Conflict and Coronavirus: How COVID-19 is Impacting Southeast Asia’s Conflicts

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ABSTRACT

Since COVID-19 spread out of China in January 2020, it has caused unprecedented damage to the global economy and national health systems. The virus also having serious ramifications for conflicts throughout the world. This paper reviews the literature up to its time of writing in July 2020 in order to assess how the coronavirus crisis has impacted conflicts in Southeast Asia. The paper found that the pandemic has been detrimental to conflict resolution in the region—it has hampered peacebuilding efforts and contributed to rising tensions. Moreover, the outbreak has enabled extremist organizations to operate more freely and make government lockdowns and the economic downturn a part of their recruitment messaging. Conflict-affected populations are confronted by the dual impact of disease and violence—health systems have been weakened by years of conflict, violence is obstructing the delivery of aid, and forcibly displaced communities are living in unsanitary and crowded camps, incapable of handling a viral outbreak. Women in unstable settings are particularly vulnerable as gender-based violence increases, while services essential to their health and wellbeing are being forced to close. The paper concludes with policy recommendations in view of the effects the virus is having on Southeast Asian conflicts. Recommendations emphasize the importance of supporting local peacebuilders and implementing response and recovery measures that work towards a fairer post-pandemic society.

LIST OF ABBREVIATIONS:

AA: Arakan Army
BARMM: Bangsamoro Autonomous Region in Muslim Mindanao
BIFF: Bangsamoro Islamic Freedom Fighters
BRN: Barisan Revolusi Nasional
CSOs: Civil Society Organizations
CVE: Countering Violent Extremism
GBV: Gender-based Violence
IDPs: Internally Displaced People
INGO: International Non-governmental Organization
IPV: Intimate Partner Violence
IS: Islamic State
MILF: Moro Islamic Liberation Front
MNLF: Moro National Liberation Front
NPA: New People's Army
OPM: Free Papua Movement
SRH: Sexual and Reproductive Health
UN: United Nations
WHO: World Health Organization
INTRODUCTION

COVID-19 is causing death and destruction as it continues to spread globally. For individuals in fragile settings, the pandemic is exacerbating dire living situations. This article examines how the coronavirus outbreak is impacting conflicts in Myanmar, the Philippines, Thailand, and Indonesia. After giving a brief background to these conflicts, I analyze whether the pandemic is bringing us any closer to peace in the region. I then discuss how conflict-affected populations are faring amid the virus. I go on to give policy recommendations for governments and international actors in light of the ramifications the current crisis has for conflict resolution and individuals affected by violence.

I. BACKGROUND TO CONFLICTS

Myanmar

Conflicts between ethnic separatist movements and the Burmese military have blighted Myanmar since 1948.\(^1\) Although much of the country is now stable,\(^2\) the military continue to carry out offenses in the nation's seven ethnic minority states, with Rakhine, Chin, and Karen States frequently targeted. The Rohingya, a Muslim ethnic group in Rakhine, have been exposed to incessant violence in recent years. Conflict intensified in October 2016 when insurgents killed nine border guards in Rakhine.\(^3\) The Burmese military responded by destroying Rohingya settlements and committing grievous human rights abuses,\(^4\) prompting a UN Official to describe the treatment of the Rohingya as a "textbook example of ethnic cleansing."\(^5\) More than 87,000 Rohingya fled to Bangladesh within a year of the incident.\(^6\) Clashes between the Burmese military and the Arakan Army (AA) since 2018 and other violence in the State have caused yet more displacement, with the number of Rohingya refugees residing in camps in Bangladesh now standing at 700,000.\(^7\)

The Philippines

Mindanao, an island in the Southern Philippines, is the site of a violent struggle between armed separatist groups and state forces.\(^8\) The island and its neighboring provinces are inhabited by a

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6 Al Jazeera, "Who are the Rohingya?"
7 Wilkinson et al., "Key Considerations."
sizable Muslim population, known collectively as the Bangsamoro ("Muslim Nation"). Insurgents have vied for independence from the Philippines, a Catholic nation, due to feelings of marginalization and neglect. Two insurgent groups – the Moro National Liberation Front (MNLF) and the Moro Islamic Liberation Front (MILF) – have fought the state since the 1970s. Since the early 1990s, there has been a notable rise in splinter organizations adhering to extremist ideologies. For example, the Bangsamoro Islamic Freedom Fighters (BIFF), an Islamist militant organization formed in 2010, pledged their allegiance to Islamic State (IS) in 2014. Extremist organizations and rampant clan violence threaten to overturn peace negotiations between the government and the MILF that began in 2014. The negotiations led to the establishment of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) which afforded the region greater autonomy.

