IASC
Inter-Agency Standing Committee

Global Health Cluster

Civil-military coordination[1] during humanitarian health action

Provisional version – February 2011

Foreword

The purpose of this position paper is to guide country-level health clusters on how to apply IASC civil-military coordination principles to humanitarian health operations. It addresses coordination between civilian humanitarian actors and official, internationally deployed military actors involved in crisis response work. It may also serve to guide humanitarian health actors that are coordinating with national militaries within their own borders and with civil defence and civil protection units.

The paper is provisional and intended to serve as the basis for discussions with a wide range of stakeholders including health cluster partners, military representatives, civil defence and civil protection actors, and other humanitarian clusters. It may be used as the basis for similar guidance developed by other clusters. It will be revised to reflect inputs from humanitarian agencies and developments in the area of civil-military coordination.

The relation between health humanitarian actors and non-state military groups is outside the scope of this paper.

Key messages of this position paper

- There is a marked difference in the requirements for civil-military coordination of responses to natural disasters that occur in a peaceful environment and those that occur in the midst of complex emergencies.
- Humanitarian actions should be guided by humanitarian principles and a proper assessment of the impact and evolution of the crisis and the corresponding needs of the population.
- Humanitarian actions should not be used to advance security and/or political agendas.
- In complex emergencies, military forces and humanitarian actors have different agendas, strategies, tactics, mandates and accountability frameworks.

The Global Health Cluster, under the leadership of the World Health Organization, is made up of more than 30 international humanitarian health organizations that have been working together over the past four years to build partnerships and mutual understanding and to develop common approaches to humanitarian health action.

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1 The term **coordination** was chosen instead of other terms such as “relation” or “interaction” as it is the term used in IASC-endorsed documents on civil-military relations. In this framework, “coordination” is not intended to mean acting together for a common goal, but simply **establishing the most appropriate civil-military relation necessary to fulfil the humanitarian mandate in the specific scenario**. Some form of coordination is necessary even to simply coexist.

- Internationally deployed military forces involved in peace operations or disaster response should provide direct or indirect health assistance to civilians only as a last resort, i.e. in the absence of any comparable civilian alternative and to meet the critical needs of the affected population.
- Health services provided by military actors must be in line with the assessed needs of the affected population.
- All actors – civilian and military – involved in the provision of health services should follow the national government's health priorities and plans. In complex emergencies, national health plans must be complemented by health information from areas that may not be under the control of the government, as well as by work plans prepared by the international humanitarian community.
- Humanitarians must constantly review the evolution of the crisis and, when necessary, adapt civil-military coordination modalities to emerging conflict dynamics and new roles played by the military.
- Maintaining humanitarian identity is paramount. Humanitarian actors should be aware of the perceptions of stakeholders and how different degrees of civil-military coordination may change local perceptions of their impartiality.

Introduction

Following natural or man-made disasters, humanitarian health organizations provide life-saving assistance to individuals and communities whose survival is at risk. This is a core component of the humanitarian community's mandate. Under international human rights law,[2] health is recognized as a fundamental right of the individual that must be protected in all circumstances. In addition, health is addressed in international humanitarian law provisions related to the protection of health facilities and personnel during war. These legal instruments also address the need for belligerents to take the necessary measures to protect and respect medical missions in all circumstances.[3]

The scenarios in which humanitarian health agencies operate are complex in terms of internal dynamics and interactions with external parties involved in the response. Over the last decade, military actors have been increasingly involved in relief activities in various settings, including sometimes providing direct assistance to crisis-affected populations. From a humanitarian perspective, this poses specific questions regarding the extent to which their involvement has a positive impact and, conversely, whether and how this involvement might affect humanitarian organizations' ability to respond impartially to the needs of the population.

Civil-military coordination problems are particularly relevant for the health sector. Health activities have historically been part of counterinsurgency military strategies. More importantly, rehabilitating the health sector is increasingly seen as key to ensuring the country's stability. This document analyses general civil-military coordination concepts and attempts to provide specific guidance to health actors on civil-military coordination during crises.

The problem

Humanitarian organizations and military forces have different mandates:

- Humanitarian organizations endeavour to provide life-saving assistance to affected populations based on assessed and documented needs and on the humanitarian principles of humanity, independence and impartiality.
- Civil defence and civil protection units are usually deployed in a humanitarian crisis on the basis of an agenda of the government to which they belong. As there is no agreed international definition for these categories (see box on *Civil defence and civil protection* below), the different mandates, modes of opera-

2 Article 25(1), *Universal Declaration of Human Rights of 1948*; Article 12(1), *International Covenant on Economic Social and Cultural Rights of 1966*.

3 For the protection of medical facilities: Art 27, the *Hague Convention 1907*; Article 19 I *Geneva Convention* and Article 37 II *Geneva Convention 1949*. For the protection of medical personnel: Articles 24 and 25 I *Geneva Convention, 1949*; Art 15 *Additional Protocol I to the GC, 1977*.

tion and natures (civilian or military) of these actors must be considered when identifying whether and how the humanitarian mechanisms on the ground will engage and coordinate with these actors.

- Militaries may be present in the context of a humanitarian crisis as combatants, they may have a specific mandate granted by the Security Council (peacekeeping, peace-enforcement or combat), or they may deploy internationally at the invitation or with permission of the affected government. Military forces may be deployed abroad or inside their own borders. While the specific mandate will differ in different settings, it is important to recognize that militaries are deployed with a specific security and political agenda or in support of a security and political agenda.

These fundamental differences at the core of the mandates – the needs of the population on the one hand and political/security goals on the other – guide the respective decision-making processes of humanitarians and the military. This can result in minor differences that still allow for cooperation (e.g. when responding to a natural disaster in a non-conflict setting) or major differences (e.g. those that may occur in combat settings).

