Catastrophes, Confrontations, and Constraints

How Disasters Shape the Dynamics of Armed Conflicts

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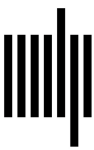

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6 Conflict Implications of the COVID-19 Pandemic

The COVID-19 Disaster

The outbreak of the new severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) occurred in the Chinese city of Wuhan in December 2019. While there are rumors that the virus was manufactured in a laboratory, the large majority of experts agree that it spilled over from an animal (such as a bat or a pangolin) to humans. The new coronavirus, commonly referred to as COVID-19, is highly infectious and can be transmitted through the air as well as via contaminated surfaces. Consequently, it quickly spread within China and around the world. While on January 22, 2020, only six countries had reported cases of COVID-19, by March 22 the virus was present in 171 countries. On March 11, the World Health Organization (WHO) declared COVID-19 a pandemic.

As of May 1, 2022, at least 514 million people have suffered from SARS-CoV-2 and more than 6.2 million have died from the disease (Ritchie et al. 2022). These numbers likely do not reflect the actual number of cases, because detection and testing rates in low- and middle-income countries have been rather low. Despite effective vaccines becoming available in late 2020 and many countries quickly initiating ambitious vaccination campaigns, the COVID-19 pandemic is still ongoing. Limited vaccination access in poor countries and remote regions coupled with the occurrence of new, more contagious mutations of the original virus have complicated the struggle against COVID-19 (Zhou 2022). The pandemic hence fits the definition of a disaster employed in this book and the wider literature: a natural hazard (the mutated coronavirus) affected a vulnerable society (due to global interconnectedness, opposition to initial containment measures, insufficient hospital capacities, etc.), resulting in adverse outcomes on a

massive scale (Wang et al. 2021). However, in contrast to the disasters discussed in chapter 4, the pandemic is still ongoing, of global (rather than national or regional) scale, and very long term in nature.

After hospitals in several heavily affected regions, such as parts of Italy or New York City, could no longer cope with the additional inflow of patients and death rates increased quickly, many governments took harsh measures to limit the spread of COVID-19. These included travel restrictions, mandatory wearing of face masks (and later vaccination certificates or negative COVID-19 tests) in certain public places, limitations on public gatherings, closures of businesses, schools, and workplaces, home schooling and home office requirements, and stay-at-home orders (lockdowns).

Particularly noteworthy examples include the following:

- A nationwide lockdown declared in India on March 24, 2020, ordering more than 1.3 billion people to stay at home and leaving many migrant workers unemployed and far from home (Biswas 2020).
- The closure of schools nationwide in Bangladesh, Kuwait, Saudi Arabia, the Philippines, and Venezuela for more than 18 months, from March 2020 until late 2021. As of March 2022, schools in 23 countries were still fully or partially closed, depriving over 400 million students of basic education (UNICEF 2022; Westfall 2021).
- Australia closing its international borders from March 20, 2020, until November 1, 2021, denying entry to all non-residents and severely limiting the opportunity of citizens to return.

The direct impacts of COVID-19 and the various policy measures to limit the spread of the virus had a devastating impact on the economy and people's livelihoods. In 2020, the global GDP declined by 3.6% (down from an average growth of 2.8% in the previous five years), triggering the worst worldwide recession since 1946 (World Bank 2022). The closure of markets, shops, and offices as well as the collapse of the tourism, hospitality, and event sectors undermined the livelihoods of many households. Scholars estimate that the pandemic increased the number of people living in extreme poverty[1] worldwide by 97 to 150 million people (Gerszon Mahler et al. 2021; Laborde et al. 2021) and set back human development by almost five years (UNDP 2022). The associated reduction in purchasing power together with supply chain interruptions had serious implications for food security (Laborde et al. 2020).

1. That is, people living on less than US$1.90 per day.

Both mortality rates and poverty risks related to COVID-19 were highest among the poor and marginalized segments of the population. These groups often hold jobs that cannot be done from home. They also have limited assets and savings as well as less access to health insurance, state support, and public infrastructure (Bargain and Aminjonov 2021; Whitehead et al. 2021). Women and girls suffer disproportionately from the pandemic. They are more likely to work in jobs involving frequent interactions with (potentially) infected people, such as nursing or aged/elder care. Furthermore, women work more frequently on short-term contracts, have limited access to health care and credit, and are expected to perform additional household duties, such as when schools are closed (Zamarro and Prados 2021).[2] A combination of increased psychological stress and the inability to leave home increased instances of domestic violence by up to 30% in some countries (UN Women 2020).

Before analyzing in further detail how the COVID-19 disaster has influenced the dynamics of armed conflicts (the main analytical focus of this book), I will provide a brief overview of the general links between COVID-19 and conflict. The pandemic has caused, triggered, or affected several types of conflicts:

- At the international level, countries have competed with each other first for crucial medical supplies to manage the pandemic (e.g., face masks) and then for sufficient amounts of vaccination to immunize their populations. In the context of this "vaccine nationalism," rich countries have successfully pursued their national interests, while many middle- and low-income countries have lost out. At the same time, there are concerns about countries like China or Russia using the supply of vaccines to increase their geopolitical influence (Bollyky and Bown 2020; Zhou 2022).
- At the national level, there has been fierce societal contestation about the handling of the pandemic in many countries. In Melbourne, hundreds of workers protested violently against vaccination requirements for the construction sector in September 2021, leading to the deployment of anti-riot police forces (ABC News 2021). Religious groups actively contested restrictions on religious gatherings in countries as diverse as India, Pakistan, and Israel. Anti-lockdown protesters carried firearms in the United States on several occasions in 2020 and torched a COVID testing center in the Netherlands in early 2021 (Beckett 2020; Haddad 2021).

2. At the same time, men are 2.4 times more likely than women to die from COVID-19 once infected (Jin et al. 2020).

Particularly right-wing populist (but also some liberal) parties championed such anti-restriction or anti-vaccination sentiments during elections and parliamentary debates. However, governments (particularly those with a record of human rights violations) have also used the pandemic to repress dissent and implement movement restrictions (Barceló et al. 2022).

- At the local level, the pandemic has triggered or intensified several micro-level conflicts. Some of these relate to xenophobia, such as physical assaults of "Asian-looking" people suspected to have spread COVID-19 (Cabral 2021). Other examples include local protests against the establishment of quarantine facilities for citizens returning from China in the Ukrainian town of Konopkivka in February 2020, a protest by staff members of a hospital in Amol (Iran) demanding more protective equipment, or calls by Mexican tourism operators to receive more support from local authorities during lockdowns.[3]

These conflicts are well worth studying, and researchers have already started assessing the conflict implications of COVID-19. Jeffrey R. Bloem and Colette Salemi (2020), for instance, find that the number of protest events worldwide declined sharply around March 2020 owing to limitations on public gatherings but reached pre-pandemic levels as early as October 2020. This trend also holds for countries that had recently experienced significant protest movements, such as Chile, India, and Lebanon. Maciej Kowalewski (2021) evaluates how protest movements have adapted their strategies in response to public health requirements and resource constraints related to COVID-19. Furthermore, Thomas Plümper and colleagues (2021) argue that protests against COVID-19 containment policies occur most frequently in areas with heavy restrictions and low mortality rates.

