

**Committee:** Human Rights Council (HRC)

**Issue:** The issue of medical humanitarianism in conflict settings

**Student Officer:** Maritella Petsa

**Position:** Deputy President

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## PERSONAL INTRODUCTION

Dear delegates,

Hello! My name is Maritella Petsa, and I am a Grade 10 student in Athens College. As a Deputy President in the Human Rights Council, it is my utmost honor to welcome you to the 6th ACGMUN conference! Personally, this is my 7th conference overall, but my first one serving as a Student Officer. I am so happy to share this experience with all of you!

All the past conferences I have participated in have taught me two things. Firstly, MUN is not just a conference, but it is a one in a lifetime experience! You can acquire memories, friendships, knowledge, and much more. Every conference is a unique opportunity and the more you engage in it the more you discover about the world. Secondly, preparation can make a difference. What is the first step to start preparing? Reading the study guide! This guide aims to give you insight on the topic at hand, but it should not be your only source of information! You should also engage in personal research, according to the policy of your delegation.

The theme of this year's conference is "Breaking Barriers". It might seem easy to most of us, but can you imagine the plight under which many social groups have to survive? People around us are in need of help and are in need of it. Medical humanitarianism can be that help. What might seem like a simple service to us, could be what saves another.

In case you need anything, I urge you all to contact me via my personal email, [maritella.petsa9@icloud.com](mailto:maritella.petsa9@icloud.com). I am here for anything you might need along the preparation period, and I wish you a fruitful conference!

Best wishes,

Maritella Petsa

## TOPIC INTRODUCTION

The Industrial Revolution (1733-1913)<sup>1</sup> is the process of change from an agrarian economy to one dominated by industry and machine manufacturing. This technological development introduced new machinery and ways of working with which states, factory owners, and workers were not familiar with, and thus, had not yet established safety protocols, the lack of which led to multiple deaths, amputations, diseases, burns, and respiration system illnesses. That was the time around when the idea of medical humanitarianism was born.

After the industrial revolution, medical humanitarianism became the medical procedures taking place in case of natural or man-made disasters affecting human lives. Such procedures included medical examinations by physicians offered to employees returning to work after injuries or sickness, the treatment of wounds, surgeries conducted by early surgeons without anesthesia, drainage of localized infections, and removal of superficial lesions. That is the reason due to which, it was first known as “disaster medicine”. During the Cold War, medical humanitarianism reappears (see Background Information).

Nowadays, medical humanitarianism is the provision of medical services, such as but not limited to vaccinations, examinations, treatments of wounds, injuries and sicknesses, surgeries and small medical procedures, to anyone in need in cases of conflict, natural disasters, extreme poverty, or lack of resources.<sup>2</sup> Such acts include both immediate and long-term primary care. The promotion of health awareness and educational campaigns and the provision of surgical specialties are other initiatives that can be taken under the spectrum of humanitarian medicine, or medical humanitarianism. Health education is important today, mostly in settings of conflict and crisis. Not only are citizens gradually informed, but specialists and doctors acquire knowledge that is imperative for the re-establishment of collapsed healthcare systems. Medical specialization is very much needed in areas of conflict due to the plethora of emergencies when physicians’ capacities are not able to tackle certain medical issues that may arise. Afghanistan and Syria are two of the nations in which medical humanitarianism is currently being employed in in (see Major Countries and Organizations involved).

According to Stehrenberger and Goltermann, disaster medicine<sup>3</sup>, as seen during the Industrial Revolution, is what lead to today’s medical advances and achievements, as seen by the increase in life expectancy, the decrease of the mortality rate, improvements in health measures taken, innovations, the ability to prevent the spreading of diseases, and the capability to tackle medical issues who occur as corollaries of conflicts.

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<sup>1</sup> Britannica, The Editors of Encyclopaedia. "Industrial Revolution". Encyclopedia Britannica, 2 Jan. 2023, <https://www.britannica.com/event/Industrial-Revolution>. Accessed 13 February 2023.

<sup>2</sup> “Medical Humanitarianism: Anthropologists Speak out on ...” *Anthrosource*, <https://anthrosource.onlinelibrary.wiley.com/doi/abs/10.1111/maq.12139s>.

<sup>3</sup> “Disaster Medicine.” *Disaster Medicine - an Overview | ScienceDirect Topics*, <https://www.sciencedirect.com/topics/medicine-and-dentistry/disaster-medicine>.

In today's world, a world plagued by multiple issues, the need to remain humane and help each other to survive is now, more than ever, imperative. Many countries are in conflict, whether that is armed, political, economic, social, or natural. Thus, people from different backgrounds and professions are currently trying to aid those in need. One of those means that is available is medical humanitarianism. Medical humanitarianism is of major importance, since it is the only means available to prevent more human casualties in conflict as of now.

