

MULTILATERAL PEACE OPERATIONS AND THE CHALLENGES OF EPIDEMICS AND PANDEMICS

MARINA CAPARINI

I. Introduction

Acute public health crises have increasingly been perceived as a new threat to international peace and security over the past 20 years. Multilateral peace operations have been affected by various epidemics in the conflict-affected settings into which they have been deployed. This paper examines how peace operations conducted by the United Nations and selected regional and sub-regional organizations, such as the African Union (AU) and the European Union (EU) have responded to various epidemics from the global spread of HIV/AIDS, especially since 2000, to the cholera outbreak in Haiti in 2010, the Ebola epidemic in Liberia and upper West Africa in 2014–16, the Ebola epidemic in eastern Democratic Republic of the Congo (DRC) in 2018–20 and, since the end of 2019, the Covid-19 pandemic.

Epidemics, pandemics and endemic diseases (see box 1) can prove especially lethal in conflict-affected contexts of widespread population displacement and acute humanitarian need. Armed conflict has long-term repercussions for the social and economic conditions that intersect with and underpin health, and it often severely weakens or destroys public health systems. In many of the areas where epidemics have taken hold, deeply embedded structural inequalities that have emerged from historical colonial experiences, exploitative extractive economies and weak or predatory state governance compound the effects of armed conflict. This confluence of factors has resulted in ‘clinical deserts’, or regions lacking the most essential forms of healthcare, in upper West Africa and eastern DRC.¹ The chronic absence of critical health infrastructure enabled the Ebola virus to kill prolifically, including healthcare workers, in what became the world’s worst Ebola outbreak in Liberia.² The DRC also has one of the weakest health infrastructures in the world. At the time of the Ebola epidemic there were 0.28 physicians and 1.91 nurses and midwives per 10 000 people, one of the lowest ratios of healthcare professionals to population in the world, and no

SUMMARY

● This paper provides a broad overview of how multilateral peace operations have responded to cholera and Ebola epidemics and the HIV/AIDS and Covid-19 pandemics over the past 20 years. Such public health crises can be especially lethal in fragile and conflict-affected areas.

Peace operations possess resources and capacities that enable them to contribute in varying ways to state and humanitarian responses. Multilateral peace operations have acted to protect the health of peacekeepers and to prevent peacekeepers from spreading infectious diseases. They have also directly provided security to health and humanitarian personnel, health services and supplies to some non-mission personnel and local communities, and communications capacities to dispel dis/misinformation and inform local populations about health measures. Another area where peace operations have given indirect support to epidemic/pandemic response measures is by offering political engagement, coordination, training and material support to host state actors as well as supporting the rule of law and capacity building of local security and police personnel. The paper concludes by considering arguments against and in favour of more strategic involvement of peace operations in future epidemics and pandemics.

¹ Farmer, P., *Fevers, Feuds and Diamonds: Ebola and the Ravages of History* (Farrar, Straus and Giroux: New York, NY, 2020).

² Farmer (note 1), p. 48.

**Box 1. Definitions**

The differences between pandemics, epidemics and endemic disease relate to the rate and extent of spread of a disease.

An *outbreak* is a ‘sudden increase of a disease’ within a limited geographic area.^a

An *epidemic* is a sudden rapid increase in the number of disease cases affecting a large number of people in a given population or specific geographical area. Although many epidemics involve contagious disease (e.g. yellow fever, measles, polio, Ebola), not all epidemic diseases are contagious, and the term has also been applied to lifestyle- or health-related disease in certain contexts (e.g. obesity or smoking).^b Epidemics may be regional but are generally contained in their spread.

‘*Pandemic*’ is the term used when a disease has affected a wide area such as several countries and populations. The World Health Organization (WHO) declares a pandemic when a disease undergoes exponential growth affecting a wide geographical area. An epidemic can develop into a pandemic through its spread across international borders. The Covid-19 pandemic has spread globally, and by mid-September 2022, had caused some 6.484 million known deaths worldwide.^c The actual number is likely to be much higher and according to the WHO’s estimate, had reached nearly 15 million by May 2022.^d Other examples of pandemics include the Black Death (1346–53) and the Spanish Flu (1918–20). HIV/AIDS is also classified as a pandemic. Since its appearance in 1981, it has caused an estimated 35 million deaths globally.^e

The term ‘*endemic*’ is used to describe ‘a disease outbreak that is consistently present but limited to a particular region’, providing predictable disease spread and rates.^f Malaria is frequently categorized as endemic to certain regions in Africa where it remains at constant levels.

^a Centers for Disease Control and Prevention, ‘Principles of epidemiology in public health practice’, Lessons 1–11, 2006, updated 2011.

^b Mailman School of Public Health, Columbia University, ‘Epidemic, endemic, pandemic: What are the differences?’, Updated 7 June 2022.

^c World Health Organization, Coronavirus (Covid-19) Dashboard, accessed 9 Sep. 2022.

^d Grimley, N., Cornish, J. and Stylianou, N., ‘Covid: World’s true pandemic death toll nearly 15 million says WHO’, BBC News, 5 May 2022.

^e Mailman School of Public Health (note b).

^f Mailman School of Public Health (note b).

public health financing as the broken health sector relied almost entirely on external assistance.³

Prolonged civil conflict can also result in low levels of public trust in governmental authorities and international actors, and attacks on those who deliver or support epidemic response can create significant challenges for the containment and treatment of disease.⁴ Instability and conflict can undermine trust in state and non-state actors, impeding measures that are often necessary to contain and treat outbreaks or epidemics, such as surveillance, contact tracing and vaccination.⁵

Two key themes emerge when examining the interaction between epidemics/pandemics and peace operations. The first theme is the question of how epidemics affect peace operations and their personnel, evoking issues of the health and well-being of peacekeepers and the duty of care obligations of missions and of troop- and police-contributing countries to their personnel. This issue also raises the potential impact of peacekeepers’ ill-health on the local population. It therefore highlights issues of due diligence of contributing countries and peace operations regarding the health of their personnel,

³ Sasidharan, S. and Dhillon, H. S., ‘Ebola, Covid-19 and Africa: What we expected and what we got’, *Developing World Bioethics*, vol. 21, no. 1 (Mar. 2021).

⁴ Muzembo, B. A. et al., ‘Local perspectives on Ebola during its tenth outbreak in DR Congo: A nationwide qualitative study’, *PLOS One*, 22 Oct. 2020.

⁵ Wells, C. R. et al., ‘The exacerbation of Ebola outbreaks by conflict in the Democratic Republic of the Congo’, *Proceedings of the National Academy of Sciences of the United States of America*, 21 Oct. 2019.



and safeguards against importing or amplifying epidemics among local populations.⁶

The importance of preventing the spread of infectious disease emerged from the experience of the UN's peacekeeping mission to Haiti, when infected personnel from a Nepalese contingent of UN peacekeepers inadvertently acted as a 'vector' by which the pathogen causing cholera was introduced to the host state population.⁷

Similar concerns about the risk of transmission of HIV/AIDS by peacekeeping personnel arose as a result of findings of a higher incidence of HIV/AIDS among the personnel of many countries' military forces compared to the general population; a high frequency of sexual contacts with sex workers and local populations by soldiers deployed in conflict settings, including those on peacekeeping missions; and that HIV among peacekeepers increases in correlation with the time spent on deployment.⁸ These factors were found to make members of armed forces a 'high-risk sub-group for the acquisition of HIV infection, and a key "bridging" group or conduit for HIV on their return not only to their families, but also to the wider community'.⁹

Concerns about HIV/AIDS and cholera transmission by peacekeepers have led to an emphasis on prevention

The other main theme in discussions about the involvement of peace operations in epidemics/pandemics, and the one that is the primary focus of this paper, is the types of activities and roles that peacekeeping missions have played in responding to epidemics and pandemics in the contexts in which they have been deployed.

This paper reviews the existing literature and debates on peace operations and epidemics/pandemics, and examines the parameters for their past engagement in assistance and response. Section II outlines how multilateral peace operations have been involved in dealing with epidemics and pandemics since 2000. It categorizes activities that missions could undertake to prevent or respond to epidemics and pandemics. Based on this categorization, section III provides examples of such activities undertaken by peace operations. Section IV identifies the opportunities and challenges peace operations face in responding to epidemics and pandemics. Section V examines how peace operations cooperate and coordinate on the issues around epidemics and pandemics in integrated missions, between missions in multi-mission environments and with other actors. The paper concludes by outlining the implications for multilateral peace operations when dealing with epidemics and pandemics.

⁶ As applied to peace operations during the Covid-19 pandemic, see van der Lijn, J., *The Impact of the Covid-19 Pandemic on Multilateral Peace Operations*, SIPRI Report (SIPRI: Stockholm, May 2022).

⁷ Katz, J. M., 'UN admits role in cholera epidemic in Haiti', *New York Times*, 17 Aug 2016.

⁸ Jaye, T., 'HIV/Aids dimensions of Disarmament, Demobilization (DDR) and Security Sector Reform (SSR) processes in post-conflict reconstruction', *International Peacekeeping*, vol. 20, no. 4 (Aug. 2013), p. 512.

⁹ UNAIDS, 'Aids and the military', May 1998; and Bazergan, R. and Easterbrook, P., 'HIV and UN peacekeeping operations', *AIDS*, vol. 17, no. 2 (Jan. 2003), pp. 278–79.



II. Peace operations, epidemics and pandemics

UN Security Council and AU Peace and Security Council responses to epidemics and pandemics relevant to peace operations

Since 2000, the growing international attention on the spread of infectious diseases that pose risks to the public health of other states has been reflected in the proceedings of the main bodies responsible for international peace and security. Statistics indicate that health-related issues became a leading cause of fatality for peacekeepers in the field.¹⁰ The focus on epidemics was initially on their potential impact on the health and fitness of peace operations personnel.