Any confusion between the different mandates carries the risk that humanitarian aid agencies may be drawn, or perceived to be drawn, into conflict dynamics. Humanitarian agencies that are perceived as acting according to agendas other than their humanitarian mandate may lose their credibility in the eyes of other local actors as well as the trust of the population they are there to serve. This can severely affect their ability to operate and, ultimately, create security risks for their staff and for the aforementioned populations.

Identifying a way to engage with the military – one that does not dangerously confuse the two mandates – is at the core of the civil-military coordination challenge.

Civil defence and civil protection

While the Additional Protocol I to the Geneva Conventions of 1949 (AP I) lists the tasks that define "Civil Defence". There is no internationally agreed definition of civil defence or civil protection actors in terms of how they operate, what is their mandate or nature of the relationship with military or security forces of their countries.

While in some countries and regions, these terms may have developed distinct meanings; these terms are sometimes used interchangeably. This lack of clarity is reflected in the Additional Protocol 1 itself and is replicated in the interagency guidance on civil-military coordination. While the English version of the AP I and the Oslo Guidelines refer to "military and civil defence assets" and defines for the purpose of the guidance civil defence as "any organization that, under the control of a Government perform the functions enumerated in paragraph 61 of Additional Protocol 1 to the Geneva Conventions of 1949…," the French language versions of the AP I and *Oslo Guidelines* use the term "protection civile" in the place of "civil defence" throughout.

In the absence of any clear and internationally agreed definition it is critical to recognize that civil defence and civil protection actors are deployed in support of an agenda of the government to which they belong. The way in which humanitarian actors coordinate with civil defence and civil protection actors in a specific setting, depends on the specific nature of the civil defence and civil protection actors in that setting. It may be appropriate to include some of these actors in the humanitarian coordination mechanism itself, while in others the approach to coordination may more closely resemble the approach to coordination with military actors.

In light of this lack of clarity, this paper will employ the phrase "civil defence and civil protection" throughout.

Specifics

Role of the Health Cluster at global and country levels

The mission of the Global Health Cluster (GHC), led by WHO, is to build consensus on humanitarian health priorities and related best practices, and strengthen system-wide capacities to ensure an effective and predictable response.[4] The GHC looks at how civil-military coordination might affect humanitarian agencies' ability

4 Adapted from WHO, *Health Cluster Guide* (provisional version 2009) p 24.

to access affected populations and provide health assistance. It endorses adherence to IASC civil-military coordination mechanisms and guidelines.[5]

The country-level Health Cluster is a mechanism for participating organizations to work together in partnership to harmonize efforts and use available resources efficiently within the framework of agreed objectives, priorities and strategies, for the benefit of the affected population(s). It provides a framework for effective partnerships among international and national humanitarian health actors, civil society and other stakeholders, and ensures that international health responses are appropriately aligned with national structures.[6] The Health Cluster Coordinator (HCC) and Head of the Health Cluster Lead Agency facilitate the process of operationalizing civil-military coordination principles for the health cluster and adapting them to the local situation. Whenever necessary, the HCC and/or Head of the Health Cluster Lead Agency advocate with military and political actors for the preservation of humanitarian space and the adoption of health care delivery standards.

Purpose and target audience

This paper reviews the existing guidance on civil-military coordination and attempts to clarify how it applies to the health sector. It also identifies some gaps in the guidance and emerging challenges.

The document's target audience is health cluster participants involved in civil-military coordination. It is also intended to stimulate discussion within the overall humanitarian community and military counterparts.

Scope of the position paper

This document examines the relations between civilian humanitarian actors and official international military actors and/or civil defence and civil protection units involved in the crisis response. It may also help guide humanitarian health actors in their coordination with national military or civil defence units deployed within their own borders. The relations between health humanitarian actors and non-state military groups are outside of the scope of this paper.[7]

Definitions

For a list of definitions adopted for this document please see Annex I.

Status and modifications

This document is informed by and builds on the more general efforts of the United Nations (UN) and other humanitarian organizations to identify appropriate civil-military coordination modalities during humanitarian crises (See Annex II for a summary of the IASC-endorsed guidelines for civil-military coordination).

This position paper is a work in progress that may be revised to take account of inputs from GHC partners and other humanitarian agencies as well as developments in the area of civil-military coordination.

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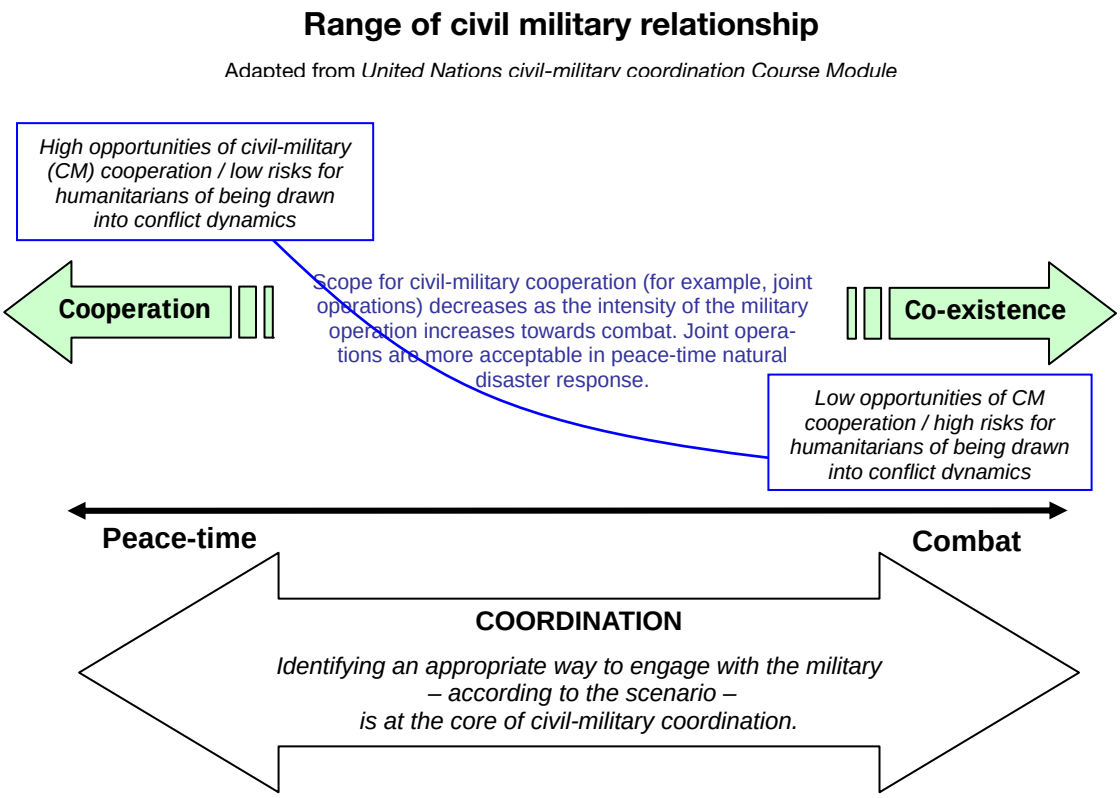
5 The focal point for UN civil-military coordination in the United Nations System is the Civil-Military Coordination Section (CMCS) of OCHA. CMCS often deploys a UN Civil-Military Coordination Officer to advise the Resident Coordinator on the establishment of a field-effective mechanism. The specific features of civil-military interface mechanisms can vary from crisis to crisis. The most common interface mechanisms are: Civil-Military Operations Centre (CMOC); Civil-Military Cooperation House (CIMIC House); Humanitarian Operation Centre (HOC). *UNDAC handbook* 2006, Chapter L. (See bibliography annexed for a list of relevant guidelines and documents).

