

# IFMSA Policy Document

## Ensuring Access to Medical and Humanitarian Aid

Proposed by Team of Officials

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## Policy Statement

### Introduction:

The growing impact and extent of the world's crises has made the humanitarian imperative more apparent than ever. While taking a significant toll on the societies, communities, and individuals they affect, they require a complex and multi-level response. Yet, the necessary humanitarian interventions do not always reach the target populations, leaving vulnerable people with no access to medical and humanitarian aid. Medical Students play an integral role in providing medical humanitarian aid, as future healthcare professionals, and are hence, major stakeholders.

### IFMSA position:

The IFMSA, acknowledging the devastating impact of disasters, firmly believes that access to medical and humanitarian aid for people affected by crises is a fundamental human right. IFMSA recognises the need for unhindered multilateral collaboration involving coordinating efforts from local, national, and international actors during crises, and reiterates its commitment to the humanitarian imperative. Adopting the humanitarian principles of humanity, neutrality, impartiality and independence, IFMSA stands for the protection of the most vulnerable people, truly leaving no one behind.

### Call to Action:

Therefore, the IFMSA calls on

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

- Respect and act accordingly to the international humanitarian law (IHL), giving consent to provide humanitarian assistance to all the ones that are in need, not only the population they aspire to represent
- Create administrative procedures to not only facilitate the quick and unhindered passage of humanitarian assistance, but also to guarantee the freedom of movement of relief personnel
- Impose specific control measures, such as the validation of the nature of humanitarian assistance, the designation of delivery and assistance routes, and the enforcement of health and safety standards that can never undermine the delivery of aid, the respect for humanitarian principles or jeopardize the population's security and safety.

#### Governments to:

- Collaborate with national and international organizations on the coordination of humanitarian affairs to overcome the humanitarian crisis in their country in the most effective way possible;
- Ensure unhindered access to humanitarian crisis zones for aid providers, not by administrative nor security or movement restrictions;
- Ensure equal access to and provision of humanitarian aid to local and displaced populations;
- Develop and implement a framework to analyze humanitarian risks as early as possible and intervene in an appropriate manner and/or respond actively to the crisis in their country
- Stop funding or participating in conflicts that exacerbate the root causes of humanitarian crises
- Include the youth in the management and coordination of humanitarian strategies and empower them to implement new solutions

#### International Organizations and NGOs to:

- Encourage and financially promote personnel diversity in the humanitarian sector by including youth, LGBTQIA+ community, women, and minorities.

- Continue to instill humanitarian values (humanity, impartiality, neutrality, and independence) and IHL in personnel and partners via training and capacity development, as well as ensuring partners' adherence to it.
- Evaluating and updating codes of conduct to support the organization's culture of high ethics and integrity toward both partners and target groups.
- Encourage Member States and UN agencies to endorse Security Council Resolution 2286, which addresses assaults on health services and health workers during armed conflict.
- Increase operational efforts to improve access to individuals in hard-to-reach locations by studying and analyzing best practices in humanitarian negotiations to ensure that humanitarian supplies and protection reach those in need quickly and without interference.
- Encourage cooperation and coordination between various organizations, as well as the sharing of best practices and lessons learned, in order to eliminate rivalry and disparities in aid delivery, optimize efforts, and ensure that aid reaches those in need.
- Increase the proportion of non-earmarked funds and provide considerably more flexibility to earmarked funds to allow for the reallocation of cash in the event of changing requirements and to guarantee effective aid distribution.
- Empower local communities and impacted people to be the primary drivers of development and ensure that the planned intervention addresses their top priorities.
- Coordinate with international governments and relief organizations to develop a sound, structured, updated and accountable framework for humanitarian aid
- Develop surveillance guidelines to ensure the effective utilization of funds from all involved parties.

