages have to struggle against the misinformation circulated through social media. Furthermore, governments, especially but not only authoritarian governments, have often manipulated information, misinformed the public, blocked inconvenient messages, or shut down media outlets, particularly those critical of their handling of the pandemic. At the most extreme, as in Tanzania or Brazil, governments have used restrictions on the media to deny or downplay Covid-19 itself. This matters not only because of the problematic impacts on public health, but also because it feeds into the wider turn towards authoritarian methods of governance.

2.6 How Covid-19 has reinforced inequalities in power and wealth, globally and nationally, exacerbating entrenched social exclusions and intersecting inequalities

Rich and powerful countries (and their citizens) have been able to place themselves in front of the vaccine queue, greatly diminishing the supplies potentially available through the COVAX vaccine-sharing initiative. Corporate profits have largely been maintained or have significantly increased, notably in the health, energy and information sectors, despite recession and slow recovery of the world economy. Lobbying for contracts has been common in developed as well as poorer countries, distorting government decision-making and getting in the way of efforts to bring the pandemic under control. **International inequalities have tended to reinforce the national inequalities revealed by the pandemic.** As our analysis in the remainder of the paper will show, the risks of the pandemic have regularly been outsourced onto the poorest and most excluded countries, localities, people and groups. It is the latter who have had least access to vaccines, health care and other forms of assistance. And it is they who have been most adversely affected by pandemic restrictions.

Social and economic inequalities have intersected complexly with many other forms of exclusion. Analyses of the impact of Covid-19 have shown how across countries, from low- to high-income contexts, groups affected by social inequalities and discrimination have been especially vulnerable to risks from direct and indirect effects, including risks of violence and, in particular, gender-based violence (termed the 'shadow pandemic' by UN Women (Mlambo-Ngcuka 2020)) (Herbert and Marquette 2021). While social exclusion forms and drivers are culturally specific, across countries the impacts of Covid-19 have laid bare marginalisation and vulnerabilities organised around income, location, religion, ethnicity, class, gender, sexuality, age and disability.

Inequality, exclusion and social injustice matter in their own right and because of the extra hazards and burdens they place on the people most at risk. They also eat away at the sense of common citizenship and common humanity, which binds societies together and facilitates collective action to deal with Covid-19, climate change, violent conflict and the other challenges of a fast-changing and fractured world. Gift relationships formed among unequals tend to be morally compromised, are politically contentious and are a poor foundation for cooperation to achieve lasting change.

3 Covid-19, fragility, violent conflict and human rights: a watchlist for development researchers and practitioners

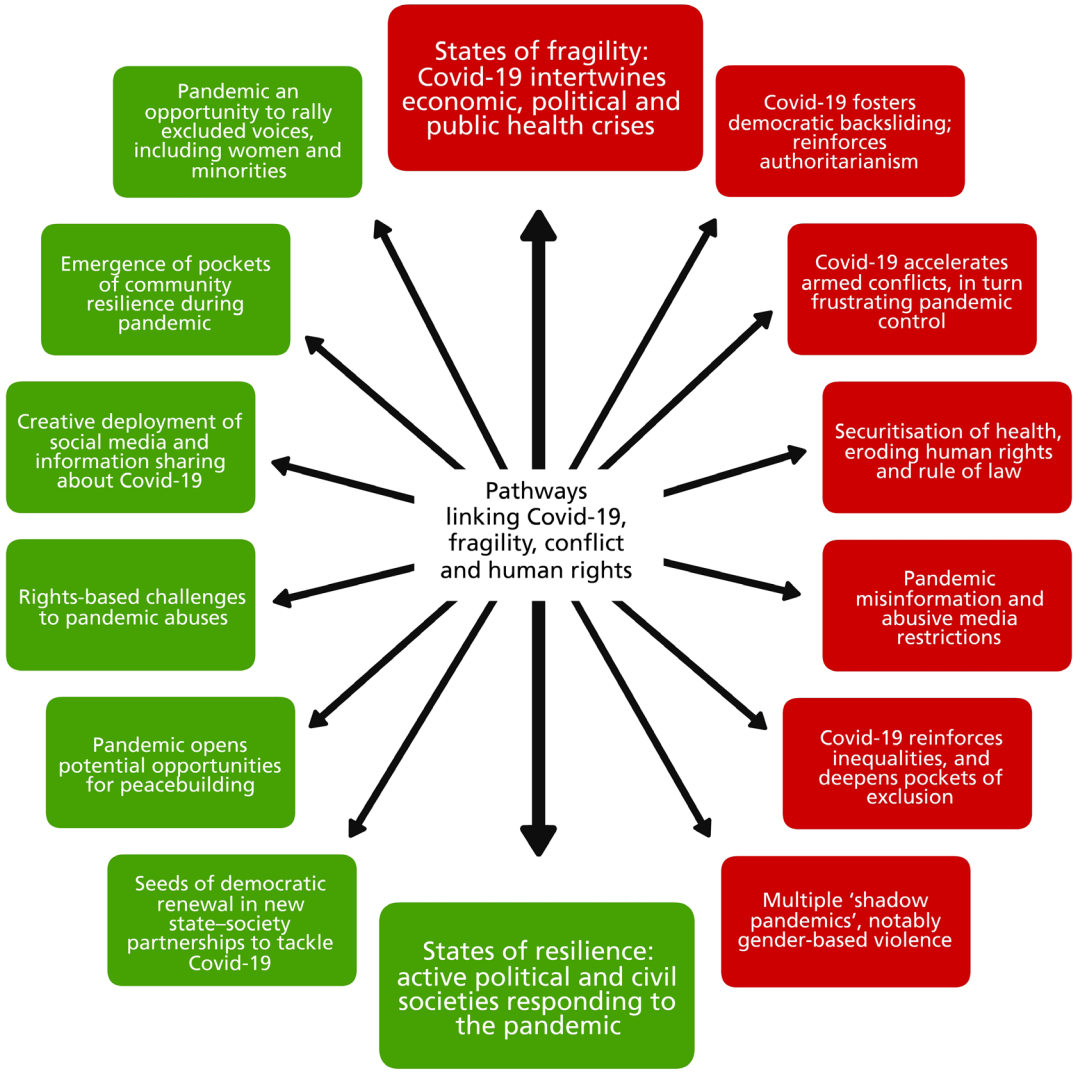
- From states of fragility to states of resilience?
- Pandemic backsliding: authoritarian turn, or democratic renewal?
- Covid-19 as a stimulus to violence and armed conflict – or is it an opportunity to build peace?
- Securitisation, violations of human rights and of the rule of law – or is Covid-19 an opportunity for new rights-based approaches to public health and the pandemic?
- The misinformation pandemic and media restrictions: are there better ways of sharing information and of rebuilding trust?
- Covid-19 has intensified existing economic and social inequities – but could it instead inspire more inclusive, community-led forms of social action?
- Covid-19 has reduced trust and social capital – but could it instead open fresh opportunities for grass-roots cooperative social action?

The trajectory of the pandemic is complex and still unfolding. There are large gaps in our understanding of Covid-19 itself and still more of its impacts. What can a fragility lens contribute to our understanding of these impacts, and where is it less helpful? How are the public health crises brought on by Covid-19 affecting and being affected by other dimensions of fragility? Is Covid-19 making fragile states more fragile? Is it likely to act as a multiplier on armed conflict; and how far do conditions of conflict limit what can be done to contain the pandemic? Is Covid-19 likely to increase abuses of human rights and weaken protections against them? How does it reflect inequalities and potentially deepen them? Does it place an especially large burden on poor, marginal and displaced people and groups?

There is anecdotal evidence, and some emerging research, for all of these, but so far not enough solid empirical data and analysis. Not enough is known either about more positive developments, including the possible reinvigoration of democratic protest, local innovative and community-first responses, or the emergence of best practice examples. In these circumstances the best that can be done is to assemble a watchlist of issues and trends, which are surfacing, or are likely to surface in the future.

Figure 3 spells out some of the pathways linking Covid-19 to fragility, human rights and conflict in their various dimensions, drawing on the discussion below. Rather than assuming solely negative trends (those in red on the right-hand of the diagram), it also highlights alternative pathways to building better (those in green on the left of the diagram). The headings of the discussion below pose these as unresolved questions, rather than firm conclusions about the trajectories taken by Covid-19-related change.

Figure 3. Pathways linking Covid-19, fragility, human rights and conflict



Source: Authors' own.

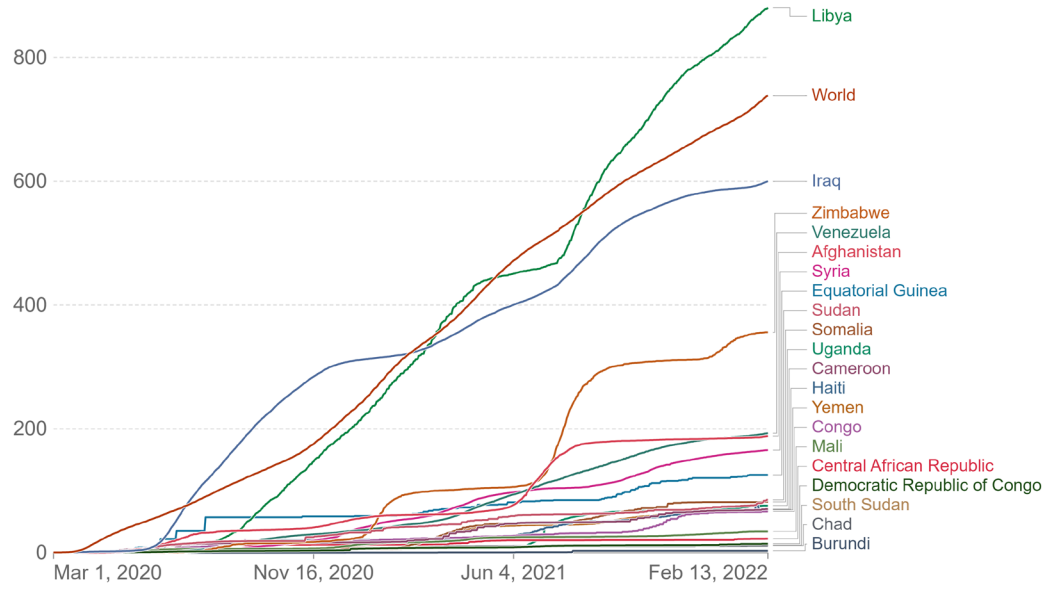
3.1 From states of fragility to states of resilience?

The public health crises triggered by Covid-19 potentially feed into the political ruptures that weaken public authority and break states. These ruptures are most acute in the countries where the state has been wholly or largely displaced by competing centres of violence and political authority (as in Yemen, South Sudan, Somalia, Central African Republic, Libya). Their number is small, though it could be set to increase, for instance in the increasingly violent and unstable Sahel, in North-Eastern Africa and in Central Asia. And in many more countries categorised as 'fragile', state authority is weak and violently contested without being entirely broken. But in almost every case their fragility predates Covid-19, and it is for the most part causally independent of the latter.

The recorded estimates of Covid-19-attributed cases and deaths (for deaths see Figure 4) show that (as of February 2022) Libya is the only country among the OECD's 20 most fragile systems,[14] where cumulative Covid-19-attributed cases and deaths per million people exceed the global average; Iraq's case numbers but not its deaths are also higher than the global averages. Covid-19-related cases and deaths in all the remaining most fragile countries except Zimbabwe fall well short of half the global averages; and in most they are only a tiny fraction of the latter.

14 OECD's *States of Fragility* (2020b) classifies only 13 countries as 'extremely fragile'. However, this omits certain obvious cases, most notably Libya and Mali, which is why the 20 most fragile countries are covered here. Such rankings are of course problematic, as the OECD itself points out in its methodology background papers, because they do not do justice to the many variations among national situations (Luckham 2021).

Figure 4. Cumulative confirmed Covid-19 deaths per million people in the 20 most fragile countries (as defined by the OECD's States of Fragility)



Note: For some countries the number of confirmed deaths is much lower than the true number of deaths. This is because of limited testing and challenges in the attribution of the cause of death.
Source: Johns Hopkins University, JHU CSSE COVID-19 Data, made available by Our World in Data, CC-BY-4.0.

