



IFMSA Policy Document

Ensuring Access to Medical and Humanitarian Aid

Proposed by Team of Officials

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Policy Statement

Introduction

Each year witnesses its share of humanitarian crises - whether natural or man-made - that leave behind economic, social, environmental, and medical repercussions. Despite global attempts to save lives, alleviate suffering and decrease the burden of such crises, a substantial amount of medical and humanitarian aid remains inaccessible to those in need.

IFMSA position

IFMSA acknowledges the devastating impacts of humanitarian crises on communities, especially the human consequences of conflicts and disasters. IFMSA also recognizes the utmost importance of medical and humanitarian response, which means life-saving assistance for people in need. Yet, in today's reality, medical and humanitarian aid often fails to reach millions of those who need it. Coordinated and efficient humanitarian response is the basic premise to improve the quality of life of people in need. What is more, medical and humanitarian aid must be supported to reach the most vulnerable people, truly leaving no one behind.

Call to action

Therefore, we as IFMSA call:

Parties of armed conflict, including non-state actors, to:

- respect, adhere and act in accordance to International Humanitarian Law (IHL), and relevant regional and national treaties and, adhere to the principles outlined in the United Nations charter
- encourage political unity to create strategies and policies to prevent and effectively manage crises
- take all measures to protect civilians and prevent genocide, war crimes, ethnic cleansing, crimes against humanity and other man-made disasters
- ensure access to basic services including food, water, healthcare and adequate shelter, and facilitate access for impartial humanitarian assistance
- not prohibit, obstruct, delay, paralyze or by any mean prevent the medical and humanitarian aid to reach people in need

Governments to:

- increase funding and investment for medical and humanitarian activities, bridge the funding gap in global humanitarian financing and adhere to the recommendations made by the High-Level Panel on Humanitarian Financing in its report to the Secretary-General, "Too important to Fail - Addressing the Humanitarian Financing Gap"
- implement best practices in humanitarian response comprised in the Sphere Handbook; intensively cooperate with the United Nations Office on the Coordination of Humanitarian Affairs (UN OCHA), international organisations and NGOs on coordination of humanitarian affairs; and regularly monitor and evaluate activities
- develop and implement specific plans to increase their capacity to analyse risks, monitor deteriorating situations to be able to respond rapidly to humanitarian crises



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- refrain from activities that exacerbate the root causes of humanitarian crises, including participation in and funding of armed conflict
- Integrate the recommendations made in Agenda for Humanity into their domestic and international affairs, including through the United Nations system

International organisations and NGOs to:

- United Nations to take concrete steps to strengthen accountability mechanisms and ensure full cooperation of countries where humanitarian response is needed
- ensure that all medical and humanitarian assistance is impartial, neutral and independent from political agendas
- conduct research and disaggregated data collection on the accessibility of medical and humanitarian aid
- advocate for governments and non-state actors to guarantee full access to medical and humanitarian aid for all people living under their jurisdiction in situations of emergencies, conflicts or disasters of any kind
- build on the outcomes of World Humanitarian Summit, initiate and advance multi-sectoral cooperation to develop strategies for effective coordination of humanitarian actors, with particular focus on coordination between international, national and local actors
- organise and/or participate in campaigns to raise awareness about access to medical and humanitarian aid
- recognise the role of youth as important actors of change in humanitarian settings, increase funding for youth-led projects
- sign up to Compact for young people in humanitarian action, reach out to and cooperate with youth-led organisations, such as IFMSA, on global, regional and national levels

Health sector and medical schools to:

