Research Report

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Forum: **General Assembly Third Committee**
Issue: **Humanitarian access in conflict areas**

Position: **Deputy Chair**

Introduction

Humanitarian access comprises these two concepts: Humanitarian actors' ability to reach populations in need, and the affected population's access to assistance and services. Access is therefore a fundamental prerequisite to effective humanitarian action. Full and unimpeded access is essential to establish operations, move goods and personnel where they are needed, implement distributions, provide health services and carry out other activities, and for affected populations to fully benefit from the assistance and services made available. Sadly, not all humanitarian aid is so easy to achieve, due to many constraints and circumstances. Many of these constraints are being worked on but still many, if not all of these problems are not fully solved yet. Conflict areas always have different circumstances which changes the ways for humanitarian access and for the population to access these services. For example, health workers and medical facilities are still receiving threats and medical structures are targeted and destroyed in Syria. Also, because of the danger that patients often receive going to these hospitals, looking at threats and torture, makes them doubt or scared to still receive this medical help. This makes it hard for both parties, the population and the humanitarian actors to fully endorse the needed aid.

Definition of Key Terms

ICRC:
International Committee of the Red Cross
MSF:
Médecins Sans Frontières
UNHAS:
The United Nations Humanitarian Air Service
DRC:
Democratic Republic of Congo
WFP:
World Food Programme

General Overview

In situations of disaster or civil unrest, national authorities have primary responsibility for the wellbeing of those affected. In situations of armed conflict, the responsibility for the civilian population's well-being lies with all of the parties to conflict. If they are unable or unwilling to meet the basic needs of the affected population within their control, they are obliged to allow and facilitate the impartial provision of assistance. Our ability to establish and maintain humanitarian access is related to our adherence to humanitarian principles. For example, if one or more parties to a conflict believe, rightly or wrongly, that humanitarian actors are acting in favour of a political or military outcome, or that humanitarian action is not being implemented strictly on the basis of humanitarian needs alone, they will be less willing to allow humanitarian activities.

Many types of constraints affect humanitarians' ability to reach people in need of assistance, particularly in situations of armed conflict, but can also be problematic in natural disaster contexts. These constraints also affect the ability of affected populations to have full access to humanitarian aid. They include:

- Bureaucratic restrictions on personnel and humanitarian supplies.
- Impediments related to climate, terrain or lack of infrastructure.
- The diversion of aid, and interference in the delivery of relief and implementation of activities.
- Active fighting and military operations.
- Attacks on humanitarian personnel, goods and facilities.

It is important to note that not all constraints on access are deliberately obstructive and may not constitute violations of international law. They can include physical problems such as a lack of roads, or climatic conditions such as snow. In many cases, a combination of access constraints create limit access rather than a single factor. Achieving and maintaining access usually requires coordinated efforts, such as liaison with the relevant State and non-State actors at all levels, to establish acceptance for humanitarian actors and their work. In recent years, bureaucratic constraints, politically and economically motivated attacks on humanitarian personnel and active fighting have increasingly contributed to limited access to conflict affected populations.

Bureaucratic restrictions on personnel and humanitarian supplies, is a consequence of attacks against humanitarian personnel and supplies that continues, putting national staff at particular risk. The deliberate denial of access to aid and the abuse of bureaucratic restrictions are becoming more prevalent in conflict zones. Suffering is pushed to unbearable limits when civilians are deprived of food and healthcare in sieges that can last months, or in some cases, years.
Cities like Aleppo, Juba and Mosul have become death traps, while the destruction of housing, schools, markets, hospitals, and vital infrastructure will affect generations to come. Attacks on hospitals and medical staff, and the removal of medical supplies from humanitarian convoys, are symptoms of a continued grave disregard for international law and the protection of civilians.

According to the World Health Organisation, attacks on medical care including hospitals, doctors, ambulances, and on the wounded and the sick took place in at least twenty countries affected by conflict in 2016. In most of these places, fragile medical systems were already at the breaking point as staff struggled to treat huge numbers of people. In most cases, no one was held accountable.

In Syria, Physicians for Human Rights has documented more than 400 attacks on medical facilities since the conflict began. More than 800 medical staff have been killed.
In Yemen, just a few months after the adoption of resolution 2286, 15 people including 3 medical staff were reported killed when a hospital was hit in an airstrike – even though the roof of the building was clearly marked and the GPS coordinates had been shared with all parties.

In Afghanistan, the number of reported attacks against health facilities and personnel almost doubled in 2016 compared with 2015.
These attacks are evidence of a broader trend: parties to conflict are treating hospitals and health clinics as targets, rather than respecting them as sanctuaries.
This goes against the spirit of the Geneva Conventions, the fundamental tenets of international humanitarian law, and our basic humanity.
These attacks not only cause immediate suffering to patients, medical workers and their families. They deprive entire communities of essential health care, making them uninhabitable and contributing to the global displacement crisis.

In Syria, more than half of all medical facilities are closed or are only partially functioning, and two-thirds of specialized medical personnel have fled the country.

In South Sudan, after years of attacks on medical facilities, less than 50 per cent are functional in areas affected by conflict. This severely restricts the services they can provide.

