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Humanitarian Diplomacy and the Need for Protecting Humanitarian Personnel in Contemporary Conflicts.

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SCHOOL FOR INTERNATIONAL TRAINING

Humanitarian Diplomacy and the Need for Protecting
Humanitarian Personnel in Contemporary
Conflicts.

Theodora Okiro

Summer 2013

Switzerland: International Studies and Multilateral Diplomacy

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Preface

Every ISP paper focuses on a specific topic with in depth analysis and research, with the help of experts from related organizations typically based in Geneva. The purpose of this paper analyses the rise in the increase of attacks or threats on humanitarian personnel while in the field and the reasons behind such stark increases annually. While each instance of attack is nuanced, there are certain fundamental aspects such as the role of non-state actors and their motivations in contributing to the lack of security of humanitarian personnel. Also, the liability in the myriad of approaches and mandates employed by aid organization while conducting their profession during armed conflict is analyzed. The methodology by which they conduct affairs and necessary approaches that could or could not increase their risk of violence was also researched and thematically rendered in the paper. The importance of humanitarian diplomacy as a dialogue and method of communicating is proposed as a stepping stone to protecting personnel. The paper will proceed to analyze the proliferation of armed guerilla groups in modern warfare, their political and cultural motivations and its effects on the safety and security of health and aid personnel. The importance of following a set mandate or having uniformity in approach to aid will also be analyzed. A pertinent case study of the ongoing conflict in Afghanistan will perfectly illustrate the themes of the paper.

Abstract

When considering the increasing frequency with which humanitarian aid workers are being threatened, abducted or killed, one has to question the fundamental reason for this sharp rise in statistics. Are human and aid workers merely collateral damage in a conflict? Are they getting too close to the 'eye' of the conflict? Or is there another explanation? Due to the increased frequency by which they come to harm's way, the answer is much more disturbing. They are intentional targets, because of the changing scopes of modern warfare. Armed groups such as the Taliban, who are analyzed in this paper, increasingly target health and aid workers along with their facilities for the purpose of enacting their political and religious views. A lack of trust and understanding of mandates or perceived aspects of aid also contributes to this violent rise.

Workers on the other hand fail to fully incorporate their mandates while providing assistance. Fundamental principles such as: neutrality and impartiality are muddled due to several of their actions for the sake of aid. Actions such as collaborating with a rebel group that may work with many different factions or collaborating with the state in order to facilitate aid can also be seen as non-neutral by an opposition. This increasingly puts the workers in harm's way. An effective approach to providing aid consists of using the above stated principles such as neutrality as a means to access and help to protect those in need of humanitarian action. In a situation such as Afghanistan, for political and ideological reasons, this approach tends to be the most effective and the safest. According to expert Antonio Donini, insulation or separation from partisan political agendas is a better recipe for access and acceptance both by belligerents and communities.¹ Protecting humanitarian aid providers is akin to protecting civilians and victims of the war. Their safety and security begins with their actions or in-actions such as: scenario planning which consists of recognizing the evolution of conflict. The failures in their 'westernized approach' or at least in the appearance of not adhering to principles should also be taken into account.

Communication and diplomatic relations of intentions with ALL parties of a conflict helps to ensure the protection of those seeking to provide assistance. Humanitarian diplomacy at its most successful bridges cultural differences and overcomes negative perceptions, as a result, trust is built and lives are safer. At the best use of this instrument that must be employed completely by health and aid workers, their diplomatic relations helps to facilitate aid and assistance, which is their intent from the start.

¹ Antonio Donini, "Humanitarian action in Afghanistan: an uphill battle," *Humanitarian Exchange Magazine*, Issue 49 (2011), Accessed July 2013. Web. < <http://www.odihpn.org/humanitarian-exchange-magazine/issue-49/humanitarian-action-in-afghanistan-an-uphill-battle>>.

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I. Introduction

With concern for humanitarian aid workers, the Minister of foreign affairs of the international committee of the Red Cross (ICRC) sees their situation as progressively grave, he states that, “Increasing numbers of health care workers and hospitals are being attacked and threatened by warring parties.”² In 655 violent incidents analyzed by the ICRC, it was discovered that 1834 people giving care were either killed or injured.³ The rise in the plight of aid workers and their growing threats is manifested as a result of several factors. Modern day conflict and its actors are continually changing and evolving. As a result of some these factors, aid workers are left vulnerable. Also at issue are the innumerable approaches and principles employed by health and aid workers and their agencies. Humanitarian aid is a comprehensive approach and this should be recognized by aid organizations, this kind of approach can also limit risks that could otherwise be present. When consulting and considering the statistics of violence against health and aid providers, one has to ask:

Why the violence against personnel is increasing and erupting?

