



POLICY BRIEF

Where Conflict and Pandemics Meet International Responses to Multidimensional Crises

For years, lifesaving humanitarian responses to suffering in armed conflict zones have overlapped with the work of United Nations (UN) Security Council–mandated international peace operations such as the UN missions in the Democratic Republic of the Congo (DRC), Afghanistan, and Mali. As they strive to combat armed groups, mediate peace agreements, and protect civilians from violence, the political and security activities of these missions inevitably come into tension with humanitarians operating under principles of strict neutrality and independence to avoid politicizing their presence.

The complexity of this relationship reached new heights in 2018, when, for the first time, the Ebola virus disease was detected in an area of active armed conflict. The unstable province of North Kivu, in the eastern DRC, featured an insurgency for almost three decades despite the presence of peacekeepers from the UN peacekeeping mission known as MONUSCO. When the World Health Organization

(WHO) initiated a large-scale emergency health response program in August 2018, its effects on conflict dynamics were immediate, profound, and ultimately undermined both health and peace-building efforts in the DRC.

As part of its project on Rethinking the Humanitarian Health Response to Violent Conflict, the American Academy of Arts and Sciences has published *Peace Operations at the Intersection of Health Emergencies and Violent Conflict: Lessons from the 2018–2020 DRC Ebola Crisis*. The report, prepared by former UN official and peace operations researcher Dirk Druet, asks how the health response impacted the conflict, what roles peacekeepers played in the response, and what can be learned about security, perceptions, and trust in international responses to multidimensional emergencies in conflict environments. As the COVID-19 pandemic brings together conflict dynamics and health emergencies in a wide variety of settings, and as trends in the politicization

of humanitarian assistance continue, the study provides insights into how the international community can better manage future multidimensional emergencies. The report examines three phenomena that influenced the Ebola crisis in 2018.

Legacies of Control and Predation in State Health Systems

The present-day DRC health system grew, in part, out of colonial strategies for exploitation of human beings for labor. When the rubber and ivory trades in the Belgian Congo caused new outbreaks of diseases such as sleeping sickness around the turn of the twentieth century, authorities established a system of cruel isolation centers and forced treatment that reduced the spread of disease while maintaining a centralized labor supply.

The extractive motives of the country's early health system reproduced themselves in the first decades of the Congolese state. Public health, like other government services under the reign of Mobutu Sese Seko, was heavily centralized and quickly hollowed out as the country descended into the logic of violence that is dominant today. The historical roots of public health in the Congo thus offer critical insights into how power and knowledge in health are perceived and understood in the DRC today.

Lessons from the 2014–2016 West African Ebola Crisis

When Liberia declared a state of emergency and began locking down neighborhoods to slow the spread of Ebola in August 2014, the UN Mission in Liberia (UNMIL) was one of the few international actors with a significant presence throughout the country. A decade-and-a-half after the country's civil war ended, the weakness of national and social institutions was immediately apparent as the government struggled to deliver supplies and services in the capital and across the country. UNMIL stepped in, lending its vast logistical resources to help local and international authorities ramp up their response to the pandemic.

As the early health response met resistance from communities suffering from fear, economic

downturn, and violations by security forces, UNMIL's political, human rights, and communications capacities helped to maintain stability while responding to violations committed during the imposition of public health measures. The experience highlighted the comparative advantage of peace operations in establishing large-scale emergency operations, while the broader health response taught the international health community an important lesson about tailoring responses to local contexts.

Conflict Dynamics and the Peace Operation in the DRC during the 2018 Ebola Crisis

In 2016, the latest in a long line of political settlements brought the DRC back from the brink of civil war as then-President Joseph Kabila agreed not to stand for a third term in office and MONUSCO was asked to help organize elections. The agreement put a shaky lid on a volatile situation in the east of the country, where more than seventy armed groups were active. Beni territory, where the Ebola outbreak began, was the base of the Allied Democratic Forces, a group notorious for its brutality against civilians, especially those perceived to have collaborated with government offensives—sometimes supported by MONSUCO—against the group.