The Philippines is also home to Asia's most prolonged communist insurgency. The New People's Army (NPA), the armed wing of the Communist Party of the Philippines, have been waging a guerilla war in rural areas of the country for over 50 years.

**Southern Thailand**

The provinces of Pattani, Yala, and Narathiwat in Southern Thailand are a hotbed of conflict. They are populated by a large number of Malay Muslims whose ethnic identity diverges from the Thai Buddhist majority. The conflict is rooted in historical injustice, marginalization, and policies of forced assimilation. An initial period of fighting that began in the 1960s came to an end in the early 1990s. However, the deaths of dozens of Malay Muslims in custody in 2004 reignited violence. Clashes between state forces and the Barisan Revolusi Nasional (BRN), the largest separatist group in Southern Thailand, have resulted in a significant number of civilian casualties since the resurgence of violence.

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13 AJAR, "Transitional Justice: Philippines."


Indonesia (Papua Conflict)

The Indonesian provinces of West Papua and Papua have been marred by conflict since Indonesia annexed the region in the 1960s. Papuans, who are ethnically and religiously distinct from Indonesians, regularly encounter racial discrimination at the hands of state forces. Indonesian security agents repeatedly carry out acts of violence and other human rights violations against Papuans, including sexual assault. The Free Papua Movement (OPM) has waged a low-level guerrilla war against the state since the 1960s. Papua was granted special autonomy in 2001, but this was poorly implemented and failed to bring an end to conflict.

II. COVID-19 AND CONFLICT RESOLUTION

Several armed groups and governments across Southeast Asia have announced ceasefires amid the pandemic. While these ceasefires could be viewed as a step towards peace, their impacts have been limited. Moreover, the pandemic is hampering peacebuilding mechanisms, and in some cases, it is exacerbating tensions. This section assesses how the coronavirus crisis is influencing conflict resolution in Southeast Asia in the short-term by examining the recent ceasefires; peacekeeping and peacebuilding; societal tensions; and rising extremism.

Ceasefires

Natural disasters have in the past been conducive to conflict resolution. The 2004 Indian Ocean Tsunami was widely regarded as instrumental in bringing peace to Aceh, a province in Indonesia that endured a lengthy insurgency. Aceh was devastated by the tsunami and attention turned from fighting to rebuilding and recovery. In a similar vein, several governments and insurgent groups across Southeast Asia have said they would lay down their arms in a bid to fight COVID-19. On March 18, Rodrigo Duterte, President of the Philippines, declared that the country's military would suspend all operations against communist rebels until mid-April. A week later the NPA announced a temporary cessation of hostilities, referencing the UN Secretary-General's call for a global ceasefire. Shortly after, the BRN in Southern Thailand stated that they would observe a ceasefire from April 4, contingent on the Thai army refraining

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from attacks. On May 9, Myanmar’s military announced that they would be enacting a three-month nation-wide unilateral ceasefire.

However, these ceasefires were short-lived, and some were flawed from the outset. The ceasefire implemented by the Burmese military excluded areas where "terrorist groups" are present. As the AA is a government-designated terrorist group, the ceasefire did not apply to parts of Rakhine and Chin, where violence continued unabated. In the Philippines, raids against the NPA resumed in mid-April after the government accused communist guerrillas of violating the truce. The BRN's ceasefire was seen as problematic from the start; it was "couch[ed] in guarded terms," made no reference to the UN's ceasefire appeal, and failed to evoke a response from the Thai government. Violence in Southern Thailand commenced less than a month after the ceasefire was declared, sparked by the murder of three insurgents during Ramadan.

