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IFMSA Policy Document Ensuring Access to Medical and Humanitarian Aid

Proposed by Team of Officials

Presented to the IFMSA General Assembly March Meeting 2020, in Rwanda.

Policy Statement

Introduction:

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Each year witnesses its share of natural and man-made humanitarian crises that have economic, social, environmental, and medical repercussions. Such events often require both local and international aid in order to save lives, alleviate suffering, provide rehabilitation and decrease the burden of such crises. Unforeseeable nature of such events urges for both skilled field workers as well as efficient coordination structure and close collaboration of responsible actors in order to meet the needs of affected communities.

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IFMSA acknowledges the devastating impact of humanitarian crises on communities, especially the human consequences of conflicts and disasters. IFMSA also recognizes the utmost importance of medical and humanitarian responses that are life-saving for people in need. Yet, in today's reality, medical and humanitarian aid often fails to reach many of those who need it. Coordinated and efficient humanitarian responses are paramount in improving the quality of life of people in need. Medical and humanitarian aid must be supported to reach the most vulnerable people, truly leaving no one behind.

Position

Call to Action:

Therefore, we as IFMSA call upon

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

- respect, adhere and act in accordance to International Humanitarian Law (IHL), relevant regional, national and international treaties and the principles outlined in the United Nations Charter
- encourage political unity, particularly when developing strategies and policies pertaining to crisis prevention and management
- take all measures to protect civilians, and prevent acts of genocide, war crimes, ethnic cleansing, crimes against humanity and other man-made disasters
- ensure impartial access to basic services including food, water, healthcare and adequate shelter
- not prohibit, obstruct, delay, paralyze or by any means prevent medical and humanitarian aid from reaching people in need

Governments to:

- increase funding and investment for medical and humanitarian activities; namely to bridge the funding gap in global humanitarian financing, by adhering 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, as outlined in the *Sphere Handbook*; collaborate intensively with the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), international organisations and NGOs on the coordination of humanitarian affairs; and regularly monitor and evaluate activities
- develop and implement specific strategies to thereby enhance their capacity to: analyze risks, monitor deteriorating conditions, and respond proactively 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
- strategise and implement proactive management of disaster and climate change risk; ensuring global and regional schemes compliment national and local efforts
- acknowledge youth as agents of change, and so empower them toward meaningful contributions in societal peace and resilience
- integrate recommendations from the *Agenda for Humanity* into their domestic and international affairs

International organisations and NGOs to:

- to further develop the accountability mechanisms and ensure full cooperation of countries where humanitarian aid is needed
- ensure that all medical and humanitarian assistance is impartial, neutral and independent from political agendas
- conduct research and data collection on the accessibility of medical and humanitarian aid
- advocate with the governments and non-state actors to guarantee full access to medical and humanitarian aid for all people living under their jurisdiction, notably 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 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 and cooperate with youth-led organisations like IFMSA

Health sectors and medical schools to

- take up responsibility 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 deliver impartial aid to every person in need according to his/her personal needs, without any discrimination, civilians and combatants alike
- promote and act in accordance with IHL and International Human Rights Law
- build and develop effective collaboration with other non-health actors in humanitarian work
- take effective steps and implement policies to improve the safety of their employees and patients
- incorporate the topic of healthcare in humanitarian settings into medical curriculums, post-graduate professional development courses, and voluntary courses
- raise awareness on the topic among medical students, medical professionals and the general public

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

- actively work on the topic by raising awareness of the current situation of access to medical and humanitarian aid and investing time and resources into relevant projects and activities
- share best practices and projects with NMOs, reach out to other NMOs for collaborations
- enroll activities under the IFMSA Emergencies, Disaster Risk and Humanitarian Action Program
- join campaigns and advocacy initiatives organised by IFMSA or external partners of IFMSA



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POSITION PAPER

Background

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 2019, 167.6 million people are estimated to be 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 28.8 billion dollars to deliver the needed aid to the most vulnerable 108.8 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. Between 2000 and 2017, 27 countries had more than 5 consecutive years of UN-coordinated appeals. Of these, 16 countries still had UN-coordinated appeals in 2018 [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 be adequately addressed in a timely fashion [24].

Discussion

Challenges in access to medical and humanitarian aid

As of the end of February 2019, 138.8 million people were estimated to be in need of humanitarian assistance, with approximately US\$22.42 billion needed to meet this need. With only US\$66.3 million such funding received, this achieved only 3% coverage of humanitarian need for United Nations-funded appeals [2]. Great inequalities within and between countries in access to humanitarian funding exist, and are exacerbated by the use of earmarked funds by governments and NGOs [3]. 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 [4]. 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 [5].