6 Adapted from WHO, *Health Cluster Guide* (provisional version 2009) pp. 28-9.

7 The GHC acknowledges that non-state military actors can greatly impact the capacity of humanitarian organizations to access affected populations and to provide effective assistance. The decision not to include this typology of military actors in the scope of this document was taken to avoid dilution of focus and to maintain the same approach used by the more relevant guidelines approved by the IASC. IASC (2008) *Civil-military guidelines and reference for complex emergencies*, p 7. For field practice related to non-state military actors see *Humanitarian negotiations with armed groups: a manual for practitioners and guidelines on humanitarian negotiations with armed groups* available online at: www.reliefweb.int.

Civil-military coordination scenarios



Different scenarios call for different approaches

A better understanding of the mandates and agendas of all actors in a complex emergency is essential to ensure proper coordination.

Regardless of the setting, some form of civil-military coordination is always necessary. How this coordination is operationalized depends on the situation. It must follow IASC guidelines and be balanced by sound pragmatism aimed at guaranteeing that the health needs of the population are met, the humanitarian space is not undermined, and the impartiality of the humanitarian community is not compromised.

There is a marked difference between responses to natural disasters that occur in a peaceful environment and those that occur in the midst of complex emergencies.

Civil-military coordination in relatively peaceful environments, while not without problems, can increase the capacity to assist affected populations. In these settings, there can be "a common goal and [...], **cooperation** may become possible".[8] For example, military assets can fill gaps in the international humanitarian response, particularly as regards transport and logistics.

During armed conflicts, however, there is an increased risk that interaction with military actors will jeopardize the impartiality of humanitarian actions. These settings can differ greatly, a critical distinction being "whether the military group with which humanitarians are interacting, has become, or is perceived to be a party to the conflict or not".[9] In such cases, simple **co-existence** is the appropriate civil-military modality.

In specific situations international humanitarian law obligates occupying powers to fulfil certain humanitarian obligations. As stated in the 4th Geneva Convention of 1949, "the occupying power takes over all responsibilities of the previous government. The occupying power is obliged to supply food and medicine (Article 55), maintain hospitals, and public health and hygiene (Article 56). In these settings, some confusion of roles

8 IASC (2004) *Civil-military relationship in complex emergencies - an IASC reference paper*. 28 June. Par 12.

9 Ibid. Par 8.

is difficult to avoid. This, however should not be considered as 'humanitarian work' but rather as the fulfilment of humanitarian obligations".[10]

The IASC civil-military coordination documents present four scenarios: (1) missions in a peacetime setting; (2) peacekeeping; (3) peace enforcement; and (4) combat.[11] (See Annex III, description of civil-military coordination scenarios).

Health partners' behaviour and modalities of coordination with military counterparts must be adapted to the specific scenario and the particular mandate and rules of engagement of military actor/s. In this regard, the following issues should be noted:

- **Different scenarios are not always clear cut.** Over the past decade, the peacekeeping troops' mandate has expanded beyond the simple use of force for self-defence to encompass elements of enforcement, with UN Security Council resolutions specifically authorizing peacekeepers under Chapter VII of the UN Charter "to take all necessary measures" to fulfil specific areas of their mandate.[12] This trend has served to reduce the differences between peacekeeping and peace enforcement. An analysis of any scenario must go beyond official labels and review the detailed mandate of peacekeeping forces as spelled out in UN Security Council resolutions and other official documents.
- **Elements of different scenarios can be present at the same time.** For example, when a conflict-affected area is hit by a natural disaster, or when different international interventions follow parallel tracks. By way of an example, both combat forces (Enduring Freedom) and peacekeeping/peace enforcement troops were present in Afghanistan from 2001 to 2003.
- **The mandate, strategies, and tactics of military actors, as well as of the civilian component of international missions, can change over time.** For example, in Afghanistan, the International Security Assistance Force went from peace-enforcement to counterinsurgency operations. In Sierra Leone in 1999, a traditional peacekeeping mission (UNOMSIL) was replaced by one authorized to use force well beyond self-defence (UNAMSIL).

Within a UN peacekeeping framework are the so-called integrated missions that represent a modality in which peacekeeping operations are planned and implemented (See Annex IV, Briefing note on integrated missions).