**Peacebuilding**

The coronavirus pandemic is impacting international peacebuilding mechanisms in a variety of ways. Travel restrictions and a lack of public interest in stories unrelated to the virus make it difficult for media outlets and non-governmental organizations to report on conflicts. While a focus on domestic matters has left the international community less willing to intervene in other countries' affairs, thereby eroding international oversight. The Burmese government accelerated attacks in densely populated areas of Rakhine in February while other countries were preoccupied with the virus. Limited media coverage has further debilitated oversight in Papua, which lacks the presence of an international body to monitor the conflict.

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31 Bunia and Bogota, "COVID-19 Raises Risks of Conflict."
Indonesian government increased troop numbers to Papua throughout April when many countries experienced a surge in new cases, and has continued to arrest and torture Papuans.

The virus has also disrupted peace negotiations. Face-to-face peace talks, viewed as integral to Aceh’s peace process, are not possible because of restrictions on movement. Peace talks between the Thai government and the BRN have stalled for the same reason. The talks, which began in January and last took place in March, were being held in Malaysia. However, border closures between the two countries have resulted in their suspension. This delay is regrettable because the Thai Secretariat for the Peace Dialogue described the meetings as "constructive" but said that "continuity" would be required to reach a solution.

**Rising Tensions**

The pandemic is stoking tensions due to lack of faith in the government after years of conflict, social stigma associated with coronavirus, and socioeconomic inequalities. Animosity towards the state increased in Papua after the Indonesian government tried to reverse a travel ban to the province. The ban, which was widely endorsed by the local population and the OPM, had been introduced by provincial authorities to prevent transmission of the virus. For a great deal of Papuans, attempts to overturn it revealed the insubstantial nature of their autonomy, and confirmed that the government cared little for their wellbeing. Moreover, the OPM spread conspiracy theories that Jakarta had created the virus as part of a genocidal plot, and many Papuans asserted that security personnel and migrant workers were bringing the virus with them from elsewhere in Indonesia. The stigmatization of migrant workers comes less than a year after approximately 30 of them were brutally murdered during riots in Papua, leaving them particularly vulnerable to attacks.

There are concerns that the economic fallout of the virus will result in social disorder. Millions in Southeast Asia are in danger of losing their livelihoods and could face food insecurity as the pandemic disrupts agricultural activity and supply chains. Skirmishes over land and resources have already been recorded throughout the region. The dramatic downturn could exacerbate existing conflicts—endemic poverty in Southeast Asia’s conflict zones is thought to be a leading
cause of ongoing violence. Conflict-affected populations, particularly those from minority groups, associate economic inequality with injustice and marginalization.

**Rising Extremism**

The economic crisis is also likely to enhance the appeal of extremist organizations. Economic uncertainty can generate feelings of anxiety and anger, making individuals more susceptible to extremism. Extremist organizations are able to exploit economic disparities and disillusionment with the state to promote their cause. Extremist militants in Mindanao have encouraged individuals from depressed rural areas profoundly affected by government-imposed lockdowns to join in their fight against the state. On a more tangible level, organizations may be able to make up for the loss of income by paying combatants. This situation arose previously in Mindanao in 2017 when a large number of combatants were promised payment in exchange for fighting alongside IS militants.

Lockdown measures may also be increasing radicalization. The pandemic is being used by extremist organizations to spread harmful narratives that perpetuate notions of "us" versus "them." IS, which is active in Mindanao and has an online following among youth in Southern Thailand, has claimed that the virus is a divine punishment for the death of Baghdadi and urged their followers to launch attacks. Individuals can select what information they see while at home, and without interacting with the outside world, that information will go unchallenged.

Harmful messages can be powerful drivers for joining extremist organizations, especially when paired with distrust in the state after protracted conflict and historical marginalization. The BIFF claimed that virus containment measures prohibiting mosque services were attempts by the state to "destroy Islam" and called for attacks to be carried out in retaliation. The BIFF has since conducted several attacks in Mindanao.