UN Security Council Resolution 1308 on HIV/AIDS and international peacekeeping operations recognized the impact of the HIV/AIDS pandemic on peace and security on the African continent, and its exacerbation in conditions of violence and instability linked to population displacement, uncertainty and reduced access to medical services.¹¹ The resolution focused on the risk of HIV/AIDS to the health of peacekeeping and support personnel, but did not specifically address any operational role for peacekeepers. It instructed that HIV/AIDS prevention awareness be incorporated into UN Department of Peacekeeping Operations pre-deployment and ongoing training for peacekeeping personnel, and encouraged member states to develop their HIV prevention, testing, counselling and treatment policies for personnel to be deployed in international peace operations.¹²

Only in 2011 were peacekeeping missions specifically instructed to integrate HIV prevention into certain mandated activities to assist the host state. Acknowledging that peace operations could contribute to an integrated response to HIV/AIDS, Security Council Resolution 1983 encouraged ‘the incorporation, as appropriate, of HIV prevention, treatment, care, and support . . . in the implementation of mandated tasks of peacekeeping operations,

including assistance to national institutions, to security sector reform (SSR) and to disarmament, demobilization and reintegration (DDR) processes’.¹³ The resolution further underlined the need to conduct HIV prevention within UN missions, recommended strengthening the policy of zero tolerance of sexual exploitation and abuse in UN missions,

and encouraged member states to cooperate on implementing HIV and AIDS prevention, treatment, care and support for uniformed and civilian personnel deployed to UN missions.¹⁴ It noted that ‘the protection of civilians by peacekeeping operations, where mandated, can contribute to an integrated response to HIV and AIDS, inter alia, through the prevention of conflict-related sexual violence’.¹⁵ In view of the epidemic’s disproportionate burden on women, it also called for the strengthening of the capacities of

In 2011 UN peacekeeping operations were told to implement HIV prevention in activities supporting the host state

¹⁰ See United Nations Peacekeeping, ‘Fatalities by year and incident type’, up to 31 Dec. 2021.

¹¹ United Nations Security Council Resolution 1308, 17 July 2000.

¹² United Nations Security Council Resolution 1308 (note 11), operative paragraphs 1–4.

¹³ United Nations Security Council Resolution 1983, 7 June 2011, operative paragraph 7.

¹⁴ United Nations Security Council Resolution 1983 (note 13), operative paragraphs 1–10.

¹⁵ United Nations Security Council Resolution 1983 (note 13), 13th preambular paragraph.



national health systems and civil society networks to provide assistance to women living with or affected by HIV in conflict and post-conflict settings.¹⁶

Other infectious disease outbreaks have been seen in various countries where UN peace operations operate, such as the tuberculosis, typhoid, Ebola and Marburg Virus Disease outbreaks in the DRC during the deployment of the UN Organization Mission in the Democratic Republic of the Congo (MONUC) in 1998–2000, and the 2004 outbreak of the endemic Lassa fever in Sierra Leone where UN Mission in Sierra Leone (UNAMSIL) peacekeepers were deployed, as well as in Liberia during the deployment of the UN Mission in Liberia (UNMIL).¹⁷ These were limited in scope and not addressed in any UN Security Council Resolution. However, an outbreak of the Ebola Virus Disease in upper West Africa, first identified in March 2014 in the Republic of Guinea, was particularly lethal and far-reaching and became the largest Ebola epidemic in history.¹⁸ The World Health Organization (WHO) declared the situation in West Africa a Public Health Emergency of International Concern (PHEIC) on 8 August 2014. In September, UN Security Council Resolution 2177 recognized that the unprecedented outbreak threatened to reverse peacebuilding and development gains in the affected countries, was undermining the stability of those countries and ‘unless contained, may lead to further instances of civil unrest, social tensions and a deterioration of the political and security climate’.¹⁹ Directly echoing words found in Chapter VII of the UN Charter, the resolution declared that the Ebola outbreak ‘constitutes a threat to international peace and security’,²⁰ and necessitated a coordinated international response. The resolution commended the efforts of UNMIL to communicate safety and health protocols, and preventive measures to the Liberian public.²¹

The Security Council declared the Ebola epidemics in upper West Africa in 2014 and in DRC in 2018 a threat to international peace and security

Immediately after the adoption of this resolution, the UN secretary-general with the support of the General Assembly established the UN Mission for Ebola Emergency Response (UNMEER) on 19 September 2014.²² As an emergency health mission, UNMEER would exist in parallel with UNMIL until the mission was closed on 31 July 2015. Its primary objective was to scale-up ‘the response on the ground and [establish] unity of purpose among responders in support of the nationally led efforts’.²³ UNMEER sought to implement a regional approach, but one that was nationally owned. It promoted a UN system-wide approach that was tailored to the specific needs of each of the three affected countries. UNMEER played a critical coordination role, including of UNMIL’s contributions.

¹⁶ United Nations Security Council Resolution 1983 (note 13).

¹⁷ See e.g. UN Mission in Sierra Leone (UNAMSIL), ‘WHO, Mano River Union countries meet on Lassa Fever control’, Press release 173, 17 Sep. 2004; and UN Mission in Liberia (UNMIL), ‘UNMIL and partners conduct workshop on Lassa Fever and Avian Influenza’, Press release 227, 26 Nov. 2005.

¹⁸ Centers for Disease Control and Prevention, ‘Ebola: 2014–2016 Ebola outbreak in West Africa’, Updated 8 Mar. 2019.

¹⁹ United Nations Security Council Resolution 2177, 18 Sep. 2014, 4th preambular paragraph.

²⁰ United Nations Security Council Resolution 2177 (note 19), 5th preambular paragraph.

²¹ United Nations Security Council Resolution 2177 (note 19), 21st preambular paragraph.

²² United Nations, General Assembly Resolution, ‘Measures to contain and combat the recent Ebola outbreak in West Africa’, A/RES/69/1, 23 Sep. 2014.

²³ United Nations et al., Global Ebola response, ‘UN Mission for Ebola Emergency Response (UNMEER)’ [n.d.].



When a subsequent outbreak of Ebola occurred in eastern DRC, an area of ongoing armed conflict, UN Security Council Resolution 2439 similarly declared the situation a threat to the peace and security of the region. The resolution noted that the security situation was ‘severely hampering the response efforts and facilitating the spread of the virus in the DRC and the wider region’, and called for an immediate cessation of hostilities by all armed groups. However, this time the Security Council took a different approach

On 1 July 2020 the Security Council called for an immediate global ceasefire

to the response and incorporated efforts into the ongoing peacekeeping operation, the United Nations Organization Stabilization Operation in the DRC (MONUSCO). The Council acknowledged the positive and important role of MONUSCO and requested that, ‘within its existing mandate’ it support the efforts of the government of the DRC, the WHO and other actors in bringing the Ebola outbreak under control and ensure, ‘within its area of operations, effective protection of civilians’.²⁴ The resolution also emphasized the need for the international community ‘to remain engaged in supporting the strengthening of the national health systems, in line with the needs of the government of DRC, which are instrumental in preventing a deterioration of the present crisis or addressing a future recurrence’.²⁵

More recently, the UN Security Council has passed resolutions on the spread of Covid-19. On 23 March 2020, the UN secretary-general called for an immediate 90-day global ceasefire to combat the Covid-19 pandemic in conflict situations. Tensions between China and the United States meant that negotiations to produce a supporting Security Council resolution were difficult and slow. When agreement was finally reached within the Security Council on 1 July 2020, Resolution 2532 on the security implications of Covid-19 reiterated the call for an immediate global ceasefire for at least 90 days to enable delivery of humanitarian assistance.²⁶ It also asked the secretary-general to instruct peacekeeping operations to provide support to host country authorities in their efforts to contain the pandemic, in particular to facilitate humanitarian access, including to internally displaced persons’ and refugee camps. It requested that all appropriate steps be taken to protect the safety, security and health of all UN personnel in UN peace operations while maintaining continuity of operations, and continued training for peacekeeping personnel on preventing the spread of Covid-19.²⁷

The African Union

Multilateral organizations at the regional and sub-regional levels also field peace operations. Recent events have shown a growing interest in African intergovernmental regional and subregional secretariats in addressing health crises that might be relevant to peace operations. The African Union’s involvement in epidemic and pandemic response has developed with each successive outbreak, beginning with its response to HIV/AIDS. The 2001 Abuja Declaration on HIV/AIDS, Tuberculosis and Malaria sought to address and reverse the widespread denial around HIV/AIDS among member states

²⁴ United Nations Security Council Resolution 2439, 30 Oct. 2018, operative paragraph 7.

²⁵ United Nations Security Council Resolution 2439 (note 24), operative paragraph 15.

²⁶ United Nations Security Council Resolution 2532, 1 July 2020, paragraphs 1 and 2.

²⁷ United Nations Security Council Resolution 2532 (note 26), paragraph 6.



that had existed in the 1990s. The declaration is considered a major success of the AU Peace and Security Council (PSC).²⁸ In 2016, in response to the upper West Africa Ebola outbreak, the AU established the Africa Centres for Disease Control and Prevention (Africa CDC).²⁹

In response to the Covid-19 pandemic, the Operations Division of the AU Peace and Security Department together with the Africa CDC deployed 28 frontline responders from the DRC to Burkina Faso, Cameroon, Mali and Niger. This was done within the framework of the African Standby Force, which activated the AU's Strategic Lift Capacity and was provided with military aircraft by the Cameroon government.³⁰ The AU Mission to Somalia (AMISOM) has also sought to help prevent the spread of the virus in and manage the impact on the host nation.³¹

Epidemic- and pandemic-related activities in peace operations

The activities of multilateral peace operations in response to epidemics and pandemics can be categorized in two ways. First, activities are categorized according to whether they target the drivers or the consequences of epidemics and pandemics. Activities that target drivers, or root causes, are proactive in the sense that they seek to prevent epidemics and pandemics by addressing the factors and dynamics that enable the emergence and spread of the disease. Such drivers include: (a) direct transmission by mission personnel or facilities, such as through inadequate disposal of waste containing infectious agents; (b) the spread of infectious disease within and between communities due to lack of information about preventive measures or mistrust of health and humanitarian response efforts; (c) logistical challenges, instability or security risks that prevent epidemic/pandemic response efforts from reaching certain communities; and (d) broader contextual factors such as weak health systems and clinical deserts that allow the disease to overwhelm early response efforts.

Peace operations can target the drivers and the consequences of epidemics and pandemics

Activities that target the consequences of epidemics or pandemics are mainly reactive as they respond to the effects and challenges that arise from the rapid spread of the infectious disease. Consequences include physical illness and death resulting from the disease, as well as instability or violence where response measures are mistrusted and actively resisted by communities or armed groups. Epidemic/pandemic responses may also have an impact on the socio-economic dimensions of people's lives. The consequences of lockdowns, quarantines and movement restrictions, for example, can include increased rates of domestic violence, disruption of edu-

²⁸ High Level Panel of the Audit of the African Union, *Audit of the African Union* (African Union: Addis Ababa, 2007), p. 69.

²⁹ African Union and Africa Centres for Disease Control and Prevention, 'Ebola virus disease outbreak in the DR Congo', 1 June 2018.

³⁰ African Union, 'Africa CDC deploys 28 frontline responders to Burkina Faso, Cameroon, Mali and Niger using African Union strategic lift capability', Press release, 31 May 2020.

³¹ African Union Commission (AUC) et al., 'Gender-based violence in Africa during the Covid-19 pandemic', AUC, Addis Ababa, 2020.

