Introduction: A COVID-19 Global Ceasefire

As the world faces the common risk of COVID-19, there have been renewed calls for multilateral action for peace. UN Secretary-General António Guterres has called for an immediate and comprehensive global ceasefire, emphasising the need to reinforce diplomatic action, create viable conditions for delivery of humanitarian aid, and "bring hope to places that are among the most vulnerable" to the pandemic. Women-led civil society organisations, including WILPF members and partners, have been among the first to build on the momentum of this call to continue their vital work to bring peace to their communities.

As of mid-May 2020, there are ongoing ceasefires in Cameroon, Sudan, Angola, and Thailand; ceasefires ended in Colombia and the Philippines; and ceasefires were broken in Yemen, Libya, and Myanmar.

In Cameroon, the Southern Cameroons Defence Forces (SOCADEF) militia has enacted a temporary ceasefire for COVID-19, but thus far are alone in doing so. In Libya, a ceasefire between the Government of National Accord and the Libyan National Army (LNA) under the helm of General Khalifa Haftar lasted one day, but quickly dissolved into firefights in multiple locations, greatly harming any chances of humanitarian response let alone an opportunity to negotiate an overdue and permanent ceasefire. Overall, the level of violence in Libya has dramatically escalated since the end of March. In Afghanistan, while a permanent ceasefire is meant to be part of intra Afghan talks, these efforts have been
fraught with political setbacks and continued violence inflicted on civilian targets by the Taliban. In Colombia, the National Liberation Army (ELN) called for a unilateral ceasefire for one month, but this ceasefire has since broken down. Widespread violence against civil society activists in Colombia has continued and even been heightened during the lockdown.

It is unsurprising that there has been slowed momentum on the global ceasefire given the stalled multilateral action at the United Nations Security Council. After six weeks of negotiations, the Council has been unable to come to a consensus on a resolution on COVID-19. Although we have not yet seen the decisive action that is needed from the UNSC to make the global ceasefire a reality and thereby help fulfill its mandate to maintain global peace and security, as the COVID-19 pandemic continues, it will only grow more important that warring parties lay down their arms. In this pandemic context, sustainability of ceasefires carries a double importance both to stop violent conflicts and to enable the required humanitarian response to prevent even more human suffering.

Translating urgent action on COVID-19 into lasting, inclusive peace
The more holistic approach to security enshrined in the Women, Peace and Security Agenda - prevention, participation, protection, and relief and recovery - provides a roadmap and set of guiding principles for approaching work to broker ceasefires and translate them into lasting action on the ground. The UNSC’s action on COVID-19, including any work it does to promote a global ceasefire, must be linked with its existing recognition of the gendered impacts of conflict, the importance and agency of women in promoting peace, and center inclusivity and human security. This recognition, enshrined and legally binding in the Women, Peace and Security agenda, is vital for lasting peace.

We know that women are the frontline of making and sustaining peace, addressing and advocating for change in social, political and economic practices that harm and deny women and other marginalised groups their human rights and dignity, and for disarmament from national stockpiles and small arms and light weapons. As has been extensively analysed during COVID-19, women contribute to the health and well-being of entire communities, as head of households and informal care workers, and serve in the greatest numbers in the health sector around the globe. When safety nets and social protections are under-resourced, weakened, or entirely devastated due either to austerity measures, myopic budgeting that places greater investment into security and arms, economic collapse, or environmental disaster, or all of the above, it is women who bear the burden. It is women who are forced to do all of the above and manage the reverberations of decisions made by
policymakers and the private sector, far removed from the daily realities of most of humanity.

A lasting ceasefire requires meaningful participation

It is critical that in any efforts initiated on responding to the diverse situations of conflict, that women are front and center in the planning and decision making, per UNSCR 1325. Feminists continue to call on states and the UN Security Council to heed feminist principles for a ceasefire in full in order to stop the cycle of violence and violations. Member states, humanitarian agencies, and the United Nations must ensure the meaningful (full, effective, and consequential) participation of women and civil society groups in the design, management, negotiation, and monitoring of the ceasefire and subsequent response, and of gender-sensitive mediation. Substantive inclusion of the expertise and priorities of local women ensures that diverse needs shape decisions and response. This is an imperative of any sustainable effort made in addressing armed conflict or disaster.

