REPORT

“The risks we face are beyond human comprehension”:

Advancing the protection of humanitarian and health workers

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Disclaimer: This report and its recommendations are based on interviews with key non-governmental organisations (NGOs) representatives, security experts and humanitarian workers. It reflects the main trends and issues arising from those interviews which have been further analysed by the project team. It does not represent the views of all participating individuals or NGOs.

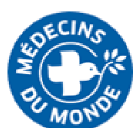
The contents of this document should not be regarded as reflecting the position of the European Civil Protection and Humanitarian Aid Operation (DG ECHO) or the European Commission.

Background of the project

The current report was drawn up under the Presence, Proximity and Protection (PPP) project funded by the European Commission from 2021 to 2023, which aimed to improve the humanitarian communities' effectiveness in responding to the issue of shrinking humanitarian space by supporting compliance with International Humanitarian Law (IHL) and improving humanitarian coordination. This project is implemented in consortium by NRC (as lead), Geneva Call, experts from the Graduate Institute, Action Against Hunger (ACF), Médecins du Monde (MdM) and Humanity and Inclusion - Federation Handicap International (HI). The specific focus on the protection of humanitarian and health workers and, more broadly, on the humanitarian space is managed by ACF, MdM and HI.

The humanitarian community is facing a range of complex challenges, from a growing disregard for IHL to access constraints imposed by local authorities and non-state armed groups (NSAGs) and to the impact of sanctions and counterterrorism measures (SCTMs). This environment presents organisations with difficult trade-offs between responding to needs and guarding against potential harm to staff, programmes and people they seek to assist.

The drivers and root causes of aid and health worker insecurity are numerous, as are the solutions to address them. This study acknowledges that these issues are inextricably linked. The current debate around humanitarian and health workers shows that the humanitarian community is still struggling to coordinate work on common priorities. Collective efforts to effectively enhance protection must be continuously promoted. Hence, this study aims to foster a dialogue between NGOs, identifying common priority recommendations, the impediments to their implementation and the ways to advance them. It draws from existing recommendations and commitments by all actors, including states, donors, UN bodies and NGOs (both INGOs and L/NNGOs) relevant to aid and health worker protection, and aims to



go beyond organisations' individual priorities for the protection of humanitarian and health workers to create synergies within the NGO community on what should be collectively supported and thereby identify ways forward in the years to come.

Main findings

Amidst violent conflicts and the ever-growing and multifaceted humanitarian crises around the globe, protecting humanitarian and health workers is a prerequisite for the provision of aid and medical care to those in need. Finding ways to best ensure the safety and security of humanitarian and health workers has long been discussed within the humanitarian community. Yet attacks against them, whether deliberate or not, continue and require continuous attention and joint efforts to address them. Local and national frontline humanitarian and health workers, be they employed by INGOs, L/NNGOs or outside the aid system, are the most exposed to violence and account for 90% of the individuals attacked. However, they remain the least protected.

Aiming to build on existing initiatives and commitments from states, NGOs, donors and the UN, this report focuses on priorities identified by the NGO community and puts forward recommendations to make collective progress on protecting aid and health personnel. It aims to inform global policy discussions at national, regional and global level and foster further commitments on concrete actions. Drawing from a desk review, an online survey and consultation with almost 80 INGO and L/NNGO representatives with operational, advocacy/policy and security/access expertise or backgrounds, this study found three main priorities for the protection of humanitarian and health workers, which were widely shared by the NGO community, regardless of the NGOs' specific mandates or interviewees' specific positions within their organisations.

As a top priority, interviewees all agreed on the **necessity to ensure the implementation of robust security risk management (SRM) for aid and health workers**. SRM relates to the capacity of an organisation to effectively organise and provide a coherent internal approach to security. This requires common efforts from both donors and the humanitarian community. Consequently, interviewees called for donors to ensure funds were equally available for both INGOs and L/NNGOs and to align their policies to include dedicated budget lines to fully cover security costs and avoid cuts that were detrimental to security. Interviewees underlined the necessity to promote security as a culture in order to ensure ownership and leadership from top management to field level within NGOs. In addition, risk transfer from donors and INGOs to already over-exposed national and local actors was highlighted, and interviewees called on the former to mitigate security risk transfer to L/NNGOs by adopting a risk-sharing approach. The study also identified the continued need to invest in Duty of Care (DoC) to include relocation, psychological support and material assistance to victims and families and in subsequent policies that would be clear, inclusive, fully funded and equally applicable to international and national staff. Lastly, interviewees acknowledged that SRM and DoC were a blind spot for local health workers working outside the aid system and that the international community ought to enhance efforts to extend and adapt good practice developed by humanitarian NGOs to them.

The second priority identified lies in **sustaining and scaling data collection, sharing and analysis** at local and global levels. For all humanitarian actors, data collection and analysis remain the basis of planning, preparing and adapting humanitarian operations in volatile and fast-changing security contexts. While huge progress has been made in developing robust data collection and sharing mechanisms both at field level and at global level, the coexistence of several data collection mechanisms was mentioned as useful but also confusing for interviewees. They recognised that several data collection mechanisms allowed for complementarity, leaving room to adapt data collection and sharing to the context and to serve different purposes and different data use, such as operational security and safety and advocacy. Yet this can also generate reporting fatigue, and a lack of feedback on analysis was a concern for some of them. The study underlines the need to create awareness of existing data collection mechanisms and for enhanced data sharing between operational NGOs, other NGOs or platforms and UN-led working groups or initiatives. Additionally, interviewees reported persistent gaps in the inclusion of L/NNGOs in data collection and sharing systems in certain contexts and outlined increased difficulty in adopting and meeting reporting standards, due to insufficient resources and internal capacities. The direct model, meaning collecting and sharing data directly in the field, was mentioned as a good practice model to be carried forward for operational security and safety purposes as it facilitates outreach, including to L/NNGOs, and the building of trust between actors. Hence, this study suggests fostering dialogue between all relevant stakeholders to increase common understanding and efficient use of available data both for operational security and safety and for advocacy and policy change. Overall, for local health workers, the same challenges exist for data on attacks on healthcare, but interviewees highlighted a particular gap in data sharing between entities mandated to collect and share data on attacks on health workers and medical facilities and the availability of this information for public purposes.

The third priority identified is the **phenomenon of the politicisation of aid and the disrespect for International Humanitarian Law (IHL), humanitarian principles and medical ethics** as key, structural challenges to address, requiring the involvement of states, donors, the UN and NGOs. Hence, interviewees underlined that the political allocation of humanitarian funding, bureaucratic access impediments and the blurred lines between military and humanitarian mandates as well as growing disinformation and misinformation around humanitarian activities were highly detrimental to operating in accordance with humanitarian principles and medical ethics, consequently increasing violence toward aid and health workers. The impacts of sanction regimes and counterterrorism measures (SCTMs) at international, regional and national level continue to create uncertainty among humanitarian and health workers, while impeding the impartial delivery of aid and healthcare and putting actors at further risk of attacks and criminalisation. SCTMs hinder humanitarian and health workers' ability to engage in humanitarian negotiations for principled and sustained access. This was mentioned as a key concern as securing acceptance is a prerequisite for operating safely in volatile contexts. Interviewees unanimously called for these barriers to be removed through humanitarian exemptions and enhanced diplomatic support. Finally, a lack of knowledge and understanding of IHL, humanitarian principles and medical ethics, alongside deliberate violations, were put forward as fundamental issues relating to the protection of humanitarian and health workers. These protection frameworks are key for humanitarian action and medical assistance yet lack effective implementation. Hence, a necessary step is

to ensure sufficient resources for raising awareness, training and mainstreaming of IHL, humanitarian principles and medical ethics duties and rights by promoting common understanding of how they translate in concrete action and of the duties and rights for all actors involved (authorities, NSAGs, beneficiary communities, and humanitarian and health workers themselves). Some humanitarian NGO interviewees deplored the persistent impunity for attacks against aid and health workers due to a lack of political will and the ineffectiveness of existing accountability mechanisms and domestic legal systems in conflict settings. Thus, they called for enhanced capacities, knowledge and tools to support speaking out and tackling the fight against impunity among willing organisations and individuals affected.

All interviewees agree that the issue of the protection of humanitarian and aid workers needs to be addressed at the highest level, through a global and sustained follow-up.

Methodology and limitations of the report

This report was developed between February and June 2023. Its starting point was the outcome paper of the 2021 EU-led Discussion Series[1] which collates the 47 recommendations put forward by states, donors and the NGO community in order to assess those which should be prioritised, detailed and operationalised. The report was based on **desk review** preparatory work compiling state and NGO initiatives and current positioning around the issue of protection of humanitarian and health workers. It was supplemented by a **questionnaire** (September-October 2022) disseminated through selected contacts and relevant NGO forums and networks, where respondents were asked to prioritise the 47 recommendations of the outcome paper of the *"Discussion Series on ensuring the protection, safety and security of humanitarian workers and medical personnel in armed conflict"*. **Key informant interviews** were conducted (January-May 2023) to obtain qualitative data to supplement the results of the questionnaire. Thirty-seven persons from 13 INGOs were interviewed and ranged from operations and emergency response, humanitarian security and access specialists, human rights activists, data collection specialists, health workers protection specialists to 4 representatives of international networks. 57% of the interviewees were women and 43% were men (men accounted for the majority of interviewees holding security positions). In addition, 3 workshops were organised: one workshop with Coordination Sud members and involving 12 participants from French INGOs; one workshop with L/NNGOs was co-organised with ICVA with 6 participants from the West Africa region; and one workshop was held with 13 participants from L/NNGOs in Yemen.

In total, **79 individuals directly contributed to the report**.

[1] The Discussion Series was co-hosted by the European Union together with Norway, Niger, Mexico, Switzerland, Germany and France. For more information see: 'Discussion Series on ensuring the protection, safety and security of humanitarian workers and medical personnel in armed conflict'. Available at: https://www.eeas.europa.eu/delegations/un-new-york/discussion-series-ensuring-protection-safety-and-security-humanitarian_en?s=63, (accessed 17 June 2023).

In addition, a Humanitarian Talk was organised at the 2023 European Humanitarian Forum and fed into the present report.[2]

The following **analysis and limitations** need to be taken into account when reading the report. First, international actors have varying perspectives on the protection of humanitarian and health workers. These are influenced by their positions and respective mandates within organisations. This affects the capacity of the humanitarian community to prioritise recommendations and ways forward. Second, the majority of the respondents both to the questionnaire and the interviews were based at INGO headquarters. Third, most of the respondents to the questionnaire had difficulty prioritising the Discussion Series recommendations, which limited responses to the questionnaire. Analysis was thus supplemented by a larger number of interviews. Lastly, the study could not include interviews with health actors working outside the aid system.

Acronyms

ACF: Action contre la Faim

ACLED: Armed Conflict Location & Event Data Project

AWSD: Aid Worker Security Database

BAIs: Bureaucratic Access Impediments

CHDC: Conflict and Humanitarian Data Centre

CHS: Core Humanitarian Standard on Quality and Accountability

CMCoord: Civil-Military Coordination

COTER: Counter terrorism

DoC: Duty of Care

EU: European Union

GISF: Global Interagency Security Forum

HCiD: Healthcare in Danger

HCT: Humanitarian Country Team

HI: Humanity and Inclusion - Federation Handicap International (HI)

IASC: Inter-Agency Standing Committee

ICRC: International committee of the Red Cross

ICC: International Criminal Court

IHL: International Humanitarian Law

INGOs: International Non-Governmental Organisations

INSO: International NGO Safety Organisation

IRC: International Rescue Committee

L/NNGOs: Local and National Non-Governmental Organisations

MENA: Middle East and North Africa

MdM: Médecins du Monde

MSF: Médecins Sans Frontières

NGOs: Non-Governmental Organisations

[2] Humanitarian Talk at the European Humanitarian Forum 2023, 'Ensuring the safety and security of humanitarian and medical personnel in armed conflict - Moving from words to action', 20 March 2023: https://europeanhumanitarianforum.eu/humanitarian-talks/ensuring-the-safety-and-security-of-humanitarian-and-medical-personnel-in-armed-conflict-moving-from-words-to-action/.

NRC: Norwegian Refugee Council

NSAGs: Non-State Armed Groups

OCHA: United Nations Office for the Coordination of Humanitarian Affairs

OPAG: Operational Policy and Advocacy Group

SHCC: Safeguarding Health in Conflict Coalition

SOP: Standard Operating Procedure

SLT: Saving Lives Together Initiative

SRM: Security Risk Management

SSA: Surveillance System for Attacks on Healthcare

UN: United Nations

UNDSS: United Nations Department of Safety and Security

UNGA: United Nations General Assembly

UNSC: United Nations Security Council

WHO: World Health Organization

Action Against Hunger, Tchad. ©Christophe Da Silva.

Introduction

Humanitarian and health workers have faced alarming violence over the past few years, with ongoing challenges to security, safety and access.

Between 2015 and 2020, the number of attacks on humanitarian workers consistently increased.[3] In 2021, the attacks on aid workers started to decrease, but this same year recorded the highest number of killings ever reported since 2013.[4] In 2022, experts started to notice a slight decrease in attacks (from 461 in 2021 to 439 in 2022), which some have analysed as linked to the evolution of the situation in Afghanistan, but attacks still resulted in significant harm. At least 139 aid workers were seriously injured, 185 were kidnapped and 115 were killed according to the Aid Worker Security Database (AWSD)[5]. The attacks on health workers and their facilities continue to show worrying trends: 2022 marked the most violent year in the last decade, with a 45% increase compared with 2021.[6] There were 1989 attacks and threats against health facilities and personnel, resulting in 232 health workers killed, 298 kidnapped and 294 arrested, according to the Safeguarding Health in Conflict Coalition (SHCC).[7]

Each year, more than 90% of all victims of attacks are national staff, according to the International NGO Safety Organisation (INSO).[8] National and local humanitarian and health workers, whether working for INGOs, L/NNGOs or outside the aid system, are usually the frontline workers effectively delivering aid or healthcare in challenging environments and, consequently, facing the greatest risks.[9] As the humanitarian system relies heavily on national and local workers to provide essential aid in highly constrained environments, addressing their security challenges and meeting their specific needs is a priority.

Humanitarian and health actors operate in insecure environments, such as conflict zones, which increases their exposure to violence. The highest risk is mainly concentrated in a few

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[3] Obrecht, A. and Swithern, S. with Doherty, J. (2022), '*The State of the Humanitarian System*' (SOHS), ALNAP, p.110: While a debate continues over the actual increase in attacks compared with the overall increase in aid workers deployed on the ground, the SOSH report found that the rate of incidents had clearly risen until 2020, up 38% compared with2017. Despite an acknowledged growth in the number of humanitarian workers, it did not rise as sharply as the rate of incidents. Available at: https://sohs.alnap.org/2022-the-state-of-the-humanitarian-system-sohs-%E2%80%93-full-report.

[4] Stoddard, A. et al. (2022), *'Aid Worker Security Report. Collateral violence: Managing risks for aid operations in major conflict'*, Humanitarian Outcomes. Available at: https://www.humanitarianoutcomes.org/sites/default/files/publications/awsr_2022.pdf.

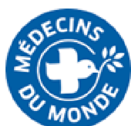
[5] Aid Worker Security Database. Available at: https://aidworkersecurity.org/ (accessed 24 July 2023).

[6] Safeguarding Health in Conflict Coalition (SHCC), (2023), '*Ignoring Red Lines, Violence against healthcare in conflict 2022'*. Available at: https://insecurityinsight.org/wp-content/uploads/2023/05/SHCC-Report-Ignoring-Red-Lines.pdf. NB: The figures may overlap to some extent with the Aid Worker Security Database, as humanitarian workers working in humanitarian organisations exclusively dedicated to medical activities can fall under the health worker category.

[7] Ibid.

[8] International NGO Safety Organisation (INSO). Available at: https://ngosafety.org/our-network/, (accessed 17 July 2023).

[9] For more detailed data see: Aid Worker Security Database webpage. Available at: https://aidworkersecurity.org/incidents/report, (accessed 24 July 2023). See also Safeguarding Health in Conflict Coalition (SHCC) and Insecurity Insight (2023), '*Ignoring Red Lines, Violence against healthcare in conflict 2022',* op. cit.



extremely violent contexts.[10] Modern warfare and the asymmetric nature of conflicts have contributed to this violence, with humanitarian and health workers increasingly becoming targets for various reasons: parties to the conflict or criminal entities may view them as proxies, sources of revenue or tools for advancing their political, strategic, economic or ideological goals.

Targeted or indiscriminate attacks often coincide with other forms of violence against civilians, such as attacks on hospitals or schools in conflict settings.[11] Civilians are not only victims of increasingly protracted conflicts and complex emergencies but are also deliberately barred or effectively hindered from receiving lifesaving humanitarian assistance and protection. The protection of humanitarian action and the delivery of medical aid share the common goal of safeguarding civilians' lives and providing lifesaving emergency services to vulnerable populations.[12]

Humanitarian and health workers have distinct normative protective frameworks.[13] International Humanitarian Law (IHL) specifically protects the delivery of medical relief, covering the medical personnel, medical facilities, the wounded and sick and medical transportation. It also ensures the impartial provision of medical care. As regards humanitarian personnel and equipment, IHL protects the unfettered right of personnel belonging to impartial humanitarian organisations to undertake humanitarian activities and offer humanitarian services to all parties to armed conflicts.[14] Furthermore, two specific resolutions from the United Nations Security Council (UNSC) distinctively address the protection of humanitarian personnel (UNSC Resolution 2175 (2014)[15]), and the protection of medical personnel and humanitarian personnel exclusively engaged in medical duties in conflict zones (UNSC Resolution 2286 (2016)[16]). Both resolutions condemn attacks on these personnel and reaffirm the obligation of states to fight against impunity for such acts. Maintaining a clear distinction between the two categories ensures that the scope of

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[10] For humanitarian workers: South-Sudan, Mali, Myanmar, Democratic Republic of Congo, Syria, Ukraine, Ethiopia, Central African Republic, Haiti, Burkina Faso (AWSD). For health workers: Ukraine, Myanmar, Afghanistan, Democratic Republic of the Congo, Nigeria, South-Sudan, the occupied Palestinian territory and Yemen (SHCC). For more information and data see: Stoddard, A. and all (2023) op. cit. and SHCC (2023) op. cit.
[11] Ibid.
[12] Stoddard, A., Jillani, S. (2016), Secure Access in Volatile Environment (SAVE), *'The effect of insecurity on humanitarian coverage'*, Humanitarian Outcomes: This study has shown that insecurity has a direct impact on humanitarian coverage, meaning the actual field presence and programming of a humanitarian organisation compared with the level of needs in a given context. Available at: https://www.gppi.net/media/SAVE__2016__The_effects_of_insecurity_on_humanitarian_coverage.pdf.
[13] See Annex A for further details on the normative frameworks for the protection of humanitarian and health workers.
[14] Article 3 common to the Geneva Conventions of 1949, Articles 9/9/9/10 common to the Geneva Conventions of 1949, and ICRC, Customary IHL Rule 31 Humanitarian Relief Personnel, which states that "humanitarian relief personnel must be respected and protected". Respect encompasses the obligation to refrain from attacking, threatening or otherwise interfering with their activities. Protect implies adopting proactive/positive measures to prevent harm and taking all feasible measures to ensure personnel can perform activities as defined under IHL. This also includes the non-criminalisation of activities conducted in accordance with IHL (e.g. exempting activities from counter terrorism laws or sanctions regulations).
Available at: https://ihl-databases.icrc.org/en/customary-ihl/v2/rule31).
[15] UN Security Council (UNSC), Resolution 2175, 29 August 2014, S/RES/2175 (2014), Available at: http://unscr.com/en/resolutions/doc/2175, (accessed 23 June 2023).
[16] UN Security Council (UNSC), Resolution 2286, 3 May 2016, S/RES/2286 (2016). Available at: http://unscr.com/en/resolutions/doc/2286, (accessed 23 June 2023).

protection aligns appropriately with their roles and activities, notably serving the purpose of IHL effectively.

