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COVID-19, governance, and conflict: emerging impacts and future evidence needs

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About this report

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Executive Summary

This paper reviews emerging evidence of the impact of COVID-19 on governance and conflict, using a "governance and conflict first" approach in contrast to other research and synthesis on COVID-19 in the social sciences that tends to be structured through a public health lens. It largely focuses on evidence on low- and middle-income countries but also includes a number of examples from high-income countries, reflecting the global nature of the crisis. It is organised around four cross-cutting themes that have enabled the identification of emerging bodies of evidence and/or analysis:

- Power and legitimacy;

- Effectiveness, capacity, and corruption;

- Violence, unrest, and conflict; and

- Resilience, vulnerability, and risk.

COVID-19, power, and legitimacy

It is apparent from the overall evidence so far that state authority, legitimacy, and capacity are significantly impacting national responses to address the direct and indirect effects of COVID-19, yet these impacts are not uniform across regime type, income level, or governance capacity characteristics. Emerging evidence also suggests a number of ways in which COVID-19 may be shaping state–citizen relations and political priorities; however, the long-term implications are not yet clear and caution should be exercised in drawing conclusions at this stage in the crisis. In addition to a number of factors identified here, we do not yet have a clear enough picture of what COVID-19 has caused, what it has exacerbated, what it has just made more visible, and what may have just happened at the same time but is not in any way related.

Historic pandemics, political settlements, and the role of the state – While premodern pandemics are credited with precipitating big changes in political settlements, the impacts of modern epidemics/pandemics have been much less dramatic when it comes to political and social changes, likely due to lower per capita mortality rates in comparison as the result of improvements in health care and public health responses over the past 200 years. However, modern epidemics/pandemics have shaped state responses for managing infectious diseases and sanitation, and have led to improvements in public health and welfare provision, as well as improved agricultural practices. They have also frequently provoked protests and unrest, sometimes with political implications. Overall, the infrequency and specificity of pandemics means that lessons from previous pandemics must be approached with caution: the mantra, "know your epidemic, act on its politics", emphasises the importance of context specificity for analysis and for scenario building (De Waal, 2020b).

Trust – Trust is a crucial resource that affects a wide range of factors needed for effective responses, including willingness to seek medical help, compliance with public health measures, and susceptibility to misinformation/disinformation, all of which ultimately impact on health outcomes as well as social cohesion and stability. Trust is complex, non-linear, and often unpredictable, and it matters between communities and the health system, between followers and leaders, and between citizens and the state, though the evidence is not clear on which levels of trust matter (most) and for what specific purposes. Evidence so far suggests that even countries

that have responded well to the crisis have seen trust levels changing over time during the crisis, including seeing an initial trust "honeymoon" that waned as the pandemic set in. While the evidence on the importance of trust is clear, it is less apparent what the final outcome of the crisis will be in various contexts, including with regard to important areas such as levels of polarisation and COVID-19 vaccine uptake.

Disinformation – An "infodemic" of conspiracy theories and disinformation is significantly undermining COVID-19 interventions; however, this is something that has been a feature of epidemics/pandemics throughout history rather than something new that is being driven by new technologies, as is perhaps underappreciated in much current analysis. Authoritarian regimes without a free media are more likely to under-report their COVID-19 cases and deaths, and some are using concerns about disinformation as a way to mask crackdowns on legitimate information sharing, particularly by the media.

Conspiracy theories about the origin and spread of COVID-19 continue to raise tensions at the geopolitical, national, local, and interpersonal levels, and there is some evidence that transnational disinformation networks may be exploiting fear of COVID-19 in order to connect individuals with other conspiracy theories linked to far-right and other extremist groups. Some evidence does suggest, however, that higher trust in scientists and numeracy skills reduces susceptibility to misinformation/disinformation and that reminders about the concept of accuracy on social media can improve people's sharing decisions; however, more research is needed to test different interventions in a wider range of contexts. Until then, misinformation/disinformation about COVID-19 vaccines is increasingly widespread and could shape vaccine hesitancy in many contexts, suggesting a need to build counter-interventions directly into the global vaccine response.

Authoritarianism versus democracy – Despite widespread debate, the evidence to date does not show that either regime type or income level have been good indicators in determining the effectiveness of COVID-19 responses. Emerging evidence finds little robust evidence of a large-N "tilt" to authoritarianism by design, instead suggesting that most countries that have severely violated democratic standards during COVID-19 were already autocratic, while most democracies have implemented emergency COVID-19 responses without undermining liberal-democratic standards (Edgell, et al., 2020a). Whether the evidence so far can allow us to draw conclusions about regime types, however, is complicated by the interaction with state capacity, where what looks like an "authoritarian turn" may be the result of a lack of bureaucratic or security capacity to manage such a complex emergency without resorting to crude methods such as curfews or troops on the street. In cases where a rising authoritarianism trend is fairly clear, the motivating factors of these actions are less so, and some research suggests that existing ideological preferences may be a more useful way to identify potential patterns of behaviour.

While there may not be trends yet that are generalisable across countries, it is evident that some specific regime characteristics and the nature of political leadership are important in understanding political decisions around COVID-19 responses, such as preference for "cronyism", erosion of democratic institutions and systems of accountability, and willingness to use potentially violent political narratives around ethnic nationalism and "toxic masculinity" (Cooper & Aitchison, 2020). What is also evident, however, is that the debate is further complicated by geopolitical tensions, particularly between China and the USA, and while this has implications for foreign policy, no conclusion can be drawn from the evidence to date on whether authoritarian or democratic regimes will have more successful responses in the long term.

Elections – Election processes during the COVID-19 pandemic have faced a range of challenges. Some countries held elections despite lockdown limitations, which impacted voter turnout,

campaigning, and media scrutiny, while delays in other countries raised concerns over authoritarian tendencies and constitutional crises. There are too few data points yet to draw conclusions about the impact on elections overall, but various issues discussed so far include whether or not increased tensions and unrest around elections are likely in contexts with long-standing political, economic, and ethnic fault lines, and whether or not the death of leaders may trigger succession battles in personalised political systems. Certainly, the pandemic seems to be accelerating the use of technological electoral innovations, such as remote voting, in a wider range of contexts, though more evidence is needed on the outcomes of this, including if there are any potential unintended consequences.

Emergency politics – The use of "emergency politics" in COVID-19 responses involves invoking powers most often associated with authoritarianism. While it is too early to draw conclusive findings, evidence suggests that COVID-19 could be strengthening the role and power of the state – in positive and negative ways. In many contexts, the use of emergency measures has widespread – though by no means universal – public consent of the people, including things such as lockdown, border closures, surveillance, and the broader use of the military in policy enforcement. Whether there is consent or not, these powers are most often associated with authoritarianism, and there are widespread fears expressed in analyses that elites in a range of countries are using emergency measures to take advantage of the crisis to centralise and consolidate power.

A key issue to watch is whether emergency measures are indeed temporary, and to be alert to evidence that emergency responses may be "normalising" authoritarian behaviours, regardless of regime. Some research suggests that it may be more useful to explore authoritarian *practices* rather than simply regime type, where this is more likely to illuminate where abuses of power are at risk of becoming the norm rather than a crisis-driven exception, including in some democratic regimes. Research suggests that emergency laws should be limited, time-bound, and proportionate, though there is not yet agreement on what this specifically means and in which contexts, nor how to hold leaders to account for this.

Non-state actors – In many contexts, civil society actors are playing crucial and varied roles in COVID-19 responses, including on the frontline of health and welfare services, supporting vulnerable people, defending human rights, sharing information, raising money, and so on (CIVICUS, 2020; Brown et al., 2020). There are anecdotal examples where COVID-19 may be leading to better relations between the state and traditionally antagonistic actors. However, there are a number of cases that suggest some "uncivil" non-state actors, such as armed groups or organised crime gangs, appear to be gaining power through filling gaps in state provision. Evidence on this so far, however, is limited, often highly context specific, and inconclusive.

Leadership – It has been suggested that COVID-19 is providing a "natural experiment" with regard to leadership and leadership characteristics. Some countries have seen the perceived legitimacy of their leaders, institutions, and scientific or bureaucratic experts increase, while others – particularly those seen to have worse COVID-19 outcomes – have seen it fall, including where capacity to respond should have been high. The legitimacy, territorial control, or influence of state and non-state leaders may be shaped by whether they play the pandemic response well in the mid to long term (Burke, 2020). Though there is not yet consensus on what these are, some patterns are beginning to emerge in line with pre-COVID-19 research. Key areas of emerging analysis include issues such as (a) the importance of individual leaders versus leadership processes in various contexts; (b) the importance of leadership at a range of levels for building coalitions for effective responses; and (c) whether or not women leaders will have been more effective overall by the end of the crisis.

COVID-19, effectiveness, capacity, and corruption

Factors such as demographics, susceptibility to disease, connectivity, and – in the early stages of the crisis – an element of "luck" have all had an impact on COVID-19 case and mortality rates. Overall, though, the effectiveness of COVID-19 responses has almost always come down to politics and choices made by governments both before and during the pandemic. While there are common features of success and failure emerging in the evidence base so far, much is also contingent on local context. The importance of expansionary social protection policies to support resilience comes through in a wide range of analysis.

Impacts and policy effectiveness – There is a lot of popular debate regarding the effectiveness (or not) of comparative state responses to COVID-19 that is not always well evidenced. Countries with recent experiences of epidemics/pandemics may have implemented more effective responses due to greater *practical* preparedness and through implementing strict lockdown approaches quickly (the "containment dividend"). Mimicry of likeminded countries' approaches may be an explanatory factor behind the choices made by some countries. Interestingly, there appears to be no relationship between *strategic* preparedness and effective responses, with many high-income countries experiencing the worst outcomes so far, despite having pandemic plans in place as well as high levels of state and health sector capacity, something claimed to be best explained by the impact of political decisions (Lafortune, 2020).

Extensive pre-COVID-19 research shows how effectiveness is predicated on implementing policies in a way that is most appropriate for a particular context. The appropriateness of lockdown measures for lower-income countries without adequate social protection systems in place is widely questioned with regard to state capacity and feasibility, and also ethics, particularly when this risks additional loss of life as an indirect effect of COVID-19 interventions. Indeed, evidence from a broad range of past crises – health, economic, and natural disasters – shows that child and gender-sensitive expansionary fiscal and social protection responses have helped to reduce negative effects. Short-term political and economic models that prioritise austerity and shareholder profits over social protection measures have been shown as factors undermining the incentives to adequately invest in pandemic preparedness and responses in the first place, something that helps to explain why some high-income countries have underperformed with regard to the effectiveness of their responses.

Policymaking in complex, compound crises – Policymaking during epidemics/pandemics is shown to be extremely challenging with extraordinary levels of uncertainty and complexity, the need to respond rapidly at scale, and with the pressure of high, potentially long-lasting social and economic costs, in line with evidence on a range of complex, compound crises. In low- and middle-income countries "best practice" COVID-19-centred responses are often critiqued as lacking context specificity and for side-lining other priorities that may have greater salience in that context. Despite the focus on state responses to COVID-19 in much of the analysis, compelling arguments are made by the World Health Organization (WHO) and others for "whole-of-society" approaches. This includes things like strengthening civil society capacity and resilience, as well as working with the private sector while maintaining robust scrutiny to ensure commercial considerations do not endanger the effectiveness of public health measures.

Evidence from other complex, compound crises suggests that ongoing analysis, learning, and policy adaption and agility is key, something beginning to emerge in COVID-19-specific case studies as well. This suggests that systems thinking may help to better identify and integrate risks and policy responses which then need to be integrated into longer-term strategies. This often

requires the creation of new structures and mechanisms that are "flat, fast and flexible" (Andrews, 2020a) and able to effectively respond at pace without sacrificing effectiveness or accountability.

Fiscal constraints and tax – The economic slowdown following COVID-19 responses at both the national and global levels is increasingly straining resources for development, growth, and poverty reduction. While developed countries are particularly affected by the impact of lockdown restrictions on the service sector, shops, and factories, developing countries have so far been more affected by the falling value of key commodities, the collapse of the tourism sector, and cuts to aid budgets (IMF, 2020c). For developing countries, there are widespread concerns about debt sustainability, and debt restructuring will be a key global and national policy issue in 2021. While this will be politically challenging, renewed conversations around debt and aid have historically provided important opportunities for addressing global inequalities and risk factors for unrest.

Tax measures aimed at increasing cash flows, influencing behaviour, supporting health responses, and providing legal certainty have been critical parts of COVID-19 responses, and evidence suggests that more responses are required to address COVID-19's unequal economic impacts. The scale of the COVID-19 crisis may bring about broader normative changes that shape policy, for example, around the systems that enable tax minimisation and avoidance strategies at a time of unprecedented fiscal crisis and rising inequality.

Corruption, kleptocracy, and accountability – The combination of the breadth and complexity of the crisis, the need for a rapid response, and a lack of sufficient state capacity has led to a perfect storm for increased opportunities for corruption. While much of this activity is often covert, the effects of this – financial, political, social, and health – are likely to become more visible as the crisis continues. Extensive evidence has emerged about the ways in which corruption is both affected by and affecting the COVID-19 response, across public and private sectors, across countries with different income and state capacity levels, and ranging from kleptocracy to petty corruption.

Lessons from an extensive range of crises suggest the need to tighten accountability and transparency procedures and to strengthen anti-corruption mechanisms; however, in many countries around the world existing emergency procurement procedures have been ignored or overruled, transparency and accountability systems have been undermined, and conflicts of interest, fraud, and corruption are increasingly widespread, with a growing negative impact on trust. Emerging evidence suggests that this is already a significant concern for both the economic recovery and for roll-out of the COVID-19 vaccine, and there are calls from researchers for corruption in health systems to be seen as a public health problem rather than a problem of ethics, to help ensure that it is regarded as everyone's responsibility (Hutchison et al., 2019; Clarke, 2020). However, the evidence so far is not all gloomy, with some significant innovations around e-governance and open contracting systems. Some countries, including low-income countries where corruption is generally a problem, have set up dedicated COVID-19 reporting and transparency measures. There are also some early indications that the crisis may be creating the incentives for collective action on anti-corruption from international organisations that has often been missing in the past.

COVID-19, violence, unrest, and conflict

COVID-19, epidemics, and crises in general, are widely considered to be "threat multipliers" that can amplify existing vulnerabilities, inequalities, grievances, societal divides, conflict drivers, fragility, instability, and threats to social cohesion and peace processes. Ultimately, they become part of the context, and thus in conflict-affected situations they become absorbed into the logic of

conflict – not necessarily making conflict better or worse, but shaping the incentives, opportunities, and calculations of actors. A varied picture of violence, unrest, and conflict is emerging with some forms having a clear, direct link to COVID-19 and other forms being less clear – though whether this is due to insufficient data/evidence on which to draw conclusions or because the links simply are not there is not evident at this stage of the crisis. The findings suggest that a rethink is needed on the importance of human security, with the risks, thus far, primarily affecting individuals rather than states.

Sexual and gender-based violence (SGBV) – The most frequently reported form of violence directly related to COVID-19 is rapidly increasing SGBV in every continent of the world, so much so that SGBV has been called the "shadow pandemic". In addition to increased SGBV, there is also strong evidence of a general worsening of safety for women and girls, including an increased threat from human trafficking and child sexual exploitation and abuse, particularly online. While there have been some innovations for provision of support – such as the establishment of domestic violence hotlines and creative use of technology/social media to reach target populations in some countries – in general, support services are now harder to access and civil society organisations providing vital services have often found themselves unable to adapt to the current context due to funding and capacity gaps and the digital divide. The evidence suggests a widespread, collective failure to protect potential victims or to take SGBV into account in the initial roll-out of COVID-19 interventions despite years of evidence from other crises, making the "shadow pandemic" an entirely predictable crisis.

Incidences of political violence and protest – COVID-19 appears to have had a significant impact on protests at the beginning of the pandemic where data show the number of peaceful protest events dropping considerably in the second quarter of 2020, yet these events bounced back later in 2020 as the initial lockdown policies began to be relaxed (Pavlik, 2020b). Global data and analysis suggest that there may have been changes in other categories, including explosions/remote violence, riots, and mob violence; however, these are driven by many factors, not just COVID-19. Importantly, aggregated global analysis hides significant variance according to context, and it is difficult to draw out definitive global patterns on the prevalence of political violence and protest. This is compounded by the challenge of data gathering due to movement restrictions that limit primary research and journalism, so data should be triangulated against other information sources as much as possible before conclusions are drawn too hastily.

Protests, social unrest, and violence by state forces – National COVID-19 responses have been the target of protests in every world region and in every regime type, with protests focusing on a range of issues, including economic hardship, the use of force in COVID-19 responses, authority, and protection for health workers, among others. The use of military and police in COVID-19 responses has increased distrust in some places, though most protests do not appear to have had significant impacts so far on government policies. Historical evidence shows how distrust and violent resistance to official epidemic/pandemic responses have been a feature throughout history, with aggression directed at different targets – sometimes medical professionals and public authorities, and at other times outcasts and minorities. Historic examples highlight that anti-government protests should be monitored in regard to political instability, especially when related to hunger, economic scarcity, and resource competition, risk factors that are increasing.

Social cohesion – There is mixed evidence on whether COVID-19 is exacerbating fissures in social cohesion in conflict settings, yet it is widely considered a risk factor with heightened stigmatisation and scapegoating, and tensions over access to resources and power, and as the strains on economic development and food security continue (Inks & Lichtenheld, 2020). There are also warnings that the crisis may be negatively affecting state–citizen relations, where they are

already fragile and where COVID-19 may provide the opportunity for corruption, incompetence, and exclusive or repressive behaviour by elites.

Armed actors and peace processes – Overall, there is pessimism about the impact of COVID-19 on national peacemaking and existing peace processes due to a number of factors (Bell et al., 2020). For example, the UN Secretary General's (UNSC) call for a global ceasefire lost momentum and did not materialise into concrete or sustainable actions, and it is unclear what the incentives are, if any, for actors to respond to future ceasefire calls. Peacekeeping operations were initially scaled back due to COVID-19 adaptations, and there are suggestions that strained USA–China relations could continue to make it hard for the UNSC to agree on new peacekeeping operations (though this analysis predates the recent US election and change of administration). While there are widespread warnings of state and non-state armed actors taking advantage of the crisis to pursue their interests and to expand their operations and popularity, evidence of this is limited so far.

Ultimately, as situations vary substantially, analysis suggests that attention may be more usefully directed at the local rather than the global level, again making clear the importance of context specificity. Conflict-sensitive analysis is also shown to be essential for ensuring policy responses and adaptions do not undermine social tensions and do not miss opportunities to positively address conflict dynamics.

Criminal violence and organised crime – After an initial drop in criminal violence in many places due to lockdown restrictions, violence levels soon bounced back, something evidence suggests may be due to a combination of existing weak state capacity in terms of law enforcement, growing gang rivalry over shrinking (and new) markets, and – to a lesser degree – the early release of violent inmates in some places. There is mixed evidence about claims of emerging "gang governance" where organised crime gangs (OCGs) exercise soft power through providing security and services to vulnerable communities under lockdown. This is thought to be more sporadic and less widespread than originally believed, though OCGs could be combining "altruism" with violence to gain control over markets, politics, and communities, a phenomenon borne out in recent and historical evidence.

Analysis suggests that organised crime's long-standing combination of territorial and transnational activity enables tremendous adaptability as criminal enterprises continue to operate and diversify during crises. Vulnerable groups and communities are often targeted by criminal actors; for example, through loan-sharking, extortion, racketeering, and cybercrime. Evidence suggests that criminal activity – violent and non-violent – is likely to be a significant challenge for the post-COVID-19 economic recovery as failing businesses and economic recovery funds are targeted by mafia and other criminal actors. The same is true of the COVID-19 vaccine which Interpol and the WHO have already flagged as at high risk from criminal actors with the potential to undermine the roll-out.

COVID-19, resilience, vulnerability, and risk

COVID-19 has triggered a wide range of direct risks to health and health-care systems, and indirect risks to economies, livelihoods, social relations, and political systems. While the indirect risks are particularly concerning for medium- and longer-term polarisation and insecurity, they are often overlooked in official responses, something seen in the early days of the current crisis. Evidence shows that these risks are exacerbating existing vulnerabilities and inequalities and, as always, poorer households and those already vulnerable are especially at risk.

Vulnerable countries and resilience – Country-level risk factors include: (1) international exposure to COVID-19 cases; (2) health system capacity; (3) urban population density; (4) total urban population; (5) age of population; (6) government transparency and trust in the government; (7) press freedom; (8) conflict presence and magnitude; (9) forced displacement levels; (10) pandemic preparedness; (11) dependence on trade, tourism, or commodities; and (12) financial vulnerabilities including financing needs and debt burdens (ACSS, 2020b; World Bank, 2020b). While developing countries, and FCAS in particular, were initially believed to be most at risk from COVID-19, at the time of writing this does not appear to be the case, though whether current trends will hold remains to be seen. While within countries there is a wide variation when it comes to vulnerabilities and risks faced by specific groups, a fragility lens appears to be insufficient as it does not take into account some specific COVID-19 risk factors; for example, high inequality that exposes marginalised populations to higher risks, even in non-fragile contexts (Locke, 2020).

Vulnerable groups and resilience – Structural weaknesses, like underinvestment in health care and precarious work, make certain inequalities more salient during a pandemic. Because vulnerabilities overlap and interconnect, multiplying disadvantage, evidence shows clearly a need to better understand the intersectionality of these categories. While the scale of vulnerability may be different in middle-income and high-income contexts in comparison to low-income contexts, certain groups are consistently shown to be especially vulnerable to risks from the direct and indirect impacts of COVID-19. Analysis suggests that one of the biggest challenges when it comes to discussions about building resilience and "building back better" is a lack of political will for – or even interest in – supporting vulnerable populations. The reason why so many people are vulnerable often has to do with political settlements that exclude vulnerable groups' voices from decision-making or economic models that reward some activity and not others and that increase individual and group vulnerability and diminish resilience. This paper unpacks some of these vulnerable groups with regard to impacts related to governance and conflict factors, including:

- **The poor** have been shown to be disproportionately affected by disasters. While climate change and conflict were already slowing rates of poverty reduction before the current crisis, the COVID-19-induced global economic slowdown is increasing global poverty for the first time in over 20 years (World Bank, 2020d). COVID-19 is also likely to increase inequality within countries over the longer term, lowering social mobility and resilience for those who are poorer and more vulnerable, something seen in previous, modern epidemics (Furceri et al., 2020a).

- **Informal workers** are more likely to have jobs disrupted by COVID-19, are less likely to be able to socially distance at work, often lack labour rights and access to social safety nets, and are often excluded from COVID-19 support funds.

- **Urban populations and slum dwellers**, in particular, are thought to be more vulnerable to the direct health impacts of COVID-19 due to living in densely populated areas with limited sanitary facilities and infrastructure. However, as the pandemic has gone on, evidence suggests their fatality rate may be lower than for non-slum dwellers. Some of their informal governance and social systems have proven important sources of resilience.

- **Refugees and internally displaced people (IDPs)** face many of same vulnerabilities as slum dwellers, yet also face challenges posed by border and movement restrictions, including their inability to access medical facilities, and they have limited social networks due to being away from their homes and communities with host country policies often limiting their ability to build new social networks.

- **Women and girls** face increased risks related to SGBV, and economic vulnerability due to earning and saving less, holding less secure jobs, and working more in the informal sector. They also often face increased direct health risks due to high numbers working in frontline health services and as carers.

- **Health-care workers** face higher health and security risks due to stigma and attacks, their heightened exposure to the disease, and the lack of personal protective equipment (PPE).

- **Prison populations** face direct health risks due to often living in overcrowded and unsanitary conditions. Due to these risks, many countries have released some prisoners early, yet there tends to be a lack of political will in general to support vulnerable prison populations.

Overarching findings and the centrality of politics

The paper concludes with three over-arching insights that have emerged from the research: (1) the importance of leadership; (2) resilience and what "fixing the cracks" really means; and (3) why better ways are needed to add up all the "noise" when it comes to COVID-19 and evidence.

1. The importance of leadership

Leadership has made a big difference in policy success and failure so far; but more than individual leaders, it is the political systems that shape leadership that are of importance. The evidence points to three areas in particular that help to explain success or failure with regard to leadership:

- **The need for leadership and, importantly, the political systems in which leaders operate that have both the capacity and the will to deal effectively with a complex, compound crisis.** Good outcomes often reflect good *political processes* rather than simply good leaders; the reverse is true for poor outcomes.

- **The need for leadership that is agile, adaptive, and capable.** Good outcomes are often the result of systems that have enabled leaders to test, learn, and adapt, to admit failure, to learn lessons, and to change course.

- **The need for trust in leadership.** Trust supports more adaptative policymaking because it lowers the political risk for leaders in admitting failure. Bad politics breeds distrust, and distrust closes down the room for manoeuvre that leaders need. In many contexts, the longer-term consequences of this could be damaging for stability; in some, it could be sowing the seeds of future conflicts.

In short, when it comes to governance and conflict, the evidence on COVID-19 is clear: **better *politics* is needed, not just better leaders**.

2. Resilience and what "fixing the cracks" really means

Resilience has emerged at the heart of arguments about what is required to "build back better" after COVID-19 and concerns the capacity of individuals, communities, systems, and states to absorb, adapt, and transform when confronted with shocks. Looking through a resilience lens highlights the importance of addressing vulnerabilities and risks, and of building capacities. Yet despite increasingly seeing resilience discussed with regard to COVID-19, evidence has not yet materialised on how to translate the insight that resilience needs to be people-centred – emphasising social capital, social cohesion, wellbeing, sustainable development, and inclusion –

into different contexts in a way that is both politically and technically feasible, nor what the appropriate role for external actors in this is.

In order to do this, a better understanding is needed of how to change the political, economic, and sociocultural incentives that undermined resilience in the first place or prevented necessary actions to be taken – in other words, the political action *and* inaction that created vulnerabilities or ignored them until it was too late.

3. Why better ways are needed to add up all the "noise" when it comes to COVID-19 and evidence

The evidence in this paper shows how some early analysis has not held up over time and that there are a number of areas where there is little consensus so far on what is being observed. A more systematic way is required to assess – with some healthy scepticism – what evidence and/or intelligence is telling us in terms of events, trends, and junctures, something Armon (2020) talks about as "separating signal from noise" (drawing on language found in intelligence studies). This is important for building better strategic preparedness systems and for more systematically mapping:

- what COVID-19 has caused;

- what COVID-19 has exacerbated;

- what COVID-19 has just made more visible; and

- things that have just happened at the same time as COVID-19.

Finally, there is not yet a shared framework for how to connect our evidence and strategic thinking on COVID-19 with other huge global challenges and transnational threats: climate change, artificial intelligence, organised crime, tax havens and secrecy jurisdictions, transnational extremism, hostile state actors, cybersecurity, food security, future of energy, future of work, changing geopolitical landscapes, and so on. Neither do we have a clear sense for where COVID-19 is the most pressing issue versus where it is further down the list of threats and priorities. However, this is vital for better decision-making and also for helping to avoid projecting fears from one context to another, potentially shifting resources from areas where they would be better focused.

1. Introduction and approach

This paper is a review of the emerging evidence of the impact of COVID-19 on governance and conflict. Our approach is "governance and conflict first" – which contrasts with some of the research and synthesis on COVID-19 social science that has been structured through a "public health first" approach. Our aim is to provide original insights that will be of use to policymakers, practitioners, and researchers trying to understand what the pandemic could mean for their work, as well as identifying evidence gaps and areas where future research is needed. We anticipate the audience for the paper to include governance and conflict specialists, who will find original insights here but who may already be familiar with at least some of the evidence and debates discussed, as well as those working in other fields or sectors who are increasingly aware of the need to better understand the COVID-19-related governance and conflict factors that impact their work.

Due to challenges such as undertaking fieldwork and the short time frame between the beginning of the pandemic and the time of writing, there is not yet a body of rigorous, peer-reviewed evidence to draw on for this review. This means that we have taken a broader definition of literature than we would ordinarily use. We have aimed to use a "rigorous enough" selection and analysis process that takes into account the challenges of producing evidence and analysis of the pandemic at pace. In addition to some limited peer-reviewed research, we have drawn on analysis found in policy briefs and blogs from established experts and research centres, as well as evidence on related historic events. We have used standard review search strings[2] with criteria for inclusion such as relevance, credibility of author and outlet, and whether analysis is led by or underpinned by research/evidence, originality and balance. We have not excluded reportage or anecdote, but have tried to be clear where we have done this – either in the text itself or through citation.

The paper is structured around four cross-cutting themes:

- Power and legitimacy;

- Effectiveness, capacity, and corruption;

- Violence, unrest, and conflict; and

- Resilience, vulnerability, and risk.

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[2] The search strategy combined a range of methods. We carried out searches on a weekly basis from April to October, and then fortnightly from November to end of December using Google, ReliefWeb and Google Scholar with the keywords: ("COVID-19" OR "coronavirus") AND ("developing countries" OR "Africa" OR "Asia" OR "Middle East" OR "Latin America" OR "Pacific") AND ("conflict" OR "peace" OR "violence" OR "resilience" OR "fragility") ("COVID-19" OR "coronavirus") AND ("authoritarian*" OR "democra*" OR "corrupt*" OR "transparency" OR "state legitimacy" OR "non-state actors" OR "state capacity" OR "state authority" OR "politic*" OR "state institutions"). Plus searches of Google Scholar with the keywords: ("COVID-19" OR "coronavirus") AND ("developing countries" OR "Africa" OR "Asia" OR "Middle East" OR "Latin America" OR "Pacific") ("COVID-19" OR "coronavirus") AND ("developing countries" OR "Africa" OR "Asia" OR "Middle East" OR "Latin America" OR "Pacific") AND ("conflict" OR "peace" OR "violence" OR "resilience" OR "fragility") ("COVID-19" OR "coronavirus") AND ("authoritarian*" OR "democra*" OR "corrupt*" OR "transparency" OR "state legitimacy" OR "non-state actors" OR "state capacity" OR "state authority" OR "politic*" OR "state institutions"). We carried out additional, focused searches of Google, ReliefWeb and Google Scholar using different combinations of the aforementioned key terms and other key issues and terms found during the course of the research. Further literature was identified through snowballing. We also used focused Twitter searches drawing on a selection of research organisations and key experts, and, to a lesser extent, recommendations from policymakers and leading experts.

These themes emerged at the first draft stage, when clear patterns began to surface. We "sense-checked" these with peer reviewers in an effort to ensure we were not either misrepresenting or missing out on potential connections. Through the use of a cross-cutting thematic approach, rather than a topic- or geography-based one, we have been able to identify some emerging *bodies* of evidence/analysis. This has allowed us to better identify connections rather than seeing topics in isolation, and it has helped to make more visible potential areas of consensus and contestation. We have tried to look at patterns that may be generalisable across contexts, though this is far from clear in many countries. Indeed, one of our conclusions is that much more attention needs to be paid to contextual specificities and greater comparative rigour.

We originally focused on governance and conflict issues in low- and middle-income countries (LMICs), but when the research was under way it became clear that we needed to include evidence from high-income countries (HICs) too. This is both more representative of the emerging evidence itself, and it is more honest; as a *global* pandemic, wealthy countries have certainly not escaped some of the governance and conflict effects and challenges identified here.

Figure 1: COVID-19 interventions and the "cracks in the system"
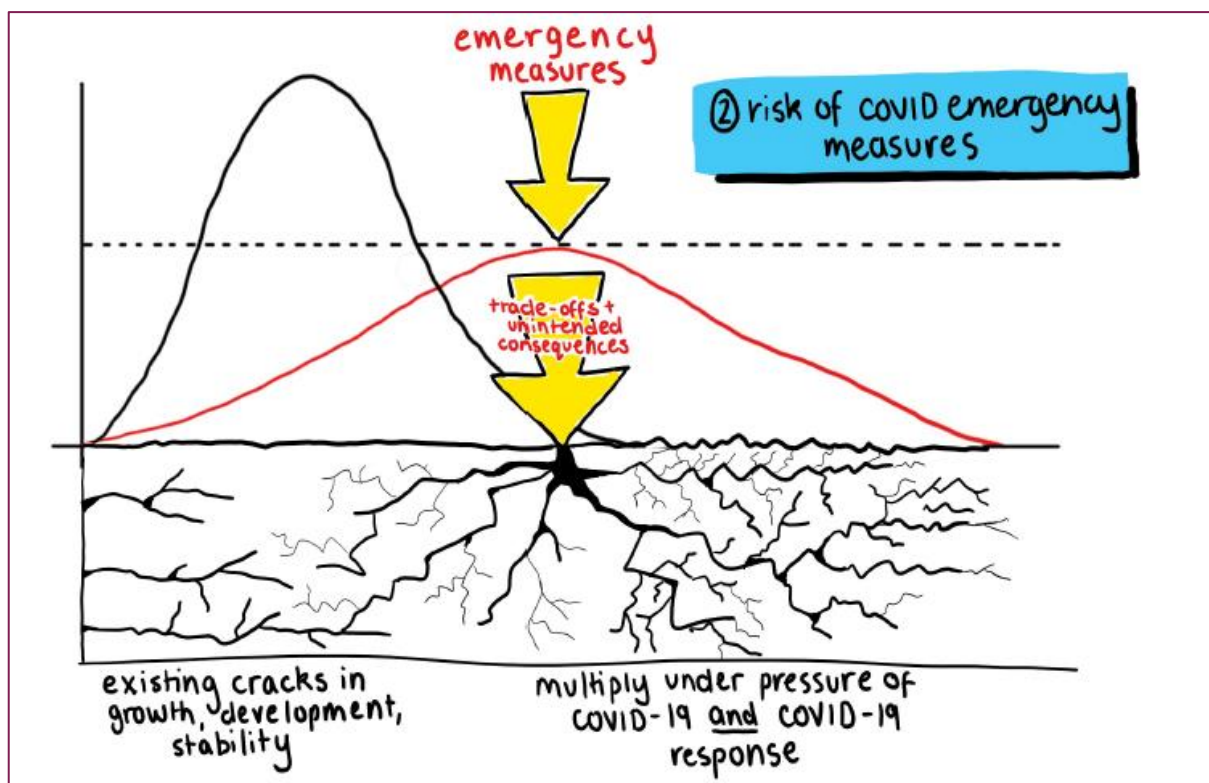
Source: Marquette and Evans, 2020, p. 4.[3]

We were also guided by the approach suggested in Marquette and Evans (2020), looking to see what the evidence is telling us so far – if anything – about the pre-existing "cracks" in social, economic, and political systems around the world, in HICs as well as LMICs. Represented in Figure 1, Marquette and Evans outline what we have seen with COVID-19:

> that emergency measures, such as lock downs and social and physical distancing come with trade-offs in all contexts… and with risks of unintended consequences. These

emergency measures land on foundations with existing cracks in growth, development and stability. These cracks can multiply under the pressure of COVID-19 itself, as well as the pressures from COVID-19 measures if implemented without taking context into account. While research can't help us go back in time to fix these cracks, it can help us better understand "predictable unpredictabilities" (Bell, 2020) in order to help avoid unintended consequences (2020, p. 3).

No country or context is likely to escape COVID-19 unscathed, but six months after Figure 1 was first published, the evidence cited in this paper is helping to narrow down what we understand the most important cracks to be. The analysis here also demonstrates that, so far, some of the bigger cracks that have widened and deepened, so to speak, throughout the crisis reflect weak leadership, poor capacity, and low levels of accountability, in most cases pre-dating the current crisis. Indeed, one area where COVID-19 is likely to transform the field is in our understanding of leadership, political and otherwise.

There are some important caveats before we move on to the analysis. First, in many ways, writing this paper has been like trying to catch a moving train since we began the research in April 2020. What was at first a trickle of analysis became a tsunami; in total, we have reviewed well over 800 pieces of evidence/analysis, and included 500 in this paper. Over time we found quite a lot of repetitive analysis, so in terms of what we could realistically manage, what we have selected should be seen as representative and not exhaustive. Related to this, the academic quality of our paper would no doubt increase the longer we keep synthesising, but the opportunity for real-world impact through "good enough" advice might diminish at the same rate. We had to draw the line somewhere, and this is it.

Second, *everything* we say here should be considered provisional. We are writing this in what may still be the beginning or, optimistically, the middle, but almost certainly not the end of the pandemic. Even though the initial levels of uncertainty around COVID-19 have diminished, they still remain high regarding (a) the impacts of policy responses; (b) the extent of structural damage to the economy from lockdown measures; (c) when a vaccine or treatment will be available, how effective it will be and how high take-up may be; and (d) a whole range of other emerging political economy factors, including at the geopolitical level (Smit et al., 2020). Indeed, two outputs that we appreciated very much are Phillip Lipscy's "It's too soon to call coronavirus winners and losers" (Lipscy, 2020) and Luca Giommoni's "Why we should all be more careful in drawing conclusions about how COVID-19 is changing drug markets" (Giommoni, 2020). Looking across the past six months, we can certainly see a number of areas where conclusions were drawn too quickly and without enough evidence. However, public policy is being made right now and there is high demand for cautious advice. We hope, therefore, that this paper is of use in guiding decision-making now, as well as pointing to future evidence needs.

Third, and relatedly, our review of the evidence suggests a need to "watch our priors" when translating observations into findings. In some cases, we saw analysis emerging over this period that could be said to be driven by incentives that increase the risk of certain biases, ranging from those who feel an urgency to contribute whatever is possible, including reporting on under-exposed aspects of the pandemic, to those who may aspire to drive, or even seize, the agenda to further their own research or policy interests. Indeed, we have endeavoured to not overclaim ourselves, but excellent peer reviewers helped call us out when our own priors got in the way.[4]

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[4] One example of this was a story from two highly respected journalists writing separately about an intergovernmental organisation's report into how money from organised crime had been used to prop up the global financial system following the 2007/8 economic crisis. This was questioned by a peer reviewer, prompting

We have tried our best to catch these, but there is always a chance our own interests give some weight to some areas over others, even if unintentionally (i.e., we naturally read more on our own specialist areas).

Fourth, while our thematic approach has enabled us to draw conclusions that we would not have been able to with a more fragmented approach, there are some obvious areas of overlap between sections and sub-sections. For example, we separate out trust, disinformation, and leadership in order to reflect emerging bodies of evidence, but there are clearly connections between these. We have flagged these links throughout the paper as much as possible, but we will surely have missed opportunities to do so.

Finally, the infrequency and context-specificity of pandemics means that lessons from previous pandemics must be considered with caution (Madhav et al., 2018), and this is certainly the case here. COVID-19 is so unique that drawing comparisons with past experiences is more challenging than some research and analysis suggests. In general, while there is evidence on the direct health responses to previous epidemics/pandemics, and similar emerging evidence on COVID-19 itself, this is not without areas of contestation, and there is much less known from historic evidence on indirect impacts of epidemics and pandemics than one might expect (Rohwerder, 2020a; Kelly, 2020). Having said this, additional work could have been done here to more systematically bring in wider literature in order to place the evidence in both historic contexts and within each section/sub-section; however, this was not possible within the scope of this paper and the time frame. We hope that other researchers are able to use our work as a useful "starter for ten" to do this in a number of areas, some of which we suggest in the conclusion.