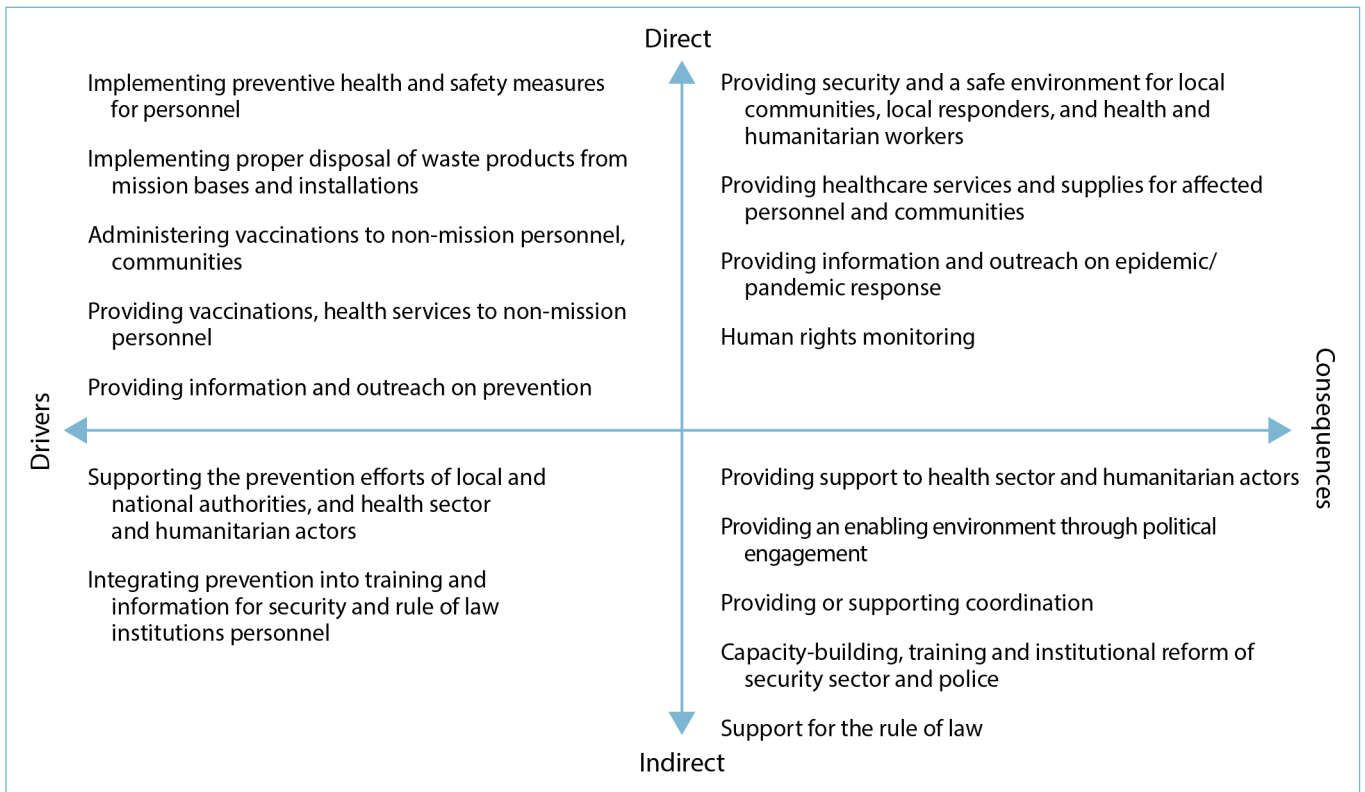


Figure 1. Categorization of activities undertaken by multilateral peace operations to prevent or respond to epidemics or pandemics

Note: The example activities have been identified in peace operation mandates or were implemented by missions or specific components or contingents of missions, according to media reports and other documentation. Activities are not unique to one category and the categories can overlap.

cation, curtailed employment or income-generating activities and increased food insecurity.³²

Activities can then be categorized according to whether they target these drivers and consequences directly or indirectly. While direct activities are carried out by the peace operations themselves, indirect activities aim to build or strengthen the capacity of the host government, civil society and local communities. Together, these two organizing principles result in four broad categories of activity that a multilateral peace operation might undertake to prevent and respond to epidemics and pandemics (see figure 1). Although these four categories are a simplification and often overlap, they help to facilitate and structure further discussion by focusing on concrete activities.

III. Peace operations that address epidemics and pandemics

Multilateral peace operations have often endeavoured to address the consequences and causes of epidemics and pandemics in the host countries

³² See e.g. Kastelic, K. et al., ‘The socio-economic impacts of Ebola in Sierra Leone: Results from a high frequency cell phone survey (round three)’, *World Bank Working Paper*, 15 June 2015; and Braam, D. H. et al., ‘Lockdowns, lives and livelihoods: The impact of Covid-19 and public health responses to conflict affected populations, a remote qualitative study in Baidoa and Mogadishu, Somalia’, *Conflict and Health*, vol. 15, no. 47 (2021).



where they have been deployed (for examples of such operations see figure 2). UN peace operations can be a ready resource for epidemic/pandemic response because they are already present on the ground. In the case of multidimensional peace operations, infrastructure and capacities vary according to their mandates, the stage of development and the context in which they operate

The discussion below provides concrete examples of how each of the headline activities listed in figure 1 has been implemented in specific mission settings. While some activities were set out in relevant Security Council resolutions on the mission or extended an already existing mandated activity, others were new activities initiated by the missions.

Activities to address the consequences of epidemics and pandemics

Providing security and a safe environment

The emergence of an epidemic or pandemic can have destabilizing effects on a society. At times, state authorities have responded to the outbreak of an epidemic with containment efforts, such as quarantines, movement restrictions and other measures, that have increased tensions and the risk of public disorder, crime or violence. In some contexts, the opposition of armed groups or the continuation of armed conflict has impeded the epidemic/pandemic response. Peace operations that have sizeable military and police components have directly addressed resulting insecurity and instability by helping to provide security and an enabling environment both generally, and for specific health and humanitarian actors. In Liberia, the onset of the Ebola epidemic not only led to the collapse of health services and public unrest over rising prices but, in the view of former Special Representative of the Secretary-General (SRSG) Karin Landgren, posed a risk of a coup d'état or 'catastrophic state collapse'.³³ UNMIL's drawdown of military and police personnel was eventually paused until Liberia made sufficient progress with combating the Ebola outbreak, which was seen as a 'threat to the peace and stability of Liberia'.³⁴ The mission's mandate was adjusted so that its two primary priorities became protecting civilians from the threat of physical violence and facilitating the provision of humanitarian assistance by helping to establish the necessary security conditions.³⁵ In eastern DRC, MONUSCO provided armed protection to the WHO-led international response. In North Kivu province, an area of ongoing conflict marked by community mistrust of government authorities and attacks on health, humanitarian and security personnel, it protected humanitarian space by engaging with local armed groups.³⁶ Military contingents conducted day and night patrols to counter banditry and crime, and provided the convoy escorts required for the delivery of humanitarian assistance, as well as static security for key

³³ Landgren, K., 'Staying strong during Ebola', eds UN Peacekeeping, *The Story of UNMIL: Ebola's Impact on UN Staff* (UNMIL, 2018).

³⁴ United Nations Security Council Resolution 2190, 15 Dec. 2014, operative paragraphs 15–17.

³⁵ United Nations Security Council Resolution 2190 (note 34), paragraph 10.

³⁶ Novosseloff, A. et al., *Assessing the Effectiveness of the UN Missions in the DRC/MONUSCO*, Effectiveness of Peace Operations Network (Norwegian Institute of International Affairs: Oslo, 2019), p. 108.

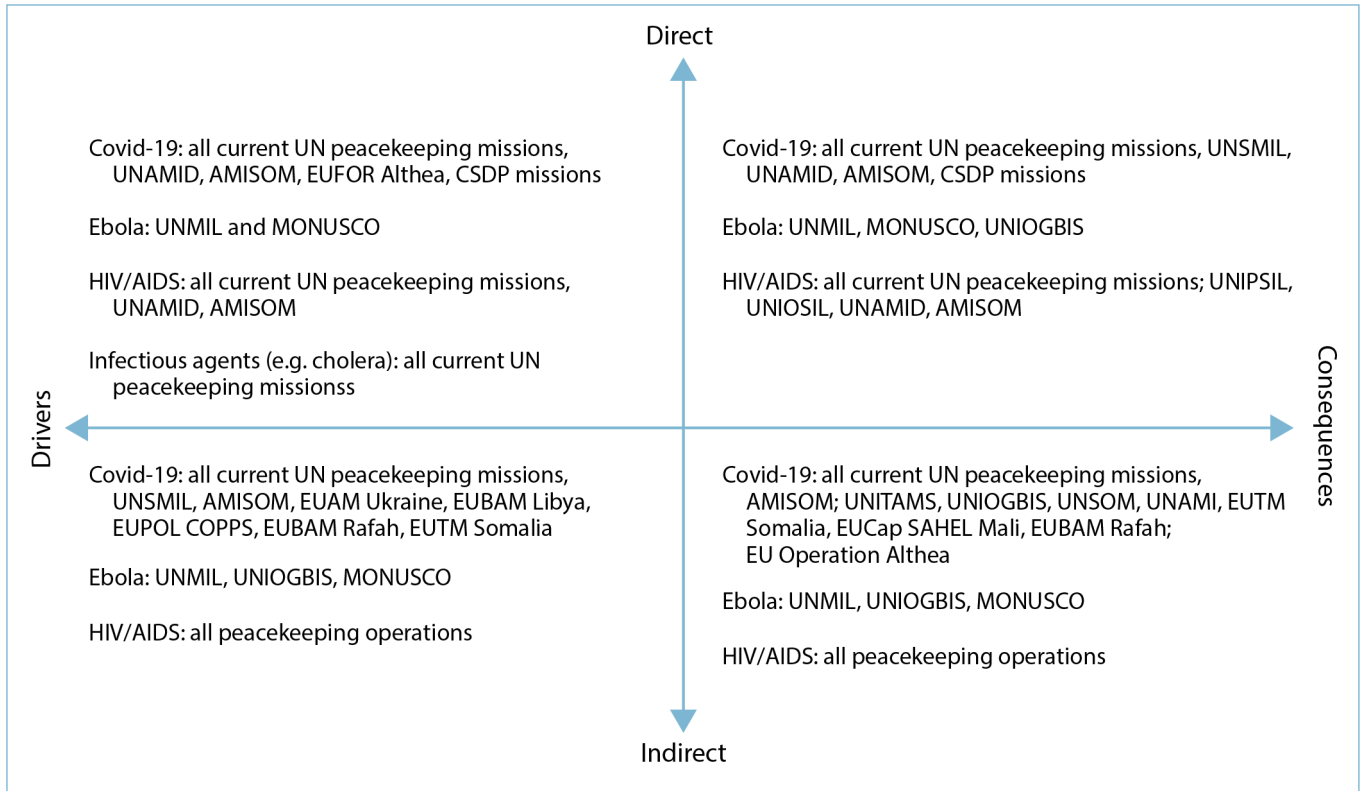


Figure 2. Examples of multilateral peace operations that have undertaken activities to prevent or respond to epidemics or pandemics

AMISOM = African Union (AU) Mission to Somalia; CSDP = Common Security and Defence Policy; EUAM Ukraine = European Union Advisory Mission Ukraine; EUBAM Libya = European Union Border Assistance Mission Libya; EUBAM Rafah = European Union Border Assistance Mission for the Rafah Crossing; EUCap SAHEL Mali = European Union Capacity Building Mission in Mali; EUPOL COPPS = European Union Coordination Office for Palestinian Police Support; EUTM Somalia = EU Training Mission Somalia; MONUSCO = United Nations Organization Stabilization Operation in the DRC; UNAMI = UN Assistance Mission for Iraq; UNAMID = UN-AU Mission in Darfur; UNIOGBIS = United Nations Integrated Peacebuilding Office in Guinea-Bissau; UNIOSIL = United Nations Integrated Office in Sierra Leone; UNITAMS = United Nations Integrated Transition Assistance Mission in Sudan; UNMIL = UN Mission in Liberia

Notes: The example activities included have been identified in peace operation mandates or are selected from examples in the literature. Activities are not unique to one category and the categories can overlap.

infrastructure such as hospitals and clinics, which were the target of attacks and looting.