## DEFINITION OF KEY TERMS

### Case definition

A set of diagnostic clinical, laboratory, epidemiological criteria that must be fulfilled in order to identify a case of a particular disease. When a set of criteria is standardized for purposes of identifying a particular disease, then it is referred to as "standard case definition".<sup>4</sup>

### Complex Emergency

"A complex emergency, as defined by the IASC, is a humanitarian crisis in a country, region or society where there is total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single and/or ongoing UN country programme".<sup>5</sup>

### Equity in Health

"Equity in health implies that everyone should have a fair opportunity to attain his or her full health, and that no one should be disadvantaged from achieving this potential (EURO European Centre for Health Policy, ECHP, Brussels, 1999)".<sup>6</sup>

### Healthcare

The services provided by a country or an organization that involve caring for people's health and treating people who are ill.<sup>7</sup>

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<sup>4</sup>" Glossary on Health Response (Last Updated on: 15 Jun 2017)." *HumanitarianResponse*, <https://www.humanitarianresponse.info/en/operations/whole-of-syria/glosary-health-cluster-response>.

<sup>5</sup>" Glossary on Health Response (Last Updated on: 15 Jun 2017)." *HumanitarianResponse*, <https://www.humanitarianresponse.info/en/operations/whole-of-syria/glosary-health-cluster-response>.

<sup>6</sup>" Glossary on Health Response (Last Updated on: 15 Jun 2017)." *HumanitarianResponse*, <https://www.humanitarianresponse.info/en/operations/whole-of-syria/glosary-health-cluster-response>.

<sup>7</sup>" Health Care." *Cambridge Dictionary*, <https://dictionary.cambridge.org/dictionary/english/health-care>.

## Humanitarian

“A person who seeks to promote human welfare”.<sup>8</sup>

## Medical Humanitarianism

The field of biomedical, public health, and epidemiological initiatives undertaken to save lives and alleviate suffering in conditions of crises born of conflict, neglect, or disaster.<sup>9</sup>

## Pandemic

A pandemic describes an infectious disease where we see significant and ongoing person-to-person spread in multiple countries around the world at the same time.<sup>10</sup>

## Public Health Emergency

“A public health emergency (the condition that requires the governor to declare a state of public health emergency) is defined as "an occurrence or imminent threat of an illness or health condition, caused by bio terrorism, epidemic or pandemic disease".<sup>11</sup>

## BACKGROUND INFORMATION

### The History of Medical Humanitarianism

The Industrial Revolution brought novelty and innovation to economic and productive systems, but the idea of safety protocols had not yet been conceived, despite many working hands. As a result, workers in need of a source of income were forced to work under dangerous circumstances. All injuries caused were simply the ramifications of the lack of protective measures, lacking knowledge, inexperience with machinery, poor hygiene, and poor ventilation or toxic exposures to heavy metals and solvents.

The Cold War was the second time medical humanitarianism appeared, closer to what we call medical humanitarianism. More specifically, in former countries of the Soviet Union, polyclinics were established to provide occupational and general care for workers and their families. Occupational physicians were the ones responsible for preventing occupational diseases, injuries, health screening, immunization, and

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<sup>8</sup>“ Glossary on Health Response (Last Updated on: 15 Jun 2017).” *HumanitarianResponse*, <https://www.humanitarianresponse.info/en/operations/whole-of-syria/glosary-health-cluster-response>.

<sup>9</sup> Medical Humanitarianism: Ethnographies of Practice on JSTOR. <https://www.jstor.org/stable/j.ctt16xwb48>.

<sup>10</sup> “Coronavirus: What Is a Pandemic and Why Use the Term Now?” *BBC News*, BBC, 11 Mar. 2020, <https://www.bbc.com/news/health-51358459>.

<sup>11</sup>“ Glossary on Health Response (Last Updated on: 15 Jun 2017).” *HumanitarianResponse*, <https://www.humanitarianresponse.info/en/operations/whole-of-syria/glosary-health-cluster-response>.

health education. On the other hand, in countries under the Western sphere of influence, health-related legislation was established. It included the provision of safety protocols, the restriction of pollution, and the enforcement of minimum standards of lighting, ventilation, and space per person. In addition, labor unions also attempted to enforce health codes.

### Medical Humanitarianism Today

Today, medical humanitarianism and humanitarian medicine are no longer viewed as disaster medicine. Medical humanitarianism aims to provide essential relief to those destabilized by crises. It expands the principles of humanity to include the provision of aid to those affected by conflicts and other crises, as a right. Over the past years, medical humanitarian needs have increased, and accordingly, so did the aid provided by nations and numerous organizations. There are multiple operations, initiatives, and programs, that include vaccinations, examinations, protection of health workers, provision of medical supplies and oxygen, campaigns, and frameworks, which take place to provide the necessary help to those in utmost need.