- take every effort to deliver impartial medical aid to all people in need, civilians and combatants alike
- take up their own responsibilities in carrying out humanitarian activities, such as adhering to the Declaration of Geneva, WMA Regulations in Times of Armed Conflict and Other Situations of Violence and Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies and treat every person in need according to his/her personal needs, without any discrimination
- promote and act in accordance with IHL, International Human Rights Law and the Declaration of Geneva
- build and develop effective collaboration with all other non-health actors in humanitarian settings
- take effective steps and implement policies to improve safety of their employees and patients
- incorporate health care in humanitarian settings content into medical schools curricula and continuing professional development courses, offer voluntary courses on humanitarian health
- raise awareness on the topic among medical students, medical professionals as well as society

IFMSA National Member Organisations (NMOs) and medical students to:

- Actively work on the topic, raise awareness of the current situation of access to medical and humanitarian aid, and invest time and resources into projects and activities on this topic
- NMOs to work to keep countries out of armed conflicts and promote diplomatic solutions
- Share best practices and projects with NMOs, reach out to other NMOs to develop advocacy and project collaborations
- Enroll activities under the IFMSA Emergencies, Disaster Risk and Humanitarian Action Program
- Join international campaigns and advocacy initiatives organised by IFMSA or external partners of IFMSA

medical
students
worldwide



Position Paper

Summary

Rooted in the international law, states carry the primary responsibility to protect civilians living within their territories, which means to ensure their safety and respect, and fulfil and protect their human rights. According to International Humanitarian Law, parties of an armed conflict may not impede the provision of care by preventing the passage of health care personnel and materials. They must facilitate access to the wounded and sick, and provide the necessary assistance and protection to health care personnel, vehicles and facilities [1].

In recent years we have witnessed the rapidly growing numbers of people impacted by crises of various origins - including international and intra-state armed conflicts, natural and man-made disasters and emergencies of various natures. As of 2017, estimates say over 128 million people around the world are in need of humanitarian assistance due to armed conflicts, natural and man-made disasters, famines, or other emergencies. This life-saving assistance - which includes food, shelter, water, health care and medical supplies, amongst other services - requires an estimated 22.2 billion dollars to deliver the needed aid to the most vulnerable 92.8 million people. If this appeal is met, there remains an issue of allowing the aid to reach the civilians safely, a process that is compromised by internal policies, lack of coordination and direct attacks on personnel and donated aid [2].

The majority of emergencies, conflicts and disasters take place in already fragile states, with disrupted social and health systems. In 2014, 84% of countries receiving humanitarian assistance had been already receiving such assistance for the past 5 years, and 69% for the past 10 years [3]. In such complex settings, while addressing urgent needs as well as protracted crises and development problems, the lines between humanitarian aid and development are blurred. This uncertain environment poses challenges to coordination among humanitarian and development actors, causing fragmentation of resources and turmoil in coordination. Due to complicated and compound situation in such settings, in many cases development demands are being added into the same package as humanitarian needs. This artificially increases the resources needed for urgent response, therefore decreases chances that these needs will adequately addressed in a timely fashion.

Challenges on access to medical and humanitarian aid

During the last year, the world has seen a continuous increase in humanitarian needs. Despite great increases in humanitarian funding, the international community has been unable to keep up with the rising needs, leaving the humanitarian funding gaps of 2015 and 2016 the largest recorded yet, with only 52% of international humanitarian appeals covered. Great inequalities within and between countries in access to humanitarian funding exist, with the use of earmarked funds by governments and NGOs alike exacerbating such inequalities [4]. The High-Level Panel on Humanitarian Financing has given several recommendations aimed towards bridging the humanitarian financing gap in their report "Too Important To Fail - Addressing the Humanitarian Financing Gap", and the adoption of The Grand Bargain by several governments during the World Humanitarian Summit marks an important step in finding new solutions to reshape humanitarian funding [5]. However, it was made clear during the World Humanitarian Summit and in the related Agenda for Humanity that increasing humanitarian funding in itself is only part of the solution [6].