This report acknowledges that humanitarian and health workers may fall into different categories, each requiring distinct normative frameworks, guiding principles and tools for their protection. However, despite these differences, they all face insecurity stemming from common sources, such as the disregard for IHL, the politicisation of aid and misperceptions about the mandate and mission of humanitarian and health staff. Both groups also share similar needs, notably in terms of security risk management of data collection, sharing and analysis.

In recent years, NGOs have actively engaged in advocacy campaigns and taken strong stances on the protection of humanitarian and health workers, especially following tragic incidents affecting their personnel.[17] In parallel, states have also implemented significant policy initiatives to strengthen existing instruments and actively contribute to their effective implementation.[18]

This report aims to identify shared concerns that cut across organisations' respective mandates, priorities and individual positions. It also acknowledges the nuances and the various levels of action, combining policy and operational approaches, which are required to comprehensively protect humanitarian and health workers in the field. By doing so, it presents a set of priority recommendations that offer potential pathways to address the priority challenges identified by NGOs and ultimately enhance the protection of humanitarian and health workers.

[17] See Annex A for further details on some NGO-led initiatives on the protection of humanitarian and health workers.
[18] For example, following the adoption of UNSC Resolution 2286 (2016), France initiated a political declaration on the protection of humanitarian and medical personnel. The Declaration, signed by 48 states on 31 October 2017, called for concrete actions to implement the resolution and protect healthcare in conflict. Additionally, in 2019, Germany and France jointly launched a Call for Humanitarian Action. This initiative proposed practical measures to reinforce national frameworks for domestic implementation of IHL and facilitate principled humanitarian action. This research, in particular, aims to take stock of the 2021 EU-led Discussion Series on "*Enhancing the protection, safety and security of humanitarian workers and medical personnel in armed conflict*" and 47 recommendations presented in the outcome paper, classified under five key recommendations: compliance with IHL and humanitarian principles, monitoring system and data collection, enhancing local actors' capacities, ensuring better security management and addressing the negative effect of counterterrorism measures. See Annex A for further details on some state-led initiatives on the protection of humanitarian and health workers.

Box 1: The specific case of local health workers working outside the humanitarian system.

Health workers who operate outside the aid system and are not affiliated with humanitarian NGOs, unlike humanitarian workers and health workers associated with humanitarian organisations, are not bound by the humanitarian principles of neutrality and independence.[19] Instead, they adhere to medical ethics and must provide impartial medical care. Yet they are not required to be neutral or independent since they may be working under the authority of the state's health system. Moreover, they do not benefit from security risk management as developed by humanitarian NGOs over the years.

On the one hand, maintaining this differentiation is essential to preserve the ability of impartial humanitarian organisations to operate according to humanitarian principles and avoid confusion with the activities of local health workers. On the other hand, it acknowledges that medical personnel face specific challenges that necessitate appropriate attention to ensure services to populations in need.

While the primary focus of this report is on examining the challenges experienced by humanitarian and health workers working for humanitarian NGOs, its overarching objective is to tackle the broader issue of insecurity among all aid and health workers, including local health workers, by identifying shared concerns. This report does not provide an in-depth analysis of the specific challenges faced by health workers but aims to highlight common solutions and to open the discussion on good practice developed by the humanitarian community in order to enhance the protection of local health staff.[20]

[19] These principles are meant to preserve the ability of humanitarian organisations to access populations in need, to dialogue with all parties to the conflict and ultimately participate in guaranteeing their security.
[20] In this report, the term local health workers covers any person working in a professional or voluntary capacity in the provision of health services or who provides direct support to patients but who is not employed by humanitarian medical organisations. These include administrators, ambulance personnel, community health workers, dentists, doctors, government health officials, hospital staff, medical education staff, nurses, midwives, paramedics, physiotherapists, surgeons, vaccination workers, volunteers, or any other health-related personnel not named here.

1. Priority challenges to the protection of humanitarian and health workers

The study identified three main priorities to address the protection of humanitarian and health workers. The first priority relating to enhancing security management to ensure security in the field was unanimously shared by interviewees and was considered as the most actionable and concrete priority, regardless of the interviewees' background. Secondly, interviewees identified the need to sustain and scale data collection sharing and analysis on violence against humanitarian action and healthcare as a basis to supporting the management of security risks, but also to promoting adherence to international humanitarian law, humanitarian principles and medical ethics. The third priority addresses the protection of humanitarian space as a prerequisite for better protection for humanitarian and health workers, which requires structural change from a variety of actors.

Distribution of hygiene kits to communities in southwest Haiti, HI. © F.Roque/HI.

1.1. Ensure and scale security risk management mechanisms and capacities

Security risk management is tied to the broader notion of risk management for organisations and donors that entails legal, fiduciary, ethical, safety and operational risks. SRM is founded on three strategic pillars, also known as the security triangle, comprising acceptance, protection and deterrence.[21] In practice, this ranges from risk assessments at the time of programme design to ensuring that field teams have adequate means to effectively manage their safety and security when they are delivering humanitarian support, responding to incidents (crisis management) and protecting workers from initial risk or materialised harm (acceptance strategies, physical security, welfare and psychological support services).[22] Costs may include but are not limited to human resources, capacity building and training, materials, infrastructure and their rehabilitation, means of communication, administrative costs, insurance, analysis sharing, technical support, contingency planning items, and safety and security risk assessments.

Robust security risk management plans and practices have been developed by INGOs and other humanitarian actors[23] over the last few years in order to prevent and mitigate security risks. This development is likely to have been instrumental in the recent decreasing trends in attacks at the same time as the humanitarian response overall has expanded. Yet this development has mostly benefited INGOs staff, and gaps remain concerning L/NNGOs staff. Good practice has yet to be explored and extended to local health workers who are not affiliated with humanitarian NGOs.

1.1.1. Ensure adequate, systematic and effective funding to support robust security risk management for all NGOs and local health workers

In 2019, GISF released the At What Cost campaign[24] with an open letter[25] calling for shared responsibility between NGOs and donors. The campaign, building on existing research[26],

[21] For more details on these concepts see: Davis, J. et al. (2020), '*Security to go: a risk management toolkit for humanitarian aid agencies*', 4th edition. Global Interagency Security Forum (GISF), p.36. Available at: https://www.gisf.ngo/resource/security-to-go/.
[22] Zumkehr, H J., Finucane, C. (2013), *'The cost of security risk management for NGOS',* European Interagency Security forum (EISF). Available at: https://gisf.ngo/wp-content/uploads/2013/03/The-Cost-of-Security-Risk-Management-for-NGOs.pdf.
[23] For more information see: Global Interagency Security Forum (GISF) resources. Available at: https://www.gisf.ngo/resources/; see also Global Interagency Security Forum (GISF) toolbox. Available at: https://www.gisf.ngo/toolbox-pwa/.
[24] For more information, see GISF - formerly EISF - *At what cost* campaign. Available at: https://www.gisf.ngo/blogs/reflections-on-eisfs-at-what-cost-campaign/, (accessed 24 July 2023).
[25] GISF (formerly EISF), '*An open letter to non-governmental and donor organisations from the European Interagency Security Forum'.* Available at: https://www.gisf.ngo/an-open-letter-to-non-governmental-and-donor-organisations-from-the-european-interagency-security-forum/.
[26]Sweeney, A. *'Securing aid workers safety through effective budgeting',* Crisis Response Journal, Vol 14, Issue 4, (October 2019). Available at: https://www.gisf.ngo/resource/securing-aid-worker-safety-through-effective-budgeting-2.

achieved concrete change[27], and yet the findings of the present report show that the conversation needs to continue to find avenues that will provide systematic funding for SRM. Most of the interviews reiterate the need to ensure appropriate funding of security costs and to overcome several barriers arising from both donor policies and humanitarian organisations' internal practices.

Unequal availability of funds for security costs

Firstly, interviewees pointed out the unequal availability of funds to cover security costs depending on donors' policies, countries of operation and the status of the NGO partner. Despite donors' willingness to fund security costs in high-risk contexts providing proper justification[28], interviewees pointed out the overall unavailability of donor funding, notably for training and capacity strengthening. These activities are generally supported by organisations' core funds, therefore limiting this option to the biggest INGOs. INGO interviewees admitted that the difficulties in funding security costs are readily scalable and depended not only on the size of the organisations but also on donors' understanding of the different contexts. One interviewee mentioned: "*It depends on the context but also on who's your donor counterpart. Sometimes [donors] question things and it is not clear if they have a policy or not [on funding security costs]. Sometimes [...] they consider security as an operational cost or see it as extra staffing".* One interviewee mentioned having experienced tough negotiations with donors to get two vehicles instead of one to communicate between the vehicles and with headquarters if one of the vehicles was attacked when going to places where Al Qaeda or ISIS was known to be present in the Sahel context. Another INGO interviewee reported having faced donor refusal to fund VHF radios in the team vehicles, while staff members had died and had no means of communication. An interviewee mentioned: *"Some donors consider we budget too much for our security costs, but they are not even allowed to come visit the project due to security reasons! When they do, their security plan has requirements that are much more costly than ours: they need to have armoured cars, etc. There is a discrepancy here".*

Thus, some interviewees noticed the added value of having a donor focal point on the ground with a better understanding of the security risks and therefore potentially keener to fund security-related costs.

Secondly, L/NNGOs interviewees unanimously mentioned that they had to face recurrent refusals from donors or financial partners to get coverage for any security staff position, basic security equipment and infrastructure, or full staff salary packages including insurance.

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[27] In response to the campaign, the UK's Foreign, Commonwealth and Development Office (FCDO) announced that they would change the template and guidance for their Rapid Response Facility to incorporate a specific line for security risk management.
28 Zumkehr, H J., Finucane, C. (2013), *'The cost of security risk management for NGOS',* European Interagency Security forum (EISF), p.3 Available at: https://gisf.ngo/wp-content/uploads/2013/03/The-Cost-of-Security-Risk-Management-for-NGOs.pdf.

Donors' detrimental budgeting policies

Donors' budgeting policies can prevent NGOs from effectively accessing adequate funding.

First, key interviewees underlined the necessity for donors to **adopt a broad definition of security costs** that would include all expenses related to reducing eventual harm to the organisation or its personnel, namely 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 planning items and safety and security risk assessments. These could also include indirect costs and overheads to support strengthening an organisation's capacity. Funding should cover replacement or support in a timely manner in the event of equipment being degraded or destroyed for instance, following a security incident or malfunction. This is not only to equip them properly but also to replace equipment or provide support in a timely manner.

Second, **specific and dedicated budget lines for security are not always included in budgets and security costs are usually not considered as direct costs**. Some interviewees pointed out that the ratio of programme to support costs forces organisations to make difficult trade-offs between costs that are equally vital to the running of the programme. One interviewee said: *"As a traditional INGO, I have not encountered any donor that has ever said 'what are your full security costs?' and proposed [funding them all]. It always has to be little elements scattered in several grants. Also, there is no fund to apply for just SRM. It always has to be a little element in every grant so if you, as an NGO, are not systematic about it, or you face pressure when you have to make a cut [your security costs are not fully funded]."* Another one added*: "Nobody will say we should not fund security, nobody wants to be that bad guy",* but also added *"Ukraine was one of the situations where there was a lot of funding, but there are budget cuts and you have to trade something so we can fit in all the different costs. We manage to get those budget lines approved but sometimes you have to do it at the expense of something else."* Therefore, interviewees agreed that **an important step would be to recognize that security costs are programme costs and not part of support costs or overheads**.

The need to clarify the terminology for types of costs and to justify investment in security

However, the discussions around defining expenses and breaking down budgets can be confusing as donors and NGOs may have **different terminology** to refer to the same types of costs (i.e. programme costs and non-programme costs, direct and indirect costs, support costs, overheads, etc.)[29]. Therefore, providing dedicated and clear budget lines for security might represent an effective way forward that is not at the expense of identified needs. Nevertheless, regardless of whether there are dedicated budget lines included in programme costs, trade-offs may continue in choosing between competing expenses if there is no overall increase in the budget envelope or no ad hoc fund specifically allocated to security. Donors and NGOs should increase discussions around terminology and where security costs should best fit into proposals. This should include discussing harmonising the language, identifying the exact element in grant guidelines that leads to lower security conditions for humanitarian

[29] For more details on the definition of costs see: ibid, p 8-9.

workers, and enabling the replication of good practice that has been developed by certain donors. For instance, some donors, such as ECHO or BHA/USAID, have found ways to encourage NGOs to include security costs in proposals and require grant proposals to come with SRM evidence, in order to determine if NGO partners have foreseen these costs.[30] Such good practice should be replicated. This would help to support a coordinated approach and common guidelines among donors as a means of ensuring consistent funding of security costs.

Another difficulty lies in **effectively justifying the investment in security.** Tangible programme-related costs, such as the actual assets or materiel required to assist beneficiaries (lifesaving toolkits, food items, medicines, etc.), are easily quantifiable, whereas proving the cost-benefit of investing in security risk management may be a difficult task both for NGOs and donors.[31] For instance, one of the interviewees found it hard to provide donors with strong evidence that no staff had been abducted as a result of appropriate and efficient investment in security risk management. Interviewees thus asked that costs should include capacity building and training, improving tools for communication among staff and community leaders/volunteers and providing adequate materials to prevent and monitor incidents.

Donors' fear of being held legally liable

Several INGO interviewees perceive **donor reluctance as stemming from a fear of being held legally liable in the event a security incident**. The perception is that donors tend to be overly cautious in proactively engaging at the proposal stage in relation to the security costs included (or otherwise) by humanitarian organisations. This tendency varies depending on the donors and on the country's context. One interviewee noted: "*Afghanistan is a good example. If two NGOs submit a proposal to work in Afghanistan and one is a lot more expensive because they have included flights because it is not safe to drive around the country and the other has not, although they [the donors] know that it is not safe to drive, will they flag this up to the organisation? They would say "no, it is up to the organisation to understand what is safe and secure", even though they know a proposal is too cheap. They are not going to necessarily flag it up [because] as soon as they do that, if something happens, there is the fear that they will be sued".*

To address some of the above-mentioned issues, several interviewees suggested that country-based pooled funds or the UN Central Emergency Response Fund should support security resources by setting policy guidelines that would allow a certain percentage of budgets to be allocated to safety and security based on each context and by making the funds available primarily to organisations with limited security capacity, prioritising L/NNGOs. This could be coordinated by UN agencies, NGO platforms and other humanitarian actors at country level.[32] The regional pooling of security costs and resources was also mentioned as a potential way forward.

[30] USAID/OFDA (2017), *'Guidelines for proposals',* p.53. Available at: https://2012-2017.usaid.gov/sites/default/files/documents/1866/USAID-OFDA_Guidelines_April_2017.pdf.
[31] Zumkehr, H J., Finucane, C. (2013), *'The cost of security risk management for NGOS',* European Interagency Security forum (EISF), op. cit., p.6.
[32] For more information see: Global Interagency Security Forum (GISF), (2022), '*NGO security collaboration guide*'. Available at: https://www.gisf.ngo/wp-content/uploads/2022/09/NGO-Security-Collaboration-Guide.pdf.

Globally, donors should have a thorough understanding of how robust security risk management is an indispensable element of programme expenditure that benefits both the security of aid workers and the sustainability and success of programmes. A proactive approach by donors to communicating on security costs would help counter the underlying detrimental misperception, which values an organisation's ability to reduce non-programme costs and links this to the actual effectiveness of a programme. In addition, several interviewees stressed that investment in long-term funding would allow sustainable acceptance strategies to be implemented[33], would secure safe access to beneficiaries and, in turn, would improve staff security.

Detrimental NGO practices in budgeting security costs, and the need to promote a security culture

Furthermore, while most interviewees pointed out the obstacles imposed by donors' policies, they also recognized that **NGOs continue to have detrimental internal practices that impact the appropriate budgeting of security costs**. All interviewees with an operational and security background recognized that NGOs also have a tendency to limit security-related costs in proposals and to self-censor when it comes to security costs. Various reasons for this have been put forward. First, NGOs have capacity gaps in budgeting security, both on the part of security officers and proposal writers. Second, priority is often given to the programmatic response to people in need which requires NGOs to make difficult choices.

To make progress on this issue, NGOs should have a clearer and more detailed idea of all the possible security costs in order to provide evidence-based analysis when presenting these to donors. To guide NGOs in this process, GISF issued a paper[34] which contributes to existing literature on the topic and proposes a framework to improve budget security within NGOs, while highlighting that challenges remain between costs that are tangible (i.e. VHF radios, vehicles, fences and training) and less tangible costs. This requires efforts to adopt approaches that ensure acceptance and maintain lasting safe access.[35]

Another issue pointed out was the lack of communication from security departments (whether at HQ level or field level) and their involvement at the proposal-writing stage. This relates to other internal challenges underlined by several security expert interviewees: while it should be everyone's responsibility, **security is not sufficiently considered as a culture with adequate leadership and ownership.** Security needs to cascade down from top management to operational level and be mainstreamed across the programme cycle (at both the designing and the implementing stage). One interviewee from a grant department indicated: "*It's also our fault, we don't necessarily pay much attention, [or we say] it is too expensive!*". In addition, one interviewee stated, "*it is an important factor [for us] to have a clearer understanding of what it is actually costing us to keep ourselves safe*." This

[33] For more information see: Global Interagency Security Forum (GISF), (2021), *'Achieving Safe Operations through Acceptance: challenges and opportunities for security risk management'.* Available at: https://www.gisf.ngo/wp-content/uploads/2021/12/Achieving_Safe_Operations_through_Acceptance_challenges_and_opportunities_for_security_risk_management.pdf.
[34] Zumkehr, H J., Finucane, C. (2013), *'The cost of security risk management for NGOS',* European Interagency Security forum (EISF), op. cit.
[35] Zumkehr, H J., Finucane, C. (2013), *'The cost of security risk management for NGOS',* European Interagency Security forum (EISF), op. cit., p.6 .

understanding is necessary to communicate security costs to donors. If donors must be willing to consider security costs as paramount to the implementation of a programme, NGOs must not be afraid to communicate on these either.

While organisations must continue striving for internal change, it is important to emphasise the structural realities concerning the overall funding gap[36] for humanitarian action and the competitive aspect of organisations' fundraising when submitting proposals. These fuel detrimental practices in security budgeting within NGOs and force organisations to present the lowest possible bids in their proposals. As developed above, donors have a responsibility to ensure sufficient availability of resources, enabling NGOs to step away from the value-for-money approach when it comes to ensuring the security of their staff.

A medical consultation as part of a cervical cancer screening project, Côte d'Ivoire, MdM. ©Sophie Garcia.

[36] Council of the European Union conclusions on addressing the humanitarian funding gap, 22 May 2023, 9598/23. Available at: https://data.consilium.europa.eu/doc/document/ST-9598-2023-INIT/en/pdf; see also *'Tackling the humanitarian funding gap'*, 20-21 March 2023, European Humanitarian Forum. Available at: https://europeanhumanitarianforum.eu/media/2i4iz5zh/fighting-humanitarian-funding-gap_20_03_2023.pdf.