A pertinent example would be the humanitarian work taking place in Ethiopia. More precisely, in Ethiopia, numerous organizations rush to respond to the healthcare needs of both local people and the growing number of refugees, returnees, and displaced communities. The Ethiopian Ministry of Health (MoH) collaborates with these organizations and also facilitates independent evaluations to determine the needs of its people. In regions such as Gambella, basic healthcare for refugees from South Sudan and the host community is provided. In Wardher and across the Somali region, emergency teams carry out disease surveillance and prevention and response activities to drought-affected communities. Multiple hospitals such as the Dupiti hospital are being supported, which have treatment facilities for patients who need to be admitted for severe and complicated malnutrition. Multiple malnutrition programs have been established, while water is provided for displaced people. Aid is also provided in the form of mobile clinics, epidemic response, and occasional support to mass casualty situations. Finally, health education is provided to patients, caretakers, staff at health centers and wider communities.<sup>12</sup>

Humanitarian medicine is not only associated with humanitarians and volunteers with medical or surgical knowledge providing diagnosis and treatments. Medical humanitarianism includes the provision of medicines and medical supplies in general (e.g., oxygen tanks) and vaccinations, the funding for rebuilding collapsing healthcare systems, namely systems that are not capable to provide enough aid, either due to lack of knowledge, measures imposed by corrupted states or regimes, insecurity, not enough health personnel, and medical supplies, or the overall conflict taking place. The issue of suffering healthcare systems is also one that nations and organizations attempt to tackle, not only by providing supplies, organizing campaigns and vaccinations, and providing the necessary funds, but also through volunteering assignments, sending medical staff to help from around the world, communicating with the corresponding state so as to ensure collaboration, providing new technology

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<sup>12</sup> "Ethiopia: MSF Medical and Humanitarian Aid." *Médecins Sans Frontières (MSF) International*, 23 Dec. 2022, <https://www.msf.org/ethiopia>.

or better equipment, increasing accessibility to healthcare provision, and supplying them with doctors of different specialties.

Populations suffer worldwide due to conflicts and violations of human rights, which have led to humanitarian responses. When referring to conflict, though, armed conflict or warfare should not be assumed. A conflict may be a natural disaster, a pandemic, an epidemic, a disease outbreak, political instability, acute famine, extreme poverty, and even attacks to healthcare systems. Because of these types of conflict, healthcare systems are being destroyed by actions such as blocked access to healthcare providers and violence.

### **The distinction between short-term and long-term aid**

It is of utmost importance to make a distinction between short-term and long-term medical aid when it is provided, in general or in the form of medical humanitarianism in conflict-affected areas. Short-term aid<sup>13</sup> includes all types of treatments to wounds, illnesses and diseases that are provided immediately during or after a disaster by specialists. There are short-term medical missions in nations such as Guatemala, which has been receiving medical mission trips by Refuge International since 2003. These trips are executed by teams comprised of physicians, nurses, students, educators, technicians and other with no medical background that provide important assistant duties in the clinics of Guatemala. The medical services they provide to those in need are vital surgeries and procedures, health exams and consultations, vision exams, female medical care, child wellness exams, distribution of medications, training for local providers, equipment servicing, water, well digging and construction, and delivery of needed medical supplies.

Long-term aid<sup>14</sup> is connected with health insurance or treatment of chronic illnesses, including assisted living and home health care. It is worth mentioning that in conflict settings short-term aid is more beneficial since the medical and health-related problems that occur as a result of a conflict are in need of urgent and primary medical care. Thus, long-term aid isn't what organizations seek to mainly provide, but it seems that treatment of chronic illnesses is always an issue no matter the context, which shouldn't be ignored, even in conflict. They may not be a result of warfare, natural disaster, political instability, epidemic or pandemic, but they should be treated with the same cautious and viewed with the same significance as other types of wounds and illnesses. Thus, even though neglected long-term medical care should still be provided in conflict-affected settings.

### **Advantages of short-term aid**

Short-term medical aid has multiple advantages. Short-term aid provided by nations or organizations, supplies health care systems with rapid, swift solutions when they are collapsing. Such action and provision of aid is not only necessary but mandatory, as presented in cases such as the major

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<sup>13</sup> "Types of Aid - Regional Economic Development - Eduqas - GCSE Geography Revision - EDUQAS - BBC Bitesize." *BBC News*, BBC, <https://www.bbc.co.uk/bitesize/guides/z3spi6f/revision/4>.

<sup>14</sup> "Long-Term Care Benefits." Long-Term Care Benefits | CERN Health Insurance Scheme, <https://chis.cern/long-term-care-benefits>.

earthquake in Turkey and Syria. Victims buried under ruins, wounded and unable to seek for help, were not treated adequately because of the state's inability to respond quickly to the crisis. As a result, many have died or suffered worse injuries because of prolonged exposure. Thus, short-term aid can ensure that more people will be assisted with a faster pace. In addition, it enables a large number of volunteers to engage in certain initiatives, increasing the number of people able to help, because treatment of superficial wounds requires knowledge of first aid procedures, which is helpful considering the problem of dwindling members of medical staff. Missions in settings of conflict that aim to provide treatment and medical supplies include aid provision in case of natural disasters. For example, during the earthquake in Turkey and Syria, 11,119 people were injured,<sup>15</sup> to whom lifesaving aid including medical care has been delivered. The UN has provided the nations affected with medicine, medical equipment, first aid and surgical trauma kits. Thus, health workers, doctors, and frontline humanitarians, including volunteers, are much needed. They are the ones that facilitate aid provision and allow for speed, precision, and influx in aid to occur, considering the urgency of such situations. In the context of armed conflicts, their contribution is also necessary, since wounds, cuts, or bullet wounds are the prominent types of harm caused to victims or perpetrators.