However, as we have already seen (section 2.1), **many questions hang over the reliability of the published estimates. In the most fragile contexts in Africa and Asia, information and data gaps mean they enormously understate the Covid-19 case numbers and deaths**. In Somalia, for instance, where officially only 215 people had died of Covid-19 and 6,444 people had tested positive by late February 2021, field evidence suggests a more deadly first wave with the number of graves being dug in Mogadishu in May–June 2020 increasing from the standard 1–5 per day to 30–40 per day (DEC 2021).

It is too early to tell whether the spread of Covid-19 will make fragile systems even more fragile and tip still more countries and localities into fragility. We also need to look with a more searching eye at countries that are seemingly less fragile or that have escaped categorisation as fragile altogether. Higher caseloads and recorded deaths in fragile and war-torn Libya and Iraq may be because they are (or were) upper-middle-income countries with more dense international connections than many other fragile systems. In some regions, Covid-19 has spread from regional hubs to neighbouring countries and localities – for instance, from South Africa to its immediate neighbours in Southern Africa, most of which have higher rates of infection and recorded deaths than elsewhere in sub-Saharan Africa. Elsewhere in Africa, there have not yet been rapid escalations in cases and deaths comparable to those in middle- and high-income countries, but that does not necessarily mean that they will not happen. The precautionary principle, again, means that the risks of major escalation should be monitored and prepared for in advance, even more so because the coping capacity of already fragile governance and public health structures is so limited.

Two recent empirical studies have probed in detail behind the national aggregates: one compares Mozambique, Nigeria and Pakistan (Anderson *et al.* 2021); the other compares Afghanistan, Colombia and (again) Nigeria (Mercy Corps 2021). Amongst these, only Afghanistan is categorised by OECD as extremely fragile. Mozambique, Nigeria and Pakistan are fragile but are not amongst the 20 most fragile systems. Colombia is not categorised as fragile according to OECD's framework, despite its long record of armed conflict and criminal violence. It is also the only country among the five with official infection rates and morbidity above the global average. In the four others, reported infections and mortality have remained well below the global average (see Appendix 3), below that of the most affected countries in their respective regions, and far below that of the most badly hit countries in Latin America, including Colombia. In all five national contexts, high levels of political and/or criminal violence predated and continued during the pandemic. In all five countries, governments introduced restrictions on fundamental freedoms and closed down civil spaces in the name of public health. In each country, this has reinforced a longer-term trend towards more authoritarian ways of governing, even if the political and conflict dynamics have varied in each national situation.

Could the pandemic act as a stimulus for needed change towards more resilient states and societies in these and other national contexts? It has exposed the shortcomings of existing governance structures, together with the discontents emerging out of these shortcomings. It has also reinforced the case for broad-based participation (argued forcefully by OECD (2021)), to revitalise weak institutions and overcome the social vulnerabilities exposed by the pandemic. But so far, there is a wide gap between these calls for action and what is achievable on the ground, especially in the most fragile contexts.

Moreover, it is doubtful whether one can look to existing governance structures to make the necessary changes of their own volition. National governments, like that of Costa Rica, which have seized the opportunity of the pandemic to push transformative agendas, are very few and do not for the most part include those of fragile states. **Where states are indifferent, hostile or weak, the impetus must be supplied by civil activism and struggles from below, often outside the formal framework of state institutions, but where possible in collaboration with them.**

The five countries studied by Anderson *et al.* (2021) and Mercy Corps (2021) provide many examples of vocal, active civil societies and resilient local bodies responding to the pandemic, even in the most unpromising political circumstances, as in Afghanistan. Along with other studies (Kolvani *et al.* 2021: 3–5; Kishi 2021; Mo Ibrahim Foundation 2021), they also document some of the ways civil society organisations have challenged unduly harsh Covid-19 restrictions, and have worked to ensure greater public scrutiny and accountability to legislatures and courts. The key question is how these initiatives can be scaled up to make a tangible difference at national level, particularly in fragile contexts, where both political authority and civil society are fragmented and weak.

3.2 Pandemic backsliding: authoritarian turn, or democratic renewal?

Analysis by the International Institute for Democracy and Electoral Assistance (Silva-Leander 2020) and by V-Dem (Alizada *et al.* 2021) 'shows that, over the past decade, countries where the quality of democracy has deteriorated outnumber countries where it has improved' (UN Women 2021: 65). **The pandemic has reinforced but not necessarily accelerated this trend** (Alizada *et al.* 2021)**, notably in the growing number of limited democracies or electoral autocracies**, where democratic procedures are abused to conceal and legitimise repressive practices of power.

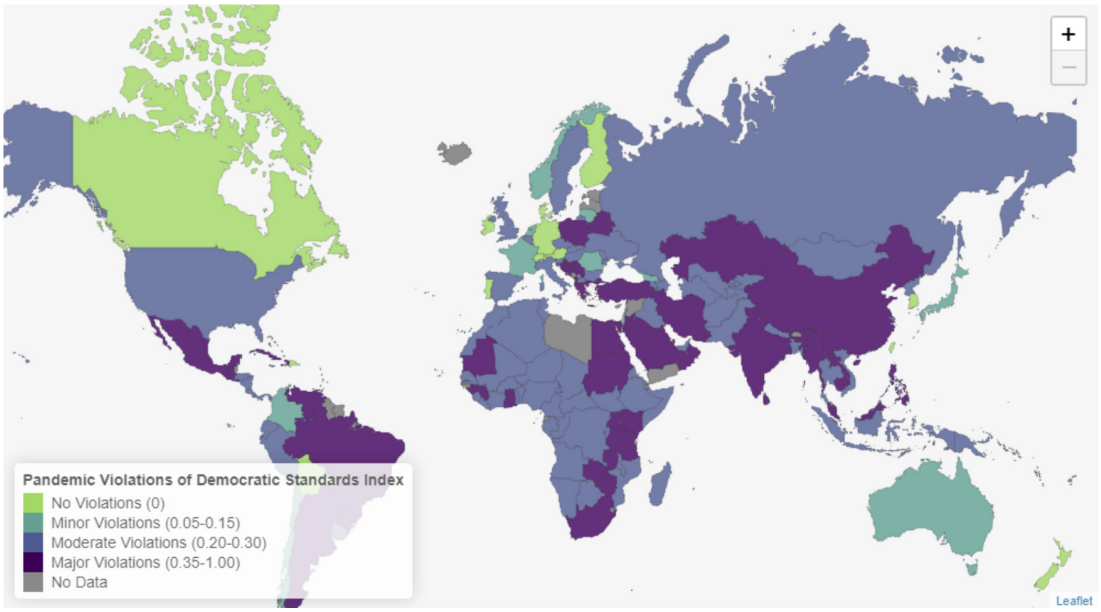
The 'tyranny of the urgent' (UN Women 2021: 66) **means that almost all countries (democracies and autocracies alike) have introduced emergency measures to prevent the spread of Covid-19**, including lockdowns, limits on public gatherings, curfews, enforced mask wearing, school closures, travel restrictions, population surveillance, mobility restrictions on poor and marginalised groups, including migrants and refugees, closing spaces for debate and imposing limitations on the media. Often, they have closed ranks around male-dominated executive structures without sufficient consultation of parliaments, civil society and other stakeholders, including women's organisations.

Drastic public health measures are of course needed to contain the pandemic. But the boundaries between what is necessary and legitimate and what is not are blurred and disputed. There is also the danger of public health interventions being securitised. All too often, pandemic restrictions have overstepped the mark and been used abusively: to shut down political debate; to extend the powers of regimes; to curtail basic rights; to limit legislative oversight; to restrict media freedoms; and to discriminate against minorities and vulnerable groups. V-Dem's systematic study of democratic backsliding (Kolvani *et al.* 2021) documents the many abuses of pandemic measures, going beyond what can plausibly be justified to contain Covid-19. The map in Figure 5 (based on an index, which aggregates seven types of violation of international human rights and democracy norms) displays the countries where such violations have been absent, minor, moderate or severe.

It is striking that **many of the governments imposing major unwarranted controls and restrictions on their citizens are (at least nominally) democratic**, including – amongst others – India,[15] Sri Lanka, Malaysia, Mexico, Brazil, Argentina, South Africa and Kenya. Less surprisingly, prominent autocracies like China, Saudi Arabia, Egypt and Myanmar have also been major violators. Indeed, there do not seem to be any straightforward relationships between violations, forms of government and the scale and intensity of the pandemic. Nor do the violations appear to have been worse in fragile than in stable national contexts (with the proviso that reliable data on violations could not be collected in some of the most conflict-torn contexts, notably Libya, Syria and Yemen).

15 Classified by V-Dem in its 2021 report as an electoral autocracy! The USA too has recently been categorised as a backsliding democracy.

Figure 5. Pandemic violations according to V-Dem's Democratic Standards Index, March 2020 to June 2021



Note: The map displays the scores for the selected index. Numbers in parentheses indicate the change in score from the previous quarter to the selected quarter.
Source: V-Dem Pandemic Backsliding Project (PanDem), Edgell *et al*. (2021). © 2021 Varieties of Democracy All rights reserved. Used with permission.

However, the estimates are national aggregates and cover only violations by state authorities. **In many fragile contexts groups violently opposed to the state have also imposed restrictions, ostensibly for public health reasons but also in order to establish their control over health and other resources**, including the supply of vaccines and medicines in areas they control (as in North-Eastern Syria; see Gharibah and Mehchy (2020)). Or religious and other extremists at the margins of the state have opposed vaccinations and other public health interventions, as in parts of Afghanistan and of Northern Nigeria. Or sub-national elites have introduced their own restrictions, or have subverted national public health measures, as in Hezbollah-controlled areas in Lebanon or indeed in certain states of the USA. Or governments have discriminated against marginalised regions, localities and groups, subjecting them to harsher restrictions than others, as in Kashmir or Assam in India, in North-East Sri Lanka, and in minority areas in Myanmar. These sub-national dimensions are of great importance, yet they are usually under-reported.

In many national contexts, restrictions have been more extensive during the early stages of the pandemic, but have stabilised or been reduced during its more recent phases. A few countries, like Bolivia, have coped with the pandemic without significant recourse to harsh restrictions. Yet democratic backsliding, once initiated, may be hard to reverse, even when the pandemic is under control. V-Dem concludes that 'the final toll on democracy may turn out to be high unless restrictions are eliminated immediately after the pandemic ends', so that the long-term impacts will need to be closely monitored (Alizada *et al.* 2021: 6).

Are there signs that the pandemic might instead encourage democratic renewal, either through improved accountability to courts and legislatures, or due to public backlash against harsh and mismanaged restrictions? ACLED and V-Dem data (Kishi 2021; Alizada *et al.* 2021) show sharp declines in public protests in most countries when the pandemic first took hold, partly because lockdowns and other restrictions kept people off the streets. Protests (and riots) then rose again as public discontent increased and restrictions were eased.

COVID-related protests and riots have been much more widespread in high- and middle-income countries than in more fragile contexts. They have been much more frequent in Latin America and South Asia than in sub-Saharan Africa (see Figure 6). Indeed the relationships between peaceful protests, riots and state repression of both are complex (see Box 3 for a Cambodian example). Protests also fit within a broader assemblage of popular responses to the pandemic. Many of these do not fit the standard templates of protest movements in Western countries. In some cases, discontents about the handling of the pandemic have fed into campaigns about other issues; for example, in the case of SARS demonstrations in Nigeria, paramilitary policing of legitimate protests.

Box 3. Strict lockdown zones and food shortages in Cambodia lead to protest

In April 2021, Cambodians in Phnom Penh's barricaded 'red' zones protested over severe food shortages and took to Facebook to plead for help, with residents prohibited from leaving their homes even to buy food. The red zones have been created in response to the pandemic in the capital and other cities: in Phnom Penh alone an estimated 87,349 households (293,791 people) were affected.