Women are at the frontlines of responding to the COVID-19 pandemic, including as health workers and caregivers. Women make up 70% of the health and social sector globally, and women’s existing, often unpaid care burdens have risen during the pandemic. Women and girls have faced disproportionate impacts in prior pandemics such as Ebola and Zika. In terms of economic impacts of the crisis, women are more likely to work in the informal sector, leaving them with less access to social safety nets and stable incomes during the pandemic.

Case study: Democratic Republic of the Congo

139 civil society organizations have called for a nationwide ceasefire in the country, but thus far, no ceasefire has been brokered.

In the eastern DRC, COVID-19 is an additional societal stressor compounding on armed conflict as well as the Ebola outbreak, which reemerged in the beginning of April. As a result of the Ebola outbreak, the country has widespread testing infrastructure. However, COVID-19 response may interrupt Ebola responses, many of which rely on mass gatherings and in-person awareness raising. So far, there are over 1,000 confirmed cases of COVID-19 in the DRC, and 41 deaths.

WILPF DRC is conducting awareness-raising activities throughout the DRC, both on the public health risks of the virus as well as on gender-based violence and domestic violence. There are specific gendered impacts of the pandemic on certain groups, including informal sector workers and migrants displaced from areas affected by armed conflict, many of whom are women. More than 5 million people are internally displaced in the DRC.
Without adequate social safety nets in place, the economic impacts of the lockdown will lead to further food insecurity and hunger. Many of these effects will be felt most by women and girls as they bear much of the burden for providing food and water for their families. As in other countries, incarcerated people are also at a risk in the DRC if the virus spreads within overcrowded and unsanitary prisons. Broader sanitation is also a widespread concern given untimely cuts to water and electricity, which inhibit the appropriate sanitation measures necessary to stop the spread of COVID-19.

Read a reflection from WILPF DRC President Annie Matundu Mbambi.

A sustainable ceasefire requires continually strengthening engagement between local women-led civil society organizations and groups, the UN, government leaders, and other relevant stakeholders, as a key priority, following the initial ceasefire agreement, and set the stage for strengthening local decision-making bodies. Women and civil society inclusion in the monitoring of any national ceasefire will ensure not only that these critical perspectives shape the implementation of such an agreement, but also will help to connect with community led early-warning indicators should there be any evidence of resumption of hostilities. There must crucially be adequate funding for women-led civil society groups to do their work.

Addressing human security and humanitarian needs

The global ceasefire and ensuing response must not focus exclusively on the needs or requirements of conflict parties but must center the social, economic, humanitarian, and accountability requirements of people in the countries affected by violent armed conflict. This means states, humanitarian agencies, and the UN must hear and act on social, economic, and humanitarian priorities by going beyond checking the box to say that women and civil society groups have been “engaged” with. This instead requires that women’s insights and expertise are integrated in ensuring a ceasefire takes hold and critical issues are addressed to improve the chances of permanency of a ceasefire.

Case study: Cameroon

In Cameroon, the Southern Cameroons Defence Forces (SOCADEF) militia has enacted a temporary ceasefire for COVID-19, but thus far are alone in doing so. The Cameroonian government and the at least 15 other armed secessionist groups have not yet announced any support for the global ceasefire. Hundreds of thousands of people have been displaced in recent years as a result of fighting between security and defence forces and armed separatist groups in Cameroon’s North-West and South-West regions.
The humanitarian situation in Cameroon is dire, as the government has banned incoming flights including humanitarian flights. As a result of the conflict, the health systems in the North-West and South-West regions of the country have been severely affected. As in many other countries, for many communities in Cameroon, the pandemic represents a dual public health and economic crisis, with significant impacts on IDPs, women, and informal workers. There is also widespread misinformation about the pandemic and a lack of trust in public health directives, things which WILPF Cameroon is seeking to address. In the void of humanitarian assistance, the section is also working to provide direct support to communities in need, while calling on all parties to heed the Secretary-General’s call for a global ceasefire. There is also a rise in stigmatisation and hate speech, particularly towards people who are suspected to have the virus.