1.1.2. Mitigate the transfer of risks to local and national actors

Risk transfer can be defined as the "the formation or transformation of risks (increasing or decreasing) for one actor caused by the presence or action of another, whether intentionally or unintentionally".[37] The issue of risk transfer plays out at two levels. It trickles down from donor bodies (mostly governments) to intermediary donors (including Red Cross and Red Crescent societies, INGOs and UN agencies) which receive the funds and pass them downstream to direct implementers who in turn deliver frontline assistance[38] (NGOs but mostly L/NNGOs and Red Cross/Red Crescent societies).

Need to shift towards a risk-sharing approach

In terms of security risk management, the issue of risk transfer was outlined by interviewees as the second key priority challenge, regardless of their positions within their organisations. All interviewees agree that there is no longer discussion of the fact that **local and national actors (including volunteers) are the ones bearing the bulk of the risks** in delivering aid and healthcare in the most hard-to-reach areas. As they often work closer to the frontlines, they are more exposed to targeted violence, and to becoming the collateral damage[39] of hostilities. They are also more vulnerable to threats coming not only from NSAGs, local authorities and communities but also stemming from domestic legislation. Yet they are the ones who find it the hardest to make their voices heard and are left insufficiently equipped to ensure the security and safety of their staff. Interviewees strongly stressed the necessity to acknowledge, understand and address the issue of risk transfer at all levels and the **need to shift toward a risk-sharing approach**. A risk-sharing approach entails organisations and donors sharing responsibility for the risks affecting local and national actors. Different ways emerge to achieve what an interviewee called the "*controllable risk transfer*". As another said: "*Risk transfer is unavoidable, the issue is how risk transfer is being done*".

However, **this shift to risk sharing can be impeded by several obstacles.** Depending on their mandate, interests or function, different actors will be more concerned and conscious of certain types of risks (operational, legal, financial, ethical, or related to safety or security). For instance, one study has shown that donors are generally more concerned about fiduciary, legal compliance, ethical and reputational risks whereas organisations working as direct implementers are generally more concerned about operational and security risks.[40] INGOs and UN agencies as donors can show similar levels of concern for fiduciary or ethical risks when they transfer money to financial or implementing partners.[41]

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[37] Global Interagency Security Forum (GISF), (2021), *'Partnerships and Security Risk Management: a joint action guide for local and international aid organisations*', p.6. Available at: https://www.gisf.ngo/wp-content/uploads/2021/06/GISF_Partner-Joint-Action-Guide_EN_download_Aug211.pdf.
[38] Hughes, E. (2022), *'Risk sharing in practice',* commissioned by the Netherlands Ministry of Foreign Affairs and the International Committee of the Red Cross (ICRC), p.1. Available at: https://interagencystandingcommittee.org/system/files/2022-10/Risk%20Sharing_Case%20studies%20report_%20June%202022.pdf.
[39] Stoddard, A. et al. (2022), op.cit., p.7.
[40] Hughes, E. (2022), *'Risk sharing in practice',* commissioned by the Netherlands Ministry of Foreign Affairs and the International Committee of the Red Cross (ICRC), op. cit. p.14.
[41] They tend to take a hardline on fiduciary risks that negatively impact security risk management by concentrating organisations' resources and on legal and financial compliance**.** Risk transfers from one entity to another that are not directly related to security or safety (such as legal, fiduciary, reputational or operational) can eventually

Continuous challenges in alleviating risk transfers

While the risk transfer from INGOs to L/NNGOs in partnerships is identified as particularly problematic, INGOs interviewees acknowledged an **overall failure of the humanitarian community to ensure the alleviation of risk transfer to L/NNGOs partners**, whether these transfers were made intentionally or unintentionally. International actors rely on their L/NNGO partners to implement programmes in some areas, therefore addressing the issue of risk transfer to L/NNGO partners is a key priority, and the shift toward a risk-sharing approach is perceived as the way forward for most interviewees. The World Humanitarian Summit and Grand Bargain of 2016 helped launch discussions within the humanitarian community, which has since committed to the localisation agenda and to the promotion of equitable partnerships with local responders. The INGO community and states have produced guidance[42] and shown that the effects of power imbalances within partnerships between INGOs and/NNGOs also affect the security of L/NNGO workers. However, despite these efforts and commitments, all L/NNGO interviewees equally deplore the overall failure to alleviate the risk transfer. Interviewees stressed that L/NNGO security needs tend to be overlooked, that there are often misconceptions about the risks that L/NNGOs face, and that there is a common assumption that L/NNGOs are at lesser risk than international partners. This assumption must be challenged and nuanced depending on each context of intervention and the L/NNGOs' profile. It is worth noting that interviewees also mentioned that this applies to national staff working for INGOs as compared with international staff.[43]

Need for adequate support to local partners and capacity-sharing

However, several INGO interviewees also stressed that "*local actors did not wait for us to have their own effective security risk management strategies".* This shows the need to **strike a balance between providing partners with adequate support**, i.e. training, resources and tools for security risk management, **without overstepping on the security risk management methods implemented by local partners** or dictating or imposing INGO standards of procedure which may be inadequate. Thus, INGOs and NNGOs may have different approaches to SRM and different risk appetites. These need to be discussed when entering into a partnership. L/NNGO interviewees acknowledged that they had a thorough understanding of the context and a better understanding of conflict dynamics, given their position rooted in the community, and thus they had a comparative advantage over INGOs in

emerge as actual security and safety risks for humanitarian and health workers. For instance, the legal risk transfer imposing strict compliance with sanctions and counter terrorism measures may impede the principled and timely delivery of assistance, thus compromising acceptance among the communities and putting actors at risk of violence. On this last point, see Norwegian Refugee Council NRC (2015), *'Risk management toolkit in relation to counterterrorism measures'.* p.10. Available at: https://www.nrc.no/globalassets/pdf/reports/nrc-risk-management-tooolkit-2015.pdf.

[42] For more information see: European Commission, DG ECHO Guidance note, (March 2023), *'Promoting partnerships with local responders in humanitarian settings'.* Available at: https://ec.europa.eu/echo/files/policies/sectoral/dg%20echo%20guidance%20note%20-%20promoting%20equitable%20partnerships%20with%20local%20responders%20in%20humanitarian%20settings.pdf; see also 'Charter for Change: Localisation of humanitarian aid (2017)' Available at: https://charter4change.files.wordpress.com/2019/06/charter4change-2019.pdf.

[43] International NGO Safety Organisation (INSO). Available at: https://ngosafety.org/our-network/ (accessed 17 July 2023).

handling the risks. However, one interviewee pointed out that in some regards, "*the situation that humanitarian actors face is the same for international and national actors. Yes, the national actors have meaningful access but we [also] actually face some challenges with the authorities.*" Therefore, it is essential to continue reinforcing discussion to assess the exact needs of L/NNGO partners and to understand their risk profile in order to mitigate security risk transfers and to share responsibilities.

Furthermore, **shifting toward a risk-sharing approach implies capacity-sharing**. L/NNGO interviewees reported a lack of inclusivity and open discussion at the proposal stage and a lack of consideration for their inputs regarding security risk assessments and the design of security strategies, mentioning that "*donors and INGOs often set the tone of understanding the context*". Therefore, L/NNGOS asked for the design of common security strategies following a joint security assessment. Additionally, the financial dependency of L/NNGOs on international actors and the competitiveness over accessing grants also impede a transparent conversation between actors. L/NNGO interviewees felt that they often had no choice but to accept taking significant risks or lose the funding. As one interviewee mentioned: "*The transfer of risk is something we automatically feel, but we take it because of limited opportunity. This means that our agents are exposed.*" Finally, L/NNGO interviews revealed that INGOs in partnerships often failed to provide adequate support, whether in terms of security training or sharing information and resources and investing in their partners' longer-term capacity development. For instance, one L/NNGO interviewee, reported that they had to face delays because of mitigating security risks and that they received no support from their international partner, only a no-cost extension of the contract: "*Roughly, we ended up with them [international partner] saying "it is your own baby, your own problem, you deal with it*"".[44]

Ways forward: enable L/NNGOs to access training and long-term capacity strengthening

Overall, INGO and L/NNGO interviewees were aligned on the ways forward. Firstly, most of the interviewees emphasised the gap in **security training and humanitarian access negotiation**. A double standard between international staff and L/NNGO staff in accessing training was underlined by one interviewee, who pointed out: "*all the international staff have to do Hostile Environment Awareness Training (HEAT), but the local organisations don't have to do it, and that's a serious problem.*" Secondly, interviewees stressed the need for **capacity strengthening to enable L/NNGOs to implement their security strategies based on their own security risk assessments**. Some L/NNGO interviewees mentioned that they needed access to training, information sharing and real-time alert systems through participation in Humanitarian Country Team and other coordination mechanisms, including CMCOORD, to support their analyses and SRM and represent their views, while others underlined significant efforts made by INSO to integrate them into field-based mechanisms.

[44] Cole, A. Olympiou, P. (2022), *'Risk management and decision making under uncertainty during the Afghanistan crisis 2021'*, Global interagency Security Forum (GISF), p.22. Available at: https://www.gisf.ngo/wp-content/uploads/2022/09/Cole_Olympiou_Risk-Management-Decision-Making-Under-Uncertainty-During-the-Afghanistan-Crisis-2021.pdf.

Concerning training available to L/NNGOs, interviewees repeatedly referred to INSO which provides free security training that is fully accessible to INGOs and L/NNGOs, provides technical assistance, analysis and reports, and regularly organises roundtables and meetings at field level with both INGOS and L/NNGOs to share information and assist with understanding each other's view of the security situation and access.[45]

Thirdly, interviewees noted that **capacity strengthening requires appropriate resources and broader and longer-term investment in L/NNGO** institutional strengthening. As one local interviewee said: "I*f we want to talk about risk-sharing, we need to provide strong institutional support for the organisation with which we want to enter into a partnership. So far we are more in a subcontracting relationship*". The L/NNGOs interviewed underlined the recurrent detrimental behaviour of international partners (INGOs/UN agencies) in partnerships with local actors, in the form of refusing to grant overheads and indirect costs to partners in a memorandum of understanding (MoU) or partnership agreement. Doing so would allow L/NNGOs to cover administrative and support costs and to secure human resources dedicated to security, for instance. Even when the standards and minimum percentage to pass on to local organisations are established, one local organisation interviewee reported that "*Before the war [in Yemen], there was a standard for international organisations and UN agencies to provide 7% overheads for national NGOs. But now, they try to delete this even if it is included in the humanitarian pooled fund. Most of them totally reject this."* While there is room for improvement on the INGO side to uphold their practices regarding risk sharing with local partners, donors also have a responsibility to make sure that existing budget lines dedicated to security, indirect costs and overheads are effectively granted to L/NNGOs to avoid the same pressures or policies which are transferred from donors to INGOs then being passed on to L/NNGOs. Full grants should also be made more directly available to L/NNGOs. Therefore, interviewees called on the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and NGO forums to take a lead in enhancing dialogue at local level between donors, international organisations, INGOs and L/NNGOs in order to foster equitable partnerships.

As a way forward, good practice shared by key interviewees included cases where INGOs had enough funding flexibility to fund not only human resources security positions for local partners and training but also long-term funding cycles, accessible to both INGOs and L/NNGOs, allowing sufficient time to invest significantly in capacities.[46] Also, one INGO interviewed shared the successful practice of a programme entirely dedicated to NGO capacity building funded by donors which has been running for more than a decade. This programme provides tools, identifies and provides resources, builds capacities and delivers multidisciplinary training (logistics, human resources, security, etc.) to L/NNGOs on a

[45] For more information, see INSO webpage. Available at: https://ngosafety.org/our-impact/, (accessed 24 July 2023).

[46] For another example of good practice, see: Van Herwijnen, T., Strang, L. (2023), *'Sharing risk – a good practice example in the INGO sector'*. Available at: https://gisfprod.wpengine.com/wp-content/uploads/2022/08/220722.Shared-risk-story-CBM-and-SSI-Final.pdf; see also: Risk sharing platform: ICRC, InterAction, Ministry of Foreign Affairs of the Netherlands (2023), *'Risk sharing framework: Enhancing the impact of humanitarian action through improved risk sharing'*. Available at: 'https://www.gisf.ngo/wp-content/uploads/2023/06/Risk-Sharing-Framework-1.pdf.

voluntary basis.[47] Others mentioned that such programmes were the way forward in terms of capacity building for partners and should be largely replicated.

The above-mentioned findings concerning local actors' security-related needs in partnerships echo those of a GISF study "Partnerships and security risk management: From the local partner's perspective".[48] Drawing on this study, GISF developed tools to address the challenges identified in each component of security risk management.[49] Few interviewees mentioned or knew about the study and guide, showing that additional effort is still needed to raise awareness of existing tools to mitigate risk transfers.

A team of HI staff visits a village of intervention of a shelter project, Niger. © J. Labeur / HI.

[47] For more information see: Building a Better Response project (BBR) webpage. Available at: https://buildingabetterresponse.org/.
[48] Global Interagency Security Forum (GISF), (2020), '*Partnerships and Security Risk Management: from the local partner's perspective*'. Available at: https://www.gisf.ngo/wp-content/uploads/2020/10/1284_GISF_Partnership-SRM_download.pdf.
[49] Global Interagency Security Forum (GISF), (2021), *'Partnerships and Security Risk Management: a joint action guide for local and international aid organisations'*. Available at: https://www.gisf.ngo/wp-content/uploads/2021/06/GISF_Partner-Joint-Action-Guide_EN_download_Aug211.pdf.

1.1.3. Reinforce inclusive and effective Duty of Care policies for all actors

Duty of Care (DoC) can be defined as an NGO's responsibility towards their employees to take all reasonable measures to protect their staff from foreseeable risks but also to mitigate and respond to those risks.[50] There is currently no agreement on what DoC exactly entails, as it varies according to jurisdiction, culture and each NGO's conception of it. Nevertheless, it is commonly accepted that DoC is an integral part of SRM.

Broadly defined, DoC includes ensuring the safety and security of staff and their health and wellbeing. But it also includes an ethical obligation to extend this duty toward partners (L/NNGOs, local health workers, community volunteers, etc.) who are not on their payroll.[51] As such, it encompasses several elements that cover different areas of expertise from human resources to security and top management. It starts with recruitment, training of staff, risk assessment, incident prevention, mitigating and responding to security risks that materialise with psychological, legal, financial and material support to victims and families, and evacuation and relocation, for example.[52] Discussion has taken place within the humanitarian community and progress made following the 2015 Oslo District Court ruling on the Dennis v Norwegian Refugee Council case.[53] Since then, the community has worked to set minimum DoC standards[54] and has designed tools.[55] For instance, post-2018 the Syria INGO Regional Forum (SIRF) and OCHA promoted common standards and a comprehensive approach to duty of care that included Syrian partner organisations.[56]

[50] Kemp, E. and Merkelbach, M. (2016), *'Duty of Care: A review of the Dennis v Norwegian Refugee Council ruling and its implications.* 'European Interagency Security Forum (EISF), p.5. Available at: https://www.gisf.ngo/wp-content/uploads/2016/09/Duty-of-Care-A-review-of-the-Dennis-v-Norwegian-Refugee-Council-ruling.pdf.

[51] Ibid.

[52] For more details on the different steps and components forming duty of care see: '*Duty of care maturity matrix EISF version*'. Available at: https://gisf.ngo/wp-content/uploads/2018/10/Duty-of-care-maturity-matrix-EISF-version.pdf.

[53] Kemp, E. and Merkelbach, M. (2016), *'Duty of Care: A review of the Dennis v Norwegian Refugee Council ruling and its implications.*' European Interagency Security Forum (EISF), op. cit.

[54] For more information see: Inter Agency Standing Committee (IASC), 2020, '*Minimum standard on duty of care in the context of COVID-19.*' Available at: https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Minimum%20Standards%20on%20Duty%20of%20Care%20in%20the%20Context%20of%20COVID-19%20.pdf.

[55] For more information, see CHS alliance webpage on introduction to duty of care. Available at: https://www.chsalliance.org/get-support/article/introduction-duty-care/, (accessed 24 July 2023); see also InterAction, (2020) *'More than an obligation, apply DoC across all programmes.'* Available at: https://www.interaction.org/blog/more-than-an-obligation/.

[56] For more information see: UN Office for the Coordination of Humanitarian Affairs (OCHA), (2018) *'Agreed Duty of Care Minimum Standards (Endorsed by the Jordan Cross-Border Task Force 18 July 2018)'*: The minimum standard for duty of care includes financial benefits such as medical allowance and sick leave (as the basic benefit package), minimum 2 months' salary advance (in case of forced relocation or unforeseen termination) and support with medical costs and equivalent salary and or leave (in case of injury or disability or death). It also includes non-financial benefits such as psychosocial support with trauma care and counselling and capacity building and training on safety and security). Moreover, it foresees support with capacity building for partners including safety and security protocols and management as well as mentoring and coaching and also support and funding for a partner's own DoC policy. Available at: https://reliefweb.int/report/jordan/agreed-duty-care-minimum-standards-endorsed-jordan-cross-border-task-force-18-july, (accessed 24 July 2023).

Remaining gaps in understanding and meeting DoC obligations

NGO interviewees and especially INGOs recognized **an important gap remaining in understanding and meeting their duty of care obligations** toward their staff and especially toward their national staff, while L/NNGOs recounted being already too overstretched to even think about duty of care for their employees. INGO interviewees underlined the lack of clear DoC policies within their organisations. Moreover, even when DoC policies existed and were well known at HQ level, they acknowledged that these were not fully applied or known at all at field level. One interviewee said for instance: "*The duty of care is very poorly implemented and not well known by staff. Some organisations are trying, but it is far from being complete in terms of protecting humanitarian workers."*

In addition, several interviewees made it clear that while common guidelines could be set at HQ and global level, discussion was needed at country level within organisations and between organisations to **set minimum standards that take into account the specificity of the context and legislation of the country**. One interviewee said that in Mali, in certain isolated areas only accessible by plane, there was no way of bringing back staff if an incident occurred. This interviewee added "*and this information is not discussed during the recruitment process*". This illustrates the need to continue reinforcing duty of care in the recruitment process which should include informed consent as one of its main pillars.

Furthermore, **a double standard between international workers and national INGO-recruited frontline staff** was pointed out, with one INGO interviewee noting: "*You need to have inclusive duty of care. You don't need to worry only about people from the west going to a high-risk area, there are other risks for the locals".* INGO interviewees reported that national staff usually do not know about their rights regarding duty of care, and many of them admitted that organisations themselves were unaware of the solutions and types of insurance that were available to their national staff in the event of security incidents. Another point raised was that national staff tend to receive mixed messages, either telling them that there is no pressure on them to implement the work if they do not wish to take the risk or, conversely, giving them no real choice in the matter. One INGO interviewee recalled: "*There is no policy and procedures or not enough time and resources for [local staff] to provide feedback, and they [might] fear rejection [...] then they'll end up putting themselves at high risk".* For some interviewees, a person-centred approach to security is the way forward for inclusive DoC which takes into account the risks associated with specific individual profiles and which balances DoC obligations with non-discrimination by sharing information about the risks faced by all staff with all profiles.[57]

Regarding **DoC for L/NNGO staff**, both INGO and L/NNGO interviewees described it as "a blind spot", and even "a luxury". There is a long way to go to for the required standards to be met, given that, as developed above on the issue of risk transfer, local actors are already struggling to get basic security equipment funded. The CEO of a local NGO pointed out: "*We are already fighting to get the minimum salaries for our employees, we don't even have the basic things so it [Duty of Care] is something that we see as an extra*". While it is not a legal obligation for INGOs to ensure duty of care for local partners, they largely recognize their

[57] For more information see: European Interagency Security Forum (EISF), (2018), *'Managing the Security of Aid Workers with Diverse Profiles.',* op. cit.

ethical duty of care toward their partners.[58] Therefore, DoC for L/NNGO partners relates to mitigating risk transfer, and good practice in jointly identifying their needs may be found within the risk-sharing approach. For instance, this could involve extending SOPs in an MoU with partners. As DoC is not just about staff security and safety, other potential types of support must go beyond training and include the ability to pay salaries in advance, assistance with evacuation and relocation and also psychological support and material assistance to victims' families. Some organisations, such as MdM and ACF, have started extending support to their partners' staff, for instance after the 2023 earthquake in Turkey and Syria, and have noted that DoC needs to be gender-sensitive to be effective.