#### **Disadvantages of short-term aid**

Short-term medical aid, albeit effective, cannot substitute long-term aid in certain cases, and thus should not be always implemented. The identification of patients with long-term or chronic illnesses is not possible and thus requires long-term investment in local governments, something not always feasible in conflict-affected areas, due to instability or the nature of the country's regime. Therefore, their treatment is unlikely, and mainly, not possible. The "demands" of such illnesses cannot be met with the sole help of a volunteering medical assistant or professional that is temporarily dispatched to the area of conflict. A patient's health may deteriorate at any point and may require medical attention that cannot be offered by an organization or the existing health-care system. In addition, the evaluation of such programs is not always easy due to the participation of a large number of volunteers who may lack certain knowledge, experience, or competence, which are required for severe trauma, or any type of psychological harm caused by a conflict. Finally, with this type of medical aid provision, the ethical challenges that will be mentioned in one of the next sections are increasing and raising awareness is now far from effective and realistic.

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<sup>15</sup> "Kahramanmaraş Earthquake: Humanitarian Relief Operation, Information Note - as of 22.00 (GMT) February 6, 2023 - Türkiye." *ReliefWeb*, 6 Feb. 2023, <https://reliefweb.int/report/turkiye/kahramanmaras-earthquake-humanitarian-relief-operation-information-note-2200-gmt-february-6-2023>.

## Challenges

### Ethical Challenges

In periods of distress, infectious disease outbreaks, pandemics and/or epidemics, humanitarians should be ready to address ethical challenges. The transmissibility is high, considering that many people live in crowded camps or buildings, with widespread co-morbidities and a lack of intensive care. There are populations who are already deemed vulnerable, while there are numerous affected humanitarian actors who are forced to face severe ethical problems. Ethical guidance is provided in many cases, but mostly to health experts and not frontline humanitarians, who are in need of ethical awareness at the level of humanitarian praxis. These people have to face complex dilemmas which lead to moral distress in many circumstances.

Many diseases cause medical and/or humanitarian crises, which means that humanitarians and doctors are in danger of becoming infected. Medical aid provided by volunteers and future humanitarians may come to a halt because of the threat of contamination, and thus, a stigma is created. This stigma might be against a nation, a population, a social group, or a community and can cause stereotypes and prejudice. Some prevailing examples include all individuals whose country of origin faces malnutrition and poverty, or anyone who comes from a country with a disease outbreak is sick. This in combination with other prevailing factors such as acute malnutrition, armed conflicts, violence, and natural disasters make access to clean water, sanitation, and healthcare, restricted. The aforementioned stigma may also affect the provision of humanitarian medical aid in terms of populations that face prejudice.

Serious ethical challenges burden medical staff and volunteers, which they have to face every day, since political instability and civil unrest render governments or states unable to provide opinions and decisions. These challenges include the individualized decision of what is right and wrong, and decisions based on importance and severity. Distress is noticed due to the fact that no action or decision will be able to respond to the demands of the situation adequately without endangering the desired outcome of a medical humanitarian mission.

In critical times, when the guidance of a superior is necessary, doctors or health workers are called to make a decision by themselves because of the urgency of the situation. In cases of armed conflicts and warfare, casualties and deaths are numerous. Deciding who gets treated first is a dilemma “imposed” upon medical staff trying to respond to the situation. There are times when medical staff use a color division system to be able to treat victims based on the urgency of their injury. Any individual marked as black, is dead, anyone marked as red has almost no chances of survival, yellow means severely hurt, and green are the ones to be treated first, because they have the most chances of survival. This system is called triage, and it may vary in terms of the colors used and their meaning. In this case, doctors have to decide



who to save based on their own discretion in combination with the specific system.

### Modern challenges

Medical humanitarianism is currently facing many challenges, with one of major importance being the on-going conflicts. As of 2021, an estimated 306 million people were in need of humanitarian assistance.<sup>16</sup> In 2023, it is expected that 339 million people will be in need of humanitarian aid and protection, according to the United Nations Office for the Coordination of Humanitarian Affairs (UCHA).<sup>17</sup> Conflict settings are most of the time characterized by collapsing health care systems and are in need of further medical aid. Emergency health services are in many cases unavailable and as presented above, the necessary aid is not always given. The insufficient provision of aid in conflict settings is caused by three major factors. The first one, are global crises such as the coronavirus pandemic, which has affected the global economic situation. Nations with preexisting fragile economic frameworks were not able to offer aid to other states, since they were first trying to rebuild their societies. The second one, are interests or policies of countries in terms of international relationships. Certain countries may not agree with the provision of aid (see *Countries' Stances on Humanitarian Medicine*). The third and final one, is that on many occasions, aid is needed by multiple nations. Thus, the abilities of organizations and nations willing to help are not enough to help everyone in need, which results in neglect of certain national situations.