Humanitarian access to populations in need remains a great challenge for the humanitarian community, despite the responsibility of parties to an armed conflict and occupying powers to ensure that civilians in territories under their control have access to supplies vital to their survival. Blurring lines between humanitarian and military action, as well as an increase in non-international conflict and complex crises, has been stated as possible reasons for this challenge [7]. Attacks against humanitarian personnel, including healthcare workers, constitutes a particular challenge, as reaffirmed by the UN Security Council in May 2015 [8].

As of 30 December 2016, 96.2 million humanitarian crisis-affected people in 40 countries were in a need of humanitarian assistance. The funding needed to meet people's needs are daunting - US\$22.1 billion. Despite the greatest amount of money raised for humanitarian purposes in history, \$12.6 billion, 2016 left the humanitarian area with a shortfall of \$9.5 billion (57% coverage) [9].

Leaving no one behind

The very well-known pledge of "Leaving No One Behind" is one of the Core responsibilities of Agenda for Humanity as well as the pivotal idea behind 2030 Agenda for Sustainable Development [10]. The "No One Left Behind" pledge relates to the commitment to reach everyone in situations of disaster, conflict, vulnerability, and risk [11]. During armed conflicts, natural disasters and emergencies, people are left behind due to various reasons. Aid is often obstructed by state authorities and non-state armed groups as well as being of an insufficient quality.

Furthermore, some reasons why people are left behind are purely of a discriminative and biased nature. Women, girls, children and youth, elderly, migrants, asylum seekers, refugees, stateless people, LGBTQI people, disabled people, people with connections to particular political or social movements or ethnic minorities - these are just some of the communities which often remain neglected and suffering, without access to aid. In 2014, 75% of the people in need of humanitarian assistance were women and children. Among Syrian refugee communities in Jordan, child marriage has increased alarmingly, and in some cases has doubled [12]. Of the 25 nations with the highest rates of child marriage, the majority are countries affected by conflict or natural disasters. Driving factors of child marriage include poverty, weak legislative frameworks and enforcement, harmful traditional practices, gender discrimination and lack of alternative opportunities for girls, especially education [13]. Moreover, 60% of preventable maternal deaths and 53% of child deaths occur in conflict, disaster or displacement settings [14]. During the past 15 years, the number of international migrants increased from 173 million to 244 million. Medical and humanitarian aid for migrants, asylum seekers and refugees is very often unavailable or overwhelmed by the volume of people in need [15]. At least 10 million people worldwide are deprived of their legal identity. Stateless people are not able to claim their rights, protection, education as well as access to health-care. Several reports demonstrated the marginalisation and challenges in access to humanitarian aid for LGBTQI communities [16]. Persons with disabilities are disproportionately affected in situations of risk and humanitarian emergencies, often facing multiple and intersecting forms of discrimination [17]. Despite some data and evidence on lack of access to medical and humanitarian aid for particular communities, humanitarian actors are sometimes not able to properly evaluate the extent of this neglect due to insufficient disaggregated data.

Coordination from global to local

Humanitarian assistance is a very complex and sophisticated process, requiring precise coordination of all steps on every level. Humanitarian mechanisms must be interlinked from global, through regional and national levels, to local actors and communities. International organisations and international NGOs must make greater efforts to cooperate with each other as well as to coordinate activities with governments, private sector and national and local actors. This collaboration should be based on detailed assessment of needs, capacity of involved actors and definitions of critical gaps. Actors must ensure to not overlap their activities and not waste materials and resources on duplicated work. One option on how to improve the coordination among actors and provision of aid is to follow principles stated in the Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response. The Sphere Handbook is one of the most widely known and internationally recognized manuals of common principles and universal minimum standards for the delivery of quality humanitarian response [18].

International response is undoubtedly required when national and local actors cannot respond to the scale of the crisis. However, in order to sustainably improve people's lives and transition from short-

term supply-driven responses into strengthening the resilience of communities, we need to reinforce the national and local systems. Support for local and national capacities should help to reduce the dependency on foreign interventions, which are often longer-term and costly [19].