Impoverished or unemployed people have been most affected. Five low-wage workers in the entertainment sector in Phnom Penh interviewed by Human Rights Watch in May 2021 explained the limitations of government support (food aid has been sporadic and insufficient with some vulnerable families not receiving any), and shared their survival strategies (going without food and relying on neighbours, friends or other networks for assistance) and fears of spiralling debt traps (with requests for micro-loan repayment suspensions denied by lenders). Seng Naroeun, a 37-year-old mother of two children, explained to Human Rights Watch (2021a) that she was suffering from severe anxiety over mortgage payments and 'did not have enough money for food for her family. "I lie to my children, saying that there is no food to buy," she said. "But actually, it's because we don't have money to buy food." '

The government responded to those speaking out with a violent police crackdown and arrests. Amnesty International (2021) details how people breaking Covid-19 restrictions 'face severe and disproportionate penalties under Cambodia's highly problematic new Covid-19 law' (promulgated in March 2021).

Sources: Amnesty International (2021); Human Rights Watch (2021a); Johnson and Srey (2021); Radio Free Asia (2021).

Even when democratically informed and driven by genuine concerns about public health, **protests can if mishandled become politically divisive and damage trust in public institutions**, including health institutions. The five case studies considered in section 3.1 above reveal a three-way interaction between governments trying to control the pandemic and simultaneously to extend their powers; civil society organisations mobilising pandemic responses and protesting abuses; and what can be described as uncivil society, with agendas that are at best misguided (as with anti-vaccination protests) and at worst disruptive and dangerous. Just as the boundaries between legitimate and abusive uses of state power can become blurred, so too it is not always easy to make sharp distinctions between civil and non-civil forms of protest.

In best case scenarios, as arguably in Kerala, India (see Box 4), **governments have allied themselves with civil society organisations in order to improve delivery and oversight of Covid-19 measures.** In the worst cases, governments like those of Sri Lanka and India (at national level and in certain states), have allied themselves with ethno-nationalist organisations, discriminating against vulnerable minorities, making it harder to build support around shared public health and other goals. How to navigate public health agendas and to build public support around them is truly complex at the best of times. How to do so in the many fragile contexts, where public authority is disputed, where social divisions run deep and where both state and a great variety of non-state bodies are heavily reliant upon force, can be even more complex.

Box 4. State–civil society partnerships enabling effective responses to Covid-19

> Some of the most effective COVID-19 responses have been those in which governments have partnered with civil society or have created an enabling environment for civil society organizations to thrive. For instance, in the decentralized Indian system, Kerala [a small state in southern India] has led the way in its response to COVID-19 by relying on partnerships between the state government and women's organizations. The involvement of women's groups through formal mechanisms of participation and oversight – such as self-governance institutions, sectoral policy councils and participatory budgeting mechanisms – has ensured that the state can accurately identify community preferences and that service delivery meets the needs of diverse women and girls. (UN Women 2021: 73)

Shamsuddin (2021) explains that a key actor in the Kerala experience has been the women's solidarity network, Kudumbashree (meaning 'prosperity of the family'). This 20-year-old 'unique antipoverty' initiative has a government oganisational component and a state-wide grass-roots network of self-help groups of 4.5 million marginalised women, working on local economic and social issues. Shamsuddin (2021) identifies that the ability of this network to take on a proactive and 'extraordinary leadership' role in response to Covid-19 can be traced to Kerala's democratic decentralisation and capacity-building initiatives which have trained women to work closely with local governments across issues of food security, local economic development and social care. An important component of this has been a mandatory earmarking of 10 per cent of local government funds for women's development projects. Also key has been Kudumbashree's emphasis on empowering women to work on the root causes of poverty by 'enhancing their critical consciousness and self-image', and the strong bonds of solidarity formed between the women involved in the network (*ibid.*).

3.3 Covid-19 as a stimulus to violence and armed conflict – or is it an opportunity to build peace?

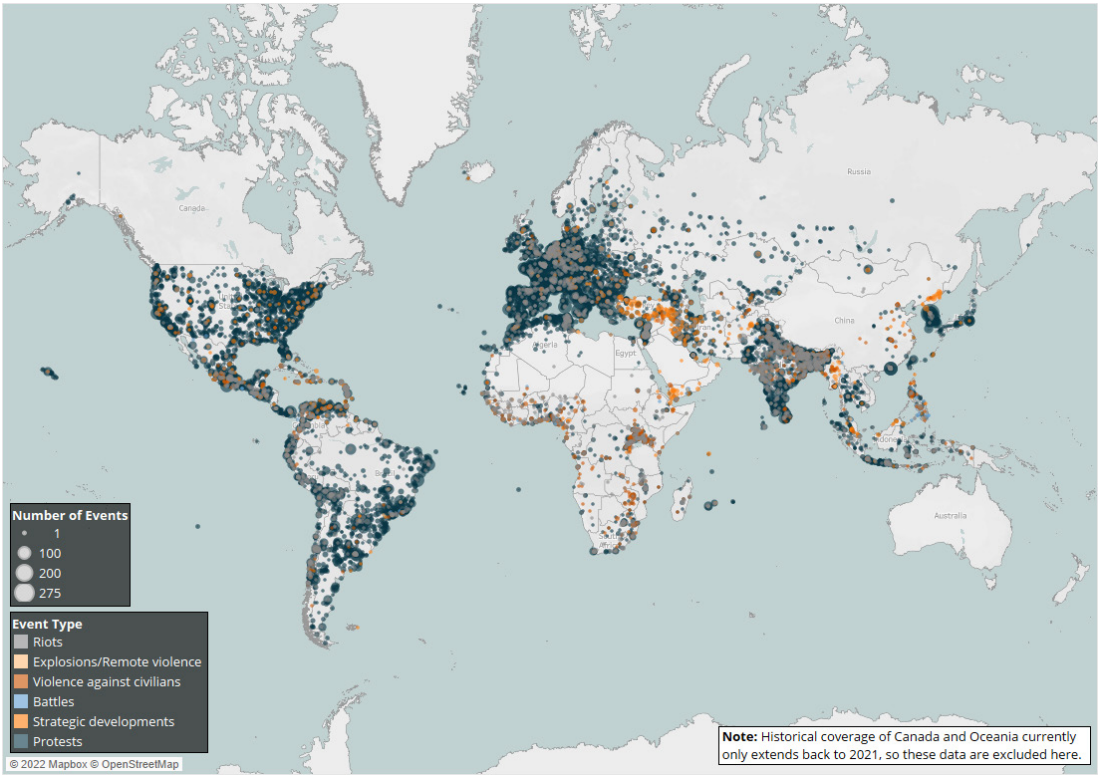
The relationships between the pandemic and violence are multistranded and complex, not least because violence itself takes many forms, ranging from structural violence, to gender-based violence, to criminal violence, to ethnic cleansing, to political violence, to state repression, to armed conflict (Luckham 2017). **The nexus between the pandemic and violence can be approached in four main ways:**

- First (and questionably), it can be seen as an actual or potential driver of violence.
- Second, it can be regarded as a contributory factor, accelerating or reshaping already occurring violence.
- Third (and conversely), violent situations and wartime social orders create challenging circumstances, in which the pandemic may flourish and efforts to contain it tend to be constrained or frustrated.
- Fourth, it can instead provide a stimulus to peacebuilding, based on the recognition that warring parties and violently opposed groups may have shared interests in controlling the pandemic and in mitigating its effects.

Alongside peaceful demonstrations and protests (indicated in blue in the map in Figure 6), the **pandemic has seen a rise in different forms of violence, most especially riots and acts of violence against civilians by state security agencies and by non-state armed groups**. A number of studies document significant rises in gender-based violence (Bourgault *et al.* 2021, Mo Ibrahim Foundation 2021). State violence has risen too in several national contexts, notably overly coercive enforcement of pandemic measures (see section 3.2 above).

But **nowhere, so far, has there been an escalation of Covid-19 protests into major new outbreaks of violence capable of challenging**

Figure 6. Direct Covid-19 disorder events, 1 January 2020 to 11 February 2022



Source: Direct COVID-19 Disorder Events, ACLED (2022). © 2022 Armed Conflict Location & Event Data Project (ACLED). All rights reserved. Used with permission.

the state or of initiating new cycles of armed conflict. Armed conflicts were already on a rising trend worldwide (the number of conflicts, but not battle-related fatalities) before the pandemic. But even the new conflicts that have broken out during the pandemic, like Ethiopia's civll war,[16] have their origins in longer-term breakdowns in political settlements – although (like all conflicts) they throw up major obstacles to the delivery of Covid-19 relief.

A more convincing case can be made that Covid-19 has fed into and in some cases influenced the shape of existing conflicts. Figure 7 spells out four possible pathways between Covid-19 and violent conflict.

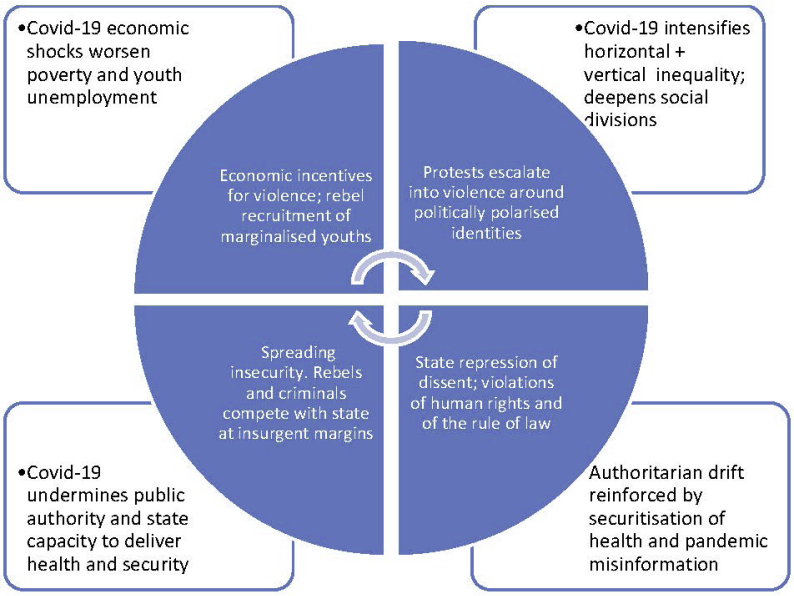
- First, there are the economic impacts of Covid-19, which have worsened poverty and increased youth unemployment, arguably adding to the incentives for violence and motivating recruitment into armed groups and criminal gangs.
- Second, the pandemic has deepened horizontal as well as vertical inequalities, escalating violence around politically polarised racial, ethnic and religious identities.
- Third, it has accelerated the drift in many countries towards authoritarianism, including the tendency to treat the pandemic as a security threat and to weaponise (mis)information – thus encouraging state repression of protests, violations of human rights and disregard for the rule of law.
- Fourth, the stresses of the pandemic have tended to weaken the capacity and legitimacy of already fragile states, making it harder for them to deliver health as well as basic security to their citizens; thus setting them up in competition with alternative rebel authorities and criminal gangs delivering services at their insurgent margins.

However, these pathways are no more than pointers for further inquiry. They do not permit firm conclusions about the impacts of the pandemic on violent conflict, which must await more careful comparative analysis – all the more as the landscapes of political violence differ greatly from one region and country to another.

Meanwhile, the two comparative studies referred to earlier (Anderson *et al.* 2021 and Mercy Corps 2021) offer some useful insights into the complexity of

16 It is true that the current conflict in Ethiopia was triggered by the federal government's cancellation of national and regional elections in order (supposedly) to halt the spread of Covid-19 – along with the Tigray regional government's decision to defy this decision and carry on with its own elections. But the subsequent escalation into violence had much more to do with inflexible leadership on both sides, with a major rupture in the existing post-1991 political settlement, with growing tensions among the country's main nationality groups, and (paradoxically) with the ending of the conflict between Ethiopia and Eritrea, than with the handling of the pandemic *per se*.