2. COVID-19, power, and legitimacy

While the pandemic is still ongoing, it is clear from the overall evidence to date that the extent and form of state authority, legitimacy, and capacity have a significant impact on the type and effectiveness of national COVID-19 responses in addressing what are often called direct and indirect effects: *direct* effects being the health effects of COVID-19 and *indirect* effects being the wide-ranging secondary impacts of COVID-19 itself and of COVID-19 interventions on areas such as livelihoods, food prices, inequality, and so on (Marquette & Evans, 2020). As the indirect effects are occurring at the same time as the direct effects, and actually drive and shape the direct effects, they are just as critical. They are, however, often overlooked in policy discussions and responses (Marquette & Evans, 2020). However, the impact that state authority, legitimacy, and capacity have on the type and effectiveness of response has not, so far, been predictable or uniform, and evidence so far does not point to patterns regarding regime type, income level, or governance capacity characteristics.

Emerging evidence suggests a number of ways in which COVID-19 may be shaping state–citizen relations and political priorities; however, the long-term implications are not clear, nor is there clarity in much of the analysis on what is likely to be the *result* of COVID-19 and what might be *existing problems* that COVID-19 is simply making more visible or exacerbating, something we return to in the conclusion (page 98). This is likely to be important when it comes

to policy responses in particular, where some problems may be more entrenched and, therefore, more difficult to address.

Through analysis both of past crises and recent and current governance and conflict trends, this section explores some of the possible direct and indirect effects (Brown et al., 2020). As shown in section 2.1 below, analysis suggests that some pre-modern pandemics have precipitated big changes in the political settlement,[5] like the restructuring of labour and economic markets and rights, as well as the redrawing of empires and colonial expansion. While modern epidemics/pandemics have had less dramatic impacts, they have contributed to the longer-term substance and conduct of politics as well as national responses to managing infectious diseases and sanitation (Gingerich & Vogler, 2020; Kapiriri & Ross, 2020). The evidence underlines the importance of taking into account contextual specificities when considering the potential impacts of COVID-19.

2.1 Historic pandemics, political settlements, and the role of the state

The infrequency and specificity of pandemics – in terms of their geographic, historic, and political contexts, transmission mechanisms, mortality rates, etc. – means that lessons from previous pandemics must be considered with caution (Madhav et al., 2018). While this section cannot provide an in-depth discussion of the lessons from every historic pandemic, it reflects some of the main discussions in the literature as they relate to COVID-19. It also reflects some imbalances in the literature on historic pandemics; for example, while quite a lot has been written about the Black Death, there is perhaps surprisingly limited analysis of the Spanish flu – often called the "forgotten pandemic" due to the lack of public and scholarly writing on it (Crosby, 2003; Honigsbaum, 2020). Recent work by Spinney (2018), however, does set out a number of public health changes that came about after the Spanish flu pandemic, including the provision of universal and/or subsidised health care in many countries, but there is little sense that emerges from the series of vignettes for how or why reforms happened, particularly in a comparative sense.

De Waal (2020b) argues for the need to "know your epidemic, act on its politics," emphasising the importance of context specificity in drawing lessons from previous epidemics/pandemics.[6] While there are many aspects to focus on, a few interesting characteristics that distinguish COVID-19 from other epidemics/pandemics include: (a) its scale and scope – COVID-19 is present in every country in the world (in contrast to all other epidemics/pandemics since the Spanish flu); (b) the current globalised context, which has accelerated global transmission of COVID-19 and also makes the indirect impacts particularly damaging due to the importance of the globalised economy, global supply chains, and so on; (c) it mostly (so far) affects the old, in contrast to the Spanish flu which mostly affected the young; and (d) it has a relatively low mortality rate – compared to SARS, for example – which has allowed it to spread further (Shanks, 2020; Fukuyama, 2020b).

The history of pre-modern epidemics/pandemics reveals these events sometimes acted as critical junctures for political, socioeconomic, ideological, and socio-cultural change –

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[5] While definitions vary, this paper uses the definition of *political settlements* from Laws and Leftwich (2014, p. 1): "the informal and formal processes, agreements, and practices that help consolidate politics, rather than violence, as a means for dealing with disagreements about interests, ideas and the distribution and use of power".

[6] This is also a well-established phrase used to emphasise the need "to put evidence at the heart of national AIDS programmes" (Buse, et al., 2008).

where stalemates were broken and entrenched path dependencies were altered;[7] however, modern epidemics/pandemics[8] seem not to have had such dramatic impacts (Madhav et al., 2018; de Waal, 2020b). The dramatic changes associated with pre-modern epidemics/pandemics are largely attributed to the scale of mortality shocks – in other words, the numbers of deaths relative to population size – and the resulting demographic shifts they caused, while modern epidemics/pandemics have seen less devastating mortality rates due to overall improvements in prevention and care (Madhav et al., 2018). Figure 2 illustrates this – while worldwide an estimated 350 million people died from smallpox and 200 million died from the plague, only 50 million are estimated to have died from the Spanish flu (BBC, 2020b).[9] To put these numbers into historic context, more people are estimated to have died during the three waves of the 1918–20 Spanish flu than died in the First World War (CDC, 2018), but this is still only a fraction of the lives lost to smallpox, a disease only eradicated in 1980, almost 200 years after a vaccine was invented.

Figure 2: Overall estimated global death toll of pandemics
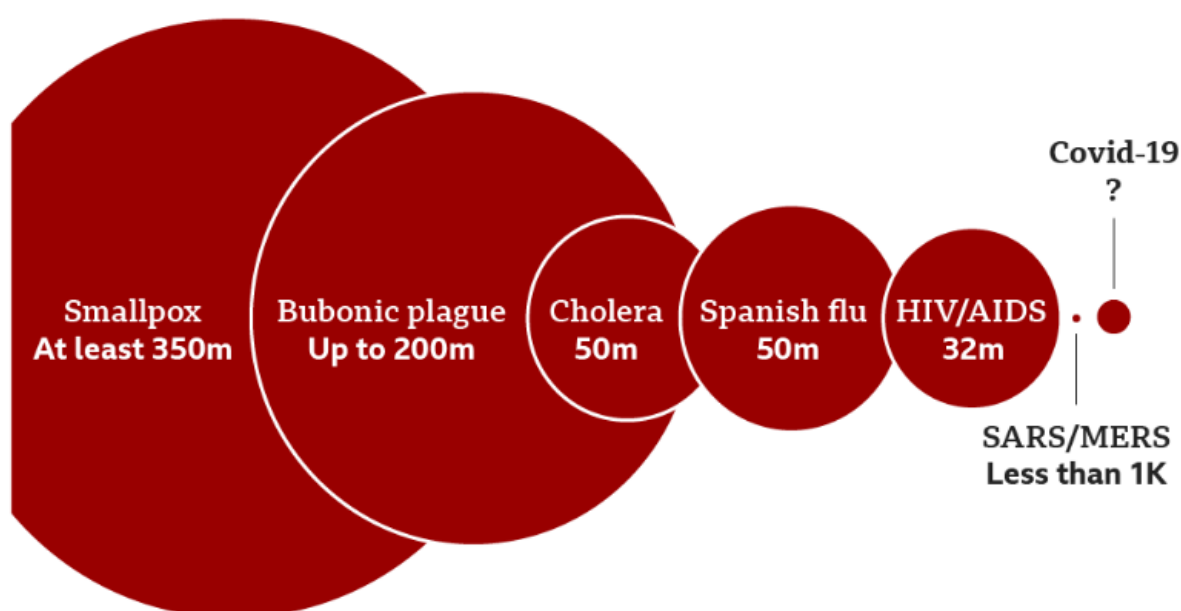
Source: BBC, 2020b.[10]

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[7] Drawing on historical institutionalist thinking, the concepts of "path dependency" and "critical junctures" explain that institutions are normally fairly stable and are hard to change substantially or quickly; once established, they tend to develop along self-reinforcing path-dependent processes. Critical junctures are the brief periods in history of institutional flux when significant changes to institutions can occur. Choices made during critical junctures in history can therefore have lasting impacts, including closing off alternative options (Capoccia & Kelemen, 2007, p. 341).

[8] Including: the Spanish flu/H1N1 (1918–20), Hong Kong flu (1968–69), Asian flu (1957–58), HIV (1970s onwards), SARS (2002–03), H1N1 influenza/swine flu (2009–10), MERS in the Middle East (2012), Ebola (2014–15 in West Africa; 2018–20 in Democratic Republic of Congo), and Zika (2015–16) (World Bank, 2020c).

[9] These numbers are indicative and vary considerably across sources due to the lack of data and the complexity in accurately capturing mortality rates. The numbers used here are those used in one BBC news article (BBC, 2020b). For an interesting analysis on the variable mortality numbers used for the Spanish flu, see Spreeuwenberg et al. (2018); the authors estimate that just 15 million people died worldwide from the Spanish flu, despite other sources estimating between 50 and 100 million deaths.

[10] From "How do pandemics end?", BBC, 2020. © 2020 BBC. Reprinted with permission.

In the midst of the COVID-19 pandemic, we are unable to know what the final death toll will be; however, even the most pessimistic models suggest it is unlikely to kill as many people as the Spanish flu (Barro et al., 2020). At the time of finalising this paper (March 2021), the total confirmed number dead is 2.5 million globally – see Figure 3 (Our World in Data, 2021). COVID-19 has already killed more people than the 1968–69 Hong Kong flu, when 1 million people died (BBC, 2020b), and it looks unlikely that COVID-19 will kill more than the 1918–20 Spanish flu when an estimated 50 million died in just over a year, though this of course depends on how it mutates and whether or not vaccines can effectively stem its spread and mortality.

Barro et al. (2020) suggest that COVID-19 is likely to kill fewer people than the Spanish flu due to more advanced public health care and screening/quarantine procedures. This also means that it is less likely to lead to dramatic shifts in political settlements in comparison to the experience of some pre-modern pandemics. Having said this, analysis of the death toll is ongoing and it remains to be seen how the pandemic progresses. In short, it is too early to say with any certainty what the impact of COVID-19, if any, will be on political settlements.

Figure 3: Total global confirmed COVID-19 deaths[11]
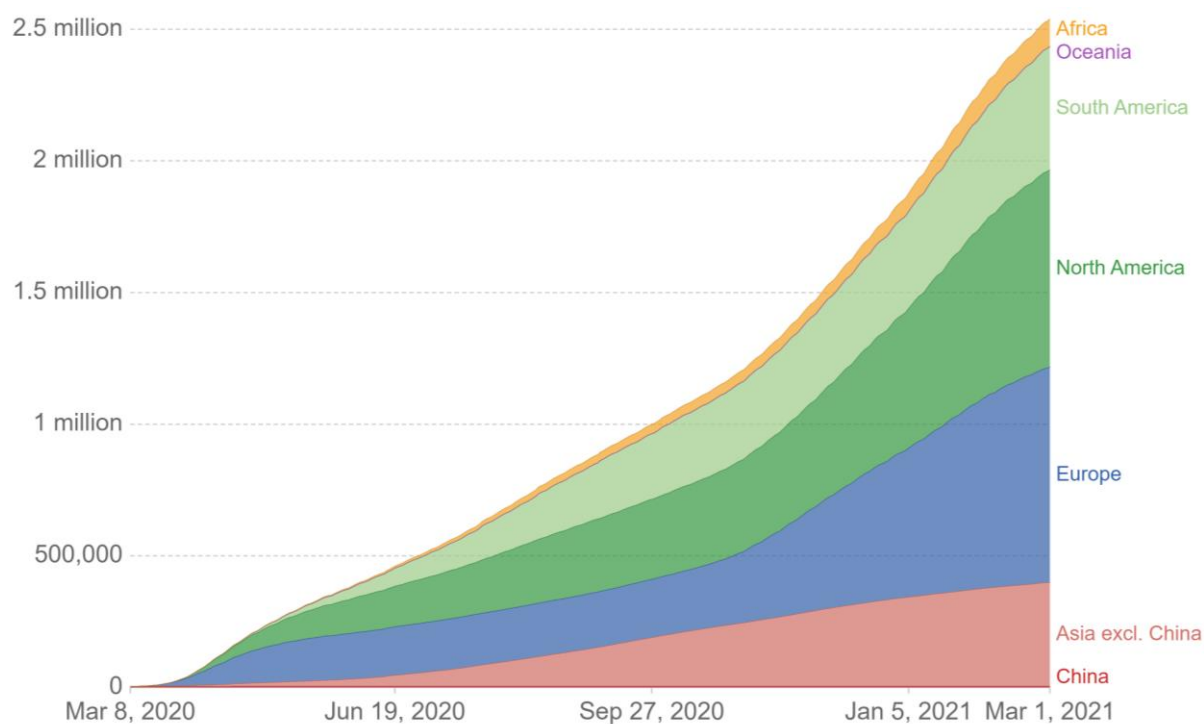
Source: Our World in Data, 2021.[12]

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[11] The 2.5 million figure is the "total confirmed COVID-19 deaths" based on the COVID-19 Data Repository collected by the Center for Systems Science and Engineering at Johns Hopkins University. This figure is very unlikely to be an accurate count of the true number of deaths from COVID-19 due to a number of factors including: limited testing, challenges in the attribution of the cause of death, the intentional suppression of accurate mortality figures, and general limitations on data in many of the world's countries. Many analyses look at excess death figures to gain a more accurate understanding of COVID-19 death rates.

[12] From "Cumulative confirmed COVID-19 deaths", Our World in Data, based on COVID-19 Data from the Johns Hopkins University Center for Systems Science and Engineering. Accessed 3 March 2021. © 2021 Our World in Data. Reprinted under Creative Commons BY licence.

The classic example cited in the literature for shifts in the political settlement is the 14ᵗʰ century Black Death pandemic, otherwise known as "the Plague". In England, for example, it caused the death of up to half of the population with enormous disruptions in the farming of grain, animals, and rent collection (Acemoglu & Robinson, 2012; Aberth, 2020). This demographic shift meant that surviving peasants gained bargaining power to push for waged labour and better conditions, though this was not uncontested by elites and the state (Aberth, 2020; Cimmino et al., 2020; Green, 2020). However, the same pandemic provides evidence of the unpredictability in terms of outcomes and for the importance of context; for example, in Eastern Europe the Black Death instead led to what is known as the "second serfdom" by *increasing* forced labour, as labour shortages led to greater repression by landlords (Acemoglu & Robinson, 2012; Green, 2020). This variation is considered to be the result of small differences in initial underlying conditions, such as population density and the pre-existing power relations between landlords and peasants (Acemoglu & Robinson, 2012; Green, 2020). The main takeaway here is that while the impact of pre-modern epidemics on social and political change was sometimes dramatic, the direction of change was not uniform and was context-specific (Burke, 2020).

Whether the political, governance, and security effects of pandemics are substantial may depend on the extent of loss of life relative to the local population, although we can again see that this is neither predictable nor uniformly positive. Gingerich and Vogler (2020), for example, draw on analysis of the Black Death in German-speaking Central Europe and find that after the pandemic, the areas with the most deaths were more likely to adopt inclusive political institutions and equitable land ownership patterns and to feature electoral behaviour indicating independence from landed elite influence during the transition to mass politics in the late 19ᵗʰ century (Gingerich & Vogler, 2020). As we have seen, the 1918–20 Spanish flu pandemic killed approximately 50 million people worldwide, including nearly 2.5 million in Africa – 2% of the continent's population. There is little discussion in the literature on the political, governance, or security repercussions of the Spanish flu; however, there is analysis suggesting the famine in Africa that followed eventually prompted important adaptations in agricultural methods and food preferences (ACSS, 2020a). Conversely, the 16th century smallpox epidemic killed 40% of the population of the Aztec capital of Tenochtitlan and triggered a famine. This left the Aztecs unable to defend themselves against the Spanish conquest and, ultimately, led to the Spanish colonisation of the Americas (Cimmino et al., 2020; Gunderman, 2019). To date, the COVID-19 death toll is very variable by country and region – with some regions and countries having much higher death rates than others (see Figure 1). If we look to past pandemics for lessons, we might expect to see greater social and political change in the countries with higher death tolls.

There is some evidence that some modern epidemics/pandemics and their policy responses, in particular, have amplified existing political tensions where there have been legacies of violence and weak institutions. Early on during the Ebola crisis in Liberia, for example, tensions and unrest led to attacks on health facilities but not to political violence or instability (Madhav et al., 2018). Areas hit hard by Ebola saw an increase in civil violence (i.e., protests and riots) six to nine months after the outbreak (Inks & Lichtenheld, 2020; Madhav et al., 2018; de Waal, 2020b),[13] something shaped mostly by indirect effects such as food prices and changes in employment, and whether government responses were seen as unfair or cruel (de Waal, 2020a).

At a minimum, epidemics have historically catalysed how diseases are managed (Wilkinson, 2020). For example, in 1851, cholera, plague, and yellow fever spurred European

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[13] See more on violence, protest, unrest, and conflict and violence in section 4.2.

leaders to hold the first International Sanitary Conference, which became a model for later meetings, treaties, and agencies on other transnational issues (Bollyky, 2020). In London, the cholera epidemic in the 19th century led to elites being more willing to invest in public goods, such as sewers and wide streets like Embankment in London (Runciman, 2020). The HIV/AIDS pandemic exposed stark global and group inequalities that led to stigma in policy responses, and the controversy over HIV/AIDS inequities and resulting deaths is said to have "transformed global health, elevating the issue as a foreign policy priority and helping to raise billions of dollars for researching, developing, and distributing new medicines" (Bollyky, 2020; see also de Waal, 2020a, 2013).[14]

More broadly, economic stresses and crises shape elite and public support for political leaders, often by reducing the budgets through which public services are funded and rulers use to secure political support (de Waal, 2020b, p. 5). While it is very hard to predict where the future will go in the middle of an unprecedented pandemic, there is speculation that the transmission levels and mortality rates seen in high-income countries, combined with a more interconnected world, could increase the opportunities for COVID-19 to lead to greater changes than witnessed in recent history (Hickey et al., 2020b). However, mortality rates in Africa and some parts of Southeast Asia have been surprisingly low to date, and this speculation may be unfounded.

Bollyky (2020) suggests that we take seriously the role that plagues have played in the development of the modern (welfare) state where elites were incrementally compelled to assume greater responsibility to protect the health of their workforces. Evidence from Ebola, for example, shows how the disease's "blindness" to class or status motivated a strong and effective response in Nigeria, despite the structurally weak health system (Tilley-Gyado, 2015). De Swaan (1988) set out a framework for understanding the emergence of pro-poor politics in Europe in the late 19th century. He argued that poverty reduction becomes a pressing concern for elites *if* it is associated with issues such as disorder, disease, economic or electoral threat, threat of rebellion, and crime. This fear, De Swaan said, leads to a growing collective awareness among the elite that they need to consider more inclusive policies. From this research, he went on (with others) to set out a series of hypotheses that can help to assess whether or not events such as COVID-19 may lead to shifts in political priorities that are more pro-poor:

- *Loss avoidance:* the more acutely the elites perceive the poor as a threat, the more ready they will be to consider an improvement in the life conditions of the poor.

- *Gain seeking:* the more opportunities the elites perceive in the presence of the poor, the more ready the elites will be to consider an improvement in the life conditions of the poor.

- *Inaction:* the fewer consequences the presence of the poor are perceived to have for the elites and their station in life, the less the elites will be ready to consider an improvement of the life conditions of the poor.

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[14] At the time of writing, there is no comprehensive body of analysis/evidence yet on lessons from HIV/AIDS for COVID-19, and this is likely to be a significant gap. One exception, for example, notes: "Recommendations for the COVID-19 response informed by HIV are grounded in rights-based and community-centred approaches. True progress will require addressing deep-seated structural inequalities to protect the most marginalized" (IAS, 2020).

- *Efficacy:* the more feasible the elites consider an improvement of the life conditions of the poor, the more willing the elites will be to consider reform measures towards that end.

- *Collective action:* the more the elites perceive that a fair distribution of burdens will be realized, the more they will be willing to consider reform measures.

- *Decisive action:* the more the elites are willing to consider improvement in the life conditions of the poor, the more likely it is that actual reforms will be implemented (De Swaan et al., 2000, p. 53).

Indeed, early on in the crisis a range of analysis suggested that elites were worried about the impact of lockdown and the ban on travel around the world, given this left them trapped with only their own health-care facilities if they became ill. The head of the Nigerian Medical Association, for example, said: "It's going to be a lesson for those who think they can neglect the health system… The highest of the government officials, some of them will be infected, and they'll have no option but to get local treatment", something echoed as well in analysis by Cummings (2020). Regarding COVID-19, Viens and Eyawo (2020, p.2) suggest:

> Amidst all its ongoing negative effects around the world, one potentially positive outcome from the COVID-19 pandemic will, hopefully, be the recognition that the political choices to decrease or limit health funding, especially for public health and the social determinants of health, have real and inescapable consequences for all. The actions (and inaction) of the ruling classes resulting in weak healthcare systems in LMICs will have a direct negative impact on them through the severe health and economic crisis being imposed by this pandemic. One has to wonder what else would be needed to impress on leaders and political elites in many LMICs, particularly in Africa, of the need to strengthen and invest in healthcare capacity, public health systems and pandemic preparedness?

However, little conclusive evidence of this happening has emerged since initial anecdotal analysis. De Swaan et al.'s (2000) framework (see above) could be used to structure comparative research that helps us better understand the conditions under which positive change happened as a result of previous epidemics/pandemics (and other major threats) in the past, and the actions of elites and other important actors in particular. This could be particularly valuable in terms of helping to support the underlying conditions around which elites could support necessary but difficult reforms.

2.2 Trust

Emerging evidence illustrates how levels of trust impact COVID-19 responses, in line with both theory and empirical evidence in the state-building and political settlements literatures (e.g., Hickey et al., 2020). Trust between communities and the health system is identified as a crucial resource across a wide range of crises shaping behaviour and outcomes, including whether and how people access health care and how health messages are communicated and interpreted (Ager & Toltica, 2020). Even when health services are available, people may not use them due to trust and legitimacy issues. For the Rohingya living in refugee camps in Bangladesh, for example, ACAPS (2020a) found that many did not seek health care due to rumours and negative perceptions that they would be taken away if suspected to have COVID-19. This echoes historical evidence from the Spanish flu in Africa, where communities that trusted colonial authorities exhibited greater cooperation and more effective reporting and tracing of the pandemic (ACSS, 2020a).

Fukuyama (2020a) argues that it will ultimately be "the state's capacity and, above all, trust in government" that will determine how effective COVID-19 responses are, especially "whether citizens trust their leaders, and whether those leaders preside over a competent and effective state", a conclusion borne out by the wider evidence so far. In a review of historic epidemics in Africa and the impact on governance, de Waal (2020b) finds that fear and distrust are common. The enactment of unpopular control policies can exacerbate distrust and resentment and can lower compliance; for example, in 2014, the Liberian government had to change policy after its lockdown attempt in the capital Monrovia sparked fierce resistance (de Waal, 2020b; see section 4.3 on page 68 for more on protests and unrest). The World Bank (2020b) also notes the importance of trust, noting how corruption scandals can destroy public trust and thus could undermine COVID-19 responses. Survey data in the Kurdistan Region – Iraq (KRI) found that low levels of trust in national political leaders is leading to perceptions of greater social cohesion among people living in the KRI, especially as they receive little support from national, or even regional, authorities (Beaujohan et al., 2020).

Research indicates what an effective COVID-19 response looks like in a high-trust environment. For example, Mauritius – an upper middle-income island state – has been heralded by Blin and Auerbach (2020) as a COVID-19 success story involving high public compliance with state responses so far. Its paternalistic, though democratic, political leadership faced little opposition in prioritising public health over the economy and so was able to rapidly implement a number of measures: (a) a very strict curfew system; (b) daily TV briefings emphasising collective responsibility and drawing on long-standing norms of national unity; (c) rapid testing, tracing, isolation, and treatment; (d) free health care for all COVID-19 patients; and (e) a substantial social welfare package throughout the curfew (Blin & Auerbach, 2020). Sun and Wah (2020) argue that the success of Mauritius' communication strategy, in particular, confirms the importance of public trust in science and in leadership for effective implementation of health policy in general, especially so with COVID-19 (see also UNDESA, 2020b).

Vietnam is another country where trust is said to have played an important role in getting the virus under control quickly. So far, the country has fared extremely well: with a population of over 94 million people, Vietnam had only 352 cases and zero deaths reported at the end of June (Dabla-Norris et al., 2020), and even now this is still remarkably low at 1,521 cases and 35 deaths.[15] With recent, previous experience of epidemics, the government recognised the threat early on and mobilised quickly, having a National Response Plan in place by the end of January. Strict lockdown measures were brought in – such as travel bans, school closures, wearing of masks, shut-down of essential services, and so on – while clear communications, high levels of transparency, and a "well-coordinated multi-media approach" helped to strengthen public trust which led to high levels of compliance, and meant that the measures could be loosened quickly as well (Dabla-Norris et al., 2020). This was further aided by a "public health system that emphasises care, solidarity, and community responsibility" (Baum et al., 2021). This contrasts with Malawi where government plans for lockdown were met with protests and a successful legal challenge for suspending planned restrictions on the basis that these would infringe on human rights, according to Dodsworth and Cheeseman (2020). The authors argue that "the lack of public trust in the government undermined its ability to implement and secure public compliance with an important health policy" (Dodsworth & Cheeseman, 2020, p. 6).

Similarly, Somalia – a low-income country that has experienced decades of civil war and fragmentation – has seen very low levels of compliance with the government's COVID-19

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[15] Data from 14 January 2021 from Johns Hopkins University & Medicine Coronavirus Resource Center.

response. Abdirahman (2020) explains that in Somalia the widespread defiance of the government's COVID-19 response resulted, at least in part, from people perceiving the approach – including aspect like social distancing – as "Western" and going against their religion, with many using religion-based myths to justify their non-compliance. This has been complicated by the lack of connection between the state and religious leaders, as well as fragmentation of religious groups and elites by region, with few having reach over the whole territory. In addition, governance issues – such as pre-existing low levels of trust in government, limited state capacity, and state authority over the territory and low overall literacy rates – have made it difficult to effectively combat disinformation and conspiracy theories.

This was also observed in Liberia and Sierra Leone with Ebola, where trust in government was so low that people did not at first believe the epidemic was real, instead believing it to be a ploy by their governments to get more foreign aid. Distrust can play "a deadly role" in exacerbating public health crises; for example, surveys taken in 2014 and 2015 showed that Liberians who distrusted their government took fewer precautions against Ebola, were less compliant with Ebola control policies, and were much less likely to support more contentious control policies – like the safe burial of infected bodies (Blair et al., 2017; see Yamanis et al., 2016, for similar findings from Sierra Leone). Bellows (in Hudson Institute, 2020, p. 7) explains, "what really turned the tide was the involvement of community-level actors, traditional authorities, religious leaders, elders, people who already were trusted by citizens who were able to amplify and echo and translate the messages around public health that the government wasn't really able to convey in a way that was credible". Sierra Leone's Director of the Situation Room in the National Ebola Response Centre (NERC), explained how they learned from early failure with a highly centralised response, pivoting to work closely with local traditional leaders and healers who were trusted:

> They succeeded by using social structures and networks that were well established in the local community. We very quickly realised that it would be more effective to hand power to the people; we had to decentralise the way NERC operated. In many parts of the country, government only works by the grace and support of traditional powers (Omaru Badara Sisay, interviewed in ARI, 2016).

This chimes with research that suggests countries with weak political settlements are expected to rely on a more collaborative strategy across state and non-state actors to respond to COVID-19 (Hickey et al., 2020).

Senegal responded quickly to the coronavirus but took a different approach to that seen in Vietnam because of its assessment of the likely economic impact of a strict lockdown, in a country where 97% of all enterprises are found in the informal sector. Instead, the government focused on shutting down non-essential activity, including schools, universities, and religious gatherings. While some places of worship had reopened by mid-June due to pressure from religious leaders on the government, many had decided to remain shut (Soulé & Toulmin, 2020). In April, 89% of Senegalese polled were satisfied with the government's response while 85% trusted the information that the government was providing (PERC, 2020a). However, by mid-August, surveys showed that trust had deteriorated along with the economy, with only 56% saying that they were satisfied with the government's response, lower than much of the region, and over half agreeing with statements about foreign interference in treatment or vaccines, suggesting perhaps a potential increase in exposure to disinformation (PERC, 2020b).

Evidence suggests that trust levels tend to change over time during a crisis. Online interviews (N=7,012) with adults living in G7 nations, for example, show that trust in government

has declined since the beginning of the COVID-19 pandemic (Rivière & Harrison, , 2020). The findings are consistent with suggestions that there was a trust "honeymoon" or "windfall" for governments at the start of the crisis but it is now declining and can be accelerated by particular events and/or decisions (Hudson, 2020; Khemani, 2020). Analysis by Cheeseman (2020c) notes how even in countries with poor initial responses – including, for example, Brazil, the UK, and the USA – evidence showed an early "rally around the flag" boost in support for political leaders because, he argues, "individuals tend to favour political stability during times of national uncertainty". However, the analysis (published in April) suggested there was evidence even at an early stage that this would be short-lived if the situation worsened. Indeed, he points to historical cases where leaders/ruling parties had polled high during crises but then lost power almost immediately when it came to "building back better" – for example, Churchill/the Conservative Party after the Second World War in the UK and the ruling parties in Liberia and Sierra Leone after containing the Ebola outbreak (Cheeseman, 2020c).

Indeed, even countries that have responded well to the crisis are finding that trust is complex, non-linear, and often unpredictable. In Vietnam, analysis suggests that its success has been due to "transparency of information and close horizontal and vertical coordination among different levels of government" (Truong, 2020). According to emerging evidence, the public are seeing that the Community Party of Vietnam (CPV) can be transparent and highly competent, which means that it may struggle to use the opposite approach (avoiding sharing information and not coordinating with local authorities) as a typical strategy for "blame avoidance".

The success of its COVID-19 strategy has, so far, increased trust in the CPV in the short run, but it will likely create demand for transparency in other political issues and make it harder for the party to use the blame-avoidance strategy in the face of potential future policy failures. The success of COVID-19 is a double-edged sword that, if not handled very well, will likely haunt the party in the long run. If increasing expectations are not handled skilfully, the trust that the party has gained from its COVID-19 achievements may evaporate (Truong 2020).

These examples suggest – at a minimum – three important gaps in our evidence base – both pre-COVID-19 and mid/post-crisis. Firstly, the evidence so far is unclear about which *level* of trust matters (most) and for what specific purpose. Does trust in political leaders matter most for adherence to lockdown restrictions or for take-up of an eventual vaccination campaign, for example, or is it instead trust in institutions, or local government, or community organisations, or religious leaders, or the media?

Secondly, the impact of often rapidly changing levels of trust is on existing levels of polarisation in many countries is not yet known. Carothers and O'Donohue (2020) pull together lessons from ten country case studies in an endeavour to understand whether the crisis is exacerbating existing tensions or creating "windows of opportunity for political and social actors to bridge existing divides", concluding that the overall picture is "troubling". However, Quarcoo and Kleinfeld (2020) argue that there is some evidence of communities coming together to work collectively as well as "bridging" activities that unite different opposition groups, even in places such as the USA where levels of social trust, as well as political trust, are typically low and where political leaders are trying to use divisive tactics to "improve their own political fortunes by further polarizing voters". It is far too early to judge where the end will be on this.

Finally, a better understanding of how (political) trust actually operates in a much wider range of contexts is needed. Dodsworth and Cheeseman (2020, p. 11) argue:

A wide variety of structural factors are known to influence political trust, yet their impact is clearly subject to context. As such, the tendency of existing research to focus on developed, Western democracies means our understanding of political trust in other parts of the world is questionable at best.

It is far too early to assess where the evidence on trust will land, but given the importance of trust for vaccine uptake, for example, these are urgent research gaps, particularly in the face of growing COVID-19-related disinformation.

2.3 Disinformation

As early as February, World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus (2020) said, "We're not just fighting an epidemic; we're fighting an infodemic". Much of the research on disinformation and misinformation is ongoing, and it is too early to draw conclusions from it here, but evidence from the Ebola and other epidemics, for example, suggests that conspiracy theories and disinformation can significantly undermine COVID-19 interventions. Richards (2020, p. 2) suggests that while there is evidence of "deliberate inaccuracies and concealment", inaccuracies in reporting may also be attributed to problems with capacity as well as deliberate concealment, something affecting high-income countries as well as low-income ones. Ogbunu (2020) wrote about "COVID-19 carpetbaggers" or "ideas opportunists" pitching misinformation (i.e., inaccurate, sometimes deliberate but not always) and disinformation (i.e., deliberately inaccurate and/or misleading) on COVID-19.

Conspiracy theories are rife regarding the origin and spread of COVID-19, and this looks likely to continue to raise political tensions further at the geopolitical, national, local, and interpersonal levels (de Waal, 2020b). In Sudan, for example, research sets out a number of rumours that are undermining trust in the international community as well as national elites (Benson, 2020). Similar rumours were found in research undertaken in Uganda, where COVID-19 was seen as a curse from God, or the result of transmission from Chinese workers, or simply as a story established by political elites to justify postponing the recently held election (Storer et al., 2020). Indeed, Bell et al. (2020) find xenophobia and discrimination are key themes emerging in survey research undertaken across contexts, with discriminatory practices sometimes linked to conspiracy theories.

In the UK, almost 80 mobile phone masts were burned down as a result of conspiracy theories blaming 5G for the spread of the coronavirus (Hamilton, 2020). In Kano State, Nigeria, the Centre for Democracy and Development (2020) reported widespread misinformation and disinformation as a key challenge affecting the public's willingness to take COVID-19 seriously, and also the potential for disinformation to be "weaponised" and to fuel polarisation. Drawing largely on news reports, Ndinojuo (2020) looks at the links between multiple conspiracy theories (5G and coronavirus, religion, and the president's health), arguing that a lack of government transparency and poor communication by mobile phone companies allowed disinformation narratives to take root. Analysis by the Centre for Democracy and Development (2020) in Nigeria shows how Facebook posts and dedicated pages spread disinformation, where "[a]utomated bots, traditional praise singers and paid content curators, particularly around elections, all play a role in further obscuring the truth, often directed to do so by political actors".

Some analysis suggests that concern about disinformation can be used by states to mask crackdowns on legitimate information sharing, particularly by the media. This is despite some evidence that during the Ebola epidemic, for example, local media played an important role in communicating and translating international guidance to fit the local context and cultural

practices (Ogola, 2020). "Disinformation" around COVID-19 in many countries has been criminalised and reportedly used to target journalists reporting on COVID-19 (e.g., South Africa, China, and Egypt) (Phillips, 2020; Brown et al., 2020; He & Li, 2020). It has even been used to target citizens talking about COVID-19 (e.g., in Turkmenistan) (Janenova & Fisher, 2020). In India, analysis has found a systematic crackdown on COVID-19 reporting, with several journalists in India facing arrest, physical assault, alleged destruction of property, and threats (Rights & Risks Analysis Group, 2020).

Research suggests that authoritarian regimes without a free media are more likely to under-report their COVID-19 cases and deaths, whether through wilfully under-reporting or through avoiding the collection and/or reporting of data, with media repression and statistical manipulation related to COVID-19 also observed in many countries (He & Li, 2020; *The Economist*, 2020b). Besley and Dray (2020, p. 29), for example, look at how the presence of a free media explains both reporting of deaths and responsiveness, which they argue is because "free media serves to align beliefs by citizens and governments about the severity of the outbreak and hence coordinate actions". They draw on data on reported/predicted deaths and lockdown decisions from early in the crisis (up to 1 May 2020), using COVID-19-related internet searches as proxy for "free media"; while there are methodological challenges with their model, media reports and other information sources suggest there is very likely to be a relationship between media freedom and responsiveness. This includes evidence of deliberate misreporting/under-reporting of deaths by leaders in countries like Belarus, Iran, and Tanzania (Ershad, 2020; Fernandez & Seraj, 2020; Pilling, 2020). This has been found in some democracies as well, such as the UK which was issued a "Level 2 warning" on media freedom from the Council of Europe in May after banning journalists from Open Democracy from attending daily COVID-19 press briefings (Council of Europe, 2020; see also Bychawski, 2020).

Some of the online conspiracy theories in circulation directly target COVID-19 vaccines and could affect uptake of an eventual vaccine.[16] Bill Gates and the Bill & Melinda Gates Foundation are particular targets of anti-vaccination conspiracy theories. His 2015 TED talk[17] reflecting on the need to take on board lessons from the Ebola crisis in order to prepare for potential future health epidemics has been described as proof that Gates helped spread COVID-19 in order to reduce the global population, to implant microchips into people through vaccines, or even simply to generate profits for himself through mandatory vaccination for a crisis he created (Wakefield, 2020).

The Center for Countering Digital Hate (CCDH) reports worrying trends in citizens' attitudes towards a vaccine. In the USA, 46% of adults surveyed by YouGov (*n*=3890) in August reported being "vaccine hesitant", up from 41% in June, with those who probably or definitely will not be vaccinated at 29%, up from 21%. The CCDH found 423 Anti-Vaxx social media accounts with 59.2 million followers, an increase of 2.5% since July (CCDH, 2020). Writing in *The Lancet*, Burki (2020) reports that a CCDH survey in the UK found one in six people may be unlikely to take up a vaccine, with a similar proportion described as "vaccine hesitant".[18]

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[16] The Vaccine Confidence Project is a good source of information about latest thinking.

[17] *The Next Outbreak? We're Not Ready.*

[18] Survey data on attitudes towards the COVID-19 vaccine currently change fairly rapidly, and there is danger of presenting what may be a snapshot in time as a "finding" that holds over time, so caution should be exercised in interpreting this.

Experimental research with randomly selected US adults (*n*=1,000) tested the hypothesis that nudging people about accuracy helped to improve decisions about whether or not to share COVID-19 disinformation stories (Pennycook et al., 2020). The experiment suggests that this does work, but the theoretical explanation is particularly interesting. Rather than partisanship or political ideology, the study found that participants most often shared disinformation stories out of *inattention*, i.e., mindlessly scrolling and looking for social connection through "likes". It also found that *analytic cognitive style* (i.e., "the type of intuitive or emotional thinking that has been associated with conspiratorial beliefs and superstition") also explains what they found rather than political ideology. The authors conclude that "simple and subtle reminders about the concept of accuracy may be sufficient to improve people's sharing decisions regarding information about COVID-19 and therefore improve the accuracy of the information about COVID-19 on social media" (Pennycook et al., 2020).

There is some convergence on factors that affect susceptibility to misinformation and disinformation about COVID-19. Drawing on national-level surveys in the UK, Ireland, the USA, Spain, and Mexico, Roozenbeek et al. (2020), for example, find that higher trust in scientists and higher numeracy skills reduce susceptibility, suggesting that "interventions which aim to improve critical thinking and trust in science may be a promising avenue for future research". This aligns with Pennycook et al. (2020) and seems to mirror at least some of the lessons from studies on disinformation and misinformation regarding HIV/AIDS (e.g., Jaiswal et al., 2020). While there is urgent need to conduct studies outside mainly OECD countries, this is promising. It *may* be that some of the things that have been shown to strengthen democracy also reduce susceptibility to disinformation, such as improved critical analytical skills, higher levels of trust, bridging as well as bonding social capital, transparency, a responsible media, reduced inequality, and so on. However, far more research is needed in a range of contexts before this can be claimed and, even if true, none of these are "quick fixes". In the meantime, tackling misinformation and disinformation at source is vital.

