

EXECUTIVE SUMMARY

“The risks we face are beyond human comprehension”:

Advancing the protection of humanitarian and health workers



Introduction

The safety and security of humanitarian and health workers is an indispensable condition for the delivery of humanitarian aid and healthcare to civilian populations in need. Yet humanitarian and health workers continue to suffer from an alarming number of attacks. Although an overall downward trend in attacks has emerged recently, at least 235 attacks were reported by Aid Worker Security Database in 2022, which resulted in 137 aid workers seriously injured, 182 kidnapped, and 125 killed¹. In addition, 2022 marked the most violent year in the last decade with 1,989 attacks and threats against health facilities and personnel, with 232 health workers killed, 298 kidnapped and 294 arrested, according to the Safeguarding Health in Conflict Coalition (SHCC).

In high-risk contexts, humanitarian and health workers face overlapping and similar risks, as well as unique risks. National and local frontline workers, be they employed by international non-governmental organisations (INGOs), or local/national non-governmental organisations (L/NNGOs) or are health actors working outside the aid system, they are the primary victims. Yet they remain the least protected.

Attacks endanger civilian lives and the provision of lifesaving, emergency services to populations living in crises. This has been a long-standing topic among the community of humanitarian organisations who have been actively engaged in identifying the drivers and root causes of their insecurity as well as the solutions to address them. States, donors, United Nations (UN) bodies, and non-governmental organisations (NGOs) have launched numerous initiatives to enhance the protection of humanitarian and health workers. However, current figures remain worrying, while systems to demand accountability and fight against impunity remain fragile.

Methodology

This study aims to encompass the current debates, challenges and priorities among representatives of INGOs and L/NNGOs working in crisis settings and disaster response. It also seeks to identify concrete advances and operational-oriented recommendations to improve their safety and security. It focuses on the solutions that are supported by most actors in the community. In doing so, it aims to inform policy discussions at local, regional and international level and build momentum for collective commitments towards concrete actions.

This study, which was developed by a consortium between February and May 2023, builds on the outcomes of the 2021 *Discussion Series on Ensuring the protection, safety and security of humanitarian workers and medical personnel in armed conflict*. The report is based on a desk review and a round of consultations including a questionnaire, interviews with key interlocutors and workshops compiling the reflections and recommendations of 68 interviewees from a wide range of

¹ Aid Workers Security Data Base, <https://aidworkersecurity.org/>, accessed 20 June 2023.

profiles, including staff at HQ and national level and from different sectors – for example, policy, legal, security and access negotiations – within organisations. The outcomes of a side-event organised by the consortium at the European Humanitarian Forum in March 2023 also contributed to the report.

Legal and policy framework

Several binding and non-binding legal frameworks provide protection for humanitarian and health workers. International humanitarian law (IHL) provides the foundations for humanitarian action and medical assistance to ensure unimpeded access to populations in crises in both international and non-international armed conflicts, while ensuring the safety, protection, and freedom of movement of frontline workers. At United Nations Security Council (UNSC) level, over and above Resolution 1894 (2009) on the protection of civilians that includes references to humanitarian workers, two specific resolutions focusing on the protection of humanitarian and health workers have been adopted – Resolution 2175 (2014) and Resolution 2286 (2016). In addition, the UN General Assembly has continued to adopt a dedicated resolution since 1997. At the World Humanitarian Summit in 2016, States further committed to enhancing compliance with international law and accountability for any violations and adherence to the humanitarian principles of humanity, neutrality, impartiality and independence.

Moreover, several policy initiatives have also been launched, such as the political declaration on the protection of humanitarian and health workers (2017), initiated by France and signed by 44 States. This was followed by the Call for Humanitarian Action (2019), signed by 51 States. In 2021, a Special Adviser on the preservation of humanitarian space was announced at a UNSC ministerial high-level panel discussion. No specific individual was formally nominated for the role nor was funding allocated to the position. The same year, the above-mentioned Discussion Series was initiated by the European Union (EU) together with delegations from Norway, Niger, Mexico, Switzerland, Germany and France in New York. It sought to identify the main challenges and practical solutions and delivered 47 recommendations under 5 key workstreams. More recently, the 2023 meeting of the European Humanitarian Forum provided opportunities for the humanitarian community to reiterate calls to take action. Over the past five years, NGOs have been advocating better protection of humanitarian space, and expertise has been developed among the community to build the capacity of all actors to improve NGOs' policies and practices relating to the safety and security of frontline workers.