These variations call for constant reassessments of the mandate, mission, legitimacy and local acceptance of the international military presence.

Civil-military coordination and the health sector

The matrix below (see table pp 8–9[13]) sets out the potential risk levels and risks to both humanitarian health agencies and the military. For the humanitarian health community, the risks relate to the actual or perceived impartiality of health humanitarian actors and the extent to which their involvement in civil-military coordination can endanger humanitarian principles and the effectiveness of health care. The matrix is intended to be an analytical tool. It does not fully describe the types of health activities that may take place in each scenario, nor does it attempt to list all possible scenarios. Health clusters in countries should adapt the matrix to the specific context.

The matrix has been organized based on two assumptions: (1) as a general rule, direct health assistance shall be carried out only by civilian humanitarian health agencies; and (2) the more military actors are entrenched in the conflict dynamics, the more the two worlds – military and humanitarian – should be kept separate in order to safeguard the actual and perceived impartiality of humanitarian actions.

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10 *UNHCR and military, a field guide*, page 33. available online at http://www.unhcr.org/refworld/docid/465702372.html

11 The scenarios are taken from UN CM Coord Course Module as reported in IASC (2008) *Civil-military guidelines & reference for complex emergencies*, page 24.

12 Chapter VII of the UN Charter spells out the Security Council's powers to maintain and "restore international peace and security". It allows the SC to "determine the existence of any threat to the peace, breach of the peace, or act of aggression" and to take military and non-military action necessary to tackle the situation.

13 The matrix has been adapted from a presentation made by Patricia Kormoss to the NATO Joint Medical Team in November 2009.

The colours in the matrix represent the levels of risk:

- **Green** = low risks to actual and perceived impartiality of humanitarian actors, with strong opportunities for health humanitarian actors to cooperate with military for the benefit of the affected population.
- **Orange** = medium risks as the benefits of using military assets should be assessed against the protection of actual and perceived impartiality of actions.
- **Red** = high risk of negative impact to actual and perceived impartiality of humanitarian actors.

The matrix should be read bearing in mind the following principles:

- **Military assets should be used only as a last resort** (i.e. in the absence of any comparable civilian alternative and to meet a critical humanitarian need) and civilian alternatives should always be sought. The use of military and civil defence assets should be planned to be limited in time and include a clear exit strategy in order to avoid creating dependency on military support;
- To allow coordination to take place, a **channel of communication always should be maintained with the military** in order to make the most of opportunities for cooperation, if possible and appropriate, and, when simple coexistence is the only option available, to advocate for humanitarian principles.

For the purposes of this matrix, the following definitions apply:

Indirect Assistance is at least one step removed from the population and involves activities such as transporting relief goods or relief personnel. Indirect assistance also includes the infrastructure and logistical support that assist the creation of an environment in which health activities are possible and health risks are mitigated.

Direct Assistance is the face-to-face distribution of goods and services.[14] It includes core health functions that do not require face-to-face relation with beneficiaries.

14 The definitions of the types of assistance are taken from the IASC (2006) *Guidelines on the use of military and civil defence assets to support United Nations humanitarian activities in complex emergencies* – March 2003 – Revision I, January 2006. It should be noted the IASC guidelines foresee three forms of assistance: direct assistance, indirect assistance, infrastructure support. These categories have been simplified in the present document, and infrastructure support has been integrated into indirect assistance.

Risk assessment of possible military involvement in health action by scenario and typology of task

(Green = low risks with strong opportunities for health humanitarian actors to cooperate with military for the benefit of the affected population. Orange = medium risks as the benefits of using military assets should be assessed against the protection of independence and impartiality of actions. Red = high risk of impacting on humanitarian principles).

Mission of military / Typology of tasks	**Peacetime** (missions in non-conflict related events)	**Peacekeeping***	**Peace-enforcement**	**Combat**
Indirect assistance				
a. Generic indirect assistance				
Rehabilitation of infrastructures (e.g. roads, bridges, debris removal)	Low risk	Low risk	Low risk	Low risk
Provision of water and sanitation systems	Low risk. Military involved in the provision of water and sanitation should comply with the minimum humanitarian standards.	Medium risk		HIGH RISK
Construction of camps/provision of shelters	Low risk. Military involved in the provision of shelter and in the construction of camps should comply with the minimum humanitarian standards.	Medium risk		HIGH RISK
Transporting relief items	Low risk	In certain situations only the military possesses the appropriate means of transport (e.g. helicopters) to reach isolated populations. If possible all parties to the conflict should engage in a discussion to limit the risk that the use of military assets will affect the perceived impartiality of humanitarians.		
b. Health specific indirect assistance				
Preparedness/contingency planning for humanitarian health response	Low risk. Emergency preparedness and contingency planning needs to be done in consultation with the military and civil defence/protection units.	Low risk	Low risk	HIGH RISK
Health assessment and sharing information/joint health assessment	Low risk	Medium risk. Only if it is possible to ensure that information is collected consistently with the HIS and promptly shared with health authorities.	HIGH RISK	HIGH RISK
Rehabilitation/construction of public health facilities	Low risk. Military should coordinate with civilian health authorities (national and/or international) to avoid duplication of initiatives and different health care standards.	Low risk	Medium risk	HIGH RISK Health facilities should be kept separate from the military.
Provision of equipment to health facilities/institution	Low risk	Medium risk. Only if it is possible to ensure that the equipment provided is consistent with national health guidelines.		HIGH RISK Health facilities should be kept as distant as possible from military actors involved in active combat.