World Disasters Report 2016 states that local actors, such as national non-governmental organisations (NGOs), faith based organisations (FBOs) and community-based organisations (CBOs), are the key to humanitarian effectiveness. These organisations have indubitable influence during initial phases of disaster response, because they are usually first actors to respond and to provide first emergency aid. However, the importance of local or national humanitarian organizations is not proportionally reflected in their funding. Less than 2 per cent of funding for humanitarian assistance was channeled directly to national and local NGOs in past years. Local and national actors are irreplaceable in humanitarian response owing to perspective they bring, their understanding of cultural background, norms and language. Localisation of aid is also one of the core recommendations made by the World Humanitarian Summit. But above all, the efficiency of cooperation between different actors lies on their abilities to communicate, coordinate and collectively approach disasters and emergencies [20].

Youth in humanitarian action

The World Humanitarian Summit, which took place in May 2016 in Istanbul, brought together numerous stakeholders to discuss the humanitarian challenges the world is facing and the role of youth in humanitarian action, amongst other topics. Young people and adolescents make up more than 1,8 billion of the world's population [21]. They often face specific needs and challenges when affected by humanitarian crises. Youth victims of armed conflicts, natural disasters and emergencies require specific protection and special health care as well as legal and psychosocial services, both of which are frequently not available.

At the same time, young people are often at the frontlines of the humanitarian response. The potential of young people as actors of change in conflict settings has been recognized by the UN Security Council Resolution 2250 on Youth, Peace and Security [22]. Since adoption of Resolution 2250 on Youth, Peace and Security, young people have taken significant steps to raise their humanitarian voices. During the preparatory process for World Humanitarian Summit, young people held one of the global consultations to the process in Doha, Qatar in September 2016. Recognising the urgent need to transform global humanitarian approach, the Doha Youth Declaration on Reshaping Humanitarian Aid was drafted to reflect and voice the position of youth on humanitarian action [23].

Governments, international organisations and NGOs must realize and recognise the potential and transformative role of all young people in humanitarian settings. Along with recognition, actors must increase resources intended to address the needs and priorities of youth affected by crises as well as increase funding for youth-led projects and activities in humanitarian contexts.

A way to start promoting youth involvement in the humanitarian arena is to sign up to the Compact for Young People in Humanitarian Action [24]. This document was launched during the World Humanitarian Summit, and it brings together a variety of actors, including UN agencies, governments, NGOs, the private sector, philanthropies and youth led organizations such as the IFMSA, all committed to transforming humanitarian action with and for young people. The Compact outlines five action areas important for strengthening the role of youth in humanitarian settings. These are services delivery and gender and age sensitive programming, engagement and participation of young people in all stages of humanitarian action, strengthening youth led initiatives to take local action, the allocation and accountability of resources to young people and the collection of age and gender disaggregated data.



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Role of medical students

Medical students are part of the future of the global health workforce, and therefore one of the most important stakeholders with significant responsibilities towards development of healthcare in humanitarian settings.

Students should be encouraged to contribute to humanitarian action, but also taught to recognise their own limitations and the importance of sustainability, quality and community involvement in humanitarian settings. Medical students must be introduced to and educated in the topic of healthcare and its ethical aspects in humanitarian settings. Such education should not only aim to enhance their medical knowledge, but also foster their human rights-based approach to provision of healthcare and shape their perspectives as future medical practitioners.

IFMSA NMOs should actively work in the topic through activities and projects aimed to raise awareness of the issue among fellow medical students and general public, its implications and consequences on health of affected communities. NMOs and local committees should invest time and resources to empower their members to develop or enroll international, national and local projects and initiatives in this topic. Taking into consideration the complexity as well as differences between specific country situations, NMOs should reach out to collaborate with other NMOs or external partners. In order to see current situation and data on IFMSA's and NMOs' activities in this field, NMOs should enroll their activities under the Emergencies, Disaster Risk and Humanitarian Action Program.

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