Finally, an area where there is urgent need for evidence is around transnational disinformation campaigns on COVID-19 linked to far-right and other extremist groups, hostile state actors, so-called "strongman" politicians, organised scams selling fake COVID-19 treatments online, among others (Ball & Maxmen, 2020; Rana & O'Neill, 2020). One current project, for example, is a partnership between the Institute for Strategic Dialogue (ISD), Demos and the BBC. A recent brief summarises emerging findings which make for worrying reading:

> Our analysis – which revealed hundreds of thousands of far right posts around COVID-19 and millions of engagements with known disinformation sites – provides an important evidence base for understanding how extremist groups, disinformation actors and fringe medical communities are working to exploit the pandemic online, and highlights a marked increase in conversations within far right circles about so-called "elites" including Bill Gates, George Soros, the Rothschilds and Jeff Bezos and false information about their role in the creation or spread of the virus. The conversations monitored by ISD researchers referenced the virus as a tool of social control, a purposeful plot to kill off certain populations, or a means to make money for these individuals and their institutions, all of which are unfounded claims (ISD, 2020, p.1).[19]

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[19] This conspiracy narrative of intentional depopulation was a particular feature of the 19th century cholera riots as well; see section 4.3 for more on this.

Recent reports look at the growing links between QAnon, with its conspiracy theories typically around Satanic paedophiles, pre-COVID-19 anti-vaxxers, and other COVID-19 conspiracists. The BBC's Anti-Disinformation Unit reports receiving emails urging an investigation; an example says: "Coronavirus is a cover-up for… child sex trafficking – a major issue in this world and nobody wants to report about it" (cited in Spring & Wendling, 2020). Survey research for Hope Not Hate, an anti-racist and anti-fascist charity in the UK, shows a small if growing level of support for the group (8%), but with a much larger percentage in support of adjacent theories, such as the belief in a secret cabal ruling the world (29% agree/strongly agree); the existence of secret Satanic cults that include influential elites (25% agree/strongly agree); and Jewish control over powerful institutions (17% agree/strongly agree). On COVID-19, 14% agree/strongly agree with the statement, "A COVID-19 vaccine will be used maliciously to infect people with poison or insert microchips into people"; 17% agree/strongly agree with "COVID-19 has been intentionally released as part of a 'depopulation' plan orchestrated by the UN or New World Order"; and 23% agree/strongly agree that "COVID-19 is a bio-weapon intentionally spread by the Chinese state to weaken Western economies". Worryingly, younger people (18–34) are more like to agree/strongly agree with these statements (Lawrence & Davis, 2020, p. 27–30).

What is not known yet is whether or not COVID-19 anti-vaxx conspiracies will act as a "gateway" to more extreme views or, if they do, whether or not that could lead to overall decreases in trust or violence. Beyond the potential impact of this on compliance with COVID-19 interventions, there are also concerns about the ways in which QAnon is able to turn its ideology into radicalisation and violence as well as growing connections between paramilitary groups and white supremacists (Amarasingam & Argentino, 2020), something that was seen with the 6 January 2021 attack on the US Congress by supporters of former US President Donald Trump, where QAnon, white nationalist and anti-vaxx symbols, signs, and t-shirts were on display (Albrecht & Sturm, 2021; Iacobuzio, 2021). *The Economist* (2020a) reported that anti-vaccination conspiracies are more prevalent in rich countries than in poorer ones due to higher levels of trust in science and doctors, and it may be that this remains the case. However, given the research included at the beginning of this section on 5G and coronavirus conspiracy theories in Nigeria or on decreasing levels of trust in COVID-19 science in Senegal (see section 2.2 on page 20), this should not be assumed and is a clear gap for research.

2.4 Authoritarianism versus democracy

A large number of articles have analysed the different responses between democracies and authoritarian governments, including asking questions about whether more democratic or more authoritarian models of governance have proven more effective in their COVID-19 responses. Some of this analysis draws on underlying evidence and is transparent in setting this out, while some analysis does not. The emerging result is an important but sometimes quite simplistic debate that has yet to reach a clear conclusion.

A rise in authoritarianism as a result of COVID-19 is evidenced through observation of increasing centralisation of executive powers, human rights violations, growing state surveillance, limits to election processes, and increasingly unbalanced civil–military relations (Brown et al., 2020). These trends are visible in countries across regions and income levels. A one-year state of emergency including banning of protests, for example, has been introduced in Sierra Leone, while Benin and Côte d'Ivoire have withdrawn declarations from the African Court on Human and Peoples' Rights, excluding individuals and non-governmental organisations (NGOs) from access to the court. In the USA, force has been used to repress peaceful protestors (de Bruijne & Bisson, 2020), with the situation deteriorating so rapidly that

ACLED introduced a "US Crisis Monitor" to track political violence and demonstrations.[20] In Europe, Hungary passed emergency legislation to allow Prime Minister Viktor Orban to rule by decree until the COVID-19 crisis is over (de Bruijne & Bisson, 2020). While Hungary's legislators voted to end the government's emergency powers in July, commentators flag a number of threats to democratic freedoms that remain (Lehotai, 2020).

Since March, V-Dem has tracked violations of democratic standards, as defined by UN human rights experts at the beginning of the crisis,[21] which include indicators looking at six issues: no time limit on emergency measures; discriminatory measures; de-jure violation of non-derogable rights from the International Covenant on Civil and Political Rights (ICCPR); restrictions on media freedom; disproportionate limitations on the role of the legislature; and abusive enforcement (Edgell, et al., 2020a). As of June, the data suggest that:

> the most pessimistic predictions about the effects of the pandemic on the health of democracy have not been realized. Two thirds of all democracies implemented emergency responses to Covid-19 without undermining liberal-democratic standards. Most countries that have severely violated democratic standards were already fully autocratic before the pandemic. There are, however, some countries, where governments may be using the pandemic to substantially erode already weak democratic institutions (Edgell, et al. 2020a, p. 1).

Indeed, there is little robust evidence that shows a large-*N* "tilt" to authoritarianism by design; a pre-COVID-19 lack of capacity may mean that governments lack the bureaucratic skills needed to manage such a complex emergency or that there is a lack of levers other than crude methods such as curfews or troops on the street. V-Dem data show that although 65% of LMICs exhibited some democratic violations on the Pandemic Violations of Democratic Standards Index (PanDem) (May–June), only 13% had severe violations while 25% had only minor or no violations of democratic standards at all (Edgell, et al., 2020a. p. 5). Edgell, et al. (2020a, p.5), suggest that what is being observed here is in line with pre-COVID-19 state behaviour and that public pressure, both local and international, has led some governments to abandon unpopular emergency policies: "These developments alongside the general tendency for democracies to respect democratic standards even in these extraordinary times, leave us feeling somewhat optimistic about how the world is addressing the challenges of Covid-19".

V-Dem data suggest that the risk of pandemic backsliding applies to both electoral democracies and electoral autocracies and is highest in El Salvador, Hungary, India, the Philippines, Serbia, Sri Lanka, and Uganda (Edgell, et al., 2020a, p. 2). Figure 4 shows democratic violations as tracked from March to June 2020, while Figure 5 includes the extent of *government* disinformation in addition to democratic violations, which is an interesting comparison even if it is not clear yet what conclusions can or should be drawn from this.

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[20] See the Armed Conflict Location & Event Data Project (ACLED) US Crisis Monitor.

[21] See "COVID-19: States should not abuse emergency measures to suppress human rights – UN experts".

Figure 4: V-Dem Pandemic Democratic Violations Index (March–June 2020)

No Violations (0)
Minor Violations (<0.12)
Some Violations (<0.33
Major Violations (>=0.33)
No Data
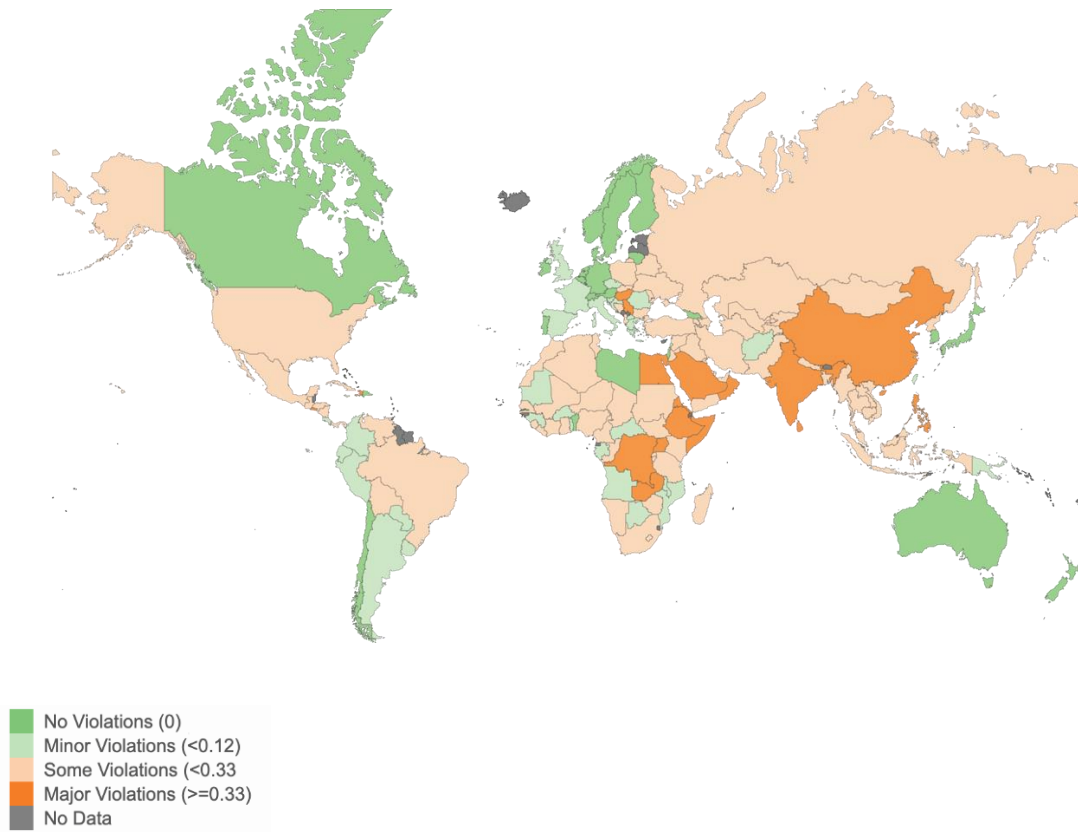
Source: Edgell, et al., 2020a.[22]

[22] From "An update on pandemic backsliding: Democracy four months after the beginning of the Covid-19 pandemic", by A.B Edgell, S. Grahn, J. Lachapelle, A. Lührmann. & S.F. Maerz, 2020. © 2020 Varieties of Democracy (V-Dem) Institute. Reprinted with permission.

Figure 5: V-Dem Pandemic Democratic Violations and Disinformation Index (March–June 2020)

Legend:
- No Violations (0)
- Minor Violations (<0.12)
- Some Violations (<0.33
- Major Violations (>=0.33)
- No Data
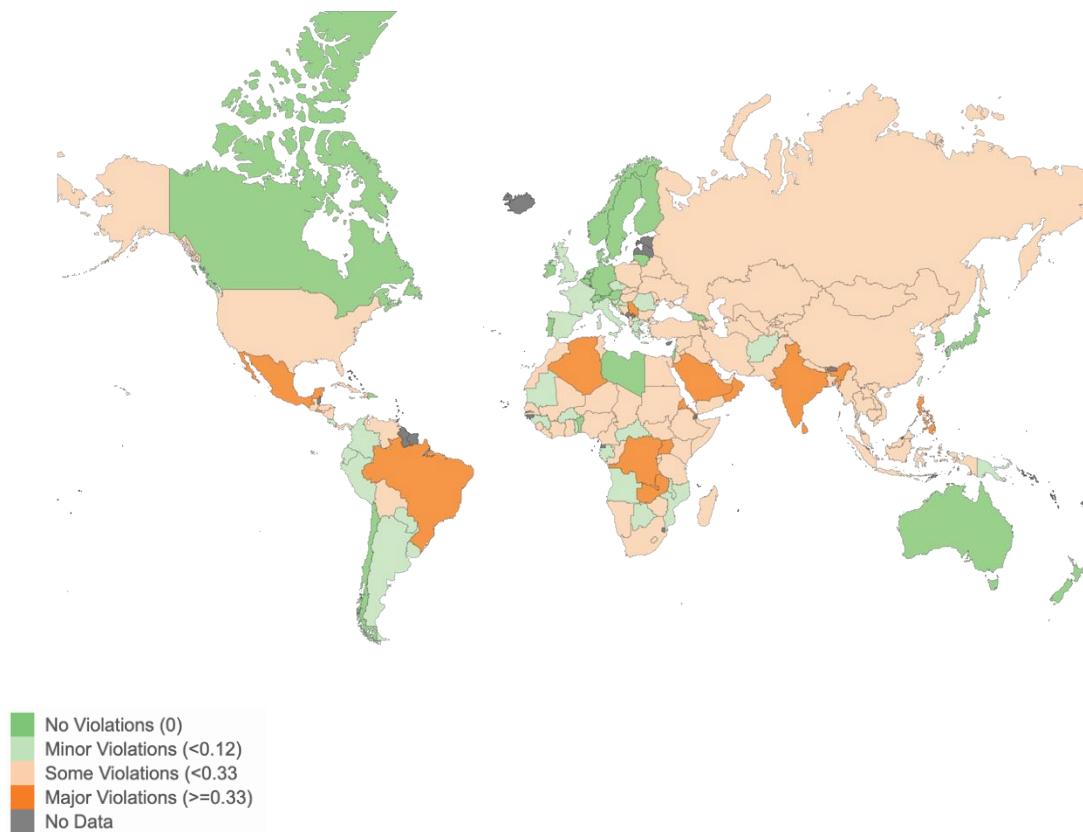
Source: Edgell, et al., 2020b.[23]

In cases where the observational evidence on a rising authoritarianism trend is fairly clear, it is less clear what is motivating these actions. Emerging analysis tends to draw largely on media and civil society reports and then strongly infer from these that authoritarian leaders are seeing COVID-19 as an opportunity to further entrench or extend authoritarian powers, cracking down on actors and institutions that currently try to hold them to account. Cooper and Aitchison describe how there is

> no uniform pattern to how the new authoritarians have responded to the Covid-19 crisis. This reflects their relatively amorphous ideological nature. Indeed, a feature of these forces, which is perhaps part of their success, has been their eclectic ideological stance, allowing them to pivot between different postures in a rather flexible way (Cooper & Aitchison, 2020, p. 9).

Recent analysis, again from Cooper and Aitchison (2020, p. 9), attempts to disaggregate potential ideological preferences and policy orientation into three potential broad categories: (a) crony capitalism, (b) democratic erosion, and (c) ethnic nationalism and toxic masculinity. *Crony capitalism* refers to the close, often personal relationships between politicians/officials and the economic elite who, through mechanisms like non-competitive tendering and privatisation, remake policymaking and the state to their own benefit (e.g., Kang,

[23] From "Pandemic Backsliding: Democracy During Covid-19 (PanDem)", Version 5, by Edgell, A.B. Grahn, S., Lachapelle, J., Lührmann, A., Maerz, S.F, Lachapelle, J., Grahn, S., Good God, A.F., Lundstedt, M., Natsika, A., Kolvani, P., Bederke, P., Pillai, S., Kaiser, S., Alijla, A., Fernandes, T., Tung, H., Wilson, M. & Lindberg, S.I., 2020. © 2020 Varieties of Democracy (V-Dem) Institute. Reprinted with permission.

2002). *Democratic erosion* is where preference can be observed for: a strong state, reduced civil liberties, "law and order" traditionalism, "compliant" public authorities, and "a self-interested desire to hide corrupt economic activity" (Cooper & Aitchison, 2020, p. 12). Both of these are often hidden from the public, certainly from political messaging for the public. However, the final category – *ethnic nationalism and toxic masculinity* – comes out of classic authoritarian populist mobilisation, including political narratives around immigration, national "values" being under threat, and the sort of "toxic masculinity typified by the attachment to 'strong men' party leaders" (Cooper & Aitchison, 2020, pp. 12–13). Future research could start to more systematically compare what is being observed during COVID-19 to past behaviour in order to detect patterns such as these.

Box 1: Cooper and Aitchison's three key features of "new authoritarianism"

Category	Countries cited by authors as examples
Crony capitalism and state-supported financialisation	Austria, Hungary, Italy, *UK*[24]
Democratic erosion and an assault on monitoring democracy	Hungary, Poland, *UK*, USA
Ethic nationalism and toxic masculinity	Hungary, India, Italy, *UK*

It is clear from the analysis so far that regime type is just one of many factors shaping the effectiveness of COVID-19 responses. Fukuyama (2020a; 2020b) analyses a range of country experiences, arguing that the picture at this early stage in the crisis is mixed. To illustrate, some authoritarian regimes (Singapore and Vietnam) have so far managed well, while others (Iran and Russia) have managed badly. Some democracies (South Korea and New Zealand) have so far managed well, while others (Italy and the USA) have not. In short, neither regime type nor income level have been good indicators so far of the likelihood that a government will be successful at limiting deaths – bearing in mind, of course, the overall challenge of whether or not government-released data on case numbers and deaths are either accurate or recorded in a way that makes cross-national comparisons easy.

The debate is complicated by geopolitics and, in particular, discussion of the relationship between the USA and China with regard to COVID-19. The nature of political realities in the USA and China in 2020 together with their leadership and specific regime characteristics have been linked to analysis of their initial mismanagement of COVID-19; in particular, the US's

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[24] The second half of Cooper and Aitchison's paper looks at how the UK compares to other countries, and they see evidence for the UK to meet the criteria for all three categories. They conclude:

> Britain has a relatively long-standing parliamentary democracy and the country successfully escaped the dark spells of dictatorship that befell many European states in the 20th century. Its political institutions are resilient and it has a lively, contestatory civil society with a critical constituency of its citizens averse to authoritarian fear-mongering. At the same time, the country has failed to deal with its colonial past, is living with the huge social inequalities created by neoliberalism, and has deeply intolerant right wing media. The path ahead is a turbulent one and there is nothing intrinsic to the UK's politics that makes it immune from the kind of authoritarian backsliding we have witnessed elsewhere (Cooper & Aitchison, 2020, p. 20).

delayed lockdown and inconsistent response overall, and China's lack of transparency and opaque cover-up in the early stages when openness may have had a big impact on the global spread of the disease (Christensen, 2020). The battle of narratives at the geopolitical level (e.g., between China and the USA, China and Taiwan, etc.) is reshaping global debates about the comparative benefits/drawbacks of authoritarian versus democratic governance (Teskey, 2020; Brown et al., 2020; Christensen, 2020). Whatever the final evidence may show with regard to regime type and the COVID-19 response, this debate seems to have important normative power now and may also go on to shape development and foreign policy – in other words, whether or not "a firm authoritarian hand is needed" for dealing with crises (Brown et al., 2020).[25]

Certainly, the evidence is inconclusive so far when it comes to making any claims about regime type as an explanatory factor for more effective COVID-19 responses, or about wider or longer-term effects. There remain, however, many important potential research questions; for example, in the long run, over multiple waves, will democracies fare better in terms of managing the crisis? Will democracies help the poorest more to survive the economic downturn better, or not? Will authoritarian countries face a backlash for closing political space? The uniquely global impact of COVID-19 means that many more such evidence gaps will likely come to light before the crisis ends.

2.5 Elections

There has been some analysis about the impact of COVID-19 on elections, though there are really too few data points available to say anything conclusive. However, what researchers have observed suggests that this should be an area of concern and one where more evidence is clearly needed (Birch et al., 2020).[26] According to the World Food Programme:

> As of September, around 71 countries had postponed elections or referendums due to COVID-19. In several, this contributed to political tensions and uncertainty, including Ethiopia, Somalia, Bolivia, Chile. Elections held as planned despite the pandemic posed other issues such as lower voter turnouts and electoral constraints due to COVID-19 related restrictions. For elections on the horizon, COVID-19 is likely to give rise to similar political strains, with increased risks of unrest and instability particularly in contexts with long-standing political, economic and ethnic fault lines. Countries with critical elections and referendums on the calendar for the next six months include: Guinea, Côte d'Ivoire, Ghana, Burkina Faso, Niger, CAR [Central African Republic], Tanzania, Venezuela, Chile and Ecuador (WFP, 2020a, p. 9).

As the pandemic continues to grow without a clear end yet in sight, more and more elections are likely to be impacted.

Election processes have already been complicated, with some governments still holding elections despite COVID-19 lockdown limitations (e.g., Togo, Guinea), which is likely to have

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[25] There are a number of articles on geopolitics that we have chosen not to include in this review, in large part because much of it is concerned with scenario building rather than "evidence". There is an important gap in the evidence base, however, in terms of bringing together prior research on geopolitical issues connected to COVID-19 with emerging analysis on COVID-19 specifically, particularly in connecting this with development research and practice. Indeed, the link between geopolitics and development is not as widely researched in general as it could usefully be.

[26] One of our reviewers made a humorous but important point: "Dictators just can't win! Either they hold elections, which is irresponsible and manipulative, or they postpone elections, which is a sign of authoritarianism". Indeed, this cautions us to avoid selecting evidence to fit our own prior preferences, among other things.

resulted in a lower voter turnout, restricted campaigning and rallies, and less media scrutiny due to the attention being given to COVID-19 (de Bruijne & Bisson, 2020). Some countries have delayed elections, leading to concerns over constitutional crises where specific electoral term limits are mandated (e.g., Ethiopia, Sri Lanka).

For countries with more personalised political systems, the death of a leader could trigger succession battles with potential splits in ruling parties and military coups (Cheeseman, 2020a). Indeed, the nature of COVID-19 may lead to more unplanned elections than normal, because most world leaders' ages put them at higher risk of the health complications of COVID-19. To the best of our knowledge, there is no "tracker" of the number of politicians or government officials that have had COVID-19, though in September Al-Jazeera listed almost 70 individuals – including over 15 presidents and prime ministers (past and present) as well as deputies.[27]

COVID-19 could lead to technological innovations for electoral processes – such as remote voting technologies, online voter registration, and investments in voter education – which could have wider benefits for those disenfranchised from current systems (e.g., disabled or migrant voters) (Brown et al., 2020). Evidence suggests, though, that these innovations also introduce new complications and risks (Brown et al., 2020). In Benin, for example, recent local elections moved to online campaigning, with public demonstrations banned; this is said to benefit the current regime, which largely controls the media (de Bruijne & Bisson, 2020). Introducing new technology is likely to take time – for procurement, trialling, delivery, and so on – and thus it is unlikely to be a credible solution in the next year.

2.6 Emergency politics

Something that complicates the emerging evidence on the "rise in authoritarianism", as many authors claim, is that the use of "emergency politics" in COVID-19 responses involves invoking powers most often associated with authoritarianism (Thomson & Eric, 2020). Teskey (2020) explains that emergency politics come about when something has happened that is so serious, so threatening, and so outside the usual and accepted "rules of the game" that states are obliged to take on new and hitherto unthinkable powers. In a crisis, it is normal for the executive to accumulate more powers to be able to respond to fast-moving threats (Fukuyama, 2020a). However, as Fukuyama (2020a) explains, "willingness to delegate power and its effective use depends on one thing above all, which is trust that the executive will use those powers wisely and effectively" and that powers will only remain for the necessary period.

While it is too early for conclusive findings, emerging analysis suggests that COVID-19 appears to be strengthening "the power of the state in its traditional role as protector of society from outside threats" with the majority of the world's governments imposing lockdowns and closing external borders with the widespread (though not universal) consent of the public (Heisbourg, 2020). In mid-April, at the height of the initial pandemic response, more than one third of the world's population was in official lockdown (*Business Insider*, 2020 in UNDESA, 2020a, p.1). Governments around the world have employed a range of powers under the guise of COVID-19 including, for example: establishing states of emergency and curfews, sometimes enforced by the military; banning protests; limiting mobility at external and even sometimes internal borders; increasing state surveillance; limiting/changing election processes and so on (Brown et al., 2020; de Bruijne & Bisson, 2020). These trends are visible to a greater or lesser degree in countries around the world regardless of income level or regime type, with variance in

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[27] See "Coronavirus pandemic: Which politicians and celebs are affected?".

the stringency of the measures and in the level of enforcement, as is shown in the Oxford COVID-19 Government Response Tracker.[28]

Due to the centrality of the state in COVID-19 responses and heightened levels of fear, state elites in a range of countries are believed to have used emergency measures to take advantage of the crisis to centralise and consolidate power (de Waal, 2020b). Because of the scale of this lockdown, however, it is again unclear what the motivations are behind some state actors' behaviour; in contrast, some analysis has sought to connect current observations with whether or not authoritarian tendencies were already increasing pre-COVID-19 (e.g., Teskey, 2020). This is an important area for further analysis and research, not in the least to avoid drawing the wrong conclusions in haste and missing important observations.

A key issue to watch, for example, is whether these emergency politics measures are temporary or if some remain. In weak democracies, COVID-19 might harden repression and accelerate democratic backsliding, while in democratic countries it might further bolster executive power if it goes on for a longer time than strictly necessary, with as of yet unknown consequences (Brown et al., 2020). Janenova and Fisher (2020) highlight that in Central Asia, for example, long-standing authoritarian strongmen have "weaponised" COVID-19 to further consolidate their power, yet this also potentially leaves them "dangerously exposed to the risks of rising public discontent unless they take measures to regain the trust of their citizens" through effective COVID-19 responses. In Botswana, Parliament passed an emergency bill that gives President Masisi sweeping powers to rule by decree for a six-month period. This includes the introduction of a prison term of up to five years or a USD 10,000 fine for anyone publishing information with "the intention to deceive" the public about COVID-19 or measures taken by government to address the virus.

Critics say the law, with broad and vague definitions, is a gift to authoritarian leaders who want to use the public health crisis to grab power and suppress freedom of speech (Konopo, 2020). In Hungary, COVID-19 restrictions appear to continue a longer illiberal trend under Prime Minister Viktor Orban. In March, Orban instituted a state of emergency and the right to rule by decree with wide-reaching powers that were considered illiberal and disproportionate to the crisis, with no sunset clause determining an end point for the restrictions (Meyer, 2020). This prompted a wave of criticism, and while the measures were rescinded in June, the government simultaneously passed another bill that codifies the right of the government to declare state of health emergencies for undefined periods with minimal judicial and parliamentary scrutiny (Gall, 2020; BBC, 2020d). Critics argue that the authorities still have greater powers than they had before the crisis (BBC, 2020d).

Legal principles determine that emergency laws should be "limited, time-bounded and proportionate", with specific techniques to do so including, for example, the use of sunset clauses, a single legislative vehicle for emergency laws, non-textual amendments, and/or by expressly stating their temporary nature (e.g., by naming the specific emergency in the title and/or text) (Cormacain, 2020). The International Monetary Fund (IMF) argues that sunset clauses should also be used to determine how any remaining balances from COVID-19 funds should be used (Rahim, et al.,2020), yet only a few countries have used sunset clauses in their COVID-19 funds with variable conditions and levels of precision. For instance, the Kenyan COVID-19 fund has a sunset clause stipulating it will close when the president announces that COVID-19 no longer poses a threat, but there is no detail regarding how remaining funds should

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[28] See Oxford COVID-19 Government Response Tracker.

be used (Rahim, et al.,2020). The Mauritius COVID-19 fund does not have a sunset clause but does stipulate that any remaining funds should accrue to another specific fund, while the Azerbaijan COVID-19 fund includes a clause to stipulate that unspent funds be used to remunerate and provide assistance to medical workers (Rahim, et al.,2020, p. 7). The use and precision of these clauses is essential to ensure that accountability is not sidelined, especially if COVID-19 continues to be a long, protracted crisis like HIV/AIDS, rather than a shorter one like Ebola.

In many countries, the military has assumed new responsibilities in supporting COVID-19 responses, and in some of these this has involved heavy-handed enforcement of lockdowns or sometimes brutal suppression of protests under the pretext of COVID-19 restrictions (Weiss, 2020).[29] For example, some COVID-19 health services have been brought under military rule in Mexico and Ecuador, and the military have been enforcing lockdowns in Peru and South Africa (Weiss, 2020). There are also positive examples of military engagement from previous pandemics, such as how peacekeeping forces helped manage Ebola outbreaks in Liberia in 2014 and in the Democratic Republic of the Congo (DRC) in 2019 (Gowan & Andersen, 2020). In countries such as China, France, South Korea, and the UK, among others, the military has been brought in to provide specialist crisis support or to assist with overwhelmed civilian response systems (Kalkman, 2020).[30] However, ACLED data for West Africa indicate an increase of COVID-19-related violence against civilians by state forces (de Bruijne & Bisson, 2020). In Kenya and South Africa, for example, water cannons and rubber bullets have been used to enforce lockdown, while in Nigeria, early on in the course of the pandemic, more civilians had died from anti-COVID-19 lockdown protests than from COVID-19 itself (Cheeseman, 2020a; de Bruijne & Bisson, 2020).

The military has brutally suppressed hunger protests in some countries, for example Chile and Honduras (Weiss, 2020), a worrying trend given concerns about the likely impact of COVID-19 on food security in many countries around the world (World Bank, 2020a). COVID-19 is predicted to almost double acute hunger in the world to 265 million people by the end of 2020 (WFP, 2020c). The Spanish flu pandemic in Africa decimated the food supply for two years after the it hit, highlighting how a protracted food security response will need to be developed to cope with the impact of COVID-19 (ACSS, 2020a). Given the nature of the emerging debate on authoritarianism versus democracy noted above, more research is needed on the politics of food security and state repression in the unprecedented context of COVID-19, perhaps building on de Waal's extensive work on famine that highlights how the "key links in the chain that leads to famine are *always* political" (de Waal, 2018, p. iv).

An emerging literature questions whether or not emergency responses are potentially "normalising" authoritarian behaviours, regardless of regime, especially as at least some of the interventions – increased state surveillance, restrictions on protest, roll-out of emergency measures, and so on – are being used in established democracies as well. This literature links to recent work on "everyday authoritarianism", or the small, day-to-day weakening of democratic governance that Pepinsky (2017) describes as "boring and even tolerable" with regard to pre-COVID-19 Malaysia in his work, or as Chattopadhyay (2017) does with India. Fisher (2020) describes the UK's emergency COVID-19 legislation, including the heavy-handed response by

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[29] Section 4.3 includes more on protests and violence by state forces.

[30] There are a number of reasons why militaries might engage in COVID-19 responses, not in the least for political reasons. As Kalkman (2020) argues, "armed forces may have political interests to engage in the COVID-19 crisis response. The crisis offers an opportunity to show taxpayers and potential recruits how efficient and important the organization is to society."

some police forces in the early days of lockdown, as an example of "everyday authoritarianism". Bloomfield (2020) uses the phrase "acceptable authoritarianism" to describe something similar, noting YouGov research, for example, that suggests a majority of the UK public would report others to the police for breaking rules around lockdown.

These observations fit well with Glasius's (2018) proposed shift in focus from studying authoritarian *regimes* to instead looking at authoritarian *practice*, which she defines as "a pattern of actions, embedded in an organized context, sabotaging accountability to people ('the forum') over whom a political actor exerts control, or their representatives, by disabling their access to information and/or disabling their voice" (Glasius, 2018, p. 527). In other words, while the majority of COVID-19-related literature so far focuses on emergency politics with regard to regime type, important observations may be missed about "everyday authoritarian practices" across regime types that potentially carry significant long-term risks to democracy overall.

Returning to Cooper and Aitchinson's three categories (crony capitalism, democratic erosion and ethnic nationalism and toxic masculinity), all share in common a deliberate sabotaging of accountability, something observed in democratic regimes as well as authoritarian ones. Better understanding the "everyday authoritarianism" emerging and expanding as a result of COVID-19 is important, Fisher (2020) claims, because of its impact on trust, among other things: "[It is] uncomfortably apparent, however, how rapidly emergencies – pandemic or otherwise – can destabilise populations' relationships with, and perceptions of, states and security forces, potentially with far-reaching consequences. Trust is easy to lose but often very difficult to regain". Building a better understanding of these practices and their impact – without limiting this by regime type – represents a clear and urgent gap in the evidence base.

2.7 Non-state actors[31]

In most contexts, civil society actors are playing crucial and varied roles in COVID-19 responses on the frontline of health and welfare service delivery, supporting marginalised and vulnerable people, defending rights, sharing information, raising money, advocacy, and so on (CIVICUS, 2020; Brown et al., 2020; Youngs, 2020). A study by CIVICUS (2020) finds that civil society responses have tended to focus on mitigating the negative impacts of state policies on vulnerable and excluded groups. For example, in response to Brazil's chronically underfunded and unequal health-care and social protection systems, in some neighbourhoods, favela community leaders hired ambulances, set up unemployment funds, and built COVID-19 tracking databases (CIVICUS, 2020, p. 53). In Malaysia, civil society organisations (CSOs) mobilised to provide food to migrant workers who lost their livelihoods due to lockdown measures and did not benefit from state support schemes (CIVICUS, 2020). In China, students raised money for hospitals in Wuhan through social media campaigns (Brown et al., 2020). In Iraq, protest groups that existed pre-COVID-19 are now working on awareness-raising and sharing essential food as food shortages increase (Fahmi, 2020). In the UK, grime artists urged their audiences to follow safety measures after their predominantly black audiences, who are typically ill-served by official information campaigns, were shown to face a "double threat" of increased risk of infection and greater likelihood to face police harassment for not following COVID-19 rules (CIVICUS, 2020, p.

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[31] Perera (2015) provides a useful overview of the debates regarding the term *non-state actor*, as well as why the debate matters when it comes to policy and practice. For the purposes of this paper, we use her broad definition of NSAs: "[A]ctors who are not part of the internationally and nationally recognised sovereign state, but who nonetheless exert notable influence (whether positive or negative) on the functioning of the state" (Perera, 2015, p. 7). This includes, for example, civil society groups *and* non-state armed groups, but would only include traditional leaders if their role is not a formal part of the state. Though they are also included in the definition of non-state actors, we look at organised crime gangs specifically in section 4.5.

15). In Thailand, civil society networks have persuaded local religious leaders, as well as insurgents in the south of the country, to use their position and authority to encourage people to follow testing, quarantine, and public health messages (Burke, 2020).

In the past two decades, however, the space for civil society to act has become increasingly restricted in all regions of the world, not just in authoritarian regimes. The initial COVID-19 responses by states appear to have strengthened that trend (Fahmi, 2020), yet as civil society actors play increasingly important roles in the COVID-19 response some suggest this may reinvigorate democratic culture at the local level (Brown et al., 2020). In Palestine, for example, there is speculation on whether the grass-roots organisations leading the COVID-19 health response could "jump-start a long overdue national dialogue leading to institutional reforms" (Hassan & Brown, 2020).

Where the state is weak or has a history of contestation, especially through armed conflict, COVID-19 is having varied impacts on state authority, state–citizen relations, and the role of non-state actors. In some contexts, non-state actors appear to be gaining power through filling in gaps in the state response to COVID-19, and this includes both civil society groups and non-state armed groups (NSAGs). Evidence has emerged of NSAGs providing food, services and security to communities during lockdowns (also see section 4.3 on page 68). For example, in Afghanistan the Taliban in Afghanistan are providing health information and basic medical care; in some parts of Myanmar, ethnic armed organisations (EAOs), as NSAGs are referred to in that specific context, enforce border controls and quarantine regimes; and in Colombia, armed groups have enforced their own quarantine regimes (Burke, 2020).

While most of the analysis so far suggests worrying trends like these, there are examples emerging where COVID-19 is leading to better relations between the state and traditionally antagonistic actors. In some parts of Myanmar, though not Rakhine State, cooperation between NSAGs and the state has increased as they "put aside politics and work together to prevent the spread of COVID-19" (ICG, 2020). CIVICUS (2020) emphasises that COVID-19 responses that saw states partner with civil society or create an enabling environment for CSOs were more effective. In Somalia, Abdirahman (2020) argues for better state–religious actor cooperation to tackle COVID-19, calling on the government to win the trust of respected sheikhs to help communicate why compliance with COVID-19 health responses is important. This points to a general gap in our understanding of the relationships between state and non-state actors overall, including around extra-legal governance, and is one that is likely to be context-specific where generalisations could be counterproductive or even, potentially, dangerous.

2.8 Leadership

Some countries have seen the perceived legitimacy of their leaders, institutions, and scientific and/or bureaucratic experts increase, while others – particularly those seen to have worse COVID-19 outcomes – have seen it fall. New Zealand, South Korea, and Taiwan, for example, have been praised in global media, while there is increasing public discontent with Brazil's President Jair Bolsonaro, including from elites who have typically supported him (Araujo, 2020). In Yemen, it is argued that public discontent about the Southern Transitional Council's (STC) inability to effectively manage COVID-19 is likely to be used by the government as justification for taking the city of Aden by force (ACAPS, 2020cb).

Legitimacy gains by leaders – state or non-state – "who manage to play the pandemic response effectively may also tip the balance on the ground and disturb established patterns of territorial control or influence" (Burke, 2020; see also Brown et al., 2020). This

will also depend on how the effects of the pandemic and the interventions play out in the medium to long term, including things like economic slowdown and, eventually, recovery, as well as whether current observed trends around government interventionism, economic nationalism, isolationism, and surveillance continue (Burke, 2020). It will also likely depend on which leaders win local, national, and global "battles of narratives" regarding which leaders and which approaches were most effective (He & Li, 2020).

Thinking about leadership beyond individual leaders is also likely to be important, as is seeing leaders as the products of their own contexts. Corbett (2020) argues:

> It is true that sometimes leaders are defined by their ability to see options that others do not. But the range of choices open to them is always framed by their socialisation and personality. Their decisions also take place in a specific context created by the choices of past leaders. We have seen this with COVID-19. Leaders in parts of Asia were much better prepared for this crisis because they had been confronted with these types of decisions previously. Likewise, the choices of Trump and Johnson are framed by decades of decision-making about state funding for healthcare. This context is clearly important.

Research suggests that coalitions – both formal and informal – are likely to play a key role in building effective COVID-19 and post-COVID responses. An obvious example of a formal coalition is the COVID-19 Clinical Research Coalition, an international research coalition set up to help facilitate research in and for resource-scarce environments (Xu & Li, 2020). Evidence so far from effective responses in the Pacific, for example, suggests the importance of regional collaboration and leaders working in both formal and informal coalitions with the public and private sectors, civil society, scientific and other technical experts, and local communities (Nanau, 2020). Hickey et al. (2020) suggest that coalitions are likely to be critical in overcoming the collective action challenges that many COVID-19 interventions are likely to face:

> the national-level coalitions of political leaders and technical experts required to deliver coherent and effective responses to Covid-19 in African countries and the local-level coalitions of politicians, health officials, NGOs, traditional leaders and other community-based actors required to implement public health responses.

Given that there is extensive research already on how external actors can either support or undermine effective coalition-building (e.g., Andrews, 2013; Hudson et al., 2018), this is an important area for policymakers to consider as the pandemic continues.

Another promising area for research is around whether or not countries with women leaders have performed better than those with male leaders. As Tomlin (2020) puts it, women leaders "are increasingly being judged by their life-saving policies and not by their personalities (or the colour of their shoes)". Rhodes (2020a) argues that women's leadership is more important than ever in the COVID-19 crisis because of the different perspective that women bring, as well as a general commitment to gender equality, human rights, and equity. She cites the Hawaiʻi State Commission on the Status of Women's Feminist Economic Recovery Plan for COVID-19 as an early example of a feminist response to the crisis (State of Hawaiʻi, 2020). Nuapa (2020) looks at how women leaders in both the formal and informal sectors in Vanuatu are working together to ensure that those working in the informal sector are also eligible for economy recovery funds, vital for a country heavily dependent on tourism. In Yemen, the women-led Yemeni Women's Union (YWU) is providing vital support during the pandemic to women, girls, and communities, from health and education services, to legal advice and protection against growing violence (Searle et al., 2020).