Action against Hunger, Tchad. ©Christophe Da Silva.

Main findings

→ Reinforce security risk management mechanisms

Security risk management systems (SRM) are seen as key tools to ensure greater access to crisis-affected people while maintaining the safety and security of frontline workers. Their development is likely to have been key in the recently observed trends in the number of attacks on humanitarian workers. Yet ensuring appropriate funding for these and for security costs requires several barriers imposed by both donor policies and also humanitarian organisations' internal practices to be overcome. While significant progress has been made by INGOs towards implementing effective SRM for their staff, extending good practice to L/NNGOs and health workers working outside the aid system remains a key issue.

The first challenge underlined by the study is the **lack of adequate and effective coverage of security costs**. These are broadly defined here as human resources, capacity building and training, materials, infrastructure and their rehabilitation, means of communication, administrative costs, insurance, data collection and analysis sharing, technical support, contingency plan items,

indirect costs and overheads. While recognizing the general willingness of donors to cover security costs, obstacles persist for building capacity and scaling up SRM, including in highly volatile contexts such as the Sahel, Yemen or Ukraine.

Moreover, donors' budgeting policies were identified as inadequate. Security costs are often subject to a programme/support costs ratio or considered as overheads. This impedes consistent funding through dedicated budget allocations, leading organizations to make trade-offs between ensuring the safety of their staff and implementing programmes.

Internal NGO practices were also questioned, including a 'chilling effect' or deterrent in response to donors' policies, as well as the gap in security cost budgeting and the lack of communication and coordination with security teams in the proposal writing stages. Humanitarian organisations thus recognized the more global challenge, of security being insufficiently considered as an all-embracing culture with adequate leadership and ownership.

Moreover, the report outlines the **need to acknowledge and understand the issue of risk transfer at all levels and to shift toward a risk-sharing approach**. It operates on two levels, transferring risk from donors to the intermediaries who receive funds and then downstream to direct implementers or partners who deliver frontline assistance, including those working outside the aid system. If risk transfers are inevitable, the report questions their current management and shows the risks involved could be better mitigated. Donors should ensure that budget lines are dedicated to security risks and that indirect costs and overheads are effectively granted to L/NNGOs. The hardline taken by donors on fiduciary risks and controls negatively affects security risk management and concentrates organisations' resources and attention on ensuring legal and financial compliance, sometimes at the expense of staff security. It also hinders the ability of INGOs to enter equitable partnerships based on trust and to leave space, time and resources for security risk management in partner agreements.

Indeed, INGOs must improve their practices to support access to training, tools and resources for implementing partners and to improve dialogue and promote equal partnerships, in line with the localisation agenda. The lack of inclusivity and open discussion at the proposal stage and the lack of consideration of partners' inputs regarding assessing security risks and designing security strategies were criticised. Hence the call from interviewees to adopt a risk-sharing approach between partners at early project stages. Empowering L/NNGOs also means enabling them to implement security strategies based on their own security risk assessments and to ensure inclusivity in information-sharing systems such as humanitarian coordination mechanisms. Existing systems for health workers working outside the aid system must be replicated and funded to ensure these workers have access to dedicated SRM.

The study identified **Duty of Care (DoC) as important to better equipping both INGOs and L/NNGOs**. Overall, interviewees highlighted a lack of clear DoC policies, or their inadequacy, underlining that they should go beyond training and, for example, include the ability to pay salaries in advance as well as provide for assistance with evacuation and relocation, psychological support and material assistance to victims' families. Moreover, even where DoC policies existed, they were

not fully applied and/or were only partially funded at field level. Several interviewees pointed to a double standard between international workers and national staff, who tend to be less aware of their DoC rights. Interviewees recognized a huge discrepancy in DoC as it applied to local partners, echoing the issue of risk transfer. The development of specific DoC policies for health workers working outside the aid system was noted as key.