Figure 7. Potential links between Covid-19 and the course of violent conflicts



Source: Authors' own.

the relationships between Covid-19, fragility and violent conflict in the five countries they cover. In Colombia, the pandemic has fed into the political fissures already undermining both its democracy and its peace process. Both Pakistan and Nigeria are vibrant if flawed democracies, where corruption and violence continue as before to weaken state capacity to deliver security, public health and other public goods. Nigeria faces multiple armed challenges in its different regions, which are bleeding into each other. Public health is already a highly contested issue, especially in some Northern Nigerian states, where there is a history of politically charged resistance to vaccines. Mozambique's democracy has lost much of its earlier post-conflict legitimacy due to corruption, failure to deal with armed insurgency in the North and now the pressures of Covid-19; yet it has also seen unprecedented cooperation between local NGOs, donors and government to coordinate and fund responses to the pandemic. In Afghanistan, strong local institutions were able to act in lieu of a corrupt and ineffective state, until the latter disintegrated as the Taliban advanced into power, accelerating the collapse of the public health system and bringing on a full-scale public health emergency, not confined just to Covid-19.

Nevertheless, there is little doubt that **violent conflicts in their turn have had significant impacts both on the spread and incidence of Covid-19 in conflict zones and on efforts to contain it**. Due to their extreme marginalisation, people and groups in some conflict zones have escaped the full force of the pandemic. Yet at the same time they have often found themselves trapped between armed factions and repressive governments, as in Syria (Gharibah and Mehchy 2020), each trying to control access to vaccines, aid, medicines and health facilities (when not bombing the latter). Or even more problematic, they have been caught between multiple armed factions contending for power and resources in fractured or regimeless states such as Yemen, South Sudan or Libya.

In Myanmar, Covid-19 curfews have compounded existing restrictions on humanitarian aid in Rakhine and other minority states, with explicit limitations placed on work in detention and refugee camps. Likewise in Bangladesh, restrictions on humanitarian access have made it more difficult to provide critical services and limit the spread of Covid-19. In Yemen, competing political factions and authorities have each imposed their own restrictions, forcing clinics to close and making it all the harder for humanitarian organisations to meet the compound health and other needs of displaced and impoverished people (Human Rights Watch 2021b: 70–3). Attacks on health-care workers and on health facilities have become increasingly common in conflict-torn countries. According to the Mo Ibrahim Foundation (2021: 114), around 20 per cent of attacks on health-care workers in Africa were jointly Covid-19 and conflict related. In Ethiopia, Covid-19 prevention measures have interrupted food and humanitarian aid supply chains, further disrupted by war conditions in Tigray and other regions.

It is not solely governments which have used the pandemic to curb dissent, to punish opponents and to control territory. Armed insurgents like the Houthi in Yemen, Islamist militants in Syria, and Tigrayan forces in Ethiopia, have done so as well. The literatures on rebel governance and on crimi-legal political orders (Arjona *et al.* 2015; Schultze-Kraft 2019) show that rebel groups and even criminal mafias seek local

legitimacy by delivering health programmes and other public goods in the absence of the state. Even so, rebel provision is unlikely to meet more than a fraction of the needs of the millions of vulnerable and displaced people, who live without health facilities and safety nets in conflict zones. Nor does rebel governance make life any the easier for aid agencies and NGOs forced to navigate a difficult course between governments, rebel authorities and armed militants in order to deliver vaccines and support the vulnerable people most at risk.

Displaced communities are particularly vulnerable. There are record numbers of internally displaced people worldwide – 55 million at the end of 2020 – of whom more than 85 per cent have fled conflict and violence, with those in Syria, DRC and Colombia accounting for more than a third of the global total (IDMC 2021: 14). Displaced communities are more vulnerable both to catching Covid-19 (due to 'underlying health conditions, overcrowding and poor hygiene and sanitation') and to the socioeconomic consequences of the pandemic, as they are already struggling financially (*ibid*.: 72; Rohwerder 2021). There are also global concerns that 'displaced people may struggle to get vaccinated against Covid-19, given their limited access to health facilities and in some cases lack of legal documents' (IDMC 2021: 72).

Could Covid-19 also open opportunities for peacebuilding? Soon after the pandemic began, the United Nations Security Council called for a 'sustained humanitarian pause' to make vaccination campaigns possible as all sides have a potentially common interest in mitigating shared risks. The UN Secretary-General called for a global truce to deal with the health crisis, and this call was re-echoed by regional organisations like the African Union. **Donor agencies, humanitarian NGOs and human rights organisations are well placed to promote local ceasefires, support confidence-building and encourage peace negotiations, because they already work across conflict boundaries. Yet they can only do so if the armed participants see some mutual advantage and can be persuaded to engage.** A scattering of multilateral and unilateral ceasefires were declared during the early phases of the pandemic, for instance in Yemen, Myanmar, the Philippines and southern Thailand (Burke 2020: 2–4; Kishi 2021: 11–14). But to a large extent the potential for peacebuilding has not been realised. In only two of the 18 African countries torn by violent conflict have ceasefire initiatives been declared (Mo Ibrahim Foundation 2021: 118). Most of these ceasefire initiatives were not followed up; and few if any are likely to be durable over the longer term.

3.4 Securitisation, violations of human rights and of the rule of law – or is Covid-19 an opportunity for new rights-based approaches to public health and the pandemic?

In section 2.4 it was argued that public health was being securitised well before Covid-19, a trend which the pandemic only accelerated. **Coping with the pandemic has necessarily involved measures which limit some rights and freedoms. The exercise of rights cannot be entirely divorced from obligations, especially where it concerns public health.** In the best of cases these obligations arise out of the shared perceptions of mutual necessity (Titmuss's gift relationship), which have underpinned Covid-19 health interventions in many national contexts. **In the worst of cases restrictions have been harshly enforced, manipulated to serve narrow state security interests or twisted out of shape by inequality and social exclusion.**

Since the beginning of the pandemic, states have framed Covid-19 as a threat not just to public health but also to state security. According to Human Rights Watch (2021b: 56–7) political authorities in at least 51 countries have used states of emergency, counter-terrorism measures and laws and regulations to prevent the spread of Covid-19, to arrest, detain and prosecute critics of government responses to the coronavirus. Just as many have used these measures to arrest, detain or prosecute critics of policies unrelated to the pandemic, including journalists, bloggers, activists, opposition leaders and medical workers. In Guinea, to take just one example, the government used a state of emergency in 2020 to ban protests against a new constitution, claiming that they would 'provoke clashes' and 'spread Covid-19' (*ibid*.: 57).

Egypt amended its emergency laws to give the president and security forces sweeping powers, including bans on public gatherings and court proceedings, which can be used without time limit, even in the absence of a health emergency (Mo Ibrahim Foundation 2021: 100). In some African countries repressive emergency measures have reinforced longer-term erosions of human rights and civil liberties. Lockdown rules have been deployed during elections to exclude observers, to harass opponents (as in Uganda, where they were used to justify the arrest of Bobi Wine the popular musician and main opposition candidate) and even to expel World Health Organization (WHO) officials (in Burundi). State violence (by security forces and

police) against civilians has increased in several countries. In Africa it increased by 39 per cent in 2020 compared with 2019, at least half of it linked to Covid-19 (*ibid.*:100–5).

The UN Secretary-General has **characterised the pandemic as a protection and human rights crisis rolled into one** (Guterres 2020). The right to health includes equitable vaccine access, the right to adequate care of those contracting Covid-19, the rights of health-care workers, and the rights of minorities, of women, of LGBTIQ+[17] groups, of people with disabilities, of refugees and of displaced populations. All of these have come under extreme pressure during the pandemic.

In some countries, the restrictions imposed on health-care workers have directly interfered with their capacity to respond to the pandemic. In Nicaragua, the government has fired doctors from public hospitals for voicing concerns about the handling of the pandemic. In Bangladesh, doctors and health-care workers have likewise faced censure for their criticisms. In Egypt, doctors and health-care workers have been arrested for challenging the official narrative about the pandemic and for raising concerns about lack of equipment (Human Rights Watch 2021b: 17).

Discriminatory lockdowns, travel bans and border closures have compounded the inequitable treatment of migrant workers, displaced people and refugees. In some countries, like India, Kenya and South Africa, migrants and people living in informal settlements have been evicted or forced by pandemic restrictions to return to their home areas in chaotic and unsafe conditions. Lebanese municipalities have reinforced restrictions on Syrian refugees. Houthi forces in Yemen have used Covid-19 as a pretext to forcibly expel thousands of Ethiopian migrants into Saudi Arabia, only for them to be detained and prosecuted on their arrival there. The pandemic has worsened the plight of the vast numbers of Venezuelans fleeing repression and impoverishment into neighbouring countries; although some host countries have been more prepared to accommodate them than others (examples from Human Rights Watch 2021b: 65–6). EU countries like Greece, Italy, Hungary, Poland and the UK have ramped up discriminatory restrictions on refugees and asylum seekers and have forced many of them to live in segregated, insanitary and overcrowded conditions.

Pandemic restrictions have placed especially heavy burdens on women and girls, and have devalued the rights of victims of gender-based violence (GBV) (examined in more detail in section 3.6 below). Not only have attacks on women and girls increased in many countries, but shelters, crisis centres and other facilities have been underfunded or have been shut down, deemed non-essential (Human Rights Watch 2021b: 30). Kenya offers an interesting but also potentially more hopeful example. The country has had a long history of serious human rights violations during elections and other crises, including upsurges in GBV. The strict lockdown measures imposed from March 2020 allowed for some exceptions, but these did not cover shelter services and other support for GBV survivors. At the same time, there were huge increases in the number of calls to the GBV hotline. Kenya is exceptional amongst African countries in having a relatively well-developed infrastructure of legislation, government bodies and civil society organisations tackling gender and other discriminations. However, the main constraint on tackling GBV during the pandemic has been the police's lack of interest and capacity to prosecute. But at least there is some awareness of the issues and no shortage of civil society and media organisations willing and able to publicise them and take them forward (details from Human Rights Watch 2021c).

The crucial message from Kenya, as from many other struggling democracies, is that national governments, the police and the courts cannot by themselves be relied on to ensure that pandemic responses are proportionate, timely and protect the rights of the people and groups at risk.

- **Rights-based approaches should not only insist that courts stay impartial and that police and security institutions are appropriately trained and under democratic control; they also require democratic politics as well as empowered institutions, reinforced by pressure from engaged citizen groups.**
- **Rights should not remain only in the books: they should be actively enforced.**
- **Rights-based policies need also to be attentive to the wider context of social and economic rights and to the inequities which block their achievement.**

17 Acronym for lesbian, gay, bisexual, trans, intersex, queer or questioning.

3.5 The misinformation pandemic and media restrictions: are there better ways of sharing information and of rebuilding trust?

In a globally interconnected world both information and misinformation have been central to how the pandemic has played out. The stereotypical view is that the truth tellers include scientists, health institutions, international bodies like WHO, and most if not all national governments. The purveyors of misinformation, on the other hand, have emerged from the dark corners of social media and of populist politics: vaccine deniers; critics of lockdowns, social distancing, mask wearing and other non-pharmaceutical interventions; along with those who have encouraged them for more cynical reasons. The stereotype to an extent fits the reality.

Yet the politics of pandemic information have been more complex than the stereotypes suggest. Much depends on who is communicating and to whom, and on who is trusted and seen as authoritative. Trust in public health information (and in the regimes of truth it embodies) cannot be taken for granted, even in countries where governments are relatively accountable and honest. Such trust is required to identify problems, to facilitate collective action and to build support around Covid-19 measures.

From the outset, national governments have used mantles of security and secrecy to cover their failings and to curb dissent, most egregiously in China, but also in many other countries, including several democracies. V-Dem's Pandemic Violations of Democratic Standards Index records restrictions on the media as the most frequent violation of democratic standards globally. Governments in at least 24 countries worldwide have enacted sweeping legislation criminalising alleged misinformation about Covid-19, in some cases extending also to misinformation about other issues, including public health (Human Rights Watch 2021b: 55). Thirty-four countries in Africa brought in restrictions on reporting on government responses to Covid-19. The Tanzanian Government initially banned publication of Covid-19 data, denying the pandemic's existence in the country, and suspending or closing media outlets for their reporting (bans subsequently rescinded by its new president). In the first year of the pandemic, 45 African journalists faced arrest or criminal investigation for their Covid-19 reporting, with the most cases in Zimbabwe (Mo Ibrahim Foundation 2021: 106–8).