**Health sectors and medical schools to**

- Actively initiate and conduct research projects on improving the accessibility of medical and humanitarian aid.
- Incorporate content regarding delivering humanitarian assistance in the official medical curriculum and post-graduate professional development courses
- Increase awareness among medical students, medical professionals and the general public through the promotion and provision of free education resources
- Promote and act in accordance with IHL and International Human Rights Law
- 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 their personal needs, without any discrimination, civilians and combatants alike
- Implement policies to ensure the safety of their employees and patients in conflict settings
- Allocate funds for the development of an Emergency Humanitarian Action force with a clear protocol to ensure a faster and more efficient response

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

- Actively participate and engage in volunteering opportunities related to disaster response after receiving considerable training and education.
- Explore and engage in partnerships with other organizations working in the field of humanitarian aid nationally
- Build the capacity of peers on the basics of healthcare ethics in humanitarian settings
- Engage in advocacy efforts related to humanitarian action and overcoming the obstacles that prevent active engagement
- Engage in research initiatives related to the accessibility of medical and humanitarian aid.
- Enroll activities under the IFMSA Emergencies, Disaster Risk and Humanitarian Action Program.

## Position Paper

### Background information:

As of 2023, more than 340 million individuals, about one in every 23 people, need humanitarian assistance, highlighting the extensiveness of the issue, enhanced by the impact of ongoing, recurring, and intensifying crises, conflicts, and disasters. This translates to over 50 billion dollars in need for developing humanitarian initiatives in 2023, with last year's funding reaching less than half of these financial requirements [1].

Humanitarian assistance is any action aimed at saving lives, alleviating suffering, maintaining human dignity during and post crises, and strengthening relevant prevention and preparedness mechanisms [2]. The framework for humanitarian action is well-established with internationally recognized guidelines and principles. Central to developing our modern understanding of the nature of humanitarian aid are the Humanitarian Principles of humanity, impartiality, neutrality and independence [3].

These principles, derived from the Fundamental Principles of the Red Cross and Red Crescent Movement, are widely supported on an institutional level and are extended by the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations in Disaster Relief, which has more than 900 signatories [4,5].

As explained in the SPHERE Handbook, the guiding goals of every humanitarian intervention should be to enhance the safety, dignity and rights of people, and avoid exposing them to harm, to ensure people's access to assistance according to need and without discrimination, to assist people recovering from the physical and psychological effects of threatened or actual violence, coercion or deliberate deprivation, and to help people claim their rights [6].

In that context, the Core Humanitarian Standard on Quality and Accountability was developed, recognising the following quality criteria, stemming from substantial commitments to the populations served [7]:

1. Humanitarian response is appropriate and relevant.
2. Humanitarian response is effective and timely.
3. Humanitarian response strengthens local capacities and avoids negative effects.
4. Humanitarian response is based on communication, participation and feedback.
5. Complaints are welcomed and addressed.
6. Humanitarian response is coordinated and complementary.
7. Humanitarian actors continuously learn and improve.
8. Staff are supported to do their job effectively, and are treated fairly and equitably.
9. Resources are managed and used responsibly for their intended purpose.

Based on the fundamental principle of humanity, access to medical and humanitarian aid is a human right guaranteed under international law, mentioned either explicitly as a right to receive humanitarian assistance or implicitly in provisions regarding, for example, the right to life with dignity and the right to protection and security [6]. The International Humanitarian Law provides the most extensive legal coverage of humanitarian access, stating that 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 healthcare personnel, vehicles and facilities" [8].

## Discussion:

### 1. Complexity and Adaptability of the Humanitarian Aid system

The international humanitarian system includes a wide variety of organizations, such as the UN humanitarian agencies, the Red Cross and Red Crescent Movement, host government agencies and authorities and several national and international NGOs; some of these are established while others only exist for a certain time for a certain crisis or disaster. In 2021, approximately 5000 organizations were part of the humanitarian system [9]. However, a formal humanitarian system does not exist; it is a term that combines the diversity of actors and mechanisms that contribute to humanitarian aid. To overcome this, the UN has developed a cluster system which is explained in the following paragraph. These organizations are all driven by overarching goals, norms and certain humanitarian principles: humanity, impartiality, indolence and neutrality as they arise from International Humanitarian Law [3]. However, not all of these organizations are committed to these principles, and their involvement can therefore be questioned. There is no general consensus on the roles of these organizations, which adds another layer of complexity to the system. There are ongoing debates about which organizations are exactly considered humanitarians in light of power dynamics, which role they play between humanitarian aid and long-term support and how these organizations provide help and the sources of their funding [10].

