

Discussion Series 1: “Monitoring the Protection, Safety and Security of Humanitarian and Medical Workers in Armed Conflicts” (17 March 2021) – Summary report

The EU together with the missions of Norway, Niger, Mexico, Switzerland, Germany and France in New York, is organizing a series of discussions on “[Ensuring the protection, safety, and security of humanitarian workers and medical personnel in armed conflicts](#)”. The Discussion series aim at identifying main challenges and work on practical solutions.

The first Discussion Series, “Monitoring the protection, safety and security of humanitarian and medical workers in armed conflicts”, co-chaired by EU and Norway, took place on 17 March. The meeting welcomed over 100 participants, including Member States, representatives of the UN, ICRC, humanitarian NGOs, civil society and academia (list attached). Participants explored how information is collected, compiled, corroborated and analyzed for the purposes of analysis and action. Specifically, participants discussed how the data can and should support our understanding of the impact of attacks and inform policy-makers in -preventing and responding to these attacks and facilitate the work and safety of humanitarian organizations.

The consensus among participants was that protection policies must be evidence-based and thus informed by reliable, robust, and disaggregated data. This summary report acts as the first element of an outcome document, which will lay out avenues for concrete further action, stemming from recommendations compiled throughout the Discussion Series.

The role of data in the prevention, mitigation, and response to attacks against humanitarian and medical workers:

Humanitarian aid is vital in countries affected by conflict and collapsed medical systems. Amid a shrinking humanitarian space and growing disregard for International Humanitarian Law (IHL), humanitarian and medical workers face high security risks, preventing them from carrying out their essential assistance to those most affected by conflict. Therefore, safeguarding mechanisms must exist to 1) ensure the safety of humanitarian and medical personnel working in high-risk settings and 2) ensure that the population most affected by conflict receives the help they require, including access to health care, to fulfill their basic needs and recover from long-term impacts of the conflict.

There are differences between medical and humanitarian personnel, as each category is subject to a different scope of protection under IHL, and not all individual local medical care providers are part of an impartial humanitarian organization. The Discussion series focus primarily on personnel involved exclusively in humanitarian activities, including medical and health activities that are carried out by impartial humanitarian actors in a manner consistent with international humanitarian law.

Data on the level of insecurity in a conflict setting, including the nature, frequency, and target of attacks against civilians and humanitarian and medical workers, is collected, compiled, corroborated and analyzed to identify trends and inform policymakers’ prevention, mitigation

and response to the security threats against humanitarian and medical workers. There are three main uses for data: 1) inform policymakers in addressing and preventing attacks 2) operationalize situational awareness and security planning and 3) advocate for stronger safety mechanisms. Comprehensive data on attacks against humanitarian and medical workers are needed to track trends and indicate the severity of a conflict, which will then inform resource allocation.

Challenges and limitations of existing databases:

Participants acknowledged that there are currently good data sets and methodologies. The Discussion series identified the main initiatives that collect and record attacks against humanitarian and medical workers (See annex). Each database has different targets and objectives, and thus collects different “slices” of the overall existing data.

While all initiatives share the same goal of ensuring the protection, safety and security of all actors involved in emergency assistance, the absence of a standardized data collection, sharing and analysis system limits the reliability, comparability and accessibility of the data, among others, and makes reaching that goal more challenging.

In the discussion, participants highlighted the following limitations to the existing databases and challenges they face in monitoring the protection, safety and security of humanitarian and medical workers in armed conflicts:

- *Better collaboration and accessibility:* Available data is scattered between different stakeholders and often not accessible to key local partners, and different methodologies limit data comparability. Many participants called for a standardized data sharing system, responsible data management and more collaboration between different stakeholders and actors, i.e. UN entities, humanitarian NGOs, and local partners.
- *Low inclusivity of local actors (their needs and risks):* Though they are key partners in the delivery of humanitarian assistance and in knowledge of context, existing initiatives and approaches tend to leave out local actors and overlook their specific needs related to both protection and capacity. Concerns were raised on the lack of protection mechanisms in place to ensure the specific safety needs of local actors when they share data and information with international organizations. Participants noted the need to increase data accessibility to local actors as part of best-practice and information sharing.
- *Underreporting:* The data currently available does not tell the full story, as a number of attacks remain unreported due to limited access and protection measures and security concerns related to information sharing
- *Challenges related to disaggregated data:* Participants highlighted the important role that the collection of disaggregated data plays in developing a comprehensive and intersectional understanding of the situation, including the gendered dimensions of conflict and security challenges, to inform policy accurately and lead to evidence based and more targeted decisions and outcomes.

- *Respecting humanitarian principles:* Data must be collected and shared to facilitate the work and safety of humanitarian and medical workers without compromising the neutrality and impartiality of humanitarian organizations and actors.
- *Funding:* One of the continued challenges to provide full and comprehensive data remains lack of sustainable funding to humanitarian organizations for a budget that comprises equipment, security measures, negotiations, and training. A better coordination between the existing initiatives on data collection and analysis also depend on the availability of donor funding.