What can make aid and health workers safer?

How can health and aid be provided in safety?

What perceptions of aid lead to threats of violence?

What are the dynamics of aid and politics?

What are the security protocols/ approaches to administering aid?

²Robin Coupland, “Health Care in Danger: a Sixteen Country Study,” (ICRC Report, July 2011).

³Coupland, “Health Care in Danger.”

What cultural/ religious aspects can be used by groups to incite violence?

While conducting my research on this issue, I noticed a parallel with various case studies; a potential operation by an aid organization was usually hampered by the security situation created by the fluctuating nature of conflict and its volatile belligerents. I decided to focus on this shifting aspect of war and what the proliferation of armed groups meant indirectly to these aid groups and how they are able or not able to deal with the local actors and partners. An interesting angle was whether any relationships or alliances created for the sake of aid jeopardized their mandate or appeared to and whether this sometimes contributed to the threats against them. The safety and security of health and aid workers is pertinent and important. Their chosen career path does not negate their need for safety. Just as the international community views the wellbeing of civilians as their “responsibility to protect”⁴, equally should the security and safety of humanitarian workers be paramount. The protection of humanitarian health workers is [also] important for the continued security and protection of victims affected.⁵ Without the presence of the health and aid workers, the health and wellbeing situation of those in armed conflicts become exponentially graver. The wounded and the sick thus suffer more through a lack of treatment. Violence and threats to humanitarian workers is enough to destabilize health care and impact the health care system (as aid workers leave). Also importantly, aid workers and their agencies’ different approaches to administering aid should be scrutinized. At issue are the many different principles and mandates an agency might have or enforce, and the fact of enforcing them in conflicts could be risk causing for their workers. Different agencies have different strategies and approaches to risk depending on their mandate. Keeping aid workers safe lies with recognizing

⁴Gareth Evans, “Responsibility to protect,” (Keynote symposium on Humanitarian Intervention, University of Wisconsin-Madison, Wisconsin, May 2006).

⁵Coupland, “Health Care in Danger.”

the importance in how aid is perceived. The rise in the attack of humanitarian personnel has been precipitated by the evolving aspect of conflict and in the lack of uniformity by agencies when conducting aid affairs.

II. The Evolving Nature of Conflict

The nature of conflict and war itself is changing. Intrastate warfare has vastly become more prevalent than interstate or international warfare. Humanitarian aid workers and their patients are thus in a manner cocooned off inside a state's borders due to its sovereignty. The wounded and the hospitals become integrated into the conflict.⁶ This causes a greater chance of attacks and threats of violence to the workers. Health care and its workers are in more danger today than they were 63 years ago when the Geneva Conventions were drawn up. A Doctor recounts being in the operating theatre when a colleague standing next to him was shot, during an armed conflict in Somalia.⁷ It is thus clear that modern warfare's participators view humanitarian workers also as a participator of the conflict. As ratified during the Geneva Convention and the origination of International Humanitarian law, article 3 of chapter 1 declares that, "during conflicts of a non-international character, persons taking no active part in the hostilities including members of armed forces who are placed *hors de combat* due to sickness or wounds shall in all circumstances be treated."⁸ However, declared protections such as this are no longer respected in contemporary conflicts. According to a medical advisor for the ICRC, it is more common today for soldiers to enter a hospital looking to settle scores, as seen during last

⁶ "Keeping health workers and facilities safe in war," *Bulletin of the World Health Organization*, Vol 90: No 1, 1-74, January 2012, accessed July 2013. Web.

<http://www.who.int/bulletin/volumes/90/1/12030112/en/#.UdqT_AoTG18.email>.

⁷ "Keeping health workers and facilities safe."

⁸ Coupland, "Health Care in Danger."

year's protests and uprisings in the Middle East.⁹ This effectively prevents aid workers from administering care and also puts them at great risks. Not only has the nature of conflict evolved, but so did the rules governing the protection of individuals during war such as health and aid workers. Thus health and aid workers are in increasingly greater risks in contemporary conflicts due to this proliferation of armed groups and their contribution to total warfare.