Mission of military / Typology of tasks	Peacetime (missions in non-conflict related events)	Peacekeeping*	Peace-enforcement	Combat
Direct health assistance				
Triage/ First Aid / MEDVAC	Low risk	Low risk	Low risk	Medium risk. Belligerents should facilitate the evacuation of wounded civilians and soldiers (regardless of their affiliation).
Direct patient care (including trauma and non- trauma care)	Medium risk. In the early response to a natural disaster civil defence units can play an important role in health care life-saving activities. These activities should be coordinated with civilian health authorities.	HIGH RISK		
Vaccinations and others public health interventions	Low risk. Military and civil defence units should coordinate with civilian health authorities (national and/or international).	HIGH RISK		
Distribution of relief goods	Low risk	Medium risk. Direct distribution of relief goods should be carried out by the military only if there is no other viable civilian option available.		
Health monitoring and surveillance	Low risk if properly coordinated.	HIGH RISK Tends to be unreported and non-coordinated.		
Training of health personnel	Low risk	HIGH RISK for civilian health personnel Low risk for military health personnel (e.g. combat medics with advanced first aid skills).		
Security of humanitarian health actors and facilities		International military and law enforcement personnel are often mandated to create an environment where humanitarian organizations can deliver humanitarian assistance.		IHL prohibits attacks on health facilities and personnel and obligates belligerents to facilitate assistance to affected populations.
	Low risk. Especially after natural disasters, military and law enforcement entities have an important role to guarantee minimum order and avoid the looting of health facilities.	Medium risk. **Provide military escort** to humanitarian personnel/facilities only on request of the humanitarian coordinator/relevant organization and as a last resort. (Refer to Armed Escorts Guidelines.)		HIGH RISK **The provision of a military escort for** humanitarian assistance should be avoided. Belligerents should avoid entering health facilities.

* How peacekeeping troops are perceived by local actors & population has to be a factor in the risk assessment in this scenario.

Implications of GHC position on civil-military coordination for heads of health cluster lead agencies and health cluster coordinators in countries

Based on the concepts presented in this paper, the country-level Head of the Health Cluster Lead Agency and HCC will have to take forward the following actions:

- Facilitate/lead adaptation of the risk matrix to the local context by the health cluster.
- Promote close cooperation with the OCHA Civil-Military Coordination Officer in order to advocate for health sector needs and issues related to civil-military coordination.
- Facilitate the process of identifying civil-military coordination modalities suitable for the health sector in the local context in discussion with other humanitarian clusters under the leadership of the Humanitarian Coordinator.
- If/when appropriate, serve as interface between the military and the health cluster members, including, for example:
  - Identifying/establishing clear procedures for MEDVAC.
  - Identifying/defining process for activating logistic support for distributing drugs and equipment (See Annex V, flowchart on the request of military assistance).
  - Defining and disseminating the criteria to identify health facilities that need to be rehabilitated.
- Heads of Health Cluster Lead Agencies and HCCs in countries should take care to avoid putting a "humanitarian stamp" or "humanitarian label" on health activities carried out by military actors.

Discussion/emerging challenges

Limits of existing civil-military coordination guidelines

The IASC's current guidelines clearly outline the principles that should inform the relations between military and civilian actors. Some limitations in the guidelines have emerged during the preparation of this paper:

- The guidelines primarily address the UN peacekeeping environment; multi-stakeholder peace operations pose new challenges that the guidelines address only partially.
- The multiplication of actors involved in relief activities has resulted in an ever-increasing variety of operational scenarios for civil-military coordination. For example:
  - National armies and civil defence and civil protection units intervening in their own country, assisted by an international response effort (e.g. Pakistan earthquake in 2007 and floods in 2010);
  - Civil-military units with a reconstruction mandate endorsed by the national government (e.g. provincial reconstruction teams in Afghanistan);
  - Private security firms protecting the offices, homes and staff of humanitarian organizations.

The GHC encourages the revision of the civil-military coordination guidelines to respond to the new challenges posed by emerging complex scenarios including the following.

The proliferation of actors: a crowded humanitarian space

The proliferation of non-traditional actors in the humanitarian arena has blurred the lines of distinction between humanitarian action based on the principles of humanity and impartiality and other activities inspired by different agendas. This calls for an analysis of how the interactions between different actors and agencies can affect humanitarian principles.

National **civil defence and civil protection** agencies, which are part of the international disaster response system, raise a number of questions for coordination which must be addressed in relation to the specific nature of the entities involved.

As indicated above (see box on *Civil defence and civil protection* above), there is no internationally agreed definition of civil defence or civil protection actors in terms of how they operate, what is their mandate or

nature of the relationship with military or security forces of their countries. While in some countries and regions, these terms may have developed distinct meanings; these terms are sometimes used interchangeably

Given the increasing importance of these actors in humanitarian response there is a need for improved coordination between humanitarian health actors and civil protection actors in the field and globally. The way in which humanitarian actors coordinate with civil defence and civil protection actors in a specific setting depends on the specific nature of the civil defence and civil protection actors in that setting. It may be appropriate to include some of these actors in the health cluster coordination mechanism itself, where these are civilian actors explicitly operating on the basis of humanitarian principles. It is important to note that even such entities may regularly rely on their own national military forces for transportation and other logistical support when responding internationally and that this should be considered in determination of coordination approaches. In other cases where there is a stronger link to a political or military agenda (including where the entities themselves are comprised of military personnel) the approach to coordination should more closely resemble the approach to coordination with military actors in the setting.

Private security providers have become part of the crisis response landscape.[15] Humanitarian organizations frequently use the services offered by these companies, ranging from security training to facility protection services and, more rarely, the armed escort of humanitarian convoys.[16]

International guidelines contain little guidance on the use of private security providers.[17] When debating whether to use such services, humanitarian agencies should apply the general principle that interaction with the military must not affect the actual or perceived independence of humanitarian health action.

The scenario where **national armies** and civil defence and civil protection units are intervening in their own country, assisted by an international response effort, raises specific issues that go beyond the scope of the traditional civil-military coordination modalities. National armies are often leading or are the main actors of a national civil defence and civil protection system; international assistance may be deployed, upon request of the national government, to support the national response effort but the final decision on what to do and how to carry out the relief effort rests with the national authorities. In this framework certain civil-military coordination principles (e.g. last resort; no direct assistance) are difficult to apply and to some extent not useful to guide relations with national military forces. Certain dilemmas remain, particularly when national military forces are also involved in responding to internal political crisis and unrest (e.g. northern Pakistan).