Government restrictions on the media have been especially damaging when imposed in a discriminatory or politically partisan manner. In India, internet blackouts were imposed but withdrawn after the Supreme Court ruled that internet access is a fundamental right. Even so, only slow-speed internet services were permitted in Jammu and Kashmir,[18] leading health professionals to complain that this was slowing down the pandemic response. In Myanmar, internet access in the conflict-torn Rakhine and Chin States has been severely restricted both under the country's elected government and after the coup. In Bangladesh, internet shut-downs imposed on refugee camps have made it extremely difficult for humanitarian organisations and aid workers to coordinate emergency responses, respond to increasing domestic violence and sexual abuse reports, to carry out contact-tracing or to share Covid-19 information (Human Rights Watch 2021b: 32, 59).

Governments and public health bodies have had to contend with a tide of misinformation about the pandemic. Fact-checking organisations in Africa identified more than a thousand reports relating to unproven treatments, false cures and anti-vaccine propaganda, including rumours that the virus is not real but simply a government campaign to cover up corruption and terrorise citizens (Mo Ibrahim Foundation 2021: 109). Armed militants like Al-Shabaab in Somalia, JNIM in the Sahel, Boko Haram in Nigeria and Islamist militants in Mozambique have woven Covid-19 into propaganda campaigns, dismissing the pandemic as a plot by Western governments and their African surrogates. Nevertheless, they have changed tack when it has suited them, and now indeed Al-Shabaab is promoting public health and has opened its own Covid-19 clinic (*ibid.*: 124).

In some cases, governments themselves have been the principal agents of disinformation. Governments in 15 African countries have either denied the presence of Covid-19 or have promoted information, for instance about alleged cures, which directly contradicted WHO advice. Nevertheless, government information in the majority of African countries never or hardly ever differed from WHO guidelines (*ibid.*: 110). But even in these countries, there was no certainty that all government agencies would publicise this information, or that it would be disseminated to and believed by all citizens.

How to regain control of the narrative is the vital question. It should be an honest narrative and be driven by the evidence. There are two immediate priorities. First, to **maximise the flow of information about the disease and its containment**, even in adverse conflict-affected circumstances, as with Radio Mali's

18 From February 2021 access to 4G was restored.

information campaigns (UN Peacekeeping 2020); or the deployment of social media in India to identify where hospital beds and oxygen were available during the worst period of the pandemic (Choudhury 2021). Second, to **counteract false or misleading information**, as undertaken by the Africa Infodemic Response Initiative with WHO support (Mo Ibrahim Foundation 2021: 109).

But by themselves honest, well-informed storylines are not always enough. Basic issues about the relationship between knowledge and power have to be addressed, especially in contexts where national governments or major commercial interests are economical with the truth. Past experience with the use of social media to monitor and limit electoral violence (e.g. in Kenya) and to report violent abuses of state power (e.g. in Sri Lanka) underscores the potential for citizen journalism and constructive uses of social media to prevent abuses and ensure greater accountability, not least in responses to the Covid-19 pandemic. **It is also important to be attentive to the vernacular understandings of those most at risk from the pandemic, and to draw upon their wisdom, as research on earlier pandemics, notably Ebola, has demonstrated** (De Waal 2021: 196–207).

Yet the media and social media operate in deeply contradictory political terrains. The efforts of social media and big tech companies to limit pandemic misinformation are constrained by their own business models, which depend on stoking controversy and social division as well as on providing information to maximise advertising and corporate profits. In countries like Ethiopia and Myanmar, social media have fanned the flames of violence as well as spreading pandemic misinformation. Even if governments sometimes have good reasons for cracking down on social media, they have seldom themselves been completely innocent parties in the struggles to control Covid-19 information. Effective frameworks for democratic accountability and control are needed to hold both big tech corporations and governments themselves responsible for their excesses.

3.6 Covid-19 has intensified economic and social inequities – but could it instead inspire more inclusive, community-led forms of social action?

As argued earlier (section 2.6), pre-existing social inequalities have been a major vector of the pandemic. **Covid-19 has not been 'a great leveller', with rich and poor, men and women, urban and rural areas being equally affected. Instead, as is common in crises (Carter 2021), vulnerability during the pandemic has been formed by intersecting inequalities shaped by socioeconomic status, geographic location, gender, age, disability, religious and ethnic identity and sexuality** (Maestripieri 2021; Hrynick *et al.* 2020; Herbert and Marquette 2021; Birchall 2021a; Edge Effect 2021; MacGregor *et al.* 2022). Social inequalities driven by discrimination and exclusion have heightened the exposure of vulnerable groups to the damaging impacts of the crisis, including risks to their enjoyment of their socioeconomic and civil and political rights;[19] it has increased their exposure to protection risks, including violence (Mercy Corps 2021); and it has blocked their access to Covid-19 health and socioeconomic programmes.[20]

Many countries contain geographically concentrated pockets of fragility and exclusion, where residents have faced higher risks during the pandemic. Among the most vulnerable to the spread of the disease are overcrowded slum, peri-urban and informal settlement populations (over one billion people worldwide (World Bank 2020c)) living in poor housing and with limited access to safe water and sanitation or energy and ICT services (Sahasranaman and Jensen 2021; Boza-Kiss *et al.* 2021). These places have also been the worst hit by Covid-19's economic fallout. Covid-19 and related lockdowns have impacted harshly on the majority of slum dwellers working informally, leaving many of them without income and disproportionately affecting women; in some cases, people were unable to pay their rent, resulting in increased evictions (Boza-Kiss *et al.* 2021). Another pocket of high risk has been prisons. Often overcrowded, prison populations, who tend to be from the poorest and most marginalised communities, have faced direct health risks while psycho-social impacts of lockdowns and restricted visits have led to hunger strikes, riots and attempted mass escapes in some countries (Herbert and Marquette 2021: 97, citing Jones 2020).

19 For example, due to gender inequality and social exclusion, women, youth and other marginalised groups (such as LGBTIQ+ people) in poorer countries are more likely to work in the informal sector with fewer legal or social protections and, consequently, they have been more at risk of Covid-19-related income loss and resulting food insecurity (Thompson *et al.* 2021; Mo Ibrahim Foundation 2021; Edge Effect 2021).

20 For example, LGBTIQ+ people are also less likely to have their needs recognised or addressed by social protection responses to Covid-19, either due to outright hostility or, more commonly, indirect discrimination and a lack of explicit attempt to ensure inclusion (Edge Effect 2021: 7).

The burden of pandemic restrictions has fallen overwhelmingly and disproportionately on marginalised and vulnerable people and groups. While in some settings research highlights increased unemployment across socioeconomic classes and education levels (Mercy Corps 2021: 113), often the better-off middle and upper classes have experienced a proportionally lower risk of contagion, and have been able to escape or withstand negative economic effects, due to their influence, money and other resources (Maestripieri 2021). Moreover, in some contexts, wealthier people have appropriated Covid-19 aid intended for lower-income community members (Mercy Corps 2021: 130). The most vulnerable during the Covid-19 crisis have been the poorest and food insecure; women and girls; informal workers; older people; youths; people with disabilities; people with diverse sexual orientations, gender identities and expressions, and sex characteristics; people from minority religious and ethnic groups; urban and slum dwellers; prison populations; frontline health-care workers; and refugees and migrants (Herbert and Marquette 2021: viii-ix; Birchall 2021a, b). People at the intersections of compounding inequalities are particularly vulnerable, such as women refugees with disabilities (Barbelet and Wake 2020; Birchall 2021a). Vulnerable groups have been worse affected in all countries; but poor and marginalised people in fragile contexts tend to be at risk of the most severe effects. Here are some examples of the impacts of Covid-19 on the rights and wellbeing of these vulnerable groups:

- **Marginalised groups – discriminated against for their religious identity and faith, ethnicity, migrant status and nationality (considered as 'foreigners'), or other factors** – have been the victims of scapegoating for the spread of the virus (as found in India, Mozambique, Nigeria and Pakistan and other contexts (Anderson *et al.* 2021; Howard *et al.* 2021; Mercy Corps 2020; Inks and Lichtenheld 2020)). Their everyday difficulties in accessing public services and state protection have been compounded by pandemic containment measures (Howard *et al.* 2021). Marginalised groups like Madhesis in Nepal and Dalit and tribal communities in India have found themselves shut off from already limited clinical services. In India, children from these communities have been at greater risk from malnutrition and disease because they were no longer able to access meals, health care and immunisations from government schools and Anganwadi centres, which were closed in order to stop the spread of Covid-19 (Human Rights Watch 2021b: 9, 11–12).

- **The impact of the global disruption to schooling** has been felt most keenly by certain groups, with the global disruption to schools unevenly exacerbating risks to the right to education and unequal educational outcomes. There have been **particularly harmful impacts on children and adolescents 'living in poor or remote rural areas, girls, refugees, those with disabilities, and those who are forcibly displaced'** (UNICEF 2021: 6). These groups face barriers to remote learning and higher risks of not returning to school, challenging their right to education – a key factor in UNICEF's prediction of up to ten million more girls at risk of child marriage over the next decade (*ibid.*).

- **People with disabilities have been affected psychologically and physically by the pandemic and containment measures, with negative impacts on their human rights, and are particularly vulnerable in humanitarian settings** (HI 2020). Often vulnerable with underlying health conditions, people with disabilities have been more exposed to economic shocks, particularly women and displaced people with disabilities. They have faced heightened protection risks of abuse or violence, particularly women and children with disabilities. At the same time, preventative measures often do not take into account their particular needs (*ibid.*). Participatory narrative research exploring Covid-19-related experiences of people with disabilities in Bangladesh, Kenya, Nigeria, Nepal and Uganda finds that 'often their pre-existing disadvantages have been exacerbated by the pandemic, including poverty, gender and impairment related stresses and discrimination, inaccessible services or relief, and exclusion from government initiatives' (Wickenden *et al.* 2021).

- **The rights of older people have been similarly affected**, with HelpAge International finding that around the world (and again, with particular vulnerabilities in humanitarian settings) lockdown and other restrictive Covid-19 measures, isolation, income losses and lack of access to services have increased older people's risk of neglect and abuse, and deprioritised care for their other health needs (Williamson *et al.* 2021). Although 'older people are the age group most at risk of serious illness and death from Covid-19', 'older men and women remain chronically invisible in efforts to monitor the effects of COVID-19', impeding the effectiveness of response efforts (*ibid.*: 5, 8).

The Covid-19 crisis (like earlier pandemics) has increased the already high risk of gender-based violence, creating what UN Women calls a 'shadow pandemic' (Mlambo-Ngcuka 2020), damaging women's and girls' day-to-day lives and infringing their human rights (Herbert and

Marquette 2021). A survey of over 16,000 women in 13 countries spanning all regions[21] finds 'high levels of violence against women preceded the Covid-19 pandemic, with nearly two in three women (65%) exposed directly or indirectly to at least one form of VAW [violence against women] over their lifetime' (Emandi *et al.* 2021: 6). Covid-19 has exacerbated this situation, increasing gender-based violence both in the home and in public spaces. One in four women feel more unsafe at home and four in ten women more unsafe in public spaces (*ibid.*: 5, 10). No less than '45% of women reported that they or a woman they know has experienced a form of [violence against women] since COVID-19' (*ibid.*: 5), with exposure highest among women in Kenya (80%), Morocco (69%), Jordan (49%) and Nigeria (48%) (*ibid.*: 6). The women and girls most affected have been young, living with children, unemployed and in rural areas (*ibid.*: 5). Quarantine measures have forced women and children into increased proximity to abusers in times of increased financial stress while isolating them from protection and prevention services (OCHA 2020: 49–51; Mercy Corps 2021). Pandemic-related containment measures and their socioeconomic effects have also placed disproportionate burdens of unpaid care and domestic work on women and girls (UN Women 2020).

The risk of violence against women and girls is particularly heightened in fragile settings, which tend to be characterised by a breakdown in social structures, prevailing discriminatory gender norms and widespread impunity for perpetrators (Guidorzi 2021). Research has also highlighted in fragile settings, as a result of the pandemic, 'an uptick in high-risk coping mechanisms among women and children, along with an increase in human trafficking, child labor, and sexual exploitation as criminal organizations capitalize on vulnerable communities' growing desperation during the pandemic' (Mercy Corps 2021: 21).