Providing health services, supplies and logistical support

Peace operations have directly addressed the consequences of epidemics and pandemics by providing medical treatment for their own personnel during epidemics, as well as medical evacuations for severe cases. Some missions have also provided medication, health services, equipment and supplies to non-mission personnel, including local communities, from the medical units of individual military contingents. For example, the EU’s Operation Althea deployed medical doctors to assist local hospitals in Bosnia and Herzegovina during the Covid-19 pandemic.³⁷ AMISOM provided medical support to local authorities by donating drugs and medical supplies for communities

³⁷ European Union External Action Service, ‘Implications of Covid-19 for the external action of the EU’, Remarks by HR/VP Josep Borrell at the AFET-SEDE-DROI Committee, Brussels, 20 Apr. 2020.



under strict lockdown measures and therefore unable to access AMISOM bases for medical support or be reached by AMISOM forces. AMISOM also provided essential relief items for displaced populations around Kismayo.³⁸

Providing public information and outreach

Peace operations directly address the consequences of an epidemic/pandemic through communications and public outreach activities, informing communities and local populations about epidemic/pandemic response measures and dispelling misinformation. Providing such information is often essential for building trust in and compliance with public health measures among local populations. For example, the public trust enjoyed by UNMIL helped to shore up the compliance of communities with the state's epidemic or pandemic response measures, helping to dispel rumours and overcome suspicion of public health policies such as quarantines.³⁹ The communications teams in peacekeeping missions have used radio, WhatsApp groups, community leaders and social media to disseminate, including in local languages, Covid-19-related information and to counter misinformation, raise awareness and address other issues such as sexual and gender-based violence (SGBV) during quarantine and in periods of heightened socio-economic stress.⁴⁰ UN peacekeeping operations have sought both to prevent the spread of disease and to address the stigmatization of victims of HIV/AIDS, as seen in UNMISS' HIV/AIDS sensitization and training of host state former combatants, military personnel and police through DDR and SSR programmes, and its awareness training for civilians and local communities.⁴¹

Human rights monitoring

Another way in which peace operations directly address the consequences of epidemics and pandemics is by using human rights units to monitor response measures for compliance with human rights standards. According to the UN High Commissioner for Human Rights, six UN peacekeeping operations and six special political missions operating during the Covid-19 pandemic had human rights units, and their tasks included 'taking stock of the effectiveness and enforcement of coronavirus containment measures, identifying the pandemic's impact on vulnerable groups such as refugees, internally displaced persons and women, and assessing the impact on economic, social and cultural rights', in addition to monitoring stigmatization, discrimination and hate speech linked to the pandemic.⁴² Measures implemented by AMISOM enabled civilian staff to continue to monitor human rights and liaise with

³⁸ AU Mission to Somalia (AMISOM), 'AMISOM working through Covid-19 pandemic to implement mandate', 29 Nov. 2021.

³⁹ Thomas, K., 'Mistrust of government spurs Ebola spread', *New Humanitarian*, 3 Sep. 2014.

⁴⁰ UN Department of Peacekeeping Operations, Strategic Communications Section, 'Community outreach & Covid-19', 22 May 2020.

⁴¹ United Nations Peacekeeping, 'Protecting civilians from HIV: UNMISS takes awareness training to Raja town', 10 Dec. 2019.

⁴² UN News, 'Human rights through peacekeeping essential factor in beating coronavirus', Coverage of the 77th debate, 7 July 2020.

local communities through online meetings and limited in-person meetings with local community members such as women leaders.⁴³

Supporting health and humanitarian actors

Peace operations have acted indirectly to address the consequences of epidemics/pandemics through the provision of support to health and humanitarian workers, including logistical support and transporting personnel and materiel. For example, UNMIL provided support to UNMEER by transporting health workers and other responders to areas affected by the epidemic.⁴⁴ This can be an especially important contribution in areas with poor road infrastructure or rainy seasons that make remote areas accessible mainly by air, or where conflict is ongoing or there are shifting conflict dynamics on the ground among armed actors. MONUSCO used its fixed-wing and rotary aircraft to provide support to the Ebola response in eastern DRC.⁴⁵ Other types of support provided to health and humanitarian responders has involved the building of infrastructure. Following the outbreak of Ebola in the DRC in 2018, MONUSCO adjusted its activities to support the Ebola response. An initial outbreak in Equateur region prompted the redeployment of 13 MONUSCO staff to assist with the establishment of an emergency operations centre and a support camp.⁴⁶

Providing an enabling environment through political engagement

In some contexts affected by epidemics and pandemics, tensions and conflict among armed actors create obstacles to epidemic and pandemic response efforts. Peace operations that are already engaging with armed groups and state authorities in support of a political process for peace are likely to have a sound understanding of local conflict actors and dynamics. This understanding can be helpful for supporting epidemic and pandemic response efforts, such as facilitating safe access to communities in contested or rebel-held areas for health and humanitarian actors. As an indication of the importance of political engagement in eastern DRC, MONUSCO's Deputy Special Representative of the Secretary-General David Gressly was appointed UN Emergency Ebola Response Coordinator in Ebola-affected areas to coordinate international support and ensure that an enabling political and security environment existed for response efforts.⁴⁷

Providing or supporting coordination

Peace operations can also indirectly assist epidemic/pandemic response by providing planning and coordination support. This was the case with UNMIL, which stepped up to coordinate key international humanitarian actors and liaise regularly with the Liberian president at a time when the government was overwhelmed by the scope of the crisis. Confronted by a rapidly spreading epidemic at a time of tensions with striking health workers,

⁴³ African Union Commission (AUC) et al., *Gender-based Violence in Africa During the Covid-19 Pandemic* (AUC: Addis Ababa, 2020).

⁴⁴ Ban Ki-moon, *Resolved: Uniting Nations in a Divided World* (Columbia University Press: New York, NY, 2021), p. 292.

⁴⁵ Novosseloff et al. (note 36), pp. 107–108.

⁴⁶ Novosseloff et al. (note 36), pp. 107–108.

⁴⁷ United Nations Peacekeeping, 'United Nations strengthens Ebola response in the Democratic Republic of the Congo', 23 May 2019.



and a dysfunctional and disjointed national health system, UNMIL served as a platform for information exchange and action between humanitarian actors and the government both centrally and at the local level.⁴⁸

Capacity-building and institutional reform of state security and police

Peace operations can indirectly address the consequences of epidemics/pandemics, such as instability or harsh measures by state security forces, through their mandated tasks of training state military and police personnel, and supporting institutional reform through SSR and police capacity-building and reform. Training the security forces to perform crowd control and public order policing effectively and with respect for human rights is critical where communities oppose quarantines, movement restrictions or other measures. During the Ebola epidemic, UNMIL continued to support institutional reforms such as the de-concentration of Liberia National Police capacity to the counties and further decentralization to ensure greater resources and capacity for county-level authorities in their response.⁴⁹ UNMIL's support for these institutional reforms enabled sub-national authorities to respond better to the epidemic in ways that were potentially more sensitive and appropriate to the local context.

Supporting the rule of law

Peace operations have indirectly addressed the consequences of epidemics/pandemics through their support for the rule of law. Health emergencies such as epidemics and pandemics require governments to take measures to protect human life by controlling the spread of the virus and preserving the continuity of health systems. These measures often impose restrictions on individual rights and liberties, resulting in tensions, resistance or even violent responses in some cases, especially where local populations lack trust in state institutions.⁵⁰ Those involved in Ebola response in eastern DRC appeared to ignore or mistrust local cultural and social norms and traditions, leading some communities to feel misunderstood by the health teams, and to refuse to cooperate with them or even respond violently towards them.⁵¹ MONUSCO assisted the Congolese judicial authorities' investigations into attacks on Ebola Response Teams and facilities.⁵² The UN Mission in Kosovo funded the Kosovo Law Institute's free legal aid centre. This enabled it to operate remotely during the Covid-19 lockdown and thus continue to offer

Peace operations have sought to support the rule of law during epidemics and pandemics

⁴⁸ Druet, D., *Peace Operations at the Intersection of Health Emergencies and Violent Conflict: Lessons from the 2018–2020 DRC Ebola Crisis* (American Academy of Arts and Sciences: Cambridge, MA, 2022), p. 14; and Davies, S. and Rushton, S., 'Public health emergencies: A new peacekeeping mission? Insights from UNMIL's role in the Liberia Ebola outbreak', *Third World Quarterly*, vol. 37, no. 3 (2016).

⁴⁹ DCAF, 'Lessons identified from United Nations Mission in Liberia support to rule of law', Mar. 2018, p. 29.

⁵⁰ Wilkinson, A. and Fairhead, J., 'Comparison of social resistance to Ebola response in Sierra Leone and Guinea suggests explanations lie in political configurations not culture', *Critical Public Health*, vol. 27, no. 1 (2017).

⁵¹ Muhindo, S. and Kwiravusa, E., 'Repenser la Riposte Ebola' [Rethinking the Ebola response], *Sulu Working Paper no. 5* (Oct. 2021), p. 5.