The aim of the aforementioned "cluster system" is to strengthen the partnership of actors and ensure predictability and distribution of responsibilities. This is done by establishing the division of labor between organizations and better defining their roles and responsibilities. A "cluster" or working group has been established at the global level to strengthen the capacity to work in eleven areas of work where critical gaps have been identified: Water, Sanitation and Hygiene, Food Security, Nutrition, Health, Education, Shelter, Logistics, Communications, Camp Coordination and Operations, Early Recovery and Protection. Several international organizations have taken the global lead for these clusters and are responsible for an effective cross-cutting response in their cluster. For example, all humanitarian agencies with expertise and capacity in health-related activities are invited to participate in the health cluster led by the World Health Organisation. Together, they need to map out the overall scope of the cluster's capabilities [11]. Although the cluster system strives to overcome collaboration issues between the magnitude of different organizations, it fails to include local organizations in coordination tasks, people working in the coordination field need a better skill education and the coordination between the different clusters needs to be improved as disasters are affected by several cluster problems [12].

While 90% of the workforce in humanitarian settings are national workers, they are underrepresented in the leadership of the response system and, on average, earn six times less than international workers [9]. Currently, responsibility, decision making and power lies in international hands, while the local people who are most affected by the crisis are largely left out of this power and are thereby sidelined. In some cases, this situation is inevitable as certain governments are unwilling to lead these efforts or cannot be trusted in protecting each group of the society. However, these exemptions should not be the model for the majority of disasters in other regions. A global system in which locally led humanitarian action is the default would have a faster and more appropriate response as local and national actors have better insight into the context and particular needs of the community, as many cases, especially smaller crisis responses, have shown in the past. Local responders are the best acquainted people with the regional language, customs, imbalances, capacities and resources. Furthermore, sometimes local organizations are the only ones granted access to conflict or controversial areas. Local response is more cost-effective, thereby making more use of funds and puts accountability in the immediate environment instead of

international organizations [13].

As international organizations will remain in power until the system is shifted and will play a role in supporting local organizations, structures on how to keep them accountable should be followed. According to the Humanitarian Accountability Report 2022, organizations have made efforts in the last years to improve their accountability but still do not fulfill the set up requirements. Key pillars to work on and improve upon are organizational culture and structural power relations in leadership roles, preventing sexual exploitation, shifting of power to local and national organizations, inclusive actions and commitment to environmental issues and climate change [14].

Another layer of complexity that is added to the humanitarian system is acting in disaster and crisis zones. As these situations can be very dynamic, they create new roles or responsibilities, and the humanitarian system has to be adaptive and evolving in its involvement. While humanitarians can handle the fast onset of an emergency caused by natural disasters, their performance is less strong in other types of changes in crisis settings. Studies found that a more adaptive approach has led to a more effective outcome in especially unpredictable situations. The focus points for creating better adaptability are in logistics, Human Resources, funding and programming. Logistics has to focus on a better shift between cash transfer programming and in-kind aid and work more on early procurement and pre-positioning of goods. Therefore, funding has to also flow into early procurement. Furthermore, the staff recruitment process has to be accelerated to avoid unfilled key positions and overstretched staff capacities. The programs created for the staff have to shift from standardized approaches that are often preferred to a more open approach that allows the creation of new solutions [15].

However, only a few studies compare adaptive and non-adaptive approaches for organizational performance in humanitarian work. More studies have to be conducted in this field to indicate better learning points and invent strategies for adaptability.

Using an international workforce in crisis situations has its pitfalls that must also be considered to create a fairer system. More training and funding of local healthcare and facilities has to be incorporated as local communities often start to mistrust their local health system after experiencing the larger scope of goods and diagnostics used by relief aid. Furthermore, international workers lack the contextual awareness and skills that are required in low-resource settings. Local workers are more acquainted with their environment and can better apply their skills. Another important barrier for the effectiveness of international help is the lack of coordination between these organizations besides there being a cluster system. A better-coordinated approach with the local government would increase the effectiveness of their aid and thereby reach more people in need [16,17].