Garikipati and Kambhampati (2020, p. 3) have constructed an original data set to assess the impact, if any, of women leaders on a country's COVID-19 outcomes. They explain: "The performance of female leaders in the COVID pandemic offers a unique global experiment in national crisis management where various issues, including that of effectiveness of leadership, can be examined across countries". However, when drawing on extant literature to explain their findings, they found that "[t]here are very few studies about the impact of leader's gender in a national crisis, partly at least, because there are so few female leaders. In our sample of 194 countries, we have just 19". Their paper sets out a number of ways in which they looked to test the robustness of their results, including other variables likely to impact COVID-19 outcomes: the existing condition of the country's health-care system; openness to tourism; and "more liberal and equitable sociocultural norms which may support policy making and compliance in times of crisis" (Garikipati & Kambhampati, 2020, p. 8). Their results confirm that countries with women leaders do have lower deaths (so far). In line with the wider literature, they find this is likely to be the result of: (a) lower risk appetite, with women-led countries all locking down early; (b) a more democratic and participatory leadership style; and (c) more decisive and clear communications (Garikipati & Kambhampati, 2020, p. 11–14). They are clear, however, on the limitations of their study in terms of sample size as well as outcomes being provisional as the pandemic continues.

While most of the analysis on women's leadership so far suggests a positive correlation, Lewis (2020) makes the case for avoiding an instrumentalist approach to women's leadership, where women can be bad leaders and men can be good ones. Instead, she argues that what is being seen now is the failure of "strongman politics" and the need for a different style of leadership, regardless of who is in charge.[32] This is in line with previous research that warns against instrumentalist approaches to women's leadership in anti-corruption interventions, for example (Alhassan-Alolo, 2007; Goetz, 2007), and makes the case for adherence to robust testing of a range of variables to exclude other factors that may explain both success and failure.

3. COVID-19, effectiveness, capacity, and corruption

Thinking about the *impact* of COVID-19 and the *effectiveness* of COVID-19 responses is very much contingent on the specific characteristics of the local context. "Context" includes things like demographics, susceptibility to disease, and many other things, but it also means what the existing political settlement looks like and how this impacts state capacity and effectiveness. Indeed, one of the biggest surprises of the pandemic so far has perhaps been how some of the highest income countries, with what should be high levels of state capacity and preparedness, have had some of the worst outcomes so far with regard to the effectiveness of COVID-19 responses.

The reason for this almost always comes down to politics and choices made by governments both before and during the pandemic, and how these reflect the political settlement and the ways in which it shapes how institutions actually work in practice (Hickey et al., 2020a). It concerns the extent to which government institutions are capable of operating at the speed and scale required in times of crisis and the ability of actors to develop effective new ways of working to tackle new and evolving challenges (Seekings & Nattrass, 2020). It is also about whether or not responses are suitable for specific contexts and which adaptations are needed to increase the likelihood of an effective response. It concerns the ways in which bad governance and social exclusion impact upon the capacity of institutions to deliver effectively for all.

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[32] See also Cooper and Aitchison (2020) on "toxic masculinity".

In the face of a global pandemic, the importance of inclusive institutions for better governance and inclusive growth comes through in a wide range of analysis, building on pre-pandemic research and evidence (e.g., Chalkidou & Ruiz, 2020; OECD, 2020c; Rocha Menocal, 2020; Rydge & Zenghelis, 2020). In this section, we focus on the evidence around contextual factors that underpin inclusive governance and growth: effective policymaking, the fiscal environment, accountability, and the ways in which corruption and kleptocracy pose a significant threat both to the COVID-19 response and to the hopes of being able to "leave no one behind" and "build back better" in an inclusive way.

3.1 COVID-19 impacts and policy effectiveness

There is a lot of popular debate regarding the *effectiveness* (or not) of comparative state responses to COVID-19 that is not always well evidenced. In the immediate health response to COVID-19, mortality rates have been broadly used as a proxy for effectiveness and often focus on evidence from previous epidemics/pandemics of the benefits of early responses in reducing epidemic/pandemic mortality rates, such as the early introduction of lockdowns, contact tracing systems, mask-wearing protocols, and so on. Given the global nature of the crisis, in time we are likely to see analysis expand to consider other factors more systematically than we see now in the emerging evidence, such as the importance of initial conditions (e.g., global connectivity, investment levels in public health systems overall, levels of urbanisation, and many more); how inclusive the approach taken was; whether or not decisions were (well) informed by evidence; whether or not there was public adherence to rules, and why; and so on. At this stage in the pandemic, discussions about the effectiveness of COVID-19 responses should be alert to the risk of overclaiming (Lafortune, 2020), where case and mortality rates may be partly attributable to government responses but also to a number of factors affecting local contexts, as well – certainly in the early stages – an element of luck (Kavanagh & Singh, 2020). As time goes on, however, the potential effect of good or bad "luck" will certainly decline relative to the effectiveness (or not) of government responses.

It is widely suggested that countries with previous, recent experiences of epidemics/pandemics have implemented more effective responses, with greater *practical* preparedness and quicker decision-making to implement tough lockdown approaches – something that has been called the "containment dividend" (e.g., Dabla-Norris, et al., 2020. Vietnam seen, Vietnam is often used as a positive example, and its experiences of SARs (2003), avian flu (2010), and large outbreaks of measles and dengue are credited with informing its successful COVID-19 response. This success is all the more impressive considering that Vietnam was a country initially considered at higher risk from the direct and indirect impacts of COVID-19 due to its long land border with China (Dabla-Norris, et al., 2020). In a similar vein, more research could be done to look at how West Africa's experience of Ebola influenced the preparedness and effectiveness in those countries' COVID-19 responses.

There is some discussion in the literature so far available about why some countries that were considered to have greater *strategic* pandemic preparedness – such as having a pandemic strategy for health and security systems, and by having a well-resourced health system – have not been more effective in their COVID-19 responses (Lafortune, 2020; Kavanagh & Singh, 2020). Lafortune (2020) finds no relationship between strategic pandemic preparedness and effectiveness in response, drawing on comparison of two different data indices that measure national health system capability to respond to an epidemic outbreak (one published in November 2019 and the other in April 2020). He finds that while a few countries are ranked the same on both indices (e.g., Australia and South Korea are ranked as highly prepared for epidemics/pandemics in the 2019 and 2020 indexes), the two top performers in the 2019

index – the UK and USA – are not even ranked within the top 40 in the 2020 index data. Vietnam appears at the centre of both indexes – predicted to be neither well nor badly prepared for epidemics/pandemics. Lafortune concludes that while the 2019 index may have overestimated some countries' capacities and the factors that lead to capacity, what the index was not able to capture nor predict was the central role of political decisions. He concludes that "it is beyond the scope of the GHS [Global Health Security Index] to anticipate rapid and decisive political actions which are critical for the effective management of any epidemics. These findings would need to be updated in light of the evolution of the Covid-19 health crisis" (Lafortune, 2020).[33]

Similarly, Kavanagh and Singh (2020) argue that the COVID-19 crisis should inspire us to think better about how we understand the *political* capacity to respond to epidemics, as well as to consider whether the assumptions underpinning such indices are biased towards wealthier countries. With regard to the GHS Index, Baum et al. (2021) raise the risk that "assessing political leadership and philosophy may risk politicising the index and opening it to criticism from countries with low scores". However, they point to a range of existing governance indices that could usefully be brought into the GHS Index to help assess the institutional environment in which political decisions are made.

While there is not extensive analysis on this yet, an interesting question raised is whether the spread and impact of COVID-19 represents a collective failure of national intelligence agencies. Chertoff et al. (2020) suggest that issues with the traditional definition and tasking of national intelligence are at the heart of this limitation, alongside the reality that each epidemic/pandemic is novel and difficult to forecast, in terms of contagiousness, scope, and speed of spread. They identify other issues that slowed intelligence and other responses, such as initial report verification, Chinese obfuscation of the nature of the crisis, resource constraints, and political considerations (Chertoff et al., 2020). Dahl (2020) points at various challenges, such as overly complex national intelligence-gathering systems for medical threats; lack of profile for specialised agencies (such as the National Center for Medical Intelligence that sits in the US Department of Defense);[34] no mandatory requirements for countries to make intelligence available to the WHO; poor intelligence capabilities overall in many countries; and so on. He recommends that the International Health Regulations be revised to give the WHO a similar mandate for mandatory inspections as that held by the International Atomic Energy Agency. In the UK, initial recognition of the need to establish a Joint Biosecurity Centre (in May 2020) is said to have been undermined by a subsequent decision by the government to replace Public Health England with a new entity in August (the National Institute for Health Protection) which the recently created Joint Biosecurity Centre now reports to, adding confusion to what was described as an already "fragmented and incoherent" system (Bowsher et al., 2020, p. 436). Bowsher et al. (2020, p. 438) go on to argue:

> At present there remains no clear operational hub working on COVID-19 in the United Kingdom that fulfils the exacting standards of process or competency of an all sources pandemic intelligence cell. The current system fails to attend to health threats as a unique issue that is at once political and biological and also highly technical, requiring its

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[33] The 2019 Global Health Security Index was set up in acknowledgment that "no country is fully prepared for epidemics or pandemics".

[34] The new Biden administration issued a National Security Directive on 21 January 2021 setting out a number of urgent reforms that will be undertaken to improve both national and global health intelligence and preparedness, and this is an area to watch.

own permanent cadre of systems, processes, and professionals at the national and regional levels.[35]

The appropriateness of lockdown measures for lower-income countries has been widely questioned in the literature around issues of effectiveness, appropriateness, and state capacity. The adoption of lockdown methods in developing countries – in ways similar to OECD countries, but without the accompanying social development support – raises concerns of isomorphic mimicry, with the potential for lethal consequences (Hickey et al., 2020; Ghosh, 2020). This was seen in India where several hundred people died in the mass exodus following its rapid, initial lockdown (Srivastava, 2020). A multidimensional index on "lockdown readiness" in 30 sub-Saharan African countries using 2019 Afrobarometer data finds that only 7% of households overall meet their conditions for a lockdown, flagging in particular the importance of access to: (1) safe drinking water; (2) basic sanitation; (3) a source of reliable energy; (4) a means of information or communication (e.g., a mobile phone); and (5) a form of employment that provides sufficient income not to go without cash on a frequent basis (Egger et al., 2020). The authors also analyse social trust vis-à-vis lockdown readiness and find that "strict and prolonged lockdowns in contexts of low trust and high economic vulnerability – which tend to go together – may trigger social tensions and potentially civil unrest" (Egger et al., 2020). Importantly, the authors highlight that their analysis is based on simple correlations, not causal analysis, and that further analysis would benefit from data on COVID-19 and policy responses (Egger et al., 2020).

Some of the literature emphasises that voluntary epidemic/pandemic approaches are preferable to coercive approaches; for example, regarding lockdown measures, based on evidence from Ebola (Leach et al., 2020; Davenport et al., 2020). This research suggests that coercive approaches can violate human rights and be used to legitimise violence against citizens or groups. Using force can be counterproductive by undermining societal trust needed for policy adherence, and it can have potentially lasting consequences if it exacerbates existing divisions (ACAPS, 2015; World Bank, 2020b). ACAPS (2015, p. 6) finds that community-led self-imposed quarantines were the most successful in Sierra Leone and Liberia during the Ebola outbreaks with regard to minimising violations of quarantine, contact tracing, and discovering new cases, including corpses. However, they find that a community-implemented quarantine may minimise but not necessarily avoid human rights violations (Kelly, 2020; ACAPS, 2015). Kavanagh and Singh (2020) argue that in the current context, there has been a mixed response to coercive lockdown policies, including responses that would not likely have been seen as ethical in other times or contexts. This opens up "a rich field of inquiry about the outcomes of coercive responses as they unfold over the months and years to come" (Kavanagh & Singh, 2020).

Evidence from a broad range of past crises – health, economic, and natural disasters – shows that expansionary fiscal and social protection responses have helped to reduce negative effects on poverty levels, while austerity measures have had detrimental impacts (e.g., Tirivayi et al., 2020; Rohwerder, 2020; Lamoure & Juillard, 2020; Kelly, 2020). The evidence also suggests that these responses must be child-sensitive and gender-responsive to achieve sustainable impacts on well-being. However, public policy responses to previous pandemics and to health crises have been relatively limited when compared to responses to economic crises and natural disasters (with the exception of HIV/AIDS). Existing capacity constraints have limited the success of many programmes to expand their social welfare

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[35] Health intelligence is a niche field straddling two sectors, and research is relatively limited in scale and scope. Clearly, there is need for more research in this area, including what accountability mechanisms should look like.

systems. As an example, the Indian government increased social protection support to address the impacts of the COVID-19 lockdown, but many were unable to access it, relying instead on civil society. Evidence from a volunteer group in India that emerged during lockdown to facilitate donations to needy migrant workers found that of the 11,159 migrant workers it spoke to during the first three weeks of lockdown, 96% had not received rations from the government, and 70% had not received any cooked food from the government or local CSOs (Adhikari et al., 2020). In countries where capacity to rapidly expand social protection systems is limited, some have responded by introducing curfews and strict movement controls that allow people to continue to work while still reducing social contact up to a point, with Ghana as one example (ACSS, 2020c).

These debates highlight, again, that it is the policy and political responses to epidemics/pandemics that ultimately determine the impact of diseases (de Waal, 2020b; Gillespie et al., 2016; Lafortune, 2020). Disaster preparedness is expensive, and short-termist politics alongside economic models that prioritise short-term profits undermine the political incentives to invest in pandemic preparedness (Kavanagh & Singh, 2020; Gneiting, Lusiani & Tamir, 2020). The United Nations Development Programme (UNDP) (2020c) highlights how while much progress has been made on disaster preparedness, resilience to infrequent but high impact shocks is generally low. The apparent disjuncture between the *expected* pandemic preparedness versus the *actual* pandemic preparedness may be a useful reality check for well-resourced Western governments, that advanced technical and financial capacities cannot mitigate for poor leadership. Considering the lack of conclusive evidence so far around COVID-19 policy efficacy – including whether countries conventionally believed to have good capacity have performed well or not – this is an important area for robust, comparative research likely to wield important lessons relevant for future pandemic preparedness.

3.2 Policymaking in complex, compound crises

Policymaking during epidemics/pandemics is extremely challenging, with extraordinary levels of uncertainty and complexity, and the need to respond rapidly at scale, together with the pressure of subsequent high, potentially long-lasting social and economic costs (MacGregor et al., 2020; Custers et al., 2020; World Bank, 2020b; OECD, 2020b; Sebhatu et al., 2020). Even though the initial levels of uncertainty around COVID-19 may have diminished, there remain many unanswered questions regarding policy impacts and efficacy, including (a) when to introduce and when to ease restrictive policies; (b) the final extent of structural damage to the economy resulting from lockdown measures; (c) when a vaccine will be available; and (d) how to address concerns such as adequate take-up, accessibility and equity issues, managing counterfeiting and fraud risks, and so on.

As time moves on, the risks caused by COVID-19 are evolving to become more complex and interdependent, what can be understood as a "complex, compound crisis" – "where a second or even third crisis occurs – either simultaneously with a first crisis, or before the impact of the first crisis has been completely resolved" (ALNAP, 2007, p. 2). As an example, in most countries around the world, the COVID-19 crisis is being compounded by food insecurity including, in some places, a severe locust infestation (WFP, 2020a; World Bank, 2020c; ACAPS, 2020b). In many other contexts, COVID-19 happened at a time when other complex, compound crises were already being faced.

These strains are further compounded by the negative impacts that compound crises have on the capacity of state institutions over time. During the HIV/AIDS pandemic, for example, high disease prevalence rates in African militaries increased absenteeism, decreasing military capacity and readiness (Elbe in Madhav et al., 2018). The literature on Ebola highlights

the need for policy actors to approach pandemics/epidemics from the outset as humanitarian crises, rather than health crises, in order to address indirect impacts from the start, including providing necessary funding to do so (Kelly, 2020; Elmahdawy et al., 2017).

Early lockdowns made it difficult for legislators to do their jobs, and more recent analysis suggests that ongoing legislative scrutiny remains at risk. In South Africa, for example, following a lockdown in late March, parliament only began to consider legislation again in late June (Seekings & Nattrass, 2020). A new "Legislative Responses to COVID-19 Tracker" has just been launched by the Westminster Foundation for Democracy, the Developmental Leadership Programme, and the University of Birmingham to monitor legislative responses to COVID-19. An initial report sets out findings from 65 countries along three key indicators – (1) whether the legislature sat; (2) whether there was legislative oversight of the initial response from 1 March to 1 May 2020; and (3) whether legislatures had ongoing oversight from 1 April to 1 September 2020 – along with three in-depth case studies (Brazil, Nepal, and Ukraine) (Gordon & Cheeseman, 2021). They find that, overall, there has been "limited accountability and scrutiny of government policy in numerous countries, despite the fact that initial government responses were rarely fully successful in containing the virus", explained largely by "the pre-existing strength of democratic institutions and the disruptive impact of COVID-19 in low-technology legislatures and those that require meetings to be held in person" (Gordon & Cheeseman, 2021, p. 5), something they point out as being not mutually exclusive.

The Social Science in Humanitarian Action Platform (SSHAP) (2020) criticises the emergence and imposition of COVID-19-centred one-size-fits-all "best practice" responses in LMICs that have sidelined other extremely important health priorities. It points to how "[p]owerful discourses and pressures at both global and national levels (along with real fears about potential mortality caused by COVID-19) have contributed to the emergence and imposition of vertical COVID-19-focused responses which have undermined other health priorities in LMICs" (SSHAP, 2020, p. 2). SSHAP (2020) also questions whether COVID-19-centred policies are being pushed on developing countries due to donor countries' apparent higher vulnerability to COVID-19.[36] However, analysis suggests that the global community still struggles to understand community-level dynamics and how to incorporate insights into programming (Allouche & Wandji, 2020; Leach et al., 2020). There are risks of programming being based on simplistic notions of "the local" and of "community", rather than being truly locally informed and politically aware (Wilkinson et al., 2017; Leach et al., 2020).

While there is a predominant focus on state responses to COVID-19 in the media and in much of the literature, the WHO (2009) argues that "whole-of-society" approaches are needed. As many states have limited capacity, legitimacy, and authority, community engagement has proven critical for successful "epidemic control, affecting trust in the response, uptake of public health measures, and ultimately, the spread of disease" (Leach et al., 2020; SSHAP, 2020). Lessons from Ebola outbreaks in West Africa in 2014 and the DRC in 2018 show how community-centred approaches allowed for the co-construction of effective local responses (O'Callaghan, 2020; Ascuntar, 2020; SSHAP, 2020). In the DRC, earlier approaches were not adapted to the local context and traditions, and thus "communities felt alienated from decision-making, leading to mistrust and increased resistance in an area where decades of conflict had already instilled mistrust in the government" (Ascuntar, 2020). SSHAP highlights the need to build on networks, organisations, and movements that already exist, and to work with traditional and non-traditional health actors – for example, private clinics, pharmacists, traditional healers,

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[36] See section 5.1 for discussion of country-level vulnerability factors.

and so on – to "empower them to lead elements of response and healthcare delivery with resources and support" (SSHAP, 2020, p. 4).

The need for individuals and communities to act together can create important opportunities to enhance resilience and strengthen the capacity of civil society (Cheeseman, 2020b). Indeed, community engagement responses also work to strengthen social capital, a key resilience capacity (Herbert et al., 2021 forthcoming). As the United Nations (2020, p.1) highlight, "coming out of this crisis will require a whole-of-society, whole-of-government and whole-of-the-world approach driven by compassion and solidarity". This suggests a need to also scrutinise the actions and culture of the private sector, such as whether the shareholder-first business model undermined companies' preparedness and coping mechanisms for the current crisis and economic downturns, more generally (Gneiting et al., 2020).[37] Gneiting et al. (2020, p. 10) argue that it is this dominant business model that has "pushed companies to focus on short-term profits, maximize efficiencies, limit worker and stakeholder power and prioritise gains for wealthy shareholders and executives over workers".

There is some literature emerging that explores why and how leaders have made specific decisions during COVID-19. In the case of implementing restrictive COVID-19 responses like lockdowns and school closures, "isomorphic mimicry" was found to be common due to high levels of uncertainty around the disease and responses and the pressure to (and subsequent validation gained from) following like-minded countries' responses (Sebhatu et al., 2020). The decision-making context is said to have played a role in this, as "governments in countries with a stronger democratic structure are slower to react in the face of the pandemic but are more sensitive to the influence of other countries" (Sebhatu et al., 2020, p. 21201). Indeed, while lockdown approaches were initially criticised as being typical of more authoritarian countries, they have now become an international norm, with significant variations, especially regarding the extent of authoritarian tendencies they use (Kickbusch et al., 2020).[38]

Indeed, an important research gap for the future will be in the systematic comparison across regime types, economic models, and income levels of policy responses to COVID-19 as a complex, compound crisis and what the current crisis can help us to better understand for future disasters. In the case of COVID-19, known policymaking failures include, for example:

- how authorities in China silenced medical professionals and journalists, thus allowing COVID-19 to spread unchecked across the world;

- the lack of prioritisation and resourcing of pandemic strategic plans – including in HICs – leaving many governments without suitable disease surveillance, sufficient personal protective equipment (PPE) stores or sufficient numbers of well-paid medical personnel;

- the slow application of pandemic strategic plans at the beginning of the crisis, such as lockdown measures and track-and-trace schemes; and

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[37] The role of the private sector is, generally speaking, outside the scope of this paper. The impact of the private sector on governance and conflict with regard to the COVID-19 response is a potentially significant evidence gap and will become more important as the post-pandemic economic response continues.

[38] See section 2.6 on "authoritarian practices".

- the failure to combine lockdown policies with effective strategies for easily predicted consequences such as rises in domestic violence, mental health issues, and food insecurity (Kelman, 2020).

A range of analytical tools, lens, and frameworks are suggested in the literature to guide improved analysis and decision-making. Many texts refer to "building back better", the need to use a resilience lens in COVID-19 responses, integrating systems thinking and a capabilities lens, encouraging working across sectors in adaptive, collaborative, and long-term ways (Herbert et al., 2021 forthcoming). Others suggest that COVID-19 responses should be designed with a conflict-sensitive approach, including analysis of risks to fragility such as those around social cohesion and public trust (e.g., Inks & Lichtenheld, 2020; World Bank, 2020b). We cannot possibly include all of tools and frameworks that have emerged so far, but examples include:

- WFP (2020b) suggests a COVID-19/conflict sensitivity Rapid Operational Conflict Risk and Prevention Tool.[39]

- SSHAP (2020) suggests conducting real-time analysis of perceptions, delivery, and access to health services to enable immediate, context-relevant action, recommending a framework for integrating data analysis from diverse sources, such as the Integrated, Multisectoral Outbreak Analytics (IMOA) model (SSHAP, 2020).[40]

- A Mercy Corps (2016) framework (produced pre-COVID-19) provides four useful questions to guide resilience thinking:[41]

    - Resilience for whom? (The population of interest, the vulnerable);

    - Resilience of what? (The context and systems that people are embedded in);

    - Resilience to what? (The shocks and stresses that affect the population in the context); and

    - Resilience through what? (The capacities needed for resilience).

Managing complex, compound crises, such as COVID-19, means that ongoing analysis, learning, agility, and policy adaption is key (OECD, 2020b; MacGregor et al., 2020; Harrington, 2020; Arenas-García, 2020); yet this is seriously constrained by incomplete and inaccurate data (Arthi & Parman, 2020). Indeed, a lack of truly comparable evidence is a challenge, in particular a dearth of evidence on the link between epidemics/pandemics and political and/or bureaucratic institutions, with the exception perhaps of HIV (Kavanagh & Singh, 2020).[42] UNDP (2020c, p. 61) explains how using systems thinking approaches helps to identify

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[39] See "COVID 19 and conflict sensitivity Rapid Operational Conflict Risk and Prevention Tool (June 2020)".

[40] See "Broader health impacts of vertical responses to Covid-19 in low- and middle- income countries".

[41] See "Our resilience approach".

[42] At the time of writing, there is not yet a comprehensive body of analysis/evidence on lessons from HIV for COVID-19, and this is likely to be a significant gap. One exception, for example, notes: "Recommendations for the COVID-19 response informed by HIV are grounded in rights-based and community-centred approaches. True progress will require addressing deep-seated structural inequalities to protect the most marginalized" (IAS, 2020).

and integrate risks and policy responses. These policy responses need to be integrated into long-term grand strategies, with appropriate commitments to time, planning, and follow-up.

To make quick, well-informed decisions during crises, governments often need to create new structures and mechanisms that are "flat, fast and flexible" (Andrews, 2020b). Andrews (2020b) explains how a "snowflake mechanism" has worked in other crisis contexts, creating "a central coordinating team (like a snowflake nucleus) that interact[s] with [an] organically emergent set of relating teams, all acting, learning and sharing with the full system". An example of this is Liberia's Incident Management System (IMS),[43] set up in 2014 to manage its Ebola response. This is generally acknowledged as having had "a meaningful impact on both the efficiency and effectiveness of the government's response to the Ebola epidemic" (Andrews, 2020c). The IMS separated the Ebola response from the rest of Liberia's overburdened health service and from the Liberian government's hierarchical bureaucracy, and it organised work around task teams, with single points of contact for each team. Key characteristics of the structure include: a *flat* structure that encouraged distributed leadership; a *fast* structure built around daily, evidence-based decisions and action; and a *flexible* structure that allowed different views and fostered debate and learning (Andrews, 2020c).

There is, however, a lack of consensus in the emerging evidence about whether centralised or decentralised decision-making is best. The importance of centralised decision-making in authorised and adequately resourced institutions is a lesson from the SARS outbreak, with Taiwan's Central Epidemic Command Centre identified as another good example (Revenga & Galindo, 2020). Ultimately, Andrews (2020c) warns against the mimicking of Liberia's structure for best practice as policy responses should be developed in line with local context specificity. Instead, wherever decision-making is based, it should be "flat, fast and flexible".

3.3 COVID-19, fiscal constraints, and tax[44]

The economic slowdown following COVID-19 responses at both the national and global levels is increasingly straining resources for development.[45] States face a number of simultaneous fiscal threats: a decline in state revenues normally gained from taxes at the same time there are increased demands on health and social protection budgets; increased pressure on personal savings and assets; increased pressure on country-level debt servicing; and declining employment cutting individual spending. In addition, there are widespread concerns that the deepening worldwide economic crisis will lead to further budget cuts in aid, with non-health sectors at particular risk, including funds to support governance improvement, state capacity, peacebuilding, and conflict prevention and mediation (Gowan & Andersen, 2020). Threats to state revenues are further compounded by COVID-19-related corruption and fraud

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[43] There are a number of blogs and podcasts that discuss this example on the Building State Capability website.

[44] Dedicated resources on tax and COVID-19 can be found on the following websites: International Centre for Tax and Development (ICTD), IMF, OECD, and KPMG.

[45] We do not look at the economic impacts of COVID-19 in this paper as this is well covered elsewhere, including resources found on the IGC COVID-19 hub among many others. A recent keynote from Professor Rachel Glennerster (FCDO Chief Economist) on "The economic consequences of COVID-19 in low- and middle-income countries" is an excellent snapshot of where we are as of December 2020. With this in mind, this section should not be seen as in any way representative of the literature on the impacts of COVID-19 on fiscal space, debt, and tax in general. In reality, however, it is not possible to consider issues like state capacity and effectiveness without also considering the fiscal environment, and vice versa. The economic, the political, and the social are not usefully separated out as they currently are in this "first wave" of COVID-19 research, and much could be gleaned from "meta-synthesis" of COVID-19 syntheses across sectors.

(FACTI, 2020; also see section 3.4 on page 50). Finally, while the magnitude of the current crisis looks like it could negatively impact remittances more severely than previous financial crises (OECD, 2020c), there are hopeful signs at the time of writing; while remittances largely fell in March, they started to stabilise in May before increasing again, in line with the relaxation of lockdown policies (Noor Quayyum & Kangni Kpodar, 2020).

With limited fiscal space, developing countries have less capacity to increase public expenditure needed even to maintain where they were before the crisis, with the IMF pointing to how resources allocated to COVID-19 in sub-Saharan African countries, for example, often come at the expense of other budget areas (IMF, 2020c). COVID-19 has "magnified the financing gap to achieve the Sustainable Development Goals (SDGs) in developing countries, with threats to SDG progress across all countries" (OECD, 2020c).[46] This will have lasting impacts, as seen after the 2008–09 global financial crisis when it took an average of eight years for developing countries' revenues to recover to pre-crisis levels (Gaspar, 2020). Indeed, it is believed to be sub-Saharan Africa's sharpest economic contraction since the 1970s (IMF, 2020c), a period that was followed by debt crises and fiscal collapse in many countries, then followed by a period of structural adjustment and donor-led austerity from which many countries never fully recovered.

While developed countries are particularly affected by the impact of lockdown restrictions on the service sector, shops, and factories, developing countries have so far been more affected by the falling value of key commodities, the collapse of the tourism sector, and cuts to aid budgets (IMF, 2020c; Cheeseman, 2020b). Disease-avoidance strategies undertaken by individuals and businesses are credited as playing a substantial role in the COVID-19-related economic slowdowns (Arthi & Parman, 2020). Developing countries are predicted to face bigger output losses over time than developed countries (Kharas & Dooley, 2020), which may prove very difficult to address in some cases. For example, Sudan's already very low domestic revenue collection declined by 40% due to COVID-19 (IMF, 2020b), and both Sudan and South Sudan have been heavily hit by the sharp decline in oil prices over the past few months, on which both countries are dependent (Lahreche & Hobdari, 2020). COVID-19 lockdowns, travel bans, and border closures have led to reductions in global demand and supply, reductions in oil prices and other key commodities, disruptions in supply chains, reduced regional and global transport connectivity, the collapse of the tourism sector, and the bankruptcy of many micro and small enterprises (UNDP, 2020a; World Bank, 2020d).

For developing countries, there are widespread concerns about debt sustainability in addition to declining remittances, external investment, and aid flows (OECD, 2020c; World Bank, 2020e). This is particularly concerning as most developing countries rely heavily on commodity and service exports, remittances, and borrowing, not least to manage existing debt repayment (UNCTAD, 2020). Developing countries' debt positions prior to COVID-19 were already fragile, and the current economic downturn "threatens to turn what was already a dire situation prior to the pandemic into a series of sovereign defaults" (UNCTAD, n.d.), with the potential to lead to political unrest (Cheeseman, 2020b). Cheeseman (2020b) warns that increasing debt levels, and negotiations over restructuring, may lead to the IMF and the World

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[46] An area where there is a need for urgent research is around infrastructure, something that has clear implications for debt and taxation. As Lu (2020) points out, "Once the acute phase of the crisis is over, governments will need infrastructure more than ever to accelerate economic recovery, create jobs, reduce poverty, and stimulate productive investment". The gap in finance needed for infrastructure investments, including to achieve the SDGs, is measured in trillions of dollars across all regions, with the global financing gap currently at USD 94 trillion (see "Forecasting infrastructure investment needs and gaps").

Bank pushing for structural adjustment policies that have historically hurt the poorest members of society and investment in health care and education. Indeed, in 2020, all but a few African states rejected the offer of debt repayment suspension because of the conditions – not being able to borrow from other lenders – and also because they worried it would impact their credit rating (Cheeseman, 2020b).[47]

Debt restructuring is thus likely to be a key global (and national) policy issue in 2021 with potential consequences for geopolitics as well as relationships within and between states.[48] Kharas and Dooley (2020, p. 3) highlight the policy response dilemma, as

> lessons from past debt episodes are that interventions that are too little, too late result in inefficiencies and significant social and financial costs linked with large-scale debt overhang problems and repeated restructurings. Conversely, too rapid and too large an intervention generates a moral hazard, potentially throws good money after bad, and can seriously affect future access of countries to capital markets.

Cheeseman (2020a) argues, "while leadership vacuums, popular resistance, and debt crises do not make political instability inevitable, all of them bring it closer – especially if there is a leadership struggle in the midst of economic collapse and high food prices". However, while likely to be (politically) challenging, renewed conversations around debt and aid have historically provided important opportunities for addressing global inequalities and risk factors for unrest (Cheeseman, 2020b; see also section 4.3 on page 68 for more on unrest).

There are increasing calls for tax responses to address the unequal economic impact of COVID-19 and to bring much-needed revenue into state budgets (Prichard, 2020). Gneiting et al. (2020) argue that the current prevalent economic model has made companies, workers, and governments less resilient and more vulnerable to economic shocks by paying an increased share of profits to shareholders, rather than investing profits back into staff (via wages) or the state (via taxes). Proposed options for taxation include, for example, wealth taxes, digital service taxes, income taxes, property taxes, carbon taxes, reforming corporate tax exemptions, and so on (Gaspar, 2020; Collier et al., 2020; OECD, 2020b; Moore & Pritchard, 2020). There have also been discussions around excluding companies that utilise tax avoidance strategies from COVID-19-related grants (Collier et al., 2020). Windfall taxes (also called a "solidarity surcharge") could be levied on companies that have directly benefited from the COVID-19 crisis, an idea supported by the IMF and the OECD (Moore & Pritchard, 2020; Collier et al., 2020).

Tax measures aimed at increasing cash flows, influencing behaviour, supporting health responses and providing legal certainty are believed to have been critical parts of COVID-19 responses (Collier et al., 2020, p. 2). Cash flow responses have targeted households and businesses and include direct measures like lump-sum subsidies and government guarantees for business loans, as well as indirect measures via the tax system. Responses aiming to influence behaviour include measures like furlough schemes and tax measures to encourage investment and consumption. To support health responses, tax approaches have aimed at discouraging contact between people and facilitating the trade of essential products (e.g., PPE). To provide

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[47] The IMF has encouraged states to continue borrowing to aid the post-COVID-19 recovery, but whether or not this recommendation applies also to lower-income countries is unclear at this stage.

[48] As stated earlier, we do not cover geopolitics in this paper, and the same is true here for debt. Knowing what the global debt landscape will look like as a direct effect of COVID-19 (e.g., Debuysere, 2020; Schindler et al., 2020) is some way away, but it is likely to be an important factor shaping geopolitical relations going forward and is worth dedicated research.

legal certainty, some responses have focused on tax treaties where the mobility of taxpayers has been significantly limited (e.g., the residence of companies, cross-border workers, etc.) (Collier et al., 2020). Unfortunately, informal workers have often been excluded in many of these schemes, especially when interventions have been administered via the tax system or via the employer/payroll. Bearing in mind that more that 60% of the world's employed people work in the informal economy, with much higher percentages in developing countries,[49] there is urgent need to consider how to adapt these responses in order to avoid huge numbers of people falling between the cracks (ILO, 2018, p. 13).

The scale of the COVID-19 crisis may bring about broader normative changes that shape policy (Shah, 2020); for example, Gaspar (2020) suggests that the current crisis will make aggressive tax minimisation by large taxpayers "even more intolerable to society at large". As elites are likely to resist and undermine new tax reforms, de Renzio et al. (2020) highlight the need for broad-based civil society-led coalitions to capitalise on this moment to push for more equitable tax systems and reforms. Discussions at the international level are also important to address issues on taxing cross-border activity and offshore assets, and international tax cooperation. Much could be gained from combining insights from historical gains on pro-poor policies as a result of crises with current debates about taxation and the need to address the unprecedented fiscal challenges coming out of the current crisis.

3.4 Corruption, kleptocracy, and accountability

The combination of the breadth and complexity of the crisis, the need for a rapid response, and a lack of sufficient state capacity has led to a perfect storm for increased opportunities for corruption. In the early stages of the pandemic, COVID-19 was so all-encompassing that even governments with the highest capacity struggled to respond at pace in all areas. Lockdowns and ongoing social distancing measures mean that there is decreased capacity to provide appropriate oversight. Issues around the use (and abuse) of emergency powers – with consequent limits to democratic rights, abuses of human rights, and weakening of institutions – also increase the opportunities for corruption. As Transparency International (2020) highlights, COVID-19 offers corrupt and authoritarian leaders "a dangerous combination of public distraction and reduced oversight" that could lead to a new normal where "corruption and kleptocracy" thrive. Sibley discusses how

> the coronavirus response is reshaping almost all aspects of the global economy, and its dark underbelly of illicit financial flows, fuelled by crime and corruption, is presumably no exception… But when democracies and dictatorships alike are… spending trillions of dollars while sidestepping some very important and hard-won safeguards to promote competition and prevent corruption, there is an obvious vulnerability to a resurgence of global kleptocracy (Sibley, in Hudson Institute, 2020, p. 2).

All of these create opportunities for corruption to thrive, and the costs of this – financial, political, social and health – are likely to become more visible as the crisis continues. Figure 6 presents some of the risks.

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[49] Informal workers make up: 86% of workers In Africa; 68% of workers in Asia and the Pacific; 69% of workers in the Arab States; 40% of workers in the Americas; and 25% of workers in Europe and Central Asia (ILO, 2018, pp. 13–14)

Figure 6: The "fraud triangle"

Opportunity:
The lockdown has resulted in skeleton staff being at work to ensure continuity (e.g. emergency procurement). This could create opportunities that would otherwise not exist, such as less direct supervision or weaknesses in access control, segregation of duties or the use of deviations, which differs from the normal stringent procurement process.

Rationalisation:
The Covid-19 pandemic is breeding fear, uncertainty and instability, which could increase an individual's justification to commit fraud. Most people who commit fraud see themselves as a victim of circumstance and rationalise their behaviour in this way.

FRAUD

Incentive/ pressure:
Examples include possible undue pressure on supply chain officials to circumvent supply chain management processes to speed up procurement. Approvers can also be placed under pressure to ensure the procurement of goods and services and, as a result, do not apply the same rigour when approving quotes, invoices, deviations or tenders.

Source: AGSA, 2020, p.11.[50]

Extensive evidence has emerged about the ways in which corruption is both affected by and is affecting the COVID-19 response. The scale of fraud that is emerging is very hard to conceptualise, reflecting the unprecedented scale of funding for COVID-19 interventions, both health and economic measures. To give a sense of scale of funding going towards the COVID-19 response, the IMF has announced up to USD 1 trillion for member countries, while the World Bank has announced up to USD 160 billion over the next 15 months for developing country responses. In comparison, World Bank funding for avian flu from 2006 to 2013 equalled USD 842 million in total (Transparency International, 2020). While it will be some time before the total loss to corruption and fraud from the current crisis is known, in ordinary times the United Nations Office on Drugs and Crime (UNODC, 2013) estimates an average 10–25% loss to global procurement budgets from corruption/fraud. During the Ebola crisis in Sierra Leone, Sope-Elegbe (2020) suggests that an estimated 30% of development assistance received was lost due to fraud and corruption. The obvious policy lesson from this and other crises would be to tighten accountability and transparency procedures and to strengthen anti-corruption mechanisms; however, in many countries around the world the opposite has happened, including in HICs and LMICs.