⁵² United Nations Security Council, Report of the Secretary-General on the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo, S/2020/214, 18 Mar. 2020, para. 45.



free legal assistance and access to justice, especially for people from vulnerable groups such as victims of domestic violence or those requiring social grants.⁵³

At the same time, it is worth noting that peace operations do not necessarily support all the measures undertaken by the host state in epidemic/pandemic response. For example, UNMIL refrained specifically from enforcing the Liberian government's strict, militarized containment measures, such as the quarantine of the West Point area of Monrovia which resulted in clashes between protestors and Liberian security forces and was viewed as a significant breakdown of law and order.⁵⁴

Activities to address the drivers of epidemics and pandemics

Peace operations are also involved in addressing the drivers of epidemics and pandemics, that is, the factors and conditions that enable the disease to spread through a given area. These include ignorance about the virus, suspicions about the veracity of information and resistance to preventive measures. Another source of spread of disease is forced displacement, which results from instability, armed conflict, repression or disaster. Epidemic- or pandemic-related displacement may also involve people fleeing the virus, quarantine measures, social stigma or violence, or seeking medical assistance.⁵⁵

Implementing health and safety measures for mission personnel

All UN and AU peace operations implement measures to safeguard the health of mission personnel against Covid-19, including health checks, vaccinations, mandatory quarantines, temporary suspensions of rotations, and movement and travel restrictions. For example, protective measures for AMISOM personnel included the issuance of personal protective equipment to all uniformed personnel, the establishment of quarantine and isolation facilities at sector and battalion headquarters, temperature checks at all points of entry to AMISOM facilities, and suspension of non-essential international travel, training and leave for AMISOM personnel and troops, including delaying rotations. Protective measures were also implemented for AMISOM police who were co-located with counterparts in the Somalia Police Force.⁵⁶ In response to Covid-19, MINUSMA implemented a strict quarantine policy, prioritized air operations, and instructed patrols to limit their interactions with the population, to ensure both the safety of MINUSMA personnel and protection of the mission's reputation 'as an entity that assists and in no way

⁵³ UN Mission in Kosovo (UNMIK), Lawyers on hand, 'At a distance: Accessing justice during a pandemic', UNMIK, 4 June 2020.

⁵⁴ Snyder, M. R., 'What role for UN Peacekeepers in tackling Ebola?', IPI Global Observatory, 8 Sep. 2014.

⁵⁵ Internal Displacement Monitoring Centre, 'Displaced by disease: 5 displacement patterns emerging from the Ebola epidemic', News release, 19 Nov. 2014.

⁵⁶ AU Mission to Somalia (note 38).



harms the population'.⁵⁷ Preventive training was provided to all UN peace operations personnel during the ongoing Covid-19 pandemic.⁵⁸

The peace operations deployed in Ebola epidemic areas, UNMIL and MONUSCO, introduced preventive measures to protect the health of mission personnel. Following the outbreak of Ebola in Liberia, UNMIL restricted military personnel to their camps. They were allowed out for reconnaissance but not allowed to leave their vehicles. UNMIL introduced screening procedures such as temperature monitoring for all personnel exiting and entering camps and UN facilities, as well as handwashing requirements.⁵⁹

In addition to directly providing vaccines and proactive measures to prevent contagion, peace operations have trained personnel on how to prevent the spread of infectious diseases. All UN uniformed mission personnel have also been trained in HIV/AIDS prevention. (Until at least 2004, such training was delivered only to officers and there was no dedicated cascading mechanism.⁶⁰) For instance, the UNMISS HIV/AIDS units seek to combat HIV and AIDS both within the mission and beyond it. Within the mission, they seek to reduce the risk of HIV transmission or contraction with a mission-wide awareness, prevention, care and support strategy.⁶¹

Implementing proper disposal of waste products from mission bases and installations

Peace operations also have a responsibility to directly prevent peacekeepers from being unintentional vectors of infectious disease by ensuring that adequate infrastructure and procedures are in place for the safe disposal of waste products and toxic materials. A tragic example of the consequences of neglecting proper waste disposal infrastructure and procedures occurred in Haiti, where cholera was inadvertently imported by UN peacekeepers from a country where the disease is endemic. Peacekeepers were not subject to pre-deployment screening for cholera or treated with a prophylactic (preventive) dose of antibiotics. They were then housed in a camp with deficient infection control and sanitary arrangements. As a result of shoddy construction, sewage from the peacekeepers' base entered the Meye tributary of the Artibonite River, the largest river in Haiti and a major source of water for drinking, cooking and bathing by local residents. The introduction of cholera into Haiti in October 2010 came on the heels of the devastating January earthquake, and the compounding effect of mass displacement fostered unsanitary conditions in which the virus spread.

The inadvertent introduction of cholera by MINUSTAH into Haiti has increased attention on risk management

⁵⁷ Dennis Gyllenspore, Force Commander of the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA), quoted in United Nations, 'Peace Missions employing operational changes, strict quarantines to tackle Covid-19 challenges, Force Commanders in Mali, South Sudan, Golan tell Security Council', Press release, SC/14204, 4 June 2020.

⁵⁸ United Nations Peacekeeping, 'Impact of Covid-19 on UN Peacekeeping' [n.d.].

⁵⁹ UN Peacekeeping, 'Stringent measures protect UN personnel from Ebola', Interview with Teferi Desta, Chief Medical Officer, UNMIL, 23 Apr. 2018.

⁶⁰ Joint UN Programme on HIV/AIDS (UNAIDS), 'Focus—AIDS and conflict: A growing problem worldwide', 2004 Report on the global AIDS epidemic: 4th global report (UNAIDS: Geneva, 2004), p. 175.

⁶¹ UNMISS, 'HIV/AIDS Unit: Who we are' [n.d.].

Haiti had experienced 819 000 cases and almost 9 786 deaths from cholera by late December 2019.⁶²

The cholera epidemic, and the refusal of the United Nations to acknowledge its role in it until 2016, in addition to other problems such as sexual misconduct by peacekeepers against members of the local community, damaged the population's trust in and the legitimacy of the peace operation and other international aid actors in the country.⁶³ According to one perception survey, 'study participants often perceived [United Nations Stabilization Mission in Haiti] MINUSTAH personnel as a threat to the health of Haitians rather than "keepers of the peace"'.⁶⁴

Human rights advocates have criticized the UN for not implementing adequate institutional reform to prevent a repetition of similar harm by peacekeeping missions in the future.⁶⁵ The experience of MINUSTAH in Haiti has resulted in greater attention to risk management. However, audits conducted by the UN Office of Internal Oversight have found unsafe sanitation and continuing problematic medical waste disposal management practices in numerous peacekeeping missions.⁶⁶ These include deficiencies in waste and wastewater management practices in the UN peace operations in Somalia (2017), Abyei (2018), and Mali, the Central African Republic (CAR), the DRC and South Sudan (2019).⁶⁷ More recent audits indicate inadequate facilities, procedures or documentation of safe disposal of medical waste in South Sudan and CAR.⁶⁸

Administering vaccinations and health services to non-mission personnel and communities

One direct means of helping to prevent the spread of infection, albeit a less common one in peace operations, is by providing vaccines to communities.

⁶² UN Office for the Coordination of Humanitarian Affairs, 'Haiti: Cholera figures (as of 31 Oct. 2018)'.

⁶³ Katz (note 7); Fraulin, G., Lee, S. and Bartels, S. A., "'They came with cholera when they were tired of killing us with bullets': Community perceptions of the 2010 origin of Haiti's cholera epidemic', *Global Public Health*, vol. 17, no. 5 (2021), p. 748. See also Gordeon, G. M. and Young, L. E., 'Cooperation, information, and keeping the peace: Civilian engagement with peacekeepers in Haiti', *Journal of Peace Research*, vol. 54, no. 1 (Jan. 2017), pp. 64–79.

⁶⁴ Fraulin, Lee and Bartels (note 63), p. 748.

⁶⁵ International Human Rights Clinic et al., 'Violations of the right to effective remedy: The UN's responsibility for cholera in Haiti', Joint Submission to the UN Special Rapporteur on the promotion of truth, justice, reparation and guarantees of non-recurrence, Feb. 2020, pp. 31–33.

⁶⁶ Gladstone, R., 'Poor sanitation persisted at UN missions long after Haiti cholera crisis', *New York Times*, 19 Aug. 2016.

⁶⁷ UN Office of Internal Oversight Services (OIOS), 'Audit of the United Nations Support Office in Somalia's waste management activities', Report 2017/145, 18 Dec. 2017; OIOS 'Audit of waste management in the United Nations Interim Security Force for Abyei', Report 2018/127, 12 Dec. 2018; OIOS, 'Audit of implementation of the environmental action plan in the United Nations Multidimensional Integrated Stabilization Mission in Mali', Report 2019/016, 21 Mar. 2019; OIOS, 'Audit of implementation of the environmental action plan in the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic', Report 2019/053, 25 June 2019; OIOS, 'Audit of implementation of environmental action plan in the United Nations Organizational Stabilization Mission in the Democratic Republic of the Congo', Report 2019/075, 22 Aug. 2019; and OIOS, 'Audit of implementation of the environmental action plan in the United Nations Mission in the Republic of South Sudan', Report 2019/079, 27 Aug. 2019.

⁶⁸ OIOS, 'Audit of medical services in the United Nations Mission in the Republic of South Sudan', Report 2022/037, 10 Aug. 2022; and OIOS, 'Audit of medical services in the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic', Report 2022/021, 17 June 2022.



When the AMISOM troop-contributing countries, Burundi, Kenya and Uganda, bilaterally donated Covid-19 vaccines for AMISOM personnel, AMISOM's sectors offered vaccinations to members of the local population working in public spaces.⁶⁹

Providing information and outreach on prevention

Peace operations have sought to communicate information about epidemics and pandemics to local populations as a direct means of helping to prevent their spread. UN radio was used in various settings to inform local communities about Ebola in Liberia and the DRC, including on how to avoid transmission. Other actors in UN missions were also involved in informing the public. For example, MONUSCO police units in Bunia, Ituri province, used their ongoing foot patrols and discussions with young people, women and district leaders not only to help create a greater feeling of security and deter crime, but also to raise awareness of Covid-19 and preventive measures to slow the spread of the virus.⁷⁰ AMISOM assisted in Somalia by providing information in local languages on Covid-19, preventive measures and procedures to follow in publications, banners and public briefings. With the onset of immunization efforts in Somalia, AMISOM developed public messaging campaigns, including testimonials by its own medical officers, to help dispel disinformation and counter vaccine hesitancy in the country.⁷¹

Peace operations communicate information about epidemics and pandemics to prevent their spread

Supporting the epidemic/pandemic response of local and national authorities and international actors

Peace operations have provided indirect support to local and national prevention efforts by enabling other actors, through the provision of training, supplies, transportation, armed escorts or other forms of logistical support. In southern Lebanon, the UNIFIL Civil Affairs Office and Italian peacekeepers coordinated training sessions for frontline health workers on screening and quarantine practices, disinfection procedures, and treatment to help stop the spread of Covid-19.⁷² In CAR, MINUSCA trained drivers of taxi-motorbikes in Covid-19 prevention measures, which they then disseminated throughout the local district.⁷³ Other types of Covid-related support provided by peacekeeping missions include UNMISS peacekeepers disinfecting a university in South Sudan, MINUSMA police officers disinfecting detention centres in Bamako, and the training of civil defence volunteers in southern Lebanon on disinfection procedures and planning.⁷⁴

⁶⁹ AU Mission to Somalia (note 38).