### Countries' Stances on Humanitarian Medicine

Multiple nations are in need of medical humanitarianism due to existing healthcare systems being unable to respond to the crises they face, either as a result of conflict, or their underdevelopment. Nations' opinions on medical humanitarianism differ, thus making their willingness to accept medical humanitarian aid vary as well. Countries suffering and in need of such aid are usually in favor of its provision. In some cases, however nations not linked directly to the specific conflict react and behave differently. There are four different "models" that states usually follow in terms of policy on humanitarian aid, which encompasses medical humanitarian aid, with the first one being showing reception from countries suffering from conflict. Nations may agree to provide countries with aid as well, seeing as there has been a positive response to external aid. Medical humanitarianism is then encouraged in most if not all of its forms. This stance may not be adopted due to multilateral relations, prior conflicts, or conflicting interests between the state receiving aid and the organization or country willing to provide aid. Countries who do not accept medical humanitarian aid because of the above actors, or because of national legislation obstructing organizations' activities that fall under this category, adopt a said second model, which means that aid has been completely rejected. The third model entails a neutral

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<sup>16</sup> "Global Humanitarian Assistance Report 2022 - World." *ReliefWeb*, 2023 All Rights Reserved., 11 Aug. 2022, <https://reliefweb.int/report/world/global-humanitarian-assistance-report-2022>.

<sup>17</sup> "Homepage: Humanitarian Action." *Humanitarian Action*, 30 Nov. 2022, <https://humanitarianaction.info/>.

stance, when a country is neither in favor nor against of the idea of medical humanitarianism, but rather, decides based on its situation and disposition. Such countries set criteria for whether aid will or will not be provided, which could be the recipient or offering country, the amount of aid needed, or the type of aid. The final one is when a country chooses to provide help, but only under its conditions. These states choose what type of aid they will provide and when it will be provided.

## MAJOR COUNTRIES AND ORGANIZATIONS INVOLVED

### The Syrian Arab Republic

Syria is a country that has received humanitarian aid in the form of medical humanitarianism during a period of warfare. In 2019, medical aid was provided to war victims in an attempt to rebuild the collapsing healthcare system, which lacked basic medical and surgical care. Certain organizations, such as the Aid to The Church in Need (ACN) provided medical support to civilian victims. They had to face multiple diseases and thus set different datasets concerning the cost, diagnosis, type of treatment, medical specialty, presence of trauma, hospital, and city. As a result, many civilians benefited from the aforementioned program. The majority of the funds were occupied by treatment expenses (78.4%), non-medical help (15.7%) or providing a diagnosis (5.9%).<sup>18</sup> The above is simply an example, with others being aid from Medicines Sans Frontiers (MSF) in 2021 and the operations of the International Medical Corps in Damascus in 2020. Overall, Syria was on the receiving end of medical humanitarian aid because of armed conflict occurring within its borders, which rendered it unable to provide for its own citizens.

### The Islamic Republic of Afghanistan

The assistance provided in Afghanistan in terms of medical humanitarianism, such as maternal healthcare, tuberculosis treatment, trauma care, and malnutrition treatment, even though increased, is still not sufficient to tackle the humanitarian crisis and cover the population's immense needs. 25 million Afghans are living in poverty, 1 million children face severe malnutrition, and more than half of the population of Afghanistan remains in need. Afghanistan only has received an estimated 41% of the 4.4 billion US dollar (USD) UN fund for the overall humanitarian response plan, which has not helped adequately respond to the demands of the situation in due time.<sup>19</sup> It is also worth mentioning a 16% increase, in terms of the Afghan population in need of humanitarian assistance, is expected.<sup>20</sup> Two UN humanitarian funds prevented the collapse of the healthcare system in Afghanistan

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<sup>18</sup> Przepiórka, Łukasz, et al. "Medical Aid to War Victims in Syria in 2019: A Report of Organized Healthcare Support from a Charity Organization - BMC Health Services Research." *BioMed Central*, BioMed Central, 10 Sept. 2022, <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08507-z>.

<sup>19</sup> United Nations High Commissioner for Refugees. "Five Things You Should Know about Afghanistan." *UNHCR*, UNHCR, The UN Refugee Agency, 15 Aug. 2022, <https://www.unhcr.org/news/stories/2022/8/62fa24ac4/five-things-know-afghanistan.html>.

<sup>20</sup> "Afghanistan: Humanitarian Assistance." *U.S. Agency for International Development*, 10 Feb. 2023, <https://www.usaid.gov/humanitarian-assistance/afghanistan>.

by ensuring essential workers continue to be paid. Monetary aid has also been provided to individuals in cases of emergencies. Some of the operations in Afghanistan include aid from Doctors without Borders (MSF) in 2022 after the withdrawal of US forces, and aid of the International Federation of Red Cross and Red Crescent Societies (IFRC) to provide women and girls with access to primary health services with female medical staff.

## Ukraine

Because of the Russo-Ukrainian War, civilians of Ukraine have been in need of medical humanitarian aid. A new humanitarian crisis has occurred in Ukraine, with multiple people in need of medical support due to armed conflict. Even though the healthcare system has not yet collapsed, hospitals are in need of medical supplies and vital training of their staff. Innocent civilians cannot be moved to safety, making it dangerous and in certain cases impossible and deathly. Ukrainian and foreign businesses, as well as medical institutions of other nations, have provided Ukraine with medication, personal protective equipment, tools, comprehensive kits, equipment, tactical first aid kits, medical furniture, medical transportation, bulletproof vests, and helmets for medical workers.<sup>21</sup> Project HOPE is also providing Ukrainians with medicine and medical supplies, while other operations have been established as well.