→ Build reliable data collection and sharing mechanisms at local and global levels

Interviewees outlined several **persistent challenges to ensuring that the processes for reporting and sharing security incidents were best tailored** to their needs. The coexistence of several platforms and models (remote, often operated from Western countries, and direct, operated from countries of intervention) was seen as both useful yet also sometimes confusing for respondents, including at field level. Despite clear views on the different data-collection platforms by data collection experts themselves, a general feeling of reporting fatigue and a confusion within NGOs about the methodologies and objectives of the different platforms was underlined, reflecting the debates around over- under-reporting, which are both seen as important issues to address.

Interviewees agreed on the importance of maintaining and coordinating data sharing between collection mechanisms, recognizing where these were complementary in nature, and acknowledging that data do not offer a solution in themselves but can be appropriately exploited for different purposes. This requires adequate and trained human resources, for instance, to accommodate the need to collect as detailed data as possible on security incidents (including date, time, location and perpetrators). Overall, the study underlines the need to keep investing in and sufficiently resourcing data-collection platforms in all crisis contexts, building on the achievements of the last decade, particularly in the form of the direct model operated from the field.

In addition to coordination challenges, interviewees deplored the **discrepancies in the ways L/NGOs and local health workers² were included in data-collection and sharing mechanisms**, despite them being key to providing an accurate, nuanced and comprehensive understanding of the factors affecting the protection of humanitarian and health workers. Their inclusion in either Humanitarian Coordination teams, clusters or other forums collecting data both at field and at global level is a first step towards engaging them, as is funding capacity-building to collect data and promoting and building on existing informal ways of data sharing based on trust relationships and networks.

It is crucial to build the SRM capacity *and* capability of L/NGOs in order to approach risk sharing in an equitable way. It is not enough to include national NGOs in coordination and information-sharing forums. The key is to provide adequate and appropriate security and confidentiality measures, based on a thorough understanding of local dynamics, to allow them to share data

² Note that under UNSC RES 2286, ministries of health are responsible for monitoring and reporting attacks on healthcare services including attacks on local health workers.

safely and to ensure they are not put at further risk. Some experiences of the direct model were outlined as good practice, allowing for a more inclusive participation by L/NNGOs.

Building trust and addressing security concerns are therefore crucial to ensure the quality and sustainability of reporting. First, this requires appropriate resources and capacities for relevant risk assessment and secondly this demonstrates the positive and useful impact of data reporting on motivating those involved in reporting. The interviewees underlined the challenge faced in finding the right balance between collecting, processing, and sharing data and the need to safeguard staff working in highly insecure areas. Data reporting must consider the risk of retaliation by all types of perpetrators, while allowing for the need for advocacy, accountability and the fight against impunity. In turn, NGOs and all actors sharing data need them to be anonymised. They also need reassurance and a sense that they own their own data and can maintain a certain degree of control over how their data is used, particularly when such data are to be published. Effective risk assessment depends on the context, and decisions should be made on a case-by-case basis to ensure NGOs and local health workers receive adequate information to ensure their data are reported and shared safely. For building and maintaining trust in specific contexts, useful examples are provided by experiences of direct models involving a physical presence and by reporting and data collection embedded in wider programmes offering direct operational support services.

→ Enhance the protection of humanitarian space and respect for IHL, humanitarian principles and medical ethics

The protection of humanitarian and health workers in situations of armed conflict is intrinsically inseparable from the protection of humanitarian space and compliance with IHL. While the impact of sanctions regimes and counterterrorism measures (SCTM) on humanitarian action has been well documented over recent years, organisations continue to condemn national and international legal frameworks and policies that put humanitarian and health workers at risk of criminalisation and prosecution and reduce their access to and acceptance in areas of acute humanitarian need. It can also lead them to choose not to engage in certain areas despite the needs, a 'chilling effect' that has also been well documented. SCTM are also reflected in donors' contractual clauses and apply to sub-implementing partners, thereby transferring risk to L/NNGOs, who are often less equipped to mitigate these impacts. Bank de-risking can also force humanitarian actors to use informal money transfer mechanisms or can cause delays and increase security risks for personnel on the ground. Overall, the report demonstrates the lack of diplomatic support and engagement from the international community in terms of alleviating these restrictive and criminalising frameworks. The interviewees emphasised the need to ensure that global humanitarian exemptions apply everywhere in the spirit of UNSC Resolution 2664 (2022).