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A reduced security presence will aid extremist operations as state forces focus on the virus. IS-linked groups in Mindanao such as Abu Sayyaf have scaled up recruitment drives while the military enforces lockdown measures in urban areas of the country.59

**Summary**

The succession of ceasefires announced amid the pandemic offered a glimmer of hope for some of Southeast Asia's longest-running conflicts. However, the ceasefires had a limited impact, and it is clear that peace is far from being achieved in the region. Moreover, the coronavirus crisis is hampering peace processes, fueling tensions, and driving extremism. It is impossible to know how the pandemic will influence Southeast Asia's conflicts in the long-term, but it seems clear that its effects so far have been more negative than positive.

III. COVID-19 AND CONFLICT-AFFECTED POPULATIONS

The fact that peace appears far off for Southeast Asia is devastating for those caught in the crossfire. This section considers how individuals living under conflict and those who have fled violence will be affected by the virus. I examine how conflict has weakened health systems and obstructed much-needed aid. I also explore how the pandemic is affecting forcibly displaced communities who must grapple with unsanitary living conditions and border closures. Finally, I assess the impact of the outbreak on women and girls in fragile settings.

**Health Systems**

Health systems in war-torn countries tend to be weak for several reasons, including the destruction of healthcare facilities, an absence of qualified workers, and a shortage of medical supplies, soap, water, and food.60 Corrupt, inefficient, or neglectful government agencies can also result in uneven healthcare coverage, with those in conflict zones less likely to receive help.61 Public health in Myanmar is extremely limited in conflict-affected areas. Constant violence has left Rakhine State with an exceedingly weak health system, and containment efforts in the State have trailed far behind the rest of the country.62 To make matters worse, the government introduced a mobile internet blackout last year in Rakhine and Chin to prevent AA operations. This block on information has deprived countless individuals from receiving critical information on how to protect themselves against the virus.63

Long-standing neglect has contributed to healthcare inequities in Papua. In 2018, a UN Special Rapporteur published a report criticizing the paucity of adequate healthcare in the provinces. For those living in remote areas, health services are virtually non-existent as centers do not have qualified staff and lack equipment. The report also revealed that many Papuans distrust medical

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61 ICG, "Seven Trends to Watch."
63 ICG, "Conflict, Health Cooperation in Myanmar."
personnel because of the discrimination and stigma they experience upon receiving treatment.\textsuperscript{64} Such a weak health system is unlikely to be capable of handling a viral outbreak.

\textbf{Obstructed Aid}

There have been some positive examples of cross-conflict aid delivery. For instance, Myanmar's military sent a consignment of medical supplies to the Kachin Independence Army, an ethnic armed organization.\textsuperscript{65} Nonetheless, violence and political divisions created by conflict are preventing the provision of aid at a time when it is badly needed.

In April, a driver employed by the World Health Organization (WHO) was killed while transporting COVID-19 test swabs from Rakhine to Yangon in Myanmar. The incident rendered the swabs useless as they required examination within 48 hours of collection, and alarmed health workers operating in the country.\textsuperscript{66} The Burmese military has also threatened to attack civilians should they accept aid from ethnic armed organizations, denying them lifesaving equipment.\textsuperscript{67}

Political rifts have obstructed the delivery of aid in the Philippines. Cotabato City, located in Mindanao, has refused to accept assistance from the BARMM due to tensions over its inclusion in the region,\textsuperscript{68} despite more than 30\% of the city's residents living below the poverty line with many unable to fulfill even basic needs.\textsuperscript{69}

\textbf{Displacement}

As violence across Southeast Asia continues during the pandemic, so does displacement. The Norwegian Refugee Council has said that between March and May alone, armed conflict produced approximately 11,000 new Internally Displaced People (IDPs) in Myanmar.\textsuperscript{70} In the first three months of 2020, over 26,300 people were forced to leave their homes in Mindanao largely due to clan violence, with roughly 250 families fleeing fighting between government forces and the BIFF.\textsuperscript{71} Clashes between the OPM and the state since 2018 have displaced


\textsuperscript{67} Tower, "COVID-19 and Conflict: Burma."