Read more about the work of WILPF Cameroon.

Nobel Peace Laureates have called for an end to displacements, violence, and killings in Cameroon.

Women were among the first to call for an end to conflicts so that humanitarian needs could be met. They have responded, despite limited resources and funding, by providing essential humanitarian assistance to their communities while international funding sources grapple with how to deal with this new situation. Therefore, it is critical that civil society organizations, particularly women-led organizations and those working on countering the COVID-19 pandemic and humanitarian relief are supported with long-term, flexible, and core funding.

United Nations and state actors must be sensitive to underlying root inequalities and existing humanitarian crises in conflict-affected areas by also recognizing and acting on the gendered impacts of the situation. A global ceasefire is an urgent first step to protecting human rights and responding to the humanitarian needs of conflict-affected communities to open full and unrestricted humanitarian access, including cross-border access. Per the recommendation of the UN High Commissioner on Human Rights Michelle Bachelet, sanctions should be lifted in order to better enable full and unrestricted humanitarian access, and to prevent further suffering among civilians. Years of conflict have decimated the infrastructure and health systems of countries including Syria and Yemen, limiting access to health facilities, medical equipment, personal protective equipment, and essential medicines. Many conflict-affected countries have few medical professionals, as many have fled or have been displaced.

Refugee and IDP camps and informal settlements suffer from an existing lack of adequate access to sanitation, clean water, food, medicines, and medical care, which must be addressed to respond to COVID-19. Women and girls in particular face gender-based violence, precarious health, and economic and security instability as refugees and IDPs.
Pandemic-related travel restrictions, especially those imposed by Global North countries, may inhibit the possibility of resettlement for an indefinite period as well.

**Case study: Syria**

The UN Special Envoy for Syria, Geir Pedersen, appealed for a complete and immediate nation-wide ceasefire throughout Syria to enable an all-out effort to suppress COVID-19 in the country, however this ceasefire has not yet been realized. There is an existing but fragile ceasefire negotiated between Russia and Turkey in Idlib since 5 March, which has largely held so far.

There are over 50 confirmed cases of COVID-19 in Syria as of mid-May, but many fear that the number is significantly higher. Women-led civil society organizations in Syria and the diaspora have highlighted that Syrians are extremely vulnerable to the public health risks of the COVID-19 pandemic, as healthcare facilities have been decimated or destroyed after nine years of conflict. There is a shortage of key medical equipment and health professionals, and fears are mounting that the fragile Syrian health system may not have the capacity to detect and respond to the pandemic. There is a widespread lack of economic security, as many workers rely on daily wages to survive, and a weak social safety net. There have already been significant concerns about protection and prevention, including the effects of the pandemic on sexual health and reproductive rights and pregnancy care, rising rates of domestic violence, and sexual exploitation in return for aid. Lockdown measures may also heighten existing mental health issues. Internally displaced persons and refugees living in makeshift accommodation and overcrowded tents, as well as detainees and abductees, are living in conditions that are especially precarious, where adequate hygiene, clean running water, and access to healthcare are scarce, and social distancing measures are impossible to implement.

To address COVID-19, urgent demands have been made by some Syrian civil society organizations to contain the pandemic by taking specific measures:

- Committing to a permanent nationwide ceasefire, and monitoring its implementation;
- Releasing political prisoners, HRDs, and forcibly detained persons, and at least allowing unhindered access to prisons and detention centers for humanitarian and medical aid;
- Cease all supplies of weapons to warring parties in Syria;
- Immediately make available free-of-charge COVID-19 testing and ensuring that medical response is available to any person in need;
- Implement gender-sensitive humanitarian and medical assistance, including sexual and reproductive health services, to all refugee and IDP camps;
- Demand the immediate re-opening of the closed border crossings to ensure necessary supplies can reach people in need, particularly in light of the Council’s recent failure to fully renew the cross-border aid mechanism established in UNSC Resolution 2165 (2014) that has exacerbated an already dire humanitarian situation, such as in Idlib and surrounding areas.