A precondition for unimpeded humanitarian access and impartial provision of healthcare is the capacity to dialogue with all relevant actors, yet several legal and policy frameworks continue to prohibit dialogue and the delivery of impartial aid or healthcare to areas controlled by non-state armed groups (NSAGs). In contrast, building acceptance and trust is seen as the most effective tool to ensure efficient security risk management that complements the necessary material

measures. Interviewees also underlined the collective responsibility of NGOs and the humanitarian community, acting under the same banner, to share common ethical standards and to implement humanitarian principles within a shared, context-based and operationalized framework that echoes the realities on the ground.

The politicisation of humanitarian aid was also identified as a priority threat that reduced humanitarian space and consequently put humanitarian and health workers at risk. The tendency among donors to allocate funding based on geopolitical interests or on security or military objectives instead of an impartial assessment of humanitarian needs politicises humanitarian aid and creates confusion between actors' mandates. The association of humanitarian actors with armed forces or security objectives has emerged as a major threat since it is altering the perception of NGOs as neutral and is jeopardizing the protection of frontline workers.

Several practices and policies were criticised: the imposition of armed escorts by certain governments, military operations with a counter-insurgency objective supplying basic goods and services to populations and the risk of crossfire for humanitarian workers when intervening in military operations zones with ineffective civil-military coordination. This politicisation can also take other forms at national or local level and can involve bureaucratic and administrative impediments coupled with a desire by States and/or de facto authorities to increase scrutiny and control over humanitarian action and civil society. Disinformation in the media and social media around the objectives and the mandates of humanitarian workers was also mentioned as a growing and worrying trend.

Questions were raised in the study about the implementation and operationalization of IHL and humanitarian principles and respect for medical ethics in the field, which are acknowledged as a foundation for humanitarian action and medical assistance in armed conflict settings and a key tool for conducting advocacy. First, many interviewees deplored the lack of knowledge at national and local level of national armies and affiliated armed groups, NSAGs, communities and humanitarian and health workers themselves. Insufficient resources are dedicated to raising awareness, providing training and mainstreaming IHL as a common source of understanding and language among all relevant actors and the public in conflict-affected countries. When training is provided, it sometimes fails to measure up to public interests and professional and cultural contexts, and thus to fully grasp the operational realities of the actors concerned. Second, a call was made for efforts to build local expertise among communities and promote innovative approaches to securing long-term behavioural change and adherence to IHL among NSAGs. At the same time, actors who are bound by IHL, especially national armed forces, and who commit violations and breaches, damage efforts to secure compliance by other actors, including NSAGs. At a global level, the existing legal framework for IHL is considered strong enough but needs to be implemented more effectively.

Progress still relies on the political willingness of States to ensure effective accountability for attacks against aid and health workers. The difficulties humanitarian organisations have with speaking out remain critical: they acknowledge the importance of fighting impunity and holding perpetrators accountable while considering the risk of exposing frontline workers or programmes to retaliation or eviction. Increased cooperation with trusted human rights organisations seems to

provide alternative ways of reinforcing accountability and enhancing internal culture and knowledge in the fight against impunity. Discussion still needs to take place on the most appropriate global tool to improve accountability. This could be set up by an Inter-Agency Standing Committee (IASC) task force within the Operational Policy and Advocacy Group. The focus would be on protecting humanitarian and health workers, on establishing the parameters of monitoring frameworks and on exploring further which high-level position would be best placed to add value to existing initiatives.



Médecins du Monde, Colombia; © Nadia Berg

Recommendations

Reinforce security risk management mechanisms

Recommendations to secure and ensure adequate, systematic and effective funding to support robust security risk management mechanisms and infrastructure for all NGOs (both INGOs and L/NNGOs) and local health workers	States	Donors	UN and humanitarian coordination	INGOs	L/NNGOs
<p>Facilitate access to long-term, sustainable funding and resources to ensure robust security risk management plans and infrastructure for INGOs and L/NNGOs and local health workers.</p> <p>Funds must cover costs related to human resources, capacity building and training, materials, infrastructure and its rehabilitation, means of communication, administrative costs, insurance, data collection and analysis sharing, technical support, contingency plan items, safety and security risk assessments.</p> <p>Funds must be effectively and fully accessible to L/NNGOs to mitigate risk transfer.</p>	•	•	•		
<p>Set up international and national dialogue to support coordinated approach and common guidelines among donors to ensure systematic funding of security risk management costs for all actors.</p>		•			
<p>Ensure security costs are fully and systematically funded with dedicated budget lines, excluding overheads and support costs, while not being at the expense of other programme costs.</p>		•	•		
<p>Improve NGOs' processes and procedures to allocate adequate and systematic funds to security risk management in partnership agreements in close collaboration with L/NNGOs.</p>				•	•