Likewise, COVID-19 might increase the risk of armed conflict onset by affecting established drivers of conflict risk, such as poor economic growth, weak economic development, ethnic stereotypes, or medium levels of democracy[4] (Trinn and Wencker 2021).

This chapter will analyze the impact of the COVID-19 pandemic on the dynamics of ongoing armed conflicts between a government and a rebel

3. These three examples were extracted from the Armed Conflict Location and Event Data Project (ACLED) (Raleigh et al. 2010).

4. Many democratic or semi-democratic states like Australia, Chile, Kenya, or the Philippines have employed increasingly authoritarian measures in the name of reducing infection rates (Barceló et al. 2022).

group. Scholars have argued that grievances related to pandemic containment measures (e.g., lockdowns during religious holidays or bans on public gatherings) or the economic fallout of the crisis can result in anti-government sentiments. Likewise, rebel groups might increasingly recruit economically deprived individuals or attack governments preoccupied with the COVID-19 response. Finally, government forces or pro-government militia could crack down on political opponents under the cover of public health measures and the preoccupation of the international community with the pandemic (Hilhorst and Mena 2021; Ide 2021; Mehrl and Thurner 2021).

But due to the pandemic, rebels (if they control territory) and particularly governments had to invest considerable resources in public health measures. Especially in combination with the COVID-19-induced economic recession, this means conflict parties could lack the capability to engage in intensive armed violence, resulting in reduced armed conflict intensity (Koehnlein and Koren 2022). Likewise, health diplomacy scholars claim that disease outbreak opens a window for negotiation, cooperation, and cease-fires (Chattu and Knight 2019). Already in March 2020, UN secretary general Antonio Guterres called for a humanitarian cease-fire in the face of COVID-19, to which several armed groups responded positively:[5]

> Our world faces a common enemy: COVID-19. The virus does not care about nationality or ethnicity, faction or faith. . . . That is why today, I am calling for an immediate global ceasefire in all corners of the world. It is time to put armed conflict on lockdown and focus together on the true fight of our lives. To warring parties, I say: Pull back from hostilities. . . . This is crucial: To help create corridors for life-saving aid. To open precious windows for diplomacy. (UN 2020)

In the remaining part of the chapter, I study the impact of the COVID-19 disaster on armed conflict dynamics based on four case studies. In line with the rest of the book, I focus on battle-related deaths as recorded by the Uppsala Conflict Data Program–Georeferenced Event Dataset (UCDP-GED) (Sundberg and Melander 2013) as an indicator of conflict intensity, while triangulating this quantitative measure with qualitative information. As in chapter 4, the period of analysis starts one year before the disaster onset (March 2019). Because the pandemic is ongoing, I only take events until June 30, 2021, into account. Figure 6.1 summarizes the dynamics of the analyzed conflicts, and figure 6.2 shows the COVID-19 case numbers for the respective countries. Figure 6.3 illustrates the locations of the case studies.

5. Many of these commitments were one-sided and short-lived, however (Rustad et al. 2020).

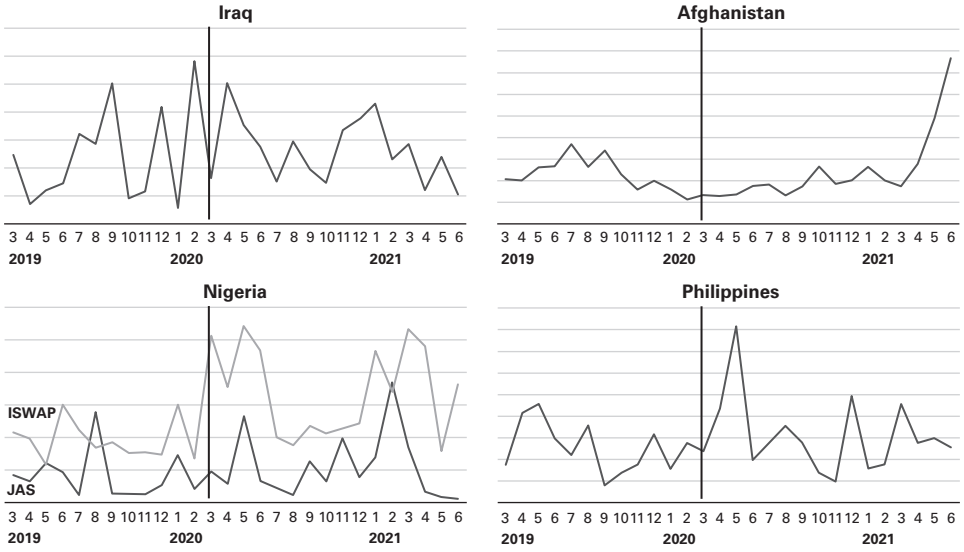

Figure 6.1
Monthly battle-related deaths, March 2019–June 2021. The vertical line represents the onset of the COVID-19 pandemic.

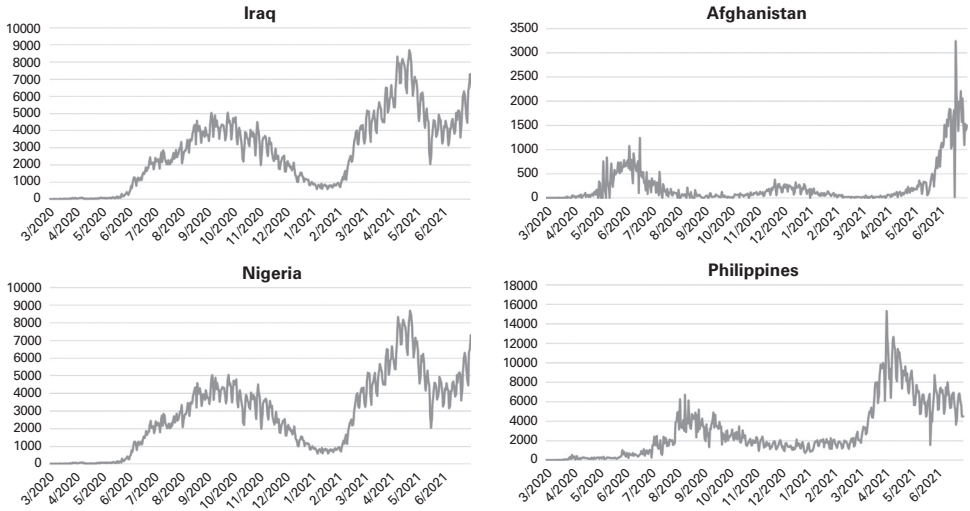

Figure 6.2
Daily new confirmed COVID-19 cases, March 2020–June 2021.
Source: Ritchie et al. (2022).

