EXECUTIVE SUMMARY

"The risks we face are beyond human comprehension":

Advancing the protection of humanitarian and health workers

MÉDECINS DU MONDE

handicap international | humanity &inclusion

ACTION AGAINST HUNGER

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.[i] In 2021, the attacks on aid workers started to decrease, but this same year recorded the highest number of killings ever reported since 2013.[ii] 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)[iii]. 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.[iv] 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).[v]

Each year, more than 90% of all victims of attacks are national staff, according to the International NGO Safety Organisation (INSO).[vi] National and local humanitarian and health workers, whether working for International Non-Governmental Organisations (INGOs), Local/National Non-Governmental Organisations (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.[vii] 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 extremely violent contexts.[viii] 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.[ix] 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.[x]

Humanitarian and health workers have distinct normative protective frameworks.[xi] 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 International Humanitarian Law (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.[xii] In parallel, states have also implemented significant policy initiatives to strengthen existing instruments and actively contribute to their effective implementation.[xiii]

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.

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.[xiv] 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.

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.

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.

Action Against Hunger, Tchad. ©Christophe Da Silva.

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 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 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 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 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.

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 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 & 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 (CT) measures. 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.

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[xv] EU-led Discussion Series 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. **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**.

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

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 to both 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.

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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.

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.	•	•	•		

[i] Obrecht, A. and Swithern, S. with Doherty, J. (2022), '*The State of the Humanitarian System*' (SOHS), ALNAP, p.110. Available at: https://sohs.alnap.org/2022-the-state-of-the-humanitarian-system-sohs-%E2%80%93-full-report.
[ii] 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.
[iii] Aid Worker Security Database. Available at: https://aidworkersecurity.org/ (accessed 24 July 2023).
[iv] 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.
[v] Ibid
[vi] International NGO Safety Organisation (INSO). Available at: https://ngosafety.org/our-network/, (accessed 17 July 2023).
[vii] 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.
[viii] 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). See: Stoddard, A. And all (2023) op. cit. and SHCC (2023) op. cit.
[ix] Ibid
[x] Stoddard, A., Jillani, S. (2016), Secure Access in Volatile Environment (SAVE), *'The effect of insecurity on humanitarian coverage'*, Humanitarian Outcomes. Available at: https://www.gppi.net/media/SAVE_2016_The_effects_of_insecurity_on_humanitarian_coverage.pdf.
[xi] See Annex A for further details on the normative frameworks for the protection of humanitarian and health workers.
[xii] See Annex A for further details on some NGO-led initiatives on the protection of humanitarian and health workers.
[xiii] For example, following the adoption of UNSC Resolution 2286 (2016), France initiated a political declaration on the protection of humanitarian and medical personnel.
[xiv] 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.
[xv] 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).
[xvi] 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/.

Presence, Proximity, Protection:

Building capacity to safeguard humanitarian space

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