Ways forward: sharing resources, and supporting innovative projects in DoC

As a Humanitarian Outcomes study has shown[59], it would be unrealistic to think that INGOs can provide the same level of DoC-related protection to partners as they do to their own staff. Nevertheless, the interviewees shared **several suggestions to improve DoC policy and practice**. For example, pooling resources and coordinating between organisations could help both INGOs and L/NNGOs meet their DoC obligations. One interviewee recalls: *"In the INGO forum in Mali, we had thought of a pool fund that would only be used to manage evacuations not covered by insurance, or a pool of psychologists on hand to help. These are very concrete ideas that need to be worked on at local level."* UNDSS Saving Lives Together was mentioned as having the potential to support organisations in cases of psychological first aid, evacuation or relocation of staff. However, interpretations of the framework vary locally, making it unclear how it can support the humanitarian community in a specific country.

In addition, **donors should support innovative projects** such as the ECHO mechanism to "Protect Aid Workers At Risk" that is currently being developed for launch at the end of 2023 in the MENA region. This may set out good practice to better protect humanitarian and health workers. This mechanism targets national workers within INGOs, L/NNGO workers, healthcare workers involved in implementing programmes and community outreach volunteers. It aims to provide 24/7 coordination and sharing of anonymised incidents and support for humanitarian and health workers that may include evacuation, psychological first aid and financial and legal support to both victims and their families.

[58] Stoddard, A., Czwarno, M. & Hamsik, L. (2019), '*NGOs & Risk: Managing uncertainty in local-international partnerships: Global report*'. p.24. Available at: https://www.humanitarianoutcomes.org/sites/default/files/publications/riskii_partnerships_global_study.pdf.
[59] Ibid.

Box 2: Focus on the specific case of local health workers working outside the aid system.

Most local health staff are working in health facilities, whether managed publicly by Ministries of Health or by private entities and with or without NGO support. Most of them are thus not employed by NGOs and do not benefit from SRM measures set up by these organisations for their staff. Yet they are the most affected by violence.[60] Several experts interviewed stressed that SRM for frontline local health workers remains a blind spot today and has yet to be explored by drawing on the humanitarian experience.

Therefore, concerns over strengthening capacities and adequately funding resources for security risk management also apply to frontline local health responders in all at-risk areas. In some cases, they are also subject to risk transfer. Some guidance already exists on this topic, such as the International Committee of the Red Cross (ICRC) Security Survey for Health Facilities tools[61] that identifies the risk exposure faced by health actors in health facilities and outlines the security measures to put in place.

In this regard, some INGOs have replicated good practice and included local health providers in their security training. Others mentioned that SRM could be fully integrated in MoUs between INGOs and Ministries of Health (MoH) or other health partners, whenever relevant and possible. They also mentioned that further efforts should be undertaken to systematise health staff security training and to raise awareness among MoH and all health actors so that frontline health staff are adequately prepared to manage security risks, regardless of any existing support for INGOs within a programme. To this end, experts underlined that INGOs have a responsibility to mainstream the security language into health programming by health actors who are not humanitarians. Moreover, one expert interviewee underlined the need to open the conversation with and direct advocacy towards MoH and donors funding medical programmes (such as The Global Fund and the Bill & Melinda Gates Foundation) to raise their awareness of the safety and security culture and overcome any hesitancy they may have regarding potential legal liability that could arise from including security in health programming.

A few interviewees expressed concerns over NGOs engaging with MoH or private health actors with a view to strengthening their capacity to manage security because they thought it might affect their neutrality. Others pointed out that, in some cases, the authorities were the ones targeting health personnel.

There are current debates and discussions within the humanitarian community around local health actors' security, acknowledging that health workers have needs that may differ from humanitarian workers. The aim is to identify essential differences and possible synergies between the two categories. Local health workers should be included in the conversation to get their perspectives on the security risks they face and to design tailor-made solutions.[62] These discussions should be supported and facilitated, and interviewees asked for increased funding and support to develop platforms for exchanges between health practitioners and with humanitarian workers when relevant, such as annual meetings or regional conferences. The platforms would aim to foster dialogue, exchange good practice and develop a context-based culture of SRM within the health sector that

would include DoC. They also asked for support to develop models of security risk management and DoC adapted to the specific risks faced by health teams, and underlined the gap in tools, guidelines and workshops.

1.2. Sustain and scale reliable data collection, sharing and analysis mechanisms at local and global level

Data collection, sharing and analysis have been put forward by interviewees as a priority in line with key recommendation 2 of the Discussion Series.[63] These activities help identify and analyse trends and gaps in the security environment and inform operational planning and decision-making to ensure humanitarian aid and healthcare can be delivered safely. Data collection was stressed as a "first and necessary step" by interviewees, but it is not an end in itself. Data collection, sharing and analysis can have a protection purpose and can inform security risk management of trends in attacks and the scale of insecurity. It can also guide advocacy and policy-making and ultimately draw attention to certain situations to trigger potential investigations into violations of humanitarian or human rights law.

While progress has been made in recent years to improve data collection mechanisms and the reporting and sharing of security information, key interviewees suggested several elements to ensure that these processes are best tailored to their needs.

1.2.1. Reinforce and expand capacities for data collection, sharing and analysis and enhance coordination among all stakeholders

The development of robust data collection methodologies and data sharing was noted by all interviewees, however the **coexistence of several platforms was seen as both useful and sometimes confusing**, depending on the interviewees' profile and background.

A variety of actors have a data collection, sharing and analysis mandate. At field level, several security collaboration mechanisms may coexist[64], focusing primarily on information regarding operational decisions and security risk management in programmes. Among them, INSO is a leading actor, defined as an NGO security platform which provides a wide range of services to the NGO community. These include real-time alert systems, security incident

[60] Safeguarding Health in Conflict Coalition (2023) *'Ignoring Red Lines: Violence Against Healthcare in Conflict 2022)'*, op. cit.: the study found that in all countries the majority of health workers are local health workers and comprise the highest number of individuals affected compared to health humanitarian workers.
[61] For more information see: International Committee of the Red Cross: '*Security Survey for Health facilities tools*'. Available at: https://healthcareindanger.org/security-survey-for-health-facilities-tool/.
[62] The International Rescue Committee (IRC) has developed a methodology and led a study on local frontline health responders in South Sudan and Nigeria by disseminating a survey to identify their perspectives on the main risks they face, the root causes of these concerns and priority solutions needed to reduce violence and its impact on the population. Available at: https://www.rescue.org/report/joint-health-staff-survey-protection-healthcare-south-sudan and https://www.rescue.org/sites/default/files/2022-11/Joint_BAY_Health_Survey_October2022_VFOct22_0.pdf.
[63] See the Outcome Paper of the Discussion Series, op. cit.
[64] For more information on the different models see: Global Interagency Security Forum (GISF), (2022), *'NGO security collaboration guide'*, op. cit.

monitoring and security reports, briefings, coordination meetings, training, orientation and crisis-management. The data collection, sharing and analysis process can also occur via NGO coordination forums, through NGO and interagency informal ad hoc or formal security groups and networks as well as UN-led working groups (CMCoord, Access and clusters) and the United Nations Department of Safety and Security (UNDSS) via the Saving Lives Together Initiative (SLT).[65] These systems rely on the direct model methodology, meaning that they collect directly from partners and share data at field level.

Security collaboration mechanisms involved in data sharing also exist at global level, such as the Global Interagency Security Forum, which is a peer support network that brings together NGO global security focal points to share knowledge, experience and learning as well as to produce resources including research and toolkits for a more coordinated and enhanced approach to security across the aid sector.

Other organisations provide support to humanitarian organisations in monitoring, producing research and analysis, such as Insecurity Insight with its "Aid in danger" project[66], the independent research organisation Humanitarian Outcomes and its Aid Workers Security Database (AWSD)[67] and the NGO Armed Conflict Location & Event Data Project (ACLED).[68] They usually operate from US or EU countries and collect data through open sources such as media and local partners to produce public data and reports that have significant added value in alerting and in informing advocacy and policymaking.

Unequal understanding of the existing mechanisms of data collection and sharing and their respective objectives

Interviewees had a **different level of understanding regarding the objectives of data collection** to enhance the protection of humanitarian and health workers. Interviewees with specific data-collection expertise or knowledge put forward that there was little overlap between the data collected by the different entities and had clear views on the kind of analysis they would provide, the different methodologies used and the end purpose of collecting the data. In contrast, many interviewees expressed confusion and could not envision the scope or end purpose of the different data collection platforms. This shows a **need for better appropriation, awareness raising of existing tools and visibility from all**

[65] The Saving Lives Together Framework, which aims to enhance cooperation between the UN, INGOs and L/NNGOs (SLT partners) on security issues, includes security information sharing between SLT partners and centralises security information shared on a voluntary basis by partners in a database, under the lead of UNDSS which feeds into the Yearly Report of the UN Secretary-General on the Safety and Security of Humanitarian Personnel and protection of United Nations Personnel. For more information see: 'Saving Lives Together: A Framework for improving Security Arrangements among International Non-Governmental Organisations/International Organisations and the United Nations', (2015). Available at: https://insowebsite.blob.core.windows.net/uploads/2022/03/saving_lives_together_framework_-_october_2015.pdf.

[66] For more information see Insecurity Insight webpage. Available at: https://insecurityinsight.org/, (accessed 24 July 2023).

[67] Aid Worker Security Database webpage. Available at: https://aidworkersecurity.org/about, (accessed 24 July 2023).

[68] The Armed Conflict Location & Event Data Project (ACLED) provides global data, analysis and mapping on the dates, actors, fatalities and locations and provides real-time data and analysis on political violence and protest around the world that informs NGOs' programming and decision-making as well advocacy and policymaking. The data may include security incidents that involve humanitarian workers. For more information see: ACLED webpage. Available at: https://acleddata.com/about-acled/, (accessed 24 July 2023).

stakeholders using and/or contributing to these platforms (including INGO staff and policymakers) as a first key step to collecting comprehensive data and to using it appropriately. In this regard, one interviewee mentioned: "*Data collection does not mean that one type of data or single system would generate information about everything that could be done with the data. [...] I'd be careful with the megalomaniac idea that 'if we have data we can do everything about it'*".

Need to acknowledge and address reporting fatigue

The coexistence of several data collection, sharing and analysis entities may also generate **a general sentiment of reporting fatigue and over-reporting**, which was highlighted by most of the interviewees. One interviewee mentioned: "*Our members feel overwhelmed by the opportunities and the requirements for data collection and analysis. It just feels like it never ends*", underlining that data collection for security is diluted by general requirements for data on many issues such as finances, assessing needs, and monitoring, evaluation, accountability and learning (MEAL) for humanitarian programme and support staff.

More precisely, acknowledging that there were probably differences in what was done with the data, another global security advisor interviewee illustrated that sentiment: *"I think there is a bit of fatigue among organisations in terms of reporting on security because there are so many different coordination mechanisms that are all based on the involvement and support of humanitarian organisations and that sometimes overlap. For instance, to be a member of INSO, you have to sign a memorandum of understanding saying you're going to provide this security data, the same thing with Insecurity Insight, the same thing with AWSD and even UNDSS Saving Lives Together. All these different bodies are asking humanitarians for essentially the same information".*

Complementarity of the different platforms

The complementarity between the different mechanisms was pointed out as positive for most interviewees as a range of reporting can ensure the triangulation of information and because data collection and sharing are context dependent and rely on trust. Therefore, interviewees did not see a unique mechanism as a way forward but called for **enhanced coordination and collaboration between data collection methodologies and data sharing among the different entities** collecting data to increase the interoperability, comparability, reliability and accessibility of the data for different purposes. These improvements would optimise the available data and guarantee a reliable full picture of security incidents that happen on the ground. One L/NNGO interviewee said: "*I would agree that we need to strengthen communication and coordination for the current security-related platforms rather than having new platforms*".

Enhanced coordination in terms of data sharing would also help tackle reporting fatigue, while allowing data to be used for operational purposes as well as for advocacy and policy-change and while recognizing the complementarity between data collection, sharing and analysis mechanisms.

Moreover, **the lack of feedback on analysis** was highlighted as a problem for certain data collection and sharing systems. Transparency in how the data will be used is important for understanding the need to share data. There needs to be sufficient openness about what is

done with the data, and bodies collecting data need to provide feedback on analysis that is useful at field level for operational security and safety reasons. As one of the interviewees put it, *"Producing data is time-consuming, so it is necessary to create the motivation to do so through feedback. It is a two-way process, and platforms sometimes do not do this enough".*

Ways forward: supporting good practice and ensuring resources for all NGOs

As a response to the above challenge, INSO, with its data collection, sharing and analysis model, was repeatedly cited by both L/NNGO and INGO interviewees as being a trusted partner providing useful feedback on analysis, enhancing awareness of the security situation and improving security planning by tracking security incidents and drawing accurate trends of attacks against aid workers. INSO's data and analysis was perceived as the model to follow by the majority of the interviewees, especially from an operational perspective, as it effectively supports staff safety and humanitarian access. This is most readily facilitated by the direct model data collection system used by INSO. Its presence and outreach in the field as well as its proximity to operational NGOs (both INGOs and L/NNGOs) and other actors from whom they get the data reinforce the sustainability and reliability of data collection and sharing on the ground. In this regard, an interviewee mentioned that "*INSO's added value lies in their ability to collect information while being deployed at local level*."

With regard to the standardisation of the data collection model and the sharing and analysis system (as called for in key recommendation 2 in the Discussion Series[69]), INSO has designed and launched the "Conflict and Humanitarian Data Centre (CHDC)[70], which has been made available since 2022 to operational partners including NGOs, Red Cross, the UN and donor entities and is fully accessible to both INGOs and L/NNGOs**. Despite this significant step forward, the CHDC and its use were not commonly known by interviewees.**

Furthermore, INSO is present and delivers services in 16 of the highest-risk countries. Several interviewees called for INSO to be continuously supported by donors and the NGO community. This would require overcoming certain limitations. Firstly, it would mean assessing the possibility and added value of extending INSO's presence to high-risk countries not already covered as well as medium-risk or transitional contexts based on a discussion within the humanitarian community. Secondly, it would require funding and diplomatic and NGO support (such as an invitation letter) to overcome administrative barriers or impediments to registering. Wherever INSO cannot work, interviewees mentioned that alternative or temporary solutions should be found, if possible, based on INSO methodologies, for instance within local NGO coordination forums. In this case, **sufficient,**

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[69] See the Outcome paper of the Discussion series, op. cit.
[70] The CHDC applies a fully standardised data model and uses the same definitions across all contexts (locations, actors, acts and impact). It aggregates and centralises data and analysis for every country where INSO is present, which allows for cross-country interoperability and allows for disaggregation of intersectional data (such as incidents involving aid workers, healthcare, women and children, refugees, etc.). This system connects security incidents to other indicators such as the broader conflict context, increasing and complex bureaucratic access impediments and communal violence in order to identify the trends and dynamics that shape humanitarian access and the related risks humanitarian organisations and their staff can face. For more information see: Conflict and Humanitarian Data Center (CHDC) description webpage. Available at: https://ngosafety.org/latest/conflict-and-humanitarian-data-centre-launch/, (accessed 17 July 2023), see also: CHDC login page. Available at: https://chdc.ngosafety.org/login, (accessed 24 July 2023).

trained and long-term human resources are key, since interviewees mentioned that the high staff turnover in local coordination roles was highly challenging in respect of constant and effective data collection and analysis.

Finally, the prerequisite to any data collection and sharing process, is to ensure **resources, tools and capacities**[71] are allocated to NGOs to guarantee good quality reporting. One interviewee stressed that *"reporting incidents was often undervalued within organisations, and a lot of data was falling through the cracks".*

An MdM staff in a street destroyed by the earthquake, Sindhupalchok district in Nepal. © Olivier Papegnies.

[71] For more information see for instance: Insecurity Insight Security Incident Management, developed by Insecurity Insight. Available at: https://siim.insecurityinsight.org/.

Box 3: Focus on the need to systematically include L/NNGOs and give them the necessary means to collect, share and analyse data.

Many interviewees found that **L/NNGOs were not included enough in data collection and sharing mechanisms**. Nevertheless, they are instrumental in obtaining an accurate, nuanced and comprehensive understanding of the context. Guaranteeing them full accessibility to the available data is instrumental in improving their own security risk management. Yet interviewees mentioned the underreporting of security incidents as particularly significant for L/NNGO workers.

Hence, including L/NNGOs either in HCT, clusters or other forums collecting data both at field and at global level is key.[72] As a minimum, the information discussed should be communicated externally. One L/NNGO interviewee reported that *"We use OCHA mechanisms to report and discuss security incidents and access constraints in monthly meetings. To some extent it works well but, unfortunately, the results are not well communicated to other partners who are not part of the humanitarian country team or part of the cluster system*".

In this regard, good practice has been developed by INSO which has equal partnerships with INGOs and L/NNGOs[73] and regularly organises roundtables and weekly meetings at field level with both INGOS and L/NNGOs to share information and help with understanding each other's view of the security situation and access. A few respondents also mentioned the need to encourage networking and data sharing among local grassroots actors and national organisations.

However, several L/NNGO interviewees recognized the usefulness of data collection, sharing and analysis for enhancing operational security and safety and humanitarian access but underlined their **lack of resources to participate**. Current data-collection standards may appear too complicated and time consuming to follow, therefore some L/NNGO interviewees thought about increasing informal means of sharing data at field level.

1.2.2. Address security concerns relating to data collection and sharing

Finding the right balance between collecting and sharing data and the need to preserve the security of the staff working in highly insecure areas and to avoid retaliation of any kind was mentioned as a key issue for interviewees. Information sharing and coordination therefore rely heavily on an ability to build and inspire trust and to provide tangible added value for operational security and safety. One interviewee expressed this viewpoint: *"We need to*

[72] Inter-Agency Standing Committee (IASC), Results Group 1 on Operational Response, (2021), *'Guidance on strengthening participation, representation and leadership of local actors in IASC Humanitarian coordination mechanisms'*, p.6-9. Available at: https://interagencystandingcommittee.org/system/files/2021-07/IASC%20Guidance%20on%20Strengthening%20Participation%2C%20Representation%20and%20Leadership%20of%20Local%20and%20National%20Actors%20in%20IASC%20Humanitarian%20Coordination%20Mechanisms_2.pdf.

[73] 43% of INSO's partners are L/NNGOs. For more information see: International NGO Safety Organisation webpage (INSO). Available at: https://ngosafety.org/our-network/ (accessed 17 July 2023).

create small networks at a very local level. The problem with forums is that they can put people at risk; the important thing is alliances of partners who trust each other". Hence, any data collection mechanism should come with strong data protection measures.