Figure 6.3
Location of the case studies. This map was created with the help of MapChart (https://mapchart.net).

The Islamic State Conflict in Iraq

The group today known as the Islamic State (IS)[6] emerged in Afghanistan in 1999 under the name Jama'at al Tawhid wal Jihad (JTJ). Led by Jordanian Abu Musab al-Zarqawi, JTJ committed to two main ideological principles: Salafism, a very strict and conservative interpretation of Sunni Islam with little tolerance for other belief systems, and offensive Jihadism, the commitment to spread this interpretation of Islam by means of violent action. Despite the

6. Other common names are Islamic State in Iraq and al-Sham (ISIS) and Da'ash (or Da'esh).

existence of ideological and strategic disagreements, JTJ initially pledged alliance to and received support from al-Qaeda. Following the US invasion of Afghanistan, the group relocated to Iraq. In the chaos that followed the overthrow of Saddam Hussein by a US-led international coalition in 2003, JTJ—or Islamic State of Iraq (ISI) from 2006 onward—quickly emerged as a powerful actor. By conducting attacks against Shiite and international actors, ISI aimed to fuel a civil war, to drive foreign (mostly US) security forces out of Iraq, and ultimately to establish conservative Sunni rule. However, a coalition of US troops, Iraqi security forces, and tribal militias effectively fought back, and by 2008 ISI had suffered considerable losses. At this time, it had also broken its ties with al-Qaeda. Yet, ISI was able to retain a presence in eastern Iraq.

Three developments catalyzed the resurgence of the IS in 2011. First, the United States started to reduce its military presence in Iraq from 2009 onward, with the complete removal of all troops by 2011, thereby leaving the government less capable to fight insurgents. Second, in the same year, newly elected prime minister Nuri al-Maliki introduced various measures widely perceived to discriminate against Sunni groups, including the removal of senior Sunni leaders from the Iraqi armed and police forces. Third, and most important, anti-regime protests during the Arab Spring and their violent repression by state forces escalated into a civil war in Syria. This provided IS with further opportunities to recruit members, gather weapons, and acquire funds. Long-standing ties with the local population in some parts of Iraq as well as the inflow of foreign fighters (in part due to a well-orchestrated social media campaign) further strengthened IS (Gerges 2016).

Within a few years, IS was able to conquer and control an area of about 1 million square kilometers in Iraq and Syria, including Iraq's second-largest city, Mosul (LeBillon 2022). In Iraq, IS was an "umbrella organisation" (Steed 2019: 9) for former Ba'athist party members who had lost influence during the 2003 regime change, Sunni nationalists, and Islamic fundamentalists. On June 29, 2014, then IS leader Abu Bakr al-Baghdadi declared IS to be a caliphate and de facto state. However, this height of power did not last long. IS's widespread atrocities, international terrorist attacks, and extremist ideology alienated it from the local population, the international community, and (potential) allies. Under attack by other Islamist groups (such as the Al-Nusra Front), airstrikes by a US-led

international coalition, Kurdish armed forces, the Russian- and Iranian-backed Syrian military, and Iraqi security forces and militias (supported by Western states), the caliphate collapsed. In 2016, IS lost control over most urban areas in Iraq, and by March 2019 it no longer controlled any territory. Later that year, US forces killed al-Baghdadi (Steed 2019; Vu and van Orden 2020).

Iraq reported its first case of COVID-19 on February 24, 2020, and by September of that year the number of daily new infections had rapidly grown to 5,036. A second wave with up to 8,700 daily cases hit the country in April 2021, and a third wave with up to 13,500 new infections per day followed in July 2021 (figure 6.2).[7] Iraq's war-torn and underfunded health system was highly vulnerable to the pandemic (Calabrese 2020). Furthermore, in early 2020, Iraq was characterized by widespread poverty, unemployment, inequality, and communal tensions—all factors that facilitated the success of IS in the 2010s (H. Ali 2020). During the first months of the pandemic, lockdowns and border closures decreased monthly household incomes by 16%, while 66% of all households reported an involuntary reduction of working days (UNDP 2021).

COVID-19 also had implications for the military capability of the Iraqi government. Due to the pandemic and lingering tensions with Iran, several European nations reduced their troop presence. Likewise, "the U.S. pulled some troops out of Iraq . . . and ordered the troops remaining in the country to stay on their bases—moves that ended most joint missions with local Iraqi and Kurdish troops" (Williams 2020). The Iraqi government cut the military personnel on duty by 50% and sub-divided military units to reduce the spread of COVID-19. Security forces also increasingly took on tasks related to the enforcement of curfews and travel limitations (Abdul-Zahra et al. 2020). However, despite a deepening of the economic crisis (Iraq's GDP declined by more than 10% in 2020), the security forces did not suffer from funding cuts or late salary payments (Brancati et al. 2021).

Initially, IS welcomed the outbreak of the pandemic, describing SARS-CoV-2 as "Allah's smallest soldier" and claiming that faithful Muslims are

7. As for all cases discussed in this chapter, the actual number of new infections is much higher but underreported because of low testing capacities.

immune to the virus.[8] The insurgents also quickly recognized the reduced military operations of the international anti-IS coalition and the new limitations of Iraq's security forces. Consequently, IS tried to "showcase successes and attribute operations to reduced [W]estern preparedness as a result of COVID-19" (Norlen 2020: 14). In other words, IS perceived the pandemic as an opportunity to gain military ground against a weakened Iraqi state, as its security forces were preoccupied with the pandemic response. Likewise, IS sought to demonstrate to internal audiences (the Iraqi population) and international audiences (mostly the international anti-IS coalition and potential recruits) that it was capable of exploiting the enemy's weakness. The goals behind this were to demoralize its opponents and attract new supporters.

The UCDP data recognize an intensification of the armed conflict between the Iraqi government and IS in the period from February to June 2020, with an average of 66 battle-related deaths, compared with 51 for the entire March 2019–June 2021 period (figure 6.1). This escalation was particularly pronounced in April 2020 (75 deaths). Other sources confirm this trend and attribute it to a higher number of IS attacks (Abdul-Zahra et al. 2020; Brancati et al. 2021; Ide 2021). However, this increase in conflict intensity was not sustained. The number of battle-related deaths reverted back to pre-pandemic levels in the second half of 2020 and even declined in 2021. Overall, IS was unable to exploit the pandemic to consolidate after (or recover from) its 2016–2019 defeats (UN Security Council 2021b). The year 2021 was therefore the least violent year in Iraq's recent history (*The Economist* 2021).