Best Practices and practical recommendations:

The following recommendations/best practices to states and other stakeholders were identified as practical solutions for the international community to take on the short and long term:

- Building upon existing data collection mechanisms (at the UN and outside of the UN system), participants stressed the importance of collaborative platforms for both data collection and analysis; of collaboration, at all levels and between different organizations, towards a more standardized and comparable system, while ensuring the full independence, neutrality, and objectivity of the data.

UNDSS reiterated its commitment to upgrade the UNDSS data system, taking on a more holistic approach and creating more strategic partnerships with regional and non-governmental stakeholders to make the monitoring and management of security risks more effective and data sharing more timely.

- Increase inclusivity, accessibility, and availability to local actors through collaborative, systemic and comprehensive data sharing and capacity building of relevant stakeholders.
- Participants proposed to work together with local partners by facilitating field-driven support services to local NGOs, including trainings and orientation sessions, and by creating real-time alert systems and sharing comparative and thematic analyses with local NGOs and other partners cross-platform to assist in identifying relevant trends and direct policies

In addition to providing these existing services to its partners, INSO expects the full launch of its Conflict and Humanitarian Data Centre (CHDC) to further contribute to addressing the challenges and concerns raised above.

- Donors should support strong, sustainable and reliable data collection, analysis, and every effort on collaborative platforms. In addition, more funding should be allocated towards qualitative and quantitative research at national level. Capacity building for individual NGOs on data collection should also be supported.

- Member States should make data more accessible and commit to their responsibility to protect by providing information on measures they take to respect and promote the respect of IHL, at national and multilateral levels.

France and Germany launched the [IHL Humanitarian Call for Action](#), which stresses the necessity to support bilateral and multilateral efforts in the systematic collection, analysis and documentation of attacks against civilians and humanitarian or medical personnel.

The second meeting of the Discussions Series, co-chaired by the EU and Niger, will take place on 20 April at 11:00 and focus on security risk management practices for humanitarian organizations.

Annex : Overview of key initiatives on monitoring the protection, safety and security of humanitarian and medical workers in armed conflicts

1. Yearly Report of the UN Secretary-General on the Safety and Security of Humanitarian Personnel and protection of United Nations Personnel

Scope:

The yearly report is prepared in response to General Assembly resolution 74/116 and provides an overview of the global security environment, current security threats and their impact on United Nations and humanitarian personnel. The report contains an analysis of emerging security trends and their implications for United Nations and humanitarian personnel. It also includes the Organization's response, including efforts by the United Nations Department of Safety and Security to meet the rising demand for system-wide security management to enable United Nations work worldwide.

Type/source of data:

Information gathered by the United Nations Department of Safety and Security or reports on security incidents shared with UNDSS by NGOs and implementing partners on a voluntary basis.

Internet address: example of 2020 and 2019 report of the Secretary-General on "safety and security of humanitarian personnel and protection of United Nations personnel" ([A/75/246](#) and [A/74/464](#))

2. Aid Worker Security Database (AWSDB)

Scope:

The AWSDB is a project of Humanitarian Outcomes, a team of specialist consultants providing research and policy advice for humanitarian aid agencies and donor governments. It is a global compilation of reports on major security incidents involving deliberate acts of violence affecting aid workers. Major incidents are defined as killings, kidnappings, and attacks that result in serious injury. The AWSDB has data dating back to 1997. It is the primary, open source of global verified incident data and analysis of trends. Based on the data in AWSDB, Humanitarian Outcomes publishes yearly aid worker security reports and briefing papers.

Type/source of data:

Incident data is collected both from public sources, through systematic media filtering using a data scraper tool developed for Humanitarian Outcomes, and from information provided directly to the project by aid organisations and operational security entities. The project also maintains agreements with a number of regional and field-level security consortiums for direct information sharing and verification of incidents. Annually, the AWSDB team undertakes a verification process to crosscheck and validate incident reports with the relevant agencies and to capture previously unreported incidents. During verification, all agencies with past incidents are also contacted to confirm their incident status and, where applicable, provide information on unresolved incidents from previous years (i.e., kidnappings). The latest, unverified incidents are provided on the online database with the qualification that the numbers are provisional and may change.

Internet Address: <https://aidworkersecurity.org/>

Codebook and methodology available here:

https://www.humanitarianoutcomes.org/sites/default/files/publications/aid_worker_security_database_coding_guide_updated_feb_2021.pdf

3. The Safeguarding Health in Conflict Coalition (SHCC)

Scope:

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. It aims, among others, to monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators. SHCC compiles reported incidents of violence against health workers, health facilities and transport. It issues monthly briefs and yearly reports, as well as thematic analysis documents.

Type/source of data:

The SHCC brings together data from all key sources related to violence against health care from open sources, contributions from the SHCC members, as well as the WHO SSA system. SHCC has global data available from 2016 to the present.

