

## UN Peacekeeping during Health Crises: Covid-19 and Expansion of Mission Mandates

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### Introduction

The United Nations peacekeeping missions are increasingly being deployed in highly complex environments, working towards realizing global peace and security. The missions face numerous challenges, ranging from being socio-economic to political in nature. It is a known fact that peacekeepers, in different contexts, have been working in vulnerable environments also when considering the health-related situation in the mission areas. The role of peacekeepers during any health crises, therefore, calls for in-depth exploration. With the outbreak of the Covid-19 pandemic, the need for contextualizing peacekeeping amid health crises is receiving utmost attention. This essay looks at this challenge, notably during the outbreaks of HIV/AIDS, Cholera, Ebola, and the ongoing pandemic (i.e., Covid-19). It briefly analyzes the impacts of these outbreaks and the role played by the peacekeepers during such difficult times. The essay also explores the need for ‘transformation’ of peacekeeping missions to counter the challenges posed by health crises. It highlights how globalization has contributed to the diseases becoming ‘globalized’, and therefore there is an urgent need for exploration and adoption of policies concerning this issue. The essay also suggests some of the potential measures that may equip the peacekeeping missions to effectively fulfil their mandated tasks. It also points towards the gaps in the literature, exploration of which may contribute towards realizing health crises within the broader roles of the peacekeeping mandates.

### The Evolution of the U.N. Peacekeeping

Considered as one of the most prominent instruments of the United Nations, peacekeeping missions have helped promote conditions of peace and stability for over 70 years. During this time, the missions have evolved significantly from their initial roles of ‘observing’ ceasefire regulations (symbolic presence) to undertaking roles of increasing complexity (see e.g., Castellan, 2010). Today, these missions undertake tasks such as Protection of Civilians (PoC), prevention of conflicts, promotion of human rights, and deliverance of field support (United Nations Peacekeeping, n.d.). The post-Cold War era notably witnessed an expansion in the U.N. peacekeeping mandate(s), including emerging dynamics such as Disarmament, Demobilization, and Reintegration (DDR) in addition to the aforementioned aspects (Huéhenno, 2002).

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Resultantly, the tasks associated with peacekeeping missions today cut across various political, humanitarian, and even economic dimensions (Sarjoon & Yusoff, 2019). For instance, Sandler (2017) has divided the tasks of the peacekeepers into four categories; (1) ceasefire observation, (2) traditional peacekeeping, (3) peacebuilding, and (4) peace enforcement. Drawing from their extended roles, it is evident that peacekeeping missions have come along. Yet, further transformation is needed to propel the peacekeeping missions towards the successful completion of their mandates, which include helping the states navigate the difficult path from conflict to peace. There are several hurdles on this path, with the major one — in this time of pandemic — being the looming threats of health crises. The challenges posed by these health crises not only affect the peace and progress of states recovering from conflicts but also adversely affect the functioning and performance of peacekeeping missions.

### **The U.N. Peacekeeping and Health Crises**

Peacekeeping missions, in their history of over seven decades, have been facing several challenges. These challenges vary in nature and concern diverse fields, such as budgetary restrictions, disinformation campaigns, terrorism, and socio-political hurdles. They have been studied upon; however, there is a greater need to understand the unique ‘nature’ of challenges (being) faced by the U.N. peacekeepers during health crisis-related situations. With regards, the breakout of the Covid-19 pandemic has pointed towards the importance of developing rules and regulations pertaining to the role of peacekeeping in the event of health crises.

Historical analyses highlight that the current situation is not the first time when the peacekeepers are facing challenges such as these. In 2002, HIV/AIDS was recognized as a slowly spreading epidemic, affecting both the locals and the peacekeepers alike. For instance, Tripodi and Patel (2002) have analyzed the effect of HIV/AIDS on peacekeepers. They concluded that the performance of peacekeepers had been significantly affected owing to the outbreak of the epidemic. They also suggested the existence of an indirect link between ‘global security’ and ‘health’. Consequently, the situation called for the adoption of health measures and better contextualization of peacekeeping roles and related policies.

Similarly, the 2010 cholera outbreak in Haiti, which was quickly declared an endemic, caught the United Nations Stabilization Mission in Haiti (MINUSTAH) with surprise. The suspicions of the disease originating from MINUSTAH basecamp worsened the situation and became the cause for protests against the peacekeepers in the state (e.g., Katz, 2010). In 2016, research by Yale School of Public Health and Yale Law School analyzed the case and concluded that appropriate interventions by the United Nations could have prevented the epidemic. This study recommended measures such as screening for infection, usage of antibiotics, and community-wide vaccination to have been taken in this situation (Greenwood, 2016). The 2010 cholera outbreak significantly tainted the image of the U.N. peacekeeping missions.

The 2014 Ebola outbreak was yet another incident that once again highlighted the same issue. For example, research by Davies and Rushton (2016) are of the view that the United Nations Mission in Liberia (UNMIL), present in the state during the time of the outbreak, could have done more within its given mandate. It also generated discussion on the capacity of peacekeeping operations to conduct broader forms of humanitarian assistance under such circumstances. Davies and Rushton (2016) have also discussed how assistance by the peacekeeping missions is

hampered by a multitude of factors, such as the capacity of the peacekeeping mission, and the considerations of the troop contributing countries (TCCs) and that of the host governments. While the above-mentioned health crises were regional, the worldwide transmission of the Covid-19 outbreak seemed to be the final push towards the immediate realization of the challenges related to the health crises.