How do we make sense of this pattern? In the short term, the temporary weakness of the Iraqi government (and its international partners) together with the IS's determination to capitalize on this opportunity (and to send a signal to various audiences) led to an increase in IS attacks and consequently an escalation of the conflict. In the medium to long term, by contrast, IS was weakened by two COVID-19-related developments. The first, and arguably the more important one, related to travel restrictions. Between March 13, 2020, and September 23, 2020, and again from February 18, 2021, until the end of the time period analyzed here (June 30, 2021),

8. Later on, this framing was modified, and IS considered COVID-19 alternatively as (1) a sign of the coming apocalypse, (2) a test of faith for Muslims suffering from the disease, and/or (3) Allah's punishment for a sinful world.

the Iraqi government issued and enforced various forms of stay-at-home orders, including curfews. This limited the ability of IS cadres to move around, coordinate, and conduct attacks. The freeze of international travel almost completely stopped the inflow of foreign fighters, which had previously been an important asset for the jihadist insurgents.[9]

Second, voluntary contributions or enforced taxes have been a key source of income for the IS in Iraq (LeBillon 2022). But owing to the COVID-19-induced collapse of the economy, such revenues, as well as the insurgents' ability to collect them during lockdowns, have declined. The same is true for income from contraband and the drug trade, particularly during closures of international borders. With reduced mobility and financial resources, IS was unable to stage further attacks, and pandemic-related challenges and the covert nature of many IS activities prevented the government from exploiting this weakness (Brancati et al. 2021; Norlen 2020; UN Security Council 2021b).

The pandemic had very little impact on local-level conflicts or solidarity. A survey by UNDP (2021: 8), for instance, found that of all interviewed Iraqis, "93 percent reported no change in community tensions."

The Taliban Conflict in Afghanistan

As described in further detail in chapter 4 (see the case studies "Afghanistan 1998: Remote Earthquakes Did Not Shape Conflict Dynamics" and "Afghanistan 2008: Freezing the Conflict?"), the Taliban have their origins in the civil war between the Communist government that claimed power in Afghanistan in 1978 (backed by the Soviet Union) and the nationalist-religious *mujahedin* rebels (supported by Pakistan and the United States). Within the broader *mujahedin* movement, several radically Islamist religious leaders (*mullahs*) started to gather and train students (*taliban*) to join the holy war (*jihad*) against the Communist government during the 1980s. Despite a massive military intervention by the Soviet Union from 1979 onward, the insurgents were able to hold their own against the government. After the departure of the Soviet Army in 1989, the government collapsed in less than three years.

9. While IS recruited members from at least 80 countries, battle-experienced jihadists from places like Chechnya, Lebanon, and Palestine were usually much more valuable for the insurgents than recruits from Western countries.

After the fall of the government in 1992, several rebel groups, warlords, and criminal gangs fought for control over various parts of Afghanistan, and particularly of the capital city, Kabul. The Islamist *mullahs* and *taliban* were initially not involved in these struggles. However, with chaos and insecurity spreading, they gathered under the leadership of Mohammad Omar in 1994 to form the Taliban as an organized armed group. Within two years, they had conquered huge swathes of territory, including Kabul. Once in power, the Taliban established a strict Islamic regime to the detriment of women, religious minorities, and more liberal Afghans. Only the Northern Alliance,[10] a coalition of previously competing rebel groups, was able to resist the Taliban and hold some territory in the northern parts of the country (A. Jalali 2001; Rubin 2000; Terpstra 2020).

On September 11, 2001, al-Qaeda staged a series of massive terrorist attacks in the United States. As the group was based in Afghanistan and supported by the Taliban, an international military coalition led by the United States joined the Northern Alliance. Within three months, the alliance defeated the Taliban and established a new government, generously supported militarily and financially by Western states. The Taliban suffered further military losses in 2002 and largely went underground. However, with large profits from the opium trade, support from international jihadi networks (and likely the Iranian government), and safe havens in Pakistani territory, the Taliban consolidated and re-emerged. The insurgents scaled up their guerrilla attacks against Afghan and international security forces from 2003 to 2007 and again from 2010 onward (Giustozzi 2019; Sperling and Webber 2012).

The Taliban were able to grow their manpower, weapons supply, financial basis, and support within some parts of the population over the years. The Afghan state, by contrast, was ridden with political factionalism, corruption, and an inability to address high poverty rates. When the multinational military mission[11] in support of Afghanistan's government ended in 2014 and security became the primary responsibility of the Afghan state, the Taliban used their improved capabilities to attack a weakened opponent. By 2015, the insurgents had increasingly replaced guerrilla warfare with territorial control and open confrontations, soon being actively present in 70% of the country (Sharifi and Adamou 2018).[12] Recognizing that the confrontation

10. Also known as United Islamic Front for the Salvation of Afghanistan (UIFSA).
11. Officially termed International Security Assistance Force (ISAF).
12. Half of Afghanistan's population—around 15 million people—lived in these areas.

could hardly be won militarily, the United States signed a peace deal with the Taliban in February 2020. In essence, both parties agreed that all international troops would withdraw within 18 months, while the Taliban would negotiate with the Afghan government and refrain from supporting terrorism against international actors (Giustozzi 2019; Terpstra 2020).

Five days before the conclusion of the peace agreement, on February 24, 2020, Afghanistan confirmed its first COVID-19 case. The country experienced a first wave of the pandemic from May to July 2020 (with up to 1,241 new infections per day), a very mild second wave in late 2020, and a rapid rise in infections from May 2021 onward (with a peak of more than 3,000 new infections per day on June 17) (figure 6.2). Underfunded and struck by years of violent struggle, Afghanistan's health system was insufficiently prepared for the pandemic, with diseases like cholera, polio, and tuberculosis still being prevalent in the country. Consequently, while Afghanistan experienced few cases in March 2020, the government implemented school and workplace closures, border closures, and stay-at-home orders (which were lifted once infection rates declined). However, during the course of 2020 and again in 2021, the government faced public criticism that it did too little too late, and particularly that it did not coordinate properly with international donors (Furlan 2020).

While restrictive policy measures prevented many deaths, they also had far-reaching socio-economic implications, particularly in combination with the general contraction of the global economy and the ongoing insurgency. COVID-19-related restrictions forced many Afghans to refrain from going to workplaces, agricultural areas, and markets, hence resulting in income losses. In 2020 alone, Afghanistan's GDP declined by 1.9%, while "poverty levels rose from 41.6% to 45.5%, with more than half of the population living under the poverty line" (Sharma 2021). Increased poverty, supply chain disruptions, and closures of the border with Pakistan exaggerated an already fragile food security situation. Estimates suggest the pandemic had negative effects on the food situation of more than 16 million Afghans (Kapur 2021; Quilty 2020).

The Taliban considered COVID-19 a significant threat and reacted accordingly. Specifically, the insurgents conducted awareness workshops, distributed medical equipment (e.g., masks), set up quarantine centers for those arriving from high-risk areas, canceled public events (including mosque visits), sterilized public places, provided medical services in towns

without hospitals, and invited international organizations like the WHO and the Red Cross to work in the areas it controlled. From early 2021 on, the Taliban also supported vaccination efforts—for instance, by distributing information or guaranteeing the safety of health workers. This is a significant departure both from earlier policies (when the Taliban actively resisted polio vaccines) and from the actions of other jihadist groups, like IS (in this chapter, see the previous case study, "The Islamic State Conflict in Iraq") or Boko Haram (see the following case study, "The Boko Haram Insurgency in Nigeria").