## **2. Ethical and legal considerations in medical and humanitarian aid**

Medical and Humanitarian Personnel work in very poor conditions. The settings where they are inserted are very difficult because they are at constant risk of being attacked, and the services that they provide are constantly being disrupted. The consequences of these attacks may be physical or psychological to each one, or even to a group. It can lead to economic loss, destruction of facilities like hospitals, and loss of essential supplies. Consequently, these conditions will not only force humanitarian organizations to leave, but also discourage others to come and provide the same assistance, especially where it is most needed [18].

### **Legal considerations**

International Humanitarian Law recognizes, by definition, “that the civilian population of a State affected by an armed conflict is entitled to receive humanitarian assistance. It regulates, in particular, the conditions for providing humanitarian assistance in the form of food, medicines, medical equipment, or other vital supplies to civilians in need” [19].

Managing international humanitarian assistance is very complex in legal terms. Laws and regulations make it difficult to deal with all aspects of humanitarian response - the way goods, equipment and personnel enter a country (or a specific city), and how a response is coordinated with international partners, allowing a faster support to communities in need [20].

The lack of legal preparedness for international assistance can delay lifesaving aid, whilst creating quality control and coordination problems [20].

Therefore, having the right laws in place can improve speed, quality and coordination. To operate efficiently and effectively, organizations need certain legal measures, known as legal facilities, which include [20]:

- Resources to remove restrictions on humanitarian money transfers to people in need;
- Better, simplified and expedited customs clearance procedures to prevent delays;
- Rules for the elimination of customs duties, tolls or fees;
- Licenses to import and use humanitarian relief elements, non-relief elements and equipment;
- Prioritize access across borders in order to travel without (or with the least) delays;
- Fast registration of vehicles to ease humanitarian assistance [20].

### **Ethical principles**

The urge to help is one big part of human nature, it is inherent to us. It is as natural as our vision that the stronger and the richer have a moral obligation to assist the weaker and the poorer. The principles of humanitarian assistance are also universal - humanity, impartiality, neutrality and Independence, and they are the ones that still provide the basis for discussion on the ethical framework of humanitarian action in general [18,21-23].

However, it is important to state that these principles are often seen as a punctual compromise between the armed forces and those who aim to provide care. The agreement was always that the presence of humanitarian workers was accepted if they did not interfere with the conflict itself [18,21-23].

The ethical basis that guides the work of most humanitarian organizations states that there is an obligation to provide assistance unconditionally, wherever and whenever it is needed. However, it is pointed out that “humanitarian assistance is necessary only once governments or combatants have been unwilling or unable to shoulder their respective responsibilities.”, creating thus a fundamental moral dilemma [18,21-23].

Moreover, there are other ethical challenges, including practicing outside the scope of training and expertise due to personnel shortages, providing care with limited resources, and making decisions about which patients to treat in a difficult and unsafe environment [18,21-23].

Understanding this range of ethical issues will allow us to develop strategies to face them in a more efficient and supporting manner. One way that can be considered is to create an ethical-decision framework that will help make better decisions and address the resources where they are most needed [24].

The framework normally has procedural steps, ensuring that the decision-making process is consistent and fair, and that humanitarian players can work through the issues in a well-argued and efficient manner [24].

### 3. Challenges in access to medical and humanitarian aid

Although the principles of international humanitarian law governing access to humanitarian aid are crystal clear, its execution on the local, national, and international levels can be complex [25]. To ensure that these rules are followed to the letter, a middle ground must be achieved. This middle ground is mainly between protecting the safety of civilians and humanitarian organizations, which will collectively ensure that individuals have access to the provided aid that allows them to exercise the rights to which they are entitled [26].