III. Army Culpability in the observance of IHL

Observing International Humanitarian Law is tantamount to protecting humanitarian personnel but as war has evolved and changed, so has the conduct of its participators. Humanitarian law is typically supposed to be implemented in a situation of armed conflict. It is designed to provide assistance and protection to all people and to reduce the suffering caused by war.¹⁰ In present day conflict, mostly extinct is the hierarchical army with IHL beliefs and enactments, they have been replaced by Non State Actors (NSA) whose intent for violence is political, monetary or ideological. In essence, the spoils of war are no longer being the resultant victors, rather; its actors are more chaotic with intent. For instance, fragmented militant groups such as the Taliban with shifting alliances and commanders wield immense political and social power in local communities that require aid. More than 60% of violence committed on humanitarian personnel has been perpetrated by armed groups and state armed forces.¹¹ Groups use the threat of or actual violence on aid workers to show their political views. Health and aid workers face threats to their safety and security, and humanitarian work is sometimes confused with political aims as many combatants have little notion of International Humanitarian Law and

⁹ "Keeping health workers facilities safe."

¹⁰ Michel Veuthey, Interview at the UN Beach Club (Geneva, July 2013).

¹¹ Coupland, "Health Care in Danger."

beliefs.¹² It is increasingly hard for aid workers and their facility to adapt to war's changing aspects and its increasing volatility.

IV. The Humanitarian Aid Providers

The focus of humanitarian personnel and their agencies

For the purpose of clarity, a distinction has to be made on the types of humanitarian personnel active on the field. A health care worker refers to a person engaged in the care of the wounded and sick even if they are not assigned by a party to an armed conflict, such as health-care volunteers, first aiders, health-care administrators and drivers of ambulances and supply vehicles, regardless of whether such personnel are national or international or are employed by the State or by a non-governmental organization.¹³ And, according to Eoin Barry of the ICRC, aid workers in contrast function by providing basic needs and amenities such as clothing, shelter and foods.¹⁴ Humanitarian Non-Governmental Organizations (NGOs) help to ensure a swift and efficient assistance at the onset of a natural disaster or outbreak of war. These organizations are distinguished and focus on providing different aspects of aid. NGOs such as the ICRC promote International Humanitarian Law and provide all types of aids to in need victims.¹⁵ Some NGOs are developmental and health focused such as, CARE international and the International Federation of Red Cross and Red Crescent Societies (IFRC). Organizations such as MSF are independent in providing medical assistance and aid around the world. Other organizations are faith based such as World Vision International and Order of Malta. There are new frontiers in applying aid as the proliferation of armed groups relates directly to the changes in humanitarian

¹² "We would have died," *Red Cross Red Crescent*, Issue 1. 2013, accessed July 2013.

¹³ Coupland, "Health Care in Danger."

¹⁴ Eoin Barry, Interview at ICRC Headquarters (Geneva, July 2013).

¹⁵ Eoin Barry, Interview at ICRC Headquarters (Geneva, July 2013).

access. This means that these organizations need to employ uniformity in order to be better successful and safer in today's war realities.

A. The Problem with the Multiplicity of Mandates

The Different agencies have different approaches to providing aid and its potential risks depending on their mandates. Médecins Sans Frontières (MSF) for instance is a more idealistic and risk agency that claims to “talk to all parties involved in the conflict to make sure they will respect our work and the security of our teams.”¹⁶ MSF seeks to engage in pre-intervention negotiations that are similar to the approach of the ICRC; these negotiations are important to create safe situations and protocols for the workers. However, laying down ground rules and enforcing them are two different things.¹⁷ The principles of NGOs are rarely applied in practice. For example, the ICRC has a symbolic and traditional reputation for neutrality and impartiality which it seeks to enforce in all matters of its intervention. But as noted before, the rise in numbers of armed groups comes with their fragmentation into many different to the point where one commander for a sect does not speak for others and vice versa. For example, NGOs have used military assets to deliver flood assistance in conflict-affected areas, have allowed their lists of beneficiaries to be validated or corrected by the army and have accepted direct political involvement in the recruitment of staff and the distribution of aid.¹⁸ Negotiating with just one part of an opposition for humanitarian purposes can appear as non-neutral and can cause the risk of attack by another party to the humanitarian agency and by extension its workers.¹⁹ It is more

¹⁶ Christopher Fournier, “MSF Official Statement,” Web. <<http://www.msf-me.org/en/specialreports/news-media/special-reports/msf-official-statement.html>>.

