COVID-19 AND CIVIL CONFLICT: 
THE CASES OF SYRIA, LIBYA AND YEMEN

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Introduction

Since February, the novel coronavirus (COVID-19) has spread across the world and, at the time of writing, has infected over 649,000. While most news coverage has focused on the United States’ and Europe’s responses to the virus, other countries had faced bleak futures even before the global pandemic. Specifically, Syria, Yemen, and Libya have been locked into incredibly destructive internal conflicts for the past six years or longer, further heightening the risks that accompany the pandemic. Some leaders and scholars hoped that the global pandemic and its humanitarian costs would incentivize the warring parties to, at least temporarily, freeze their conflicts and focus on cooperation against the virus. On March 23, 2020, UN Secretary General Antonio Guterrez called for a worldwide ceasefire and committed the UN to help provide relief and establish peace in areas that were already at a high risk for the virus to spread. Has this ceasefire call worked? Has the trajectory of these conflicts changed because of COVID-19? Or are the parties running headlong into yet another humanitarian crisis?

In this policy brief, we will evaluate these three conflicts in an attempt to assess whether ceasefires have materialized, how the virus is impacting the course of fighting, and what policies seem most appropriate to avoid exacerbating some of the contemporary world’s greatest humanitarian disasters. We will begin with an analysis of the UN’s worldwide ceasefire call and the international response. Then, we will lay out the trajectory of each of the three conflicts since November 2019 in order to provide a comparison of the fighting before and after the ceasefire call and COVID-19 outbreak. Finally, we will analyze the effectiveness of the ceasefire call and the impact of COVID-19 on the fighting. We will conclude with several warnings and policy prescriptions to attempt to avert greater humanitarian crises in these areas.

Pandemic and UN Ceasefire Call

At the beginning of 2020, China was trying to discern why it had an unusual number of pneumonia cases in Wuhan Province. Within one month, the world began to understand that it was on a precipice as that same virus began to spread across the world. By February, Italy and much of Europe plunged into a pandemic, shortly followed by North America and Africa. Most countries began enacting emergency measures such as closing borders, halting international travel, instructing citizens to begin wearing masks, and enforcing mandatory quarantines to slow the rate of transmission. International organizations such as the United Nations also sought to soften the impact of COVID-19, providing technical and financial assistance to countries in need.

As mentioned in the introduction, on March 23, 2020, UN Secretary General Antonio Guterrez called for a worldwide ceasefire, citing the already collapsing healthcare systems and the imminent danger posed by the virus to refugees and internally displaced persons. “The fury of the virus illustrates the folly of war,” said Guterrez. Many world leaders and peacemakers expressed support for this worldwide ceasefire, and within one week over seventy countries signed onto this call. Eventually, more than 200 NGOs and 2 million citizens expressed support for the initiative.

In the follow-up report ten days later, the UN specifically mentioned the ceasefire response in Syria, Libya, and Yemen. Although at least one party in each conflict verbally committed to the ceasefire, the UN lamented the stark difference between the parties’ words and actions as the fighting continued unabated. More surprisingly, the UN Security Council (UNSC) failed to unanimously support the ceasefire call, instead bickering over the language used in the resolution. Reportedly, the United States refused to sign a document that mentioned the World Health Organization (WHO), thus obstructing Security Council support. Eventually, 100 days after Guterrez’s initial ceasefire plea, the UNSC passed a resolution in favor of the global ceasefire on July 1.
The UN has insisted that all parties should commit to a temporary ceasefire and has dedicated multiple envoys and local representatives to cooperating with the parties to find a workable solution. Since April, however, the call seems to have lost momentum. A Crisis Group report suggested that four main problems plagued this ceasefire call. First, both sides needed to express support for the ceasefire. This did not happen in many cases. Second, rhetorical pleas are much easier to execute than ceasefire agreements that require confidence-building mechanisms and security guarantees. The parties cannot simply call a ceasefire and implement it in a number of days. Third, as we will see later, the virus has not ravaged these conflict areas nearly as much as anticipated. And finally, the Security Council’s delay undermined the effectiveness of the call.7

Now, we will turn to an analysis of the three conflicts and consider the impact of the ceasefire call.