International trends in civil-military coordination

In recent years, there has been an increasing tendency to **include humanitarian assistance as part of or in the service of broader agendas of a military or political nature**.

This trend has been formalized with the "comprehensive approach" concept embraced by NATO, which aims at combining military, political and humanitarian activities in the overall goal of the stabilization of a country. This concept – first operationalized with the provincial reconstruction teams (PRTs) in Iraq and Afghanistan – may become the model for future civil-military coordination.[18] The new civil-military medical doctrine being discussed by NATO, which is based on the Afghan PRTs,[19] seems to be moving in the same direction. However, this blending of strategies and tactics serves to undermine the international humanitarian community's core humanitarian principles.

The integrated mission concept developed by the UN follows a similar trend. Although there are significant attempts to protect the humanitarian space within integrated missions,[20] the concept foresees the integration

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15 The term includes private security firms and private military firms and it is used in an HPG Report. Stoddard A, Harmer A Didomenico: V. *The use of private security providers and services in humanitarian operations.* Report 27. Humanitarian Policy Group. 2008.

16 Chockayne J: *Commercial security in humanitarian and post-conflict settings: an exploratory study*. New York: International Peace Academy. 2006.

17 A process to develop a Code of Conduct to guide relations with private security firms is in its final stages.

18 A group of experts led by Madeleine Albright recommended the comprehensive approach be part of the new NATO strategic concept. NATO (2010b) *NATO 2020: Assured Security; Dynamic Engagement - Analysis and recommendations of the group of experts on a new strategic concept for NATO.*

19 NATO (2010a) Allied joint civil-military medical interface doctrine. *Amer J Med*, Ratification Draft 1. p 6.

20 Secretary-General *Note of guidance on integrated missions* 9 February 2006, Par. 10

of different agencies and components into an overall political/strategic crisis management framework. This can blur the lines between the UN's different political and humanitarian branches, with predictably negative results.

Military involvement in the provision of health services

The military's involvement in the provision of indirect and direct health activities is multi-faceted:

- Armed forces deployed abroad traditionally offer some form of health services to the local population through their military medical units.
- Health activities are an important component of counterinsurgency strategies.[21]
- NATO's "comprehensive approach" includes health recovery activities as an integral part of its military intervention strategy (for example in Afghanistan).

Evidence from the field suggests that most of these health actions go unreported and uncoordinated with the overall health national framework. The GHC is concerned that these health services may not be appropriate to the context and that ad hoc health actions might raise the expectations of the local population and create inequalities and inequities in the provision of health services.

The GHC reiterates the guiding principle that health activities should be based on assessed health needs and guided by humanitarian principles, not by objectives that are either political or military in nature, and recommends that health activities should not be used a component of a "winning hearts and minds" strategy.[22]

The GHC recommends that whenever military actors are involved in the provision of health services, any such action should follow the health priorities and plans approved by the national government/local health authorities, and adhere to the international humanitarian response plans.

Shift in perceptions of local actors

Local actors and populations view international aid organizations more and more as part of a "western agenda" and less and less as neutral and impartial agencies responding to humanitarian needs. As a possible consequence, the number of security incidents targeting aid workers has been on the rise since 1997, and attacks on medical workers and facilities are a common feature of armed conflicts.[23] This is an element of the larger phenomenon of the **shrinking of the humanitarian space**, which means humanitarian agencies are less able to access affected populations and provide much-needed assistance.

The GHC is concerned that continuing coordination with military forces might further skew local actors' and populations' perception of the impartiality of humanitarian health actions.

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21 Within a counterinsurgency strategy MEDCAP (Medical Civic Action Programme) activities may be carried out. MEDCAP may include health activities that entail the provision of direct health services for a limited timeframe to communities that are selected and targeted for their military strategic value. MEDSEM (Medical Seminar) has the same purpose as MEDCAP but with an element of health education in the strategy. For an analysis of health activities carried out within counterinsurgency strategies please see Alderman S, Christensen J, Crawford I. (2010) Medical seminars: a new paradigm for SOF counterinsurgency medical programs. *J Spec Oper Med.* 2010 Winter;10(1):16-22.

22 The phrase "winning hearts and the minds" was introduced into the counterinsurgency lexicon during the Malayan Emergency (1948-1960). The phrase describes a counterinsurgency strategy where military activities are coupled with socio-economic actions aimed at gaining the favour of populations and diminishing the support given to the insurgents, Marstn, Malkasian Eds (2008) *Counterinsurgency in modern warfare*, Osprey Publishing Ltd.

23 Stoddard, A., Harmer, A. & Didomenico, V. (2009) *Providing aid in insecure environments: 2009 update*. HPG Policy Brief, 34. and also Rubenstein, L. S. & Bittle, M. D. (2010) Responsibility for protection of medical workers and facilities in armed conflict. *The Lancet*, 375, 329-340.

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ANNEX I – Definitions

This document uses the definitions provided in key documents of the Inter-Agency Standing Committee (IASC) of the UN-Office for the Coordination of Humanitarian Affairs (UN-OCHA).[24] In some cases, adaptations may be made to improve clarity.

Civil-military coordination

> *The essential dialogue and interaction between civilian and military actors in humanitarian emergencies that is necessary to protect and promote humanitarian principles, avoid competition, minimize inconsistency, and when appropriate, pursue common goals. Basic strategies range from coexistence to cooperation. Coordination is a shared responsibility facilitated by liaison and common training.*[25]

The above definition includes the relations between civilian humanitarian actors and official national and international military actors and/or civil defence units involved in the crisis response. The relations between health humanitarian actors and non-state military groups are outside the scope of this paper.