The literature concerned about this topic showed that the barriers to accessing populations include entrance and movement restrictions, interference in the execution of humanitarian work, and violence against humanitarian personnel and institutions [27]. According to the research mentioned previously, direct access constraints were divided into three main categories: security threats, bureaucratic restrictions, and indirect constraints (mainly donor regulations), with each category containing multiple subcategories [27].

#### Security Threats

Security threats against humanitarian work come in many forms, including kidnapping, attacks, and other kinds of violence. According to the Aid Worker Security Report in 2022, the number of attacks against aid workers from 2012 till 2022 has reached 3817, with South Sudan and Afghanistan showing the highest number of incidents [28]. Protecting humanitarian workers from being targeted by attackers is becoming an increasingly important obstacle for the humanitarian sector to overcome. Concerns over threats and acts of violence against humanitarian practitioners have grown in recent years as organizations have begun to internalize this new operational reality. According to a study published by Harvard Humanitarian Initiatives, the main challenges in addressing the issue of attacks include quantifications of incidents, lack of collaborative security management, and difficulty understanding the motive and causes of these attacks [29].

The data analysis of attacks is constrained by a lack of clear definition of who is an aid worker and what is considered a security incident, difficulty in quantifying the total number of aid workers, and bias in reporting the incidents, which leads to incidents underreporting in most of the cases [29]. Due to the lack of collaborative security management, many organizations continue to respond on an individual and agency-centered basis due to the sensitive nature of security. Protection from attacks is seen as something that only the security department should handle [29].

Finally, in the literature, there is no clear understanding of the causes behind attacks on humanitarian organizations. However, according to the mentioned study, these motives can be subdivided into external and internal. The external ones are those concerned with non-state armed actors, economic and criminal motivation, the degree of respect to IHL, and the spread of anti-Western ideologies [29]. Whereas the internal ones include staff learning behavior, adherence to humanitarian action in the field, and failure to show neutrality [29].

#### Bureaucratic Restrictions

Bureaucratic restrictions to aid can be either manifested as administrative (governmental and paperwork) restrictions or through security restrictions manifested as checkpoints and movement restrictions. According to the CSIS report, the administrative constraints to accessing aid include the challenges that come from both the host government and armed groups. Examples of these constraints are the long delays in processing administrative or logistical requests, the outright denial of the need for humanitarian presence, the illegal theft of essential goods, and the overly strict policies of donors [30].



Although bureaucratic attempts to delay and deny assistance may not generate the same level of media coverage and outrage as security incidents, they are equally harmful to the health and safety of civilians and are equally difficult to overcome. Bureaucratic tactics are frequently used on purpose to either punish populations or reward loyalty [30]. In other words, bureaucratic measures are invented to allow the preferential benefit of individuals loyal to the ruling class and deprive those who are in need but not considered loyal. In South Sudan, because there are so many different bureaucratic approval procedures at the municipal, county, state, and national levels, it might take non-governmental organizations many weeks or even months to get the authorizations they need to function [30]. These procedures may be challenging to foresee and expensive to carry out in terms of the amount of personnel time spent navigating them and the tangible resources needed to keep the operation running.

On the contrary, the security constraints include barriers and checkpoints, a deliberate and prolonged siege, and escalations in violent conflicts that compel withdrawal and suspension of operations [30]. The presence of security constraints may take several forms, depending on the conflict's circumstances, country, and intensity.

In Syria, the high intensity of the conflict, which implies constantly shifting frontlines, led to the regular use of siege tactics [30]. Moreover, the anti-Western ideology and the highly political context led to the politicization of aid. This means that the sustained presence of humanitarian assistance is exceedingly challenging, and delivery of certain essential goods is routinely blocked as such aid is considered a supply chain for one party against the other. In Yemen, the security constraints, mainly the extensive use of checkpoints throughout contested areas and the blockade of the Port of Hodeidah, were used as a deliberate tactic to weaken supply chains [30].