Humanitarian access to populations in need remains a great challenge, despite the responsibility of parties involved in 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 conflicts and complex crises, have been



stated as possible reasons for this challenge [6]. Attacks against humanitarian personnel, including healthcare workers, constitutes a particular challenge, as reaffirmed by the UN Security Council in May 2015 [7]. Those attacks may be intentional or unintentional, caused by political motives and also personal disputes. The use of violence against healthcare workers and facilities are mentioned to be a measure to induce fear in the local population, increased massively during current conflicts in Syrian Arab Republic and South Sudan. The absence of baseline and routine data correlate to those attacks also recognized as a challenge to identify actual dynamics and for further solution. Violence on local health workers had not been captured in most of the available data sources. Although there are frameworks, international law or even passage of UNSC Resolution 2286, more commitments are in need to extenuate and prevent further violence. [25]

Leaving no one behind

The 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 [8]. The “No One Left Behind” pledge relates to the commitment to reach everyone in situations of disaster, conflict, vulnerability, and risk [9]. 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 insufficient quality.

Furthermore, people are often left behind due to discrimination and bias Women, girls, children and youth, elderly, migrants, asylum seekers, refugees, stateless people, people who identify as LGBTQIA+, people with disabilities, people with connections to particular political or social movements or ethnic minorities receive less access to aid. In 2019, 35 millions people in need of humanitarian assistance were women and children. [10]. 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 [11]. Moreover, 60% of preventable maternal deaths and 53% of child deaths occur in conflict, disaster or displacement settings [12]. 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 [13]. 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 demonstrate the marginalisation and challenges in access to humanitarian aid for LGBTQI communities [14]. People with disabilities are disproportionately affected in situations of risk and humanitarian emergencies, often facing multiple and intersecting forms of discrimination [15]. 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 complex process, requiring precise coordination of various steps on multiple levels. Humanitarian mechanisms must be interlinked on all levels, including global, regional, national levels, and 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 needs assessment, capacity of the involved actors and definitions of critical gaps. Actors must ensure to not overlap their activities and not waste materials and resources on duplicit 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. To assess the effectiveness of coordination mechanisms, performance indicators proposed in the Sphere Handbook are adequacy participation of local organization, minimization of



gaps between stakeholders, sharing of relevant information, needs assessment and aid implementation coordinated by organizations. To put them into actions, joint assessments and trainings across organizations should be held to identify the roles and responsibilities of different stakeholders. Also, collaborations should be established to minimise demands on communities and maximise the coverage of humanitarian effort. Barriers to communication are taken into consideration to share important information through appropriate communication channels. Coordination mechanisms without compromising humanitarian principles should also be included in organisational policies and strategies. Suggested actions and detailed initiatives are written in The Core Humanitarian Standard within the Sphere Handbook, which 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 [16].

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, local and national systems need to be reinforced. Supporting local and national capacities should help to reduce the dependency on foreign interventions, which are often longer-term and costly [17].

World Disasters Report 2018 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 the 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 percent 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 [18].

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. They often face specific needs and challenges when affected by humanitarian crises. Youth are often victims of armed conflicts, natural disasters and emergencies, as such requires specific protection and health care as well as legal and psychosocial services, both of which are frequently not available [19].

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 [20]. Since the 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 the 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 [21].

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



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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.[22]

A way to start promoting youth involvement in the humanitarian arena is to sign up to the Compact for Young People in Humanitarian Action [23]. 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.

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 not only 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. For example, to adhere to the Declaration of Geneva and the WMA Regulations, medical practitioners should be able to take up the responsibility in carrying out humanitarian activities, in times of armed conflict and other situations of violence, and deliver impartial aid to every person in need according to his/her personal needs, without any discrimination, civilians and combatants alike. [26] 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 [27].

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

Another way to take advantage of the leading role as a part of the future global health workforce, medical students should engage in campaigns and advocacy initiatives organised by IFMSA or external partners. As stated in Patient Safety Curriculum Guide for Medical Schools by World Health Organization(WHO), it is vital that medical students are knowledgeable and skillful in their application of patient safety principles and concepts, medical students should not only passionate in joining activities, but to assimilate this issue into their daily lives and future jobs.

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