Basic strategies of civil-military relations

- Coexistence – operations in same areas with limited or no interaction;
- Cooperation – there is a common goal and agreed strategy;
- Collaboration – sharing of resources.[26]

Civil defence /civil protection (see also box on *Civil defence and civil protection* page 3)

There is no internationally agreed definition of the characteristics of a civil defence or a civil protection agency, and these terms have been used interchangeably.

Civil defence is defined in Article 61 of Additional Protocol I to the Geneva Conventions, according to the tasks carried out rather than the organizations that carry out those tasks, which may be civilian or military in nature. The activities must be "intended to protect the civilian population against the dangers, and to help it to recover from the immediate effects, of hostilities or disasters and also to provide the conditions necessary for its survival". These tasks are:

a. warning;
b. evacuation;
c. anagement of shelters;
d. management of blackout measures;
e. rescue;
f. medical services, including first aid, and religious assistance;
g. fire-fighting;
h. detection and marking of danger areas;
i. decontamination and similar protective measures;
j. provision of emergency accommodation and supplies;
k. emergency assistance in the restoration and maintenance of order in distressed areas;
l. emergency repair of indispensable public utilities;
m. emergency disposal of the dead;
n. assistance in the preservation of objects essential for survival;
o. complementary activities necessary to carry out any of the tasks mentioned above, including, but not limited to, planning and organization. The French translation of Article 61 of the Additional Protocol I to the Geneva Conventions refers to "protection civile",

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24 IASC (2008) *Civil-military guidelines & reference for complex emergencies*.

25 IASC (2004) *Civil-military relationship in complex emergency, an IASC reference paper*.

26 The definitions of co-existence and cooperation are extracted form *IASC reference paper on civil military relations*, 2004, Par 12. The term collaboration is utilized in the US civil-military discourse representing a stronger relation than cooperation. E.g. USAID, Civil Military Relations Report, 2009, Page 26

Humanitarian crisis

A profound social crisis which is characterized by high numbers of casualties, a large scale of internal and external displacement, and by widespread hunger and disease.[27]

Humanitarian crises tend to surpass local coping and response capacity requiring external assistance to respond to the needs of the affected population.

Humanitarian assistance

Humanitarian assistance is aid to a stricken population that complies with the basic humanitarian principles of humanity, impartiality and independence.[28] As per interagency agreements including the early recovery agenda.

Integrated missions

In recent years, the concept of integrated missions has been developed as a strategy to maximize the impact of peacekeeping or peace-building operations, with or without a military presence. There is no common agreement on what qualifies as an integrated mission, or how to define it. For the purpose of this paper, the following definition is adopted: "… an instrument with which the UN seeks to help countries in transition from war to lasting peace, or address a similarly complex situation that requires a system-wide UN response, through subsuming various actors and approaches within an overall political-strategic crisis management framework."[29]

Last resort

Military and civil defence assets should be seen as a tool complementing existing relief mechanisms in order to provide specific support to specific requirements, in response to the acknowledged "humanitarian gap" between the disaster needs that the relief community is being asked to satisfy and the resources available to meet them. Therefore, foreign military and civil defence assets should be requested only where there is no comparable civilian alternative and only the use of military or civil defence assets can meet a critical humanitarian need. The military or civil defence asset must therefore be unique in capability and availability (*Oslo Guidelines*).

Military

For the purpose of this paper the term military includes – but is not limited to – the following: UN peacekeepers, international military coalitions with or without a UN mandate, national armies responding to an internal humanitarian crisis.

Military and civil defence assets

They comprise relief personnel, equipment, supplies and services provided by foreign military and civil defence organizations for International Disaster Response Assistance.[30]

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27 Martin Binder, Violent Humanitarian Crises and the Politics of Selectivity ISA Chicago, February 2007

28 WHO/HAC, http://www.who.int/hac/about/definitions/en/index.html

29 Eide EB, Kaspersen AT, Kent R, von Hippe K: (2005) *Report on integrated missions: practical perspectives and recommendations. An independent study for UN ECHA Expanded Core Group*. Page 14.

30 *Oslo Guidelines*, Par 3

Annex II – Summary of endorsed guidelines of civil-military coordination

The humanitarian community has produced a volume of documentation aimed at providing guidance on civil-military coordination. This documentation arises from the concern that if not carried out within specific limits, civil-military relations can threaten the core values of humanitarian organizations and agencies (humanity, impartiality, neutrality), and subsequently their operational capacity. Generally, it is considered that associating too closely with military actors can expose humanitarian organizations and personnel to political manipulation, undermining how they are perceived, their credibility as neutral partners, and may even increase the risk of direct violence against humanitarians. The Guidelines are drafted specifically to defuse these threats.

The guidance presented in the key documents on civil-military coordination endorsed by the IASC are summarized as:[31]

1. A clear distinction between the role and function of the humanitarian actor and that of the military must be maintain;
2. A humanitarian operation using military assets must retain its civilian character;
3. Military assets must be used only as a last resort;
4. As a matter of principle, the military and civil defence assets (MCDA) of belligerent forces actively engaged in combat shall not be used to support humanitarian activities;
5. Request for the use of military assets must be made by the Humanitarian/Resident Coordinator;
6. Humanitarian work should be done by humanitarian organizations. The military should avoid direct assistance unless it is the only way of providing life-saving assistance;
7. The use of MCDA should be planned to be limited in time and include a clear exit strategy in order to avoid creating dependency on military support;
8. Countries providing MCDA should respect the UN codes of conduct and humanitarian principles;[32]
9. As a general rule, humanitarian convoys will not use armed or military escorts.[33]

31 The guidelines listed in this annex have been summarise from the following documents: OCHA/ECHO (2008) *United Nations civil-military coordination officer field handbook*. IASC (2008) *Civil-military guidelines & reference for complex emergencies*. OCHA (2007) *Guidelines on the use of foreign military and civil defence assets in disaster relief – Oslo Guidelines*. United Nations.