Examples of corruption and fraud can be found in both the public and private sectors and in countries at different income levels and different levels of state capacity. In China, for example, non-existent ventilators have been offered for sale online while hospitals have been charged up to five times the regular price for real ones; meanwhile, in Uganda, four government

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[50] From "First Special Report on financial management of government's COVID-19 initiatives", AGSA., 2020. © 2020 Parliamentary Monitoring Group. Reprinted under licence Creative Commons Attribution 3.0 South Africa

officials arrested in April were accused of colluding to commit fraud by inflating the price of food relief amid the crisis (Guensburg, 2020). In the USA, medical suppliers have been found trying to charge more than six times the normal cost for respirator masks (Guensburg, 2020). In the UK, a head of procurement in the National Health Service was found to have set up a business selling PPE equipment that allegedly should have been made available for the public health service (Davies & Goodley, 2020), while Geoghegan (2020) documents several cases where contracts have gone to politically connected persons and/or companies and where GBP 3 billion in contracts have not been published at all, despite this being a legal requirement. In Colombia, officials are looking into almost 17,500 possibly fraudulent contracts so far, with 116 disciplinary investigations opened. One governor has already been suspended, with several others under investigation. Investigations by a joint task force bringing together the Prosecutor, the Inspector General, and the Comptroller General's Offices is reported to have found suspected corruption in emergency contracts with a total value of USD 33.8 billion (Alsema, 2020).

Elsewhere in Latin America, reporters for the *New York Times* (2020) have covered a litany of cases in a region suffering from some of the highest infection rates in the world. In Ecuador, criminals have been found colluding with health officials to win a contract selling body bags to hospitals at 13 times the real price. In Bolivia, the former health minister has been charged with corruption after agreeing to pay an intermediary millions of dollars over and above the going rate for 170 ventilators that did not work. In Brazil, officials in at least seven states are being investigated about misusing more than USD 200 million in public funds. In Peru, investigators looking into corruption with regard to PPE equipment discovered that several boxes of evidence went missing from the police investigations unit, with security cameras turned off as well.

Funding for COVID-19 interventions is landing on health systems already suffering in many places from corruption-related issues. Mackey et al. (2018) point to WHO research, for example, estimating that of the USD 5.7 trillion spent on health worldwide in 2008, USD 415 billion (7.3%) was lost to health-care fraud and abuse. A study from Nemexis, a Berlin-based anti-fraud consulting firm, found that fraud and corruption in health-care services reduced health-care delivery contributing to COVID-19-related deaths in every third country surveyed. This has led to whistleblower complaints in half of the 58 countries surveyed (MedCity News, 2020). Rhodes (2020b) points to several sector-specific ways in which health sectors are particularly vulnerable including, for example: scientific fraud and secrecy in the rush to produce a vaccine, which could include things like data manipulation; taxpayer funds wasted as a result of speculative research findings on medicines for treatment; and collusion between medical suppliers to push up prices.

Kumar and Tidley (2020) report on warnings from INTERPOL and the WHO about significant problems already with counterfeit and substandard goods, illicit online sales of medicine and medical supplies, fraud linked to legitimate trade in medicines, and so on. Bellows discusses how "those who have long benefited from corruption, oligarchs who have accumulated a lot of stolen assets, are now deploying those assets in Russia and elsewhere to buy up ventilators and arrange for private healthcare, which then further drains resources from the public health system" (Bellows, in Hudson Institute, 2020).

Bellows reminds us that "entrenched corruption is like a pre-existing condition that makes the virus and the pandemic so much worse when it hits a country" (Bellows, in Hudson Institute, 2020). From shoddily built hospitals, defective personal protective equipment or ventilators, cyber fraud, contracts going to cronies who do not deliver, and so on, the

opportunities for corruption and kleptocracy are vast and ongoing in this crisis. Marquette (2020b) argues:

> Our pre-COVID world… provided plenty of breadcrumbs that we can follow to see where opportunists may take advantage of economic-stimulus packages and public financial assistance programmes. As a friend said: "It's a shame that the coronavirus doesn't spread through public tenders. We'd know exactly who'll get it."

In many countries around the world, existing emergency procurement procedures have been ignored or overruled, and transparency and accountability systems have been undermined. In some countries, auditors and whistleblowers have even come under threat. In Libya, for example, the head of the Audit Bureau was abducted and kept in detention for three days after investigating the Interior Ministry for corruption related to COVID-19 spending. Gagné-Acoulon and Al-Sabbah (2020) report that his detention reflects "increased disputes over access to emergency state funds allocated to curb the spread of the coronavirus between competing political factions". They report a Transparency International advisor as saying, "The implementation of emergency measures that disregard any good governance practices is a trend in the region". In Liberia, four government auditors looking into allegations of corruption linked to COVID-19 funds died in mysterious circumstances over an eight-day period. Writing on behalf of the Liberian President, the Institute of Internal Auditors reached out to the US government for help in the investigation, writing: "If these deaths are determined to be more than coincidental accidents, we feel that such a sinister act, particularly on public servants whose sole role is to protect the country's citizens, would be an attack on the people and an assault on society and democracy" (Chambers, 2020, p.1).

While a crisis such as COVID-19 requires the ability to procure goods and services quickly, including issuing contracts for things like PPE without going through often time-consuming competitive procurement processes, procurement standards generally already allow for expedited procedures in emergencies while still maintaining standards on anti-corruption that enable ex post accountability. However, the latter also have been suspended in many countries. Montero and Le Blanc (2020), for example, make a strong case for transparency, accountability, and participation being necessary for effective COVID-19 responses, but they imply that these can be seen as "second-order" concerns:

> As countries transition from the immediate response to the crisis to longer-term recovery efforts, it will be critically important to take stock of how the COVID-19 pandemic has affected key dimensions of national institutional systems such as accountability, transparency and participation, in order to prevent reversals of progress on these critical institutional dimensions and to avert longer-term consequences on public institutions and human rights.

Others have been warning from the beginning not to suspend ordinary procurement and oversight procedures, one of the reasons why the language of "primary" versus "secondary" effects is unhelpful as it implies that governance and stability concerns can somehow be "sequenced" (Herbert, 2014a; Marquette & Evans, 2020). Former UN official and US Special Advisor on Anti-Corruption in Kabul, James Wasserstrom, said in May:

> People always say [we shouldn't even be talking about anti-corruption right now]. At the beginning of an intervention, they'll say "Oh it's too much of an emergency. We can't possibly do that." Then in the middle, "Oh, we can't do that because we rely on those (often malign) actors to deliver our health-care system, so we really can't interfere with them." And then at the end, they'll say, "Well, we're leaving anyway, so we don't really

need to do this." They'll always find an excuse not to deal with corruption. But without oversight, you're undermining your own chances of success, as we saw in Afghanistan and other responses. (In Schmidt, 2020)

UNODC (2020a, p.2) warns about corruption and fraud risks in COVID-19 fiscal support measures as well, reinforcing messages about the need to avoid what they call a "pay now, check later" approach and keeping standard transparency and accountability systems in place. It suggests establishing specialised task forces to prevent and investigate COVID-19 emergency support-related corruption and fraud, as well as launching public awareness-raising campaigns to ensure people understand the risks and consequences for corruption related to stimulus funds. The risks they identify include the abuse of emergency business grants by established companies that are not legally entitled to them, the creation of fake companies to take advantage of the current situation, or organised criminal groups impersonating companies in need (UNODC, 2020a, p. 2).

While there is no cross-national comparative analysis yet on the potential scale of corruption and fraud in COVID-19 fiscal response packages, emerging evidence from a range of countries is not promising. In the USA, over USD 700 billion has been made available so far for relief for small businesses, and the US Government Accountability Office (GAO) has called for urgent improvements in the management of the loan and grant schemes, including reviewing any loans of more than USD 2 million to confirm borrower eligibility (GAO, 2020). Examples of fraud are easy to find, including one case in Texas where someone allegedly submitted multiple fraudulent applications under different business names, claiming funds were needed to pay ghost workers, eventually receiving almost USD 18 million in loans. He then spent this money on homes and luxury cars, and sent millions overseas (KCBD, 2020; see also Summers & Schwellenbach, 2020 for many more examples). In South Africa, the attorney general has recently reported that there are up to 30,000 relief grants that need urgent investigation (BBC, 2020c). In the UK, the National Audit Office (2020, p. 11) has reported on potentially catastrophic losses as a result of credit and fraud problems with rapid approval recovery loans: out of a likely GBP 43 billion lent, the estimated losses are GBP 15–26 billion (between 30% and 60% of the total).

Leading experts have written about how COVID-19 is likely to affect kleptocracy (NED, 2020). Bullough explains that although it started out in the early 1800s as a word meaning something akin to "bandit", in the 21st century the term *kleptocracy* is used to describe "egregious grand corruption" (Bullough, 2018, p. 25). Heathershaw provides another useful definition of *transnational kleptocracy*: "the cross-border ties, typically in the form of non-state networks, by which authoritarian elites gain and keep power and wealth" (Heathershaw, in NED, 2020). Without restrictions put on offshore finance, Heathershaw (in NED, 2020) anticipates that post-COVID-19 instability will lead to further capital flight with consequences for both political and economic destabilisation, a concern shared by Elder (2020) with regard to Somalia, for example.[51]

Kleptocrats pose a particular threat in terms of the COVID-19 response because "kleptocractic leaders have additional patronage levers to strengthen their regimes. Kleptocratic regimes that can control access to essential medical resources, procurement contracts, and financial resources can ensure they go to key supporters while marginalizing

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[51] The new Biden administration has put fighting kleptocracy at the heart of its foreign policy, something it argues is vital for "building back better" (Mackinnon, 2020).

those who oppose them" (Vittori, in NED, 2020). The guaranteed market for COVID-19 medical supplies makes an excellent business opportunity for "carpetbaggers", including organised crime groups and kleptocrats, looking to expand into new markets. Currently, however, much of the evidence and analysis on this comes from corruption/fraud specialists with little discussion so far of these risks in public health, supply chain, and economic research and analysis. Indeed, there are calls from researchers for corruption in health systems to be seen as *a public health problem* rather than a problem of ethics, to help ensure that it is seen as everyone's responsibility (Hutchison, et. al., 2019; Clarke 2020).

The Organized Crime and Corruption Reporting Project (OCCRP) notes a number of cases where politically exposed persons (PEPs) have abused their power in order to access preferential treatment for COVID-19, often putting members of the public and health-care professionals at risk. One example includes a Bulgarian oligarch checking into a hospital that had not been designated for COVID-19 treatment, placing 180 staff members and 170 members of the public under quarantine (Tchobanov, 2020). Drawing on dozens of interviews, investigative journalists with the *Moscow Times* claim that Russia's elites have bought up large numbers of ventilators and have set up private, personal clinics in their own homes (Pjotr, et al., 2020). Even in public hospitals, 25% of the country's total ventilators are located in wealthy neighbourhoods of Moscow.

Another example is the impact of the likely post-COVID-19 economic crisis and the ways in which it may shape the choices ordinary people face, with petty corruption at risk of rising. Health workers demanding a bribe, for example, may be poorly paid with little option but to ask for or accept bribes to top up their salaries enough to afford basic needs like food, water, and housing. Meanwhile, a patient seeking treatment when there are not enough doctors, nurses, beds, machines, or medicine may offer a bribe, or pay one if asked, to access essential treatment. In Norway, one of the least corrupt countries in the world, reports emerged as early as March of doctors giving friends, family, and themselves prescriptions for hydroxychorloquine despite it being moved onto a "reserved" list for patients with the most severe chronic diseases (Hellem-Hansen, 2020). Marquette and Peiffer (2020) suggest that some corruption persists, in resource-scarce environments in particular, because it fulfils important functions. Research has found this in the case of health-care bribery in Uganda, for example (Peiffer et al., 2020; see also Rhodes, 2020b); ongoing research in Tanzania on bribery and social norms is reaching similar conclusions (Camargo, 2020).

Scarcity related to service delivery is not the only area where analysis suggests emerging risks related to corruption functionality; it is likely to affect the private sector too. Transparency International Malaysia has suggested that damage to businesses from COVID-19 and the lockdown may lead to increased corruption, because "when they are desperate for business, they will go the extra mile to bribe officials or decision-makers" (cited in Augustin, 2020). In South Africa, for example, the government's ban on the sale of alcohol and cigarettes in March (on health grounds) led to a sharp drop in legal sales (and tax revenues), followed quickly by an increase in criminal gangs providing black market alternatives to shops, often in collusion with corrupt officials. The head of the revenue authority recently said, "[Criminals] are now embedded in the supply chain and it will take us years to reverse the impact" (Naidoo, 2020). Similarly, Rowden (2020) raises concerns about an economic downturn leading to an increase in trade-based money laundering, something that is already difficult to tackle because officials often lack sufficient data and/or technical expertise to judge if the price on an invoice is correct or not. Based on evidence from previous crises, they expect bribes to corrupt officials to increase.

The incentives to "play by the rules" are unlikely to be strengthened in a time when COVID-19 is reducing global wealth overall. The crisis is set to wipe USD 3.1 trillion of the cumulative wealth of so-called high net worth individuals (HNWIs) (Phillipps, 2020), which includes – but is of course not limited to – kleptocrats. This year alone, COVID-19 is expected to lead to a 4% fall in the wealth of HNWIs, with the effect expected to be "lasting", though what that means is unclear (Phillipps, 2020). The most recent Forbes survey (March 2021) of billionaires similarly found 58 fewer billionaires than the year prior, and of those who remained (2,095 billionaires) their net worth was USD 8 trillion, down USD 700 billion on the year before.[52]

Sibley warned that "when the shutdown ends, [dirty money] could be unleashed into a global environment that is much more conducive to corruption" (Sibley, in Hudson Institute, 2020). Bullough (2020) similarly warns that kleptocrats will be looking for opportunities to boost their (somewhat) diminished wealth: "It is this class of the mega-rich that will be lobbying for favours to rebuild the post-Covid economy. The richer they are, the more favours they can demand." There is urgent need for research on the ways that opportunists are likely to exploit this crisis and the post-COVID-19 recovery effort as well. Some of the best information so far comes from investigative journalists and reports from law enforcement, intelligence agencies, and international organisations, reflecting the typical lag between what is known about corruption and kleptocracy and research and evidence: what this means and, importantly, what works in the longer term to disrupt activities or to prevent them from happening in the first place. In the short to medium term, in terms of the current crisis, this means finding better ways to connect intelligence, investigative journalists, and researchers.

It is not all gloomy when it comes to the analysis regarding corruption and COVID-19, however. Sierra Leone's Anti-Corruption Commission announced early in the pandemic the creation of a dedicated COVID-19 Response Transparency Task Force (ACC, 2020). This was done following lessons learned from the effect of corruption on the Ebola crisis, drawing on research such as Dupuy and Divjak (2015), Shepler (2017), and World Bank (2019), among others, and shows that anti-corruption does not have to be seen as a "second-order" concern. Building on lessons learned from corruption during the Ebola crisis (Khasiani et al., 2020, p. 3), the IMF (2020a) recently re-confirmed its commitment to assisting its members in addressing corruption vulnerabilities (IMF, 2018) and have in fact gone even further, asking recipients to confirm transparency provisions prior to receipt of rapid financing, something they refer to as "keeping the receipts" (Gaspar et al., 2020).[53] It reports a number of country commitments so far, including, for example (IMF, 2020a):[54]

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[52] The overall figures reported by Forbes conceal some differences, uncovered by the Institute for Policy Studies (IPS) Program on Inequality and the Common Good through its analysis of the Forbes data. IPS (2020) found that 49% of billionaires on the Forbes global list saw their wealth increase. This includes eight US billionaires who saw wealth gains of over USD 1 billion since the start of the pandemic, partly due to pandemic-related profits (e.g., Jeff Bezos/Amazon was up USD 10 billion and Eric Yuan/Zoom was up USD 2.58 billion, at the time of writing). It would be interesting to see research on any sector or regional differences and whether or not the downturn affects kleptocrats differently to other billionaires.

[53] A range of useful COVID-19 resources can be found in the IMF "hub". The OECD has several recommendations on anti-bribery as part of its "Tackling coronavirus" policy measures response. The UNODC has several resources available on corruption, money laundering and accountability, while the World Bank's Governance & Institutions COVID-19 Response Resources hub covers Supreme Audit Institutions, public sector wage bills, building trust for collection action and much more.

[54] It is important to note that these are country *commitments* to the IMF, not outcomes at the time of writing.

- **Gabon** has committed to report quarterly on the emergency funds and to publish procurement contract and beneficial ownership information, in addition to an independent audit;

- **Moldova** similarly committed to publishing this information and enforcing its anti-money laundering framework and asset declarative regime;

- **Nepal** committed to publication online of an independent audit of COVID-19 spending and other procurement information;

- **Kyrgyz Republic** committed to ensuring that the Independent Complaints Review Commission on procurement has the resources needed to operate, in addition to similar commitments to others here; and

- **Nigeria** additionally committed to creating specific budget lines to ensure tracking and reporting on emergency response spending, to be published on the transparency portal among other initiatives.[55]

The Open Government Partnership (OGP, 2020) has been crowdsourcing information from its members on a range of issues, from civic space to inclusion and gender to the right to information, among many others. On open data, for example, the report lists a number of initiatives from OGP members around the world, from collection and analysis of epidemiological data to the publication of tracking app data and so on. It also notes, however, that "it is crucial to ensure that data initiatives strike the balance between opening sufficient data to inform and increase trust in public health policies, while also protecting individual data privacy and rights. Accountability, transparency, and participation are therefore critical to ensure this balance is met when determining open data measures". This highlights how open data initiatives need to be assessed within the wider political context, including considering commitment to accountability and transparency, and to civic space and human rights.

Glover (2020) notes ways in which lockdown of government employees has led to innovation in terms of delivery, including through expanding and improving e-government platforms. He explains:

> These platforms have the collateral benefit of being more transparent, and thus making corruption more difficult. Civil society groups can take advantage of the "demonstration effect" of successful e-governance mechanisms during the crisis to advocate for broader adoption of such platforms more generally. If this effort succeeds, and if the new e-government platforms work well, citizens will not only benefit from more productive government operations, but also from more transparency and accountability (Glover, 2020).

In terms of tackling health sector corruption specifically, Khan and Roy (2020) argue for the need to think about feasible strategies, including how these depend on countries' pre-existing economic, organisational, and professional capabilities. An important insight from this work is that capacity and capability are not uniform, either within a country's public health system or between public and private systems; they therefore recommend a systems-wide approach that is able to take into account different strengths and weaknesses across the system. They explain, "The point is not to try and remove all corruption and governance failures but to reduce the cost of corruption during the emergency to allow a rapid scaling up. This requires an

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[55] See Nigeria's transparency portal.

adaptive and inclusive emergency response strategy that can start with trials and rapidly scale up providers based on their efficacy in actually delivering under emergency conditions" (Khan & Roy, 2020, p. 5). As with some of the e-governance mechanisms discussed by Glover (2020), Khan and Roy's (2020) work suggests that a systems-wide approach could encourage better collaboration between less well and better performing parts of the system, particularly if framed as part of a nationwide response for which all parts have important roles to play.

Wrage (2020) suggests identifying and deterring behaviours that previous research shows are likely to lead to loss of resources to corruption, such as targeting attempts to fix prices for medical supplies and drugs, including by setting up international supply networks to stop price gouging and unfair competition between, and within, states; coordinating intelligence to break up illicit trade networks; protecting whistleblowers, including public support from governments and corporations; and so on. She also flags the potential for shame to play a role in targeting corrupt actors and practices: "prioritizing the punishment of exploitative practices amid an international health crisis should be politically palatable even to reluctant regimes" (Wrage, 2020).

Ultimately, there has never been a health crisis quite like COVID-19, and it is likely that the corruption challenges will continue to be similarly unprecedented. While there is clearly need for more COVID-19-specific research, previous evidence suggests – at a minimum – that emergency rules that have weakened standards on accountability and transparency should be urgently reversed, if they have not been already. With the pandemic still ongoing, the risk for fraud to become "egregious grand corruption" is high. Marquette (2020a) argues:

> [We must] avoid translating urgent need into a reason for dropping governance standards. We need to find ways to do the right things more quickly, rather than not doing the right things because they take too long. Act quickly, but be open by default – transparency enables ex-post accountability, when there is again time to pursue it. Imagine that your decisions and your actions will be held to account and ask, did you balance urgency with integrity? Someday, there will almost certainly be a reckoning.

4. COVID-19, violence, unrest, and conflict

Since the COVID-19 pandemic began, a varied picture of violence, unrest, and conflict continues to emerge. Some forms demonstrate a clear, direct link to COVID-19, such as increased levels of SGBV, growing numbers of protests and state violence related to COVID-19 policies (mostly lockdown policies), changing levels of violent organised crime, attacks against health workers and infrastructure, and COVID-19-inspired ceasefire commitments. As yet, however, there is limited evidence, data, and consensus on whether and how COVID-19 is shaping other forms of conflict – such as non-lockdown-related protests, armed conflict, and conflict-related armed actor behaviour (Desmidt & Neat, 2020, p. 1).

The COVID-19 crisis exposes the importance of human security, with the greatest violence and conflict risks, thus far, affecting individuals rather than states, and emerging from interpersonal relations and violence rather than from armed actors. Therefore, in this section, we take a broad understanding and bring together analysis of the varied forms of violence and conflict[56] that occur at all levels, including the interpersonal level, as well as the

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[56] This means that household violence and interpersonal attacks are analysed alongside armed conflict and political violence. This broad approach recognises the increasing evidence of the complex interlinkages between the different forms of violence and conflict (for example, gender inequality and armed conflict); the value of analysing the broader violence context to enable early warning, preventative approaches to peacebuilding, and a resilience approach to development; and the limitations of the traditional hierarchy between state and human

group/community and national levels. We also take a broad view by understanding a "continuum of violence" (Cockburn, 2004) that includes personal/direct violence, structural/indirect violence, and cultural violence (the use of culture to legitimise violence) (Galtung, 1969, 1990). This includes analysis of open conflict (conflict that is very visible and deep-rooted), surface conflict (visible but shallow), and latent conflict (below the surface with potential to emerge) (Fisher et al., 2000; Herbert, 2017).

COVID-19, epidemics, and crises in general, are widely considered to be "threat multipliers" that can amplify existing vulnerabilities, inequalities, grievances, societal divides, conflict drivers, fragility, and instability (Inks & Lichtenheld, 2020; World Bank, 2020f). Thus, much of the current literature focuses on how COVID-19 and its responses are increasing the incidences of SGBV and sparking discontent and protests, as well as whether and how COVID-19 is shaping conflict risk factors including social cohesion, state–society relations, misinformation and disinformation, armed group activity, and resource competition (Inks & Lichtenheld, 2020). The broader literature on food insecurity, economic stresses, and unrest may also contain relevant lessons as these are considered high-risk factors in the medium term.

Ultimately, epidemics/pandemics and their responses become part of the context, and so in conflict affected situations become absorbed into the logic of conflict – not necessarily making conflict better or worse, but shaping the incentives, opportunities and calculations of actors (Insecurity Insight, 2020a; Burke, 2020). There is limited literature on previous epidemics/pandemics and armed conflict, likely due to the infrequency of epidemics/pandemics and possibly also because both epidemic responses and subsequent research often focus on biomedical aspects with less consideration given to socio-cultural and political aspects. Yet we should not see a general lack of compelling evidence so far around COVID-19 and armed actors as evidence that the medium- and long-term impacts on conflict will be minimal.

This section follows the bodies of evidence, starting with SGBV, where there is most evidence of COVID-19 impacts, followed by analysis of the incidences of political violence and protest (page 62) and then analysis of protests, social unrest, violence by state forces and criminal violence/organised crime (page 68). It then examines the quite limited research on the impact of COVID-19 on conflict events and dynamics, including what this may mean for social cohesion, and observations on peacekeeping and peace processes (page 73). It concludes the section by exploring criminal violence and organised crime.

4.1 Sexual and gender-based violence

SGBV is the most frequently reported form of violence directly related to COVID-19, and it is rapidly increasing and reported across every continent of the world (IFRC, 2020; Peterman & O'Donnell, 2020). In fact, it is so prevalent that SGBV is now called the "shadow pandemic" (UN Women, 2020a). The most significant driver of SGBV under COVID-19 relates to its economic impacts, according to a United Nations Trust Fund to End Violence against Women (UNTF EVAW) report (Wood & Majumdar, 2020). Other drivers of SGBV under COVID-19 include things like lockdown measures limiting the ability to escape violence or seek support; forced isolation with abusers or new abuse triggered by stress, fear, or loss of household

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security (Herbert, 2014b; Bjarnegård, et al., 2020). This approach combines well with the resilience agenda through agendas like "resilience for peace" (Simpson et al., 2016), or "conflict resilience" (Herbert et al., 2021 forthcoming). It is beyond the scope of this paper to go into the long-standing debates between those advocating for broadening the scope of peace studies versus those advocating for a more traditional approach, or the merits and drawbacks of such approaches (Gleditsch et al., 2014; Confortini, 2006).

income/livelihood; curfews reducing the number of people around and thus increasing the opportunities for attacks; school closures reducing safe spaces for children; prolonged confinement leading to negative coping mechanisms like substance abuse or abusive behaviour; increased violence against predominantly female health-care workers; loss of income/livelihood increasing the risks of sexual exploitation and abuse; and difficulty in accessing protective resources (Wood & Majumdar, 2020; UNDP, 2020b; Flowe et al., 2020; IFRC, 2020; Klugman, 2020).

Types of SGBV increasing during COVID-19 include intimate partner violence, sexual abuse, online harassment, and harmful traditional practices (UNDP, 2020b; Wood & Majumdar, 2020). Accurate SGBV data are extremely limited, and the full extent of violence occurring during COVID-19 is unknown; however, a rapid assessment across 69 developing countries, drawing on ten open-ended questions sent to 144 UNTF EVAW grantees working on SGBV, found 85% reporting a rapid rise in SGBV (Wood & Majumdar, 2020). In Ethiopia, India, Iraq, Liberia, Mongolia, and Tunisia, CSOs have reported a rapid increase in intake in shelters to protect women escaping violence (Wood & Majumdar, 2020). Emerging data from Kenya reveals that calls to its national domestic violence help hotline increased from 86 calls in February to 1,108 in June, a 1,000% increase (Flowe et al., 2020). In Argentina, emergency calls about domestic violence increased by 25% (UNDP, 2020b; IFRC, 2020), while in the UK, deaths from domestic abuse between 23 March and 12 April more than doubled (to 16 deaths) compared with the average rate in the previous 10 years (Roesch et al., 2020). In China's Jianli County, domestic violence cases reported by the police tripled in February 2020 when compared with February 2019, with 90% estimated to be COVID-19 related (Roesch et al., 2020). In Somalia, rapid research found that 31% of community members believe there has been an increase in female genital mutilation during the COVID-19 crisis (UNPF & Unicef, 2020, p. 1).

Indeed, the rise in SGBV should come as no surprise given that pre-COVID-19 evidence shows SGBV increases during every type of crisis, including epidemics/pandemics, economic, conflict, and environmental, among others. Factors that increase people's vulnerability to SGBV in crises include unstable housing; lack of available safe spaces; parents and other caregivers being less available to supervise their children; the breakdown of typical protection and support structures; and financial pressures that prompt negative coping strategies, such as transactional sex (Flowe et al., 2020). In conflict-affected contexts, previous research from Northern Ireland, for example, shows how empowering security forces in enforcing lockdown and other restrictions can exacerbate gendered and sexual harassment and alienation from police, particularly for minority groups, further reducing women's willingness to report domestic violence (O'Rourke, 2020). During the Ebola epidemic in Sierra Leone, for example, guards enforcing quarantine were accused of financially and sexually exploiting girls in exchange for permission to leave the house for water and firewood (IRC, 2015 in IFRC, 2020). There was also a 65% increase in teenage pregnancy due to girls being out of school (Flowe et al., 2020).

A general worsening of safety for women and girls has been reported across the world since the COVID-19 crisis began (Wood & Majumdar, 2020). Primary research based on 80 interviews with SGBV survivors in Kenya found that during the COVID-19 crisis:

> children, particularly girls, have heightened vulnerability to sexual violence committed by non-stranger perpetrators (e.g., neighbours) at private residences during the daytime, owing to school closures and a lack of alternative safe venues… [while] women have heightened vulnerability to sexual and physical violence at all times of day, with attacks by stranger and non-stranger perpetrators (e.g., intimate partners), occurring in both

private residences and in public, owing to social isolation and staying indoors with abusers (Flowe et al., 2020, p. 7).

This research also suggests that under COVID-19, children may experience sexual violence at a younger age, with "a considerable number of incidents in which neighbours gained access to the child by promising to help with schoolwork", highlighting the negative side effects of school closures under COVID-19 (Flowe et al., 2020, p. 17).

Despite SGBV increasing across the world, support services are now harder to access. While some services have been adapted to the specific challenges of COVID-19, many have not, and many delivery organisations have already lost funding (Johnston et al., 2020). SGBV services have been constrained by lockdown policies, leading to the closure of many services and women having less mobility to be able to attend in person. These trends are likely to continue, especially while SGBV protection and justice services are locked down. In both the USA and UK, for example, authorities were slow to act on early warnings about an increased risk for intimate partner violence (Selvaratnam, 2020). The UK Parliament Home Affairs Select Committee issued a call for evidence after an open letter to the Prime Minister from 22 organisations that work to address SGBV issues, concluding: "The Government has rightly made clear the importance of tackling domestic abuse during the Covid-19 crisis – we now need the next practical steps to make that happen. *Without strong action to tackle domestic abuse and support victims during the Covid-19 pandemic, society will be dealing with the devastating consequences for a generation*" (UK Parliament Home Affairs Select Committee, 2020, emphasis in original)*.* In the UK and the EU, Mantouvalou (2020) argues that increased domestic violence is an area where gender-blind policies are putting women's lives at risk. As Nicole Jacobs, the UK's Domestic Commissioner said in her oral evidence to Parliament, "So much of this crisis is showing us some of the vulnerabilities and the cracks in our system where people fall through the net and have been for many years" (UK Parliament Home Affairs Select Committee, 2020).

COVID-19 also could intensify the drivers and root causes of human trafficking, including online exploitation of children (Wagner & Hoang, 2020). Europol (2020) reports increased cases of child sexual exploitation and abuse (CSEA) during the COVID-19 pandemic, because there are more children online, and offenders who are currently unable to travel are moving their abuse online. It is too early to say what the medium- to long-term impact of this might be on offender behaviour when travel restrictions relax or if travel costs increase, but the post-COVID-19 economic crisis is likely to keep at least some of these offenders online if they lose their jobs and can no longer afford to travel (Europol, 2020, p. 17). This is not good news for vulnerable children, though, as increased poverty is also likely to drive more children in high-risk countries into danger. Anderson (2020), for example, tells us: "The potential increase in the exploitation of children, and especially girls, is of particular concern. No longer at school and with families that are indebted and may be experiencing higher levels of family violence, child begging, child labour, forced marriage, and online sexual abuse will all likely increase". Online or not, CSEA is a terrible form of violence against vulnerable children and one that COVID-19 is already impacting with awful consequences.

There have been some successful attempts to tackle SGBV during the COVID-19 crisis, however. Service delivery innovations include the establishment of domestic violence helplines, such as in India where helplines have been staffed with female officers (Graham-Harrison et al., 2020 in Erlan et al., 2020). In Haiti and Lebanon, humanitarian programme adaption has enabled strong community mobilisation and support through the provision of adequate and sustained funding; the creative use of technology including using social media to

reach target populations; strong partnerships and coordination for message dissemination; and mainstreaming SGBV into other programmes (Neha et al., 2020).

While CSOs are often essential SGBV service providers, they are currently operating under great uncertainty and stress, and urgent funding is needed to help them adapt to the new context (Wood & Majumdar, 2020). Indeed, a key barrier for service adaptation is lack of funds and a digital divide (Wood & Majumdar, 2020). In Yemen, hotline and tele-counselling services have been set up, but many women and children do not have access to a phone or privacy to make calls safely (Searle et al., 2020). In Somalia, a Unicef survey found that only 5% of child protection services had been adapted to provide remote support for children confined to their homes (UNPF & Unicef, 2020, p. 1). A rapid assessment of women's CSOs in Asia and the Pacific found that only 15% said their SGBV victim services were fully operational, with 71% operating at reduced levels and 12% forced to temporarily suspend operations (UN Women, 2020b). A survey of women, peace, and security (WPS) practitioners in the Indo-Pacific found that 60% reported their organisations had lost funding (Johnston et al., 2020). Future research could look at new technology and innovations that are designed with the so-called digital divide in mind, including how best to resource this.

In terms of research and evidence gaps, there are significant gaps regarding the victims and the extent of the impacts of SGBV during the crisis. However, many of the drivers and responses are already known. What the evidence points to is a widespread and collective failure to protect potential victims or to take SGBV into account in the initial roll-out of COVID-19 interventions. In other words, this is a predictable crisis that could largely have been mitigated if protection of women and girls had been prioritised alongside the primary health response. Understanding the reasons behind this collective failure presents an important research gap. The WHO has recommended SGBV services be included as essential services in COVID-19 government response plans (Flowe et al., 2020), and the evidence suggests that this should be the case in any future crisis planning. The evidence so far also points to needing to take seriously pre-existing vulnerabilities and risks when planning for both the ongoing COVID-19 response and for future potential crises.

4.2 Incidences of political violence and protest

There is much discussion in the literature on whether the incidences of political violence and protests are changing due to COVID-19. Global data before and during the pandemic suggest that between June 2018 and September 2020[57] most change occurred with three types:[58] (peaceful) protests,[59] explosions/remote violence, and riots; however, these changes are driven by many factors, not just COVID-19 (see Figure 7). Global incidences in those three categories appear to show: (a) protests declining from a high in Q4, 2019 to Q2, 2020, and then increasing in Q3, 2020 returning close to pre-pandemic levels; (b)
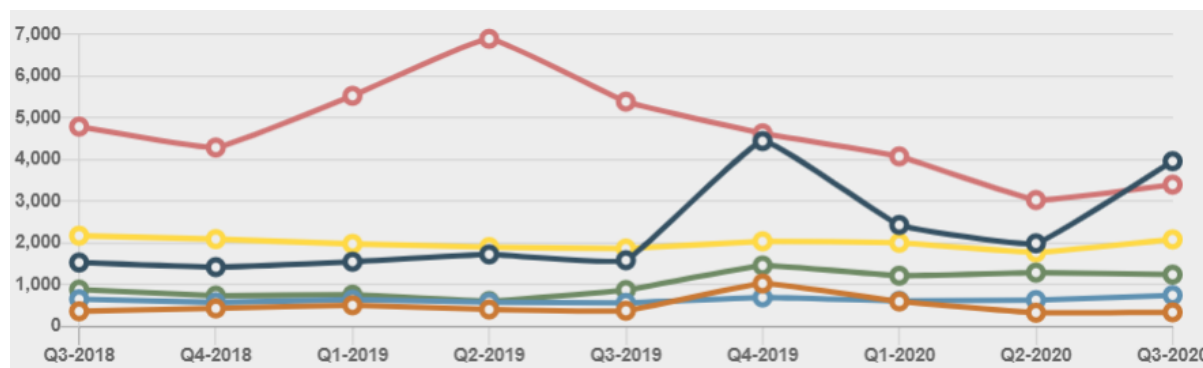
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[57] The latest data available to analyse activity in 2020 by quarter, when the data were extracted on 26 November 2020.

[58] ACLED's fundamental unit of observation in the event. "Events involve designated actors – e.g. a named rebel group, a militia or state forces. They occur at a specific named location (identified by name and geographic coordinates) and on a specific day… ACLED currently codes for six types of events and twenty-five types of sub-events, both violent and non-violent, that may occur during a period of political violence and disorder" (ACLED, 2019, p. 6). The six types of events are: battles, explosions/remote violence, violence against civilians, protests, riots, and strategic developments.

[59] ACLED's definition of protest is "non-violent demonstrations, involving typically unorganised action by members of society" (ACLED, n.d.).

explosions/remote violence declining from a high in Q2, 2019 to Q2 in 2020; and (c) riots declining from a relative high in Q4, 2019 to Q2, 2020 (see Figure 7). These trends vary substantially by region (see Figures 8, 9, 10, and 11) and country.

Figure 7: Global picture – number of political violent and protest events in developing countries and some developed countries by quarter from July 2018 to September 2020[60][61]

Source: Authors' own. Created using data from ACLED.[62]

Key:[63]

- 🟡 Battles
- 🔵 Violence against civilians
- 🔴 Explosions/Remote violence
- 🟠 Riots
- ⚫ Protests
- 🟢 Strategic developments
- ⚫ Multiple event types

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[60] This ACLED data includes Africa, the Middle East, Latin America and the Caribbean, East Asia, South Asia, Southeast Asia, Central Asia and the Caucasus, Southeastern and Eastern Europe and the Balkans. This is based on ACLED data between 1 July 2018 and 30 September 2020. The data were extracted on 26 November 2020.

[61] These figures include all incidences of political violence and protest, not just those related to COVID-19. ACLED has also developed a data tracker for incidences directly related to COVID-19.

[62] ACLED authorises the use of this material subject to the terms and conditions on its website: ACLED Terms of Use & Attribution Policy.
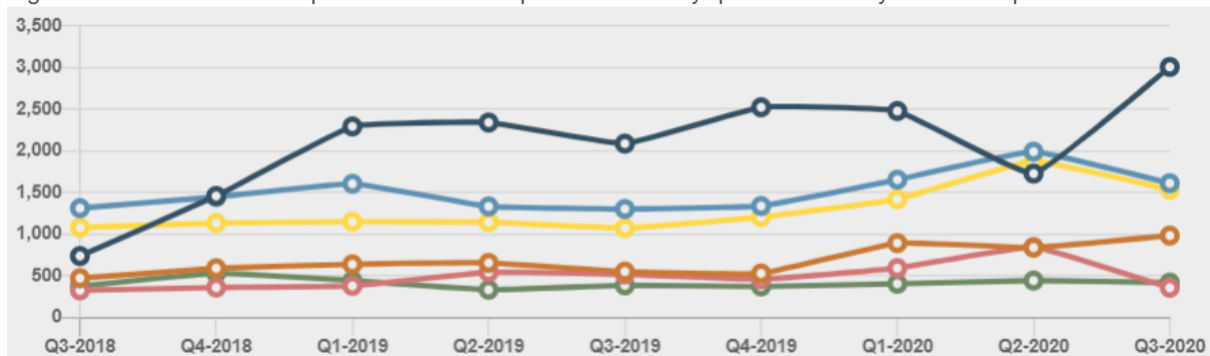
[63] Key for Figure 7-11

Figure 8: Middle East – number of political violent and protest events by quarter from July 2018 to September 2020
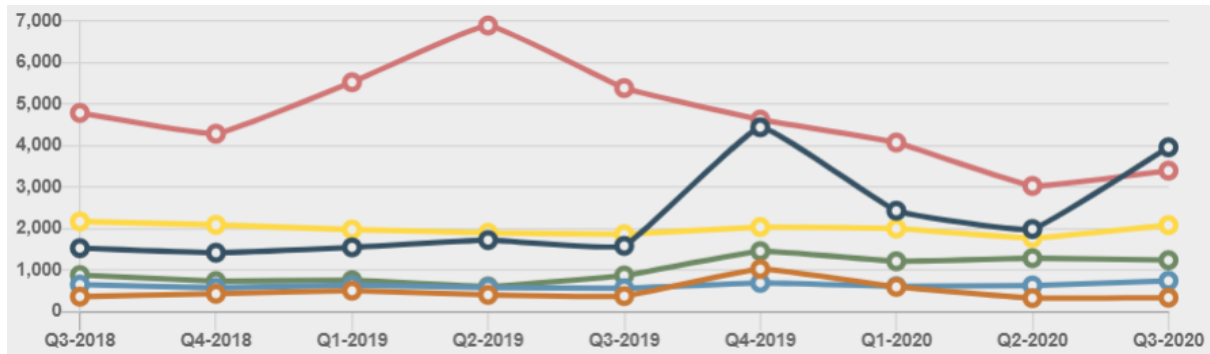
Source: Authors' own. Created using data from ACLED.[64]

Figure 9: Africa – number of political violent and protest events by quarter from July 2018 to September 2020

Source: Authors' own. Created using data from ACLED.[65]

Figure 10: Asia – number of political violent and protest events by quarter from July 2018 to September 2020

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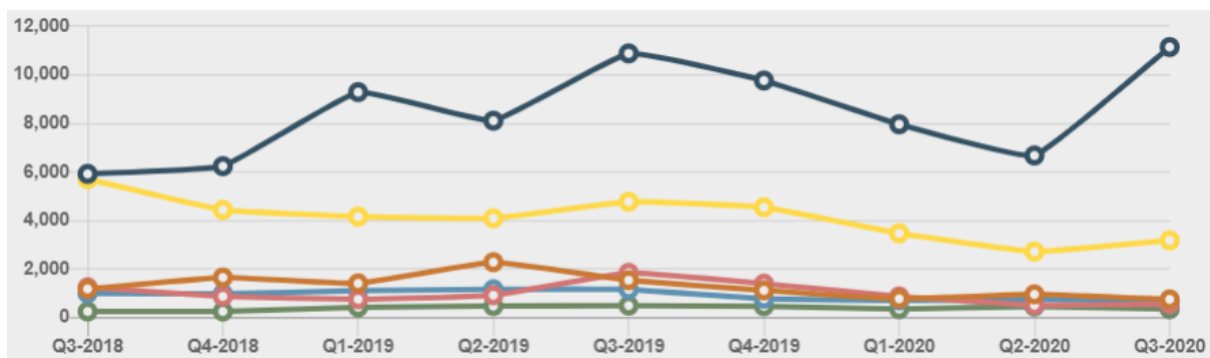
[64] ACLED authorises the use of this material subject to the terms and conditions on its website: ACLED Terms of Use & Attribution Policy.