Read more about recent work by Dawlaty, Women Now for Development, and Families for Freedom. Read Half of Syria’s briefing on the impacts of COVID-19 on Syrians both within Syria and the diaspora.
Prevention: COVID-19 and Gender-Based Violence, Women Human Rights Defenders, and Disarmament

In his 2018 report on sexual violence in conflict, the UN Secretary-General called for crimes of sexual violence to be greater addressed in women-inclusive ceasefire agreements, political negotiations, peace talks, and accountability initiatives. Parties must take urgent steps to prevent and respond to this violence by prioritizing full and non-discriminatory urgent access to services for survivors (per UNSCR 2467) and recognizing and addressing the continuum of violence against women, girls, and members of LGBTQI+ communities. In this accountability and justice, including for sexual violence and other human rights violations, must be central. A global ceasefire must be the basis to help facilitate all vital but routine medical provision, including access to sexual and reproductive health (SRH), which is projected to be significantly impacted by the shift in focus to pandemic response. Gender-based violence and domestic violence have already been on the rise in countries that have been affected by the virus, as people are required to stay in place in home environments that may already be unsafe spaces.

Case study: Colombia

In the four years since the peace agreement between the Colombian government and the FARC-EP, there has been widespread rising violence against social leaders, including women, Afro-descendant, and indigenous people. In 2019, there was a 50% increase in assassinations of women human rights defenders, combined with gender-based violence including sexual abuse and torture. This violence has continued during the COVID-19 pandemic. Over 100 social leaders have been killed in the first few months of 2020. One armed group, the National Liberation Army (ELN), announced a one-month ceasefire to enable COVID-19 response, but this ceasefire has since been broken.

Activists are at continued and even heightened risk of violence as they shelter in place. Some activists have documented that the pandemic has disrupted their safety procedures and have made them more vulnerable to being targeted by violent groups. Femicides, incidents of domestic violence, and hate crimes have continued to harm women and LGBTQ+ in large numbers. Existing social protection systems were lacking in Colombia before the pandemic, but as COVID-19 lockdown measures coincide with a rise in domestic violence, these systems are under further stress.

The public health and economic impacts of the crisis will have uneven effects throughout Colombia. Rural areas have less access to hospitals and medical care than urban areas. The over 1.6 million Venezuelan refugees who live in Colombia are at particular risk during the crisis, as they face extreme poverty and have a lack of access to healthcare and sanitation.

LIMPAL Colombia has just published a new report on the psychosocial and emotional needs of women human rights defenders, using UNSCR 1325 as a framework.
Peace is not merely the absence of fighting. As the rights to assembly, expression, and movement are curtailed during pandemic response, it is vital that governments do not manipulate the crisis to institute repressive measures. This increased climate of “emergency” is already having significant impacts on women human rights defenders, environmental defenders, and peacebuilders, many of whom already work at tremendous risk. Women human rights defenders, environmental defenders, and peacebuilders must be supported through adequate protection for their personal safety and that of their families. There is also a real risk that violence could escalate in the pandemic’s ensuing economic crisis, and this must be prevented and carefully monitored.

At the heart of a successful ceasefire is a detailed, clear commitment to practical measures that ensure its stability and address the root causes of conflict. Sustainability requires concrete action on the social, economic, political priorities of ordinary people affected by the conflict along with clear plans that are gender-sensitive, incorporates gender as a cross-cutting issue, and strengthens the inclusion of women’s rights groups, peacebuilders, and human rights defenders. Efforts must be rooted in respect for and protection of the human rights of all people in conflict areas. States are obligated to respect and protect the interdependence and indivisibility of civil, cultural, economic, political and social rights and this applies in the context of a COVID19 response and in plans after a ceasefire has begun. Specifically, to respond on COVID19, the right to health (accessible and adequate healthcare and information about the virus), freedom of movement (including due to quarantines and travel bans), and freedom of assembly are protected in the context of the pandemic. These States’ obligations toward human rights apply at all times in all places, and most critically in times of crisis. Responses must be time-bound and proportional.