¹⁷“Keeping health workers facilities safe.”

¹⁸Jonathan Whitthall, “We don't trust that: political assistance in North-West Pakistan,” *Humanitarian Exchange Magazine*, Issue 49, (2011). Accessed July 2013. Web. <<http://www.odihpn.org/humanitarian-exchange-magazine/issue-49/we-dont-trust-that-politicised-assistance-in-north-west-pakistan>>.

¹⁹Anna Praz, Interview at UNEP Headquarters (Geneva, July 2013).

than likely, that the perception of work is the reason for violence. The modus operandi of each agency determines their methods of building relationships and having much needed dialogue for the sake of cultural differences.²⁰ Due to the distorted nature of contemporary war, humanitarian agencies need to better apply their principles in order to provide better safety and security for themselves. Negotiating with different groups on different mandates for the same function tends to muddy the field and have different views of intent. Suspensions are created, and aid agencies are rife for attacks. A clearer and more uniform approach by these agencies is important not only for their safety but to protect those civilians and victims in need and displaced by wars.

B. The Media's Role in the Perception of Humanitarian aid

An organization with a public advocacy clause in its mandate can put itself at greater risk. A public setting of atrocities can cause risk to medical and aid personnel. The official mandate of the MSF also proclaims not to hesitate to go public about the crisis or the violence inflicted on the people they treat.²¹ It is a noble effort to seek to report on atrocities committed during armed conflict as the media exposure could save lives and provide justice. However, aid organizations should leave 'whistleblowing' to other media for the sake of their safety and continuing to provide much needed aid. The ubiquity of social media and cameras in today's world can ensure the exposure of conflicts. With this ubiquity, "What happens at a hospital is a focal point for the media, and by extension, belligerents of the conflict" notes a doctor with the ICRC.²² Therefore, NGOs with public advocacy in their mandates can be certain that today's omnipresent media, with the conflict being viewed by the outside world can bring to light atrocities being committed. MSF proclaims to be neutral and not taking sides in armed conflicts. However, any media

²⁰Eoin Barry, Interview at ICRC Headquarters (Geneva, July 2013).

²¹"MSF Official Statement."

²²"Keeping health workers facilities safe."

exposure they may partake in today's conflicts could be perceived as non-neutral and bring harm and violence to their doctors and workers. The media exposure of an atrocity being committed and for example written in a report by an NGO can cause risk.²³ The media has also made health care an integral part of conflict in the contemporary world, increasing risks to the humanitarian workers and their amenities.

V. Case Study: The Political and Cultural Aspects of Aid in Afghanistan

The Politicization of Aid

Aid has become political whether in the lack or presence of it and in its perceptions from outside parties. It is manipulated to meet political aims by armed groups and insurgents. Humanitarian workers are thus attacked or threatened on political ground. The politicization of aid corresponding to a weakened humanitarian community is seen in the ongoing crisis in Afghanistan. Jean Pictet, one of the ICRC's leading thinkers, warned that Red Cross institutions, and by extension humanitarian agencies, 'must beware of politics as they would of poison, for it threatens their very lives'.²⁴ The conflict in Afghanistan is currently the world's longest running conflict; it is also the only conflict where the political UN is fully aligned with one set of belligerents.²⁵ Only the ICRC and MSF operate in this war torn country. They have however been unable to shake off the perception (mostly misguided) that their organizations are co-opted by, or associated with, the world-ordering enterprise that descended upon Afghanistan after the demise of the Taliban regime in 2001.²⁶ As a result, humanitarian aid and health workers are

²³Anna Praz, Interview at UNEP Headquarters (Geneva, July 2013).

²⁴Antonio Donini, "Humanitarian action in Afghanistan: an uphill battle."

²⁵Donini, "Humanitarian action in Afghanistan: an uphill battle,"49.