**Syria**

The Syrian Civil War has come to a (uneasy) stasis in the last year. On the heels of the U.S. withdrawal in October 2019, the Turkish military moved into Northern Syria and now controls a significant portion of its territory, while Kurdish forces took over control of prisons filled with former Islamic State (ISIS) fighters in the northeast of Syria.8 The country has been torn into five different areas of control, as seen in the map below. The Syrian Kurds, along with Turkey, still control large parts of the northern border. Syria has regained control of most of the southern part of the country; however, Hayat Tahrir al-Sham (HTS), a conglomeration of multiple radical Islamist groups including former members of Jabhat al-Nursa, maintained their stronghold in Idlib and some surrounding regions. For the last six months, the fight for Idlib has represented the dying breath of the civil war.

The UN has documented war crimes by both the government and the rebel side, especially in the last six months. The Syrian government coalition has been bombing the city of Idlib since the birth of HTS in 2017 yet has failed to expunge the group. More than 600 civilians have died as a direct result of the fighting since November,9 and more than a million more have fled, perpetuating one of the world’s largest humanitarian crises.10

Syria diagnosed its first case of COVID-19 on March 23; however, for the first two months, the virus spread slowly, never infecting more than ten people per day. Syria reported its first COVID-19-related death on March 30. Currently, Syria has diagnosed 1,255 cases and 52 deaths from the virus.11 The actual numbers are likely much higher, since accurate information is scarce in the country and Syria has applied less than 10,000 tests.12 The following graph shows the number of reported cases in Syria.
Despite the slow growth of the numbers, reports from detention camps under Kurdish control suggest that internally displaced persons (IDPs) fear a large outbreak, since they are at a heightened risk for contracting and spreading the virus to a large number of people. This has led to a number of camp riots and unrest. Currently, only half of Syria’s hospitals are operational, and most areas do not have testing capabilities or a sufficient supply of face masks. Social distancing is nearly impossible, especially in refugee and detention camps. Furthermore, the recent 200% hike in food prices has further threatened Syrian citizens. This has led Syrians to coin the phrase, “death by corona or death by starvation.” Although the virus has yet to infect a large number of people in Syria, everyone clearly perceives the immense threat COVID-19 poses.

On March 5, 2020, Turkey, which supports the Syrian opposition, and Russia, which supports the Syrian government, negotiated a ceasefire to avoid a potential direct confrontation between Russian and Turkish armed forces. This ceasefire included joint Turkey-Russia security patrols, although Turkish President Recep Tayyip Erdoğan maintained that the Turkish military would defend itself if challenged. If we consult a graph of the number of daily fatalities, we can see that the average number of deaths plummeted after the Idlib ceasefire, while the growth of COVID-19 and the UN ceasefire have had very little effect. Before the Idlib ceasefire, the average daily deaths since November 1, 2019 was 41, while after the ceasefire the mean number of deaths was 17.

Although it seems clear that the Idlib ceasefire significantly reduced violence in Syria, some sources suggest that the UN ceasefire call and accompanying support has provided an additional layer of safety to the tenuous arrangement. Although we cannot estimate the causal weight of the ceasefire versus the UN call, we can confidently say that this has been the most peaceful five months in Syria since 2011. This provides some hope that the nine-year civil war is slowly coming to a natural and fortuitous pause, allowing the government and people to refocus their energy on fighting the pandemic and rebuilding the country.
Libya

The civil war in Libya has been raging since 2014, when field general Khalifa Haftar challenged the Libyan government in Tripoli, splitting control over Libya between east and west. Consistently supported by Egypt, the challenging group—the Libyan National Army (LNA)—had made progress from its self-declared capital in Benghazi, nominally controlling a large portion of the country and, in April 2019, launching a vicious assault on Tripoli, the capital of the UN-backed Government of National Accord (GNA) led by Fayez al-Serraj. This last offensive has caused over 2,000 civilian deaths and displaced more than 210,000 others. The UN estimates that 1.3 million people in Libya require humanitarian assistance.