## Germany

Germany, among other nations, has been one of the many hosts of asylum seekers and refugees in the world. Germany has aided those in need by providing them with essential medical support, including the right to primary medical care and medical services in accordance with their residence status. An event worth mentioning is the MSF attempts in Germany to provide health education since 2017. Other significant actions of the Federal Republic of Germany include the 12.5 billion euros available in bilateral support to help with the crisis in Ukraine, a substantial winter assistance programme, investigation of war crimes,<sup>22</sup> a medical facility sent to Ukraine by Germany, and the supplying of respirators while treating seriously wounded Ukrainian soldiers at its military hospitals.<sup>23</sup>

## Doctors without Borders (MSF)

Doctors without Borders is an organization whose goal is to deliver medical care where the need is greatest anywhere in the world. MSF is responding to a great number of emergencies, including natural disasters and epidemics, while also saving

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<sup>21</sup>“ During Martial Law Ukraine Received 10,500 Tonnes of Medical Humanitarian Aid Worth UAH 12,850 Million: Ministry of Health - Ukraine.” *ReliefWeb*, 31 Dec. 2022, <https://reliefweb.int/report/ukraine/during-martial-law-ukraine-received-10500-tonnes-medical-humanitarian-aid-worth-uah-12850-million-ministry-health> .

<sup>22</sup> Amt, Auswärtiges. “12.5 Billion Euro in Humanitarian Assistance and Disaster Relief for Ukraine.” *German Federal Foreign Office*, <https://www.auswaertiges-amt.de/en/aussenpolitik/laenderinformationen/ukraine-node/ukraine-solidarity/2513994>.

<sup>23</sup> Al Jazeera. “Germany to Provide Medical Help to Ukraine – but No Weapons.” *Military News | Al Jazeera*, Al Jazeera, 24 Jan. 2022, <https://www.aljazeera.com/news/2022/1/23/germany-to-provide-medical-help-to-ukraine-but-no>.

people's lives in conflict zones. They achieve the aforementioned by prioritizing nations and populations based on their needs. They are independent, neutral, and impartial, with the aim to help the people first and not tailor their response to the demands of funders, politicians, or the media. The organization is designed to respond with rapidity, since they are financially independent and thus do not require funds from governments or institutions. Their programs and initiatives are currently taking place in over 70 countries globally. This organization is an example of the employment of medical humanitarianism. In general, people in areas of conflict may lack basic necessities for survival and are dependent on humanitarian aid, that MSF has perpetually provided. MSF has built multiple mobile clinics and one primary healthcare center in the past.

### **The International Federation of Red Cross and Red Crescent Societies (IFRC)**

The IFRC is the world's largest humanitarian network supporting actions in more than 192 countries, with a total of almost 15 million volunteers. Their aims are the decrease of illness and death, the improvement of health and the maintenance of people's dignity during emergencies. They are reliable and flexible in regard to the provision of health services and aid. Their main area of interest are conflict-affected settings in which there are not severe injuries. They are successfully trying to tackle the aftermath of conflicts and other disasters. Their work is taking place in nations such as but not limited to: Syria, Ukraine, and Yemen. They provide medical aid to those in need in environments of epidemics, pandemics and overwhelmed healthcare systems.

## **BLOCS EXPECTED**

Considering the importance of medical humanitarianism and acknowledging both the advantages and the issues faced, the distinguishing factor when it comes to the blocs expected should not be the stance of a country, but its current situation. So, it is suggested that the following alliances are formed:

### **Bloc A-Countries currently in conflict**

The first bloc will include nations actively participating or plagued by conflict, such as the Democratic Republic of Congo, South Sudan, and Ukraine. Of course, these will not be the only participants. It is also worth mentioning that most nations in conflict should be in the same alliance, only however, if their policies are favorable to each other.

### **Bloc B-Countries not in conflict**

The second bloc will include nations currently not in an active war. Some countries could be the United States, Canada, and France.

## TIMELINE OF EVENTS

Date	Description of event
1733-1913	The first type of humanitarian medicine, disaster medicine, is introduced during the Industrial Revolution.
1947-1991	The re-appearance of Medical Humanitarianism in the Cold War.
14 August 2021	Tropical storm Grace in Haiti creates the need for humanitarian aid.
16 August 2021	Cholera outbreak in Malawi is noted.
January 2022	South Sudan Humanitarian Response Plan.
3 March 2022	Cholera outbreak in Lebanon is noted.
6 October 2022	Ebola outbreak in Uganda is noted.
20 September 2022-11 January 2023	Marburg virus disease outbreak in Equatorial Guinea.
6 February 2023	The earthquake in Turkey and Syria causes a humanitarian crisis.
13 February 2023	The Taliban regime seizes power in Afghanistan.