Security measures are key for sensitive data collection and sharing

To this end, sufficient and adequate security and confidentiality and anonymisation measures are key to safe data sharing, especially for L/NNGOs, as is ensuring that the measures do not put staff at further risk and are based on a thorough understanding of local dynamics. Regardless of whether data is used for operational or advocacy purposes, all interviewees stressed that safeguarding information providers from further threats and risks prevailed over other concerns. Effectively assessing risks is very much context related and proper action should be taken on a case-by-case basis to ensure NGOs, and particularly LNNGOs, receive adequate information and are able to share their data safely.[74] As one security expert interviewee observed: *"We obviously have to build that trust to ensure we do not compromise or harm the people who have provided the information in any way, shape or form. I think international NGOs have made many mistakes".*

Trust issues hinder data sharing

Issues of trust were also mentioned regarding the UNDSS 'Saving Lives Together' framework (SLT). Participants reported concerns over the politicisation of UNDSS and OCHA, hindering their willingness to hand out sensitive information to them and eroding their trust. UNDSS and OCHA were mentioned by interviewees as having a key coordination role in enhancing collaboration between actors within and outside the UN system as part of their mandate and therefore in monitoring, managing and sharing data on security incidents in a timely manner to inform strategic decision-making. The lack of ownership of the SLT framework is also based on the fact that respondents did not have a clear understanding or vision of how stakeholders' responsibilities and missions were differentiated under this framework. Initial expectations have given rise to disappointment, and security expert key interviewees all stressed that SLT was the right approach but that there was a lot more to do for it to be effectively implemented. As one of the interviewees put it: *"The idea and philosophy behind it (UNDSS SLT) is very sound, however when implemented in the field it does not always look as it should"*. This crystallises the underlying tension and lack of trust between the UN and the NGO community, preventing the smooth functioning of existing collaborative tools. One security expert interviewed indicated that: *"Currently, UNDSS has a lot more to offer than humanitarian organisations are willing to give. That is one of the stumbling blocks."*

Challenges connected to the use of data for advocacy purposes

[74] For more information see for instance: Office for the Coordination of Humanitarian Affairs (OCHA), (2021), '*OCHA Data Responsibility Guidelines*'. Available at: https://www.google.com/url?q=https://data.humdata.org/dataset/2048a947-5714-4220-905b-e662cbcd14c8/resource/60050608-0095-4c11-86cd-0a1fc5c29fd9/download/ocha-data-responsibility-guidelines_2021.pdf&sa=D&source=docs&ust=1690145336638744&usg=AOvVaw2zNBbwJFbYKlkxeAus_5Z.

It appears that there is consensus on the need to collect data to inform security risk management decisions, but some respondents showed more hesitancy when it came to collecting and sharing data for advocacy purposes. Some were also more cautious about the possible public use. The issue of maintaining the security of staff versus advocacy and calling for accountability has long divided humanitarian organisations. It is fuelled notably by different perceptions of neutrality among organisations, and the fear of retaliation or eviction from the country. Therefore, data collection platforms using such systems as Insecurity Insight or Humanitarian Outcomes, which focus more on public advocacy, may have more difficulty with collecting data. Nevertheless, where there are attacks against aid workers, the possibility of using available information (publicly or otherwise) may be key to policymaking that enhances protection and should depend on the willingness of each organisation concerned. Full public access to data and reports from Humanitarian Outcomes and Insecurity Insight has been instrumental in advancing the issue of protecting humanitarian and health workers, and there is no evidence that this has caused any security risks. Some expert interviewees mentioned that good practice and security protocols have been developed to make sure that information providers can comment on the data before it is published so that information providers remain sufficiently protected before data is publicly shared. Another interviewee also mentioned that follow-up with information providers was a good practice to scale: *"When [the organisation staff] get data and release a report they continue to be in touch with people who reported to them and this should be a standard protocol for anyone who wants to work with data because it is the only way of checking whether advocacy work is causing a detrimental impact on or security risk to the person who gave the info that you're using".*

Ways forward: enhance dialogue to overcome identified challenges

Ultimately, interviewees with an operational or security background recognized the importance of advocacy and were willing to share some of their data for advocacy purposes, providing that they were reassured on the exact use of the data and were guaranteed confidentiality. Hence, initial efforts to gather various positions, including security, operations and advocacy persons, around the table should be further developed through roundtables, group discussions or workshops to enhance coordination, promote buy-in, deconstruct misconceptions over the use and usefulness of data sharing for advocacy purposes and address case-by-case security concerns.

In view of the complementarity of the different data collection platforms and their different purposes, it is crucial to foster dialogue between all relevant stakeholders in order to look for ways to tackle and overcome the inherent tension between the private use of data for operational security and safety reasons versus public use for advocacy and policy change.

Box 4: Focus on the similar and specific challenges to collecting data on attacks against healthcare and local healthcare workers.

One expert noted that the overlap between data on attacks on aid workers and health workers is relatively slight as the majority of health workers are local health workers not affiliated to NGOs. However, data collection on violence against healthcare has its specificity[75] and the challenges may be greater when compared with those for aid workers.

Firstly, **data collection on attacks against healthcare including health workers differs depending on the entities doing it**. Under UNSC Resolution 2286, states bear the primary responsibility for collecting, reporting and compiling data.[76] As regards aid workers, other UN and civil society entities have taken the lead in collecting data on attacks on healthcare. The World Health Organisation (WHO) Surveillance System for Attacks on Healthcare (SSA) has taken the lead within the UN[77] but was criticised by some interviewees for not sharing its data and for the limited information about attacks. The Safeguarding Health in Conflict Coalition (SHCC)[78] together with Insecurity Insight[79] have led important work on documenting attacks and publishing it to enhance advocacy and accountability. The ICRC with its HCiD programme and the Médecins Sans Frontières (MSF) "Medical Care Under Fire"[80], as well as Physicians for Human Rights (particularly in Syria and Ukraine[81]), have also contributed to global advocacy efforts.

Secondly, interviewees reported that **data remained inconsistent and highlighted underreporting of attacks on local health workers** and a significant lack of detailed and public data[82] (including date, locations and perpetrators) for the different data purposes, compared with data available on aid workers. For instance, the 2023 SHCC report[83] found that '*the numbers of violent incidents reported here are likely an undercount, because data collection is impeded by insecurity, communication blockages, and the reluctance of entities to share data on violence. In many countries, looting, threats to health personnel, and the obstruction of patients' access to healthcare are so common that they are often not reported.*' This is also explained by the complexity of national health systems, which include a wide range of medical professionals at community, primary and secondary levels. Their reporting mechanisms also need to be improved, making it more difficult to reach out to all of them and ensure they have enough guidance[84] to report effectively. Some interviewees also expressed concerns over the politicisation of the collection of data on attacks on healthcare, particularly when government entities are the alleged perpetrators.[85]

Furthermore, issues of trust and representation were highlighted by interviewees, with one noting: "*In South Sudan for example, many local partners do not report to the health cluster (HC) because they don't see themselves represented there",* mirroring the recommendations of a recent International Peace Institute study[86]: *"Due to the different goals, capacities, mandates, resources and access of different UN agencies and NGOs, and differences in the context of these attacks, no centralised entity can be entrusted to be the sole data source on attacks on healthcare."*

Finally, according to an expert interviewee, the discussion around the collection of data on health workers, as SRM, has still to be developed: *"I think health worker data collection at*

the moment is at the stage of problem identification and needs integrating into policy responses."

1.3. Protect humanitarian space to better protect humanitarian and health workers

The protection of humanitarian and health personnel is intrinsically intertwined with the protection of humanitarian space, as actions to better protect them require considering the environment in which they operate. Humanitarian and medical workers must navigate complex legal and regulatory international, regional, and national frameworks that may conflict with IHL and humanitarian principles and medical ethics. This puts humanitarian and health workers and sometimes health workers at risk of criminalisation and can lead to increased violence towards them.

Most interviewees agreed that **the environment in which humanitarian and health actors currently operate is detrimental to principled humanitarian action** and healthcare delivery in line with medical ethics. They indicated that the reduction of humanitarian space due to the politicisation of aid, the impacts of sanction regimes and counterterrorism

[75] For more information see: Fast, R., Read, R. (2022), *'Using Data to Create Change? Interrogating the Role of Data in Ending Attacks on Healthcare*', International Studies Review, Volume 24, Issue 3. Available at: https://academic.oup.com/isr/article/24/3/viac026/6593873.
[76] UNSC Resolution 2286 (2016) explicitly engage states to "develop effective measures to prevent and address acts of violence, attacks and threats against medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities in armed conflict, including, as appropriate, through… the collection of data on obstruction, threats and physical attacks on medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and medical facilities, and to share challenges and good practice in this regard'.
[77] For more information see: World Health Organization (WHO) Surveillance System for Attacks on Healthcare (SSA) webpage. Available at: https://extranet.who.int/ssa/Index.aspx, (accessed 24 July 2023).
[78] For more information see: Safeguarding Health in Conflict Coalition (SHCC) webpage. Available at: https://www.safeguardinghealth.org/about-coalition.
[79] For more information see Insecurity Insight webpage. Available at: https://insecurityinsight.org/projects/healthcare, (accessed 24 July 2023).
[80] Dr Karunakara, U. Maurer, P., *'Medical Care Under Fire*', Médecins Sans Frontières (MSF), statement 21 May 2013. Available at: https://www.msf.org/medical-care-under-fire.
[81] For more information see: Physician for Human Rights webpage. Available at: https://phr.org/issues/health-under-attack/, (accessed 24 July 2023).
[82] Parada, V., Fast, L., Briody, C., Wille, W., Coninx, R. (2023) '*Underestimating attacks: comparing two sources of publicly available data about attacks on healthcare in 2017'*, Conflict and Health, p.2. Available at: https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-023-00498-w.
[83] Safeguarding Health in Conflict Coalition (2023) *'Ignoring Red Lines: Violence Against Healthcare in Conflict 2022', op.cit.*
[84] For more information see: Center for Public Health and Human Rights at Johns Hopkins University, Insecurity Insight, the International Rescue Committee and Physicians for Human Rights, (2021), '*Toolkit: Evidence that protects healthcare.*' Available at: https://toolkitprotecthealth.org/.
[85] Haar, R., Sirkin. S. (2022), *'Strengthening data to protect healthcare in Conflict Zones'*. International Peace Institute (IPI), p.10. Available at: https://www.ipinst.org/2022/11/strengthening-data-to-protect-healthcare-in-conflict-zones.
[86] Ibid.

measures, and a lack of respect for IHL affect the protection of humanitarian and health workers.

1.3.1. Protect humanitarian action from the politicisation of aid

Most interviewees directly identified the politicisation of aid in one form or another as a major threat to the protection of humanitarian and health personnel. They underlined that states, de facto authorities and non-state armed groups often instrumentalize humanitarian action and medical assistance for strategic, political, economic, military or security purposes, in contravention of the humanitarian principles of humanity, neutrality, impartiality and independence, as well as medical ethics.

For several respondents, aid is perceived as increasingly politicised, with a notable shift after 9/11 when global trends saw a rise in asymmetric conflict settings featuring emerging non-state armed groups and de facto authorities.

Political allocation of humanitarian funding

In donor countries, key interviewees underlined that aid is politicised through how humanitarian funding is allocated. Political considerations which fail to assess humanitarian needs impartially lead to discrepancies in the funding for different crises and for certain areas inside countries based on whether they are under government or NSAG control. Ukraine and Syria were often cited as significant examples.

Key interviewees pointed out that donor countries were thereby putting them at risk in the field, making it difficult to position themselves as impartial, neutral and independent from political powers and considerations. The problem is more significant for NGOs which rely heavily on institutional funding.

In addition, the tendency of donor countries to allocate funding based on security or military objectives creates confusion about the purpose of aid. The Humanitarian-Development-Peace Nexus (or Triple Nexus) and the funding conditions imposed by donor states on how the peace component should be implemented were mentioned by respondents as part of a highly worrying trend.

Some interviewees also cited the official political discourse in which states labelled themselves "humanitarian powers" as adding to the confusion between humanitarian actors and states and criticised the use of humanitarian action as a soft power tool of foreign policy.

Bureaucratic and administrative impediments: the domestic expression of the politicisation of aid

Elsewhere, in countries where there is a humanitarian response, bureaucratic and administrative impediments[87] are considered by some interviewees as the "*domestic*

[87] For more information see: Inter-agency Standing Committee (IASC), (2022), *'Guidance Understanding and Addressing Bureaucratic and Administrative Impediments to Humanitarian Action: Framework for a System-wide*

expression of the politicisation of aid". This is coupled with the desire by states and/or de facto authorities to increase scrutiny and control over humanitarian action and civil society. Interviewees mentioned that bureaucratic access impediments (BAI) create an increasingly insecure environment for aid workers, for instance when they must navigate numerous authorizations when travelling and at checkpoints held by states, de facto authorities or non-state armed groups.[88]

Need to distinguish between humanitarian action and armed forces or security objectives

Interviewees also recognized that assimilating humanitarian actors into armed forces or security objectives was a major threat to the protection of staff and also altered the perception of an organisation's neutrality. Three major security and military assimilation practices were identified as posing a significant risk to the security of humanitarian workers by respondents, in addition to the Triple Nexus mentioned above.

First, the **imposition of armed escorts** by certain governments was identified as a dangerous practice negatively impacting the perception of neutrality of humanitarian actors by creating confusion around the necessary separation of humanitarian and military mandates and objectives, and thus affecting their capacity to maintain principled access.

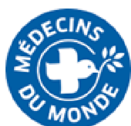
Second, **military operations with a counter-insurgency objective aimed at winning hearts and minds** by supplying basic goods and sometimes services to populations to gain their support were repeatedly cited as an offshoot of the politicisation and security and military assimilation of aid, putting humanitarian workers at risk. The inevitable overlap with humanitarian organisations' mandates and activities creates additional confusion between actors and compromises acceptance and access, while increasing the vulnerability of staff.

In addition, **disinformation and misinformation** in media or on social media around the objectives and mandates of humanitarian actors were mentioned as a growing and worrying trend that effectively increases violence against humanitarian NGO workers and affects the way humanitarian principles are understood by communities. Several interviewees called for increased monitoring[89] of trends and discourse that spread distrust about humanitarian NGO actors and called for further attention from the humanitarian community and states to counter these.

Approach.' Available at: https://interagencystandingcommittee.org/operational-response/iasc-guidance-understanding-and-addressing-bureaucratic-and-administrative-impediments-humanitarian.

[88] A study found that many BAI were followed by violence, particularly confiscation of assets, threats, intimidation and harassment, interfering with human resources and field operations, cases of illegal taxation or bribery and restriction or denial of movement. For more information see: United Nations Office for the Coordination of Humanitarian Affairs (OCHA), (2017), '*Bureaucratic Access Impediments to humanitarian operations in South Sudan*', p11. Available at: https://docs.southsudanngoforum.org/sites/default/files/2017-11/SBureaucratic_Access_Impediments_Survey_Report.pdf.

[89] Insecurity Insight produces monthly briefings on social media monitoring to help humanitarian actors better understand their operating environment and prevent or respond to trends and messages that may affect their reputation and/or security. For more information see: Insecurity Insight social monitoring webpage. Available at: https://insecurityinsight.org/projects/aid-in-danger/social-media-monitoring, (accessed 24 July 2023).



On a slightly separate note, the **risk of humanitarian workers being caught in crossfire when operating in military operations zones** was mentioned by some respondents, especially local actors, highlighting the gaps and inequalities in effective civil-military coordination in different countries. A failure to respect safe passage for humanitarian actors in conflict zones and a need for it to receive additional political and diplomatic support were underlined.

Ways forward: humanitarian actors must be able to operate in accordance with humanitarian principles

To counter the above-mentioned obstacles linked to the increased politicisation of aid, all interviewees stressed that humanitarian actors must have the capacity to operate in accordance with humanitarian principles. Key interviewees acknowledged that humanitarian principles serve as a theoretical framework, acting as a guideline or code of conduct in the field. They emphasised the importance for humanitarian actors to consistently refer to and adhere to these principles in their work.

In fact, these principles are considered by all the interviewees as fundamental to the protection of humanitarian and health workers and a necessary tool to mitigate security risks. For one interviewee, "*principles are how you achieve good quality aid, and acceptance*", although interviewees questioned how they operated in practice. In addition, some highlighted how the principle of neutrality can be a challenge for local actors in a conflict[90], "*We face a dilemma with neutrality. The government doesn't differentiate between negotiating and taking sides. For them, when we negotiate, we are on the side of the enemy, and they question our ability to work with all the players. It's really difficult to apply neutrality in this context.*"

Also, they voiced the challenges faced in translating these principles into concrete action, or specific behaviour on the ground. One interviewee illustrated the gap by saying: "*We need to apply humanitarian principles and standards so that they are understood, make people understand the dilemmas, how to act and think according to the principles. A lot of work needs to be done on access that relies on the principles which are the guidelines in the field, the compass*". Several interviewees called on OCHA to be "*doing a lot more*", suggesting the organisation could coordinate dissemination of the humanitarian principles, while others pointed out that the organisation was "*sometimes not perceived as neutral*" and that its ability to act as a compass depended on the context.

[90] Ataii, T, *'Why Ukraine is moving the needle on old debates about humanitarian neutrality'*, 16 May 2023, The New Humanitarian. Available at: https://www.thenewhumanitarian.org/analysis/2023/05/16/ukraine-debates-humanitarian-neutrality-debates, (accessed 17 July 2023).

1.3.2. Mitigate the impacts of sanction regimes and counterterrorism measures on humanitarian action and the provision of impartial healthcare

The consequences of politicising aid, in contravention of the humanitarian principles, can be dire for humanitarian and health workers, especially when they try to avoid being affiliated with states or perceived as accomplices of NSAGs and/or supporting terrorism when providing humanitarian assistance or healthcare.

The impacts of sanction regimes and counterterrorism measures on humanitarian action have been widely documented in the past ten years.[91] Five types of impact are detailed: operational, financial, reputational, legal and security, with the last being potentially affected by all the others which might indirectly impact personnel safety and security. Any suspicion of support provided to designated terrorist groups or any violation of sanction regimes or counterterrorism measures that do not include a humanitarian exemption can lead to legal consequences including arrest, detention and prosecution.

Complex legal frameworks and lack of support from the international community

The legal frameworks encompassing the support and financing of terrorism are broad, often lack clarity and change from country to country. For instance, some Sahel countries criminalise indirect financing to NSAGs, being present in an area under their control and other broad forms of association with designated entities. National criminal codes, as well as other regulatory frameworks enacted at central, regional, federal or local/governorate level, add layers of complexity for humanitarian action. In addition, political statements, media and social media equating NGO work with supporting terrorism, or, alternatively, with pursuing national or local authorities' agendas, "*generate additional uncertainty around the mandate and objective of humanitarian action*". Local aid and health workers, as national health workers operating outside the aid system, face the greatest risk of criminalisation.

Even though actual criminalisation of humanitarian workers remains rare (some cases of arrest and detention have been reported[92]), the **fear that aid and health workers may be prosecuted** can lead organisations to choose not to work in certain areas. Several key interviewees mentioned this "*sentiment of being trapped*" and being forced to make an

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[91] For more information, see: O'Leary, E. (2018), *'Principles under Pressure: The impact of Counterterrorism Measures and Preventing/Countering Violent Extremism on Principled Humanitarian Action',* Norwegian Refugee Council (NRC). Available at: https://www.nrc.no/globalassets/pdf/reports/principles-under-pressure/nrc-principles_under_pressure-report-2018-screen.pdf; see also O'Leary, E. *'Politics and principles: The impact of counterterrorism measures and sanctions on principled humanitarian action',* (February 2022), International Review of the Red Cross (IRRC), No. 916-917. Available at: https://international-review.icrc.org/sites/default/files/reviews-pdf/2022-02/politics-and-principles-the-impact-counterterrorism-measures-on-principled-humanitarian-action-916.pdf, see also the "Presence, Proximity, Protection" project case studies to be published in 2023.