It is important to note that the Taliban utilized the COVID-19 response as "part of a larger strategy to gain acceptance as a legitimate and responsible actor" (Kapur 2021). The Taliban publicly communicated their efforts to tackle the pandemic and joined public criticism of the government's response efforts. By doing so, they aimed to gain the support of local populations—an important asset for both guerrilla-style warfare and governance tasks[13] (Kapur and Saxena 2020; Shire 2022). As argued by Marta Furlan (2020), in order to increase legitimacy and public support during the COVID-19 pandemic, governments need to handle the disaster well in absolute terms, while insurgents like the Taliban only have to do better than the government in specific areas.

Figure 6.1 shows that in comparison with 2019 (and the previous years), the Taliban did not conduct their traditional spring and summer offensives. After the harsh winter (during which very few battles usually take place), the conflict intensity hardly increased. There are a few reasons for this. First and most important, the Taliban committed themselves to restraint under the terms of the peace agreement with the United States. By conducting a low number of attacks, the Taliban worked toward its goal of all international military forces leaving Afghanistan. Second, the Taliban invested resources and manpower into dealing with the pandemic (and, by doing so, into increasing its legitimacy). The move reduced their capability to stage further attacks. Third, many senior leaders suffering from COVID-19 in mid-2020 caused a leadership vacuum among the Taliban, thereby making it more difficult to plan and coordinate military offensives (Ide 2021;

13. In February 2020, the Taliban already controlled 19% of Afghanistan's district. This number increased until they overthrew the government and took full control of the country in August 2021.

O'Donnell and Khan 2020; Polo 2020). The Afghan military, in turn, was weakened owing to low soldier morale, the withdrawal of international support, and high rates of COVID-19 infections among its troops. The government side therefore lacked the ability to escalate the conflict (George et al. 2020; Koehnlein and Koren 2022).

The intensity of the conflict between the Afghan government and the Taliban remained relatively low during the winter of 2020–2021, but this was related to adverse weather conditions rather than to the (rather mild) second wave of the pandemic. And while the third wave of COVID-19 coincides with a rapid upsurge in conflict intensity from April 2021 onward, this conflict escalation was driven by the departure of the US military, the collapse of the Afghan army, and the Taliban's determination to overthrow the government in Kabul (Maizland 2021).

The Boko Haram Insurgency in Nigeria

The northern regions of Nigeria have a history of insurgencies against central state control that goes back more than 200 years and is driven mostly by poverty, discrimination and marginalization by state institutions, and intercommunal tensions. During a period of violent political turmoil in northeastern Nigeria in the early 2000s, Mohammed Yusuf formed the Jama'atuAhlis Sunna Lidda'awati Wal-Jihad (JAS).[14] In line with a radical jihadi agenda, JAS aimed to establish an Islamist regime in northern Nigeria—and later in all parts of the country and eventually Africa—governed by *sharia* laws. JAS also condemned Western culture (including secularism and democracy) and particularly Western education, hence becoming widely known as Boko Haram ("Western education is a sin"), but it never used this name itself. Although JAS was involved in only limited amounts of violence, the Nigerian military enforced a heavy crackdown on the group in 2009, killing 800 members, including Mohammed Yusuf.

Many of the remaining members of JAS either melted into the civil population or went to nearby countries (e.g., Algeria or Mali), where they made contact with other terrorist groups. Their grievances and extremist ideology persisted and were even fueled by the 2009 crackdown. Already in late 2010, JAS had regrouped and was able to conduct attacks against security

14. The name translates to "People of Sunnah for Preaching and Jihad."

forces. With financial support and training from al-Qaeda in the Islamic Maghreb and (to a lesser extent) al-Shabaab, JAS quickly turned into a formidable fighting force. By 2014, it controlled a territory the size of Belgium in the states of Borno, Yobe, and Adamawa. The insurgents were also able to carry out spectacular attacks, such as the kidnapping of 276 schoolgirls in April 2014.

Initially, the Nigerian military was not sufficiently equipped and lost support among the local population due to the indiscriminate use of force. However, from 2014 on, it was able to fight back JAS effectively, not least owing to backing from neighboring countries, France, and the United States. By mid-2015 the insurgents were severely weakened, but the conflict continued at low intensity (de Montclos 2014; Iyekekpolo 2016).

In March 2015, JAS formalized its alliance with global jihadist forces by pledging alliance to IS and changing its name to the Islamic State's West African Province (ISWAP).[15] Shortly after, in August 2016, long-standing internal rifts caused an effective breakup of the insurgents. An influential faction, backed by IS, disposed Abubakar Shekau and established Abu Musab al-Barnawi as the new ISWAP leader. Shekau and his followers formed another militant organization, using the name JAS again. Although both groups shared similar goals, had their operational bases in northern Nigeria,[16] and are referred to as Boko Haram, they had different capabilities and strategies: ISWAP was the larger and more capable group (not least due to IS support), which focused on winning the local population's hearts and minds (at least until 2019) and on establishing territorial control while mainly attacking security forces. ISWAP was able to achieve and maintain some territorial control in Borno despite military offensives by government forces in 2019. JAS was smaller, was more extremist, frequently attacked civilians (rather than trying to win their support), and engaged mostly in hit-and-run attacks (Amao 2020; Warner and Lizzo 2021; Zenn 2021).

Nigeria recorded its first case of COVID-19 on February 25, 2020. Subsequently, the country experienced two waves of the pandemic until mid-2021: one from June 2020 to August 2020 with a peak of 790 recorded cases per day, and a second, more severe wave from December 2020 to March 2021 with a maximum of 2,464 daily cases (figure 6.2). Apart from the

15. Also known as Wilayat Gharb Afriqiyah.

16. JAS had its base in the Sambisa Forest, while ISWAP conducted most operations around Lake Chad.

large cities, the northern regions of Nigeria were the most severely affected by the pandemic due to crowded refugee camps, insufficient public health campaigns, and widespread distrust in the government. While its youthful population suffered relatively few cases with severe symptoms, the underfunded and conflict-affected health system of (particularly northern) Nigeria was ill equipped to deal with the SARS-CoV-2 outbreak. The government quickly implemented a range of measures to limit the spread of the virus, including stay-at-home orders, restrictions on public gatherings, school closures, and border closures.[17]

Besides sickness and mortality, three effects of the COVID-19 pandemic in Nigeria were particularly concerning. First, the global economic recession led to a 60% decline in oil prices. Oil exports accounted for around 8% of Nigeria's GDP and were a main source of income for the government. Second, the decline in oil revenues combined with restrictions on public life caused an economic recession (–1.8% GDP growth), hence increasing already high rates of poverty (40%) and youth unemployment (42%).[18] The Nigerian government estimates that 20% of all workers suffered job losses due to the pandemic (Eboh 2021). Third, movement restrictions during the harvest periods and limitations on pastoralists' mobility—combined with the recession—had adverse impacts on food security. According to one estimate, the number of people urgently needing food assistance increased from 7.9 to 10.6 million in 2020. While economic growth slowly recovered in 2021, food prices remained high. Poverty, unemployment, and food insecurity are particularly acute problems in northern Nigeria (Agbiboa 2020; Onyeiwu 2021; Sahara Reporters 2020; Samuel 2021).