Recommendations to secure and ensure adequate, systematic and effective funding to support robust security risk management mechanisms and infrastructure for all NGOs (both INGOs and L/NNGOs) and local health workers	States	Donors	UN and humanitarian coordination	INGOs	L/NNGOs
Increase support for pooling and regional allocation of security costs for INGOs and L/NNGOs in a specific country/zone.				•	•
Set policy guidelines for CERF/pool funds mechanisms to ensure that INGOs and L/NNGOs receive a minimum percentage for safety and security.			•		
Increase capacity building and training on security risk management and humanitarian access negotiations for all international, national and local frontline workers. Where relevant, this should include capacity building and training on improving tools for communication among staff and community leaders/volunteers, with adequate materials, to prevent and monitor incidents.		•		•	•
Enhance coordination of security standards in clusters to seek alignment and dialogue between actors to avoid trade-offs on funding cuts, 'value-for-money' attitudes and competition between proposals leading to lower security standards.			•		
Enhance in-country dialogue between donors and security focal points to improve information sharing and decision-making on funding streams based on knowledge of the security context and specific security and safety needs.		•		•	•

Recommendations to mitigate the transfer of risks to local and national actors ³	States	Donors	UN and humanitarian coordination	INGOs	L/NNGOs
Develop joint security risk assessments and management strategies at project proposal stage and in partnership agreements of INGOs and L/NNGOs to avoid risk transfers, to foster equitable partnerships, shared responsibility, trustful exchanges to address respective cultural and context-based risk appetites and risk acceptability, and to identify actual security risks and mitigation measures.				•	•
At national level, create space and/or foster dialogue, under the leadership of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and NGO forums, to enhance dialogue between donors, international organisations, INGOs and L/NNGOs in order to foster equitable partnerships, shared responsibility, trustful exchanges to address respective cultural and context-based risk appetites and risk acceptability, and to identify actual security risks and mitigation measures.	•	•	•	•	•
Reinforce access for L/NNGOs and local health workers to security risk management training and support its development and implementation in all at-risk areas.		•		•	
Engage ministries of health and raise their awareness of the security risks faced by medical practitioners in their country. Develop models of security risk management adapted to specific risks faced by health teams, learning from the humanitarian experience.	•	•	•	•	

³ In the recommendations, 'local and national actors' encompass L/NNGOs staff and local health workers working outside the aid system.

Recommendations to reinforce Duty of Care (DoC) policies and effectively implement them for all actors	States	Donors	UN and humanitarian coordination	INGOs	L/NNGOs
Build/reinforce DoC policies for NGOs through increased, sustainable, flexible and accessible funding in dedicated security budget lines (included in programme costs), and not in human resources budget lines. A non-exhaustive list could include the ability to pay salaries in advance, assistance with evacuation and relocation, psychological support and material assistance to victims' families.		•		•	•
Enhanced coordination between HQ and field to develop DoC policies and ensure these are adopted and operationalised on the ground, in consultation with national staff and partners. Minimum standards should be developed that take full account of the context and legislation and the zone and nature of activities, to minimize discrepancies between international and national staff.				•	
Improve coordination and facilitate resources sharing among INGOs and L/NNGOs, including through NGO forums (such as psychological first aid available to provide support to staff who have experienced incidents) and fund and mainstream access to psychological support for all frontline workers when implementing humanitarian programmes.				•	
Support the development of mechanisms to ensure global protection for humanitarian workers at risk. This should include psychosocial support, legal assistance, financial support and evacuation and/or relocation of local/national personnel and their families when exposed to specific death threats, arbitrary detention or torture, regardless of their nationality.	•	•	•		
Strengthen DoC towards local health workers, including by providing post-incident psychological support services to staff and their families.	•	•			