Nevertheless, there have also been local responses to the pandemic that have united communities and created bonds across different groups and borders, with vulnerable people often actively involved. Pockets of resilience have emerged, with collective effort uniting communities to cope with the public health and socioeconomic effects of the pandemic, for example as found in urban slums in Bangladesh and Kenya, and even in Yemen where civil society organisations joined other aid actors in Taiz to provide assistance to vulnerable people with disabilities and internally displaced people (Collyer *et al.* 2021). UN Women (2021: 66) reports that **women's rights organisations have played a key role in mobilising community networks** to provide informal safety nets, with civil society gender equality advocates 'more vocal, interconnected and internationally active than during any previous pandemic'. Some grass-roots movements with strong organisational capacity were able to ramp up support swiftly – for example, the Self Employed Women's Association (SEWA) in India and La Poderosa (The Powerful), a shanty town-led community organisation in Latin America. Some have worked in coordination with governments to provide 'last mile' services for vulnerable or hard-to-reach communities. 'But, more often than not, civil society organizations have plugged gaps without official support or even recognition for their work' (*ibid.*: 67). **Neverthless, it tends to be difficult to scale up from grass-roots activism when civic space is often uneven within countries and being curtailed by areas of conflict, as well as by urban/rural divides** (Anderson *et al.* 2021: 31). Research in Mozambique, for instance, found that organisations outside of the capital were 'less able to adapt to online forms of action and support, given lower levels of connectivity, resources, and skills' (*ibid.*).

3.7 Covid-19 has reduced trust and social capital – but could it instead open fresh opportunities for grass-roots cooperative social action?

Aid organisations' reports are replete with warnings that **Covid-19 risks undermining the social solidarity and trust within communities as well as between citizens and their governments**, not just in fragile but also in non-fragile contexts. Analysts highlight the potential negative repercussions on social capital and social cohesion of worsening public health; of unpopular pandemic containment measures; of heightened competition for scarce health and other resources; of socioeconomic deprivation; and of domestic stresses and isolation (Connor 2021; Neat and Desmidt 2021). These are seen as coming on top of, and exacerbating, longer-term trends of widening inequality, increasing divisiveness, and deepening discontent within societies and between governments and citizens, fuelled by demographic pressures, rapid urbanisation and climate change effects (OECD 2020b; Mercy Corps 2021: 6; Neat and Desmidt 2021; Kaye 2021: 12).

21 Albania, Bangladesh, Cameroon, Colombia, Côte d'Ivoire, Jordan, Kenya, Kyrgyzstan, Morocco, Nigeria, Paraguay, Thailand and Ukraine.

Box 5. Monitoring Covid-19 relief funds in Mozambique

> Transparency in the use of public funds is a major concern of CSOs [civil society organisations] in Mozambique, particularly those that work in the area of governance and belong to the Budget Monitoring Forum (Fórum de Monitoria do Orçamento, FMO).
>
> When the Mozambican Government secured significant Covid-19 relief funds from donor governments and the World Bank, the FMO launched the initiative 'Responding to Covid-19 with the right accounts'. The initiative monitors procurement processes and tracks expenses allocated to provinces and districts for works and service provision in various sectors. It also tracks how the Ministry of Health accounts for these funds. The FMO's analysis highlights disbursements by province, rural/urban breakdown and uses of the funds in terms of types of goods and specific institutions. Compiled as reports, the findings are presented to and discussed with government representatives from the relevant ministries.
>
> In a setting where public expenditure lacks transparency, and civil society lacks experience or confidence to confront government, the unusual situation of the pandemic has afforded civil society an unexpected degree of access and voice on the use of Covid-19 relief funds. (Anderson *et al.* 2021: 36).

While it is early days for robust evidence on the actual impacts of Covid-19 on complex and hard-to-measure societal relationships, **available in-depth research provides multiple examples of the ways the pandemic has strained relations between different groups within societies and between citizens and their governments**. There are concerns that social cohesion and conflict may worsen as Covid-19 intersects with other precarities (MacGregor *et al.* 2022) and bites even more deeply into incomes, employment and food security (Search for Common Ground 2021).

Qualitative research highlights how societal divisiveness and antagonism is particularly acute in contexts where the socioeconomic impacts of Covid-19 have augmented pre-existing social inequities, grievances and mistrust 'within families, communities, and between different groups in society' (Mercy Corps 2021: 10, 19–21; Inks and Lichtenheld 2020; Herbert and Marquette 2021: 59). The Search for Common Ground's (2021: 4) survey data across six conflict-affected countries (Kenya, Nigeria, Palestine, Tanzania, Uganda and Yemen) reveal how location, religion and pre-existing conflict dynamics shape inter-group variations in social cohesion (as detailed in section 3.6).

Meanwhile, trust in public authority has declined and state–society relations have been undermined where elites have taken advantage of pandemic-related opportunities for 'corruption, incompetence, and exclusive or repressive behaviour' (Inks and Lichtenheld 2020: 3; see also Anderson *et al.* 2021 and Jewett *et al.* 2021). The Mo Ibrahim Foundation (2021: foreword) concludes that 'disruptions to democratic practices and restrictions on civic freedoms are undermining citizens' trust in their governments', with flashpoints of discontent against government authority and use of force in Covid-19 responses leading to protests in some settings (Herbert and Marquette 2021: vi) (as detailed in section 3.2). Afrobarometer surveys in five West African countries (Benin, Liberia, Niger, Senegal and Togo) in April 2021 found that while 67 per cent of people were relatively satisfied with their government's handling of the pandemic, an equal proportion believed that resources intended for the pandemic response were lost or stolen due to government corruption, and 58 per cent feared politicians were using the pandemic to increase power and authority (Mo Ibrahim Foundation 2021: 98). In sub-Saharan Africa, analysts have drawn links between resistance to lockdown policies and vaccine hesitancy, and low levels of citizens' trust in their governments (Mazive *et al.* 2021; Hartwig and Hoffmann 2021).

At the same time, and in tension with this trend, **there are also more positive stories of how responses to national Covid-19 impacts have created new opportunities for political advocacy and grass-roots social action**. For example, the research in Mozambique, Nigeria and Pakistan cited in section 3.1 identifies '[i]mportant shifts in civic action… both because of and in spite of the narrowing civic space', involving new actors and new coalitions 'often empowered and emboldened by digital technologies' (see Box 5) (Anderson *et al.* 2021: 7).

There are also **examples of the forging of more positive horizontal connections, recharged in response to the direct and indirect effects of Covid-19**. Research by Search for Common Ground (2021: 1) in six conflict-affected countries has found 'relative resilience and stability at the community level in relation to horizontal cohesion', and in some cases an increase in horizontal cohesion (albeit with caveats and vulnerabilities), as well as in other cases a decline. In terms of gender and age dynamics, Search for Common Ground (2021: 5) found 'women are setting aside pre-existing tensions and conflicts more easily in order to address common needs during the pandemic', and have often been the first responders in communities. In contrast, the study found relatively low rates of inter-group interaction among older people, who also reported the lowest feelings of safety during inter-group interaction.

4 What follows for donor agencies (including SDC) and their development partners?

- Reinvigorate progress on the SDGs through improved international coordination and development diplomacy
- Build back governance support, while navigating change in difficult – fragile, authoritarian, conflict-torn – contexts
- Support peacebuilding, both in its own right, and as a way of negotiating change and building consensus around inclusive public health and anti-Covid-19 measures
- Work effectively from below: supporting local knowledge, grass-roots initiatives and community-led action
- Support transformational as well as (but not necessarily instead of) incremental change
- Enable contextualised, evidence-informed approaches by empowered local teams

As the preceding analysis demonstrates, **donor agencies and their development partners face critical challenges – and opportunities – in building back from Covid-19**. There is a growing literature providing recommendations to donor agencies on how to build back from Covid-19 in the immediate and medium term, and some published donor strategies setting out their priorities and approaches. The review below identifies six key areas in which donors can support both fragility, conflict and human rights (FCHR) and peace, governance and (gender) equality (PGE) objectives in Covid-19 policies and programming. In each of these areas a number of possible entry points for donor engagement are pinpointed.

4.1 Reinvigorate progress on the SDGs through improved international coordination and development diplomacy

The pandemic has highlighted the need for rapid, effective collective action, internationally and within national and local boundaries to address not just the pandemic itself, but also its wider political, economic, social and environmental ramifications, including those affecting FCHR. In the wake of Covid-19, donors[22] have reaffirmed their political and financial commitments to timely collective action through multilateral institutions, acknowledging the central role of these institutions in responding to and preventing global crises.[23] **They and their development partners are in accord that Covid-19 'build back better'[24] agendas should be guided by the SDG framework, to ensure coherent support** (UN Economic and Social Council 2021; Council of the European Union 2021; OECD 2020a; World Bank 2020a).

However, getting to grips with the pandemic and with the global inequities it reveals is hampered by the shortcomings of the current multilateral system, with international institutions inadequately funded, slow to act, and undermined by powerful governments and corporate interests. Some analysts indeed have suggested **Covid-19 could be the wake-up call for a 'global reset' to the world's multilateral crisis** (Pantuliano 2020).

Opportunities for improved international coordination and development diplomacy to further FCHR and PGE aims and thereby support progress on all of the SDGs[25] (and most notably SDG 5 on gender equality, SDG 10 on reduced inequalities, SDG 16 on peace, justice and strong institutions, and SDG 17 on partnerships) in the wake of Covid-19 could include:

- **Investing in innovative broad-based collaborative coalitions of global, national and local, state and non-state actors** to provide flexible, agile and transparent support for initiatives to address transnational problems, including Covid-19, climate change, migration flows and organised crime and terrorism (Pantuliano 2020; Lupel 2019; Herbert and Marquette 2021).
- **Drawing upon the convening power of the SDC and like-minded donor agencies so as to support South–South and South–North platforms for exchange and cooperation on FCHR, PGE and Covid-19 priorities.**
- **Mainstreaming social equity and human rights concerns (including equitable access to Covid-19 vaccines) within these collaborative frameworks.** A pertinent example is Sweden's development diplomacy on furthering gender equality given that 'COVID-19 has worsened the baseline dramatically, creating a new demand for work that is both innovative and strategic' (Government Offices of Sweden, Ministry for Foreign Affairs n.d.: 5).

Possible entry points for SDC and other development partners include:

- **Identify ongoing research and evidence (and any gaps) on good practice on building flexible, agile and transparent coalitions to move forward with SDG commitments**, in particular those addressing the challenges of Covid-19.
- **Consider what can be learnt from how existing multi-stakeholder (international and national) partnerships have responded to Covid-19 and its impacts**, for instance during vaccine programmes, lockdowns and other pandemic containment initiatives (UN DESA 2021; Philanthropy University *et al.* n.d.).
- **Provide adequate funding and support to international and regional initiatives to ensure vaccine equity, such as COVAX and the African Vaccine Acquisition Trust (AVAT)**, both on the grounds of the right to health and to demonstrate that donors are serious in their commitment to tackling the global as well as national inequalities revealed by the pandemic.

22 For example, see strategy and policy priorities set out by Australia, Sweden, the UK and the US – respectively Australian Government (2020); Government Offices of Sweden, Ministry for Foreign Affairs (2021); HM Government (2021); and USAID (2021).

23 For example, in supporting equitable access to Covid-19 vaccines, which is so critical for a global recovery (President of the Economic and Social Council 2021: 5).

24 A term coined in work on disaster risk reduction (Harley and Acheampong 2021).

25 See *The 17 Goals*.

4.2 Build back governance support, while navigating change in difficult – fragile, authoritarian, conflict-torn – contexts

The pandemic's unequal sharing of risk and suffering, and the toll on citizen–state relations, has 'underscored the need to revisit a set of fundamental governance interventions' and support effective and inclusive institutions that can mitigate the impacts of crises, in particular for the most vulnerable and marginalised people (Khan Mohmand *et al.* 2021: 164).