Resolution 2286 and the Secretary-General's recommendations provide an important platform to enhance respect for the norms of international humanitarian law.
Looking at the constraints concerning attacks on humanitarian personnel, goods and facilities and the strongly condemning attacks on medical personnel in conflict situations today, the Security Council unanimously adopted a resolution demanding an end to impunity for those responsible and respect for international law on the part of all warring parties.

Adopting resolution 2286 (2016), which was co-sponsored by more than 80 Member States, the 15-member Council strongly condemned attacks and threats against the wounded and sick, medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities. It deplored the long-term consequences of such attacks for the civilian populations and health-care systems of the countries concerned.
Also by the text, the Council demanded that all parties to armed conflict comply fully with their obligations under international law, including international human rights law, as applicable, and international humanitarian law, in particular their obligations

under the Geneva Conventions of 1949 and their Additional Protocols of 1977 and 2005. It demanded also that all parties to armed conflict facilitate safe and unimpeded passage for medical and humanitarian personnel.

"When so-called surgical strikes are hitting surgical wards, something is deeply wrong," United Nations Secretary-General Ban Ki-moon said after the text's adoption, adding: "Even wars have rules." Urging all parties to conflict and other relevant actors to heed the Council's demands, he said "the Council and all Member States must do more than condemn such attacks. They must use every ounce of influence to press parties to respect their obligations."

Joining the Secretary-General in addressing the Council were the heads of the International Committee of the Red Cross (ICRC) and Médecins Sans Frontières (MSF), entities that he described as reliable partners in providing much-needed care for conflict-affected people in Syria, Yemen, Iraq, South Sudan and other countries.
There is no comprehensive disaggregated data available on the gender of aid workers involved in security incidents, and even if there were, the lack of any gender breakdown of aid workers in the field overall would make it impossible to determine the relative rates of violence against men and women in these positions. The survey, however, sought more information on national aid workers' perceptions on how gender may or may not affect security, and to what degree. The majority of national staff survey respondents - combined from all settings - reported that the gender of a staffer had little or no direct effect on security. The more dangerous the environment, however, the more staff seemed to believe that females faced a somewhat greater risk than males (oPt was the lone exception). Staffers in four countries in particular cited being female as particularly dangerous in aid work: Haiti, Pakistan, DRC and Somalia (in descending order). A quarter of total respondents believed that the presence of female staff added to aid worker insecurity due to local cultural norms that disapprove of women working or being in close proximity to unrelated men. Of the ten most dangerous contexts, the three countries from which respondents stressed this risk most were Pakistan, Somalia and Afghanistan.

Most national aid workers see an international aid system that at times exaggerates the security risk, but which focuses its resources for mitigating that risk on its international staff members –not the national aid workers who are more often, in their own view, the subject of violence. International organisations clearly have an interest in bridging this keenly felt divide for practical and ethical reasons.
The larger organisations tend to have more-developed corporate policies for national staff, covering areas such as medical care, insurance and other benefits. Save the Children US, for example, allocates security inputs according to the job function, not by staff type. Certain senior staffers, such as the head of a field office, for instance, will require 24-hour access to vehicles and communications equipment regardless of whether they are nationals or expatriates. Staffers who have been relocated outside their home area will receive home leave or emergency transport to return if necessary, whether that means international evacuation or in-country travel. Yet in all cases national staff receive less coverage and compensation than international staff, primarily because their entitlements are linked to their salaries (which are generally

much lower and in line with the local economy) or reflect the local labour laws. Generally, differentials exist in terms of entitlements. Most agencies' policies, for example, do not extend R&R leave to national staff, although a few examples were found of nationally-relocated staff receiving periodic home leave back to their place of hire. As an example of good practice, some agencies provide national staff with bonuses, which essentially mirror the hardship or hazard allowances offered to international staff. Other forms of support include medical coverage. If no functional national insurance sector exists in the location, agencies will self-insure or find other ways to assist national staff and their dependents with health care, disability or bereavement costs. Only very rarely would such plans extend to medical evacuation, however. On the thorny issue of evacuation of nationals in general, policies are fairly consistent: nationals cannot be evacuated from the country for reasons of severe insecurity, as internationals are. Agencies want to avoid creating refugees, and cite the difficult questions that would arise of evacuating staff members' dependents as well, or of supporting them if they are left behind. In the event of an evacuation of international staff, many organisations help nationally-relocated staff return to the point of hire or an alternate (in-country relocation), and some organisations provide national staff with two-to-three months advance salary and access to vehicles and communications equipment.

There are different ways to enter these conflict areas. One is by Air Service; The United Nations Humanitarian Air Service (UNHAS) makes up 80 percent of WFP Aviation's core activities. It seeks to deliver safe, reliable, cost-efficient and effective common air services to the humanitarian community. UNHAS is the only humanitarian air service that gives equal access to all humanitarian entities. UNHAS responds to the need for access to the world's most remote and challenging locations, often under precarious security conditions, where no safe surface transport or viable commercial aviation options are available.