⁷⁰ United Nations Peacekeeping, 'Ituri: MONUSCO calls on population to comply with the preventive measures against Covid-19', 7 Apr. 2020.

⁷¹ African Union Commission (AUC) et al., *Gender-Based Violence in Africa During the Covid-19 Pandemic* (AUC: Addis Ababa, 2020).

⁷² Armpounioti, C., '7 examples of UN Peacekeeping's response to Covid-19', UN Peacekeeping, 23 Sep. 2021; and UN Interim Force in Lebanon (UNIFIL), 'UNIFIL helps hospitals in south Lebanon in the fight against Covid-19', 13 Jan. 2021.

⁷³ Armpounioti (note 72).

⁷⁴ Nemaya, A., 'UNMISS peacekeepers disinfect University of Bahr el Ghazal', UN Mission in South Sudan, 6 Nov. 2020; and UN Peacekeeping, 'Civil defence volunteers trained on Covid-19 disinfection procedures', 12 Mar. 2021.

*Integrating prevention into SSR, DDR and rule of law institution programming*

Another means by which peace operations have indirectly sought to address the drivers of epidemics and pandemics is through their training of host state security and rule of law personnel. HIV/AIDS prevention has been mainstreamed into UN peace operations' DDR and SSR activities. The Integrated Disarmament, Demobilization and Reintegration Standards (IDDRS) provide detailed guidance on DDR programming; and strategies to address HIV/AIDS have been integrated into DDR processes. Module 5.60 of the IDDRS sets out a comprehensive approach that incorporates focal points in DDR field offices, awareness raising materials and training, the provision of voluntary confidential counselling and testing, screening for sexually transmitted infections for DDR participants, the provision of condoms and post-exposure prophylaxis kits, treatment for opportunistic infections, and public information and awareness campaigns to raise awareness and reduce possible stigma and discrimination against returning combatants, which can undermine reintegration efforts.⁷⁵

For example, the UNMISS HIV/AIDS Unit promotes HIV prevention strategies and capacity building, such as training and sensitization programmes on HIV prevention, for health workers and local communities.⁷⁶ It also promotes the integration of HIV and AIDS capacity building, especially in the areas of SGBV, DDR and SSR.⁷⁷ MINUSTAH has trained peer educators on strategies to address HIV in prison settings and worked with the Haitian prison authorities on developing treatment strategies in cooperation with development and civil society actors.⁷⁸

Many multilateral peace operations fielded by the UN, EU and AU have undertaken measures to prevent the spread of Covid-19 and HIV/AIDS (see figure 2). During the Covid-19 pandemic, the seven large-footprint UN multidimensional peacekeeping operations and AMISOM had the greatest diversity of resources and capacities to engage in direct and indirect actions to address both drivers and consequences. EU Common Security and Defence Policy missions, on the other hand, are much smaller and generally contributed personal protective equipment to host state authorities or provided other forms of assistance, such as funding, mentoring or even medical personnel for local hospitals. UN peace operations have also broadly sought to prevent the spread of infectious diseases such as cholera. Missions in specific areas of Ebola epidemics in west Africa and the DRC have implemented specific Ebola prevention and treatment measures.

⁷⁵ UN Disarmament, Demobilization and Reintegration Resource Centre, Integrated Disarmament, Demobilization and Reintegration Standards, 'Level 5: Cross-cutting issues', Module 5.60, 'HIV/AIDS and DDR', p. 1.

⁷⁶ UN Peacekeeping, 'Protecting civilians from HIV: UNMISS takes awareness training to Raja town', 10 Dec. 2019.

⁷⁷ UN Mission in South Sudan, 'HIV/AIDS Unit: Who we are'.

⁷⁸ UNAIDS, *Security an AIDS Free Future: Practical Lessons About Security and AIDS in Conflict and Post-conflict Settings* (UNAIDS: Geneva, 2012).



IV. Peace operations and dealing with epidemics and pandemics: Opportunities and challenges

Following the advent of HIV/AIDS, Ebola in West Africa and the DRC, and Covid-19 globally, peace operations have implemented measures to protect their personnel and uphold their duty of care obligations while seeking to mitigate the risks of transmission to local populations. Missions have also identified various ways to assist the host state, local populations and the international actors involved in the response to help prevent spread and support efforts to address the effects. Based on the experiences outlined above, there are both advantages and disadvantages of involving peace operations in epidemic and pandemic response.

Potential opportunities

The factors favouring the involvement of multilateral peace operations in responding to epidemics or pandemics revolve around, first, the capacities of those missions and their legitimacy in a context of urgent need; and, second, the impact of the spread of the disease and efforts to counter it on a mission's ability to carry out its core mandated tasks of the protection of civilians and supporting a political process to achieve a sustainable peace.

Multilateral peace operations, especially large footprint peacekeeping missions, possess varying but often substantial capacities in their military, police and civilian components—and the systems (security, logistics, communications, intelligence, planning) and infrastructure (including medical units and facilities) in place to support the fulfilment of their mandated tasks. Although their mandates might not explicitly address epidemic or pandemic response, they often include support to humanitarian assistance, and some peace operations regularly provide medical services and assistance to populations in conflict-affected contexts.⁷⁹ In the context of a public health crisis that rapidly becomes a humanitarian emergency, as was seen in both Ebola epidemics, peace operations have resources that can bridge gaps until an effective epidemic response is organized.

Delays in mobilizing a coordinated international response have implications for the operational level of peace operations. If the WHO is slow in recognizing a PHEIC, as occurred in Liberia in 2014 and the DRC during the 2018 outbreak, peacekeeping missions can face exponential increases in the rates of infection among the local population and increased risk to the health of peacekeepers. A sizeable UN peace operation with diverse capacities, which include logistical assets, medical units and facilities, that does not take action in an emerging humanitarian crisis would more than likely open itself up to loss of confidence and legitimacy in the eyes of the host population. A failure to act might also undermine international perceptions of its wider rationale and the achievements of the mission. As one observer noted on UNMIL: 'If Liberia's institutions continue to slowly erode in the face of a viral epidemic, this will inevitably raise the question of why UNMIL, which has been in Liberia for over a decade at a cost of more than six billion dollars,

⁷⁹ See e.g. UNFIL's provision of medical services to local communities since 2007 as described in United Nations Peacekeeping, 'Medical services when most needed', 10 Aug. 2022.

has not been able to build up a functioning government and professionalized security forces which can prevent the breakdown of law and order'.⁸⁰

A second argument in favour of proactive involvement by peace operations in epidemic/pandemic response is that doing so would ultimately serve their ability to fulfil their mandated tasks, which are likely to have been suspended until the health emergency is over. As Ebola spread in Liberia, UNMIL personnel were restricted to essential movements only.⁸¹ The mandated tasks of the UN Police to support the reform and restructuring of

the Liberian National Police were 'put on hold', and UNPOL officers shifted from mentoring and training to supporting health and humanitarian response, including implementing the state of emergency with their national counterparts.⁸²

Another fundamental task of contemporary peace operations is the protection of civilians.⁸³ During the Covid-19 pandemic, protection of civilians mandates were directly or indirectly affected by the preventive health measures put in place for both mission personnel and the local stakeholders with whom personnel interact. During the early stages of Covid-19, patrols were scaled back or performed only from vehicles, and in-person meetings were suspended or replaced wherever possible by remote working in most UN peacekeeping missions.⁸⁴ Another study found that the pandemic has had a 'significant negative impact on UNMISS' efforts and ability to deliver on the protection mandates', which undermined the trust that had been built in communities in earlier years.⁸⁵

Public health emergencies that become humanitarian crises, as was the case with Ebola, compound complexity in unstable, fragile and conflict-affected environments. Public fear and hostility towards containment measures can increase political volatility and societal unrest, as was seen during the Ebola quarantine in Monrovia's slum area of West Point.⁸⁶ In eastern DRC, armed violence and attacks continued during the Ebola epidemic, targeting both local communities and the health and humanitarian workers assisting them. The attacks halted the progress made with fighting the disease, necessitating the provision of security protection for Ebola responders and the guarding of treatment facilities.⁸⁷ Furthermore, the failure by the WHO to develop an epidemic response strategy that incorporated conflict sensitivity and the political insights of MONUSCO contributed to unintended consequences and worsened the conflict in affected areas. Efforts to protect civilians increased during the epidemic as a result of the decision by the

⁸⁰ Snyder (note 54).

⁸¹ Snyder (note 54).

⁸² UN Mission in Liberia (UNMIL), 'The story of UNMIL: UN Police take on Ebola', 9 Apr. 2018.

⁸³ UN Department of Peace Operations, 'The protection of civilians in United Nations Peacekeeping: Policy', 2019.17, 1 Nov. 2019, para. 18.

⁸⁴ Di Razza, N., 'UN peacekeeping and the protection of civilians in the Covid-19 era', IPI Global Observatory, 22 May 2020.

⁸⁵ Vermeij, L. et al., *UN Peacekeeping Operations at a Crossroads: The Implementation of Protection Mandates in Contested and Congested Spaces* (Norwegian Institute of International Affairs: Oslo, 2022), p. 185.

⁸⁶ *The Guardian*, 'Ebola quarantine in Liberia's capital sparks violence in slum', Agence France-Press, 21 Aug. 2014.

⁸⁷ United Nations, 'Security Council urges responder-safety focus, as DR Congo Ebola outbreak worsens', 30 Oct. 2018; and Beaumont, P., "'We were so close": How unrest in Congo thwarted the battle against Ebola', *The Guardian*, 23 Dec. 2019.

The WHO failed to develop a conflict-sensitive, politically-informed Ebola epidemic response strategy in the DRC



WHO and the DRC Ministry of Health to pay both government security forces and certain armed groups to provide access to affected communities and protection. Rival armed groups consequently increased their attacks on medical facilities and health personnel, in an effort to benefit from similar arrangements.⁸⁸ The epidemic response's exacerbation of tensions and incentivizing of attacks created an even more complex and difficult operating environment for MONUSCO.