[65] ACLED authorises the use of this material subject to the terms and conditions on its website: ACLED Terms of Use & Attribution Policy.

Source: Authors' own. Created using data from ACLED.[66]

Figure 11: South and Central America and the Caribbean – number of political violent and protest events by quarter from July 2018 to September 2020
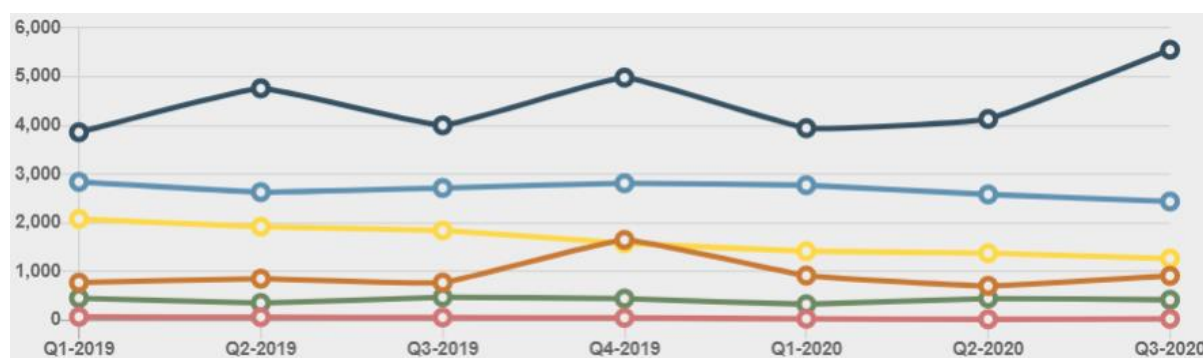
Source: Authors' own. Created using data from ACLED.[67]

Analysis by Pavlik (2020b) looking at ACLED data from November 2019 to June 2020 suggests that global incidences of demonstrations, including peaceful and violent protests, declined significantly during COVID-19 (by about 30%), while global incidences of political violence declined by about 10% (see Figures 12 and 7). As Figure 13 illustrates, there was a significant fall in global peaceful protests just after the WHO officially declared COVID-19 to be a pandemic, yet these events bounced back from mid-April onwards (Pavlik, 2020b). Analysis by Metternich (2020) drawing on Integrated Crisis Early Warning System data also found an "unprecedented decline" in protest activity around the world during the pandemic based on data from January 2018 to 30 April 2020.

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[66] ACLED authorises the use of this material subject to the terms and conditions on its website: ACLED Terms of Use & Attribution Policy.

[67] ACLED authorises the use of this material subject to the terms and conditions on its website: ACLED Terms of Use & Attribution Policy.

Figure 12: Disorder before and after the pandemic between 30 November 2019 and 30 June 2020
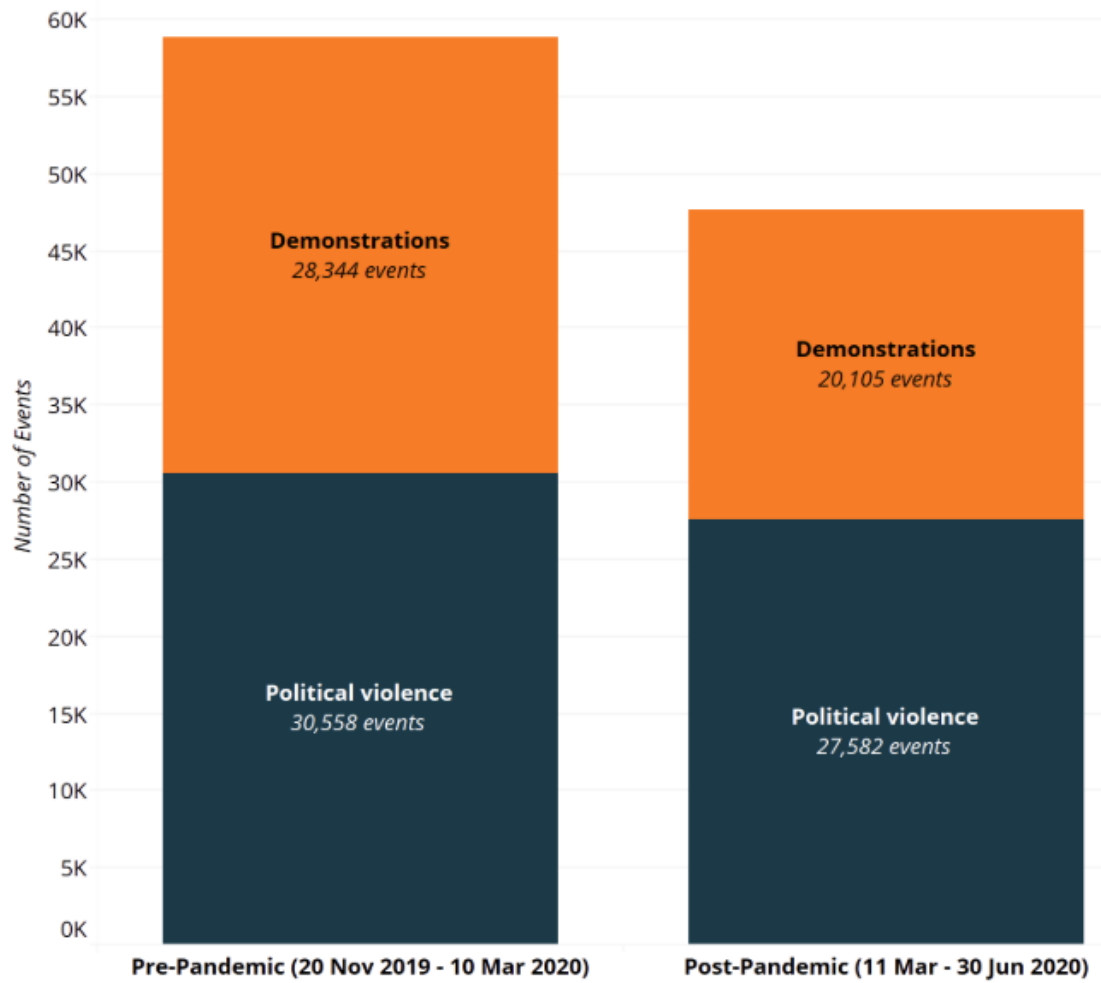
Source: Pavlik, 2020b.[68]

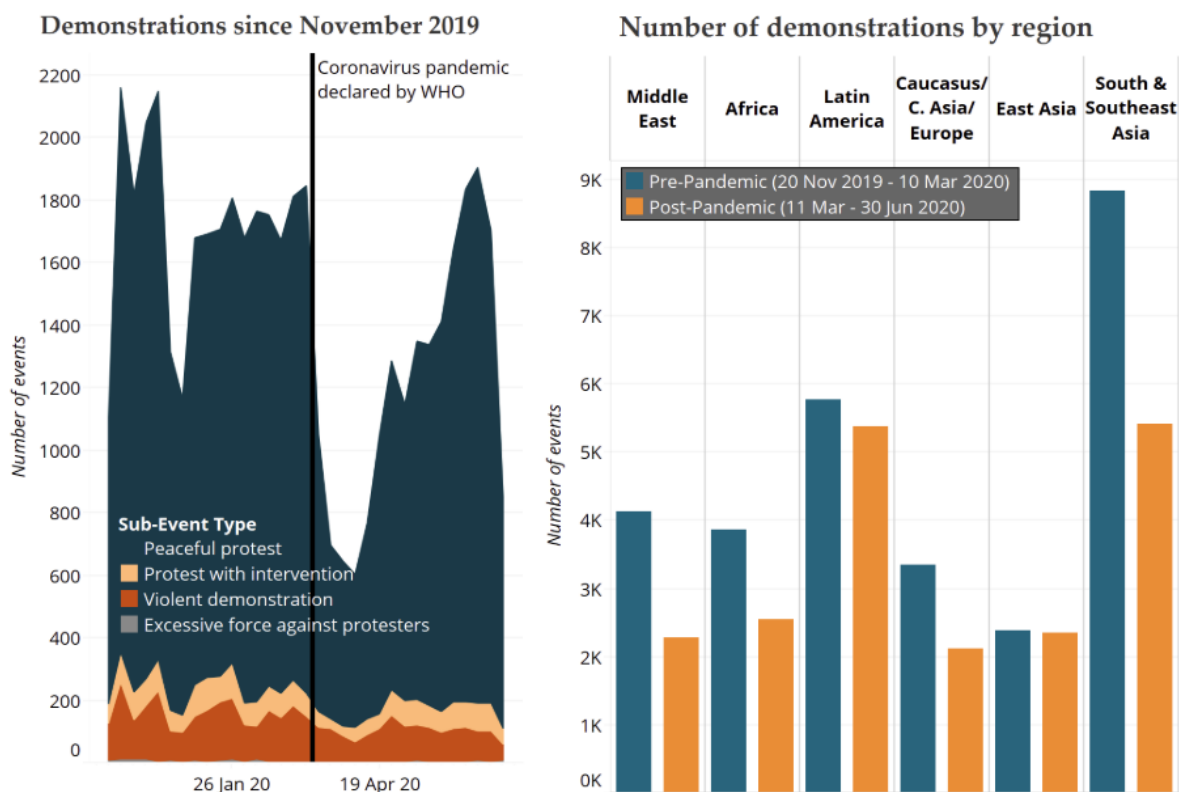[68] From "A great and sudden change: The global political violence landscape before and after the covid-19 pandemic", by M. Pavlik, 2020. © 2020 Armed Conflict Location & Event Data Project (ACLED). Reprinted under the following terms: ACLED Terms of Use & Attribution Policy.

Figure 13: Demonstrations between 20 November 2019 and 30 June 2020

Source: Pavlik, 2020b.[69]

Pavlik (2020a) found that mob violence[70] – a subtype of riots – increased globally with attacks on security forces enforcing lockdown, health-care workers, and individuals suspected to have COVID-19. This trend is reported anecdotally in the media too, where foreigners, ethnic minorities, health-care workers, and groups considered to be "super-spreaders" have been subject to attacks, discrimination, and accusations of spreading COVID-19 (ICRC, 2020). However, this trend of stigmatisation appears to have decreased as the association of COVID-19 with specific groups has weakened following the global spread of the disease and as people learn more about it (Burke, 2020).

Importantly, this aggregated global analysis hides significant variability according to context. Beyond the overall initial fall in protest activity, it is difficult to draw out definitive global patterns on the prevalence of political violence and protest. For example, existing protest movements in Iraq and Lebanon were cut short by lockdown measures while new anti-lockdown protests began in other countries like Brazil (Pavlik, 2020b). In West Africa, de Bruijne and Bisson (2020) found that overall levels of political violence remained the same since COVID-19 began, but the reason for protests and violence had shifted as state forces violently enforced COVID-19 interventions, and protestors demonstrated against them. Indeed, Figure 7 is

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[69] From "A great and sudden change: The global political violence landscape before and after the covid-19 pandemic", by M. Pavlik, 2020. © 2020 Armed Conflict Location & Event Data Project (ACLED). Reprinted under the following terms: ACLED Terms of Use & Attribution Policy.

[70] ACLED defines *mob violence* as: "violence involving a large crowd of people, especially one that is disorderly and intent on causing trouble or violence, interacting with other such groups/rioters (including vigilante mobs), organized armed groups, or civilians".

illustrative of the need to put data into context, as if the data series had been started at Q4 2019 instead of Q3 2018, different conclusions could be drawn. Pavlik (2020b) emphasises the point that COVID-19's "impact on the global political violence and protest landscape is unequal, and must be disaggregated across type, time, and context" (Pavlik, 2020b). This is difficult to do right now, though, with data gathering on incidences of political violence and protest being even more challenging during the COVID-19 pandemic than in other times due to movement restrictions that limit primary research and journalism, something that is particularly relevant for ACLED's data, for example, as it draws on media reports. Mehrl and Thurner (2020) warn that the apparent reduction in levels of global political violence seen in the data may actually be due to lower levels of reporting, and as attention moves away from conflict to COVID-19-related concerns. Thus, the data and figures used here and more broadly in the literature should be approached with a great deal of caution.

4.3 Protests, social unrest, and violence by state forces

States' COVID-19 responses have been the subject of protests in every world region and in every regime type, with more than 30 major protests in 26 countries targeting COVID-19 restrictions between March and October (Carothers & Press, 2020). Carothers and Press (2020) identify the following three main subtypes of anti-lockdown protest across the world that share several common features within their subtypes: anti-authority lockdown protests, economic hardship lockdown protests, and protests against the use of force in COVID-19 responses.

- **Anti-authority lockdown protests (particularly in high-income countries where protests have sometimes included violence)** include common features of: (a) framing as "pro-citizen movements" drawing on libertarian ideas of individual freedom over restrictive public health measures; (b) misinformation and conspiracy theories as drivers reflecting current trends of political polarisation and scepticism of science and authority; and (c) the coming together of diverse coalitions (e.g., business, religious leaders, far-right, vaccine sceptics) through often transnational movements created through social media (Carothers & Press, 2020). An example is the thousands who protested in London in September against the second wave of lockdown restrictions (Carothers & Press, 2020). Carothers and Press (2020) identify this as the most common subtype of anti-lockdown protest. Some political leaders have directly or indirectly facilitated virus conspiracy ideas and have undermined the role of evidence and experts, fuelling distrust, misinformation, and revealing "potentially dangerous frictions inside society" (Censolo & Morelli, 2020; UNDP, 2020d).

- **Economic hardship lockdown protests (particularly in LMICs and frequently violent)** include common features of: (a) focusing on the impacts of lockdown on livelihoods; and (b) reflecting broader concerns about how the economic impacts of COVID-19 may unsettle political life (Carothers & Press, 2020). Examples include the 2,000 people who protested in Vladikavkaz, Russia, against COVID-19-related business closures, while the police violently retaliated (Carothers & Press, 2020). Hunger protests in Chile and Honduras were brutally suppressed by the military (Weiss, 2020). In Thailand, economic strains due to lockdown have combined with pre-COVID-19 anti-autocracy grievances leading to 200 protests across the country, including, in September, Thailand's biggest protest since the 2014 military coup (Lorch & Sombatpoonsirichapter, 2020). These protests have been organised by students, LGBTQ groups, labour movements, and development NGOs (Lorch & Sombatpoonsirichapter, 2020). COVID-19 has also shaped this situation in other ways, such as further exacerbating Thailand's trend towards authoritarianism, closing political space for contentious activism while

opening space for more civil society activity in service delivery to support the official COVID-19 response, a common feature in many crackdowns on civil society (Lorch & Sombatpoonsirichapter, 2020).

- **Protests against the use of force in COVID-19 responses** include common features of: (a) focusing on how health restrictions are implemented in terms of harshness, arbitrariness, and misuse of rules for repressive ends; and (b) concerns that governments are taking advantage of the crisis to further their authoritarian tendencies. An example is the tens of thousands who protested in Serbia against the re-imposition of restrictions after a contested election, seeing it as stifling political dissent (Carothers & Press, 2020).

There have been a range of other protests targeting COVID-19 responses. Health-care workers, for example, have protested against state responses that have left them vulnerable to COVID-19 risks in various countries. In Africa, there were 288 COVID-19-related protests by health-care workers between March and August 2020 calling for better provision of PPE and renumeration for extra hours worked (PERC, 2020c, p. 16). Economic and labour-based protests have also been observed, with the Partnership for Evidence-Based COVID-19 Response (PERC), for example, finding that most of Africa's COVID-19-related security incidents occurred in North Africa (particularly Morocco, Tunisia, and Algeria), largely driven "by movements organised by economic and industrial groups demanding more government assistance" (PERC, 2020c, p. 18).

Protests are also fomented by distrust in the authorities, as illustrated throughout this paper. In Côte d'Ivoire, for example, protests were carried out against COVID-19 testing centres, particularly in opposition areas where low levels of trust in the government left residents worried that the testing centres were placed there to spread the disease among the community (de Bruijne & Bisson, 2020; Reuters, 2020). The state responded by disbursing the crowds with tear gas (de Bruijne & Bisson, 2020). Indeed, the use of military and police in COVID-19 responses has increased distrust in some places; for example, several police departments in Mexico reported receiving more insults and hostility from the community following them taking on roles around lockdown enforcement and surveillance (Canales et al., 2020).

Most protests, perhaps with the exception of Malawi, have not yet had significant impacts on the policies and actions of governments, and they may indicate "continuity more than change", as argued by Carothers and Press (2020) who note that anti-government protests had already been increasing over the past decade across the world, reflecting a "widening gulf between governments and the governed, exacerbated by a feeling that conventional politics is failing to address the major problems facing many societies". Indeed, 2019 had been called the "year of protests" by many commentators (Metternich, 2020). Malawi as an exceptional case is interesting, where protests made up mainly of informal traders took to the streets a few days before a national lockdown was due to start, arguing that without government support, they could not survive the lockdown. A few days later, in response to a petition from the civil rights organisation Human Rights Defenders Coalition (HRDC), Malawi's high court ruled to ban the government from implementing the lockdown (Pensulo, 2020). This happened in a context of low public trust in the president where protests were already frequent.

The experience (so far) in Malawi is perhaps a reminder that protests are a crucial part of functioning democracies, and policymakers should pay attention to the content, frequency, and popularity of protests as indicators of societal difficulties and grievances, but not automatically see protests as threats (PERC, 2020c). Unrest can affect adherence to public health and social measures (PERC, 2020c), with potentially negative effects for disease

prevalence, as was evident in West Africa when resistance to Ebola public health measures contributed to the "startling speed and persistence" of the epidemic through "unsafe burial practices, refusal to report contacts, and disruption to clinics, burials, and healthcare" (Cohn & Kutalek, 2016). The example helps to show why political analysis of local contexts is so important, as underneath cross-national comparative data are complex historical, social, and political dynamics that may look concerning at a glance but could instead be more positive.

Distrust and violent resistance to official epidemic responses have featured in historic epidemics with variable patterns and variable impacts on political settlements. A key example is the 1830 cholera wave that led to riots and disturbances in almost every country the disease affected across Eastern and Western Europe, central Russia, South and North America, and which largely targeted medical practitioners and the authorities (Cohn & Kutalek, 2016; Evans, 1988). While the cholera waves continued into the 20th century,[71] the riots only persisted to affect some countries, continuing in Italy, Russia, Eastern Europe, Spain, and Portugal, but "virtually disappear[ing]" after 1832 in Britain, France, and the USA (Cohn & Kutalek, 2016; Evans, 1988). Evans (1998, p. 135) concludes that while cholera epidemics often coincided with years of upheaval and revolution in Europe, "epidemics were less causes than consequences of revolutionary upheavals and the government reactions associated with them". Indeed, as shown in section 2.1 on page 15, only the premodern epidemic/pandemics precipitated significant changes to the political and social order as the result of high numbers of deaths in localised areas.[72]

Various suggestions are made for why cholera riots continued in some places into the 20th century, including that some countries were more successful in easing the cholera-related distrust and class tensions that underpinned the riots (Cohn & Kutalek, 2016). In Prussia, Evans (1988) suggests the riots may have subsided as the result of four major factors: (a) the state abandoned many of its coercive epidemic policies; (b) the medical profession became more respected and understood; (c) the underlying issues of feudal discontent were addressed; and (d) discontent became channelled into direct political action. Conversely, in Russia, Evans (1988, p. 143) suggests riots carried on as the state continued to use strict and harshly enforced quarantine, isolation, and disinfection measures, including burial restrictions, and as the state and doctors were unable to persuade the population of the validity of the responses, in part due to high illiteracy levels. This reflects a common argument – that strict state responses provoked backlashes; however, there were also protests in Spain, Portugal, and Italy from the 1860s onwards that focused on the state's *reluctance* to impose quarantine measures (Cohn & Kutalek, 2016). Indeed, after the 1830 cholera riots, most states reduced the coerciveness of their epidemic responses for subsequent cholera waves, due to fear of unrest, particularly in countries with strong mercantile industries (Evans, 1988).

Collective aggression during and after epidemics was directed at different targets during history. The 1830 cholera riots mostly targeted medical professionals and public authorities but not outcasts or minorities, whereas in medieval and early modern Europe, Jews, witches, and other outcast groups were often targeted but the authorities and wealthy (feudal landlords) were not (Evans, 1988). Cohn and Kutalek (2016) explain how the content and character of narratives

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[71] Large cholera pandemic outbreaks occurred in 1817–23, 1826–37, 1841–59, 1863–75, 1881–96, and 1899–1923, though not all of these affected Europe (Evans, 1988). Cholera is still endemic in many low-income countries despite it being preventable with the provision of adequate sanitation and water services – a very visible "crack in the system".

[72] In the most extreme cases, cholera killed up to 15–20% of localised populations.

around the 19th century cholera riots were "uncannily similar" across countries with "strikingly different cultures, economies, and regimes" involving class-based stories where elites and medical professionals were said to have acted as body snatchers or were intentionally killing off the poor. Evans (1988, p. 136) explains this as resulting from the "inexplicable outbreaks of mass mortality with the sudden appearance on the scene of government officials, troops and medical officers". Meanwhile, the popular political consciousness had shifted following decades of unrest and increasingly radical democratic political movements and ideas (Evans, 1998, p. 136). Interestingly, in Great Britain, public authorities were targeted much less often than other countries with most unrest aimed at medical professionals. Evans (1998) suggests this may be due to the British state being less coercive in enforcing unpopular cholera policies and with a medical profession that had already established a more independent role for itself, compared to other countries.

Distrust of the state was already prevalent in West Africa due to conflict, stark inequalities, and low state capacity, and shown in section 1 (page 11), this was exacerbated during the Ebola outbreak through communication failures, lack of community engagement, adverse publicity, and strained relations between local people, government authorities, and external agencies (Cohn & Kutalek, 2016). Unpopular Ebola responses included the forced quarantine of hundreds in their homes, often without adequate food and water, and appalling conditions and lack of food at Ebola treatment centres amidst a context of fear and death (Cohn & Kutalek, 2016; Wilkinson & Leach, 2015). The response to Ebola was slow to emerge and was securitised, leading to the border restrictions that exacerbated economic, livelihood, and food security pressures (Wilkinson & Leach, 2015). Drawing on lessons from Ebola and cholera, Cohn and Kutalek (2016) explain factors that increase the potential for distrust and violence, including diseases with high fatality rates, or where large numbers of people entering into medical care do not return alive and when epidemic response plans do not adequately engage affected communities to ensure practices are in line with community norms.

Almost all of the Ebola epidemics in West and Central Africa were accompanied by distrust, violent resistance to epidemic policies, and civil violence, particularly during the 2014–16 outbreak in Guinea but also in Liberia and Sierra Leone (Cohn & Kutalek, 2016; Gonzalez-Torres & Esposito, 2016). Drawing on analysis of the Ebola crisis, Gonzalez-Torres and Esposito (2016) assert that "epidemics spark civil violence" such as protests and riots but not interstate or civil wars or violence with a political or ethnic character related to previous civil wars. They suggest this is because "if individuals mistrust the state, the epidemic increases the stakes, as unmet demand for public goods or state policies perceived as coercive increase social anxiety, and this triggers acts ranging from civil disobedience to outright violence" (Gonzalez-Torres & Esposito, 2016, pp. 1–2). They further find that areas with greater Ebola incidences had a legacy of civil violence even three years after the end of the outbreak, largely committed by civilians against institutional authorities but with limited violence against other citizens. This included threats and attacks on domestic and foreign health-care workers, state officials, aid workers, journalists, and politicians; attacks and looting of health-care facilities; road blockages; rock throwing; attacks on health clinics; and, in one terrible case, the massacre of eight people (Cohn & Kutalek, 2016). However, Gonzalez-Torres and Esposito (2016) find no evidence of scapegoating or violence against minorities, or of ethnically or partisan-driven violence, during the Ebola outbreaks in West Africa.

COVID-19 is predicted to double global acute food insecurity, which was already at a high in 2019, and multiple countries have already experienced riots over food insecurity and distribution (WFP, 2020c; WFP, 2020a; Pavlik, 2020b). The COVID-19 crisis has compounded other food insecurity inducing factors, including conflict, insecurity, weather extremes, economic

shocks, and natural hazards (e.g., locusts) (WFP & FAO, 2020). This poses specific contextual risks; for example, in Ethiopia and Somalia these compound crises are identified as increasing the risk of exacerbating inter-communal conflicts over resources and atypical migrations in areas with existing tensions (WFP & FAO, 2020). Food insecurity could also spur broader migration pressures that could be a potential source of conflict, though this is speculation at this point (World Bank, 2020c).

The broader literature finds that increases in food insecurity[73] and consumer prices for essential goods can be motivations and threat multipliers for protests – especially urban unrest and rebellion, and conflict can also be a major driver of food insecurity, exacerbated further by poverty (Hendrix & Brinkman, 2013; de Waal, 2020a; Marks, 2016). Research suggests that state responses to food insecurity may be particularly contentious when these are politicised or corrupt and in countries with large "horizontal inequalities"[74] across regions (Hendrix & Brinkman, 2013). These relationships are complex, however, as *acute* food insecurity can also reduce conflict behaviour by reducing the capacity of militants to fight, or by limiting political participation as attention focuses on survival (Hendrix & Brinkman, 2013). There is a large literature that explores the multiple relationships between poverty, inequality, and conflict (summarised by Marks, 2016), but there is urgent need for research on the impact of COVID-19 on food security, particularly in areas where unrest related to the disease is already a concern. This research should include an explicit conflict and governance focus in order to ensure it can inform more conflict-sensitive food security responses.

Research suggests that levels of anti-government sentiment should be monitored in regard to political instability; for example, a data tracker by Carnegie finds that since 2017 about 100 significant anti-government protests occurred, with about 30 governments or leaders falling from power as a result.[75] Based on analysis of five cholera waves in the 19th century, Censolo and Morelli (2020) found more rebellions post-epidemic than before and argue that epidemics are incubators of more serious social disorders to come. They argue that during an epidemic, epidemic-related unrest crowds out other concerns, but post-epidemic "we should expect the unresolved pre-epidemic grievances to resume even stronger, boosted also by the incremental social grievances related to the epidemic period" (Censolo & Morelli, 2020, p. 1). The warning from risk analysts Hribernik and Campbell (2020) is stark, describing the 2020s as set to become "the decade of upheaval" with protests swelled with "millions of newly unemployed, underpaid and underfed citizens, posing a risk to domestic stability with few parallels in recent decades". Throughout the literature there are widespread warnings that mass protests may increase post-COVID-19 in various forms, even where public health responses have been adequate or cases have been low, due to economic scarcity and resource competition (UNDESA, 2020a; Inks & Lichtenheld, 2020). More research is needed on this area, looking at both the short-term and longer-term impacts of COVID-19. While political analysts may have overestimated the initial impact on politics, it is very possible that the slower, systemic knock-on

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[73] As Hendrix and Brinkman (2013) explain, citing FAO (1996), "*chronic* food insecurity is a persistent lack of 'sufficient, safe, nutritious food to maintain a healthy and active life,' and is generally caused by extreme poverty", while "*acute* food insecurity refers to temporary gaps in access to food, and can result from a variety of factors ranging from high prices to disruptions in delivery systems, recessions, natural disasters and extreme weather events, political turmoil, and violent conflict" (emphasis in original).

[74] Horizontal inequalities are inequalities between groups, whereas vertical inequalities are those between individuals (Stewart, 2015).

[75] Accessed on 29 September 2020. The Gobal Protest Tracker is based on data from news sources in the English language. The word *significant* is explained in terms of "political importance: the impact of a protest on a country's political life".

effects are underestimated, with the belief that a vaccine will allow a return to normal. This all highlights the need for better analysis and preventative policy action.

4.4 Armed conflict, social cohesion, and armed actors

There is limited evidence and data on whether COVID-19 is shaping the incidences of armed conflict, and a cautious approach should be taken in making claims at this stage, despite many blogs and some papers urging otherwise. As of now, many papers and blogs on COVID-19 and armed conflict base analysis on theories, forecasts, assumptions, correlations, or perceptions. It is important not to minimise the risks – as we said earlier, epidemics are widely considered to be "threat multipliers" that can potentially amplify existing conflict drivers (Inks & Lichtenheld, 2020, p. 1; World Bank, 2020f); however, it is also important to emphasise that at this stage of the pandemic, there is limited evidence so far of the effects of COVID-19 on armed conflict.

While some papers warn of global increases in political violence and of armed groups capitalising on the COVID-19 crisis (e.g., Mustasilta, 2020), these statements do not appear to be yet borne out in the data, and it is generally not clear whether these events are indeed caused or exacerbated by COVID-19 or are just happening at the same time. There is a heavy reliance on ACLED data in particular (which we too have drawn on in this paper), but this means they share ACLED's weaknesses as well as strengths. Desmidt and Neat (2020) reflect on a divide in the literature between alarmist voices warning of armed groups expanding their influence while military forces retract, and more sceptical voices urging caution due to the limited evidence on the direct relationship between COVID-19 and armed conflict to date. They aptly "call for a cautious pair of eyes that avoids being blindsided by the 'headline' impact of the COVID-19 crisis on conflicts, and weighs the impact of this crisis on deeper, longer-term causes and drivers of conflicts and inequality, in particular gender inequality" (Desmidt & Neat, 2020, p. 1).

Other research and analysis are better evidenced but often make context-specific observations that are not particularly generalisable; even in these sources the impacts observed are often more uncertain in reality than presented. Ultimately, as situations vary substantially across contexts, analysis is more usefully directed at the local level rather than at the global level. Because the situation on the ground in contexts affected by conflict is changing all the time, we try to avoid drawing conclusions that are unlikely to stand the test of time.

There are some attempts in the literature to separate out the impacts that are directly linked to COVID-19 responses, those which have been exacerbated by the pandemic, and those which may just be happening at the same time. Health needs and provision can become targets during armed conflict, as is exemplified by the 2013 Syrian polio outbreak, where the Syrian and Russian bombings of hospitals and health facilities in the city of Aleppo were clearly aimed at increasing suffering and casualties (Wise & Barry, 2017). President Assad's regime is also accused of hesitating to confirm early reports of the polio outbreak, and of impeding the arrival of vaccines and health workers, as the initial outbreaks occurred in opposition-held areas (Wise & Barry, 2017). However, with regard to explosions/remote violence, for example, Pavlik (2020b) explains that a global reduction in explosions/remote violence seen during the period of November 2019–June 2020 is largely shaped by changing events in the Middle East as the result of pre-pandemic negotiations, ceasefires, and non-COVID-19-related shifts in the battlespace in countries with high levels of violence like Syria and Afghanistan, though this is not really explained (see also Figure 8). Mehrl and Thurner (2020) look at ACLED's battle event data, comparing this with the Oxford COVID-19 Government Response Tracker and

factoring in contextual data on the spread of COVID-19 cases and lockdown policies. While their data cover January 2018 through April 2020, they use a difference-in-difference modelling framework to try to allow them to estimate causal effects of COVID-19 responses on armed conflict while taking out other factors that are either "(1) non-country specific and highly time-varying over weeks or (2) country-specific but either time-invariant or relatively slow-moving, that is, varying over years" (Mehrl & Thurner, 2020, p. 4). They find that COVID-19 has had no effect on levels of armed conflict at the global level; however, at the regional level they find differences. Their analysis suggests that government lockdowns have increased battle events in the Middle East by an estimated 20 battle events per week, for example, while battle events have decreased in Southeast Asia, Europe, and the Caucasus during the same time period (Mehrl & Thurner, 2020). They do not really explain why this is, and the fact that the data end in April 2020 is a concern in terms of whether or not these findings still hold, which means that their policy recommendations should be approached with caution at this stage.

Ide (2020, p. 11) combines ACLED data from January to April 2020 with contextual analysis and finds that COVID-19 had differential impacts on the nine countries studied – Afghanistan, Colombia, India, Iraq, Libya, Pakistan, the Philippines, Thailand, and Yemen. Five of the nine countries saw increased incidences of armed conflict after March, in part due to conflict parties exploiting "either state weakness or a lack of (international) attention related to COVID-19", while three of the nine countries saw temporary decreases in armed conflict, "mostly due to strategic decisions by armed groups to account for [COVID-19-related] impeded logistics and increase their popular support" (Ide, 2020, p. 11). However, the basis for this analysis is unclear; while the author describes the analysis as drawing on "existing theoretical and empirical evidence", this is thin in the paper.

Ultimately, plotting the number of conflict events in aggregated form, across highly different contexts, and over arbitrary periods of time is simplistic and can lead to different patterns and conclusions depending on the variables, period of time, and scales used. As an example, while Figure 7 shows the global incidence of battles to have remained fairly constant from Q3 2018 to Q3 2020, analysis of just battles on its own by Pavlik (2020b) finds the global number of battles to have decreased during COVID-19. More importantly, just comparing before and after data is unlikely to allow researchers to take into account other changes in the context, nor is it likely to indicate whether events are caused or exacerbated by COVID-19, or just happening at the same time. Because of the fluid nature of many, if not all, conflict contexts, research completed using data stopping at one point in time in the pandemic may not hold for long, even with expedited peer-review processes in place. More caveats in the research are surely warranted, and we see this most acutely in research on conflict and violence.

We also see this in the general literature on links between conflict and epidemics/pandemics, which is quite limited, largely focusing on how conflict contributes to increasing the *prevalence* of diseases through accelerating spread and prolonging outbreaks, with long-lasting effects. Research suggests that conflict does this by increasing a population's vulnerability to disease and by undermining both health infrastructure and budgets. This includes, for example, research on cholera outbreaks in Yemen, Iraq, and Syria, and wild poliovirus outbreaks in Syria, among others (Flecknoe et al., 2018; Raad et al., 2018). This evidence is not conclusive, however. With regard to the transmission of HIV in conflict areas, for example, UNDP (2020c, p. 19) highlights evidence of lower levels of transmission during conflict, perhaps due to fewer social interactions and gatherings. Transmissions then increased in the post-conflict context as people begin to move more while health infrastructure remained weak and damaged (UNDP, 2020c). Conversely, Iqbal and Zorn (2010, p. 150) posit that conflict increases the prevalence of HIV/AIDS by increasing "the likelihood that uninfected populations

will come into contact with infected ones" and raising the "probability that HIV-transmitting events will occur". In addition to demonstrating the inconclusiveness of some of the evidence, this also shows why the specificity of how diseases are transmitted needs to be considered when trying to draw conclusions applicable to COVID-19. It is widely assumed that for conflict-affected contexts, continuing armed conflict is likely to spread COVID-19, to undermine its treatment, and to be a barrier in halting it (Mehrl & Thurner, 2020).

The existing literature base on whether or not epidemics/pandemics *cause* conflict is very limited and generally lacks consensus (Sisk, 2020). A non-peer-reviewed article finds that Ebola outbreaks in West Africa increased civil unrest in the form of riots and protests but did "not appear to trigger underlying tensions related to the civil war", with "no differential effects in places that experienced higher violence" during previous wars (Gonzalez-Torres & Esposito, 2016). Conversely, Cervellati et al. (2017) find that high malaria risk for adults directly increases the likelihood of civil violence[76] in Africa due to it shaping the opportunity cost of violence. They also find "suggestive evidence" that the implementation of antimalarial policies led to a reduction in the incidences of civil violence, but only in areas where there was greater risk of malaria infection. Despite a number of robustness checks, however, the analysis is not compelling. Implementation of successful antimalarial policies, for examples, requires an effective state, something not discussed in the analysis, and there is a "chicken and egg" element in the discussion on ethnic tensions, where "highly malarial areas are characterised by larger ethnic diversity, which could in turn affect civil conflicts" (Cervellati et al., 2017, p. 429). While tackling malaria is a good thing in itself, it is not clear from Cervellati et al.'s (2017) analysis if that would have an impact on ethnic tensions – in other words, is the conflict caused by the malaria, the ethnic diversity, or a combination of the two? What the authors do not factor in is the possibility that *weak states* may allow malaria to continue to affect high numbers of the population and this same state weakness may be a factor in conflict.

This lack of consensus and complexity highlights the relevance of approaching these subjects as complex systems, rather than mono-causal or causal issues. The question for future research and conflict strategies is how to better understand these systems and contexts. This could help to avoid a tendency to overclaim in some of the policy-oriented literature in particular, where conclusions suggest greater consensus than currently exist (e.g., "research from past pandemics, like HIV/AIDS and Ebola, makes clear that exposure to infectious disease increases the risk of armed conflict" (Inks & Lichtenheld, 2020, p. 1).

The link between state capacity, disease, and conflict is likely to be an important area for research on COVID-19 and its impact on conflict going forward. Research by Gonzalez-Torres and Esposito (2016), for example, on the Ebola outbreaks in West Africa, suggest that coercive measures taken to tackle the disease and the increased demand for (often scarce) public goods helped to drive increases in civil violence against authorities early on in the outbreak (as defined as protests and riots, not armed conflict). However, they argue that whether or not authorities are "perceived as threats and ultimately lead to civil conflict depends on beliefs, trust in institutions" and sufficient resources and coordination for the response. In the Ebola case, they find that effective community responses were important for (re)building trust (Gonzalez-Torres & Esposito, 2016, p. 2–3).

The literature widely identifies the need for conflict-sensitive analysis to ensure that COVID-19 responses, and programme adaptions within the context of COVID-19, do not

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[76] By "civil violence" they include data on civil wars, conflicts for the control of government, and individual violence in terms of homicides (Cervellati et al., 2017).