UNHAS is currently providing essential passenger services in the following countries: Afghanistan, Chad, Central African Republic, Democratic Republic of Congo (DRC), Ethiopia, Mali, Mauritania, Niger, Somalia/Kenya, South Sudan, Sudan, Yemen.
The U.S. military has become increasingly concerned about the challenges it could face in gaining access to an operational area. Given their global responsibilities, the U.S. armed forces must be prepared to deploy to a wide range of locations that include almost any type of terrain and that span the threat spectrum from very poorly armed opposition to peer-level foes. Research indicates that, in most situations, anti-access challenges require a joint solution, in which the capabilities of the different services can be brought to bear based on the threat and the mission. This study examined the nature of those future challenges and the Army's role as part of a larger joint or combined force.

Major Parties Involved

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World Food Programme
UN:
United Nations

Timeline of Events

June 24, 1859	Battle of Solferino: Henry Dunant (who went on to found the International Committee of the Red Cross) is inspired to organise to assist the victims of war.
1863	Foundation of the International Committee of the Red Cross.
1864	First action of Red Cross delegates at Dybbol, Denmark.
1877	Famine Relief Fund set up in the United Kingdom for people suffering in the 1876-78 Bengal Famine in British India. By the end of October, £426,000 had been raised.
1937	Tan Kah Kee presides over fundraising efforts in which overseas Chinese, especially Singaporean Chinese, contribute millions of Straits dollars worth of humanitarian aid in response to the Second Sino-Japanese War.
June 28, 1948	The United States and United Kingdom governments fly supplies into the Western-held sectors of Berlin over the blockade during 1948-49, known as the Berlin Airlift.
1968	Biafran War: disagreement about how to deal with gross human rights abuses causes a split that will result in a group of Red Cross doctors forming Médecins Sans Frontières.
1971	Creation of Médecins Sans Frontières (Doctors without Borders - MSF) in France by a group of French Doctors in the aftermath of Nigerian Civil War.

1978	Massive number of refugees from Vietnam, Cambodia, and Laos flee to neighbouring countries where they are received by UN agencies like the UNHCR, and private non-governmental agencies. The largest numbers flee to Thailand, Hong Kong, Malaysia, and China.
January 1, 1980	An earthquake in Azores Islands, Portugal - leads to relief response by Portuguese government and United States Military from Lajes Air Force Base and Naval Security Group Activity Terceira.
1985	Ethiopian famine leads to massive relief response by the United States and other countries.
1992	Operation Provide Relief, humanitarian relief for Somalia, is led by the United States. After looting of the aid, it is reorganized as Operation Restore Hope, an American military operation with the support of the United Nations to deliver humanitarian aid and restore order to Somalia, that eventually leads to the Battle of Mogadishu in 1993.
1993	Workers' Aid for Bosnia is typical of many community-level voluntary organizations formed in the United Kingdom to directly support the victims of the violence in Yugoslavia, as a direct result of public outrage.
1994	Great Lakes Refugee Crisis in Central Africa. Humanitarian relief to refugees fleeing Rwanda is distributed primarily in Congo/Zaire, and Tanzania.
1995	Responding to a flood in North Korea which had caused a famine, the United States government initially provided over $8 million in general humanitarian aid (the People's Republic of China was the only country to initially contribute more aid). However, eight years later, the United States government has provided $644 million in aid to the country which comprises nearly 50% of the aid going to North Korea.
1999	Kosovo War and Refugee Crisis. Serb military action led to the flight of refugees to Albania and other neighbouring countries where they were received by UNHCR and other agencies. NATO responded with a bombing campaign against Serbia. Charitable groups from around Europe send many aid convoys similar to those sent to Bosnia several years previously; Aid Convoy is founded.
2009-2010	Viva Palestina and Road to Hope take aid convoys through the normally closed border between Morocco and Algeria en route to the otherwise besieged Gaza Strip. [9]

Previous Attemps to solve the issue

Many different United Nations resolutions

For example, the Security Council adopted this resolution on the 3rd of May 2016: A resolution demanding an end to impunity for those responsible and respect for international law on the part of all warring parties.
https://www.un.org/press/en/2016/sc12347.doc.htm

Possible Solutions

- Instead of setting up centralised aid centres, it might be safer and in ways even easier to provide aid in smaller settings to different areas. This because centralised aid centres are often target centres in these conflict areas and smaller settings will be easier to protect and evacuate.

- A mobile armed force from the UN protecting aid workers in conflict areas and providing the conditions for unlimited humanitarian access on the ground. This armed force should consist of forces from all P5 members in order to make sure that the security council cannot veto it.

- The only thing that would eventually ever work is prevention. We should all be aware of the massive consequences and costs that these conflicts bring with them. Preventing conflicts therefore is essential, because eventually this will prevent enormous loss of lives and economic damage.

Useful sources

http://www.accesscoordination.org/
http://www.unocha.org/
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https://www.theguardian.com/international
http://www.ibtimes.com/
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[7] https://www.wfp.org/logistics/aviation/unhas-current-operations

[8]https://www.rand.org/content/dam/rand/pubs/research_reports/RR200/RR229/RAND_RR229.pdf

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