## RELEVANT UN RESOLUTIONS, TREATIES AND EVENTS

### The establishment of International Humanitarian Law (IHL)

IHL is a set of laws which aim to minimize the effects of armed conflicts for humanitarian reasons.<sup>24</sup> It protects individuals affected by armed conflict and applies to armed conflicts when not in the form of an isolated act of violence. IHL seeks to govern and protect relations between states and is basically an attempt to achieve balance and harmony between humanitarian concerns and military requirements of nations. It is based on the fourth Geneva Convention and had been ratified by almost every nation. IHL is legally binding for all states plagued by or involved in conflict.

<sup>24</sup> "What Is International Humanitarian Law?", *Advisory Service on International Humanitarian Law*, International Committee of the Red Cross, [https://www.icrc.org/en/doc/assets/files/other/what\\_is\\_ihl.pdf](https://www.icrc.org/en/doc/assets/files/other/what_is_ihl.pdf).

In terms of its content, it prohibits all methods of warfare that cause unnecessary suffering or injuries, which when used, may affect the living population of an area as a whole and not only the ones participating and leading to harm of civilians and civilian property. Because of IHL, exploding bullets, chemical and biological weapons, blinding laser weapons, and anti-personnel mines are banned.

It is true, though, that there are numerous IHL violations, and the civilian victims of war are increasing. There have been cases in which the implementation of the specific rule of law was critical for the outcome of the conflict and the protection of populations. The acknowledgement of certain complications is of major importance. IHL, however, can only be implemented during times of extreme violence, which makes the application of the IHL very difficult.

### **International Human Rights Law (IHRL)**

IHRL presents the obligations that states are bound to respect. All their duties aim to ensure the safety of individuals, their protection of rights, and the freedom to enjoy them. The above requires states to protect individuals and groups against human rights violations, by adopting measures against such abuses. Through the ratification of IHRL and further international human rights treaties, human right violations can be addressed and minimized through measures and legislation compatible with their policies and duties. When such actions are not able to ensure the protection of human rights, regional and international mechanisms have been established to aid in achieving the international human rights standards. The success of the IHRL is a topic of great debate. It is a common legal framework for all members of the UN, but it is not complete and has loopholes. In conclusion, IHRL is not failing, but neither is it sufficient enough to fulfill its purpose.

### **World Health Organization (WHO) Emergency Response Plans**

After having conducted yearly global humanitarian reports, WHO has created certain emergency response plans based on rigorous assessment and analyses of need in 26 countries. The plans include an overview of the situation, WHO's objectives to address the health aspects of the crisis, and the funds required to do so. The crises that WHO has attempted to alleviate include disease outbreaks, natural disasters, and conflicts resulting in human injuries and casualties. These crises do affect the efficiency of the delivery of health services, leaving already vulnerable populations at further risk. Because of this, WHO is attempting to rebuild collapsing healthcare systems. These plans have been proven to be successful numerous times, with an example being the Afghanistan Humanitarian response plan of January 2022.

## **PREVIOUS ATTEMPTS TO SOLVE THE ISSUE**

### **Humanitarian Assistance funded by the European Union (EU)**

The EU has funded programs related to providing nutrition, healthcare, and sanitation providing needs-based humanitarian assistance to those in need, in 110 conflict-affected countries since 1992. Their aid, which is delivered in partnership with

UN agencies, international organizations, and non-governmental organizations (NGOs), aims to rebuild healthcare systems while ensuring the safety and well-being of people affected. In cases of emergencies, such programs are readily available. These include vaccinations, hygiene promotion and measures to tackle malnutrition. Every year, the EU attempts to raise 200 million euros to be invested in humanitarian health programs and in the promotion of Consolidated Humanitarian Health Guidelines.<sup>25</sup> This assistance funded and provided by the EU has been successful at helping when in times of great disasters and conflicts and is continuing to help. The EU has adopted its initial annual humanitarian budget of 1.7 billion euros for 2023.<sup>26</sup>

### Vaccinations provided by MSF

MSF has been aiding those in need through means of medical humanitarianism. Their help has been targeted towards numerous groups, in multiple conflict-affected areas and nations. An initiative worth mentioning is the mass vaccination of populations. Some examples of major importance are vaccines against Human Papillomavirus (HPV) provided to 30,000 girls and women in Malawi, so as to prevent cervical cancer.<sup>27</sup> Cholera vaccination campaigns have taken place in Haiti as well as Lebanon to protect civilians from the outbreaks. Vaccinations of such type have been effective, since they ensure the well-being of a big part of a population at risk. The only negative effect of such actions is the fact that they are not sufficient enough to cover the needs of the entire population in a conflict-affected area.

### WHO's Afghanistan Humanitarian Response Plan (January 2022)

The people in need of humanitarian aid in Afghanistan were calculated to be 24.4 million and the planned reach has been estimated to be 22.1 million.<sup>28</sup> Afghanistan faced its second severe drought, which alongside other factors, led to the rise of food insecurity, which resulted in acute cases of malnutrition both in adults and children. The nation's health system had collapsed due to the conflict and the multiple cases of poliomyelitis, the pandemic of COVID-19, and the economic crisis caused by political instability and violence. The plan has been implemented and has aided those in need to a great extent. Many Afghan people have been saved due to the provision of medical humanitarianism through this plan. It is worth mentioning that the plan was not the perfect solution. It was not capable of treating every single person. The situation in Afghanistan is still of major severity. While this plan did help the conflict still continues, which means that aid will still be needed to be provided.