\textsuperscript{69} Jodesz Gavilan, "Cities of Isabela, Cotabato: What You Need to Know About Bangsamoro's Coveted Areas," Rappler, January 23, 2019, \url{https://rappler.com/newsbreak/bangsamoro-coveted-areas}.


thousands of Papuans, and a military crackdown amid the pandemic triggered another wave of displacement from Sorong City in West Papua.\footnote{Morning Star, “Coronavirus: Indonesia Militarises WP.”}

Many displaced people live in overcrowded camps that act as breeding grounds for disease. Evacuation centers in Mindanao house two or three families to a shanty. Centers typically contain a single toilet that is shared by up to 70 families.\footnote{Abo and Ayao, “Violence or the Virus? Mindanao’s Displaced Forced to Choose,” The New Humanitarian, June 1, 2020, \url{https://www.thenewhumanitarian.org/opinion/2020/06/01/Philippines-Mindanao-coronavirus-violence-women-girls}.} Camps may also be devoid of basic supplies that can slow the spread of the virus—IDP camps in Rakhine State lack soap and water.\footnote{Sarah Pelham et al., "Conflict in the Time of Coronavirus" (Oxford: Oxfam GB, 2020) \url{https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620983/bp-conflict-coronavirus-global-ceasefire-120520-en.pdf}.} Moreover, individuals confined to temporary settlements generally suffer from poor health due to malnutrition and insufficient healthcare, making them more susceptible to serious illness. Food scarcity has already been linked to a number of deaths in Papuan IDP camps.\footnote{“Papua Conflict: Overview,” ACAPS, \url{https://www.acaps.org/country/indonesia/crisis/papua-conflict}.} Further, a recent study revealed that more than 90% of IDPs in Mindanao could not obtain healthcare because of their distance to medical facilities and threats to personal security that could occur during the journey.\footnote{UN, “Policy Brief: COVID-19 and People on the Move” (June 2020) \url{https://reliefweb.int/report/world/policy-brief-covid-19-and-people-move-june-2020}.} Should coronavirus enter these camps, the effects would be catastrophic.

The pandemic is also preventing people from fleeing harm and reaching refuge. Countries have used border closures and stigma to shut out individuals seeking asylum, and the UN has cautioned that some may be forcibly returned to their countries of origin where they face violence and discrimination.\footnote{UN, "Policy Brief: COVID-19 and People on the Move" (June 2020) \url{https://reliefweb.int/report/world/policy-brief-covid-19-and-people-move-june-2020}.} Hundreds of Rohingya refugees are stranded at sea after being denied entry to countries throughout Southeast Asia for fear that they are carrying the virus.\footnote{Hannah Beech, “Hundreds of Rohingya Refugees Stuck at Sea,” \textit{New York Times}, May 1, 2020, \url{https://www.nytimes.com/2020/05/01/world/asia/rohingya-muslim-refugee-crisis.html}.}

\textbf{Impact on Women}

The pandemic is disproportionately affecting women by deepening gender inequality in the public and private spheres.\footnote{UN, "Policy Brief: The Impact of COVID-19 on Women" (2020) \url{https://asiapacific.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women/view}.} Women and girls from conflict-stricken communities are especially vulnerable to growing levels of inequality. COVID-19 is having wide-reaching effects for women and girls which include, but are not limited to, constraints on female healthcare and an increase in gender-based violence.

The virus is compromising women's health. Gender norms mean that women in conflict settings, and more generally, are expected to care for children and elderly family members.\footnote{WomenforWomen International, "7 Ways in Which Women in Conflict-Affected Countries are Being Hit Hardest by COVID-19," May 5, 2020, \url{https://www.womenforwomen.org.uk/blog/7-ways-which-women-conflict-affected-countries-are-being-hit-hardest-covid-19}.} The ILO has said that women in Asia and the Pacific perform an average of four times more...
unpaid care than their male counterparts.81 Women as the primary caregivers are more likely to care for ailing family members, raising their risk of contracting the virus.82 Furthermore, women and girls represent over half of the global displaced population, and 77% of all IDPs in Myanmar are women and children.83 As such, a large proportion of women are routinely exposed to dismal conditions in refugee camps. Gender norms may constrain the healthcare available to displaced women. A number of female IDPs in Mindanao said they had never received a health check-up because familial responsibilities made it difficult for them to leave their homes, and some needed permission from their husbands and fathers to attend clinics.84 It is also difficult for women in fragile settings to access information. Women in these contexts are expected to stay at home, are unable to participate in community meetings, and might be illiterate.85 Moreover, women-friendly spaces in Rohingya refugee camps able to relay information have been forced to close because of the pandemic.86