²⁶Donini, "Humanitarian action in Afghanistan: an uphill battle,"49.

increasingly threatened with violence and even killed on a day to day basis. The perception of humanitarian work as political in Afghanistan has become a reason for violence.

A. Perceptions of Aid by Insurgency Groups and its effects on Aid Efficiency

The Taliban and other insurgency groups are seeing a reemergence after their routing in the early 2000s due to the intervention from NATO and international community. The military encounter in Afghanistan should be noted as being classified as a non-international armed conflict due to the fact that it takes place between Afghan guerrillas, which are not the government's armed forces and NATO troops.²⁷ This highlights the shift in the reality of contemporary war. Due to the failure of the NATO's war strategies and an increasingly corrupt government, the legitimacy of humanitarian presence is increasingly threatened in Afghanistan. Agencies are pressured into, or not averse to, supporting the Coalition and the government's political and military objectives. As a result, there is little understanding of or respect for humanitarian principles by the Taliban and other insurgents.²⁸ This creates a sort of 'opening season' approach on health and aid workers by insurgent groups, as the humanitarian aid providers are increasingly seen as aligned with the West. Anti-government forces have abducted more than 60 NGO workers since 2007, while 106 crime and security incidents have been related to NGOs and their workers.²⁹ For protection, the beleaguered aid community is increasingly bunkerised behind blast walls of ever-greater height. This creates a 'brain-drain' as the much needed health care in the country becomes destabilized. For NGOs as well, operational space is rapidly shrinking: long-standing relationships with communities are fraying because senior staff cannot visit projects. Responsibility and risk are being transferred to local staff, and the risk of

²⁷ Donini, "Humanitarian action in Afghanistan: an uphill battle,"49.

²⁸ Donini, "Humanitarian action in Afghanistan: an uphill battle,"49.

²⁹"Afghanistan: NGOs vulnerable to criminal violence and insurgency," *Irin News*. Nov 2007. Web. Accessed July 2013. <<http://www.irinnews.org/report/75190/afghanistan-ngos-vulnerable-to-criminal-violence-and-insurgency>>.

being associated with the government or the Coalition is one that, understandably, few are prepared to take.³⁰ The one-sidedness of aid agencies, real or perceived, is affecting both the reach and the quality of their work. The responsibilities of aid agencies are now being defined and parameterized by political and security considerations. The responsibility to protect and save lives is now becoming a greater difficulty. The presence of humanitarian personnel in the country continues to dwindle. As for the UN agencies, they are perceived as having lost all semblances of independence and impartiality, let alone neutrality.³¹ Both NGOs and the UN now face difficult choices as they are seen as aligned with a government whose legitimacy is questioned, and a foreign military presence that is increasingly viewed with hostility or apprehension by Afghans.³² Working for the government (or in joined-up government–Coalition programs) inevitably implies taking sides, and is seen as such by those who are fighting the government and the Coalition.³³ The Taliban increasingly views humanitarian agencies such as the MSF as a threat to their sovereignty or power in their regions. Aid is further seen as a method of neo-colonialism and a political strategy by the Western powers, this all becomes possible due to alliances formed by humanitarian subjects that do not appear to implicitly follow their mandates. Taking sides is a political act, defensible or not depending on one’s views.³⁴ Agencies that cross the threshold of politics for any reasons cannot expect to be seen as neutral and independent. Neutrality is a utility for safety.³⁵ Organizations should thus adhere to principles, because perception as a political order can cause risk. Operating in a neutral and independent

³⁰Donini, “Humanitarian action in Afghanistan: an uphill battle,”49.

³¹Donini, “Humanitarian action in Afghanistan: an uphill battle,”49.

³²Donini, “Humanitarian action in Afghanistan: an uphill battle,”49.

³³Donini, “Humanitarian action in Afghanistan: an uphill battle,”49.

³⁴Donini, “Humanitarian action in Afghanistan: an uphill battle,”49.

³⁵Anna Praz, Interview at UNEP Headquarters (Geneva, July 2013).

manner and away from other political or agency led coordination is one of the ways to ensure safety in this warring country.