[92] For instance, on 15 June 2016, the Israeli authorities arrested the national operational manager of World Vision International, accusing him of diverting funds to a terrorist organisation (Hamas) in the Gaza Strip. A verdict in his case has still not been issued, and the allegations have been largely retracted, but the accused remains in detention. For more information see: McKernan, B. *'Israeli Court finds Gaza aid worker guilty of financing terrorism',* (15 June 2022), The Guardian. Available at: https://www.theguardian.com/world/2022/jun/15/israeli-court-finds-gaza-aid-worker-guilty-of-financing-terrorism, (accessed 24 July 2023).

impossible choice between acting according to humanitarian principles and/or medical ethics and funding and/or access to beneficiaries in need. The prohibition to engage in dialogue with NSAGs creates the "***chilling effect***" mentioned by several interviewees on humanitarian and health practitioners, as negotiating access with NSAGs based on acceptance strategies are compromised by national laws and regulations that prohibit dialogue with NSAGs and access to areas under their control. This compromises the principles of impartiality, neutrality and independence, and equates humanitarian actors with states, which may alter the perception that armed groups have of humanitarian and health actors and may turn them into legitimate targets. One interviewee illustrated this dilemma while referring to a hostage-taking situation of one of their staff by a NSAG: "*We can't ask for the public authorities to intervene because they would punish us for engaging with armed groups*".

Several key interviewees also referred to the **lack of positioning by and support from the international community** throughout their diplomacy when humanitarian staff are criminalised. In fact, by making humanitarian workers instruments of political decisions that designate groups as terrorists, and by failing to recognize the specificity of humanitarian action, sanction regimes and counterterrorism measures can reduce acceptance of humanitarian and health personnel by equating them with one of the parties to the conflict.

Donor contractual clauses and bank de-risking

In addition, **sanction regimes and counter terrorism measures (SCTMs) are often reflected in donors' contractual clauses**, which may delay the provision of assistance, or alter activities (for instance when cash transfer is not accepted by the donor or refused by the NGO when subject to the screening[93] of beneficiaries) and reduce acceptance by communities. Moreover, these clauses apply to sub-implementing partners, transferring risk to L/NNGO partners, often less well equipped to negotiate or deal with them.

Bank de-risking[94] may force humanitarian actors to use informal money transfer schemes, increasing security risks, or cause delays that put personnel on the ground at risk (for instance, unpaid suppliers might resort to violence or threats, and unpaid security staff might leave their positions). A standing humanitarian exemption was adopted by UNSC in December 2022 (Res. 2664) for all its sanction regimes, which is a welcome development for many respondents. Also, some regulations explicitly prohibit the criminalisation of health workers for providing impartial care.[95] However, the respondents agree that the effects might

[93] Numerous organisations refuse to screen beneficiaries of aid, considering it conflicts with the humanitarian principles of impartiality. For more information see for instance the position of French NGOs: Coordination Sud *'Annulation des lignes directrices en matière de criblage par le Conseil d'État'*, (20 February 2023). Available at: https://www.coordinationsud.org/actualite/annulation-des-lignes-directrices-en-matiere-de-criblage-par-le-conseil-detat/, (accessed 24 July 2023).
[94] For more information see: Global Governance Centre of the Geneva Graduate Institute research webpage, *'When Money Can't buy food and medicine: Banking challenges in the international trade of vital goods and their humanitarian impact in sanctioned jurisdictions*.' Available at: https://www.graduateinstitute.ch/research-centres/global-governance-centre/when-money-cant-buy-food-and-medicine-banking-challenges, (accessed 17 July 2023).
[95] For more information see: International Committee of the Red Cross (ICRC), (2015), *'The Implementation of Rules Protecting the Provision of Healthcare in Armed Conflicts and Other Emergencies: A Guidance Tool'.* Available at: https://www.google.com/url?q=https://www.icrc.org/en/download/file/5426/hcid-guiding-tool-icrc-eng.pdf&sa=D&source=docs&ust=1690218778912259&usg=AOvVaw3KHL7BCE-EO5tM7EnnugQh.

take up to several years to be felt. Some experts also pointed out that many regimes, like the EU autonomous regimes, still fail to include provisions protecting IHL and humanitarian action, contributing to ongoing uncertainty for private actors and NGOs.

Ways forward: humanitarian exemptions

To overcome the above-mentioned obstacles, most of the interviewees agreed to call for the lifting of barriers stemming from sanction regimes and counterterrorism measures that impede humanitarian negotiations. Several actors called for humanitarian exemptions to be broadened as "*the only way to align them with IHL*" and noted that "*they are the way forward to protect humanitarian action, and actors, from their negative impacts*."

HI staffs in Afghanistan plaster the leg of baby Rozina to treat her clubfoot. © E. Blanchard / HI.

1.3.3. Enhance compliance with International Humanitarian Law and respect for humanitarian principles

IHL: the existing legal framework is enough, but knowledge and application remain insufficient

All interviewees considered that the existing legal framework on IHL is robust and does not need to be reinforced, nor does the global policy framework on the protection of aid and health workers. Some interviewees even expressed concerns over the multiplication of initiatives. However, they underlined their disappointment at the ineffective implementation of

UNSC Resolution 2175 (2014), UNSC Resolution 2286 (2016), UNSC Resolution 2417 (2018) and other political frameworks aimed at generating increased compliance with IHL, including better protection of humanitarian and health personnel. Interviewees acknowledged the frameworks' limitations and considered them as tools providing a starting point for discussions with stakeholders at policy level. Interviewees put forward the view that for IHL and the policy framework protecting aid and health workers to be operationalized effectively depended first and foremost on a willingness on the part of states, something which is currently lacking.[96]

Almost all key interviewees working in advocacy and humanitarian affairs policy or legal positions systematically mentioned **a lack of knowledge and understanding of international humanitarian law** as a key factor affecting the protection of humanitarian and health workers. This insufficient knowledge affects all actors: national armies and affiliated armed groups or militias who are the primary duty bearers of IHL obligations, NSAGs, humanitarian and health workers themselves including INGO and L/NNGO staff and also communities. Several interviewees pointed out that most L/NNGOs are not aware of the protection frameworks that could protect them: "*And they're risking their lives without knowing there's a system that could be protecting them. So, if you also give this information to local NGOs, and you've helped them to build their capacities, this is how you could amplify the potential of local NGOs*". Yet some interviewees underlined that the knowledge gap existed also within INGO staff and should not be underestimated: *"We make assumptions that humanitarian staff are knowledgeable about IHL but we should not be thinking that it is only L/NNGO staff, even INGOs have staff who do not really know IHL. They've heard about it, they've never really been trained, and they have a very vague knowledge"*. Others underlined that insufficient resources were currently dedicated to raising awareness and training states and NSAGs on IHL, also stating: "*We have a lot of NSAGs with very unequal levels of education on IHL. But we also need to raise awareness among local communities so they know what is allowed and what is not because they can also be the ones rendering NSAGs accountable.*" In addition, several interviewees highlighted that violations by actors supposed to abide by it greatly undermined IHL's scope of application, especially by national armed forces and their affiliated armed groups and militias. This then damaged efforts to seek adherence from NSAGs. One interviewee concluded: "*How do you reinforce the implementation of protection frameworks when the ones that are drafting the laws are the one breaking the laws? How can you then sell it to non-state armed actors? This is the dilemma.*"

IHL: practicality in the field questioned

The nuanced responses from interviewees regarding the role of IHL in protecting humanitarian workers depended on their roles, confirming that **knowledge of IHL and its practicality and application in intervention contexts as a mechanism to protect staff tends to be less the closer to field level**, with increased difficulties for local actors. Hence, many local actors interviewed mentioned that IHL is "*not well known among communities and*

[96] Bagshaw, S. Scott, E.K.M. (2018), *'Talk Is Cheap: Security Council Resolution 2286 & the Protection of Healthcare in Armed Conflict'*. Available at: https://www.amacad.org/sites/default/files/publication/downloads/18_Daedalus_Sp23_Bagshaw-Scott.pdf.

authorities, and that causes us a lot of issues". While recognizing that attacks and violence from parties to the conflict is one of the main threats to security, operational, security and access staff tend to perceive IHL as a theoretical set of rules. One interviewee illustrated that sentiment: "*IHL is utopian, very utopian but we must keep it because it is our foundation*." Nevertheless, running humanitarian operations requires pragmatic, rapid and effective solutions to a wide range of challenges. Hence, the actionability of IHL was questioned by certain interviewees with an operational, security and/or access background who felt it was "*inefficient at local level*", and they "*could not identify the use or impact of IHL on the ground*". Nor did they feel they could influence whether it was effectively implemented or respected. This also explains why they do not see compliance with IHL as a priority to ensure better protection for aid and health workers, while recognizing that IHL was still useful for advocacy at government ministerial level to remind states of their obligations vis-à-vis IHL. Indeed, all interviewees stressed the need for continuous dissemination of IHL to national armed forces and NSAGs.

Thus, whether or not they considered it a key priority, all interviewees observed that implementation of the existing legal framework on IHL was missing at operational level and that efforts should focus on this goal. Training, awareness raising and mainstreaming of IHL at all levels and addressed at all actors were therefore the necessary first steps towards its effective implementation.

Ways forward: Training, awareness raising and mainstreaming of IHL at all levels

Hence, several interviewees underlined the **need to translate the legal existing framework into a language that resonates on the ground**: "*There is a long distance between where a resolution is drafted in NY and the practitioners in the field. We need to get beyond nice wording to real practice"*.

In addition, some interviewees questioned **the format of trainings provided in the field**. Whether targeting the humanitarian and health staff, national armed forces or NSAGs, trainings were mentioned as too often being "top heavy and theoretical" and therefore impeding adherence. Instead, contextualised training, adapted to interlocutors' ways of thinking, interests, professional and cultural contexts had to be prioritised, and was mentioned as a necessary way forward, especially by including Global South think tanks and academia on the issue. One respondent stressed: "*I think the future of IHL lies in it becoming more participatory. We need less 'here's what IHL is'. That needs to be supplemented with people really accepting it for themselves*". Several interviewees called for continuous support in promoting innovative approaches to seeking NSAGs' long-term behavioural change and adherence to IHL and humanitarian norms to protect civilians and the medical mission[97], with Geneva Call being repeatedly cited as the leading actor. The need to build local expertise

[97] For more information, see for instance: The Generating Respect project webpage. This project is led by the University of York together with Geneva Call and examines how religious leaders influence the behaviour of state and non-state parties to armed conflicts, and whether their religious interpretations (can) generate greater respect for humanitarian norms. Available at: https://www.generatingrespectproject.org/, (accessed 24 July 2023).

among communities and among local and national humanitarian and health actors to further legitimise and build compliance on normative frameworks was also highlighted.

Humanitarian principles: challenges to their applicability in the field

Several interviewees pointed out the inherent connection between IHL, humanitarian principles and access negotiation, calling for enhanced training and awareness raising for all stakeholders, including the humanitarian community itself.

Interviewees identified the **capacity to engage in humanitarian negotiations for principled and sustained access equally with governments, de facto authorities, local authorities and non-state armed groups as a key concern**. Negotiation and dialogue are deemed essential for operationalizing not only the humanitarian principles of neutrality, impartiality and independence but also medical ethics, and for gaining acceptance by communities. Indeed, establishing acceptance and building trust with relevant stakeholders (including local communities) were cited by interviewees as being the most effective tools to ensure efficient security risk management, complementing necessary material measures (radios, armoured vehicles, fences and protected compounds, guidelines such as curfew, etc.). As one of the interviewees put it *"At global level, we have Geneva Call, but we need individual capacity for engagement, and even more so when a security risk has materialised"*. A few interviewees expressed concern over a tendency of INGOs to become increasingly bureaucratic because of administrative and access constraints, shifting their focus more towards material protection and less on acceptance compared with L/NNGOs. However, some interviewees pointed out that it should be acknowledged that this analysis does not apply equally to all L/NNGOs. In this regard one interviewee said that: "*An actor from Bamako working in Gao is no more local than an international organisation working in Gao*".

The other challenge highlighted by many key interviewees was to be able to **adopt a common understanding of and approach to humanitarian principles in accordance with the local context**. Some interviewees mentioned the critical importance of having a locally driven common approach to humanitarian principles, acknowledging that the action of one humanitarian organisation had repercussions for the whole community and that, no matter the logo, INGOs were often lumped altogether.

Ways forward: suitably adapted training on humanitarian principles and advocacy at all levels

An interviewee pointed out that: "*The principles are not the 10 commandments set in stone, they have to be transformed, they have to be dynamic, and they have to be understood by everyone; a shared ethical standard is needed if we want them to unite us."* One interviewee stressed that "*training on principles applies to every local context because each region, or even each town, may have different ways of getting around, negotiating access, talking to groups, etc.*" Several interviewees underlined the lack of staff training on humanitarian principles that are usually well-known at leadership or coordination level but can remain vague to staff working in the field, while noting how key trainings for humanitarian actors themselves are "*to secure the highest degree of integrity from humanitarian actors, otherwise you are in a bad position to negotiate with militias and government*".

For several others, **continuous training and advocacy** are key to making sure principles are "*revitalised and given substance, so they can be alive without being contested*". Frameworks such as the Sphere Humanitarian Charter and Minimum Standards in Humanitarian Response and the CHS[98] have set sector-wide standards to help humanitarian actors to strengthen adherence to the humanitarian principles but seem not to resonate sufficiently in the field. Local actors pointed out that, in some contexts, donors and UN agencies agree to change the areas, partners or beneficiaries contained in signed contracts following authorities' requests and this negatively impacts their own capacities to put the principles forward and secure acceptance. Advocacy can represent an appropriate tool in this regard.

Accountability: a remaining challenge for the humanitarian community

While all key interviewees called for accountability regarding IHL respect and implementation, they nonetheless shared **different visions of the extent to which humanitarian organisations should get involved in accountability processes**, which often depended on their concept of neutrality and capacities. Some interviewees mentioned that speaking out could be a first step toward accountability, considering "*it is important that some organisations speak out [...]. It is one way to make workers safer by holding perpetrators accountable. It is the right thing to do regardless of the impact on humanitarian organisations. At the same time it should not be expected from all organisations*". Indeed, others pointed out that the difficulties humanitarian actors have with speaking out include fear of retaliation against programmes or staff or being evicted from a specific country or area of intervention and tensions with the principle of neutrality for some organisations. Mostly, they underlined that all actors do not have the same capacities to call out attacks, demand investigations or accountability, and ensure the advocacy and legal advocacy follow-up. Some interviewees mentioned the long-standing tension and the "necessary balance" between security considerations, often linked to acceptance and advocacy designed to speak out and fight against impunity. Most interviewees agreed that speaking out should be analysed on a case-by-case basis: "*Calling for accountability should depend on the humanitarian organisations' mandate, there is no one-size-fits-all in this case*." The understanding or the belief that "*if you're completely quiet, 'you don't rock the boat, you're safer'*" was labelled a *"false premise*" by one interviewee who also pointed out that "*many local organisations or medical aid efforts which are attacked in a situation of armed conflict, what they want to do is speak out and make as much noise as possible. They want their voices known, and they want the information to get to international level*".

The majority of actors interviewed on this topic also called for **the development of support systems or frameworks for humanitarian actors to speak out**, saying it could foster individual or collective calling out[99] of attacks against humanitarian or health workers. Some

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[98] Sphere Association, (2018), *'The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response'*. Available at: https://handbook.spherestandards.org/en/sphere/#ch001. (Accessed 24 July).

[99] For more information see: Working Group on Protection of Humanitarian Action, (2018), '*Toolkit responding to violence on humanitarian action at policy level. Rationale and methods to share information, speak out, and challenge impunity in cases of violence against humanitarian action'.* Available at: https://www.actioncontrelafaim.org/wp-content/uploads/2018/08/Responding-to-Violence.pdf.

interviewees mentioned the long-standing collaboration between trusted human rights organisations "*through back channels*" as good practice, saying it enables humanitarian actors to share information without being identified as the source. One interviewee mentioned "*advocacy can be done in a smart way, feeding information to relevant spokespersons and diplomatic missions*". Another one added: "*speaking out for speaking out's sake where it's not necessary is counterproductive, right? You have got to speak out where there's an impact, a reason, or an opportunity*". At organisation level, good practice includes the setting up of "*some internal investigation and some internal fact-finding team to understand exactly what happened in order to be able to counter the narratives that would subsequently be put in front of us by the state or by the different stakeholders involved.*"

Good practice, shared by one interviewee, involved collaborations between human rights actors, humanitarian INGOs and L/NNGOs which resulted, for instance, in reports documenting the impact of conflicts on healthcare. In this case, the humanitarian actors involved facilitated access to data and the report focused on the humanitarian toll of attacks. The data produced from the joint work was preserved for separate advanced advocacy on accountability while preserving the security of the staff and operations of humanitarian partners. The interviewee specified that *"As human rights organisations, we are privileged to move one step ahead by talking about accountability and justice. This is how the humanitarian and health sector can collaborate: first by using data for advocacy for humanitarian purposes and second for securing accountability and justice separately from humanitarian partners".*

The fight against impunity: remaining obstacles for humanitarian workers

Several obstacles to the fight against impunity were identified. First, few of the persons interviewed among humanitarian organisations knew about their organisation's position on the fight against impunity for attacks against humanitarian or health workers or how to approach this topic. This further shows that, unlike human rights or specialised civil society organisations, humanitarian organisations lack the internal culture, knowledge and tools to approach the fight against impunity.

Second, current global geopolitics were also seen as impeding the search for accountability, especially concerning international accountability mechanisms. As one interviewee pointed out: "*We are at a very challenging time, we have the right policy tools but their implementation and holding the perpetrators accountable is the problem*". Another one pointed out that states "*do not want to move upon the particular subject of protection because they are afraid that this might affect overall surveillance of military engagement*". Some key interviewees pointed out that the strong and necessary focus on grave violations of IHL, through the International Criminal Court (ICC) for instance, leaves few possibilities for a mid-level approach at national level. The ICC investigates and, where warranted, prosecutes individuals charged with the gravest crimes of concern to the international community: genocide, war crimes, crimes against humanity and the crime of aggression. Under the provisions of the ICC Statute, "*intentionally directing attacks against personnel [...] involved in a humanitarian assistance [...] mission [...] as long as they are entitled to the protection given to civilians [...] under the international law of armed conflict*" constitutes a

war crime. The term war crime also refers to attacking medical personnel. The ICC can only exercise its jurisdiction when national legal systems are unwilling or genuinely unable to prosecute these crimes. However, the ICC is often criticised as being a cumbersome mechanism, dependent on the interests of major powers. At national level, in addition to adapting penal laws to define violations and provide an adequate penalty for each, states can draw on the principle of universal jurisdiction to fulfil their duty to prosecute the perpetrators of grave breaches of the Geneva Conventions or extradite them to another state for prosecution, even in the absence of any link between the crime committed and the prosecuting state.[100] Key interviewees noted that some non-judicial mechanisms also exist, such as the International Humanitarian Fact-Finding Commission (IHFFC), the Office of the High Commissioner mechanisms such as special Rapporteurs and Human Rights instruments such as Human Rights Treaty Bodies., and that "*we should arm and equip the mechanisms that exist"* instead of "*creating new ones*", but more specifically that "*the starting point of accountability must be national*".

