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EMERGENCY NOW:
A call for action beyond summits

MSF's reflections on the World Humanitarian Summit

20 May 2016

In April 2016, MSF put out an urgent call: "We need more support," said Chibuzo Okonta, emergency project manager in northern Nigeria. "We have repeatedly called on other humanitarian and aid organisations to assist displaced people in Borno state, but the appeal has gone unanswered."

The crisis – caused by violence by Islamic State's West Africa Province (ISWAP, commonly known as Boko Haram) and a strongarmed military response – has spread across borders to Cameroon, Chad and Niger, displacing more than 2.7 million people and bringing the region close to breaking point. The crisis should be at the very top of the humanitarian agenda, yet it has gone virtually ignored. With few humanitarian actors in the region, the response is woefully inadequate.

It is the same story for Burundian refugees in Tanzania, for internally displaced people in Myanmar and Iraq, and for people affected by conflict in Central African Republic. A yellow fever outbreak that began in Angola in December 2015 has spread into Democratic Republic of Congo (DRC) and poses a potential threat to other countries in the region, while an unexpected upsurge of malaria in DRC is claiming thousands of lives and further straining the health system there. This follows the poor international response to the cholera outbreak in Haiti and the West Africa Ebola outbreak, both of which had devastating consequences. Quite simply, the humanitarian response to today's conflicts, displacement crises and epidemics is failing.

Conflicts around the world are being conducted with an alarming disregard for international norms. Areas where civilians live and work, and the hospitals and clinics where they seek assistance, are repeatedly coming under attack. These assaults, and the ensuing disruption of services, lead to people being forcibly displaced from their homes, with no choice but to flee towards safer countries. But, just as the laws of armed conflict are blatantly disregarded by countries at war, refugee law is being flouted by states enjoying peace. This includes countries which have closed their borders to Syrians, deported refugees from Europe, and threatened to expel hundreds of thousands of Somalis back to Somalia.

The past year has seen more than 100 medical facilities in Syria, Yemen, Afghanistan and South Sudan forced to close, because their buildings have been destroyed or their medical staff killed, resulting in the interruption of vital emergency treatment as well as routine health services. Even when medical facilities continue to function, their targeting has left many people fearful of seeking medical care.

In this context, humanitarian aid is needed more than ever. However, providing humanitarian aid is becoming increasingly difficult, due to both internal and external factors.

One reason for the poor international response of recent years is the extent to which humanitarian aid has been placed at the service of national security interests. When security imperatives dominate, expect to see more people washed up on the shores of Europe, more hospitals bombed in warzones, and an even slower international response to epidemics. And as states pursue their security agendas, they leave a constrained and partially co-opted humanitarian aid system to cope with the consequences of their decisions.

Response to epidemics and other health emergencies are being sidelined. Partly this is because of the international community's stated desire to 'end need' and refocus on development. But it is also due to the lack of political will and incentive to declare epidemics and to respond to them in a timely and effective manner, as we saw with the initially lethargic response to the West Africa Ebola outbreak in 2014.

Now the humanitarian system is being asked to become part of the UN's efforts to 'end need'. It proposes incorporating humanitarian assistance into a broader peace-building, development and resilience agenda. Development and state-building are vital tasks, but not suited to humanitarians, particularly in contexts where power is being fought over. Focusing on the longer-term development challenges will inevitably come at the expense of those people caught up in the most urgent crises.

The UN's proposal also fails to take into account the already serious shortcomings of the humanitarian system in responding to emergencies. While the humanitarian system has shown itself capable of mounting an effective and timely response to natural disasters, mainly through mobilising local and regional actors, its response to epidemics, refugee crises and in conflict zones are seriously lacking. These are the real challenges, which MSF does not believe

Front cover: Displaced people shelter in an unfinished building in northern Iraq. Photo: Gabrielle Klein

the World Humanitarian Summit will be able to address. This underpinned our decision in early May to pull out of the process.

MSF has been significantly engaged in the WHS process over the past 18 months, including attending WHS forums worldwide and preparing briefing notes on various themes – a sign of our willingness to be involved. The aim of this short paper is to share some of our key concerns, while recognising that the summit, by organisational design, will not afford the opportunity to deliver them.