As shown in figure 6.1, the number of battle-related deaths in the conflict between the government and Boko Haram increased significantly in the first four months of the pandemic. Conflict intensity then declined rapidly (along with lower infection rates and fewer restrictions) but increased again during the second wave of the pandemic from December 2020 to March 2021. These trends hold for both government-insurgent clashes and violence against civilians. Parts of these trends can be explained by long-standing political-economic and strategic factors. A growth in (transnational) extremist networks around Lake Chad, for instance, enabled ISWAP

17. Stay-at-home orders remained in place between both waves.
18. As of late 2021.

and JAS to scale up their activities in early 2020. But the pandemic had an impact on the conflict dynamics as well.

The Boko Haram factions reacted in slightly different ways to COVID-19. JAS conceived the virus as a divine punishment for apostates, stated that "true Muslims" (i.e., its followers) would be immune to the disease, and called for the local population to ignore government restrictions on gathering for preaching. ISWAP, while agreeing that the virus is an expression of Allah's will, explicitly highlighted military opportunities. The group "said the virus and subsequent economic downturn would divert government attention, weaken capacity and increase fragility, giving its fighters more inroads" (Bukarti 2020a). Indeed, the Nigerian government suffered from a loss of oil revenues, the general economic crisis, reduced foreign support, and pandemic-related supply problems of military equipment (e.g., drones). Likewise, the already overstretched capabilities of the military were further strained as troops had to enforce stay-at-home orders and travel restrictions.

Both factions of Boko Haram aimed to capitalize on this weakness by upscaling their attacks (in line with its public discourse, ISWAP did so a few weeks earlier). However, fighting Boko Haram was a priority for the military even during the pandemic. When in doubt, Nigerian security forces used resources and manpower for counterinsurgency rather than for implementing public health measures. Hence, government troops were able to fight back Boko Haram offensives. This is well in line with quantitative evidence of a higher conflict intensity during the first months of the pandemic (Bukarti 2020b; Campbell 2020; Oyero 2020; Polo 2020).

The subsequent decline in conflict intensity can be attributed to a number of factors. These include internal disputes (particularly within ISWAP), the onset of the wet season (which offers worse fighting conditions), and Boko Haram's realization that despite being weakened by the pandemic, the Nigerian military is still able to retaliate and cannot be pushed back easily. From mid-2020 onward, local militias also increased their presence in northern Nigeria to support government troops, hence further complicating Boko Haram's operations. Furthermore, the pandemic had at least three adverse impacts on both Boko Haram factions, reducing their capability to wage violence. First, several leaders and commanders of the insurgents (as well as soldiers on both sides) caught COVID-19 (Koehnlein and Koren 2022). Second, lockdown conditions, which persisted until August

2021, impeded the logistics of Boko Haram, particularly around urban areas (Shola et al. 2021). Third,

> the economic consequences of COVID-19 appear to impact Boko Haram / ISWAP by depriving them of income collected from levies on traders and farmers and from those involved in the illicit trade in fish and farming. This has diminished the resources and capacity Boko Haram / ISWAP has to meet promises to recruits, and it has increased hunger and disaffection among recruits due to reduced supplies. (Olawale 2021: iii)

This is particularly true for ISWAP, which provided some health services and aimed to win the support of the local population, even though this strategy was less focused after hardliner Ba Idrisa became the new group leader in 2019 (Oxford Analytica 2020).

A second spike in conflict intensity in late 2020 and early 2021 coincided with the second wave of COVID-19 infections, but the relationship between the two events is less clear. Given the presence of pro-government militias and several constraints for Boko Haram, the insurgents did not expect to gain a significant advantage over the government. Nigerian president Muhammadu Buhari stated in May 2021 that "around the Lake Chad Basin, Boko Haram terrorism [*sic*] have taken advantage of the pandemic and pushed back into my country," but increased transnational support and porous borders were likely more important factors for this (Toromade 2021).

It is possible that COVID-19 had a longer-term impact on conflict dynamics by fueling grievances and desperation, hence driving more people to join or to support the insurgents. Traditionally, Boko Haram recruits strongly among unemployed or poor young people (de Montclos 2014), while youth unemployment and food insecurity increased significantly owing to the pandemic.[19] Lockdowns, restrictions on religious gatherings, lack of social and medical support, and violence by security forces (while implementing public health measures) also fueled anti-government sentiments among the population, especially in northern Nigeria. Analysts further emphasize increased space for online recruitment of young people when stay-at-home orders were in place (Shola et al. 2021). Finally, the government had to cut funding for infrastructure (re-)construction and former ISWAP fighter reintegration in the northern states because of the economic crisis, causing further grievances and recruitment opportunities for the insurgents.

19. School closures further aggravated the situation.

However, both insurgent factions lost financial resources during the pandemic and had to pay higher food prices. It therefore remains unclear whether Boko Haram could capitalize on these COVID-19-induced grievances and opportunities to boost its recruitment to a significant degree (Olawale 2021).

The Conflict between the CPP/NPA and the Philippine Government

Building on earlier Communist and social movements, the Communist Party of the Philippines (CPP) emerged in 1968 with the goal of overthrowing the government and establishing a Maoist-Communist regime in the country. In order to conduct attacks against government institutions and security forces, the CPP established an armed wing, the New People's Army (NPA). Inequality, corruption, and repression by the Ferdinand Marcos government (1965–1986) fueled public support for the CPP. In the mid-1980s, the NPA commanded over 20,000 soldiers and had established shadow government structures in parts of the country. The tide started to turn against the insurgents when a popular movement ousted Marcos and a democratically elected government took power in 1986. Owing to a combination of the democratization, internal purges, and more effective strategies by the military,[20] the CPP and NPA quickly lost ground (C. Harmon 2020; Santos and Santos 2010b).

Despite this progress, the Philippine government was unable to defeat the insurgents and halt their guerrilla warfare. The CPP/NPA retreated to remote regions, capitalized on grievances about the persistence of poverty and corruption under democracy, and established links to broader pro-democracy and social justice movements. Although not reaching its mid-1980s peak again, the NPA recovered and commanded 3,000–5,000 cadres from the late 2000s onward. Neither the legalization of the CPP in 1992 nor various peace negotiations nor a massive government offensive in 2006 could end the conflict (see the case studies "Philippines 1990: Earthquake-Related Opportunities for Both Sides," "Philippines 1991: Storm, Flood, and Conflict De-escalation," and "Philippines 2013: Super Typhoon, but Few Conflict Implications" in chapter 4). In 2016, right-wing populist Rodrigo Duterte became president of the Philippines. Initially, he worked closely

20. Including the formation of local militias called Citizens Armed Forces Geographical Units (CAFGUs).

with the left-wing movement to push forward his social welfare agenda and also re-started peace negotiations with the CPP. But this alliance did not last long. In 2017, the Duterte government declared the CPP and NPA terrorist organizations, and in 2019 it unilaterally ended peace talks between both conflict parties (C. Harmon 2020; Quimpo 2014; P. Santos 2010).