While acknowledging the various possibilities and existing remedies in the fight against impunity, legal experts and human rights interviewees emphasised the need to "*think creatively and strategically*" and to guide humanitarian and health actors through an analysis of existing opportunities that would best fit each individual case.

Global way forward

Interviewees mentioned that a possible avenue and first step would be to work with the IASC and Operational Policy and Advocacy Group (OPAG) to ensure a task force is established that would include a focus on protecting humanitarian and health workers. It could be tasked with delimiting monitoring frameworks and exploring further which policies would be best placed to capitalise on the outcomes of this report and on existing initiatives.

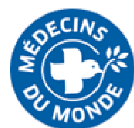
They all agree that the issue of protecting humanitarian and aid workers needs to be addressed at the highest level and globally and sustainably tackled.

[100] International Committee of the Red Cross (ICRC), (2021), '*Universal jurisdiction over war crimes - Factsheet'.* Available at: https://www.icrc.org/en/document/universal-jurisdiction-over-war-crimes-factsheet.

4. Recommendations

Reinforce security risk management mechanisms and capacities

1	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 actors	States	Donors	UN and humanitarian coordination	INGOs	L/NNGOs
1.1	Facilitate access to long-term, sustainable funding and resources to ensure robust security risk management plans and infrastructure for INGOs and/NNGOs and local health workers:	•	•	•		
1.1.1	- Ensure security costs are fully and systematically funded with dedicated budget lines, excluding overheads and support costs, while not at the expense of other programme costs.	•	•			
1.1.2	- Ensure funds cover costs related to human resources, capacity building and training, materials, infrastructure, and its rehabilitation, means of communication, administrative costs, insurance, data collection, sharing and analysis, technical support, contingency plan items, safety and security risk assessments.	•	•			



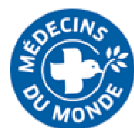
1.1.3	- Ensure funds are effectively and fully accessible to L/NNGOs to mitigate risk transfer.	•	•	•	•	
1.2	Set up international and national dialogue to support coordinated approaches and common guidelines among donors to ensure systematic funding of security risk management costs for all actors, including common understanding of terms associated with security costs, training and capacity strengthening.		•			
1.3	Enhance in-country dialogue between donors and NGO security focal points to improve information sharing and decision-making on funding streams based on knowledge of the security context and specific security needs.		•		•	•
1.4	Enhance coordination of security standards in clusters to seek alignment and dialogue between actors.			•		
1.5	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.		•		•	•
1.6	Improve NGOs' internal processes and procedures to promote an internal security culture, including by increasing working streams between security and grant/proposal writers, allocate adequate and systematic funds to security risk				•	•

	management including security positions, avoid trade-offs on funding cuts, 'value-for-money' attitudes and competition between proposals leading to lower security standards.					
1.7	Increase support for pooling and regional allocation of security costs for INGOs and L/NNGOs in a specific country/zone and set policy guidelines for a certain percentage of budgets to be allocated to safety and security based on each context. This should be available primarily for organisations with limited security capacity and should prioritise L/NNGOs.		•	•	•	•
A	***Specific recommendations for local health workers***					
A.1	*Fund and support platforms for exchanges between health practitioners, and with humanitarian workers when relevant, to foster dialogue, exchange of good practice and develop a context-based culture of SRM within the health sector.*		•		•	
A.2	*Develop models of security risk management adapted to specific risks faced by health teams, learning whenever relevant from the humanitarian experience, including tools, guidelines, and workshops.*		•		•	•

2	Recommendations to mitigate the transfer of risks to local and national actors	States	Donors	UN and humanitarian coordination	INGOs	L/NNGOs
2.1	Move towards a risk sharing approach in order to foster equitable partnerships, shared responsibility and trustful exchanges, to address respective cultural and context-based risk appetites and risk acceptability, and to identify actual security risks and mitigation measures:	•	•	•	•	•
2.1.1	- Include security risk management in partnership agreements of INGOs and L/NNGOs.				•	•
2.1.2	- Develop joint security risk management assessments and strategies, notably at project proposal stage.				•	•
2.1.3	- Share overhead costs with L/NNGOs, notably to support institutional strengthening, and grant indirect costs to partners in partnership agreements.				•	•
2.2	At national level, under the leadership of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and NGO forums, enhance dialogue between donors, international organisations, INGOs and L/NNGOs in order to foster equitable partnerships.		•	•	•	•

2.3	Reinforce access for L/NNGOs to security risk management training, resources and tools and support its development and implementation in all at-risk areas.		•		•	
B	***Specific recommendations for local health workers***					
B.1	*Engage, whenever relevant and possible, ministries of health and raise their awareness of the security risks faced by medical practitioners in their country.*	•			•	•

3	**Recommendations to reinforce Duty of Care (DoC) policies and effectively implement them for all actors**	**States**	**Donors**	**UN and humanitarian coordination**	**INGOs**	**L/NNGOs**
3.1	Build/reinforce DoC policies for NGOs notably including the ability to pay salaries in case of disruption of activities or incidents, assistance with evacuation and relocation, gender-sensitive psychological support and material assistance to victims' families.		•	•	•	•



3.2	Support the development of innovative projects to ensure global protection for humanitarian workers at risk. This could include psychological support, legal assistance, financial support, material assistance 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.		•			
3.3	Improve coordination and facilitate resources sharing among UN, INGOs and L/NNGOs, including through NGO forums (such as psychological first aid available to provide support to staff who have experienced incidents or pooled funds for evacuation) and the extension of SOPs in MoUs with partners, and fund and mainstream access to psychological support for all frontline workers when implementing humanitarian programmes.		•	•	•	•
3.4	Support the development and implementation of DoC 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.				•	
3.5	Develop minimum standards within and between organisations that take into account the context and national legislation, notably to minimise discrepancies between international and national staff.				•	
3.6	Enhance coordination between HQ and field to develop inclusive DoC policies and ensure these are adopted, communicated and operationalised on the ground, in consultation with national staff and partners to avoid double standards.				•	•

C	***Specific recommendations for local health workers***					
C.1	*Strengthen DoC towards local health workers, including by providing post-incident, gender-sensitive psychological and other support services to staff and their families.*	•	•			

Sustain and scale reliable data collection, sharing and analysis mechanisms at local and global level

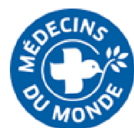
4	**Recommendations to reinforce and expand capacities for data collection, sharing and analysis**	**States**	**Donors**	**UN and humanitarian coordination**	**INGOs**	**L/NNGOs**
4.1	Continue to support the coordination and data sharing that occurs between operational NGOs, UN entities and other humanitarian stakeholders including via NGO coordination forums, NGO security platforms, UN led working groups (CMCoord, Access) and the Saving Lives Together initiative, notably at field level.		•	•	•	•
4.2	Maintain and scale support, through funding, diplomatic engagement and awareness raising, for the establishment and operation of existing systems for sharing data between operational NGOs, UN, and other humanitarian agencies with the aim of maintaining high levels of field coordination and operational safety.	•	•	•		

4.3	Engage in humanitarian diplomacy and dialogue between states, donors, operational NGOs and UN entities on how best to scale field data-collection to all high-risk, medium-risk and transitional contexts in support of preparedness, response and improved access.	•	•			
D	***Specific recommendations for local health workers***					
D.1	*Engage in dialogue between donors, INGOs, L/NNGOs, UN entities and ministries of health at national level to collect, analyse and report attacks on healthcare that include health workers engaged outside the humanitarian aid system, in line with UNSC Resolution 2286.*	•	•	•	•	•

5	Recommendations to include and empower local and national actors more widely in data collection, sharing and analysis mechanisms	States	Donors	UN and humanitarian coordination	INGOs	L/NNGOs
5.1	Continue to support the ongoing inclusion of L/NNGOs in existing field-based data-collection mechanisms to further enhance context-specific and localised reporting systems by increasing awareness of existing mechanisms.			•	•	

5.2	Increase funding and support for sufficient, trained and long-term human resources in local coordination roles to support constant and effective data collection and analysis, especially in countries where operational platforms are not present.					
5.3	Ensure systematic information sharing and feedback to all relevant actors including L/NNGOs which are not part of humanitarian coordination mechanisms due to lack of time, capacities or resources.			•	•	
E	***Specific recommendations for local health workers***					
E.1	*Reinforce the capacity and capability of local health workers to engage in their own data collection, sharing and analysis, including by providing accessible and sustainable funding to professional networks and, when relevant, to national authorities through the national health information system.*	•	•			

6	Recommendations to address security concerns relating to data collection and sharing	States	Donors	UN and humanitarian coordination	INGOs	L/NNGOs
6.1	Continue to 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 support their varied objectives.					
6.2	Support activities to make all actors, including NGOs with a specific focus on local NGOs, more aware and better informed of existing data resources and their application in different strategic, policy and operational scenarios including towards local NGOs.		•		•	
6.3	Recognize the complementary nature and objectives of data-collection and SRM platforms and explore efficient and sustainable data collection and sharing mechanisms to mitigate reporting fatigue among members or the humanitarian community.		•	•	•	
6.4	Organise regular dialogue between security, operations and advocacy departments to increase common understanding and efficient use of available data mechanisms.		•	•	•	



6.5	Continue to sustain and scale security protocols and minimum standards of data collection 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.			•	•	•

Protect humanitarian space to better protect humanitarian and health workers

7	Recommendations to protect humanitarian action from the politicisation of aid	States	Donors	UN and humanitarian coordination	INGOs	L/NNGOs
7.1	Ensure a clear distinction between a political/security agenda and principled humanitarian aid to protect humanitarian workers.	•				
7.2	Guarantee that humanitarian aid funding is based solely on humanitarian needs and not on political objectives.	•	•			
7.3	Refrain from associating the mandates of humanitarian personnel with any military or security actor and clearly distinguish mandate, role and responsibilities.	•		•		

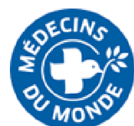
7.4	Ensure political and diplomatic support to guarantee safe, unhindered and sustained humanitarian access, including when required in and through military operations zones.	•		•	•	•
7.5	Strengthen access working groups in their efforts to disseminate humanitarian principles at country and local level in order to develop a harmonised approach to humanitarian principles.	•				
7.6	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.	•				
7.7	Within UN representation at country level, reinforce OCHA's leadership and mission to uphold humanitarian space to better protect international and national humanitarian workers.	•	•	•		
7.8	Reinforce equal representation from/of L/NNGOs in humanitarian coordination mechanisms and on national, regional and local coordination bodies, including Civil-Military Coordination (CMCOORD).			•		
7.9	Refrain from imposing excessive bureaucratic and administrative processes which prevent unimpeded humanitarian access (movement permits, checkpoints, etc.) in countries where a humanitarian response is occurring.	•	•		•	•

7.10	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.			•	•	•

8	**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**
8.1	Support the transposition of humanitarian exemptions into all UN Member States’ and regional bodies’ legal frameworks to prevent criminalisation of humanitarian action in line with the spirit of IHL and UNSCR 2664 (2022).	•				
8.2	Engage actively in policy dialogue with relevant stakeholders including military, administrative and political representatives to ensure that the humanitarian exemption is implemented at regional, national and local level through domestic laws and measures, and actively contribute to UNSCR 2664 (2022) reporting mechanisms.	•	•			
8.3	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.	•	•			

F	***Specific recommendations for local health workers***					
F.1	*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 in the delivery of impartial medical care in accordance with medical ethics.*	•	•		•	•

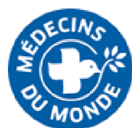
9	**Recommendations to enhance compliance with IHL and humanitarian principles**	**States**	**Donors**	**UN and humanitarian coordination**	**INGOs**	**L/NNGOs**
9.1	Increase dedicated funding and expand context-specific training, awareness raising and mainstreaming of IHL and humanitarian principles at local and national level that is directed at all actors including local authorities, military personnel, NSAGs, communities and humanitarian and health workers.	•	•	•	•	•
9.2	Further facilitate and fund training for NSAGs and promote good practice and 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, humanitarian principles and medical ethics.	•	•	•	•	



9.3	Promote research led by Global South academics and think tanks on IHL and humanitarian principles.	•	•			
9.4	Foster dialogue at local level between NGO forums to share a common understanding and narrative of humanitarian space and to prevent and mitigate risks for humanitarian workers.			•	•	
9.5	Reinforce existing non-judicial and judicial mechanisms, including through respecting the principle of universal jurisdiction and adapting criminal laws at national level to ensure access to effective remedy following serious violations of IHL, including those affecting humanitarian and health workers.	•				
9.6	Systematically speak out and denounce attacks against humanitarian and health workers based on country-specific and case-by-case analysis and with the consent of the organisation concerned.	•	•	•	•	•

Global recommendations

10	Recommendations to ensure global and sustained follow-up	States	Donors	UN and humanitarian coordination	INGOs	L/NNGOs
10.1	Make sure the protection of humanitarian workers is taken into account by the OPAG and included in the scope of the relevant IASC task forces on humanitarian space and localisation.			•		
10.2	Create a multi-stakeholder coordination and follow-up mechanism between states, donors and UN bodies, including NGO representatives, to ensure recommendations on improving protection of humanitarian workers are regularly discussed, and their implementation followed-up.	•	•	•		



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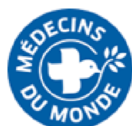

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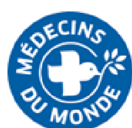

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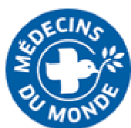

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Action Against Hunger, Tchad. ©Christophe Da Silva.

Annex A. Review of existing initiatives relevant to the protection of humanitarian and health workers

The issue of enhancing the protection of humanitarian and health workers has been a long-standing concern for various actors as it is key to delivering tailored, principled and effective humanitarian aid and medical care to crisis-affected persons.

1. Normative protective frameworks

The protection of humanitarian workers is enshrined in several, legally binding and non-binding instruments, notably IHL instruments, UNSC resolutions, political declarations and UNGA resolutions.

In situations of armed conflict, the protection of both humanitarian workers and health workers is governed by the **Geneva Conventions of 1949 and their additional protocols, the fundamental basis for International Humanitarian Law (IHL)**. Nevertheless, their respective scopes of protection differ.

IHL does not explicitly define humanitarian activities or humanitarian workers, but it protects the unfettered right for personnel belonging to “impartial humanitarian organisations”[101] to offer their humanitarian services to all parties to armed conflicts. IHL also protects medical personnel, whether military[102] or civil medical personnel[103] or healthcare professionals[104], as well as medical facilities, the wounded and sick and medical transportation. Military and civil medical personnel assigned by a competent authority of a party to a conflict benefit from special protection and must be respected and protected at all times.[105]

[101] Article 3 common to the Geneva Conventions of 1949 and Articles 9/9/9/10 common to the Geneva Conventions of 1949.
[102] Military medical personnel and objects protected under IHL: personnel exclusively assigned to medical purposes, i.e. those affiliated with a military authority belonging to a party to the conflict (state Ministry of Defence and armed forces, including the de facto authority at the head of organised non-state armed groups) (Arts. 19, 24, 35 Geneva Convention I; Art. 8 Additional Protocol I; Art. 9 Additional Protocol II).
[103] Civilian medical personnel and objects: personnel exclusively assigned to medical purposes, i.e. public civilian medical personnel and objects affiliated with state healthcare systems; private medical care providers recognised by a competent authority which may include National Societies of the Red Cross or Red Crescent and international or non-international organisations (Art. 8 Additional Protocol I); Art. 12 Additional Protocol I; Art. 21 Additional Protocol I; Arts. 9, 11 Additional Protocol II).
[104] A third category encompasses health care professionals who are bound by ethical duties, regardless of whether they have been assigned by a competent authority and performing medical activities compatible with medical ethics. They are protected under IHL from being harassed, compelled or punished when delivering medical services compatible with medical ethics (Art. 18 Geneva Convention I; Art. 16 Additional Protocol I; Art.10 Additional Protocol II).
[105] The medical duties, purposes and activities that benefit from special protection under IHL are defined as follows: “the search for, collection, transportation, diagnosis or treatment - including first aid - of the wounded, sick […] or for the prevention of disease.” (Art. 24 Geneva Convention I; Art. 8 Additional Protocol I).

In addition, customary IHL Rule 31 on "Humanitarian Relief Personnel" strengthens the interpretation of these provisions by affirming that "humanitarian relief personnel must be respected and protected".[106] "Respect" entails refraining from attacks, threats and other kinds of interference with their activities, while "protect" implies adopting proactive/positive measures to prevent harm. This also encompasses taking all feasible measures to ensure they can perform activities as defined under IHL and includes the non-criminalisation of activities conducted in accordance with IHL (e.g. through counter terrorism laws or sanctions regulations).

At UN level, the protection of humanitarian and health workers is further reinforced through various United Nations Security Council (UNSC) resolutions. Under **Resolution 1894 (2009)[107] on the protection of civilians in armed conflict,** several points are aimed directly at the protection of humanitarian workers.[108] In addition, the UNSC has voted two specific resolutions focusing on the protection of humanitarian and health workers:

- **UNSC Resolution 2175 (2014)**[109] which covers the protection of UN personnel, associated personnel and humanitarian personnel in conflict zones. It condemns all forms of violence against humanitarian personnel. It points out that intentionally directed attacks against personnel involved in humanitarian assistance are a serious breach of international humanitarian law and underlines states' obligation to fight against the impunity of those responsible for war crimes.
- **UNSC Resolution 2286 (2016)**[110] which covers the protection of medical personnel and humanitarian personnel exclusively engaged in medical duties in conflict zones. It

[106] Henckaerts, J.M., Doswald-Beck, L. '*Customary International Law*' (2005), Vol.1 (Rules), Rules 31, International Committee of the Red Cross (ICRC), Cambridge University Press, p.105: State practice establishes this rule as a norm of customary international law applicable in both international and non-international armed conflicts. Respect for and protection of humanitarian relief personnel is a corollary of the prohibition of starvation (see Rule 53), as well as the rule that the wounded and sick must be collected and cared for (see Rules 109–110), which are applicable in both international and non-international armed conflicts. The safety and security of humanitarian relief personnel is an indispensable condition for the delivery of humanitarian relief to civilian populations in need who are threatened with starvation. Available at: https://www.icrc.org/en/doc/assets/files/other/customary-international-humanitarian-law-i-icrc-eng.pdf.

[107] UN Security Council (UNSC), Resolution 1894, 11 November 2009, S/RES/1894 (2009). Available at: https://digitallibrary.un.org/record/671118?ln=en, (accessed 23 June 2023).

[108] "Noting with grave concern the severity and prevalence of constraints on humanitarian access, as well as the frequency and gravity of attacks against humanitarian personnel and objects and the significant implications of such attacks for humanitarian operations, (…)

(a) Consistently condemn and call for the immediate cessation of all acts of violence and other forms of intimidation deliberately directed against humanitarian personnel,
(b) Call on parties to armed conflict to comply with the obligations applicable to them under international humanitarian law to respect and protect humanitarian personnel and consignments used for humanitarian relief operations,
(c) Take appropriate steps in response to deliberate attacks against humanitarian personnel".

[109] UN Security Council (UNSC), Resolution 2175, 29 August 2014, S/RES/2175 (2014), Available at: http://unscr.com/en/resolutions/doc/2175, (accessed 23 June 2023). See also UN General Assembly (UNGA), Resolution 77/31, 6 December 2022, A/RES/77/31 (2022), 'Safety and security of humanitarian personnel and protection of United Nations personnel'. Available at: https://digitallibrary.un.org/record/3997261?ln=fr;, (accessed 17 July 2023).