Independent humanitarian action and emergency response

The UN Secretary-General's report for the WHS, and the draft responsibilities and commitments, contain fundamental contradictions: they reaffirm humanitarian principles, while simultaneously proposing a convergence between humanitarian action and development aid. MSF is very concerned about the call for humanitarian action to become part of 'ending need.'

If the humanitarian system does not improve its ability to provide assistance and save lives during humanitarian crises, we have no chance of "ensuring [people's] safety, dignity and ability to thrive and be self-reliant over the long term". Whilst understanding the Secretary-General's desire to link the various ongoing UN initiatives and reviews, MSF believes that the push for coherence threatens to obscure the very vital distinctions between humanitarian assistance and development aid.

The humanitarian system has shown itself able to respond in a timely way to natural disasters, but its ability to provide humanitarian assistance in conflicts, refugee and displacement crises and medical emergencies is hugely inadequate. An 'emergency gap' exists, particularly in conflict zones.[1]

Over recent years MSF has repeatedly denounced the systematic failures of the humanitarian system to respond to some of the most acute crises worldwide, including the current refugee crisis in Europe,[2] the Ebola epidemic, and the conflicts in Yemen and CAR. All of these situations have seen huge numbers of people in dire need, yet receiving minimal and insufficient humanitarian assistance.[3]

- In the context of armed conflict, neutral, impartial and independent action is essential in order to negotiate access and to advocate for people to be able to reach assistance. Working in conflict requires flexible funding and nimble response structures, including strong logistical and security management, robust operational capacities and skilled emergency teams.

- Independent humanitarian action should remain separate from development approaches, which have fundamentally different objectives and function in different ways. Humanitarian action will always be needs-based and will adapt to the situation as it evolves; it does not aim to address root causes. Humanitarian and development approaches are two tracks which may be complementary to one another but do not have the same goals, priorities, methods or targets. In conflict situations, above all, a humanitarian approach must distance itself from developmental programmes, which are linked to longer-term inherently political processes.

- MSF believes that the diversity of the humanitarian system is one of its strengths and, in particular, welcomes initiatives to make the sector more inclusive of local and national humanitarian organisations, which are only now receiving recognition for what they can offer. Rather than focusing on strengthening a single system, MSF believes that we should nurture a diverse set of humanitarian responses which are adaptable and able to address each context appropriately.

[1] For more analysis on the 'Emergency Gap' see: https://emergencygap.msf.es/
[2] See MSF's report: 'Obstacle course to Europe' https://www.doctorswithoutborders.org/sites/usa/files/msf_obstacle_course_to_europe_report2.pdf
[3] For more analysis see 'To Stay and Deliver? The Yemen humanitarian crisis 2015' https://emergencygap.msf.es/publications/stay-and-deliver-yemen-report

Protection for hospitals and health workers in conflict zones

In recent years, attacks on medical facilities, schools and markets have become routine. In 2016 alone, there have already been 14 bombing or shelling incidents of 10 health facilities supported by MSF in Syria and Yemen. Whether hospitals are hit as part of indiscriminate attacks on whole communities, or by precise attacks aimed at ending the provision of health services, the consequences are enormous. The attacks have left doctors, patients and their caretakers injured and dead, and have destroyed buildings and equipment, leaving hospitals unable to function, and depriving hundreds of thousands of people of medical care. Often this leaves them with no choice but to leave the area. When the national security interests of a state leads it into waging a war without limits, it is the population who pays the highest price.

Attacks on medical facilities must stop. If they do occur, the perpetrators should be held to account. One way is to seek genuine recommitments by the international community to uphold the laws that govern conduct in war. But this needs to go beyond the empty rhetoric that has been heard until now.

Medical teams have a responsibility to treat everyone on the basis of needs, no matter who they are or which side they are fighting on. Doctors do not go to conflict areas to dispense treatment based on their judgment of the justness of a cause or on the morality of the combatants. They are there to care for the sick and wounded, irrespective of their affiliations – including those labelled "criminals" or "terrorists".

While the recent UN Security Council Resolution 2286 on the protection of healthcare, medical and humanitarian personnel and civilians in conflict sends a positive signal, it remains to be seen whether states will turn their words into action – especially considering that four out of five permanent members of the UN Security Council have been implicated, to varying degrees, in military coalitions that have carried out attacks on hospitals in the past six months alone.