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<sup>25</sup> "Health." *European Civil Protection and Humanitarian Aid Operations*, [https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/health\\_en](https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/health_en).

<sup>26</sup> "Humanitarian Aid: EU Increases Funding to €1.7 Billion for 2023." *EU NEIGHBOURS East*, 20 Jan. 2023, <https://euneighbourseast.eu/news/latest-news/humanitarian-aid-eu-increases-funding-to-e-1-7-billion-for-2023/>.

<sup>27</sup> "Malawi: MSF Vaccinates Nearly 30,000 Girls against HPV to Prevent Cervical Cancer - Malawi." *ReliefWeb*, 1 Feb. 2023, <https://reliefweb.int/report/malawi/malawi-msf-vaccinates-nearly-30000-girls-against-hpv-prevent-cervical-cancer>.

<sup>28</sup> "Afghanistan Humanitarian Response Plan 2022 (January 2022) - Afghanistan." *ReliefWeb*, 11 Jan. 2022, <https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-response-plan-2022-january-2022>.

## South Sudan Humanitarian Response Plan (2023)

The humanitarian needs of the South Sudanese population are increasing driven by the effects of years long conflict, sub-national violence, food insecurity, climate crisis, and public health challenges. People have been displaced because of the insurgency of violence, resulting in limited access to humanitarian aid. Conflict has disrupted humanitarian operations with negative outcomes on people's livelihoods. The crisis has resulted in severe malnutrition and the spread of diseases including measles and malaria. Medical humanitarianism is greatly needed, due to high maternal mortality, neonatal health issues, and morbidity. Aid workers have been and are still in danger, with 450 humanitarian access incidents having been documented, 9 humanitarians killed, and physical access being constrained.<sup>29</sup> The effects of the conflict in South Sudan on the ability of humanitarian partners to reach vulnerable people with much needed life-saving assistance are evident. The aforementioned plan has been successful to a certain degree, but was not able to fully tackle the issue, mostly in terms of humanitarian workers' safety. The necessary aid was provided to those in need, but many humanitarians and health workers were at risk, with some losing their lives. The plan was not a complete failure, but the need to act quickly and be able to tackle the multiple issues at hand without creating more issues affected the plan's efficiency and outreach.

## POSSIBLE SOLUTIONS

### The creation of a UN body

The creation of a relevant UN body could always be beneficial. Its responsibilities and freedoms may vary. Some examples of them could be the promotion of IHL, the surveillance of armed conflicts, and access to weapons during crises. Moreover, the specific UN body will be affiliated with a course of action for the protection of people affected by conflict. Their safety is mostly neglected because the aid provided to nations in crisis is given to its military forces and state expenditure to facilitate different processes and the rebuilding of suffering systems. In the above manner, citizens face multiple problems, from poverty and hunger to diseases and life-threatening trauma. Aid must be provided to those in need, in an organized manner. A UN body with the aim to facilitate the provision of medical aid in conflict-affected areas is imperative.

### Rebuilding Healthcare Systems

Multiple healthcare systems have collapsed due to conflicts. Doctors are not able to provide their services anymore. People are in need of medical aid but are not able to acquire it. Medical care needs to be improved and healthcare systems should be rebuilt so as to deal with the needs of the populations. In times of crisis and conflict, a stable healthcare and hospitalization system is imperative. This can be achieved

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<sup>29</sup> "South Sudan Humanitarian Response Plan 2023 (December 2022) - South Sudan." *ReliefWeb*, 20 Dec. 2022, <https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-response-plan-2023-december-2022>.



through the communication and collaboration between humanitarian organizations providing medical aid and the specific states or collecting data and health indications of patients and casualties.

### Raising Awareness

Violence and conflicts are problems internationally known by everyone. Still, raising awareness about them can be proven imperative. People know what conflict is, but it seems that they are not aware of the implications of conflict. Educational campaigns can not only inform, but engage people in initiatives, recruit volunteers, and increase donations, and thus, the funds an organization has. Even though it is not an immediate solution, nor can it prevent any sort of conflict, it can certainly aid non-state actors trying to tackle such issues.

### Evaluation of the ethical guidance provided to humanitarians and health workers

Frontline humanitarians, doctors, and medical staff face enormous ethical challenges every day. They are forced to face dilemmas and make decisions based on their own discretion, with consequences on whole communities if not nations. Ethical guidance is provided to them but appears to be insufficient and ineffective due to ethical gaps being evident. Evaluation of the methods of guidance should be implemented, since the ethical problems are numerous and will continue to be, indefinitely, since crises and conflicts are not foreseeable nor preventable. New guidelines should be set after conducting research and providing humanitarians and volunteers with the appropriate aid and ethical counselling.

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