#### **Indirect Constraints: Donor Regulations**

When it comes to making it hard for people to get humanitarian aid, state and non-state actors are not always to blame. The donors themselves can cause problems. Countries and entities that provide aid are also responsible for putting legal and regulatory barriers in the way of access to humanitarian aid. The donor governments and the United Nations intend to prevent the spread of terrorist activity and terrorist organizations. However, the counterterrorism statutes and sanctions regimes they have created have the unintended consequence of imposing restrictive policies on humanitarian action [30]. These restrictions include requests by donors to exclude certain groups or organizations from the list of beneficiaries and restrictions in terms of the allowed local partners [31]. Such selective targeting and screening processes make it harder for humanitarian actors to respond based on needs. They can also make people feel like they are being treated unfairly and damage trust, which can put staff at risk and limit access [31]. In this way, donor regulations can directly cause aid politicization, which further restricts access to aid.

#### **4. Leaving no one behind**

The pledge of “Leaving No One Behind” is one of the Core responsibilities of the Agenda for Humanity and the pivotal idea behind the 2030 Agenda for Sustainable Development. People are left behind during armed conflicts, natural disasters, and emergencies for various reasons. At the same time, aid is often obstructed by state authorities and non-state armed groups and is of insufficient quality or restricted due to discrimination and bias. The “No One Left Behind” pledge relates to the commitment to reach everyone in disaster, conflict, vulnerability, and risk [32].

#### **People with disabilities**

Not only do humanitarian conflicts result in an increased amount of people with disabilities, but people with disabilities are also often neglected when it comes to receiving aid, reflecting a need for aid

providers to increase inclusivity in their aid delivery [33]. The first step in creating inclusive emergency responses is to enable people with disabilities to participate in each step of the planning, implementing and monitoring processes [33]. According to the IASC Guidelines, there are two main ways in which we can increase access for people with disabilities [34]. We can either remove barriers that place people with disabilities in a more vulnerable position or increase enablers, which improves their resilience. There are different levels of barriers, for example, attitudinal barriers that stem from stigma or prejudice from local cultures; environmental barriers such as lack of wheelchair accessibility to aid facilities; institutional barriers in the legal framework or the lack of disability-inclusive policies in humanitarian organizations. On the other hand, enablers are placed to fill existing gaps and empower people with disabilities. It is imperative that the provision of humanitarian aid is inclusive and does not perpetuate existing biases.

### **Vulnerable groups (Women, Children and the Elderly)**

Humanitarian conflicts have varying impacts on different groups; women, children and the elderly are often disproportionately affected. Gender-based violence is rampant in conflict settings but is also perpetuated in humanitarian emergencies, such as intimate partner violence in camp settings [35]. Women face increased risk for unwanted pregnancy, STIs and maternal mortality [36]; children often face devastating consequences that have a lifelong impact during disasters and emergencies. Different actors must collaborate to establish frameworks for mitigation and deliver accessible healthcare to these groups. It is also essential to improve accountability systems, especially for aid providers, as there are increasing scandals of sexual exploitation of vulnerable groups by aid workers [37].

### **People from the LGBTQIA+ community**

Health crises often heighten the barriers LGBTQIA+ people face when addressing their needs. Access to sexual and reproductive health services may be limited in a humanitarian response setting. In contrast, assistance programs might not correctly consider their intersectional vulnerability, for example, when these interventions provide aid, such as emergency accommodation or food distribution, primarily in "conventional" family units [6]. There is an apparent necessity for enhancing the inclusion of the LGBTQIA+ community in all stages of humanitarian action. Starting from the coordination of humanitarian response, with their engagement in cluster coordination mechanisms and cooperation for needs assessment and preparedness, and moving forward to building a comprehensive and non-discriminatory humanitarian action framework that addresses issues like gender-based violence and sexual and reproductive health [38].

### **People living with mental health issues**

Disasters and conflicts have a significant toll on the mental health of the impacted populations. More than one in five people (22.1%) of individuals in post-humanitarian emergency settings show symptoms of "depression, anxiety disorder, post-traumatic stress disorder, bipolar disorder, or schizophrenia" [39]. These situations may leave a mark on the affected communities visible long after the crisis itself, like in the case of transgenerational trauma [40].