The COVID-19 pandemic affected the Philippines rather early, with the first case being officially confirmed on January 30, 2020. Afterward, case numbers rose slowly but steadily, with a first peak of infections in August and September 2020 (with up to 2,900 new cases per day). A second wave hit the country from March to May 2021, peaking at 15,298 new daily infections (figure 6.2). While initially playing down the threat posed by COVID-19, Duterte implemented one of the harshest lockdowns in March 2020, essentially confining people to their homes. For the remainder of the study period, stay-at-home orders were relaxed or tightened, depending on the case numbers, but essentially remained in place. Despite major health reforms in 2019, the Philippine health system was insufficient to cope with the pandemic, with only 0.6 physicians per 1,000 people,[21] not more than 1,500 intensive care units countrywide, and very limited COVID-19 testing capabilities (Cook 2021; Schaffar 2021).

The socio-economic impacts of the pandemic and the strict lockdown policies were devastating. In 2020, the Philippine economy contracted 9.6%. National debt increased by 26.7%. Consequently, the government was only able to provide social support for poor households during the first strict lockdown in early 2020, while experts considered the state's economic stimulus package to be insufficient. Unemployment rates climbed to a record high of 10.3% in late 2020, pushing an additional 3 million Filipinos into poverty. Moderate growth (0.8%) of the agricultural sector, which employs around 25% of the Philippine workforce, in combination with international remittances, alleviated the poverty impacts of the pandemic (Cook 2021). Community tensions increased during the pandemic. The police used excessive (including deadly) violence to enforce the strict lockdown, while an April 2021 survey reports a 52% increase in crime, local tensions, and community violence (Fallesen and Adolfo 2021). Despite this, public support rates for the highly popular Duterte government did not decline (FutureLearn 2021; Ordinario 2020; Schaffar 2021).

21. Versus 2.6 physicians in the United States, 3.7 in Australia, and 4.6 in Switzerland.

As shown in figure 6.1, armed conflict intensity in the Philippines fluctuated from month to month but largely remained the same before and during the COVID-19 pandemic. The monthly average of battle-related deaths increased only slightly during the pandemic (12.9) compared with the 12 months before. COVID-19 infections increased strongly in March 2020 (13.9 deaths). The notable exception to this pattern is May 2020, which saw 41 battle-related casualties in the government-CPP/NPA conflict—64% more than in the second most violent month (25 deaths in December 2020).

Both the Philippine government and the CPP took COVID-19 very seriously from March 2020 onward. Consequently, both the government (on March 19, 2020) and the rebels (on March 26, 2020) declared unilateral cease-fires to support the COVID-19 response and minimize human suffering during the pandemic. However, both conflict parties did not extend their respective cease-fires beyond the end of April 2020, accusing each other of not sticking to their commitment. Indeed, the number of battle-related deaths was higher in March and April 2020 than during the same time period in 2019.

Two explanations exist for the subsequent conflict escalation in May 2020. First, the Philippine government used the strict lockdown (and the preoccupation of international attention with the pandemic) to crack down on any opposition, including the CPP. This is well in line with a 50% increase in police killings in the April–July 2020 period (Schaffar 2021: 188). Second, the CPP/NPA aimed to exploit the heavy involvement of the Philippine security forces in the pandemic response to stage additional attacks. Lockdown enforcement patrols were considered to be easy targets and were unpopular among the population. Furthermore, owing to the lockdown and the economic recession, community donations and taxes extorted from businesses declined. Therefore, some NPA units had to raid supplies to secure access to food. It is uncertain which explanation is closer to the truth. Because they are not mutually exclusive, it might be a combination of both explanations that accounts for the spike in violence in May 2020 (Ide 2021; Jennings 2020; Lischin 2020).

Between May 2020 and June 2021 (the end of the study period), COVID-19 affected both conflict parties in various ways, but the cumulative impacts were too minor to cause significant changes in conflict dynamics.

Community tensions increased during the harsh lockdown, but neither did they spill over into larger political conflicts nor did they affect the popularity

of President Duterte. The Philippine government suffered from severe fiscal constraints due to the pandemic, but it did not divert funding away from the security forces. In fact, the July 2020 Anti-Terrorism Act, which gave the security forces more power and specifically targeted the CPP/NPA, indicated an increased commitment by Duterte to end the Communist insurgency before the end of his term in 2022. A combination of the strict lockdown policy and intelligence gathering during aid distribution could have helped the Philippine security forces in their struggle against the insurgents, hence offsetting some of the negative effects of the pandemic, like additional enforcement tasks for government security forces (Broome 2021; Cook 2021).

COVID-19 also had diverse—and overall limited—impacts on the CPP and NPA. Many insurgent strongholds were located in remote rural regions or rough terrain, while infection rates were higher and lockdown enforcement was stricter in urban areas.[22] On the one hand, "the apparent increase in NPA recruitment . . . during the pandemic was owed to its capacity to alleviate the economic hardship brought on by quarantine measures through the provisioning of food and salaries" (Lischin 2020). But on the other hand, taxing certain businesses (mostly from the mining and logging sectors) and raising local contributions became harder due to COVID-19-related restrictions, limiting the ability of the CPP/NPA to provide food and money. Some NPA combatants reportedly surrendered because of pandemic-induced hardships, including food insecurity and SARS-CoV-2 infections, but their numbers are rather small, and it remains uncertain whether they later re-joined the rebels. In January 2021, the NPA announced the formation of urban hit squads, indicating its continued commitment to and capability for armed struggle (Broome 2021; Lischin 2020; NDT Bureau 2021).

When the first vaccines against COVID-19 became available in early 2021, an instance of disaster diplomacy (or health diplomacy; see Chattu and Knight 2019) occurred. The CPP/NPA not only encouraged people to get vaccinated but also guaranteed the safe passage of government vehicles transporting vaccines. In the words of NPA spokesperson Marco Valbuena, "It is a matter of principle for the NPA to respect all humanitarian undertakings that benefit the masses. Thus, the NPA will ensure that transportation of COVID-19 vaccines will be provided a humanitarian corridor for safe and unimpeded passage in guerrilla base and zones" (Rosauro 2021).

22. However, access to health care was better in urban areas.

However, soon afterward, disputes emerged about the vehicles transporting the vaccines. The Philippine government insisted that all suitable vehicles be used for these transports, while the CPP argued that the government should rely on only non-military vehicles because military vehicles can be readily used to covertly transport soldiers and gather intelligence. Neither the vaccine diplomacy nor the related dispute had any relevant impact on the dynamics of the larger conflict (Aguilar 2021).