(further) undermine social tensions and do not miss opportunities to positively address conflict dynamics (Saferworld, 2020; Robillard et al., 2020, p. 1; World Bank, 2020f).[77] An example of this comes from the Asia Foundation (2020) which looks at how Iraq's closing of formal border crossings with Syria and Iran inadvertently empowered some Iranian-allied NSAGs. Closing the formal borders activated *informal* border crossings and routes used by militias and smuggling networks (Asia Foundation, 2020). The Asia Foundation (2020) emphasises how its research shows the need for international relief efforts in fragile and conflict-affected situations (FCAS) to go beyond the state, reaching out to border communities and local authorities that may lie beyond the reach of the central state in order to assess risks and design responses in a more conflict-sensitive way. Future research could further develop what more conflict-sensitive public health responses to epidemics/pandemics look like, and how public health responses can contribute to prevention and stability in a more deliberate way, given that conflict and instability have been shown to undermine health and that the health and peacebuilding sector is underdeveloped.

4.4.1 Social cohesion

There is emerging analysis that warns that COVID-19 is exacerbating already existing fractures in social cohesion[78] in FCAS, with worrying implications for stability and peace. In terms of interpersonal and intergroup social cohesion ("horizontal" social cohesion), for example, a Mercy Corps paper draws on six months of staff survey responses (April–September 2020), which find 22 country teams reporting COVID-19 as contributing to deteriorating relationships between local groups, while four countries reported an improvement in social cohesion (Inks & Lichtenheld, 2020).

COVID-19-related stigmatisation and scapegoating are widely reported across the world; this can undermine social cohesion, particularly in societies already divided along identity, political, or generational lines (Inks & Lichtenheld, 2020), or in societies with tensions over access to resources and power (Swain, 2020; see also section 2.3 on page 24). In Nigeria, for example, research for Mercy Corps found that COVID-19 restrictions on movement have compounded already existing tensions between herders and farmers over land and water (Inks & Lichtenheld, 2020, p. 3). With semi-nomadic herders unable to move as normal, violence has been justified with the argument that "people are here to spread COVID-19" (Inks & Lichtenheld, 2020, p. 3). In Iraq, a survey by UNDP in four regions found that a large majority of respondents feel less connected to their community than before COVID-19 (cited in UNDP, 2020d, p. 24). There are signs that increasing pressures on services and the economy may further aggravate existing societal tensions, as is a perception that international support is unfairly focusing on some areas (e.g., Anbar, Mosul, and Nineveh) but not others (e.g., Kirkuk and Diyala). Ignoring or being unaware of pre-existing social tensions is likely to lead to COVID-19 responses having direct negative impacts on social cohesion in contexts where tensions were already high (UNDP, 2020d, p. 24).

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[77] See the Saferworld (2020) briefing for practical guidance on how to take a conflict-sensitive approach in COVID-19 responses.

[78] Social cohesion can be understood as having "horizontal and vertical dimensions. The horizontal dimension describes the trust, relationships and interactions among people in a society across divisions such as identity or other social constructs, including race or class. Vertical cohesion entails trust between a government and society. This includes trust in political, economic or social leaders, institutions and processes such as elections, access to justice, taxation, budgeting and the delivery of public services" (UNDP, 2020d, p. 4).

The evidence from Iraq, however, suggests a more mixed effect than this on social and sectarian tensions so far, and this raises an important point about data and evidence. On the one hand, an online perception survey of 900 people in the Kurdistan Region-Iraq (KRI) in April 2020, found that COVID-19 "has fostered social cohesion in the KRI", with 76% of respondents saying that COVID-19 had fostered social cohesion at some level, and only 9% saying it did not foster it at all (Beaujouan et al., 2020, pp.1, 22). UNDP (2020d) identifies some signs that the common challenge of the pandemic may be providing a common cause and narrative to unite the population which could play out in a similar way to the unity formed around Iraq's response to the Islamic State in the Levant (ISIL). Given a lack of nationally representative data, using non-nationally representative survey data in order to make national-level claims is problematic, and lack of high-quality nationally representative data is a common challenge in conflict-affected environments even without the compounding challenge of a pandemic. This means that it is especially important to consider the quality and scope of underpinning data when looking at claims around social cohesion, particularly when findings are mixed, and ensuring this is combined with high-quality contextual, qualitative analysis.

Whether social cohesion challenges currently being observed will lead to or increase armed conflict remains to be seen, but there are examples of where COVID-19 may be increasing conflict risks in areas where pre-existing conflict dynamics were already challenging. For example, Mali's military coup in August was precipitated by protests against the president, including concerns about his approach to managing the COVID-19 pandemic, with some people believing the government was exaggerating its prevalence to increase international funding, according to Mercy Corps (2020a, p. 4). In Iraq, UNDP (2020d, p. 4) reports that COVID-19 has added another stressor on top of Iraq's deeply rooted political, economic, social, and security challenges, coming "at a time when public trust in the Government was low, the economy was weakened through reductions in revenues from oil sales, protests across the country were a regular occurrence and violent extremist attacks were resurging".

There are warnings emerging in some analyses that COVID-19 is further eroding state–citizen relations ("vertical" social cohesion). Where relations are already fragile, "COVID-19 is seen by local populations as an opportunity for corruption, incompetence, and exclusive or repressive behaviour by governments", in particular where states are unable to effectively respond to the crisis (Inks & Lichtenheld, 2020, p. 3; World Bank, 2020f). Security actors may also need to assume extra responsibilities to protect health personnel and activities from directed attacks. Wise and Barry (2017, p. 82) warn that for countries engaged in civil wars, including those that involve regional or global powers, the ad hoc nature of health interventions that involve military protection "could play into complex geopolitical agendas and potentially trigger unpredictable and destabilising military confrontations".

With the police and military assuming new responsibilities under COVID-19 in many countries, this brings particular risks to FCAS where security, oversight, and justice mechanisms may be weak. As seen in section 2.6 (page 33), there have been many examples of heavy-handed security responses to protests and in enforcing lockdown policies. Approaches seen to be overly coercive, or unfair, "may exacerbate existing, or create new, societal fault lines (based on identity, political allegiance, or regional disparities). Government responses could result in a lasting legacy, creating new cycles of repression and leading to higher levels of unrest and violence" (World Bank, 2020f, p. 10).

Existing research on service provision and state legitimacy in FCAS shows that it is the "dynamics of *how* services are provided that shapes whether they are capable of delivering legitimating effects (or rather, indications of legitimating effects via changes in

beliefs and perceptions)" (Nixon & Mallett, 2017, p. vi). While the technical capacity of service provision is important, so too are the expectations, narratives, and norms around them, particularly around issues of (un)fairness, corruption, exclusion, accountability, and participation (Nixon & Mallett, 2017; Mcloughlin, 2015). As Mcloughlin (2018, p. 528) explains, in societies with already existing conflict or societal fault lines, services can become lucrative political commodities for elites, and the perception of unfair provision can provoke backlashes amongst excluded groups.

All of this points to the need for researchers to continue to build our understanding of how COVID-19 is impacting state–society relations and social cohesion, but there are also potential important lessons here for COVID-19 vaccines as well. Existing research from the Secure Livelihoods Research Consortium (SLRC) over almost ten years shows how the *salience* of services is particularly important for state legitimacy, and that "meta-narratives" – which tend to be about "disputed distribution arrangements, particularly between elite groups and excluded groups" (McCullough et al., 2020, p. iv) – can delegitimise an authority. This is important to bear in mind with regard to the already challenging enough distribution of COVID-19 vaccines in FCAS (Grundy & Biggs, 2018), or elsewhere, as it is hard to imagine a more rapidly salient service than the distribution of the COVID-19 vaccines at a time when meta-narratives around COVID-19 are being shaped, at least in part, by disinformation/misinformation. We need better/more evidence on social cohesion – some of the most important pre-COVID-19 "cracks in the system" – to help prevent the emergence of (more) violence and conflict as time goes on. In the short term, though, if these lessons are not taken into account in the technical design of vaccine interventions, COVID-19 vaccines risk becoming a fulcrum for further erosion of social cohesion.
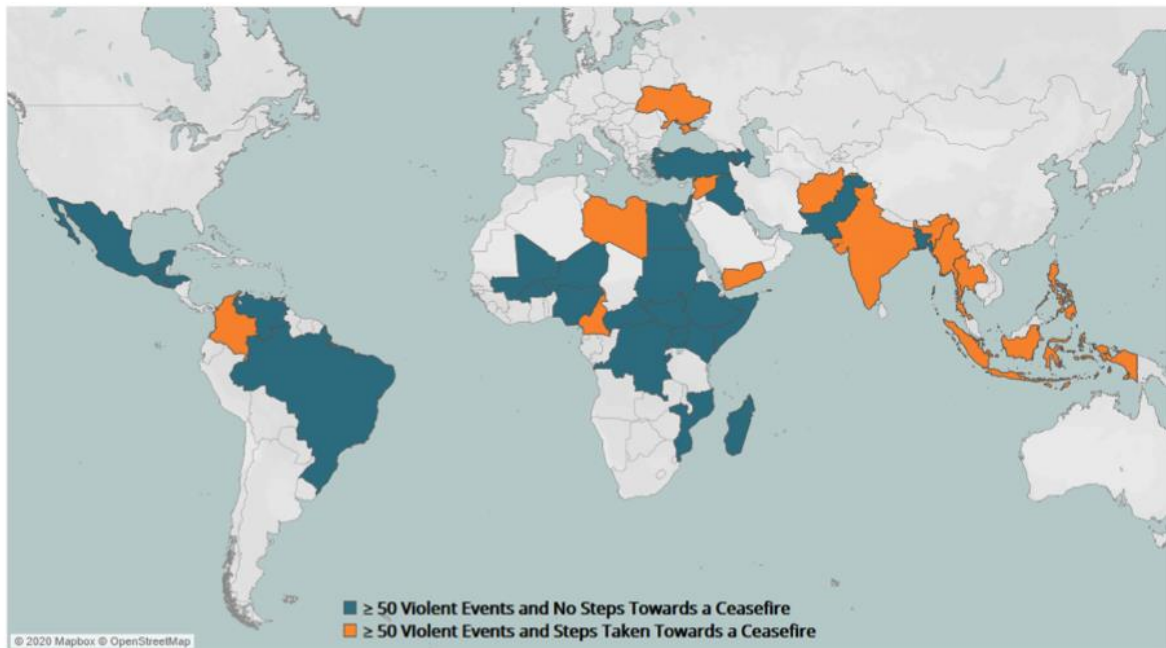
4.4.2 Armed actors and peace processes

In March 2020, UN Secretary-General António Guterres launched a rallying call for a global ceasefire to face "a common enemy: COVID-19" (UN, 2020b). The initial response was hopeful, with the UN estimating that conflict parties in 11 countries (out of a potential 43) responded positively (Global Ceasefire, 2020; Miller, 2020).[79] Three examples of ceasefires that were initially agreed as a result include:

- Yemen – Following an escalation of fighting, the Saudi-led coalition announced a two-week unilateral ceasefire with the Houthis (Global Ceasefire, 2020).[80]

- Sudan – A unilateral ceasefire by the government and most of the armed movements was declared from 1 April until 30 May (*Sudan Tribune*, 2020; Global Ceasefire, 2020).

- Syria – Turkey and Russia agreed to a ceasefire in Syria's Idlib province on 5 March to avoid a major escalation in the conflict and a humanitarian crisis (BBC, 2020a; Global Ceasefire, 2020).

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[79] See #GlobalCeasfire list of ceasefires declared since COVID-19 started.

[80] See also *Statement by the Secretary-General – on Yemen*, 8 April 2020.

Figure 14: ACLED data on responses to the call for a global ceasefire in May
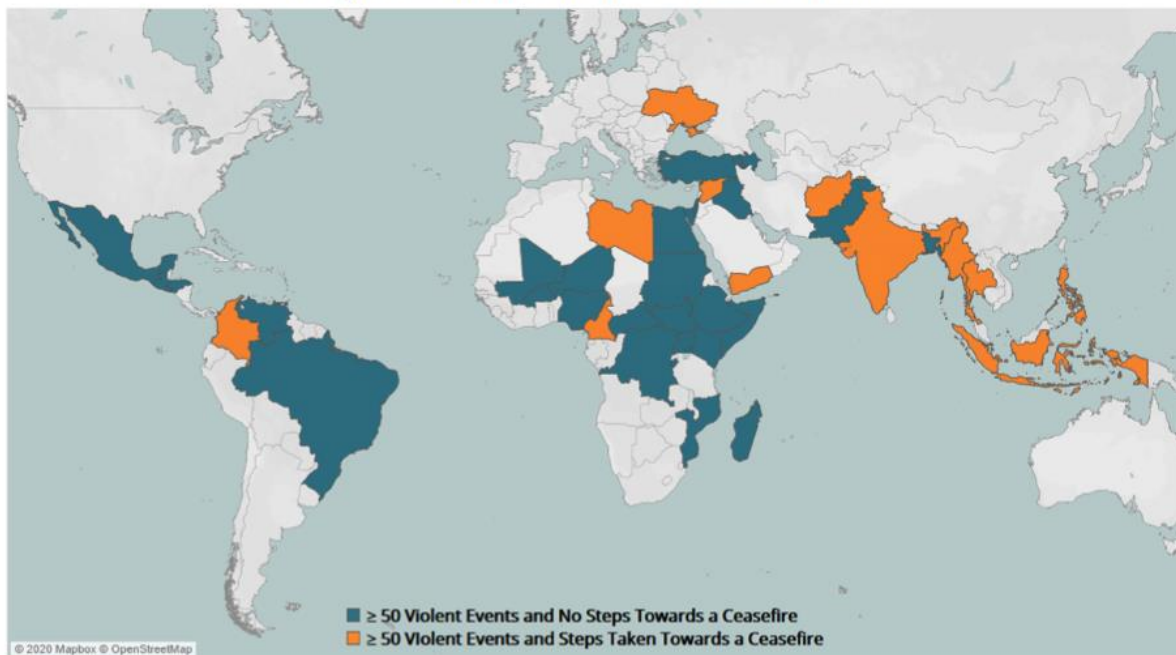
2020

Source: Miller, 2020.[81]

Yet the call is now widely viewed as having "lost momentum" (Gowan, 2020) with only "limited success" since the ceasefires have not been extended (Bell et al., 2020). Analysis from ACLED finds that what may have initially appeared to be support for the initiative has not materialised into concrete actions. This may be, for example, where there were often "alternative

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[81] From "Call unanswered: A review of responses to the UN appeal for a global ceasefire", by A. Miller, 2020. © 2020 Armed Conflict Location & Event Data Project (ACLED). Reprinted under the following terms: ACLED Terms of Use & Attribution Policy.

explanation[s] for the decrease" of reductions in violence, such as observable reductions reflecting pre-existing trends in declining violence, such as in Afghanistan and Cameroon, or where the Secretary-General's call received a positive initial response from conflict parties that was not followed by any decline in action or where conflict actually increased, such as in Libya and the Philippines (Miller, 2020). Gowan (2020) highlights four reasons for a disappointing response to the Secretary-General's call:

1. In cases where one party expressed desire for a ceasefire, this was not matched by other party(ies);

2. There was a lack of ceasefire architecture with which to implement a ceasefire, such as clear terms and a security guarantee, that can only emerge through negotiations where such architecture is agreed;

3. There has been a lower than initially anticipated death toll from COVID-19 in FCAS and, while this is obviously a good thing overall, it means that conflict incentives were not substantially shifted; and

4. The UNSC's own dysfunction where USA–China wrangling over wording paralysed it from being able to agree a resolution to endorse the idea and to then increase political credibility and momentum.

Strained USA–China relations concerning COVID-19 and other issues could continue to make it harder for the UNSC to agree on new peacekeeping operations or to significantly change existing mandates (Gowan & Andersen, 2020, p. 4). The election of US President Joseph Biden is likely to change this dynamic, though how is not yet clear, not in the least because this is only one issue among many for the new US administration and China to work through, with this unlikely to be a top priority.

International security actors, including the UN, have faced stigmatisation and distrust around COVID-19. In Central African Republic, for example, there are reports of COVID-19 being called the "MINUSCA virus",[82] while Al-Shabaab has accused African Union peacekeepers, backed by the UN, of bringing COVID-19 into Somalia (Bell et al., 2020; Gowan & Andersen, 2020). This is not an irrational fear, given the risk of contagion through international movement as was seen with the 2010 cholera epidemic in Haiti that was introduced by Nepali peacekeeping forces (Gowan & Andersen, 2020).

Overall, the analysis so far is largely pessimistic about the impact of COVID-19 on national peacemaking and existing peace processes, as Bell et al. (2020) found through an expert survey in 21 countries. Their findings show that while COVID-19 is not causing conflict, evidence so far suggests that it is exacerbating existing conflict fault lines and threats to peace processes, at least in some places. This is due to things like reduced conflict oversight and the diversion of attention to COVID-19-related issues; worsening economic conditions putting donor funds under threat; military withdrawal in some areas; and strategic "gaming" for conflict-related purposes (Bell et al., 2020). They find, for example, that reduced conflict oversight during the pandemic provided opportunities for armed groups to increase violence in the DRC, Kenya, Libya, South Sudan, and Yemen, and while some peace talks have moved online, such as in Sudan and Myanmar, progress has been limited by the lack of personal interaction required for

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[82] MINUSCA is the acronym for the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic.

successful negotiation and mediation processes (Bell et al., 2020). As de Coning (2020) explains, "Negotiation over the phone can only take you so far. One of the great assets of field staff has been that they can get into a car, drive to a location, track down an important interlocutor and obtain important information, share the UN's position or come to an agreement with them on what actions will be taken to, for instance, protect civilians."

In addition, the UN's conflict prevention activities have been reduced as the UN suspended troop rotations in its peace operations from April until June, minimising interactions with local populations and reducing military patrolling across many missions (Gowan & Andersen, 2020). Inks and Lichtenheld (2020, p. 7) warn governments and donors that "diverting interest and investment away from conflict would amount to a missed opportunity, and potentially allow violence entrepreneurs to fill power vacuums, extremism to gain greater currency, and root drivers of conflict to take a firmer hold in more communities" in the current context.

Many of these challenges can be seen in Iraq, for example, where COVID-19 has become "yet another distraction" in resolving its disputed internal boundaries and questions around the future relationship between the Kurdish Regional Government and the Federal Government of Iraq (UNDP, 2020d). Iraq's already strained justice system has been further restricted during the COVID-19 pandemic, with many traditional dispute resolution mechanisms and local peace committees unable to convene due to lockdown measures, and with the closure or delay of formal courts and legal proceedings (UNDP, 2020d). This has affected issues including return, reintegration, and social cohesion (UNDP, 2020d). Many local peace committees have instead refocused their activities to support their communities by providing food, hygiene, basic PPE, and outreach to the most vulnerable (UNDP, 2020d).

There are widespread warnings, and some illustrative examples, of state and non-state armed actors taking advantage of the COVID-19 crisis to pursue their interests, and expand their operations and popularity, yet evidence of the impacts of these activities is limited (e.g., Inks & Lichtenheld, 2020; World Bank, 2020f). The Asia Foundation (2020) highlights examples of how COVID-19-related emergency border restrictions have been co-opted along contested borderlands into cross-border conflict regimes. For example, Turkey has "tightened controls on the Syrian border, including territory in the northeast, that isolated the Kurdish-led Syrian Democratic Forces (SDF), which Ankara opposes" (Asia Foundation, 2020, p. 2), while ISIS has "stepped up its operations in western Iraq near the Iraqi–Syrian border, as large numbers of security forces were redeployed to the inner cities to enforce the partial lockdown" (Asia Foundation, 2020).

COVID-19-related troop withdrawal may have opened up opportunities for increased rebel activity in various locations (Mehrl & Thurner, 2020). In Iraq, UNDP (2020d) identifies that some communities have started to look favourably on armed groups and security actors that have supported them during COVID-19 in ensuring lockdown measures and assisting with health-care facilities, while several jihadist groups – including ISIS, the Taliban, and al-Qaeda affiliates – have provided official responses to COVID-19 (Phillips, 2020). A survey of 100 security practitioners, predominately from the Indo-Pacific region, found that terrorists appear to have made limited practical gains so far from their COVID-19 activities: 51% of the survey's respondents disagreed or strongly disagreed that terrorists' COVID-19-related propaganda had increased radicalisation/recruitment; 68% disagreed or strongly disagreed that terrorists had been able to raise more funds than usual; and 78% disagreed or strongly disagreed that terrorists have been able to conduct more attacks than usual (Mullins, 2020).

In Colombia, murders of social leaders and vulnerable people were twice as high in 2020 as they were in 2019, and while this trend started pre-pandemic, a number of COVID-19-related factors may play a role in this (Castro et al., 2020). Analysis highlights how the pandemic has absorbed all the time, debate, and resources of both the state and human rights NGOs, pushing Colombia's vast structural challenges – like systematic violence in rural areas, protecting social leaders, and implementing the 2016 peace agreement – into the background (Castro et al., 2020). The same authors suggest that the increase in violence may be linked to COVID-19 providing opportunities for NSAGs to consolidate their territorial control through enforcing lockdowns and curfews, while many social leaders have been locked down without bodyguards or other forms of protection (Castro et al., 2020).

Shared health challenges and other crises can also become issues that foster solidarity and cooperation, as is suggested in various literature on health diplomacy, environmental conflict, and environmental peacebuilding (Ide, 2020). The Asia Foundation (2020), for example, highlights how the 2004 Indian Ocean tsunami helped to fast-track peace talks between the Free Aceh Movement and the Indonesian government after 30 years of conflict. The Asia Foundation (2020, p. 4) concludes: "One potentially positive impact of COVID-19, then, is the opportunity to engage with other groups who wish to present themselves as legitimate agents of governance capable of doing the right thing for local populations".

The role of local peacebuilders during the COVID-19 crises is emerging as an important gap in the evidence base, with a range of often anecdotal evidence emerging, but this consistently suggests that the international community needs to take local peacebuilding more seriously and to offer greater support. Jobbing (2020, emphasis in original) argues:

> What if I told you that we need peacebuilding now more than ever – that to stop the spread of the virus, we need trust, information, and collaboration? **Peacebuilders aren't the side dish. We're the delivery service.** We lay the foundation so that information, resources, and services can reach their intended destination.

He provides a number of examples where local peacebuilders have provided important on-the-ground support for epidemic responses, such as the Ebola crises in Sierra Leone and the DRC, or by helping to set up "local networks of credible messengers" to combat misinformation and disinformation (Jobbing, 2020). This aligns with the analysis in sections 2 and 3, such as what we have learned from successful responses to previous epidemics/pandemics (section 2.1 on page 15 and section 3 on page 39) and what we are learning about the importance of trust for successful interventions overall and for combating disinformation campaigns (section 2.2 on page 20). Local peacebuilders may also be key to any COVID-19 vaccine roll-out in FCAS, and this is a clear gap for researchers and for policymakers to consider.

4.5 Criminal violence and organised crime

Violence linked to organised crime was a significant problem prior to the COVID-19 pandemic, something that is perhaps underestimated in development literature and policy. According to the UNODC (2019, p. 12):

> Criminal activity causes many more deaths than conflicts and terrorism combined… It is estimated that an average of roughly 65,000 killings every year were related to organized crime and gangs over the period 2000–2017, and that up to 19 per cent of all homicides recorded globally in 2017 were related to organized crime and gangs.

However, in early stages of the pandemic, and the global lockdown in particular, an initial decline in violence related to organised crime was dramatic. In El Salvador, for example, killings went from 600 a day to two a day, while at the start of lockdown in South Africa serious assaults dropped from 2,673 to 456 in the same week of the previous year (Daziom et al., 2020).

An initial drop in violence in many places due to lockdown and travel restrictions was short-lived. While it is too early to see cross-national comparative data on this, there does seem to be some agreement across analysis agreement for why violence may be increasing. Partly, analysis suggests this is due to existing weak state capacity in terms of law enforcement, as well as growing gang rivalry over shrinking markets. Looking at evidence in Mexico, for example, Jones and Hale (2020) argue that supply chain problems are likely to lead to violent competition over territory and markets for larger organised crime groups while smaller ones might expand "predatory activities" such as kidnapping and extortion. Muggah (2020) explains,

Physical distancing, curfews, and shelter-in-place orders are not deterring drug cartels, gangs, and militias. To the contrary, a combination of police shortages and supply and demand shocks in the drug market are triggering fresh waves of violence, especially in Brazil, Colombia, and Mexico, where criminal groups are fighting over a diminishing pie. The deterioration in security also appears to be compounded by the early release of inmates from the region's notoriously violent prisons – some of whom are already settling old scores.

Initial stories about OCGs pointed to evidence that gangs were providing much needed security and services to vulnerable communities under lockdown. Though research shows a very mixed picture overall, some analysis pointed to the possible emergence of what Rodgers (2020) calls "gang governance":

Governance is often associated with notions of technical efficiency but at its most basic, the notion relates to the act of governing, which in turn is fundamentally concerned with the imposition of a sense of order and regularity onto a given social reality, context, or process. Governance is obviously generally associated with states and their particular modes of action or regimes, but there is no reason why other institutions cannot play the same role, including gangs.

Rodgers and Jenson (2020) are leading a large research project looking at the issue of "gang altruism" in Managua, Nicaragua and Cape Town, South Africa, drawing on mobile phone surveys and communication with key respondents, due to COVID-19 restrictions. In common with others, their research suggests that the crisis has created opportunities and restrictions for drugs gangs. Despite the lack of a formal lockdown in Nicaragua, for example, the economy quickly collapsed as people were too scared to go out. Rodgers and Jenson (2020) quote a text message they received from a street-level drug dealer: "'This country is fucked. People don't have any money, so they don't come to buy [drugs] anymore'". Rather than reducing violence, however, they found that gangs started to call in debts to make up for their loss of income; but because of concerns about transmission of the disease, they used guns rather than risk contamination from the physical violence (e.g., beatings) they would normally use.

In Brazil, Briso and Phillips (2020) reported the ways in which gangs imposed strict curfews on favelas to stop spread of the virus, particularly in the face of inaction by the state. Stories like this emerged from all over the world, and while this was widely reported in early stages of the pandemic, further evidence suggested this was more sporadic and less widespread than originally believed, with CSOs much more likely to provide ongoing, consistent

support to vulnerable communities. However, it is too early to draw any firm conclusions with recent research on drug cartels in Mexico and Colombia suggesting gangs may be co-opting civil society to build their own legitimacy (Tamayo Gomez, 2020).

Muggah (2020) suggests that crime groups exercise "soft power" by enforcing lockdowns and providing basic services and goods like toilet paper and perishable food to sheltering people. Shaw and Reitano (2020) also look at the ways in which organised crime may use the crisis to "to expand its impact, and build its legitimacy and reach with communities and governments alike". They look at a number of examples for what this looks like in communities: Yakuza gangs acting as first responders during earthquakes and tsunamis in Japan; the Jalisco drug cartel distributing hurricane aid in Mexico; and al-Shabaab providing food assistance in Somalia. They warn, however, against the temptation to partner with criminal groups as a way to deliver services during the pandemic: "It should be said out loud that these are people who are widely known, but often untouchable. At a time when the political economy is shifting rapidly and substantially, [we] urge governments not to join forces with criminals to enforce social policy, despite the reach of their local power".

Saviano (2020) provides insights into the ways in which mafia groups globally are providing COVID-19 aid in order to build support – and a labour base – for after lockdown ends. In addition to the sort of social services reported by others, he identifies a number of ways in which mafia and other gangs provide services to communities by stepping in to "help" businesses at risk of closing in return for shares in these legitimate businesses. Comparing the current crisis to historical experiences, Muggah (2020) shows how this fits a pattern that goes back decades, and is linked to the ways in which organised crime combine "altruism" with violence to gain control over markets, politics, and communities: "In addition to fuelling rising violence, the pandemic could enhance the social, economic, and political clout of some criminal organizations in the same way that the Italian mafia and Japanese yakuza emerged stronger after the great dislocations of World War II". He goes on to warn, ominously: "They also know that great scarcity is coming, which may increase the risk of violence. The question is whether we are even remotely ready."

Indeed, organised crime's long-standing combination of territorial activity combined with transnational activity enables tremendous adaptability, something that comes through strongly in analysis. Europol (2020, p. 9) tells us: "Organised crime is highly adaptable and has demonstrated the ability to extract long-term gains from crises, such as the end of the cold war or the global economic crisis [of 2007 and 2008]. Criminal enterprises are highly profit-oriented and continue to operate during crises". Scalia (2020) looks at how territorial governance is vital for mafia groups' business model, often alongside global activities. In Italy, COVID-19 limited Cosa Nostra's access to public expenditure, for example, and mafia groups are turning to looting as a way to demonstrate their ongoing control over territory until their usual business lines reopen, despite looting being seen as "underclass" behaviour. In Cape Town, Rodgers and Jenson (2020) found that drug dealing continued to flourish under lockdown because a truce emerged between the main gangs. This meant that their environment for dealing became safer and more predictable, encouraging them to move into markets like cigarettes and alcohol. Kupatadze (2020) reports a number of ways in which criminals are innovating in order to keep supply chains open including, for example, shifting some trafficking of goods from air or road to rail or maritime routes, or by using legal goods to hide illegal ones, such as hiding illegal drugs in shipments of face masks. His research suggests that COVID-19 may prove somewhat damaging in the longer term for Chinese criminals, who currently produce a significant percentage of the world's counterfeit goods, with the potential for illicit supply chains to move to places like Turkey,

Thailand, and India. In reality, though, criminal supply chains are more likely to diversify rather than disperse.

Diversification comes through in research on a number of illicit commodities as well, with potential political as well as economic benefits for organised crime. Martin and Lebert (2020) suggest that artisanal small-scale mining (ASM) is emerging as a key threat, particularly given the complexity of the links between licit and illicit markets. As gold grows as a "safe" investment for the wealthy, and artisanal gold miners previously working legally are forced to move into the shadow economy to survive, their research finds the market attracting NSAGs and political elites, as well as organised crime, all competing for access to buyers and control over new territory/mines. This is already a problem in the Central African Republic, South Sudan, Zimbabwe, and the DRC, among others. Similarly, Felbab-Brown (2020) found that some OCGs that support labour-intensive industries, like poppy cultivation in Afghanistan, are likely to gain political capital in a post-COVID-19 recession because they are able to offer jobs to community members.

Control over territory is not the only way in which organised crime is able to adapt successfully to the presence of COVID-19; its adaptability is also enabled by its typically transnational and diverse business. Post-lockdown, Europol (2020) expects to see levels of organised crime activity return to normal but with new opportunities that the crisis has opened up, especially around things like money-laundering and the ease of use of shell companies to receive large sums of cash that have built up during lockdown; the use of gold (to store wealth and to launder money – see Blore & Hunter, 2020, and Page & Vittori, 2020 for Dubai's increasing role in this); real estate and construction as many countries look to invest in infrastructure to boost their economies (with increased migrant smuggling likely for labour); and the COVID-19 vaccine.[83] Analysis also suggests it will be vital to track shifts in *licit* consumer demand as organised crime tends to track this, as illustrated by the (pre-COVID-19) violent takeover of avocado farms in Mexico by drug traffickers looking for a safer way to make large profits (Rainsford, 2019).

Vulnerable groups and communities provide considerable opportunities for organised crime, and the post-COVID-19 economic crisis is particularly worrying given evidence from previous crises. People finding themselves in poverty are often targeted by organised crime for loan-sharking, extortion, and racketeering. With some International Labour Organization scenarios on post-COVID-19 putting unemployment as high as 50% (including the informal sector),[84] evidence from previous crises suggests that people may turn to OCGs for jobs due to a lack of legal alternatives. They may also be more willing than in the past to buy counterfeit or stolen goods offered at a lower price they can afford (Europol, 2020). Williams-Elegbe (2020) flags the particular risk for small and medium enterprises (SMEs): "The illicit economy and organised criminal syndicates are… positioning themselves to benefit from the crisis. In some instances, crime syndicates have swooped in to 'rescue' vulnerable SMEs with loans, or have been the hidden beneficiaries of rapidly awarded government contracts".

Similarly, vulnerable individuals and groups are finding themselves increasingly targeted by the exponential growth in cybercrime as a result of COVID-19. The World Economic

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[83] In December 2020, INTERPOL issued an urgent warning on the threat from organised crime for the roll-out of the COVID-19 vaccine. This includes, for example: the falsification, theft, and illegal advertising of COVID-19 and flu vaccines; advertising, selling, and administering fake vaccines; weaknesses in the supply chain; and illicit websites selling fake products.

[84] See "ILO: As job losses escalate, nearly half of global workforce at risk of losing livelihoods".

Forum's Global Risks Report (2020) estimates that damages from cybercrime will reach USD 6 trillion in 2021 (p. 63), something that Ditcham (2020) flags as a major concern for policing, at both local and international levels. While a shift towards cybercrime may suggest a potential drop in violence, this would be an optimistic interpretation of the evidence. Cybercrime is far from a non-violent crime, often connecting other violent organised crime business in the "real world", like drug trafficking and child sexual exploitation and abuse (CSEA).[85]

As with anti-corruption (see section 3.4 on page 50), there is an urgent need to bring crime sensitivity/analysis into other sectors, including both health and humanitarian responses, rather than leaving this to organised crime experts to try to get onto the agenda after interventions have already been designed and/or implemented when it may be too late. Previous research on corruption and fraud risk in emergencies suggests that robust anti-corruption risk assessments should be at the centre of the global humanitarian response, but it is not yet clear where this has been done, and carrying them out becomes more acutely problematic when organised crime is involved. As an illustrative example, the World Food Programme-led air hub to support the COVID-19 response is based out of Addis Ababa's Bole International Airport, in partnership with the Ethiopian government. Previous research suggests that a humanitarian exercise of this scale requires robust mechanisms in place to ensure oversight in every part of such a huge and complex supply chain and administrative process (e.g., May, 2016; Transparency International, 2014). As shown in section 3.4 (page 50), ventilators and other medical supplies, for example, are highly valuable in an urgent, resource-scarce environment, and their portability makes them susceptible to being used in the context of corruption and organised crime (Europol, 2020). Sophisticated oversight and security mechanisms are required to ensure that medical equipment and supplies make it through customs, that trucks carrying supplies from the airport do not get hijacked, that they get to the right hospitals, that they are used on the right patients, and that no one has to pay a bribe for treatment. The fact that Bole International Airport was a significant global transport hub for illicit drugs and other goods pre-COVID-19 (UNODC, 2020b) suggests that closer attention should be paid urgently to strengthening these mechanisms to ensure that corrupt and criminal actors are unable to disrupt – and profit from – this vital humanitarian work.

Researchers are already helping to set out a potential forward-looking research agenda on the links between organised crime and COVID-19 (e.g., Sergi, 2020). Emerging evidence from anti-corruption, as well as organised crime, suggests that we will need to think and work differently, collectively and across sectors, to tackle this challenge effectively (Marquette & Peiffer, 2021). This is likely to mean bringing different research, policy, and practitioner groups together to better connect intelligence and research, where big data sources and leaks are useful but are definitely not sufficient. As Marquette and Peiffer (2021, p.8) point out:

> Access to government data and intelligence is patchy at best; in the UK, for example, the National Crime Agency and other security agencies are exempt from Freedom of Information requests and this can make it difficult for researchers to access the sorts of data that may be of use. Working with investigative journalists has promise but requires a serious discussion about risk and research methods in this area. Likewise, there is a large potential volume of data held by law enforcement and intelligence agencies that could be useful for researchers.

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[85] Although cybercrime is not covered in any depth in this paper, we are primarily concerned here with violence: it is an area where there is urgent need for further synthesis and research.

Prior to the COVID-19 crisis, there was widespread recognition of the need to invest more in research on organised crime, transnational and domestic, and this need is now urgent. As Marquette (2020b) said with regard to COVID-19: "We need to move faster to improve our understanding of what the (often underlying) problems are [that create enabling conditions for organised crime] and how to fix them, because criminals and the corrupt have much bigger 'R&D budgets' than we do. They are the true innovators right now."

5. COVID-19, resilience, vulnerability, and risk

COVID-19 has triggered a number of risks including direct risks to people's health and to countries' health-care systems, as well as indirect risks to economies, livelihoods, social relations, and political systems. Some of the indirect effects and risks are just as critical as the direct ones, particularly with regard to the potential for increased polarisation and insecurity in the medium to longer terms, but these have often been overlooked in many official responses, certainly in the early days of the pandemic. The OECD (2020c) sets out a number of key vulnerabilities of societies and complex economic systems that COVID-19 has exposed, the so-called "cracks in the system":

- How prioritising short-term economic growth and efficiency over long-term resilience can have huge societal costs;

- The precariousness of the world's increasingly interconnected and complex global value chains and systems for livelihoods, services, and development; and

- The extent of social inequalities and how they can be rapidly exacerbated in moments of crisis.

These factors all contribute to vulnerability in the face of shocks and, as existing research on complex systems tells us, require policy responses to be flexible and to understand complexity and non-linearity (OECD, 2020a). Yet policy responses still tend to be based on a linear understanding of the world, "leading to an over-emphasis on a limited set of characteristics, notably efficiency… While this approach has many benefits, the COVID-19 crisis shows how it has also reduced the resilience of key systems to shocks and allowed failures to cascade from one system to others" (OECD, 2020a).

Central to the current challenge are the decisions about short-term trade-offs between lives and incomes that policymakers are forced to make in their COVID-19 interventions (Ferreira, 2020). The conditions under which such decisions are made are vastly different in high-income countries compared to low-income or even middle-income countries, where state capacity tends to be lower. As Loayza (2020) says,

> In advanced countries, the lives-versus-livelihoods trade-off can be eased with immense resources. For example, the United States will spend around US$5,700 per capita to tackle the crisis, while Denmark will spend about US$7,500 per capita. Poor and developing countries face a very different situation: short of money and low in government capacity, they carry the burden of precarious health systems, overcrowded cities, and informal labour markets.

These risks are exacerbating existing vulnerabilities and inequalities and, as always, poorer households and those already vulnerable – such as refugees and women – are especially at risk. Even in high-income countries there are perennial links between socioeconomic factors and health, in this case the risk of increased exposure to COVID-19 and

potential increased mortality. These groups have limited means to cope with additional shocks and stressors. Their already limited incomes may decrease further due to death, quarantine, sickness, or additional health-care expenses, and quarantine restrictions may particularly affect the elderly or those with disabilities who already struggle with mobility (Rohwerder, 2020). COVID-19 also exacerbates the vulnerabilities of specific groups; see section 5.2 on page 92.

Much of the literature suggests that the focus of the response should be on building *resilience*; for example, the OECD (2020a) suggests: "A systems approach based on resilience is proposed to prepare socioeconomic systems for future shocks" (OECD, 2020a). In this paper, *resilience* is understood as the capacities and/or vulnerabilities (attributes, abilities, resources, strategies, etc.) of individuals, households, communities, regions, states, or systems to absorb, adapt and/or transform when confronted with hazards (shocks and stresses) (Herbert et al., 2021 forthcoming; Béné et al., 2012, p. 21; Levine et al., 2017, p. 5; OECD, 2014). In other words, resilience is the ability to weather and to grow from adversity and crises.

Resilience is directly shaped by the vulnerabilities and capacities that one has when facing a crisis – therefore risk analysis and preparedness is key. It is also deeply, inherently political. Kelman (2020, pp. 296–7) helps to give a sense for what this has looked like during the current crisis:

> The COVID-19 pandemic conforms to key baseline conclusions which have emerged from disaster anthropology over past decades. First, that natural disasters rarely exist, because disasters are social, arising from a combination of hazard and vulnerability with vulnerability as the causative factor. Second, that the disaster occurs at multiple levels simultaneously, with responses to a hazard exposing as many vulnerability problems as the original hazard.