This impact has extensions of both social and psychological nature. Most of the time exceeds the strictly individual level, requiring a complex systematic response, both establishing a humane context as a universal standard and providing escalating specialized and focused care to people and groups of increased vulnerability in the context of Mental Health and Psychosocial Support (MHPSS). According to the Inter-Agency Standing Committee, MHPSS is a composite term used to describe "any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders" [41].

## 5. Enhancing engagement in Humanitarian Action

### Youth at the heart of Humanitarian Action

The Compact for Young People in Humanitarian Action define the goals of youth engagement in humanitarian work as a way of "ensuring young people have the skills, capacity and resources to prevent, prepare for, respond to and recover from humanitarian situations will help reduce the costs of and need for international humanitarian support, improve humanitarian effectiveness and strengthen the resilience of communities" [42].

According to With Us and for Us, in November 2020, 500 crisis-affected youth in 20 countries and 300 practitioners over five regions have been working in humanitarian and adolescent/youth programs.

In 2017, statistics found that almost a quarter of the world's population is made of youth and is expected to rise to 35% by 2050, showcasing youth engagement's potential [43].

Young people across the Humanitarian Programme Cycle (HCP) or the operational management cycle (OMC) engage in a series of actions to help prepare for, manage and deliver humanitarian response, which provides entry points for young people at all stages and working groups [43].

As for adolescent engagement, UNICEF delivers services to meet the adolescents' needs in different areas as:

1. Education, both formal and non-formal, in addition to psychological therapy,
2. Health, well-being and nutrition,
3. Protection,
4. Civic engagement and participation by equipping adolescents with the skills and support they need to become active partners in humanitarian action,
5. Peacebuilding [44].

### Engaging local communities

Although the activities of the local communities are mostly not registered and harder to quantify, they are the actions that respond quickly to the crisis and account for the majority of lives saved [45]. Even though humanitarian aid is often considered a short-term solution, the engagement of local communities is key to empowering them and facilitating the creation of sustainable long-term response and management mechanisms.

Engagement of local communities varies during different phases, with it being at its peak during the initial assessment phase of their needs and then dropping significantly during the monitoring and evaluation phases of the projects [45].

The introduction of 2 way communication has increased among agencies in different forms, and many agencies have invested in feedback and accountability mechanisms which had noticeable advances in participatory assessment and evaluation but more in the assessment part [45].

It's sometimes unclear how the inputs affect decision-making, and people often tend to participate if they feel that their questions, concerns and problems are being addressed [45].

The nature of engagement in any given response will also depend on the program's specific context, nature, and phase, as well as taking into account cultural norms about power or if there are high levels of intra-cultural tensions [45].

### Medical students

As future healthcare providers, medical students should play an important role in humanitarian action, particularly regarding medical and humanitarian aid. This is supported by UNICEF's efforts to involve

adolescents in processes that ensure the basic life needs of those requiring humanitarian aid, such as screening, nutrition, water and hygiene facilities, and those that support their mental health [44].

Regarding medical students' capacity to contribute to humanitarian assistance in disaster settings, it appears they can play an active role at all stages, including mitigation, preparedness, response and recovery. This includes medical students receiving adequate education and training and serving as valuable human resources as volunteers during disasters or in caring for those needing medical attention [46].

The willingness of medical students to participate and be engaged in humanitarian action is most powerfully demonstrated by the membership of the IFMSA as part of the Compact for Young People in Humanitarian Aid, signed during the World Humanitarian Summit in Istanbul, Turkey. This compact calls for stakeholders to "support systematic inclusion of engagement and partnership with youth, in all phases of humanitarian action through sharing of information and involvement in decision-making processes at all levels, including budget allocations' " among other humanitarian action-related items [42].

Students should not only be encouraged to contribute to humanitarian action but also taught to recognise their limitations and the importance of sustainability, quality and community involvement in humanitarian settings. Medical students must be introduced to and educated on 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 for 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 their personal needs, without any discrimination, civilians and combatants alike [47]. Such education should aim to enhance their medical knowledge and foster their human rights-based approach to healthcare provision and shape their perspectives as future medical practitioners [48].

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