A second core mandated activity that is affected by epidemics/pandemics is linked to the 'primacy of politics'. As enshrined in the Action for Peacekeeping Declaration, a prominent objective of contemporary UN peace operations is to support political solutions to conflict.⁸⁹ In the face of increasing instability in a public health emergency, the proactive involvement of peace operations in assisting prevention and response could have a stabilizing effect. As UNMIL's former Chief of Political Affairs explained, 'while peacekeeping missions are not deployed to provide for the basic needs of the people in a particular country, they are there to help the government do so . . . peacekeeping must be about enabling local governmental systems to provide for those things in order to secure a stable peace'.⁹⁰ In this vein, providing support to state, health and humanitarian, and community actors to prevent and mitigate the effects of epidemics/pandemics can be tied to the mission's wider mandate to build public trust in and the legitimacy of the state through its ability to provide essential services linked to health and well-being.

Key to a mission's ability to implement its mandated tasks are its credibility and legitimacy among local stakeholders. In Liberia, UNMIL benefited from positive perceptions among the population, and was able to rely on this trust to inform communities about Ebola response measures and maintain stability. Especially for large-footprint peace operations, only minimal engagement to assist during a serious health and humanitarian crisis would be a waste of badly needed resources and would be counterproductive due to the image it fosters in the local population and among donors. The involvement of peace operations personnel in donating medicine and supplies, training local health workers and reaching out to communities to impart information as a generally trusted and reliable source brings clear advantages. These activities help the affected population, and it is reasonable to assume that they build or reinforce public trust in the peace operation. That trust, from the public but also from state actors, will be beneficial to implementing its mandated tasks when the epidemic or pandemic subsides.

Potential challenges

One of the biggest challenges facing greater peacekeeper involvement in responding to public health emergencies are concerns about the impact

⁸⁸ New York University, Center on International Cooperation [Congo Research Group], 'Rebels, doctors and merchants of violence: How the fight against Ebola became part of the conflict in eastern DRC', 5 Aug. 2021, p. 28.

⁸⁹ United Nations Peacekeeping, 'Action for Peacekeeping: Declaration of Shared Commitments on UN Peacekeeping Operations', Updated Jan. 2022.

⁹⁰ United Nations Peacekeeping, 'The primacy of politics', Interview with Olubukola Akin Arowobusoye, Chief of Political Affairs, UNMIL, 9 Apr. 2018.

Peace operations face reputational risk when supporting epidemic or pandemic responses widely perceived as corrupt

on the perceived neutrality and independence of humanitarian assistance. Having soldiers directly involved in humanitarian assistance risks the politicization of such aid, through its association with political or military objectives.⁹¹ According to the international president of Médecins Sans Frontières, the reliance of the health and humanitarian response on MONUSCO peacekeepers, local police and the DRC armed forces to enforce compliance with Ebola health measures led to hostile communities that perceived Ebola response workers as ‘the enemy’.⁹² In eastern DRC, ongoing violence and humanitarian crises contributed to high levels of public distrust in the government, its security forces and health workers, leading to community resistance to Ebola response measures and over 420 attacks on health facilities and workers between August 2018 and February 2020.⁹³ Furthermore, an investigation into widespread sexual exploitation and abuse in the Ebola response identified 83 alleged perpetrators, including 21 WHO employees.⁹⁴ In a context of attacks on humanitarian workers, healthcare workers and security forces, the involvement of peace operations in supporting the state’s epidemic response efforts might leave peacekeepers subject to the same risk of public hostility.⁹⁵ MONUSCO developed a public image problem due to its perceived inability to bring stability and protect civilians from violence.

Another challenge emerges from criticism that by working through peace operations, the international community has increasingly relied on crisis management approaches to respond to global health emergencies. Such approaches are anchored in a focus on risk, specifically the security risks posed by global health issues such as epidemics. The resulting approach tends to be reactive and to emphasize rapid containment, rather than proactively address the underlying causes of disease and ill-health.⁹⁶

Corruption can also contribute to environments where epidemics emerge, as was seen in Liberia where there was both widespread poverty and diversion of funds allocated to public health. According to the former UN SRSG and Coordinator for UN Operations in Liberia, Karin Landgren, Liberia’s ‘debilitating patronage network’ contributed to the country’s inability to confront Ebola.⁹⁷ This poses a particular challenge for the UN and other donors, raising the prospect that humanitarian assistance and emergency funds will be syphoned off. It may also affect reputations and perceptions

⁹¹ Médecins sans Frontières, ‘Humanitarian action must not be a tool of political interests’, 18 July 2002.

⁹² Branswell, H., ‘Doctors Without Borders fiercely criticizes Ebola outbreak control effort’, STAT, 7 Mar. 2019.

⁹³ Independent Commission on the review of Sexual Abuse and Exploitation during the Response to the 10th Ebola Virus Disease Epidemic in the provinces of North Kivu and Ituri in the Democratic Republic of the Congo, Final Report, 27 Sep. 2021, p. 5.

⁹⁴ Independent Commission on the review of Sexual Abuse and Exploitation during the Response to the 10th Ebola Virus Disease Epidemic in the provinces of North Kivu and Ituri in the Democratic Republic of the Congo (note 93), p. 28.

⁹⁵ Aizenman, N., ‘Why are people so angry at Ebola responders in the Democratic Republic of the Congo?’, All Things Considered, National Public Radio, 30 Oct. 2018.

⁹⁶ Basu, S. and Nunes, J., ‘Health crises and the United Nations: What does it mean for global health?’, *Strategic Analysis*, vol. 44, no. 5 (2020), p. 423.

⁹⁷ UN Mission in Liberia (UNMIL), ‘Staying strong during Ebola: Karin Landgren, Under-Secretary General, Special Representative of the Secretary-General, 2012–2015’, The Story of UNMIL, 30 Mar. 2018.



of legitimacy when a peace operation provides support to an epidemic/pandemic response that has corruption issues. In eastern DRC, Ebola response came to be perceived as a corrupt money-spinning opportunity, involving highly inflated payments for local staff, excessive use of per diems and daily subsistence allowances for government employees, and sexual exploitation of work opportunities. This led to resentment and violence in communities that were not benefiting from the response funds.⁹⁸ Many in the DRC associated the response with the government, and by extension MONUSCO.⁹⁹

From a duty of care perspective, protecting the security and safety of peacekeepers is a strong argument against expanding peacekeeper involvement in dealing with epidemics/pandemics. Epidemic response was limited when peacekeepers were restricted only to essential movements, as was seen with UNMIL in the early stages of the Ebola outbreak.¹⁰⁰ This was also the case at the beginning of the Covid-19 pandemic, when all UN peace operations and the AU peace operation in Somalia suspended non-essential international travel, training and leave for personnel and troops, including suspending or delaying rotations.

V. Cooperation and coordination

The general need to improve cooperation and coordination within missions and with other relevant actors, including other peace operations, receives recurring attention in mandates, policy documents and strategies. However, while cooperation with other actors is apparent, there is some evidence of cooperation and coordination within and between peace operations on epidemic and pandemic response.

Cooperation and coordination within and between peace operations

In one example of in-mission coordination, AMISOM created a multi-dimensional Covid-19 committee with representation from across its military, police and civilian components to devise protocols to act as guidance on how to deal with the pandemic and coordinate related activities.¹⁰¹ Individual UN and AU missions have responded to the pandemic by retooling Quick Impact Projects (QIPs) for use on Covid-19-related projects such as local mask production by women's groups.¹⁰²

An example of close cooperation between peace operations occurred in Liberia, where UNMIL coordinated with UNMEER, the first ever UN emergency health mission responsible for providing overall leadership and direction to the work of the UN system in assisting governments in the region with Ebola response. UNMIL assisted UNMEER with communications, engineering, transportation and security for UNMEER's deployment, and

⁹⁸ Freudenthal, E., 'How "Ebola business" threatens aid operations in Congo', *New Humanitarian*, 18 June 2020.

⁹⁹ Druet (note 48), p. 25.

¹⁰⁰ Snyder (note 54).

¹⁰¹ AU Mission to Somalia (note 38).

¹⁰² de Coning, C., 'The impact of Covid-19 on peace operations in Africa', *ACCORD Conflict & Resilience Monitor*, Special edition, 14 Dec. 2020.

worked with UNMEER to coordinate cross-border visits to trace affected populations.¹⁰³

During the pandemic, there have been meetings across missions to share experiences and lessons learned, as well as among representatives of the UN, the Organization for Security and Co-operation in Europe and the EU on issues such as duty of care in the context of Covid-19.¹⁰⁴

Cooperation and coordination between peace operations and other actors

Peace operations' contributions to epidemic and pandemic response are not conducted in isolation but play a support role to national, local and international health and humanitarian actors and their respective interventions. As such, missions are affected by these actors' respective strengths and weaknesses. At the strategic level, peace operations must contend with the constraints and politics that surround global public health, in particular the difficulties associated with the International Health Regulations (IHRs) and the WHO. The authority to declare a PHEIC resides with the WHO, and it is this declaration that triggers the mobilization of international assistance and resources, and the prioritization of a health emergency. The declaration of a PHEIC emerges from a recognition of 'possible increased national and regional risks and the need for intensified and coordinated action to manage them'.¹⁰⁵ The declaration of a PHEIC is not just a technical epidemiological matter, however, but a highly political one, which can be influenced by various actors and interests such as national authorities, neighbouring states and other international actors.¹⁰⁶

A PHEIC was not declared in West Africa until 8 August 2014, five months after the Ebola epidemic had been identified. Médecins sans Frontières blamed 'lack of leadership, deficient coordination and . . . a striking absence of operational capacity' in the UN system, but also international lack of interest in a region perceived as 'not politically or economically interesting'.¹⁰⁷ The WHO decided three times against declaring a PHEIC in the case of the Ebola epidemic in eastern DRC, as a result of the lack of spread to a neighbouring country, even though the DRC is the largest country in sub-Saharan Africa, but also over concern that possible border closures might halt cross-border trade and prevent populations that were subject to ongoing attacks by armed groups from seeking refuge in neighbouring states.¹⁰⁸

¹⁰³ World Peace Foundation, 'United Nations Ebola Emergency Response (UNMEER)', *Short Mission Brief*, [n.d.].

¹⁰⁴ van der Lijn (note 6).

¹⁰⁵ See e.g. World Health Organization, 'Statement on the meeting of the International Health Regulations (2005) Emergency Committee for Ebola virus disease in the Democratic Republic of the Congo on 17 July 2019', Geneva, 17 July 2019.

¹⁰⁶ Pillinger, M., 'Politics & PHEIC declarations', O'Neill Institute for National and Global Health Law, Georgetown Law, 27 Jan. 2020.

¹⁰⁷ Nierle, T. and Jochum, B., 'The failures of the international outbreak response', Médecins Sans Frontières, 29 Aug. 2014.