At the same time, where Covid-19 has reinforced longer-term trends towards less democratic governance (see discussion in section 3.2), has compounded conflict drivers (section 3.3) and has undermined human rights (section 3.4), **donor agencies' responses to Covid-19 will require re-examination of how to navigate authoritarian and conflict contexts with the aim of improving governance and human rights within them**. The research from Mozambique, Nigeria and Pakistan, reviewed earlier, concludes that shifts in citizen–state relations intensified by the pandemic require 're-strategising, re-positioning and re-tooling by advocates of democracy and accountable governance at all levels' (Anderson *et al.* 2021: 44). A key challenge – familiar to those working in fragile states – is how and with whom to work in situations where national and local authorities are in denial about Covid-19 and its impacts or see them as an opportunity to consolidate power or extract rents.

Key priorities for donors to consider include:

- **Supporting effective, inclusive crisis-prepared states.** This involves support to bolstering state institutions' effective administrative reach, capacity and equitable service delivery, their ability to respond to crises (including fast-moving pandemics and climate change impacts), and their responsiveness and accountability to people's needs, in particular those most at risk of being left behind (Khan Mohmand *et al.* 2021).

- **Supporting rights-based approaches and empowering local rights institutions.** As discussed in section 3.4, rights-based approaches require democratic politics as well as empowered institutions, reinforced by pressure from engaged citizen groups to ensure rights are actively enforced.

- **Supporting independent and responsible media and social media in their responses to the pandemic.** Support for an independent media is increasingly important given today's declining media freedoms, proliferation of fake news (Repucci 2019), and the Covid-19 'infodemic' (as outlined in sections 2.5 and 3.5).

Possible entry points for donors include:

- Assess and fill gaps in capacity (technical and funding) to **improve data required to monitor Covid-19 and push for progress on the SDGs** (responding to identified data gaps and supporting localised responses) while balancing the need for data privacy and strengthening data governance, management and protection including in fragile and conflict-affected settings (Khan Mohmand *et al.* 2021; World Bank 2020a; Faith 2021) (see section 4.6).

- **Ensure post-Covid-19 recovery plans explicitly seek to include, and provide tailored outreach for, people facing social discrimination** (for their gender, age, religion, ethnicity, residence status, disability and sexuality, for example) in order for them to benefit from such programmes (World Bank 2020b; USAID 2021).

- **Support integration of crisis preparedness into governments' core operations**, rather than as an add-on (World Bank 2020a: 17); for example, by building 'national social protection systems that can scale and flex to respond to any new emerging crisis in the future' (Lind *et al.* 2020: 2).

- **Support independent national human rights institutions** (NHRIs), an SDG target which is currently lagging. These independent bodies have played a critical role during the pandemic, monitoring impacts on health and other areas, highlighting human rights implications, combating the spread of misinformation and working to protect vulnerable groups (UN 2021a: 59).

- **Support 'progressive coalitions' of local groups (women's organisations, environmental groups) 'working across thematic silos' to counter backlash** (UN Women 2021: 78).

- **Assess opportunities for donors to partner with social media platforms and technology providers and civil society organisations** to build on experiences of social media being used successfully to counter misinformation and promote collective action during the pandemic (International Alert 2020).

- **Re-examine the role and impact of big tech companies in pandemic information and misinformation**, including how to ensure that their business models are 'subject to democratic frameworks' and 'support democratic debate' (Government of Denmark 2021: 6).

4.3 Support for peacebuilding, both in its own right, and as a way of negotiating change and building consensus around inclusive public health and anti-Covid-19 measures

Conflict analysts and international organisations working on peacebuilding have stressed that **integrated support for peacebuilding in efforts to build back better from Covid-19 is vital** on two fronts. Firstly, because '[f]ailure to integrate conflict prevention and peacebuilding into Covid-19 strategies will result in increased conflict dynamics in conflict affected and fragile states and increased violent conflict and fragility' (Hume *et al.* 2021: 2). Secondly, because, with Covid-19 exacerbating social inequalities, the crisis must be seen as an opportunity to build back 'more just, equal and inclusive societies', through re-negotiating inclusive social contracts (UN Women and DPPA 2020: 7).

As a key part of this, **donors are urged to put 'women's meaningful participation in public life and peacebuilding at the front and centre of collective efforts'**, given increasing evidence on the benefits of women's participation in peacebuilding processes, and the negative impacts of Covid-19 on gender equality (*ibid.*).

Possible entry points for donor support for local peacebuilding initiatives will by necessity require tailored responses to individual conflict contexts that are conflict-sensitive:

- **Study the lessons that can be drawn from the failure of many post-Covid-19 truces and peace initiatives to take root**, despite the hope that the pandemic might bring the different sides in conflicts together in joint efforts to control the spread of the disease.

- **Support the safety and integrity of health personnel and facilities in war zones**, including their capacity to deliver Covid-19 responses without interference from repressive governments and warring parties.

- **Facilitate the efforts of health professionals and other independent stakeholders working in conflict situations to build bridges across conflict divisions**, as attempted, for instance, in Syria and Yemen.

- **Understand and monitor horizontal cohesion indicators and localised vulnerabilities and conflict dynamics**, paying attention to early warning signs, and anticipating rising needs and intra- and inter-group competition as Covid-19 cases increase and other effects progress (Search for Common Ground 2021: 7).

- **'Integrate local leaders and provide opportunities for collaboration across groups' in the Covid-19 immediate and medium-term response**, but ensure adaptation of these efforts to local conflict dynamics (*ibid.*).

- **Support gender-inclusive peace processes** (UN Women and DPPA 2020: 7) by:

  - **Using Women, Peace and Security (WPS) national action plans** 'to promote structures and systems that enable women's meaningful inclusion in decision-making, including in the prevention of and response to crises such as the current COVID-19 pandemic';
  - **'Integrating gender-responsive political and conflict analysis** as a fundamental cornerstone of peace and political processes'; and
  - **'Providing financial and political support to women-led civil society' bodies to facilitate their participation in peace processes.**

4.4 Work effectively from below: supporting local knowledge, grass-roots initiatives and community-led action

Building back better from Covid-19 provides an opportunity to support community-led initiatives and civil society activism that have flourished in response to the pandemic. External aid should prioritise 'preparedness from below' (MacGregor *et al.* 2022) by supporting local resilience, paying due attention to vernacular understandings of the pandemic and its impacts on FCHR. Externally imposed aid is ineffective; donors have much to learn from the collective wisdom and innovative capacity of local communities (Ramalingam and Kumpf 2021).

Donors need to consider how to work through and cooperate with a wide spectrum of local actors, beyond the organisations and actors they commonly call upon. This can be challenging as not all of these are equally benign (e.g. local healers, traditional authorities, but also religious militants, warlords and even criminal mafias), raising complex issues about which actors donor agencies should engage with and which they should not. Donors should also consider how to work with and empower traditionally excluded groups that may find it hard to have a real 'voice' even when nominally included or represented (Shaw *et al.* 2020). This familiar challenge requires renewed attention in light of Covid-19 spotlighting how structural inequities determine people's vulnerability and resilience in crises. Relatedly, donors in the 'global North' face hard questions in how to effectively support domestic social actors that 'hold particular promise' in defending civic space and assertion of accountability claims (Anderson *et al.* 2021: 9) without co-opting or derailing these efforts through overly intrusive engagement (Brown 2021: 3).

How donor support can best navigate the local and support change from below is complex, and does not lend itself to easy answers. Recommendations in the literature include:

- **Supporting collective social organising at local and district levels**, including by women's organisations, and 'in spaces that are often undervalued and overlooked' (Brown 2021: 10). One example is community collaborative initiatives outside of capital cities given regional differences and fragilities in communities' experiences (Search for Common Ground 2021).
- **Providing complementary programmes to state and non-state sctors and institutions that aim to foster positive relations between state and society**, to renew the social contract and rebuild trust (Green 2021).

Possible entry points for SDC and other development partners:

- **Explore the lessons that can be learned from the mobilisation of local communities and vernacular 'people's science' to control the spread of disease in previous pandemics, such as Ebola in West and Central Africa** (Wilkinson *et al.* 2017; De Waal 2021: 196–206; Richards 2016).[26] One crucial feature of the latter was that public health facilities and donor interventions sometimes themselves became vectors of disease.
- **Assess opportunities for further research to understand how local communities are responding to the impacts of Covid-19 on FCHR**, in particular by women's organisations and in the 'undervalued and overlooked' spaces (Brown 2021: 10), and how (to what effect) international organisations have supported, and can support, these efforts.
- **Consider how to ensure that donors are sufficiently alert to what is happening on the ground, and can use informed local and community insights to shape support.** For example, one approach is to develop 'governance diaries', a cross between a panel survey and multi-sited ethnographies, as an iterative method to capture citizens' experiences around governance issues over time in fragile, conflict and violence-affected contexts (Loureiro *et al.* 2020).
- **Continue support to the Humanitarian Grand Bargain 2.0 political caucuses – 'coalitions of the willing' – driving progress on humanitarian localisation and participation commitments** (IASC 2021: 2).

26 Of course Ebola differs significantly from Covid-19 in being less transmissible but more deadly. But this does not make its lessons irrelevant to the current pandemic.

(This point links to recommendations on supporting collaborative coalitions in section 4.1.) Focused effort and institutional reform is required to achieve long-standing commitments that have not yet been met, for example to increase the proportion of assistance that is direct funding to local organisations[27] (SDC 2021).

- **Continue investing in long-term 'pooled funding mechanisms that empower national and local actors' and implement the recommendations on supporting improved intermediary roles** as set out by Humanitarian Advisary Group *et al.* (2021: 5).

4.5 Support transformational as well as (but not necessarily instead of) incremental change

The pandemic has made it harder to achieve the SDGs. With only nine years left to implement the SDG agenda, **some donors are setting out 'transformational' agendas, which can address the systemic social inequalities exposed by the pandemic**. This is not an easy task for external actors. Providing support for excluded and marginalised people's inclusion in livelihoods, resources and services of necessity 'requires redistributing resources and entitlements, and improving the institutions of governance that manage collective concerns' (UNRISD 2021: 2). This cannot be done without taking into account and, if required, challenging existing power imbalances.

Due to the gendered impact of the pandemic, it is essential to tackle gender inequities as part of building back better from Covid-19. The Gender Equality Advisory Council's (GEAC) 14 practical recommendations to the G7 start with a call for increased funding for, and dedicated action towards, gender-transformative development programming (GEAC 2021). There is growing evidence on the potential of feminist leadership and activism to resist and disrupt oppressive forms of power,[28] with donors such as Canada, Sweden and the Feminist Open Government Initiative among others supporting such initiatives (Brown 2021: 30). UN Women (2021) have set out a roadmap for supporting 'a feminist plan for sustainability and social justice' in the light of Covid-19.

Opportunities for donors to explore include:

- **Support for transformative development programming** that seeks to respond to the inequalities exacerbated by Covid-19.
- **Support for transformative financing policies and reforms, including progressive taxation** (Khan Mohmand *et al.* 2021; World Bank 2020a: 18).

Possible entry points for SDC and other development partners include:

- **Ensure marginalised and vulnerable people are central to Covid-19 build back better priorities and programming**; for example, by enabling the participation of local stakeholders (such as women's rights organisations, organisations of people with disabilities, organisations of older people, etc.) in intervention planning and design.
- **Support local efforts to address the 'shadow pandemic' of violence against women and girls** (GEAC 2021).
- **Support women's representation and presence in politics, and women's rights organisations and their contributions to democratic accountability and public service delivery** (UN Women 2021).
- **Assess whether Covid-19 build back better plans adequately address Covid-19-related increased domestic and caring responsibilities for women and girls.** A 2021 evidence review points out that Covid-19 fiscal stimulus and relief packages are largely failing to address unpaid care, including childcare in low- and middle-income countries (Grantham *et al.* 2021).
- **Support efforts on progressive taxation, including gender-sensitive taxation and resource-raising, as well as 'green' tax reforms** such as taxes on damaging carbon emissions and other pollutants. On the latter, Khan Mohmand *et al.* (2021: 173) point out the need to minimise 'costs to more vulnerable households or businesses through rebates or other supports'.

27 It is worth reiterating that grass-roots activists are persistently chronically under-funded: in conflict-affected and humanitarian settings one third of women's organisations reported risking closure due to the pandemic, while women's rights organisations received around 1 per cent of bilateral aid allocated to gender equality in 2018–19 (UN Women 2021: 64).