Although many segments of the country support Serraj, others view Haftar as a bulwark against extremism despite the risk of another descent into military dictatorship under his leadership. Much of this fighting has centered around control over the Libyan National Oil Corporation. When the LNA wrested control over western ports, they suspended oil shipments to squeeze GNA resource flows.

International actors have also attempted to capitalize on these intersecting conflict interests. In November 2019, the GNA signed an oil agreement with Turkey to build a gas line between the two countries through the Mediterranean Sea, upsetting Cyprus, Greece, and other regional oil players. Furthermore, in the last few years, Russia, Saudi Arabia, and the United Arab Emirates have thrown their support behind the rebels, counterbalancing the GNA’s alignment with Turkey, Qatar, the EU, and the UN. Reminiscent of the Syrian Civil War, these competing foreign alliances have complicated peace negotiations, and the political quagmire has cleared space for other actors such as the Islamic State (ISIS) and other armed groups to operate freely in Libya.

The parties have attempted to peacefully resolve the conflict multiple times. Despite promising results from the Libyan Political Agreement of 2015 that elected the uncontroversial Serraj as prime minister in the GNA and the 2018 Paris Peace Conference, which called for new elections that never materialized, every ceasefire or agreement has collapsed within months. The parties met twice in January 2020—the first time in Moscow, then in Berlin—yet they have failed to implement a ceasefire. In early 2020, the GNA rebuffed the eight-month siege of Tripoli and began pushing the LNA back, reclaiming territory and putting pressure on Haftar, who refuses to moderate his political demands despite losing much of his public support. In the past four months, the GNA has reasserted control over much of the northwestern corner of the country, shifting the momentum in the GNA’s favor. However, this assault has coincided with the pandemic.

Similar to Syria, COVID-19 started slowly in Libya, only beginning to spread widely at the end of May. Recent infections have remained mostly in the south, away from the conflict zone. Since the beginning of the outbreak, Libya has recorded 5,929 confirmed cases and 125 virus-related deaths. Although Libya has some testing capabilities and operable hospitals, the high number of displaced persons and soaring food prices have compounded the virus’ threat. The GNA has imposed a man-
datory curfew and banned inter-city travel to slow the spread of the virus.

The parties had already conveyed interest in calling a temporary ceasefire a few days before the UN call. Both expressed support for a humanitarian pause in the fighting on March 21, however, as the below graph shows, violence clearly escalated after the UN ceasefire call. Before March, the average number of conflict deaths per day was around four. Since the ceasefire call, however, the number jumped to ten, with a single-day high (April 12) of 195 deaths. Furthermore, bombings in Tripoli have hit hospitals, destroying and damaging critical infrastructure necessary to combat COVID-19. In recent days, the Turkish-backed GNA has hardened their stance against the LNA, demanding that Haftar’s forces withdraw from the long-contested city of Sirte and Jufra. In response, the LNA has appealed to Egypt for tactical and military support against the GNA offensive, and it seems that Egypt has obliged this request.

Soaring food prices, damaged healthcare facilities, and the escalation of the conflict portend an even greater crisis if the pandemic spreads through the country. The deep involvement of multiple international actors further complicates a potential peace process. Some informed analysts suggest that a peace process need not include Haftar since he has become nearly politically defunct; however, with the backing of Egypt and Russia, he still controls considerable military forces. Other reports argue that the UN and EU should take the lead to forge a peace agreement, but we will consider this possibility in the final section.
Yemen

Similar to the two previous conflicts, the aftermaths of the Arab Spring also ignited the conflict in Yemen. The Houthi rebels, formerly known as Ansarallah, launched their uprising against President Hadi in 2014 and seized control over a large swath of North Yemen including the capital, Sana’a. This conflict’s characteristics are broadly similar to the previous two—significant international involvement, acute humanitarian need, overlapping and competing areas of control by numerous actors, and failed attempts at peace-making in the past.