Case study: Yemen

The UNSG’s call for a ceasefire was initially positively received in Yemen, but fighting has largely continued over the past month and a half. The Saudi-led coalition announced a two-week unilateral ceasefire on 8 April and has extended this ceasefire by a month.

Women leaders were some of the first to call for a ceasefire in Yemen to respond to COVID-19. Almost 80% of the Yemeni population relies on humanitarian aid for food to survive. In the context of heightened rates of GBV and domestic violence, women-led civil society groups have highlighted the collapse of the protection system for women due to five years of conflict, as well as the need for survivor-centered approaches (per UNSCR 2467) that respond to both short-term protection concerns for women as well as long-term needs of survivors. The COVID-19 pandemic is adding further stress to the Yemeni health system that has been decimated by war and which is also responding to other disease outbreaks such as cholera. There have been reports that unprepared hospitals have rejected suspected COVID-19 cases, and cases of the virus...
continue to rise in Yemen. In Houthi-controlled areas there has been widespread arbitrary detention including of women human rights defenders and sexual abuse, and in government-controlled areas there are also significant challenges for women in terms of protection from violence.

The Women Solidarity Network, the widest WPS network in Yemen, was one of the first groups to respond to warring parties and called on the parties to translate their commitments into practical measures on the ground to immediately and permanently cease hostilities and military operations. Some of their recommendations include:

- Commit to a permanent nationwide ceasefire, and monitoring its implementation;
- Hold armed groups accountable for human rights abuses;
- Provide support for civil society organizations, particularly women-led organizations and those working on countering the COVID-19 pandemic and humanitarian relief;
- Immediately release all prisoners and forcibly arrested and disappeared, and provide dedicated support to assist in normalization of life and stability post-release;
- Adopt a policy of universal basic income for all citizens, and ensure salaries for self-employed and handicraft workers;
- Establish clear procedures and standards to monitor the retail prices of food products and medications, and forbid monopolies;

A global ceasefire cannot occur while countries continue to export arms and manufacture weapons. During the pandemic and beyond, WILPF has recommended shutting down arms companies to repurpose them for producing life-saving medical equipment instead of life-taking weapons; redirecting public expenditure away from the military and to human security including to fund civil society-led efforts to lead the way in recovery, reconciliation, and reconstruction; and stopping military exercises. Additionally, countries must stop exporting arms, which fuel conflicts and human rights abuses, including gender-based violence and violence against civilians, and arms embargoes should be put in place to better ensure compliance with ceasefires.

**Conclusion: Time for the Security Council to Act for Peace**

While there was large support for the Secretary-General’s initial ceasefire call, nearly two months have passed without any concrete action by the UN Security Council. The hopes for action were dashed when silence was broken on the recent resolution put forth by France and Tunisia, because of contentious language related to the activities of the WHO. Still, Security Council members are trying to get a resolution passed with a new version as of
May 12, with support for “all relevant entities of the United Nations system, including specialized health agencies,” (indirectly referring to the WHO as the UN’s only specialized health agency). It is this continued political pettiness that keeps the UNSC from acting and bearing responsibility for peace around the globe. For the global ceasefire to become a lasting reality, decision-makers must lend it practical support.

World leaders must get serious about the call for a global ceasefire. They must listen to the demands of women peacebuilders and human rights defenders, who have outlined their visions for peace. The priorities of participation, human security, prevention, and accountability must be centered to translate lofty calls into concrete action.

About Us

The Women’s International League for Peace and Freedom (WILPF) is a worldwide non-governmental organization (NGO) with national sections covering every continent, an International Secretariat based in Geneva, and an office in New York focused on the work of the United Nations.

Since our establishment, we have brought together women from around the world who are united in working for peace. Our approach is always nonviolent, and we use existing international legal and political frameworks to achieve fundamental change in the way states conceptualise and address issues of gender, militarism, peace and security.

The Women, Peace and Security Programme of the Women’s International League for Peace and Freedom (WILPF) works for feminist peace by strengthening women’s meaningful participation, transforming gendered power, and bridging local gender conflict analysis with global efforts to implement a holistic Women, Peace and Security Agenda.

For more information about this resource and WILPF’s work, please contact us by email at: peacewomen@wilpf.org.