Sexual and reproductive health (SRH) services are being cut back as a consequence of the virus. SRH services include pre- and post-natal care, access to contraception, and treatment for sexually transmitted diseases, all of which are considered essential to women's health and their sexual and reproductive rights.87 In unstable settings where health systems are strained, equipment and staff used to provide SRH are likely to be rerouted for COVID-19 efforts.88 Diverting services would be exceptionally harmful to conflict-afflicted women; more than half of all maternal deaths occur in fragile states.89 Unstable settings in Southeast Asia are not exempt from this trend. The maternal mortality rate in Southern Thailand is consistently the highest in the country,90 and Mindanao has the highest infant mortality rate in the Philippines.91

Gender-based violence is another serious concern for women in volatile environments. The European Commission defines gender-based violence (GBV) as, "violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately."92 While both sexes can experience this type of violence, women are far more likely to be victims. Examples of GBV include intimate partner violence (IPV), sex trafficking, and sexual harassment.

82 WomenforWomen International, "7 Ways."
84 Abo and Ayao, "Violence or the Virus?"
87 UN, "The Impact of COVID-19 on Women."
88 WomenforWomen International, "7 Ways."
89 Cone, "Gender Matters."
91 AJAR, "Transitional Justice: Philippines."
IPV increases during conflict due to the absence of law enforcement and judicial services, shifting marital roles, and the normalization of violence. Women affected by conflict in Southeast Asia are already exposed to high rates of IPV. A 2018 study conducted in West Papua found that 15% of participants had experienced domestic violence. IPV is also rife among displaced communities, where socioeconomic stresses, separation from friends and family, and forced marriage contribute to partner violence. The pandemic increases the likelihood of IPV as it adds a layer of socioeconomic stress, accompanied by lockdown measures that make it difficult for victims to flee abusive situations. There has been an alarming global spike in domestic violence since lockdown measures took effect. For women and girls living in contexts of violence and displacement where the incidence of IPV is already high, the outcomes of the pandemic will be disastrous. Camps for Rohingya refugees in Bangladesh have already reported higher rates of IPV than usual. Moreover, measures to prevent the transmission of COVID-19 have forced crisis centers available to Rohingya refugees to shut their doors.

Sex trafficking, which disproportionately affects women and girls, is predicted to rise as a result of the pandemic. The UN has warned that border closures will cause asylum seekers to use the services of human smugglers, increasing the risk of human trafficking. In addition, financial insecurity resulting from the economic downturn is anticipated to push women and girls into sex work, especially where women act as the breadwinners, which is common in conflict scenarios and displaced communities.

Summary

This section highlighted the outsized burden of the pandemic on populations affected by violence. The coronavirus is overwhelming medical facilities in developed countries, which does not bode well for health systems weakened by conflict. Violence and political divisions have frustrated the delivery of relief goods at a time when they are sorely needed. The virus also presents a substantial danger to displaced populations living in cramped settlements, while border closures have obstructed passages to safety. Women and girls are particularly defenseless to the virus. They face higher exposure to it, met with inadequate healthcare and protection. The pandemic is forcing services to close that are fundamental to women’s health and wellbeing, and it is increasing the prevalence of GBV.

95 Cone, "Gender Matters.”
98 Cone, "Gender Matters.”
101 UN, "COVID-19 and People on the Move.”
102 Cone, "Gender Matters.”
IV. POLICY RECOMMENDATIONS

The pandemic is at best having little impact on conflict resolution in Southeast Asia and at worst derailing peacebuilding efforts and fueling animosity. The effects of the pandemic will be felt sharply by those caught in the crossfire as violence continues to incapacitate relief and recovery efforts. The following are policy recommendations for Southeast Asian governments and international actors (foreign governments, INGOs, donors) in light of the ramifications of the pandemic for peacebuilding and conflict-affected populations.