The WHO's decisions about how to work within this complex political and security context and how to manage relations with the government's response had devastating side effects. They empowered officials and security forces notorious for exacting revenge against local communities and transformed the local war economy into what became known as the "Ebola Business," in which multiple business and security actors had an interest in prolonging the crisis. The result, made worse when the government canceled elections in the opposition stronghold, was widespread fear and mistrust of the motives for the health response. As international health programs became intertwined with the drivers of the conflict in the minds of the population, health workers encountered greater resistance to Ebola response measures and became targets of violence, inhibiting the health response and accelerating the spread of disease.

Recommendations

The report's five recommendations—aimed at the UN Departments of Peace Operations and Political and Peacebuilding Affairs, the WHO, international nongovernmental health and humanitarian actors, and the diplomatic community—seek to ensure that future emergency health responses in active conflict situations are better conceived, planned, and executed.

Recommendation 1: *Conduct a thorough diagnostic of the political, economic, and conflict contexts for a health response.*

In the 2018 Ebola crisis, the WHO and its partners were ill-equipped to understand how their actions would impact conflict dynamics, including historical relationships between society and state institutions. Future responses in conflict zones must be accompanied by in-depth analyses of the conflict and the local political economy, drawing on the knowledge and expertise of peace operations.

Recommendation 2: *Position peace operations and government forces at arm's length.*

International health actors are accustomed to working with national health systems, but in areas of armed conflict the government is often a party to the violence. UN missions that are also active in a conflict setting can provide security to health actors but potentially at the expense of public trust in the neutrality of those actors. Sensitivity to community-level conflict dynamics is therefore a key component of any emergency health response in a conflict-affected area.

Recommendation 3: *Balance international “pandemic panic” with the risk of doing harm.*

The gravity of the DRC Ebola crisis provoked a “no regrets” policy in the international community that prioritized the health response at all costs. But public health responses work only if they can reach affected communities safely and if people trust the response sufficiently to accept and participate in public health measures. The “no regrets” policy had the opposite effect, exacerbating the conflict while slowing the health response.

Recommendation 4: *Leverage peace operations' logistical capacities.*

UN peace operations on the ground in conflict situations often possess unique logistical capacities that can jump-start emergency health supply chains and service delivery. While steps must be taken to ensure that the optics of this support maintain a clear distinction between the peacekeeping mission and the humanitarian actors, the capacities of the former can accelerate the roll-out of an emergency health response and should be embraced by humanitarian and health actors.

Recommendation 5: *Marry localized approaches to large-scale international responses.*

The 2014–2016 West African Ebola crisis highlighted the importance of understanding and adapting to local community structures, customs, and economies. However, this is easier said than done in an insecure, politically volatile environment. Peace operations' experiences in protecting civilians from violence and adapting to localized community protection strategies should therefore be consulted by those designing responses to public health emergencies in conflict zones.

Project on Rethinking the Humanitarian Health Response to Violent Conflict



The Academy's project on *Rethinking the Humanitarian Health Response to Violent Conflict* brings together legal and security experts, health professionals, leaders of humanitarian organizations, policy-makers, artists, and representatives of victimized communities to confront the current crisis in humanitarian protection and the provision of health services in areas plagued by armed conflict. The project's overarching goals include helping to define new strategies for the effective provision of humanitarian health responses to populations in need.

To download a copy or to access an online version of *Peace Operations at the Intersection of Health Emergencies and Violent Conflict: Lessons from the*

2018–2020 DRC Ebola Crisis, please visit www.amacad.org/pandemicsandpeaceoperations.

page 1: A UN peacekeeper has his shoes cleaned with a chlorine solution before leaving an Ebola treatment center in Mangina, North Kivu province, on September 1, 2019. Photo by Alexis Huguet/AFP via Getty Images.

above: Nacer Thabouti (center) and Elysee Sorgho (left) of the Ebola task force of MONUSCO and Felicien Malyra (holding the information pamphlet) of UNICEF Focal point inform prisoners at the "Kakwangura" jail in Butembo in North Kivu about how they may protect themselves against the Ebola virus, August 9, 2019. UN Photo/Martine Perret.

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