Build reliable data collection and sharing mechanisms at local and global level

Recommendations to reinforce and expand capacities for data collection and enhance coordination among data platforms	States	Donors	UN and humanitarian coordination	INGOs	L/NNGOs
Strengthen and facilitate coordination and data sharing between the existing security risk management and data collection mechanisms, access working groups and other humanitarian coordination mechanisms as well as relevant networks to ensure consistent reporting and monitoring, building on current expertise and networks, and support their varied objectives.		•	•	•	•
Clarify the role, responsibilities and objectives of existing security risk management and data collection mechanisms through adequate communication strategies and tools.				•	
Ensure support for independent and non-governmental expert organisations involved in security risk management in all relevant countries. Engage diplomatic support and funds to ensure such organisations can be set up in countries where bureaucracy impedes access, in close collaboration with L/NNGOs and existing partnerships/networks, as well as through humanitarian diplomacy.	•	•			
Recognize the complementary nature of data-collection platforms and facilitate access to funding for all of them to avoid competitive positions.		•			
Continue and enhance reporting to security risk management and data-collection platforms and share good practice to mitigate reporting fatigue.	•			•	•
Engage dialogue between donors, INGOs, L/NNGOs, UN entities and ministries of health at national level to collect, analyse and report attacks on healthcare data that include health workers engaged outside the humanitarian aid system.	•	•	•	•	•

Recommendations to include and empower local and national actors more widely in data collection and analysis mechanisms	States	Donors	UN and humanitarian coordination	INGOs	L/NNGOs
Support the ongoing inclusion of L/NNGOs in existing field-based data-collection mechanisms to further enhance context-specific and localised reporting systems, and systematise effective consultations and regular exchanges between data platforms and L/NNGOs to ensure valuable and co-constructed data collection mechanisms and wide and real-time sharing of analysis and reports (including outside HCT and clusters' systems)			•	•	
Reinforce the capacity and capability of L/NNGOs and local health workers to engage in their own data collection, sharing and analysis, including through accessible and sustainable funding to L/NNGOs' networks and relevant national authorities, including ministries of health.		•	•	•	

Recommendations to mitigate trust and security concerns relating to data collection, reporting and sharing	States	Donors	UN and humanitarian coordination	INGOs	L/NNGOs
Develop security protocols and minimum standards of data collection ⁴ and maintain and scale up existing best practice, including case-by-case classifications, to ensure timely and reliable reporting and information sharing that take account of local dynamics, support trust building, address security concerns and facilitate information flow.			•	•	•

⁴ Data Responsibility Guidelines, Office for the Coordination of Humanitarian Affairs (OCHA).

Recommendations to mitigate trust and security concerns relating to data collection, reporting and sharing	States	Donors	UN and humanitarian coordination	INGOs	L/NGOs
Facilitate access to qualitative and quantitative data including in at-risk areas and recognize humanitarian organisations' right to collect data on security incidents that affect their staff and partners.	•		•	•	•

Enhance the protection of humanitarian space and respect for IHL, humanitarian principles and medical ethics

Recommendation to mitigate the impacts of sanction regimes and counterterrorism measures on humanitarian action and the provision of impartial healthcare, and guarantee unimpeded access	States	Donors	UN and humanitarian coordination	INGOs	L/NGOs
Support the inclusion of humanitarian exemptions to prevent criminalisation of humanitarian action in line with the spirit of IHL and UNSCR 2664 (2022) by transposing the resolution into all UN Member States' and regional bodies' legal frameworks as well as localised measures to ensure its full, effective and timely implementation.	•				
Engage actively in a policy dialogue with countries to ensure that the humanitarian exemption is transposed into their domestic laws and measures.	•	•			
Do not request measures, such as the screening or vetting of final beneficiaries against sanctions and counterterrorism lists, which can put humanitarian and health workers at risk.	•	•			

Recommendation to mitigate the impacts of sanction regimes and counterterrorism measures on humanitarian action and the provision of impartial healthcare, and guarantee unimpeded access	States	Donors	UN and humanitarian coordination	INGOs	L/NNGOs
Reinforce long-term multi-stakeholders' engagement and dialogue, including key donors, banks and financial organisations and humanitarian actors, to secure concrete progress with addressing over-compliance (de-risking/chilling effects).	•	•		•	
Reinforce and coordinate humanitarian diplomacy efforts and strategies to support INGOs' and L/NNGOs' capacities to engage in humanitarian negotiations for principled and sustained humanitarian access on a par with governments, de-facto authorities, local authorities and non-state armed groups.	•	•	•		
Engage actively in policy dialogue with countries to ensure that UNSCR 2286 (2022) is translated into domestic laws and measures and prevents the criminalisation of health workers for the delivery of impartial medical care according to medical ethics.					
Collectively respect and implement humanitarian principles based on an understanding of the specific local context to prevent and mitigate risks for humanitarian workers.				•	•