Conflict Resolution

To bring an end to conflict so that the virus can be addressed, governments and international actors should:

1. Support local peacebuilders

Local peacebuilders must be supported, including grassroots organizations representing women and youth. Civil society organizations (CSOs) are critical to peacebuilding; their involvement in peace processes makes agreements 64% less likely to fail. CSOs can offer a local perspective and monitor the implementation of peace agreements. Local peacebuilders are vital during the pandemic as they can continue to promote peace in the face of diminished international oversight and obstructed peace talks. International organizations and donors can support local peacebuilders by funding them and through remote mentoring. International organizations should preserve channels of communication with local actors and continue to report on human rights violations.

2. Counter the spread of disinformation

Groups like the OPM and the BIFF are using disinformation surrounding the virus to stoke tensions. Governments and international actors must develop counter-narratives by providing up-to-date, factual information about the pandemic and the economic and security issues related to it. Taking these actions would counter disinformation, ensure that local communities remain informed about each stage of the government's response, and signal to communities that the government is committed to their welfare. Information should be widely circulated and tailored to the local context. Local peacebuilders and organizations should be utilized as they have extensive networks and are accustomed to translating complex

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messages. Trusted community members, known as "ethical brokers," should be identified to impart information where trust in the state is low.

3. Be mindful of the underlying causes of conflict when implementing COVID-19 response and recovery efforts

A conflict-sensitive approach must be adopted by governments and international actors when implementing response and recovery so as not to exacerbate existing inequalities that drive conflict. Instead, measures should address socioeconomic marginalization, making peace more feasible in the long-term. To promote inclusivity, efforts should strive to provide equal access to social protection and basic services like healthcare and education. Building a fairer post-pandemic society would also disincentivize individuals from joining extremist organizations, as well as undermine messages of righting socioeconomic injustices.

4. Engage and support families and local communities in countering violent extremism (CVE)

With lockdown measures in place, families and local community members will be the first to spot signs of radicalization. Governments and international actors should engage local communities, including youth organizations, women's groups, community leaders, and religious actors. Clear lines of communication should be established between families, community members, and security personnel. Taking these steps would enable governments and international actors to stay abreast of security threats and allow for the peaceful expression of grievances. Local CVE organizations should be aided in adapting their activities to the context of the pandemic. Online programs might be more feasible, which may demand remote mentoring and the provision of relevant technology. PPE could be donated to allow organizations to continue in-person work. International organizations could also conduct remote capacity building in order to empower their local counterparts in the long-term.

Conflict-Affected Populations

To mitigate the effects of the virus on displaced populations and populations affected by violence, governments and international actors need to:

1. Commit to cross-conflict coordination when planning health responses

Where possible, governments should consult armed organizations on response and recovery efforts to ensure equal access to healthcare and to improve the flow of information. Cross-conflict cooperation is important for nations like Myanmar, where ethnic armed organizations

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108 Marclint Ebiede, "How to Ensure that Coronavirus Doesn't Stop Peace Efforts in Africa."
109 Wilkinson et al., "Key Considerations."
113 Ibid.
114 Rosand et al., "Preventing Violent Extremism During and After the COVID-19 Pandemic."
115 Burke, “Peace and the Pandemic.”
often administer healthcare in conflict zones. The Burmese government has taken some positive steps in this area. In April they formed a committee with several armed organizations to coordinate the public health response. However, authorities are still unwilling to communicate with the AA, leaving swathes of Rakhine and Chin unaccounted for. If governments are reluctant to cooperate, international organizations could step in and help facilitate cross-conflict coordination.

2. Support local actors in providing healthcare and health directives

Governments and international actors should harness local organizations that can provide healthcare to conflict-stricken and displaced communities. Local actors such as community health workers can play a crucial role in providing healthcare and gathering information on the outbreak. Governments and international actors should bolster the capacity of local health workers by arming them with knowledge and sending them medical supplies and PPE. In situations where the state is considered untrustworthy, local organizations and ethical brokers should be used to persuade citizens to follow official health directives and to disseminate information.