- States and non-state actors should publicly and unambiguously recommit and restate their respect for the protection of impartial healthcare delivery in conflict, and support the obligations of healthcare workers to treat all sick and wounded without discrimination or interference, including wounded combatants and those designated "criminals" or "terrorists". We specifically ask that no domestic law limits the duty of civilian or humanitarian healthcare facilities and personnel to treat all wounded and sick without discrimination or sanction.

- Law enforcement operations or other security operations conducted within hospitals in times of armed conflict erode the neutrality of those facilities, increase the risk of violence against patients and staff, and increase fear of seeking healthcare among people who are considered as enemies or criminals by the state. MSF asks that no weapons be allowed in hospitals and that no search, arrest or capture operations targeting patients be carried out against medical advice and without appropriate judicial guarantees.

- When an incident or attack occurs, an impartial and independent fact-finding mechanism should establish the facts. States should agree on standards of investigative independence when it comes to fact-finding efforts. A regular and formal reporting of attacks against healthcare should be put in place at the highest levels, so that the issue can be repeatedly given the visibility it deserves and responsibility can be assigned. Attacks against the medical mission cannot be business as usual, and there should be accountability for those who conduct, or fail to prevent, such attacks.

Displacement

Nearly 60 million people are currently forcibly displaced from their homes, more than 20 million of whom are outside their countries of origin. Due to their race, religion or nationality, these people's homes are no longer safe places to live and their communities and governments no longer provide them with adequate protection.

The Summit on Refugees planned for September 2016 and led by the UN Secretary-General is a positive step, and should be matched by member states and the humanitarian community upholding their responsibilities. Whilst the WHS calls on existing legal frameworks to 'leave no one behind', current policies in response to the displacement crisis (in Europe in particular, but also globally) are inhumane and not suited to respond to contemporary patterns of forced displacement. These policies contribute to the worsening of already existing humanitarian crises and undermine internationally recognised standards for the assistance and protection of refugees and displaced people.

Externalising border control through migration cooperation deals with third countries is provoking a worse crisis for vulnerable people. The EU-Turkey deal and the agreement between Australia, Nauru and Papua New Guinea are examples of how the outsourcing of asylum and the externalisation of borders are being put into place at the expense of further suffering for those seeking asylum. The principle of *non-refoulement* should be respected, and forcibly displaced people should not be returned to countries that are unable or unwilling to assure basic needs and rights. Immigration detention should also be minimised, especially for children.

MSF is particularly concerned by the recent EU-Turkey deal[4] and similar agreements outsourcing responsibilities under refugee law, which set a dangerous precedent. We have already seen this in the Kenyan Government's announcement to close Dadaab and Kukuma refugee camps.[5] MSF has been treating the victims of this approach to migration for years, in what has become nothing less than a human-created acute humanitarian crisis.[6] Our teams have reset bones broken by police, resuscitated people who have inhaled petrol fumes below deck on overcrowded vessels, treated children shot in the head by rubber bullets, counselled women assaulted by people traffickers and rinsed the eyes of babies doused in teargas. Instead of focusing on alleviating the crisis, the EU and member states have decided to push their obligations onto others and simply walk away.

- States must fulfil their obligations under refugee and human rights laws. The fundamental right to claim asylum and not to be sent back into danger must be upheld by all states. They must grant protection to asylum seekers in a dignified, fair, efficient and transparent manner. People who have been denied asylum should not be returned to unsafe environments where their physical and psychological wellbeing may be at risk.

- Safe and legal access should be provided by states for refugees caught in protracted situations. This should not be at the expense of providing needs-based humanitarian assistance for forcedly displaced people in their places of origin and neighbouring countries. There is presently no way for people to apply for asylum in the EU without undertaking dangerous journeys. This is the reason why so many people take to flimsy boats – both on the Mediterranean and in other parts of the world – risking their lives at sea. The only way to end these dangerous journeys is by providing safe and legal routes; blocking the right to asylum will not work and will only exacerbate people's suffering.