[110] UN Security Council (UNSC), Resolution 2286, 3 May 2016, S/RES/2286 (2016). Available at: http://unscr.com/en/resolutions/doc/2286, (accessed 23 June 2023).

condemns attacks against medical facilities and personnel and demands an end to impunity for perpetrators. The adoption of Resolution 2286 represented a strong political commitment to protect the inviolability of healthcare delivery in armed conflict. It created momentum for positive efforts to tackle this issue yet lacks follow-up and implementation. As requested by the resolution, the Secretary-General published a list of concrete recommendations for its implementation in August 2016.[111]

Furthermore, the **UN General Assembly (UNGA) has proceeded to adopt a resolution on the "Safety and security of humanitarian personnel and the protection of UN personnel"[112]** since 1997. This resolution emphasises the importance of protecting humanitarian personnel and upholding international humanitarian law. Additionally, during the **World Humanitarian Summit 2016 Agenda for Humanity, states made a commitment to "ensure delivery of humanitarian and medical assistance"[113]** and, as part of this commitment, they pledged to improve compliance with and accountability to international law, while upholding humanitarian principles as the "Norms that Safeguard Humanity". This commitment included improving the protection of humanitarian and healthcare workers, healthcare facilities, schools and other civilian infrastructure.

2. States-led initiatives

Many states have taken the lead on the topic of protecting humanitarian and health workers, often pushed and encouraged by the humanitarian community, in both policy and high-level discussions.

Indeed, different policy initiatives have been taken in the past few years to build on existing instruments and participate in their implementation.

Following the adoption of UNSC Resolution 2286 (2016), France launched a **political declaration on the protection of humanitarian and medical personnel** on 31st October 2017, calling for concrete steps toward implementation of UNSC Resolution 2286 (2016) and

[111] UN Security Council, 'Letter dated 18 August 2016 from the Secretary-General Addressed to the President of the Security Council', 18 August 2016 (S/2016/722). Available at: https://digitallibrary.un.org/record/839216?ln=en, (accessed 17 July 2023).
[112] UN General Assembly (UNGA), Resolution 52/167, 16 December 1997, A/RES/52/167 (1997). Available at: https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/POC%20ARES52%20167.pdf; see also UN General Assembly (UNGA), Resolution 77/31, 6 December 2022, A/RES/77/31 (2022), 'Safety and security of humanitarian personnel and protection of United Nations personnel'. Available at: https://digitallibrary.un.org/record/3997261?ln=fr, (accessed 17 July 2023).
[113] For more information see: https://www.agendaforhumanity.org/cr/2/#2B ; UN General Assembly (UNGA), 2 February 2016, A/70/709 (2016), 'One Humanity: Shared Responsibility - Report of the Secretary-General for the World Humanitarian Summit' Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/Secretary-General%27s%20Report%20for%20WHS%202016%20%28Advance%20Unedited%20Draft%29.pdf, (accessed 17 July 2023); see also UN General Assembly, Outcome of the World Humanitarian Summit Report of the Secretary-General, 23 August 2016, A/71/353 (2016). Available at: https://www.agendaforhumanity.org/sites/default/files/A-71-353%20-%20SG%20Report%20on%20the%20Outcome%20of%20the%20WHS.pdf, (accessed 17 July 2023).

protection for health care in conflicts, which was signed by 48 states.[114] In addition, states such as Spain have sponsored and continuously championed the advancement of UNSC Resolution 2286 (2016) through the development of enhanced systems for documenting, while encouraging the reporting of violence against healthcare at national level. They have done so alongside other countries such as Central African Republic, Colombia, France, Nigeria and Pakistan.[115] In particular, Colombia's Ministry of Health established the "Misión Médica" programme, recognized as the "country's healthcare-protection mechanism"[116]. The programme aims to reduce health workers' vulnerability by promoting the relevant national and international regulatory protection frameworks at national level, including IHL. Additionally, it seeks to strengthen the medical mission's capacities to prevent and mitigate security risks.[117]

In 2019, Germany and France launched a "Call for Humanitarian Action".[118] This initiative provides practical measures to reinforce national frameworks for domestic implementation of IHL and facilitate principled humanitarian action, notably through military and Non-State Armed Groups (NSAGs) training. It is signed by 53 states.[119]

In 2021, the Delegation of the EU to the UN in New York, together with the Permanent Missions of Norway, Niger, Mexico, Switzerland, Germany and France, organised a four-part discussion series on "*Ensuring the protection, safety, and security of humanitarian workers and medical personnel in armed conflicts*".[120] At the end of the discussions, the participants agreed on 47 recommendations under five key recommendations[121]: compliance with IHL and humanitarian principles, monitoring system and data collection, enhancing local actors' capacities, ensuring better security management, and addressing the negative effect of counterterrorism measures. The present report took this last initiative as a basis to consult with partners.

Focused high-level discussions

In July 2021, a **ministerial high-level panel discussion** took place at UNSC, where a Special Adviser on the protection of humanitarian space was announced by the Emergency

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[114] 'Political declaration on the protection of medical care in armed conflict', 31 October 2017. Available at: https://onu.delegfrance.org/IMG/pdf/political_declaration_-_31_october_2017_-_protection_of_medical_care_in_armed_conflicts.pdf.
[115] Haar, R., Sirkin. S. (2022), *'Strengthening data to protect healthcare in Conflict Zones'.* International Peace Institute (IPI), p.5. Available at: https://www.ipinst.org/2022/11/strengthening-data-to-protect-healthcare-in-conflict-zones.
[116] Ibid
[117] For more information see: Misión Médica webpage. Available at: https://www.minsalud.gov.co/salud/PServicios/Paginas/mision-medica.aspx, (accessed 24 July 2023).
[118] 'Call for Action to strengthen respect for international humanitarian law and principled humanitarian action', 8 July 2019. Available at: https://www.diplomatie.gouv.fr/en/french-foreign-policy/united-nations/multilateralism-a-principle-of-action-for-france/the-call-for-humanitarian-action/.
[119] For more information see: https://onu.delegfrance.org/Strengthening-respect-for-international-humanitarian-law, (accessed 13 July 2023).
[120] *'Discussion Series on ensuring the protection, safety and security of humanitarian workers and medical personnel in armed conflict'*. Available at: https://www.eeas.europa.eu/delegations/un-new-york/discussion-series-ensuring-protection-safety-and-security-humanitarian_en?s=63, (accessed 17 June 2023).
[121] Ibid

Relief Coordinator Martin Griffiths at the request of the Secretary-General of the United Nations and supported by France.

During the first two meetings of the **European Humanitarian Forum in 2022 and 2023**, calls were reiterated to take action and come together on this issue, notably at the 2022 panel session, "A*id under fire: protecting humanitarian actors and fighting against impunity*"[122], which discussed the EU IHL monitoring mechanism announced in 2021. In addition, the 2023 side-event on "*Ensuring the safety and security of humanitarian and medical personnel in armed conflict - Moving from words to action*"[123] sought to build on commitments in the Discussion Series, highlighting the progress and failings two years on.

On 23 May 2022, the "*Ministers of Health Meeting on Protection of Healthcare from Violence*" took place. It was organised by the ICRC and the International Federation of Red Cross and Red Crescent societies, the Swiss Government and the Safeguarding Health in Conflict Coalition. This high-level discussion brought together five government health ministers and ministerial participants to encourage peer-to-peer exchanges on the challenges and best practice involved in implementing domestic measures to protect health facilities and personnel[124], in line with UNSC Resolution 2286 (2016) and the UN Secretary-General's recommendations on its implementation.[125]

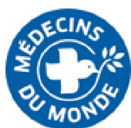
3. NGO-led initiatives

Research and advocacy initiatives

At NGO level, it has been mostly INGOs and NGO coalitions, relying on their outreach and policy positions notably in capital cities, which have led various advocacy campaigns on the protection of humanitarian and health workers or taken a stance on relevant forums where the topic has been discussed. It is worth noting that the attention and mobilisation indicated in the non-exhaustive list of examples below have often come in the wake of tragic incidents.

In 2006, 17 Action Against Hunger staff were murdered in their office in Muttur. Since then, the organisation has continuously called for accountability for this crime from the Sri Lankan government. The organisation obtained the creation of an independent international inquiry which issued a report, corroborated by the UN Human Rights Council, implicating the Sri Lankan military in the slaughter. The creation of a special tribunal has been approved but

[122] For more information see: https://europeanhumanitarianforum.eu/ehf-2022/panel-session-reports/, (accessed 18 July 2023).
[123] For more information see: Humanitarian Talk at the EHF 2023, '*Ensuring the safety and security of humanitarian and medical personnel in armed conflict - Moving from words to action*', 20 March 2023: https://europeanhumanitarianforum.eu/humanitarian-talks/ensuring-the-safety-and-security-of-humanitarian-and-medical-personnel-in-armed-conflict-moving-from-words-to-action/, (accessed 13 July 2023).
[124] For more information see: '*Ministers of Health Meeting on Protection of Healthcare from Violence',* report (23 May 2022). Available at: https://healthcareindanger.org/wp-content/uploads/2022/09/May_2022_Ministers-of-Health_Protection-of-Health-Care_Report_final.pdf.
[125] UN Security Council, 'Letter Dated 18 August 2016 from the Secretary-General Addressed to the President of the Security Council', 18 August 2016 (S/2016/722), op. cit.



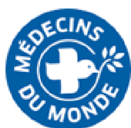
has not been effective due to the Sri Lankan government consistently opposing the inclusion of international judges.[126]

Following the attack on a Médecins sans Frontières (MSF) trauma centre in 2017 in Kunduz, Afghanistan that resulted from a US force airstrike, the organisation has been intensely lobbying the US government in particular to establish the truth and demand accountability. A US national investigation was launched, but MSF requested the involvement of the International Humanitarian Fact Finding Commission (IHFCC)[127]. MSF attempted to deploy this expert body, which was created by Additional Protocol 1 to the Geneva Conventions to investigate any alleged cases of grave breaches and serious violations of IHL. However, this mechanism had never been used since its creation[128], having been blocked by the requirement for states' consent to start an investigation.

In 2020, following the killing of 7 humanitarian staff of Acted in Niger[129], a Call for Action for the safeguarding of humanitarian space[130] was launched and signed by 63 organisations. It called for better prevention of attacks on humanitarian workers by increasing the political cost for the perpetrators (including states). This would involve accurately establishing the facts, increasing the visibility of each attack and triggering investigative mechanisms and other preventive measures. It was also intended to help fight impunity through greater judicial cooperation between states and the reinforcement of national investigation capacities and domestic legislative frameworks.

On November 17, 2022, a Médecins du Monde (Doctors of the World or MdM) staff member was killed by a Nigerian soldier while about to board a UN Humanitarian Air Services (UNHAS) helicopter which had just landed at Damboa military base in Borno State.[131] MdM has been continuously directing calls, publicly and privately, at Nigerian civilian and military authorities and UN officials for complete transparency around the circumstances of the attack.

[126]Action contre la Faim, *'Muttur 15 years of indifference*'; 4 August 2021. Available at: https://www.actioncontrelafaim.org/en/press/muttur-15-years-of-indifference/, (accessed 13 July 2023).
[127] For more information see International Fact Finding Commission IHFFC webpage: https://www.ihffc.org/index.asp?Language=EN&page=home, (accessed 13 July 2023).
[128] The IHFCC led its first investigation in 2017 in Ukraine following the explosion at the Organisation for Security and Cooperation in Europe (OSCE). However, it was considered as an ad hoc mandate and the legal basis for the investigation was questionable. For more information see: Azzarello, C., Niederhauser, M. *'The Independent Humanitarian Fact-Finding Commission: Has the 'Sleeping Beauty' Awoken?'*, 9 January 2018, ICRC blog. Available at: https://blogs.icrc.org/law-and-policy/2018/01/09/the-independent-humanitarian-fact-finding-commission-has-the-sleeping-beauty-awoken/, (accessed 24 July 2023).
[129]ACTED, *'Niger: ACTED & IMPACT INITIATIVES are horrified by the senseless killing of seven of their aid workers',* statement 9 August 2020. Available at: https://www.acted.org/en/niger-acted-impact-initiatives-are-horrified-by-the-senseless-killing-of-seven-of-their-aid-workers/#:~:text=Paris%2C%20August%209%2C%202020&text=ACTED%20and%20IMPACT%20Initiatives%20condemn,at%20home%20and%20in%20Niger.
[130] ACTED, '*Call for Action for the Safeguarding of Humanitarian Space and ending impunity for attacks against humanitarians',* (2020), Available at: https://www.stopimpunity.net/, (accessed 20 June 2023).
[131] Médecins du Monde,' *Meurtre d'une de ses membres au Nigeria : MdM sous le choc',* press release. Available at: https://www.medecinsdumonde.org/actualite/meurtre-dune-de-ses-membres-au-nigeria-mdm-sous-le-choc/',(accessed 18 July 2023).



In 2017, a global campaign was launched by OCHA on World Humanitarian Day titled **#NotATarget**[132], which reaffirmed that civilians and humanitarian and health workers should be protected in armed conflict. This campaign was supported and relayed by many humanitarian actors, such as the World Health Organisation (WHO), ICRC, the Red Cross and Red Crescent societies, MSF and ACF[133]. They used the #NotATarget hashtag to build on the momentum created and to launch their own campaigns. MdM launched another campaign, "Targets of the world"[134], which helped bring the general public's attention to the unacceptable attacks on medical facilities and workers and their impact on civilians in countries such as Syria, Yemen, South Sudan and Afghanistan. These different initiatives are likely to have played a key role in securing the adoption of UNSC Resolution 2286 (2016).

Furthermore, national platforms which bring together humanitarian and international solidarity NGOs, such as Coordination Sud[135] (a French-based NGO network) and InterAction[136] (United States-based NGOs), produce research and lead collective advocacy on the protection of humanitarian and health workers.

On the specific topic of protecting health workers and healthcare from attacks, several NGO coalitions such as the Safeguarding Health in Conflict Coalition (SHCC)[137], through its annual report, and the HealthCare in Danger Coalition[138], led by the International Committee of the Red Cross (ICRC) and the Red Crescent movement, have helped raise awareness of the issue.

On another specific topic, the WASH Roadmap Initiative Call to Action currently endorsed by 186 international and intergovernmental organisations and three Member States (France, Switzerland and Niger) requests parties to "actively promote the effective implementation of International Humanitarian Law obligations relating to the protection of WASH personnel and UN Security Council Resolution 2573 (2021)"[139].

In addition, human rights organisations, such as Physicians for Human Rights, have led important advocacy work to fight impunity for mass atrocities and other human rights

[132] OCHA, '*NotATarget*' campaign, (2017). Available at: https://www.unocha.org/world-humanitarian-day-2017, (accessed 13 July 2023).
[133] WHO 'NotATarget' campaign. Available at: ICRC 'NotATarget' campaign. Available at: https://www.icrc.org/en/document/not-target; Red Cross and Red Crescent societies' 'NotATarget' campaign. Available at: https://www.icrc.org/en/document/red-cross-red-crescent-movement-stands-united-we-are-not-target; MSF 'NotATarget' campaign. Available at: http://notatarget.msf.org/fr/index.html; ACF 'NotATarget' campaign. Available at: https://www.actioncontrelafaim.org/a-la-une/not-a-target-stop-aux-crimes-contre-les-humanitaires/, (accessed 13 July 2023).
[134] Médecins du Monde, 'Targets of the World' campaign. Available at: http://targetsoftheworld.medecinsdumonde.org/?lang=en, (accessed 13 July 2023).
[135] For more information see: Coordination Sud webpage. Available at: https://www.coordinationsud.org/.
[136] For more information see: InterAction webpage. Available at: https://www.interaction.org/about-interaction/, (accessed 24 July 2023).
[137] For more information see: Safeguarding Health in Conflict Coalition (SHCC) webpage. Available at: https://www.safeguardinghealth.org/, (accessed 13 July 2023).
[138] For more information see: Healthcare in Danger webpage. Available at: https://healthcareindanger.org/fr/, (accessed 13 July 2023).
[139] For more information see: https://www.washroadmap.org/calltoaction.html

violations, including attacks against healthcare workers and medical facilities, and have used forensic evidence to foster accountability.

Academic research projects, such as the Armed Conflict and Civilian Protection Initiative (ACCPI)-led Harvard Humanitarian Law Initiative[140] or the Researching the Impact of Attacks on Healthcare (RIAH)[141] project, also supported and informed NGO initiatives and provided evidence to conduct relevant advocacy.

Organisations such as Humanitarian Outcomes[142], the Aid Workers Security Database, Insecurity Insight[143], the Aid in Danger Project and Healthcare in Conflict are leading producers of data on security incidents involving aid workers and attacks on health personnel, analyses and reports, especially for the purposes of advocacy. Two of these organisations also provide research (i.e. Humanitarian Outcomes Secure Access in Volatile Environment (SAVE) and NGOs and risk projects) and tools for informing safe humanitarian programming. For instance, Insecurity Insight supports aid agencies with guides and toolkits (e.g. the Security Incident Information Management (SIIM) to help NGOs develop robust information management systems and procedures for reporting and monitoring security incidents).

NGO security coordination platform to enhance operational security and safety and security management for humanitarian NGOs, at both global and field level

The International NGO Safety Organisation (INSO) is the leading actor in field-based operational security and safety as its core mandate is to provide field services directly to humanitarian actors in conflict and insecure settings to guarantee the security of workers and operations by enhancing the capacity of NGOs to secure safe access. These services cover standardised incident data, real-time alert systems, analysis and advice for NGOs on their risk scenario preparedness, coordinating information sharing including on security incidents, training on SRM and humanitarian access negotiation, supporting crisis management in the event of attacks on aid workers, etc. Its work is widely recognised as having a significant positive impact on aid workers' security.[144]

The Global Interagency Security Forum (GISF)[145] is a leading global actor, driving and coordinating positive change in security practices for humanitarian NGOs and their staff. This member-led NGO forum comprises 148 NGOs and produces analyses, guides and toolkits and facilitates exchanges of good practice between NGO security focal points in order to achieve a coordinated and enhanced approach to security across the aid sector. In addition,

[140] For more information see: Armed Conflict and Civilian Protection Initiative (ACCPI) webpage. Available at: https://humanrightsclinic.law.harvard.edu/armed-conflict-civilian-protection/, (accessed 13 July 2023).
[141] For more information see: Researching the Impact of Attacks on Healthcare (RIAH) project webpage. Available at: https://riah.manchester.ac.uk/ (accessed 13 July 2023).
[142] For more information see: Humanitarian Outcomes webpage. Available at: https://www.humanitarianoutcomes.org/.
[143] For more information see: Insecurity Insight webpage. Available at: https://insecurityinsight.org/.
[144] For more information see: INSO webpage. Available at: https://ngosafety.org/what-we-do/.
[145] For more information see: Global Interagency Security Forum (GISF) webpage. Available at: https://www.gisf.ngo/about/who-is-gisf/, (accessed 24 July 2023).

in 2019 GISF launched the “At What Cost” campaign[146] and issued an open letter[147] signed by 188 stakeholders from 38 countries. It called on donors and humanitarian organisations to join forces to establish realistic budgets for security costs in programmes. This letter notably led some donors to undertake to include specific budget lines for security.

[146] For more information see GISF - formerly EISF *‘At what cost’* campaign. Available at: https://www.gisf.ngo/blogs/reflections-on-eisfs-at-what-cost-campaign/.
[147] GISF (formerly EISF), ‘An open letter to non-governmental and donor organisations from the European Interagency Security Forum’. Available at: https://www.gisf.ngo/an-open-letter-to-non-governmental-and-donor-organisations-from-the-european-interagency-security-forum/.

Presence, Proximity, Protection:

Building capacity to safeguard humanitarian space

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