Internet address: www.safeguardinghealth.org

4. WHO's Surveillance System for Attacks on Health Care (SSA)

Scope:

The Surveillance System for Attacks on Health Care (SSA) is a global, standardized monitoring system to collect primary data of attacks on health care. WHO works closely with partners on the ground to gather relevant information, which is then reviewed by the WHO country office, and published in near-real time to the publically available website. The SSA is used in emergency-affected countries and fragile settings that are priority areas of the WHO Health Emergencies Programme. Furthermore, the SSA website aggregates the global data and allows users to filter the data for tailored analysis: Surveillance System for Attacks on Health Care (SSA) dashboard.

Type/source of data:

The SSA collects data from primary source who are often the victims of attacks themselves. This information is then further triangulated with other sources of information to determine the certainty level as to whether the incident took place. Information such as the date of an attack, the country in which it occurred, and its associated certainty level is also available. Furthermore, the SSA website aggregates the global data and allows users to filter the data for tailored analysis.

Internet address: <https://extranet.who.int/ssa/Index.aspx>

5. Aid in Danger project of Insecurity Insight

Scope:

The Aid in Danger project of Insecurity Insight collects data on any event that interferes with the delivery of aid, including threats and incidents of violence against aid workers and aid agencies

and its effects on access for aid agencies. It makes this information and analysis available to aid security professionals and policy makers.

Type/source of data:

The Project collects information on events affecting aid workers, assets and programmes from open sources and verified reports shared by partner aid agencies. This information is published in monthly, quarterly and special reports aid security risk reports.

Internet address: <http://insecurityinsight.org/projects/aid-in-danger>

6. ICRC's Health Care in Danger (HCID) initiative

Scope:

Health Care in Danger (HCID) is an initiative of the International Red Cross and Red Crescent Movement aimed at addressing the issue of violence against patients, health workers, facilities and vehicles, and ensuring safe access to and delivery of health care in armed conflict and other emergencies. It supports the identification and implementation of concrete, practical measures and operational responses at national and local levels, to prevent violence and safeguard health care in armed conflict and other emergencies. This is done by focusing on specific countries where it matters the most. The HCID issues a wide variety of publications and other material dedicated to the protection of health care in conflict and other emergencies.

Type/source of data:

The ICRC's approach to generating evidence on violence against health care, and on the effectiveness of activities to prevent it, focuses on partnering with public-health institutes and other research bodies embedded within the health systems of countries affected by conflict and other emergencies.

Internet address: <http://healthcareindanger.org/hcid-project/>

7. INSO coordination platforms for humanitarian safety and access

Scope:

INSO is an international NGO dedicated to humanitarian safety. It works in 14 of the world's most volatile countries to ensure that humanitarians are able to operate safely and deliver their services. Through a wide range of free services, INSO provides over 1,000 NGOs with information, analysis, advice and support, 40% of which are national humanitarian organisations. In addition to maintaining and sharing detailed datasets, with information ranging from incident narratives, dates, times, locations and actors to acts, means, typologies and impact, INSO also translates the significance of this data into analytical reports and practical assistance for its operational partners.

Type/source of data:

INSO directly gathers, verifies and analyses security and NGO incident data in each of the contexts where its field coordination platforms are present and operational. It has also developed the Conflict & Humanitarian Data Centre (CHDC), a centralised and comprehensive repository of

incidents (+800,000 entries), with software access and related reporting soon open to INSO's partners. A Key Data Dashboard, which provides an overview of total NGO incident volumes and severity each month, is publicly available on INSO's website.

Internet address: <https://www.ngosafety.org/>

8. Researching the Impact of Attacks on Healthcare (RIAH) project

Scope:

RIAH is multi-institution and interdisciplinary research programme managed by the Humanitarian and Conflict Response Institute at the University of Manchester. It aims to improve our understanding of the immediate, long-term, and wider impacts of attacks on healthcare on populations in contexts that have experienced armed conflict.

Type/source of data:

The projects uses primarily SHCC data.

Internet address: <https://riah.manchester.ac.uk/>

9. Monitoring and Reporting Mechanism on Children and Armed Conflict

Scope:

In 2005, the UN Security Council established a new procedure to monitor and report on violations of children's rights in times of conflict, known as the Monitoring and Reporting Mechanism (MRM). The purpose of the MRM is to provide for the systematic gathering of accurate, timely, objective and reliable information on grave violations committed against children in situations of armed conflict, as well as in other situations of concern as determined by the Secretary-General. Such information should be used as a basis to foster the accountability and compliance of parties to conflict with international child protection standards and norms, and should lead to well informed, concerted and effective advocacy and responses to protect and care for children. Among the six grave violations it also includes attacks on hospitals.

Type/source of data:

The CTFMR is the organizational structure for the implementation of the MRM at the country level. The CTFMR is composed of all relevant UN entities, represented at the most senior level in-country. These may include, at a minimum and as relevant to the country context: representatives of the peacekeeping, political or peace-building mission, UNICEF, OCHA, UNHCR, OHCHR, UNDP, UNFPA, UNIFEM, ILO and UNDP. It is the responsibility of the CTFMR to collect and provide timely, objective, accurate and reliable information for the MRM.

Internet address: <https://www.mrmtools.org/mrm/index.html>