Recommendations to protect humanitarian action from the politicisation of aid	States	Donors	UN and humanitarian coordination	INGOs	L/NNGOs
Ensure a clear distinction between a political/security agenda and principled humanitarian aid to protect humanitarian workers.	•	•			
Guarantee that humanitarian aid funding is based solely on humanitarian needs and not on stabilisation or other types of policies.					

Recommendations to protect humanitarian action from the politicisation of aid	States	Donors	UN and humanitarian coordination	INGOs	L/NGOs
<p>Refrain from associating the mandates of humanitarian personnel with any military or security actor and clearly distinguish mandate, role and responsibilities.</p> <p>Promote a humanitarian-sensitive peace agenda when implementing the triple nexus.</p>					
<p>Ensure and respect safe passage for humanitarian organisations when operating in military operations zones.</p>	•				
<p>Refrain from imposing excessive bureaucratic and administrative processes which prevent unimpeded humanitarian access.</p>	•				
<p>Reinforce OCHA's coordination role and strengthen access working groups in their efforts to disseminate humanitarian principles at country and local level in order to develop a harmonised approach to humanitarian principles.</p>	•	•	•		
<p>Reinforce the humanitarian community's communication strategies and tools deployed for their mandate and activities, using a context-specific approach, to counter the effects of disinformation campaigns.</p>		•		•	•
<p>Reinforce equal representation from/of local and national NGOs in humanitarian coordination mechanisms and on national, regional, and local coordination bodies, including Civil-Military Coordination (CMCOORD).</p>			•		

Recommendations to enhance compliance with IHL and humanitarian principles	States	Donors	UN and humanitarian coordination	INGOs	L/NGOs
<p>Increase dedicated funding and expand context-specific training, awareness raising and mainstreaming of IHL and humanitarian principles at local and national level.</p> <p>Address training at all actors including local authorities, military personnel, NSAGs, communities and humanitarian and health workers, in close collaboration with and supported by national authorities as well as humanitarian organisations.</p>	•	•	•	•	
<p>Facilitate training for NSAGs and promote innovative approaches, including a commitment from communities, cultural and religious leaders and health actors to seek NSAGs' long-term behavioural change and adherence to IHL and humanitarian principles and medical ethics.</p>	•	•	•	•	
<p>Adapt and align the training curriculum principles of actors conducting training (such as Geneva Call, OCHA, the International Committee of the Red Cross, INSO etc.) through meetings at country level to provide a localised interpretation of humanitarian principles and coordinate messages.</p>				•	
<p>Finance research led by global south academics and think tanks on IHL and humanitarian principles.</p>	•				
<p>Establish an IASC task force to work on the protection of humanitarian and health workers and to identify strategic orientations and commitments to tools and mechanisms to be designed and introduced to ensure better protection for humanitarian and health workers.</p> <p>These tools should include regular monitoring and supporting accountability for attacks.</p>			•	•	
<p>Reinforce existing institutional and legal mechanisms, including criminal law, at national and regional level to ensure unimpeded and effective access to remedy following serious violations of IHL, including those affecting humanitarian and health workers.</p>	•				

Recommendations to enhance compliance with IHL and humanitarian principles	States	Donors	UN and humanitarian coordination	INGOs	L/NGOs
Support humanitarian and health workers in their efforts to speak out collectively and seek accountability, based on country-specific and case-by-case analysis.		•	•	•	•
Engage in national and international dialogue with humanitarian and human rights organisations and legal experts to find adaptive, innovative solutions to address impunity, based on country-specific and case-by-case analysis and addressing security concerns.		•		•	•
Enact and financially support the International Humanitarian Fact-Finding Commission established by the Additional Protocol I to the Geneva Conventions to respond to incidents in relation to international humanitarian law.	•				