3. Facilitate the delivery of aid

Governments should protect aid workers and ensure that they are able to enter conflict zones. If governments fail to open up access, international actors should find alternative ways to provide aid. Some examples have already been mentioned, like remote mentoring and capacity building. Actors could also use cash transfers or reach out to armed organizations.

4. Ensure displaced populations have the necessary tools and information to protect themselves from the virus

To ensure forcibly displaced people are able to protect themselves from the virus, governments and international actors should increase the number of sanitation facilities at temporary settlements and convert any unused space into quarantine facilities. Information on the virus should be translated into the language of the displaced community and transmitted through various mediums including television, radio, graphic and written works in order to accommodate varying levels of literacy. Governments should also lift internet bans.

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116 Wilkinson et al., "Key Considerations."
117 ICG, "Conflict, Health Cooperation in Myanmar."
118 Burke, “Peace and the Pandemic.”
119 Ibid.
123 “Public Health During COVID-19,” UNHCR UK.
124 Cone, “Gender Matters.”
5. Allow refugees entry despite border closures

Governments should implement border closures in accordance with international human rights by allowing the entry of forcibly displaced people and by prohibiting refoulement. Governments and international actors can take measures to limit the spread of the disease at borders and to protect public health. For example, they could house incoming displaced people in temporary quarantine centers.

6. Ensure women in fragile settings are able to access information and services indispensable to their health

Because women overwhelmingly act as primary caregivers in fragile settings, governments and international actors should equip them with information on how they can protect themselves and their families. Messaging should be carried out by persons of both genders so that information is able to reach women. Women should be consulted to ascertain what knowledge they require most. Facilities providing SRH services, particularly pre- and post-natal care, should be made essential. Resources should be sent to facilities so that workers can adequately protect themselves and provide a safe environment for patients. Governments and international organizations should donate supplies crucial to women's health, like contraception and feminine hygiene products.

7. Make GBV services essential and ensure that women are aware of any changes

Crisis centers for survivors of GBV should be deemed essential. Given that women's groups are the most valuable tool in countering GBV, it would be beneficial not only to ensure these services remain open, but also to provide them with resources to cope with the surge in violence. Women must be made aware of any changes to regular services and updated referral pathways. Community leaders and women's groups working in unstable settings could be used to communicate changes.

CONCLUSION

This article revealed some of the effects the COVID-19 pandemic is having on conflicts in Southeast Asia. The initial wave of ceasefires sparked by the pandemic offered renewed hope for conflict cessation in the region. However, none of the truces were able to stop the continuation of violence. Moreover, the pandemic has temporarily impaired international oversight, enabling governments in Myanmar and Indonesia to ramp up military attacks with relative ease. Thailand's peace talks have stalled because of the virus. Armed groups like Papua's OPM are using the virus to stoke tensions and promote their cause. The economic fallout of the pandemic is already triggering social upheaval, and extremist organizations in the

125 UN, "COVID-19 and People on the Move."
126 UN Women, "Urgent Calls for Gender Actions in the COVID-19 Response in Cox's Bazar."
129 Cone, "Gender Matters."
Philippines have seized upon the downturn to boost recruitment. Quarantine measures are allowing extremist messages to go unchallenged, and a weakened security presence is enabling higher levels of recruitment.

Continued violence will be devastating for victims of conflict. Health systems in unstable areas of Myanmar and Papua are too weak to respond to a viral outbreak and unequal access to healthcare will make it difficult for citizens to obtain medical assistance. Conflict in Myanmar and the Philippines is hindering the delivery of vital aid. Displaced populations are particularly powerless to the virus, as many must contend with unsanitary living conditions and virtually non-existent healthcare. Border closures are preventing asylum seekers from reaching places of safety. Women and girls in volatile environments, who already experience immense inequality and physical insecurity, are now facing additional threats to their health and wellbeing.

What men and women desperately need during the pandemic is peace. Governments in Southeast Asia and international actors must work to bring an end to conflict by empowering local peacebuilders and devising response and recovery plans that not only prevent the escalation of violence but also help to build a more inclusive post-pandemic society.
ABOUT THE AUTHOR

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