> Regarding the misnomer "natural disaster", the hazard here is the new coronavirus which could have been dealt with before it became an epidemic or a pandemic. At its origin in Wuhan, China, doctors swiftly identified the emergence of a new disease, reported their concerns about the dangers and worked out biological aspects of the virus. The response from the authorities included intimidation and silencing of the medical professionals, seeking to cover up the possibility of an outbreak.

> Once the pandemic took hold, the failings of health systems around the world became evident. Especially in wealthier countries, many governments had long had pandemic plans indicating the need for more robust health systems, from improved disease surveillance to paying medical personnel appropriately and to having protective equipment available. The failure to heed these warnings, alongside the lack of health care accessible to everyone in the USA, meant that the hazard could not be addressed effectively and vulnerability fundamentals were revealed.

> Also on the vulnerability side, deep questions need to be explored covering why humanity disturbs ecosystems to the point that microbes jump species, creating new hazards – as happened with HIV and Ebola in addition to the new coronavirus – and why food markets operate without proper oversight or hygiene. From both hazard and vulnerability perspectives, the pandemic disaster was not natural, but was entirely socially caused.

> … None of this knowledge is new. It was all available long before the virus appeared at the end of 2019, yet once again we witness the failure to use what we know to prevent disasters.

The "cracks in the system", as this paper has shown, are often the result of choices made in the past, and building resilience means addressing these honestly (we return to this point in section 6.2 on page 100). This section looks at the evidence so far on COVID-19 and both country-level vulnerabilities and vulnerable groups/populations, particularly with regard to governance and conflict issues.

5.1 Vulnerable countries and resilience

While resilience is not easily applied as a concept to the country-level,[86] the unique scope and scale of the pandemic means that it is increasingly used in the literature to identify a range of country-level factors that heighten the risk of COVID-19 impact. Early analysis by the ACSS (2020b), for example, identifies the following *direct* risk factors to health and COVID-19 policy responses, some of which are about exposure risk, some are about demographics, and some are governance/conflict factors:[87] (1) international exposure to COVID-19 cases; (2) the existing capacity of the health system; (3) density of urban areas; (4) total population in urban areas; (5) age of population; (6) levels of government transparency and trust in the government; (7) press freedom in holding governments to account and informing the public; (8) conflict presence and magnitude; and (9) forced displacement levels. As Figure 15 shows, the countries identified as facing most direct health risks are: South Sudan, the DRC, Sudan, and Nigeria, followed by Cameroon, Egypt, Central African Republic, and Somalia (ACSS, 2020b).

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[86] To elaborate, more questions need to be asked about *whose* resilience are we considering when we think of resilience of the state. The resilience concept emerged from a bottom-up view of development, and there is substantial critique of how it is being subsumed into a standard hierarchical view of state resilience/security over individual resilience/human security. Critics claim that it risks becoming the next fad in discussions over fragility (e.g., Lemay-Hébert, 2019; McCandless & Simpson, 2015).

[87] They do not also analyse indirect risks, unfortunately.

Figure 15: Composite country list of key risk factors for COVID-19

Country	Int'l Exposure	Public Health System	Density of Urban Areas	Total Pop. in Urban Areas	Pop. Age	Gov't Transparency	Press Freedom	Conflict Magnitude	Forced Displacement	Risk Total (out of 45)
South Sudan	2	5	5	3	2	5	5	5	5	37
DRC	3	5	3	5	1	5	4	5	5	36
Nigeria	5	5	2	5	2	4	3	4	5	35
Sudan	3	3	4	4	2	5	4	5	5	35
Cameroon	3	4	3	3	2	4	5	3	5	32
Egypt	5	1	3	5	4	3	4	2	4	31
Ethiopia	3	3	4	5	2	2	4	3	5	31
CAR	1	5	3	2	3	4	4	4	4	30
Somalia	1	5	1	2	2	5	4	5	5	30
Libya	3	3	1	2	4	5	4	4	4	30
Chad	1	5	5	3	1	5	4	1	4	29
Equatorial Guinea	4	5	3	1	3	5	5	1	1	28
Uganda	3	2	4	4	1	4	4	1	5	28
Algeria	4	1	2	4	5	3	4	1	3	27
Angola	3	4	4	3	1	4	4	1	3	27
Côte d'Ivoire	4	4	2	3	3	3	3	1	4	27
Mali	2	5	4	3	1	3	3	2	4	27
Morocco	5	1	3	4	5	2	4	1	2	27
Mozambique	4	4	3	3	1	4	3	2	3	27
Republic of Congo	3	3	4	2	2	5	4	1	3	27
Burkina Faso	2	4	3	3	2	2	3	3	4	26
Burundi	1	3	3	2	2	5	5	2	3	26
Djibouti	1	4	4	1	4	3	5	1	3	26
Kenya	4	2	1	4	3	4	3	1	4	26
Tanzania	3	3	3	4	2	2	4	1	4	26
Mauritania	1	4	4	2	3	4	3	1	3	25
Niger	1	4	4	3	1	3	3	2	4	25
South Africa	5	2	1	4	5	1	2	1	4	25
Togo	3	4	3	2	3	3	3	1	2	24
Zambia	3	3	3	3	1	3	4	1	3	24
Zimbabwe	3	2	2	3	3	4	4	1	2	24
Guinea-Bissau	1	4	4	1	2	5	3	1	2	23
Madagascar	2	3	3	3	3	4	3	1	1	23
Senegal	3	2	5	3	2	1	3	1	3	23
Comoros	1	4	3	1	3	4	4	1	1	22
Eritrea	1	2	2	2	3	5	5	1	1	22
Guinea	2	5	2	2	2	3	3	1	2	22
Ghana	3	3	2	3	3	2	2	1	2	21
Liberia	2	4	1	2	2	4	3	1	2	21
Rwanda	2	2	2	3	2	1	5	1	3	21
Tunisia	4	1	2	2	5	1	3	1	2	21
Eswatini	2	3	1	1	4	3	4	1	1	20
Gabon	3	2	2	1	3	3	4	1	1	20
Lesotho	2	5	1	1	4	2	3	1	1	20
Sierra Leone	1	5	2	2	2	3	3	1	1	20
The Gambia	2	3	3	1	3	2	3	1	2	20
Malawi	2	3	1	2	1	3	3	1	3	19
Botswana	4	2	1	1	4	1	3	1	1	18
Namibia	4	2	2	1	3	1	2	1	2	18
Benin	1	4	2	2	1	2	2	1	2	17
Cabo Verde	2	1	4	1	5	1	1	1	1	17
Mauritius	3	1	1	1	5	1	2	1	1	16
Seychelles	2	1	1	1	5	1	3	1	1	16
São Tomé and Príncipe	1	1	3	1	2	1	2	1	1	13

Note: Countries are categorised by relative risk for each factor on a 1 to 5 scale, with 1 representing less risk and 5 most risk.

The World Bank (2020f) identifies the following direct and indirect country-level risk factors for COVID-19 impacts, adding to the above list with what are largely potential economic impacts of COVID-19 interventions: (1) weak health systems and inadequate pandemic preparedness; (2) dependence on trade and tourism; (3) financial vulnerabilities including large financing needs and/or large debt burdens; and (4) commodity exporters. As an example, "heavily indebted countries such as Ghana and Zambia could be pushed into debt distress as a result of falling government revenue, while economies in regionally important countries such as South Africa and Nigeria are likely to enter recession" (Cheeseman, 2020b, p. 5).

While developing countries, and FCAS in particular, were initially believed to face the most severe COVID-19 risks with regard to mortality, at the time of writing this does not appear to have happened. Initial assumptions about risk were based on the fact that low-income countries already face greater vulnerabilities as a result of weak health and governance systems and with more limited resources to address risks and crises (ACSS, 2020b; Gharibah & Mehchy, 2020). Emerging evidence, however, indicates Africa's case–fatality ratio (CFR) is lower than the global CFR, suggesting "disease outcomes have been less severe among African populations" (PERC, 2020; see also Figure 3 on page 17). Elsewhere, some Southeast Asian countries appear to have had far lower mortality levels than in Europe and the Americas.

Whether or not the trends currently observed will hold is unclear, and there is no clarity yet on whether what is being observed is due to a lag in cases or to a combination of COVID-19-specific characteristics and local conditions and/or the efficacy of COVID-19 responses. Some factors are said to have played a big role so far in reducing deaths (e.g., demographics, mobility within the country, early government responses), while other more speculative factors may also be contributing (e.g., prevalence of tuberculosis vaccinations, higher immunity through higher previous microbial load exposure, genetic factors, prior epidemic/pandemic experience, etc.) (Winning, 2020; Kumar & Chander, 2020; Bankole et al., 2020; Zeberg & Pääbo, 2020). Analysis suggests that risk factors can change over time (UNDP, 2020c), so it is not possible at present to say definitively whether or not specific countries/groups of countries are particularly vulnerable to the direct impacts of COVID-19. We should also not jump to conclusions too quickly on indirect impacts, because these are hard to disentangle from direct impacts, and from what happens in other countries too.

Locke (2020) highlights how the fragility lens alone is insufficient to assess COVID-19 risks as it does not take into account some specific COVID-19-relevant risk factors that are believed to have worsened impacts in some countries not considered fragile. This includes, for example, the impact of pre-existing high levels of inequality that expose marginalised populations and individuals to higher risks, such as weak employment rights where people are unable to take time off work or work from home, and lack of/inadequate sickness cover or food insecurity – for example, the controversies seen in the UK over lack of plans to feed vulnerable children during school holiday periods (e.g., Lawrie, 2021; Meredith, 2021; Shahid & Shanks, 2020). Certainly, at the country vulnerability level we can see clearly the need to better consider pre-existing systems and the underpinning political dynamics as key risk factors in helping to assess the potential success or failure of government responses. We are

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[88] From "Mapping Risk Factors for the Spread of COVID-19 in Africa", ACSS, 2020. © 2020 Africa Center for Strategic Studies. (ACSS). Reprinted with permission.

reminded again of the call to consider the importance of context specificity rather than looking at countries through apolitical category lenses: "knowing your pandemic, and acting on its politics" (de Waal, 2020b).

Within countries, there is of course a wide variation when it comes to vulnerabilities and risks faced by specific groups within countries. This variability highlights the need for responses to be developed and adapted nationally and locally, with disaggregated responses according to group, based on analysis of the intersectionality of risks and vulnerability (Kindersley 2020; de Waal, 2020b; Harkins, 2020). Loayza (2020) reiterates three principles for shaping COVID-19 responses, as developed in the World Bank's (2014) World Development Report on risk management: (1) preparation is the key to resilience, even during a crisis; (2) an integrated whole-of-government, whole-of-society response is needed to cope with adverse systemic shocks; and (3) analysis of the realities of each country should ensure that the unintended costs of a policy do not outweigh the potential benefits. Analysis of these intersecting national-level vulnerabilities can help decision makers at national and global levels assess prioritisation, as well as helping donors better understand where and how to prioritise aid.

5.2 Vulnerable groups and resilience

As country-level vulnerability masks deep inequalities within countries, this section focuses on the differential risks, vulnerabilities, and capacities of specific groups that have either been exacerbated or made more visible under COVID-19. Structural weaknesses, like underinvestment in health care and precarious work (e.g., informal employment, zero-hours contracts), make certain inequalities such as those based on class, education, and gender, for example, more salient during a pandemic. As stated in the introduction to this section (page 87), resilience is shaped by the vulnerabilities and capacities that one has when facing a crisis – therefore risk analysis and preparedness is key. This is why a key focus of much of the analysis so far on COVID-19 is about who is vulnerable to the direct and indirect impacts of COVID-19 and COVID-19 responses, as well as what can be done to strengthen the capacities of those vulnerable groups to the COVID-19 impacts and how to "build back better" to support resilience for future crises.

Harkins (2020) identifies the following key drivers of vulnerability across communities in the UK, which has some relevance for LMICs as well:

- Loss of income and uncertainty regarding future earnings;

- Loss of important practical and social support and connections;

- Reduced access to essential information, goods, and services, including through digital exclusion;

- Diminished or interrupted care and support services;

- Compromised ability to adhere to disease containment policy and to maintain social distancing; and

- Fear, loneliness, anxiety, increased stress, and other adverse psychological impacts.

In developing countries, groups that are thought to be especially vulnerable and face higher risks from the direct and indirect impacts of COVID-19 include the poor, informal workers, urban populations, refugees, and IDPs, women and girls, youth, health-care

professionals, prison populations, and military personnel. Because vulnerabilities overlap and interconnect, multiplying disadvantage, understanding the intersectionality of these categories is essential (Herbert 2019). In South Africa, for example, mortality rates during the Spanish flu pandemic were much higher for districts with predominantly black residents due to the relationship between race, socioeconomic factors, and access to health services (De Kadt et al., 2020). However, in the USA black Americans were not as badly affected by Spanish flu as white Americans, something that is believed to be the result of greater exposure to the first, milder flu wave leading to a gain in immunity to the second, more deadly wave (Crosby, 2003; Arthi & Parman, 2020).

Evidence from previous disasters reveals that losses disproportionately affect poor people due to a lack savings and assets, subsistence consumption levels, weaker health, and education access (and services more generally), and greater reliance on informal or subsistence jobs. This is further exacerbated by a "digital divide", with COVID-19 accelerating the digitisation of many services, excluding those who lack access and digital skills (UNDP, 2020a). Because of this, poor people are likely to require more support over longer periods of time in order to adapt and transform following shocks or stresses (Hallegatte et al., 2018, p. 4; Arthi & Parman, 2020). Certainly, during historic pandemics, such as the Spanish flu and the Plague, wealthier people were able to move away from pandemic hubs, decreasing the risks they may otherwise have faced (Arthi & Parman, 2020).

Climate change and conflict were already slowing rates of poverty reduction before the current crisis, but the COVID-19-induced global economic slowdown is increasing global poverty for the first time in over 20 years (World Bank, 2020d). In 2020, between 88 and 115 million extra people could be pushed into extreme poverty, as measured by the international poverty line, potentially rising to 150 million by 2021, according to World Bank (2020d) scenarios. Simulated World Bank data suggests that alongside the "existing poor" a "new poor" may be emerging, with the latter tending to be "more urban, better educated, and less likely to work in agriculture than those living in extreme poverty before COVID-19" (World Bank, 2020d, pp. 1, 11).

COVID-19 is also likely to increase inequality within countries over the longer term, lowering social mobility and resilience for those who are poorer and more vulnerable, something seen in previous, modern epidemics (Furceri et al., 2020a). Drawing on econometric analysis of five main recent epidemics,[89] Furceri et al. (2020a) find increased income inequality, with greater share of income going to higher-income deciles and a lowered employment-to-population ratio for people with basic education compared to those with higher education. The authors tentatively suggest that COVID-19 could led to even more unequal distributional consequences due to the scale of economic disruption "in the absence of deliberate and strenuous attempts to protect the most vulnerable segments of society" (Furceri et al., 2020a, 2020b). Higher-income inequality in the long term may be accompanied by "increase[d] inequality of opportunities, triggering a cycle of lower social mobility, higher income inequality, and lower resilience to future shocks" (Hill & Narayan, 2020, p. 15; World Bank, 2020d). Indeed, the World Bank (2020d) forecast that inclusive growth will decline in all but 13 of 91 economies (with data) in the coming years, and that it will be harder to return to inclusive growth if vulnerable populations suffer large human capital losses (IMF & World Bank, 2020). As lessons from the Spanish flu pandemic suggest, "disease exposure can impact individuals throughout their

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[89] SARS (2003), H1N1 (2009), MERS (2012), Ebola (2014), and Zika (2016).

lifetimes, both directly through poorer ongoing health, and indirectly through reduced investment in human capital. The costs were not limited to those individuals directly exposed; instead, they spilled over within households and across space, sectors and generations" (Arthi & Parman, 2020).

Informal workers are more likely to have jobs disrupted by COVID-19 and are less likely to be able to socially distance at work. They often lack labour rights and have limited access to social safety nets, and this has continued throughout the pandemic with informal workers often excluded from COVID-19 support funds (World Bank, 2020d). Women are more likely to be informal workers, and their jobs are 1.8 times more vulnerable during the COVID-19 crisis than men's (Madgavkar et al., 2020). As Cheeseman (2020b, p. 4) suggests,

> The closure of large parts of the economy has led to rising unemployment and forced many of the poorest members of society to use up any savings that they have just to stay alive. As a result, the resilience of communities to further shocks – such as the looming food shortages in East Africa as a result of swarms of desert locusts – has been compromised. These challenges may actually become more severe as countries move out of lockdown, when the level of government support on offer will decline significantly but employment opportunities and incomes are unlikely to return to pre-pandemic levels.

Urban populations, and slum dwellers in particular, are widely thought to be more vulnerable to the direct impact of COVID-19 due to living in densely populated areas with limited sanitary facilities and infrastructure, as well as high levels of mobility due to precarious livelihoods (e.g., Arthi & Parman, 2020). Slum dwellers often face a high risk of compounding shocks – such as landslides, fires, and flooding – along with higher risks of urban food insecurity in comparison to rural areas (Wilkinson, 2020). Slum dwellers' resilience is limited by very low incomes, often non-existent savings, precarious livelihoods, and limited access to basic services. They pay more for basics like water than those who live in wealthier neighbourhoods, for example (Mitlin, 2020). Official policy responses in slums are often hampered by the lack of reliable data due to the informal or illegal status of residents, making it challenging to respond rapidly to crises.

However, as the pandemic has gone on, evidence suggests that while slum dwellers are more likely to catch COVID-19, their fatality rate may be lower than for non-slum dwellers. A study of antibody prevalence in Mumbai, for example, found that 54% of slum dwellers in the study had antibodies for COVID-19 compared to 16% of non-slum dwellers (based on a representative sample of 8,870 people in the three main regions of the city) (Malani et al., 2020). Drawing on official mortality data, this same study suggests lower fatality rates for the Mumbai slum dwellers compared to non-slum dwellers, with mortality rates of 0.076% compared to 0.263% respectively (Malani et al., 2020). Cross-country comparative research based on statistical analysis of 51 countries found a significant negative correlation between COVID-19 deaths per million people and the proportion of total population living in slums (Kumar & Chander, 2020). The authors suggest this difference may be due to differences in the immune systems of poorer populations and slum dwellers, who may be more resistant to COVID-19 due to previous higher microbial load exposure through their more limited sanitation and water services. Similar conclusions were reached in a study of the Spanish flu in South Africa, which found population density was not significantly related to increased mortality risks (De Kadt et al., 2020). In a study of modern pandemics, Arthi and Parman (2020) suggest that rather than population density, it may be *capacity* constraints in the health-care workforce and medical infrastructure that affect mortality rates. These discussions highlight why it is difficult to discern clear patterns so far, or even the underlying mechanisms for such patterns, because biological,

demographic, and socioeconomic factors are highly correlated (Arthi & Parman, 2020). Political choices affecting access to and the capacity of services in slum populations are likely to emerge as important issues to address with regard to building resilience. For future planning, the hope for immunity is not a valid public health choice, especially when taking into account mutations which may have greater infectiousness and/or mortality.

Some of the informal governance and social systems that helped slum dwellers and other low-income groups manage risks pre-pandemic have proven important in coping with the COVID-19 crisis. Typically, slum dwellers and other low-income groups draw on their social networks for support during crises, such as through sharing economic resources and support from community groups; however, as lockdown policies and the economic slowdown have affected everyone at the same time, these coping mechanisms have been limited (Kim et al., 2020). Slums tend to have multi-layered governance systems, with sometimes very limited presence of the state (Wilkinson, 2020). As already mentioned, in Brazil's favelas, for example, different non-state actors have stepped into spaces left unfilled by the state: armed groups have imposed curfews (section 4.5 on page 82), social media initiatives have disseminated health information, civil society groups have crowdfunded local projects, community leaders have organised medical services (section 2.7 on page 36), and local NGOs have distributed food baskets and hygiene kits (Amaral et al., 2020). Although we do not explore it in this paper, there is a growing literature on "poor people's politics" that explores how the poor use multiple strategies to mitigate the risks they face, including the use of patron–client relationships, bribes, and alternative governance approaches (e.g., Auyero, 2001; Bayat, 1997, 2013; Hughes, 2015; Hughes & Eng, 2018; Hutchison & Wilson, 2020). This is an important gap in the literature with regard to COVID-19, both in terms of what it tells us about poverty and governance, and about stability. Some of these strategies are largely benign, but some involve malign actors; all are likely to be rational approaches for filling necessary functions in the face of systemic vulnerability (Marquette & Peiffer, 2020).

Refugees and IDPs face many of same vulnerabilities as they are more likely to live in overcrowded and unsanitary places with limited basic services (NRC, 2020). This is especially so for those living in refugee camps, and those living within the community often live in overcrowded conditions. However, refugees and IDPs have particularly unique vulnerabilities as a result of their status. Evidence from previous pandemics shows that factors such as literacy rates, language accessibility, or being foreign-born limit the adoption of public health recommendations, and these factors have been strong predictors of elevated mortality risks, "often above and beyond their association with poverty" (Arthi & Parman, 2020). Refugees' social networks and social capital were already likely to be low pre-COVID-19 as they are away from their homes and communities. COVID-19 preventive measures have also directly impacted refugees, which further exacerbates risk factors. For example, increased border controls meant that boats of Rohingya refugees have been unable to land in Malaysia or Thailand, both destinations that showed tolerance towards refugees prior to COVID-19. It is reported that a number of the refugees on those boats have died, in violation of local, regional, national, and international frameworks protecting refugees and migrants at sea (Chakrabarty, 2020; Burke, 2020). While modelling suggests that the potential risks from a COVID-19 outbreak in camps is extremely high (Truelove et al., 2020), refugees often do not have access to national health systems. Truelove et al. suggest the need for urgent plans for "novel and radical strategies" that include filling gaps in hospital workers and equipment to ensure medical help is available.

During the COVID-19 crisis, women and girls face specific gender-based vulnerabilities beyond the increased risk of SGBV discussed in section 4.1 on page 59. This includes higher economic vulnerability due to earning less, saving less, holding less secure jobs,

and working more in the informal sector. Women also are more likely to be frontline health workers and carers, with an increase in unpaid care work due to lockdown (Laouan, 2020; IPPF, 2020; ILO, 2020; UN, 2020a). Government responses have typically failed to take the gendered impacts of COVID-19 seriously (Cheeseman, 2020b). Global evidence suggests that COVID-19 threatens to undo many of the recent gains made towards better gender equality in the workplace (ILO, 2020). In addition to the reduction in provision of SGBV support, women and girls' sexual reproductive health overall is compromised with reduced access to services, medical providers, and pharmacies (Laouan, 2020; IPPF, 2020). While young people in general face much greater vulnerabilities relating to employment, education, and protection issues in comparison to other age groups (Compact for Young People in Humanitarian Action, 2020), girls have to cope with additional risks due to the closing of schools during lockdown (Flowe, et al., 2020; Flowe, 2020). One such risk is child marriage, which may be a personal or family coping strategy when resources are strained. Evidence from the Ebola outbreak in West Africa, for example, shows that socioeconomic challenges led to increased sexual exploitation, transactional sex, sexual violence, early/forced marriages, teenage pregnancy, and deaths related to pregnancy (Save the Children, 2016 in IFRC, 2020).

While there have been media and blog reports heralding the success of women leading COVID-19 national responses, these are all in high-income countries and, with the exception of Taiwan, are mostly western (Champoux-Paillé & Croteau, 2020). A survey by CARE shows that women are generally woefully under-represented in COVID-19 response decision-making (Fuhrman & Rhodes, 2020). The survey of 30 countries – representing each world region – found that only one country has equal female–male representation on its national-level COVID-19 response committee, with 74% of countries surveyed having fewer than one-third female membership (Fuhrman & Rhodes, 2020). The countries that have more women in leadership are more likely to consider the effects of COVID-19 on women and girls in their responses (Fuhrman & Rhodes, 2020); yet 54% of countries appear to have taken no action on SGBV and 33% appear not to have addressed sexual and reproductive health. This is despite the clear evidence of the impact of COVID-19 on these issues (Fuhrman & Rhodes, 2020).[90]

Health-care workers are essential to the COVID-19 response, yet they face higher health and security risks due to stigma and attacks, their heightened exposure to the disease, and the lack of PPE. There are many reports from around the world of health-care workers being stigmatised, ostracised, and harassed for spreading COVID-19, echoing evidence on historic epidemics/pandemics explored in section 4.3 on page 68 (ICRC, 2020). In Afghanistan and other FCAS, there have been deliberate attacks on health-care facilities (UNAMA, 2020; Insecurity Insight, 2020a). In Mexico, nurses and doctors have been assaulted and pelted with eggs. In India, health-care workers have been evicted from their homes, beaten, stoned, spat on, and threatened. In West Africa, experience during Ebola showed that both health-care workers and survivors faced stigma, rumours, and movement restrictions that affected their social and economic networks (ICRC, 2020; McKay et al., 2020; Rohwerder, 2020). Taylor (2020) looks at several examples of attacks on medical staff across Latin America, including a case in Colombia where a patient's son threatened the doctor on local radio claiming "COVID-19 did not exist and that the hospital's doctors should be killed before they could kill or kidnap patients for financial

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[90] A rapid gender analysis of West Africa conducted by CARE found some promising indications that COVID-19 could be having positive influences on gender relations, with reports that some men are seeking from women more input in the household and that male community leaders are seeking guidance from women-led associations (Laouan, 2020). These findings should be taken with some caution, though, as the broader literature on women's leadership in patriarchal societies warns of the possibility of a backlash, while literature from a range of crises finds that SGBV increases during every type of crisis (Tomlin, 2020; UNDP, 2020b).

gain". In the UK, doctors report facing abuse from anti-vaxxers, including one describing how he left a late-night shift in the hospital only to face "hundreds of maskless, drunk people in huge groups shouting, 'Covid is a hoax', literally outside the building where hundreds are sick and dying" (Hisliff, 2021). In response to attacks during the Ebola epidemic in Sierra Leone, a WhatsApp group set up by health workers fostered peer support, encouragement, and morale boosting at a time when workers often faced discrimination and stigma (Ager & Toltica, 2020, p. 3). More research could usefully look at how health-care workers, communities, and governments build support to protect health-care workers – physically and mentally – on the frontline of fighting health disasters like pandemics.

Prison populations face direct health risks from COVID-19 due to cramped and often overcrowded living conditions, poor hygiene standards, insufficient meals and nutrition, inadequate health care and basic hygiene, and poor health literacy and lack of information (Alici et al., 2020; Jones, 2020). Prison populations across the world tend to be drawn from the poorest and most marginalised sections of society. Compared to the general population, they are more likely to have substance use disorders, HIV, tuberculosis and hepatitis B and C (Jones, 2020; UNODC, et al., 2020; UNODC & UNDP, 2020). These factors put prison populations, visitors, guards, and other daily workers and their local communities at higher risk of infection and mortality from COVID-19 compared to the general population (UNODC, et al., 2020; Jones, 2020; UNODC & UNDP, 2020). The psychosocial implications of lockdown – with prison visits restricted – have already led to hunger strikes, riots, and attempted mass escapes (Jones, 2020).

Due to the higher COVID-19 risk to prisoners, many countries have taken moves to release prisoners. In Turkey, for example, the government released approximately 90,000 prisoners; this did not, however, include those convicted under its much-criticised anti-terrorism framework, meaning that all political prisoners – including many women peacebuilders and activists – remain imprisoned and at risk (Alici et al., 2020). Similarly, in Syria, a general amnesty was issued to all prisoners except for those charged under the anti-terrorism law; thus, tens of thousands of political prisoners remain imprisoned in Syria's formal and informal prisons (Gharibah & Mehchy, 2020). A riot in Colombia's La Modelo prison against the lack of COVID-19 protection, aiming for mass escape, led to the death of 23 inmates and more than 80 inmates injured (Fair Trials, 2020). Yet unlike other vulnerable groups, prison populations have few champions and often face political battles to achieve action – for example, communities and the government may oppose the early release of prisoners, or other non-custodial options (Jones, 2020).

In fact, prisoners help to illuminate one of the biggest challenges when it comes to discussions about building resilience and "building back better": a lack of political will for – or even interest in – supporting vulnerable populations. In their review of the impact of COVID-19 on inequality, Hill and Narayan (2020, p. 23) conclude:

> Pre-existing inequalities are deep in most societies, which has resulted in the pandemic having vastly different effects on poor and richer households. This has been compounded by the scale and distribution of short-run impacts, and the lasting effects of those impacts and the coping strategies households are forced to adopt. [W]hile policies can mitigate these impacts, it will take a concerted effort to make sure appropriate policies are implemented. Policy measures need to be adopted during the recovery phase that keep the eye on the long game while also spurring economic recovery in the short run. This requires a strong focus on inclusiveness and building resilience to future disasters, particularly among vulnerable people and communities.

The reason why so many people are vulnerable often has to do with political settlements that exclude vulnerable groups' voices from decision-making or economic models that reward some activity and not others, and that facilitate hoarding of wealth offshore but not investment in higher wages or public services. This connects back to section 2.1 (page 15) and the need to learn lessons from previous crises about why elites decided to support pro-poor policies and the political processes that emerged to facilitate this.

6. Conclusion

While we cannot claim to have covered every possible aspect of the ways in which COVID-19 is impacting governance and conflict around the world, we are confident that we have delivered on the aim set out in the introduction: *to provide original insights of use to policymakers, practitioners, and researchers trying to understand what the pandemic could mean for their work, as well as identifying evidence gaps and areas where future research is needed*.

The overall picture that emerges here is grim, but perhaps not for the reasons we anticipated when we first set out. Early on in the pandemic, the fear was that COVID-19 would rip through low-income countries with catastrophic consequences for the poorest people in the world. So far, this fear has largely not been realised; instead, the death toll is highest in some countries that were believed to have excellent systems for strategic pandemic preparedness in place. At the time of writing, the UK has the highest mortality rate in the world,[91] and we have written this through multiple lockdowns and periods of isolation, school closures, the shift to remote working and online teaching, illness, the deaths of people we know, missed birthdays and funerals, and the inability to travel to see our families living in other countries. We set out to see what the evidence is telling us about the "cracks in the system"; we have discovered some of our own "cracks", our vulnerabilities as individuals and as citizens.

The paper includes four main sections and several sub-sections, and we have incorporated our conclusions for each of these throughout the paper. Here, we conclude with three over-arching insights before setting out a number of evidence gaps/research questions that have emerged from the research. These insights are:

- the importance of leadership;

- resilience and what "fixing the cracks" really means; and

- why better ways are needed to add up all the "noise" when it comes to COVID-19 and evidence.

6.1 Leadership has made a big difference between policy success and failure so far

So far, COVID-19 has proven to be a unique global natural experiment on leadership. In the early days of the pandemic, there was a lot of attention paid to whether democracies or non-democracies were able to respond more effectively at unprecedented scale and pace, and as the evidence reviewed in this paper suggests, the answer is "neither really". Some of the most successful responses so far have been in democracies and in non-democracies, while the same is true when it comes to failures. The same applies to income level, where poor countries and rich ones alike have done well or have done badly. Basically, regime type and income level have

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[91] Data as of 27 January 2021; see "Mortality in the most affected countries", Coronovirus Resource Center.

not acted as good predictors of effectiveness or outcomes so far, something that will need to be taken into account when it comes to revising indices such as the Global Health Security Index (GHSI). Baum et al. (2021) come to a similar conclusion, noting: "The GHSI measures trust in government, but it overlooked the role that political leadership and ideology plays in shaping public health responses… Given the vital importance of trust during a pandemic, political leaders who promote transparent government are more likely to mount a more effective response".

The evidence points to three areas in particular that help to explain success or failure with regard to leadership:

- **The need for leadership, and the systems in which leaders operate, that have both the capacity and the will to deal effectively with a complex, compound crisis.** Many leaders have fallen short, but it is important to remember that leadership failures are not just individual failures but are also the result of systemic institutional failures, ones that undermine good decision-making and are incapable of holding decision makers to account. As Lyne de Ver (2008, p. 31) wrote, leadership is a political *process* involving the "interaction of diverse leaders (and their followers) across a range of sectors or institutional domains". Developmental leadership then is "the strategic, collective and political process of building political will to secure pro-development outcomes" (Hudson et al., 2018, p. 1). Good outcomes often reflect good *political processes* rather than simply good leaders; the reverse is true for poor outcomes.

- **The need for leadership that is agile, adaptive, and capable.** Again, this is not just about individual successes or failures, but whether or not political and governance systems are set up, or can innovate, to support adaptive ways of working. Good outcomes are often the result of systems that have enabled leaders to test, learn, and adapt, to admit failure, to learn lessons, and to change course. This requires resources to respond well, and these resources include ideas as well as material resources. Successful leadership has been able to develop shared narratives for collective action delivered through effective communications and messaging. Too often leadership that has failed has been surrounded by the spread of disinformation and conspiracy theories that make tough choices politically difficult. Good leaders have either not faced this or have managed to overcome it.

- **The need for trust in leadership is essential.** Fukuyama's early statement has held true throughout the crisis so far: that it will ultimately be "the state's capacity and, above all, trust in government" that will determine how effective COVID-19 responses are, especially "whether citizens trust their leaders, and whether those leaders preside over a competent and effective state" (Fukuyama, 2020a; see section 2.2 on page 20). Trust supports more adaptative policymaking because it lowers the political risk for leaders for admitting failure. When adaptation leads to better outcomes, this becomes a potential "virtuous circle" with evidence showing that greater capability and good outcomes increases trust. Bad politics breeds distrust, and distrust closes down the room for manoeuvre that leaders need to cooperate with important actors outside their own party or circle of cronies. In many contexts, the longer-term consequences of this could be damaging for stability; in some, it could be sowing the seeds of future conflicts.

In short, when it comes to governance and conflict, the evidence on COVID-19 is clear: **better politics are needed, not just better leaders.**

6.2 The importance of a resilience lens for helping to "fix the cracks"

Resilience has emerged at the heart of arguments about what is required to "build back better" after COVID-19 and concerns the capacity of individuals, communities, systems, and states to absorb, adapt, and transform when confronted with shocks. It highlights the importance of addressing vulnerabilities and risks, and of building capacities. Despite increasingly seeing resilience discussed with regard to COVID-19, there does not appear to be a shared understanding of resilience or "build back better" that can be applied to both states and societies. Evidence has not yet materialised on how to translate the insight that resilience needs to be people-centred, emphasising social capital, social cohesion, well-being, sustainable development, and inclusion into different contexts in a way that is both politically and technically feasible, nor what the appropriate role for external actors in this is.

In order to do this, a better understanding is needed of how to change the political, economic, and sociocultural incentives that undermined resilience in the first place or prevented necessary actions to be taken – in other words, the political action *and* inaction that created the "cracks in the system" or ignored them until it was too late. It means thinking about timescales or in whose political interests building resilience might fit; i.e., short-term electoral cycles, financial markets, programme cycles versus what Krznaric (2020) has called "cathedral thinking" – building now for future generations rather than just our own. This needs better understanding of how to shift elites' incentives. While the historical evidence cited in this paper (section 2.1 on page 15) provides some important insights, there is need for much more systematic research on this in a range of areas and contexts (see below).

"Resilience" should not be regarded as an *aspiration*; it means putting in place systems to reduce vulnerability in the face of (known and unknown) risks. What the evidence on COVID-19 shows, however, is that lack of resilience is almost always the result of political decisions that either increased vulnerability or did not address risks, and thus reduced the potential for resilience. There needs to be a much more honest discussion about this if "building back better" is to be addressed seriously.

6.3 Why better ways are needed to add up all the "noise" when it comes to COVID-19 and evidence

While this paper does more than simply describe what the evidence so far says, it is clear that there is a lack of systematic, comparative evidence in a number of important areas. There is also no shared framework to help us understand and map what is meant by statements such as "COVID-19 is a compound crisis" or how to identify the most important "cracks in the system" – the vulnerabilities and risks – across a range of contexts.

We also do not yet have a systematic way to assess – with some healthy scepticism – what evidence and/or intelligence is telling us in terms of events, trends, and junctures, something Armon (2020) talks about as "separating signal from noise", referring to the Information Theory school in intelligence studies where "[t]he concept – distinguishing relevant data (signals) from the irrelevant (noise) – is used to highlight the varying utility of bits of information, and is useful for prioritizing data and assessing means of sifting through it" (Marrin, 2010, p. 659).There is an urgent need for a systematic way to understand and map:

- what COVID-19 has caused;

- what COVID-19 has exacerbated;

- what COVID-19 has just made more visible; and

- things that have just happened at the same time as COVID-19.[92]

This analysis will also help us better prepare for the next pandemic. As a start, a simple matrix such as this could be used in strategic discussions to begin the process of mapping and, with that, better understanding of what might be a "signal" and what might be "noise".

Finally, there is not yet a shared framework for how to connect our evidence and strategic thinking on COVID-19 with other huge global challenges and transnational threats:[93] climate change, artificial intelligence, organised crime, tax havens and secrecy jurisdictions, transnational extremism, hostile state actors, cybersecurity, food security, future of energy, future of work, changing geopolitical landscapes, and so on. Neither do we have a clear sense for where COVID-19 is the most pressing issue versus where it is further down the list of threats and priorities. This is vital for better decision-making and also for helping to avoid projecting fears from one context to another, potentially shifting resources from areas where they would be better focused.

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[92] We would like to thank Thomas Wheeler for this observation.

[93] At a DFID event in May 2018, Heather spoke somewhat tongue in cheek about the "Four T-Rexes of the Apocalypse", referring to a scene in the film *Jurassic Park* where a jeep is being chased by a tyrannosaurus rex which is shown in the side mirror with the words "Objects in mirror are closer than they appear". The so-called "four t-rexes" were: pandemics, climate change, artificial intelligence, and organised crime.

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Appendix

COVID-19 trackers & resource hubs[94]

- K4D - Covid-19 Resource Hub
- K4D - COVID-19 Evidence Search
- ACAPS - Covid-19 resources
- The Armed Conflict Location & Event Data Project (ACLED) – Covid-19 disorder tracker
- Center for Global Development (CGD) - Coronavirus preparedness & response
- ConnexUs - Resource library on COVID-19 responses, social cohesion, conflict dynamics, behaviour-change communications, and health, aid, and peacebuilding collaboration
- COVID-DEM – COVID-19 and democratic governance
- Gender and Covid-19 - Gender and Covid-19
- Global Voices - Covid-19: Global voices for a pandemic
- The International Center for Not-for-Profit Law (ICNL) - COVID-19 Civic Freedom Tracker
- Insecurity insight – Covid-19 and security monitoring
- International IDEA - Global Monitor of COVID-19´s impact on Democracy and Human Rights
- International IDEA - Global overview of COVID-19: Impact on elections
- International Social Security Association (ISSA) - Coronavirus country measures
- Innovations for Poverty Action (IPA) - RECOVR Research Hub
- KPMG – Covid-19 tax developments
- ODI - Reforms, initiatives and campaigns on migrants' contributions to the Covid-19 response
- Organisation for Economic Co-operation and Development (OECD) - Tackling coronavirus – resource hub
- OECD States of Fragility - Covid-19, Crises, and Fragility
- Political Settlements Research Programme - Conflict, development and Covid-19 resources
- Political Settlements Research Programme – COVID-19 Trackers Library
- ReliefWeb – Covid-19 Global Hub
- The Economist – Covid-19 news
- The New Humanitarian – Coronavirus news, data, and policy response tracker
- UNDP - COVID-19 Global Gender Response Tracker
- University of Oxford - Coronavirus Government Response Tracker
- University of Oxford - Oxford Supertracker

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[94] This list includes resource hubs and trackers that are actively being updated.