28 Brown (2021: 14) provides a rich overview of the evidence on this.

4.6 Enable contextualised, evidence-informed approaches by empowered local teams

To support prosperity, stability, peace and human rights in a Covid-19 world, donors need to ensure that their interventions are:

- **Contextualised**, based on local realities and knowledge, that take into account systemic power imbalances and how fragility is shaped by intersecting inequalities and discrimination along gender lines, but also informed by people's income, location, age, ability, race, ethnicity, religion, caste, sexuality and marital status (as discussed in section 3.6).

- **Evidence-informed**, which requires filling big data gaps on the SDGs with regard to geographic coverage, timeliness and disaggregation (UN 2021a: 5). Country-level data deficits are significant for goals on climate action, peace, justice, strong institutions and gender equality,[29] among others (*ibid.*). Closing these gaps is key to ensure policy draws upon sound analysis and to be able to monitor progress and hold decision-makers to account (UN Women 2021: 47). Moreover, Covid-19 has reaffirmed the importance of local data given the localised nature of the pandemic's impacts.

- **Led by empowered local donor offices and field staff.** Data gaps and highly localised Covid-19 scenarios have shown the importance of empowered donor country teams and field staff, which have the autonomy to tailor interventions to particular national and local contexts[30] (OECD 2020c: 5). Research on settings with polarised government–civil society relations finds that, in the wake of Covid-19 and other longer-term trends, bilateral aid needs to be 'politically savvy, adaptive and risk-taking' (Anderson *et al.* 2021: 43).

Possible entry points for SDC and other development partners:

- **Invest in local contextual gender equality and social inclusion analysis** of how overlapping and compounding forms of discrimination create people's unique forms of exclusion. Use this to identify the entry points (and potential blockers) for donor support, including in crisis settings (Carter 2022).

- **Support improved data collection and data protection**, including better-defined priorities for data collection and disaggregation; context-specific ways of monitoring progress; upgraded data collection procedures, drawing upon Covid-19 experience; and building data management and governance capacity (UN Women 2021: 47; UN 2021a: 5).

- **Consider how to ensure that donor local office staff are 'well embedded in states, cities or rural areas where they live and work, with enough autonomy and delegated responsibilities'** (Green 2021).

As the discussion in this section has emphasised, how donors and others can engage with Covid-19 and the multiple transformations it is bringing about is fraught with difficulties, which are as much political as they are technical. The pandemic has reinforced an existing drift towards authoritarian, violent, abusive and exclusionary forms of governance. At the same time, it has opened new opportunities and spaces for change.

The key question for donors, as for those with whom they collaborate, is how to navigate this complex and fast-shifting terrain so as to build back from the pandemic better not worse. This means finding new ways of working both amongst themselves and with their development partners, as outlined above. It calls for accurate diagnosis of what is politically as well as operationally desirable and possible in fragile, authoritarian and conflict-affected contexts. Being politically savvy requires a good understanding of the limits of, as well as possibilities for, donor interventions. It requires alliances with effective local actors. But at the same time, it is important not to lose sight of the rights and agency of the vulnerable people who are most at risk from Covid-19 and from the cycles of violence, repression, inequality and poverty into which it feeds.

29 A 2021 evidence review by UN Women, the World Bank and others found that Covid-19 'exposed and exacerbated existing gender data gaps – particularly around health, education, and economic opportunity', undermining the ability to design gender-responsive and gender-transformative interventions (McDougal *et al.* 2021: 4).

30 Sweden reported that its approach of locally defined results frameworks and theories of change, supported by 'a history of trust-building with decentralised staff and implementing partners, which allows for increased autonomy' enabled an effective, flexible emergency response to Covid-19 (OECD 2020c: 6).

Appendices

Appendix 1

This report has been guided by, and seeks to answer, the following key research questions:

FRAGILITY

- How is fragility linked to Covid-19? Covid-19 directly impacts on the coping capacities/ resilience of states and communities in fragile contexts. How to ensure that Covid-19 does not drastically magnify the underlying drivers of fragility, including human rights violations and contexts with regard to long-term peace, security, justice and prosperity?

CONFLICT

- How is the pandemic affecting situations of conflict? How did political violence and protests evolve in times of pandemic? How far does the pandemic situation exacerbate violence and conflicts in partner countries?

HUMAN RIGHTS

- What is the interrelation between Covid-19, human rights and rule of law? What measures need to be taken to guarantee the protection of human rights in times of the pandemic and in its aftermath?

WAY FORWARD

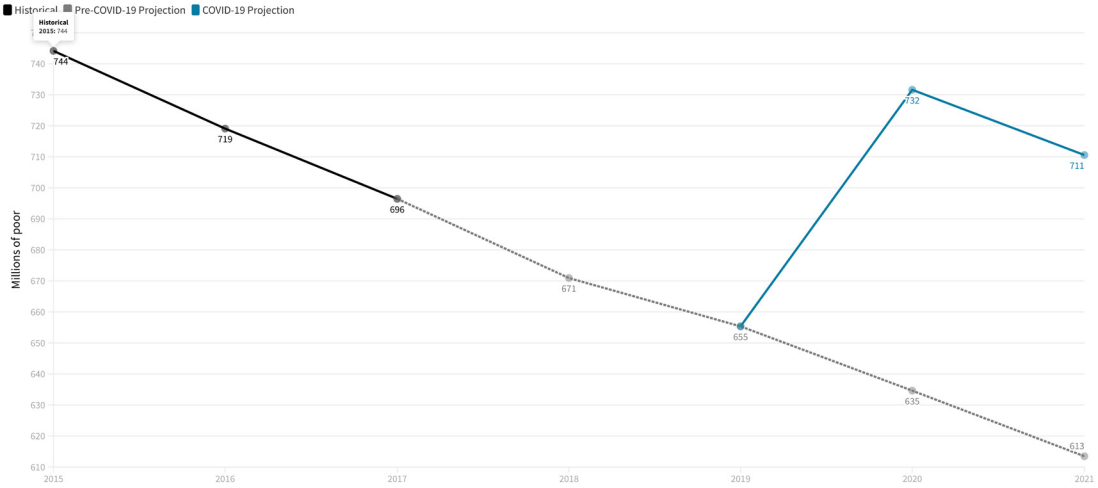
- What are key (new) approaches used by other development partners (bilateral, multilateral) to address/increase states' coping mechanisms and resilience, to prevent/transform violent conflicts and to promote the respect of human rights?

- From a perspective of opportunities, are there any new opportunities to engage from an FCHR perspective for an agency like SDC?

The analysis is drawn from a rapid desk review of published materials in English, identified through scanning online search engines, selected organisational websites and Covid-19 online resource collections and data sets. As much as possible, the research has sought to identify available empirical evidence as well as real-world examples.

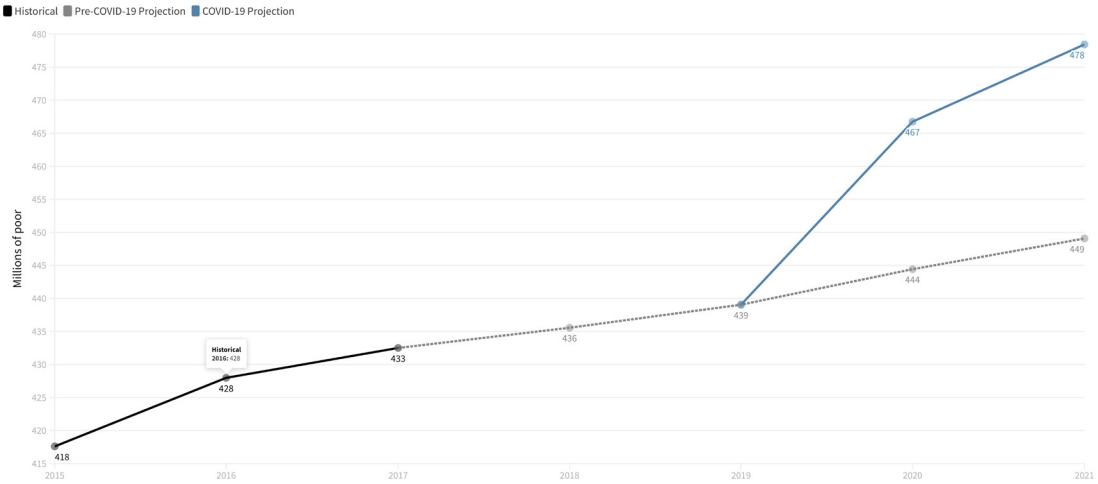
Appendix 2

World Bank projection of global extreme poverty, 2015–21 (estimate from June 2021)



Note: Extreme poverty is measured as the number of people living on less than $1.90 per day. 2017 is the last year with official global poverty estimates. Official poverty estimates are available for East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, and the rest of the world for up to 2019, and for Middle East & North Africa up to 2018. Regions are categorised using PovcalNet definition.
Source: Mahler *et al*. (2021).

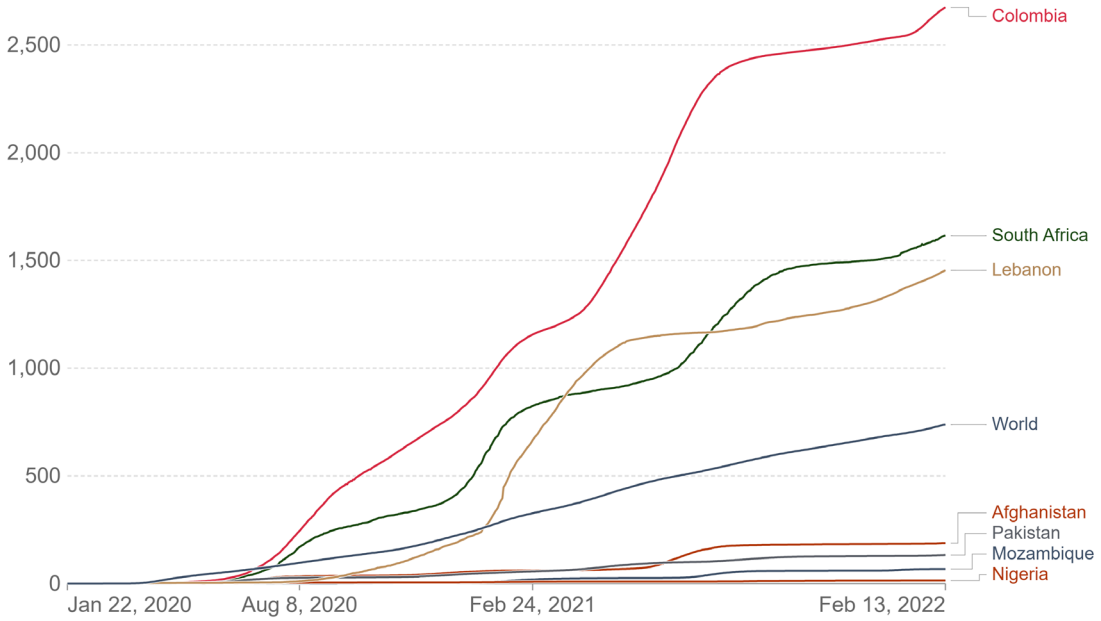
World Bank projection of sub-Saharan Africa extreme poverty, 2015–21 (estimate from June 2021)



Note: Extreme poverty is measured as the number of people living on less than $1.90 per day. 2017 is the last year with official global poverty estimates. Official poverty estimates are available for East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, and the rest of the world for up to 2019, and for Middle East & North Africa up to 2018. Regions are categorised using PovcalNet definition.
Source: Mahler *et al*. (2021).

Appendix 3

Cumulative confirmed Covid-19 deaths per million people in selected countries



Note: For some countries the number of confirmed deaths is much lower than the true number of deaths. This is because of limited testing and challenges in the attribution of the cause of death.
As well as countries included in the studies by Anderson *et al*. (2021) and Mercy Corps (2021), the graph includes data from South Africa and Lebanon for comparative purposes.
Source: Johns Hopkins University, JHU CSSE COVID-19 Data, made available by Our World in Data, CC-BY-4.0.

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