Although it has denied this, Iran supports the Houthis while Saudi Arabia and the UAE support the Yemeni government. Saudi-led airstrikes have destroyed much of the rebel territory including hospitals and oil fields. As with Libya, disruptions in oil production and exports as well as a Saudi blockade of Yemeni ports have decimated the Yemeni economy, causing gas prices and food prices to soar. The human toll is immense, competing with Syria for the title of “world’s worst humanitarian crisis.” Since the war began, more than 100,000 people have died, 23,000 in 2019 alone. Approximately 12,000 civilians have perished as a direct result of the war and innumerable more from conflict-related causes like malnutrition, poor or no healthcare, and little access to drinkable water. According to the UN, 24 million people require humanitarian assistance including 2 million malnourished children, 360,000 of whom are below the age of five and are struggling to survive.

In the competition for control, other groups have flourished—Al-Qaeda in the Arabian Peninsula (AQAP), the Islamic State, and the UAE-supported Southern Transition Council (STC), which declared self-rule in the southern city of Aden, the temporary seat of the Yemeni government, in April 2020. As it stands now, the conflict continues unencumbered by the unfathomable human suffering.

Of the three conflicts in this analysis, Yemen faces the worst COVID-19 outlook. It diagnosed its first COVID-19 case on April 10. Infections started to rise substantially at the end of April, yet, as with others, the actual number of cases is likely much higher than the reported numbers. Currently, Yemen has 1,832 confirmed cases and 518 deaths. This death rate—greater than 28%—is five times higher than the world average. Yemen’s healthcare system is nearly non-existent. The conflict has destroyed more than half of the hospitals in the country, and as of April 23, Yemen only had a few hundred ventilators to serve its population of 30 million people. Operational hospitals lack basic necessities such as gloves, masks, oxygen, and reliable water and electricity. Many of the workers are unpaid.

Needless to say, if the virus begins spreading more rapidly, most Yemeni citizens are doomed to fight the virus alone.
Peace in Yemen has been elusive. In December 2018, the parties attempted to resolve one of the longest-standing disputes in the country over the Red Sea port of Hudaydah and signed the Stockholm Agreement in December 2018. Although direct confrontations in that area waned after the agreement, many of the main stipulations of the agreement remain unfulfilled, and the conflict has intensified in other regions, ultimately offsetting any positive progress from that agreement.

Despite nearly immediate rejection by the Houthis, in April 2020 Saudi Arabia declared a unilateral ceasefire for two weeks and then extended the ceasefire for another month. However, conflict death trends do not reflect any cessation in hostilities. In fact, the average daily deaths rose from 44 to 57 after the ceasefire call, including the time period during the Saudi ceasefire. More recently, the STC and the Saudi-led coalition have signed a ceasefire covering parts of the South; however, this agreement has been in effect for less than a month, preventing us from analyzing its effects on the violence.

**Analysis**

As seen in the case studies, the UN’s ceasefire call and devastating specter of COVID-19 have had very little impact in these conflicts. Where violence has waned, the parties had already signed a ceasefire of their own accord, completely separate from considerations of the UN call or COVID-19 forecasts. Earlier reports from the Peace Research Institute of Oslo (PRIO) came to similar conclusions. Despite UN pleas and COVID-19 infections, violence has not ceased. In fact, in Libya and Yemen, fatalities actually increased in the past four months.

Regarding the possibility that these parties can negotiate and sign a ceasefire, the literature paints a bleak picture. Studies have found that UN-coordinated ceasefires do not last long and rarely lead to future peace. Lasting peace requires the investment of local leaders and fighters such as the case in localized ceasefires in Syria. However, the presence of multiple international actors almost demands larger negotiations, which would be best handled by the UN.
The situation in these countries amid the pandemic shows the limits of change in conflict dynamics even if there emerges a serious, uncontrollable external challenge. It seems that all sides in each conflict are unconcerned about the potential humanitarian cost of continuing violence. Furthermore, international actors have, at best, lacked the collective will and ability to decisively intervene to protect human lives. At worst, they have ambivalently disregarded the worsening situations in these countries. Thus, from our case studies, we would recommend that the international system and involved actors focus primarily on the humanitarian situation while also working toward a negotiated settlement. Concentrating on developing better methods of aid management and provision remains the most rational, and indeed possible, way to respond to the current situation. Humanitarian space must be expanded in these countries and throughout the region.