[4] See 'Europe don't turn your back on asylum #takepeoplein' http://www.msf.org.uk/article/europe-don-t-turn-your-back-on-asylum-takepeoplein
[5] Kenya Govt announcement: http://www.interior.go.ke/?p=3113#.VzNbbQ7X9oY.twitter
[6] See MSF's report on the European Migration crisis 'Obstacle course to Europe' http://www.msf.org.uk/article/obstacle-course-to-europe-eu-policies-dramatically-worsened-the-2015-refugee-crisis

- States must act in collaboration and solidarity to ensure that adequate reception facilities exist for refugees, both in neighbouring countries and at a distance to the countries from which the refugees are fleeing. These reception facilities should be run in a non-discriminatory manner, without excluding people on grounds of nationality. Humanitarian assistance should be provided based on people's needs and vulnerability, and states should extend protection to all forcibly displaced people, irrespective of their legal status.

- The humanitarian system should design more flexible and context-specific approaches to reach all displaced people in need. UNHCR and its implementing partners must strive to fulfil its mandate to assist displaced populations, and should refrain from directly or indirectly supporting the implementation of refugee and migration policies that result in increased vulnerability. Currently, many vulnerable people transiting through Europe only receive assistance as a result of the goodwill of local and international volunteers; this is not sufficient.

Some 1,800 people are sheltering in Koulkimé, on the shores of Lake Chad, after fleeing violence caused by Islamic State's West Africa Province (ISWAP, commonly known as Boko Haram) and state military action. Photo: Sylvain Cherkaoui

Epidemics response

Health issues hardly feature in the WHS, and yet, as the Ebola crisis in 2014-15 showed, the humanitarian system has been woefully unprepared to respond to epidemics. As a medical humanitarian organisation, epidemic response is a priority area for MSF,[7] and much more should be done to address the system's deficiencies.

Responding to health emergencies such as epidemics should be an integral part of health system strengthening – and such responses should be seen as an indicator of the system's effectiveness and quality. However, given the limited emergency response capacity in fragile and developing countries, the international community should do more to cover the gaps in emergencies where countries cannot cope alone, or where part of the population is neglected or marginalised. They can provide technical assistance and advice as well as financial support. It is undeniably important to work towards long-term development health goals, but not at the expense of responding to emergencies today.

The global health and aid system currently rewards countries for reaching long-term development targets, but there is little incentive for countries to declare outbreaks of infectious diseases. Countries experiencing an outbreak should be rewarded when declaring an outbreak of infectious disease in a timely manner, instead of receiving economic and political punishment.

- Surveillance should be improved, in order to prevent disease outbreaks becoming major epidemics. In the case of the Ebola outbreak, even though the available data was limited early on, it was clear to MSF's teams that an international response would be necessary. Yet this response came months too late, and only when the Ebola outbreak had become too large to ignore and had finally been recognised as a public health emergency of international concern. When wealthy countries feel threatened, global political priorities are accordingly redirected. Instead of an overly-narrow focus on global health security, with the protection of wealthy states at its core, the health needs of the affected people must be the cornerstone of the global epidemic response system.

- The lessons of the Ebola outbreak[8] for rapidly responding to epidemics have still not been fully assimilated. With the recent yellow fever outbreak in Angola, the time lag between identifying cases and rolling out effective vaccination should have been shorter, while the limited ability to diagnose the virus quickly and then vaccinate reactively caused delay. Yellow fever has since spread from Angola into neighbouring DRC, and now has the potential to threaten other countries, given the shortage of vaccines that may be needed if other urban areas are affected. This also highlights the failure of the research and development agenda for neglected diseases, as once again we face a disease for which no treatment exists, rapid diagnostic capacity is limited and outbreak control tools are insufficient.

- Health emergencies such as epidemics can destabilise the strongest health systems. Ensuring good quality and timely emergency response is a humanitarian imperative; it should not be the exception. Countries should be able to count on international solidarity and effective help when facing epidemics, no matter the state of their health system.

[7] See MSF's report on Epidemics response: 'Epidemics: Neglected emergencies?' http://www.msf.org.uk/sites/uk/files/final_rapport_epidemies_eng.pdf
[8] See MSF's report on the Ebola response: 'Pushed to the limit and beyond' http://www.msf.org.uk/article/ebola-pushed-to-the-limit-and-beyond-msf-report