¹⁰⁸ Maxmen, A. and Reardon, S., 'World Health Organization resists declaring Ebola emergency—for third time', *Nature*, 13 June 2019.



Delays in detecting the outbreak of an infectious disease like Ebola lead to longer and larger outbreaks.¹⁰⁹ Delays in declaring a PHEIC enable epidemics to grow rapidly and spread across borders.

Peace operations are likely to be affected by delays to or problems with responses by other actors critical to the epidemic response. The lead agency for responding to international health emergencies, the WHO, and its regional office for West Africa in particular, was harshly criticized for being disorganized and delaying its response to the upper West African Ebola epidemic, which was an important factor in enabling the epidemic to spread rapidly.¹¹⁰ Frustrated by the lag in response, the UN secretary-general sought to mobilize the entire UN system including ‘financial, medical, political and humanitarian expertise, as well as the logistics and operational capacities of the Department of Peacekeeping Operations’, and established UNMEER to combat the epidemic.¹¹¹

Experience of responding to Ebola outbreaks in upper West Africa and eastern DRC identified potential areas for greater cooperation. One lesson learned from both epidemics is that effective epidemic response requires context-specific knowledge and the trust of local populations. Epidemic or pandemic response must be made conflict-sensitive and involve the host government, local authorities and civil society actors.¹¹² In eastern DRC, anthropologists and social scientists were deployed as part of teams to better understand local populations and the socio-cultural factors that might influence compliance with epidemic response. Peacekeeping operations have a good understanding of local dynamics and local actors in conflict-affected contexts, making them a potentially valuable resource for formulating a conflict-sensitive epidemic/pandemic response. For example, even under the restrictions imposed by the Covid-19 pandemic, civil affairs units see themselves as having a ‘comparative advantage’ at the local level that enables them to support social cohesion and local peacebuilding efforts.¹¹³

Expanding peace operations’ role in health crises could better align humanitarian, development and peacebuilding efforts

However, there are also arguments for caution about how involved peace operations become in some aspects of the response. Peace operations must consider how they engage with strategies and processes developed by national and international partners, and the possible repercussions of cooperation for the mission’s reputation and ability to implement its mandate. Public health experts have criticized the upper West Africa Ebola epidemic response for focusing more on controlling the epidemic through strict, often militarized enforcement and containment measures than caring for its victims.¹¹⁴ The government of Liberia implemented militarized quarantine measures,

¹⁰⁹ Matson, M. J., Chertow, D. S. and Munster, V. J., ‘Delayed recognition of Ebola virus disease is associated with longer and larger outbreaks’, *Emerging Microbes & Infections*, vol. 9, no. 1 (2020), pp. 291–301.

¹¹⁰ Wehnam, C., ‘What we have learnt about the World Health Organization from the Ebola outbreak’, *Royal Society*, 10 Apr. 2017.

¹¹¹ Ban Ki-moon (note 44), p. 291.

¹¹² World Health Organization (WHO), *Covid-19 Strategic Preparedness and Response Plan: Operational Planning Guideline* (WHO: Geneva, Mar. 2021), p. 5.

¹¹³ UN, Civil Affairs 2020 Newsletter, no. 9 (Jan. 2021).

¹¹⁴ Farmer (note 1).

which led to violent confrontations between security forces and members of the public. UNMIL declined to take part in those measures.¹¹⁵

Peace operations' experience of community outreach and communications is also a valuable asset in public health emergency response. Lessons learned from epidemic outbreaks over the past 20 years have underscored that the response of domestic and international actors must engage communities and local civil society organizations to build trust and leverage their knowledge of local conditions. Experience of the Ebola epidemic in Liberia provided lessons that responses should consider how they can draw on and involve local healthcare workers and contribute to a resilient community health system. This is linked to community trust and support, which are essential for effective epidemic response efforts. Communities and populations in remote and rural areas tend to trust local community health workers more than external actors. Functioning as part of the local primary healthcare system, community healthcare workers better understand the needs of and challenges facing the community members they care for. As was shown during the Covid-19 pandemic, they can help to dispel misinformation and address fears over vaccines and other measures.¹¹⁶

There is scope for more strategic involvement of peace operations

Finally, the emergence of the 'Triple Nexus' agenda, which seeks to develop alignment among humanitarian, development and peacebuilding actors for a more comprehensive and integrated approach to achieving common outcomes offers opportunities for the future development of peace operations' engagement with epidemic/pandemic response.¹¹⁷ For example, humanitarian and development experts have acknowledged the need to strengthen health systems to address the persistent clinical deserts in some regions and to better prepare for future epidemics and pandemics.¹¹⁸ The question of how peacekeeping efforts are planned and combined with development and humanitarian efforts is beginning to garner attention from donors and the peacekeeping community.¹¹⁹

VI. Conclusions

This paper has tracked how since 2000 the UN and certain organizations, such as the AU and the EU, have paid increased attention to epidemics and pandemics as threats to international peace and security. Security Council resolutions on HIV/AIDS, Ebola and Covid-19 recognized this, which had a direct impact on the activities of peace operations. Peace operations have also been affected by the parallel and overlapping global health governance architecture, which determines when an epidemic is a public health event of international concern, and humanitarian interventions that respond to health needs on the ground.

¹¹⁵ Davies and Rushton (note 48), pp. 419–35.

¹¹⁶ Qijia Chua, A. et al., 'How the lessons of previous epidemics helped successful countries fight Covid-19', *British Medical Journal*, 11 Mar. 2021.

¹¹⁷ Caparini, M. and Reagan, A., 'Connecting the dots on the triple nexus', SIPRI Topical Backgrounder, 29 Nov. 2019.

¹¹⁸ Glennon, E. and Jephcott, F., 'Investing in health systems is the only way to stop the next Ebola outbreak', *The Conversation*, 21 Oct. 2019.

¹¹⁹ International Peace Institute, 'Covid-19 crisis an opportunity to "rethink and develop UN peacekeeping further"', Report of a moderated discussion, 7 Oct. 2020.



The review of activities undertaken indicates that virtually all peace operations stress the importance of protecting the health of personnel and preventing peacekeepers from being infected. There has also been increased attention paid to preventing peacekeepers from becoming vectors for the spread of infection to the local population, initially with regard to HIV/AIDS. However, it was only several years after the inadvertent introduction of cholera by a MINUSTAH peacekeeping contingent in Haiti that sustained attention on proper sanitation and waste disposal by peacekeeping missions was implemented, and results continue to be uneven.

Peace operations have also leveraged their capacities to provide security to humanitarian personnel, and their communications capacities to help disseminate accurate information about epidemic/pandemic response. Indirect activities have helped to develop the capacity of host state responders in various ways to prevent and respond to the consequences of an epidemic or pandemic, mainly through political engagement, coordination, training and providing material support to host state actors.

Arguments against substantial involvement by peace operations in epidemic and pandemic response focus on the health risks to their personnel, the criticism that this would be overstepping their mandate and the risk posed to the neutrality of humanitarian assistance if police and military components of peace operations become involved. In addition, by cooperating closely on an epidemic/pandemic response, peace operations could open themselves up to criticism of the flaws in the response, such as an overemphasis on control and containment rather than on care.

Arguments in favour of the involvement of peace operations include negative perceptions of the mission if it fails to act as a humanitarian emergency overwhelms the host state, and the impact that an epidemic would have on its ability to implement mandated tasks as many of its regular activities are disrupted or suspended. A core task of large UN peace operations—the protection of civilians—would be undermined, and the need for protection exacerbated as a result of epidemic and pandemic impacts that might include devastating economic and social consequences, increased domestic violence, and increased instability and armed violence. Engagement is also supported by several peace operations' mandates to engage with the political process to build a lasting peace and contribute to increasing the perceived legitimacy of and public trust in state authorities. Acting in times of an unexpected health crisis, when the social contract is at risk of fragmenting and loss of public trust in state institutions is heightened, would seem at least as important, and arguably more so, as under normal circumstances.

There is scope for the more strategic involvement of multilateral peace operations in epidemics and pandemics. Conflict and sustained governance deficits created the clinical deserts in which some of the worst epidemics have been able to take hold. Responses should be conflict-sensitive and part of the broader effort to achieve a sustainable peace. Multilateral actors, including the UN but also the EU and the AU, with their recognition of the need to advance coordination across humanitarian, development and peacebuilding organizational silos, cannot continue to treat epidemic and pandemic health emergencies in isolation from efforts to strengthen legitimate governance and build peace in such contexts.

SIPRI is an independent international institute dedicated to research into conflict, armaments, arms control and disarmament. Established in 1966, SIPRI provides data, analysis and recommendations, based on open sources, to policymakers, researchers, media and the interested public.

GOVERNING BOARD

Stefan Löfven, Chair (Sweden)

Dr Mohamed Ibn Chambas
(Ghana)

Ambassador Chan Heng Chee
(Singapore)

Jean-Marie Guéhenno (France)

Dr Radha Kumar (India)

Dr Patricia Lewis (Ireland/
United Kingdom)

Dr Jessica Tuchman Mathews
(United States)

Dr Feodor Voitlovsky (Russia)

DIRECTOR

Dan Smith (United Kingdom)



STOCKHOLM INTERNATIONAL PEACE RESEARCH INSTITUTE

Signalistgatan 9

SE-169 72 Solna, Sweden

Telephone: +46 8 655 97 00

Email: sipri@sipri.org

Internet: www.sipri.org

SIPRI BACKGROUND PAPER

MULTILATERAL PEACE OPERATIONS AND THE CHALLENGES OF EPIDEMICS AND PANDEMICS

MARINA CAPARINI

CONTENTS

I. Introduction	1
Box 1. Definitions	2
II. Peace operations, epidemics and pandemics	4
UN Security Council and AU Peace and Security Council responses to epidemics and pandemics relevant to peace operations	4
The African Union	6
Epidemic- and pandemic-related activities in peace operations	7
Figure 1. Categorization of activities undertaken by multilateral peace operations to prevent or respond to epidemics or pandemics	8
III. Peace operations that address epidemics and pandemics	8
Activities to address the consequences of epidemics and pandemics	9
Activities to address the drivers of epidemics and pandemics	14
Figure 2. Examples of multilateral peace operations that have undertaken activities to prevent or respond to epidemics or pandemics	10
IV. Peace operations and dealing with epidemics and pandemics:	19
Opportunities and challenges	
Potential opportunities	19
Potential challenges	21
V. Cooperation and coordination	23
Cooperation and coordination within and between peace operations	23
Cooperation and coordination between peace operations and other actors	24
VI. Conclusions	26

ABOUT THE AUTHOR

Dr Marina Caparini (Canada) is a Senior Researcher and Director of the Governance and Society Programme at SIPRI.