B. Gender Specific violence due to Aid

Female humanitarian workers face harsher realities while on the field. As politicization of war proliferates, gender discrimination becomes more apparent as female health and aid workers are frequent targets of violence and threats. Women are sometimes more at risk due to the widespread use of sexual violence and other features in certain conflicts.³⁶ Cultural dynamics and motivations can be seen in the specific attack of female health and aid workers in Afghanistan. Afghanistan remains one of three countries (including Nigeria and Pakistan) where polio remains endemic. The UN along with the WHO back the Local Red Cross polio immunization drives to vaccinate at risk young children.³⁷ In July 2012, the Taliban issued an edict banning UN-backed health workers from administering the polio vaccines in its territory, claiming the vaccines were a US plot to spy to infiltrate their ranks.³⁸ Due to cultural proclivities, women are more accepted to enter people's homes for reasons such as administering vaccines. However, the Taliban view these women that conduct "door to door" works as prostitutes and "fit for murder."³⁹ In January 2013, 5 women were executed by the Taliban in their latest attacks on women; this followed the killing of a young female worker as she was driven from the Kapisa province in late 2012.⁴⁰ Women are specifically targeted as they administer aid in the country. The Taliban also launched targeted wars against women oriented

³⁶ Anna Praz, Interview at UNEP Headquarters (Geneva, July 2013).

³⁷ Frank Crimi, "The Taliban Jihad on Polio Vaccines," *Front Page Magazine*. January 2013. Web. Accessed July 2013. <<http://frontpagemag.com/2013/frank-crimi/the-talibans-jihad-on-polio-vaccines/>>.

³⁸ Frank Crimi, "The Taliban Jihad on Polio Vaccines."

³⁹ Frank Crimi, "The Taliban Jihad on Polio Vaccines."

⁴⁰ Sarah Boseley, "Polio eradication stumbles again after murders of five women," *The Guardian*. December 2012. Web. Accessed July 2013. <<http://www.guardian.co.uk/world/2012/dec/18/polio-eradication-effort-stumbles-again>>.

aid groups such as the Lady Health Workers (LHW), that was based in Pakistan but also active in Afghanistan.⁴¹ Certain aid groups are even more vulnerable in contemporary conflict due to religious and cultural views of aid.

VI. What can make Health and Aid Workers Safer?

Humanitarian Diplomacy: What is it?

Dialogue and trust with all parties of a local community is crucial to ensure a safer environment for humanitarian personnel to conduct their affairs. Humanitarian diplomacy is a tool that can build this much needed trust and common ground. It is a proposed solution that can build cultural gaps and overcome political and ideological differences, whether perceived or not. As the ICRC and MSF have demonstrated, in active war situations such as Afghanistan building trust around rigorous neutrality and independence with all sets of belligerents is the *only* viable approach.⁴² Humanitarian Diplomacy is a dialogue between governments, NGOs, NSAs.⁴³ Its primary aim is to obtain access to victims in order to safeguard their needs and protection. Strategies comprising of engaging in diplomatic dialogues with all parties and prevent and not compromise health and aid workers' safety need to be implemented. According to Anna Praz, a favorable security protocol can be important in keeping aid workers safe.⁴⁴ The role of an organization in Humanitarian Diplomacy goes a long way to providing their safety.

VII. Conclusion

It is possible for IHL to be maintained through the protection of the lives of health and aid personnel. Of note should be the fact that, the intensity, duration and organization of armed

⁴¹Frank Crimi, "The Taliban Jihad on Polio Vaccines."

⁴²Donini, "Humanitarian action in Afghanistan: an uphill battle,"49.

⁴³Michel Veuthey, "Humanitarian Diplomacy, saving it when it is most needed," 2012. Accessed 2013.

⁴⁴Anna Praz, Interview at UNEP Headquarters (Geneva, 2013).

groups fluctuate with shifting alliances and modes of power. It is important to be able to anticipate these constant evolutions also present in conflict, while creating trust and overcoming perceptions of the reasons for aid. Pre-intervention trust should come about through humanitarian diplomacy and it should be maintained importantly by stringently implementing principles of neutrality and impartiality during conflict. The harm done when health workers are attacked is not limited to the assault itself, but it also has a domino effect that can deprive patients of treatment. Thereby, the protection of health and aid workers is pertinent not only as a responsibility to them, but also those patients in need. Recognizing that cultural dynamics regardless of religious or economic similarity are immensely different can also be a step to increased safety. Humanitarian Diplomacy is a necessity when seeking to provide aid, as it ensures the collaboration of ALL parties involved in a peaceful manner.

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