Discussion

The insights presented in this chapter come with two limitations. First, while the four case studies focus on different world regions and conflict types, they can hardly be representative of the 56 armed conflicts that were active in 2020 worldwide (Pettersson et al. 2021). Second, data availability and reliability are limited. At the time of writing, travel restrictions (along with security concerns) prohibit field research on the conflict implications of COVID-19 in many countries. Likewise, quantitative analyses suffer from a lack of subnational data on COVID-19 cases, a heavy underreporting of new infections for political reasons or lack of testing (particularly in the Global South), and problems verifying reports about conflict events during lockdowns and border closures.

In the light of these limitations, what conclusions can be drawn from the case analyses presented above? To start with, as expected from a societal shock of this magnitude, the pandemic had an impact on armed conflict dynamics. However, my results are in line with other studies showing that the COVID-19-conflict link is neither deterministic nor a one-way street (Bloem and Salemi 2020; Brancati et al. 2021; Ide 2021; Mehrl and Thurner 2021). The pandemic had no significant impact on conflict dynamics in some cases (such as the Philippines), and it triggered fighting escalation in some countries (e.g., Iraq) but de-escalation in others (e.g., Afghanistan). This demonstrates the importance of analyzing the intersection of COVID-19 with national and local policy responses, pre-existing socio-economic conditions, and the nature and intentions of the conflict parties. Likewise, it illustrates the advantages of taking into account the possibility of reduced conflict risks after disasters.

The theoretical framework of this book distinguishes between three types of armed conflict drivers (see chapter 2 for details):

- Motivation: If individuals feel aggrieved or deprived by another group, they can join or at least support an armed group, or push their "armed representatives" to take stronger actions. Everything else being equal, this would result in more attacks and fighting. The opposite is true if people feel solidaric or emphatic toward the government or insurgents, hence advocating for a cease-fire, diplomacy, or negotiations rather than pushing for (or conducting) violent actions.
- Strategy: This approach focuses on the strategic considerations of armed groups and the environment they face. An increase in weapon availability and funds, more willing recruits, or a weakening of the other conflict party (e.g., due to financial problems or internal rifts), for instance, will result in more attacks and a higher conflict intensity. But if intense fighting would scare away civilian supporters, the other party is militarily superior, or bad weather (e.g., snow) limits troop mobility, conflict intensity will most likely decline (everything else being equal).
- Communication: Violence can be an effective means for communicating a message, particularly in the context of armed conflicts. Let us assume a scenario in which the capability or determination of a party to an armed conflict (i.e., the government or the insurgents) is doubted by relevant audiences (e.g., supportive populations or international sponsors). In such a scenario, the respective party might stage additional attacks to demonstrate it is still capable and determined, even if grievances remain similar and the strategic environment is worse. Likewise, conflict parties can renounce from military offensives to cultivate a positive image among relevant support groups.

In the four cases studied in this chapter, the communication and particularly the strategy approach have the highest explanatory power. In Afghanistan, COVID-19 weakened the capability of the government and the Taliban to stage attacks against each other because troops were involved in the pandemic response. The Taliban conducted public health measures to portray themselves as a credible and responsible actor among—and to gain the support of—the local population. Likewise, in Iraq, IS perceived the weakening of the government (owing to financial trouble, the resources required for the pandemic response, and the withdrawal of international partners) as a unique opportunity to stage additional attacks (and send a message to its opponents). However, over the long term, stay-at-home

orders and the financial impacts of the pandemic eroded IS's capabilities. A similar dynamic can be observed for Boko Haram in Nigeria.

While COVID-19 and the associated policy measures increased hardships and dissatisfaction among the local population, the resulting grievances were either not directed against a conflict party or did not shape the conflict dynamics significantly. The partial exception to this is Nigeria. While strategic opportunities and constraints were more important factors, human rights violations by security forces when enforcing lockdowns as well as restrictions on religious gatherings amplified popular grievances. These were expressed by the #EndSARS protests in late 2020 and fueled the (religious) anti-government sentiments on which Boko Haram thrived (Olawale 2021). No conflict-relevant instances of disaster or health diplomacy (and increased solidarity) occurred, hence further undermining support for the motivation approach.

The key findings of the analysis of COVID-19 and armed conflict dynamics are as follows:

1. Depending on context factors, the pandemic can fuel conflict escalation, facilitate conflict de-escalation, or have no impact on conflict dynamics.
2. COVID-19 affected armed conflict dynamics in societies vulnerable to health crisis and where at least one conflict party was negatively affected by the pandemic. Usually, the insurgents aimed to exploit a (perceived) weakness of the government, or both sides faced serious limitations to their violent activities.
3. The strategic environment of armed groups is most relevant for explaining linkages between COVID-19 and armed conflict dynamics, while the motivation approach has limited explanatory power. These findings are strongly in line with the results of this book's main analysis of disasters and armed conflict (de-)escalation (see chapter 5).

That said, studying the COVID-19 pandemic yielded at least two further relevant insights. First, insurgent groups have agency, and this agency mattered for how they responded to COVID-19. IS and the Taliban shared a similar Islamist-jihadist ideology.[23] But while the former conceived the pandemic primarily as an opportunity to scale up attacks and regain territorial control,

23. Even though there was some ideological difference as well as fierce competition between both groups.

the latter reduced attacks and rather engaged in public health measures, even though this was for strategic reasons. Likewise, Boko Haram in Nigeria spread misinformation about COVID-19 and vaccination campaigns, while the CPP/NPA encouraged vaccinations and agreed to abstain from attacking vehicles carrying vaccine supplies. Given that insurgents frequently control some territory or at least influence the worldview of their followers, their behavior can be a key factor for pandemic responses in politically fragile world regions.

Second, analyses of pandemic-conflict (and disaster-conflict) interlinkages have to take temporality into account. Short-term constraints related to extreme events can turn into opportunities in the long term, such as when the Taliban devoted resources to public health measures (rather than their spring offensive) to gain legitimacy among the population. But the reverse sequence is also possible: both IS and Boko Haram were initially keen and able to exploit the government's preoccupation with the pandemic to stage more attacks, but eventually they also suffered from COVID-19 and the associated restrictions. Considering even longer time horizons (going beyond the period considered here), it is well possible that sustained poverty implications of COVID-19 and considerable education gaps due to school closures fuel extremism and recruitment by armed groups.

Analyzing the implications of pandemics for armed conflict dynamics is not just important for deciding how safe the delivery of humanitarian aid is, when to prepare for conflict escalation, and when mediation and negotiation offers are likely to succeed. Armed conflict (escalation) is also a major stumbling block for dealing with infectious diseases for several reasons—for instance, because health infrastructure is underfunded or destroyed, health professionals leave the country, extremist groups disseminate misinformation, international aid cannot reach certain regions (e.g., because of security concerns), trust in authorities is low, and the movement of fighters and refugees further spreads the disease (Daw 2021; Hilhorst and Mena 2021). Addressing armed conflict persistence and escalation would therefore also prepare countries for dealing with future pandemics.

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