### **The U.N. Peacekeeping and Covid-19**

The time when the novel Covid-19 virus broke out, over 95,000 blue helmets were deployed across 34 states (Rashkow, 2020). The U.N. Secretary-General appealed to end all hostilities (United Nations Security Council, 2020); however, it went largely ignored. With the continuation of hostilities, the U.N. peacekeeping missions had to adopt several measures to counter the pandemic related challenges while fulfilling their tasks.

Under the slogan of ‘Protect, Help, and Explain’, the U.N. peacekeeping missions adopted new mechanisms. These included, for example, installation of handwashing stations outside peacekeeping bases, regular temperature checks, cancellation of most community outreach programs, and organization of workshop on pandemic awareness. Likewise, the deployment of new troops was delayed for a period of three months while the quarantine facilities were (being) formed to isolate the potential covid cases (United Nations Peacekeeping, 2020).

The Argentine Centre for Joint Training for Peace Operations (CAECOPAZ) took extra measures to form a decontamination tunnel to keep their base Covid-free (United Nations, 2020). While the changes adopted addressed many operational, and training and deployment related dynamics of peacekeeping amid the ongoing pandemic, several other concerns have been raised that call for the transformation of peacekeeping in situational health crises. These concerns call for addressing both the positive and the negative role of peacekeeping in the face of health related challenges. Addressing these concerns may lead to a transformed version of the peacekeeping operations of today.

### ***The Need for ‘Transformation’ and the ‘Transformative Measures’***

One may argue, *why* permanently adopt measures in peacekeeping concerning health crises? — since viral outbreaks can be unpredictable and health crises are situational. Also, such outbreaks predate even the conception of the peacekeeping missions. Then *why* is it so important to realize the ‘transformation’ now? The need for adopting such ‘transformative measures’ is answered by the unfolding process of globalization and its impact on the nature of diseases. Saker and colleagues (2004) have argued that globalization has significantly impacted the disease distribution, transmission rate, and even disease management in some cases. The outbreak and spread of diseases affecting the peacekeeping missions, from HIV/AIDS, cholera, Ebola to the novel Coronavirus, all have their roots in the process of globalization. Similarly, Cohen (2000) has examined the changing nature of infectious diseases and concluded that changes in society, technology, and changes (mutations) of the disease organisms themselves contribute to the emergence of ‘new’ diseases and the reemergence of old diseases.

Based on the above-mentioned developments, disease control and prevention should be recognized and incorporated in the functioning of peacekeeping missions. These measures would be ‘transformative’ as they would help in the further evolution of the peacekeeping roles. For example, the missions should permanently include

detailed medical checkups, hygiene practices, antibiotic usage, vaccination, and social distancing measures. Most of these measures have already been incorporated due to the ongoing pandemic, and they should remain in place even in the post-Covid era. Similarly, the roles of peacekeepers should be extended to include training for helping the states in managing any health crisis. The human resource potential of peacekeepers can significantly help alleviate and eliminate harm inflicted by viral outbreaks, particularly when the affected states lack these resources themselves. Although the U.N. peacekeeping missions already provide indirect help in emergency situations, Davies and Rushton (2015) have suggested that their role and capacity should further be enhanced. Nevertheless, it has been further argued that the assistance provided by peacekeepers during health crises should be aimed at 'facilitating' and 'not exceeding' the role of humanitarian agencies and state governments.

The U.N. Peacekeepers have also received traction with their propensity towards causing unintended harm. This is because the nature of their job requires them to travel long distances. Hence, they can become an accessible medium (vector) for the transmission of communicable diseases. Therefore, it is a cause of concern not only for the host states but also for the home states of the peacekeepers. This was especially a highly feared concern with the breakout of the Covid-19 pandemic (see e.g., Losh, 2020). Coleman (2021) has suggested that peacekeeping missions should adopt some strategies to eliminate their role in causing unintended harm. These strategies particularly are concerned with the risk management policies and a zero-tolerance policy for peacekeepers breaking the rules and guidelines pertaining to redressing the victims unintentionally harmed by the peacekeepers. These are essential to eliminate the concerns of host states, and if left unintended, they have the potential to lead to unwelcomed sentiments, backlash, or the spread of rumors.

As documented by the 'United Nations Peacekeeping Missions' principles and guidelines (2008), the multidimensional peacekeeping missions work towards attaining sustainable peace and global security. Nevertheless, there is a greater need to understand the impact(s) of health crises on the social and economic recovery of the conflict-ridden states. This may pave the path for the inclusion of health crisis management *within* the broader framework of peacekeeping mandates.

## Conclusion

In the seven-decade-long history of the peacekeeping operations, they have undergone significant transformation and their roles have much been evolved. At present, there is a need for them to evolve once again. While several challenges are hindering their progress, the challenge posed by health crises calls for immediate attention. The incidents of HIV/AIDS, cholera, Ebola, and the ongoing Covid-19 pandemic are major examples; highlighting the importance of the issue. The need of urgency in the realization of the matter is due to the *universality* of human security. Today, diseases spread quicker than ever before, as many factors linked to globalization have resulted in the (re)emergence and spread of diseases. The nature of peacekeeping (As a practice) involves long-distance traveling, which contributes to the spread of diseases. However, with the permanent adoption of measures (such as regular checkups and social distancing), the peacekeeping troops can eliminate the possibility of unintended harm. Similarly, implementing the policies of zero tolerance for breaking rules and redressing the victims will also further the peacekeeping goodwill. Peacekeeping missions can positively contribute to the states undergoing

health crises by providing their human resource for facilitating the humanitarian agencies and the state governments. Incorporating these measures and strategies will be transformative for the missions to broaden their roles and expand their mandates. In addition, health crises management may also contribute towards the effective completion of the peacekeeping mandates by contributing towards socio-economic recovery and sustainable peace.

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