However, easing human suffering in these contexts remains difficult. Two contradictory trends in humanitarian aid literature will illuminate these difficulties. One argument suggests that aid organizations must deeply understand the situation on the ground and work with local actors to effectively distribute aid. Conversely, Alterman has argued that, especially in the case of Yemen, working with the conflict actors who exercise de facto control over these areas enables them to divert aid resources to their supporters and use humanitarian assistance to bolster their fighting capabilities, ultimately exacerbating the conflict rather than relieving human suffering. Furthermore, as aid agencies diagnose critical areas of need, very often the losing side in a conflict requires greater assistance. Through this same process, as previously noted, this can actually perpetuate conflicts since more relief goes to the weaker side, thereby strengthening them and equipping them to continue fighting. Thus, if not carefully provisioned and adequately monitored, aid can actually perpetuate violence. However, other literature provides a brighter outlook.

Some studies have connected large humanitarian disasters to effective peace processes. In Indonesia and Sri Lanka after the 2005 tsunami, in Myanmar after Cyclone Nargis, and in the Balkans after the break-up of Yugoslavia and the ensuing refugee crisis, the need for collective and purposive action against a country-wide threat propelled the actors to strike a peace deal and jointly address the threat with the help of regional and international organizations. Each of these examples shows us how the combination of local ownership, regional organizational involvement, and sufficient international support has and can spur peace processes in the wake of natural disasters.

Our best hope for easing human suffering in these three situations is to, as Lane suggests, craft ceasefires spearheaded by local actors including human rights protections and consistent and effective monitoring. This would create a situation of ceasefire coexistence, as Akebo outlines, whereby the parties can bolster their own legitimacy and governance record while providing critical assistance to those in need.

Unfortunately, especially in Libya and Yemen, the conflicting actors cannot even agree on the need for a ceasefire at all. Perhaps a larger outbreak of COVID-19 might compel the parties to negotiate; however, in Yemen, already rife with human suffering, it seems unlikely that additional hardships could change the parties’ calculations. Libya seems doomed to a similar fate as international actors continue dumping resources and weapons into the conflict. In fact, Syria is the only country in our cases to have actually reduced conflict deaths during the pandemic, even though their tenuous peace has very little to do with the virus or respecting human rights.

While these countries must clearly suspend their conflicts and unite against a greater common threat, the harsh reality is that the UN and international actors will not initiate this process. Local involvement is paramount to a workable, albeit temporary, peace. Although the recent trajectory of these conflicts suggests that the pandemic has not drastically transformed the parties’ strategies, with broad and consistent international pressure and the investment of regional actors and aid organizations, the parties may sense the need for a ceasefire and avert an even graver crisis.
Endnotes


5 | Ibid.


18 | Siri Aas Rustad, Havard Mokleiv Nygard, and Fredrik Methi, “Are the Coronavirus


25 | Tarek Megerisi “Geostrategic Dimensions of Libya’s Civil War.”


31 | Tarek Megerisi, “Libya’s Global Civil War.”


34 | Ibid.


36 | BBC, “Yemen Crisis: Why is there a war?”


39 | Jeremy M. Sharp, “Yemen: Civil War and Regional Intervention.”

40 | UNICEF, “Yemen Crisis.”

41 | Jeremy M. Sharp, “Yemen: Civil War and Regional Intervention.”
| 45 | Siri Aas Rustad, Havard Mokleiv Nygard, and Fredrik Methi, “Are the Coronavirus Ceasefires Working?” |
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