32 UN codes of conduct can be found in: *We are United Nations peacekeeping personnel – UN standard of conduct* Also: *Ten rules code of personal conduct for blue helmets.* http://ocha.unog.ch/ProCapOnline/docs/library/UN%20Blue%20Helmets%20Codes%20of%20Conduct.pdf. The core of humanitarian principles are contained in: *The code of conduct for the international red cross and red crescent movement and non-governmental organisations (NGOs) in disaster relief* www.icrc.org/web/eng/siteeng0.nsf/htmlall/code-of-conduct-290296

33 OCHA (2001) *Use of military or armed escorts for humanitarian convoys: Discussion paper and non-binding guidelines*. Exceptions to the general rule are allowed within specific benchmarks.

ANNEX III – Description of the scenarios according to the role of the military

	Peacetime (missions in non-conflict related events)	Peacekeeping	Peace enforcement	Combat
Types of missions	• These missions include situations such as response to natural, technological and environmental emergencies. • They can occur in two different settings: (1) where there is a **functioning state,** the national government will be primarily responsible for coordinating the response; and (2) in a **fragile/non-functioning state,** the national government will be less capable or incapable of coordinating the response, and international mechanisms will be prominent.	• This term is used to describe a wide array of international missions from the relatively simple monitoring of a ceasefire agreement (usually an all-military affair) to complex multi-dimensional missions deployed within complex emergencies with extensive stabilization mandates. • These latter missions generally are deployed with the consent of at least the main actors involved in the conflict, and are tasked to accompany a peace-building process assisting or directly implementing a number of actions: e.g., disarmament, demobilization and reintegration, justice reform, electoral processes. The term applies also to international missions carried out by regional organizations such as the ECOWAS mission in Liberia in the early 1990s or the present African Union mission to Somalia.	• Peace enforcement operations are forcible military interventions by one or more states into a third country with the express objective of maintaining or restoring international, regional, or local peace and security by ending a violent conflict within that country.*	• Combat missions are those in which the primary purpose of the operation is the defeat of a designated enemy.** Whether the "enemy" is a state (first Gulf war, 2 August 1990–28 February 1991), or non-state combatants (insurgency in Iraq after the 2002 US-led invasion or Taliban in Afghanistan), the only limits imposed on the use of force are the ones stated in international humanitarian law. • In these scenarios, **affiliation of civilian aid organizations with military personnel jeopardizes the local population's perception of the impartiality of the assistance provided.**
Main characteristics of the scenario	• Usually, security is not a major concern. • The role of civil-defence and civil-protection groups and institutions can be prominent in the response efforts especially during the early stages. • National military mobilizes its logistical capacities to respond to the disaster. • International military, civil defence/protection units and civilian personnel are present only when the consequences of the disaster exceed the national response capacities, and there is a request for assistance by the national government. • The legitimacy and local acceptance of international military is usually high. • The challenge in these setting is the interaction with the national coordination system which may be insufficiently operational.	• Complex security environment with some areas relatively stable and others where open warfare can occur. • State and non-state military actors as well as criminal groups able to use violence to pursue their political/economic goals. • Private security firms may be present in the scenario providing services to private companies, humanitarian actors, and international troops. • Usually, hostile parties (state and non-state) have come to an agreement and have given their consent to the presence of international peacekeeping troops. However, some actors may not have provided full consent to the international mission. • Peacekeeping troops have an impartial mandate related to the implementation of the agreement reached by the parties.	• Security situation is precarious, often with areas of open warfare. • The agreement between belligerents is shaky at best. • Not all of the parties to the conflict have given their consent to the presence of the international troops. • Private security firms are present in the scenario providing services to private companies, humanitarian actors, and international troops. • International troops are authorized to use force beyond self-defence and mission protection.	• Security situation is volatile. • There might be a divide within local actors/population regarding the presence of international troops within their territory. • Impartiality is not sought by military actors. • Access to the civilian population is hindered by military operations.

	Peacetime (missions in non-conflict related events)	Peacekeeping	Peace enforcement	Combat
Main characteristics of the scenario (cont.)		• The use of force authorized to peacekeeping troops can range from simple self-defence to a broader use of forcible actions aimed at protecting mission personnel and facilities (the so-called "robust" peacekeeping). • Access to the civilian population can be hindered by military operations. • Local acceptance of international military presence can vary from case-to-case and over time.	• Local acceptance of international troops can differ greatly among different sectors of the population. • Access to the civilian population can be hindered by military operations. • Perception of impartiality of international troops is at risk.	
Examples	Responses *within a functioning state* • 2005 earthquake in Pakistan • 2004 post-earthquake and tsunami in Indonesia Response *within fragile/non functioning states* • 2010 Haiti earthquake	• November 1999–ongoing, MONUC in the Democratic Republic of the Congo • July 2007–ongoing, UNAMID in Darfur (a Joint United Nations-African Union mission) • February 2004–ongoing, UNOCI in Côte d'Ivoire • June 2004–ongoing, MINUSTAH in Haiti • June 1999–ongoing, UNMIK in Kosovo	• Multinational coalition (US-led) Unified Task Force (UNITAF) deployed in Somalia in 1992–1993 • March 1993–March 1995, UNOSOM II in Somalia • December 1995–1996, IFOR (NATO force) in Bosnia	• 2003–ongoing, US-led coalition forces in Iraq • 2006–ongoing, NATO counterinsurgency operation in Afghanistan

* Definition taken from: Coleman KP: (2007) *International organisations and peace enforcement: the politics of international legitimacy*, Cambridge Univ Pr.

** Definition taken from IASC (2006) *Guidelines on the use of military and civil defence assets to support United Nations humanitarian activities in complex emergencies* - March 2003 - Revision I, January 2006.

ANNEX IV – Briefing note on integrated missions

The integrated mission concept is a quite recent development within the UN peacekeeping framework. It was initially developed for Kosovo in 1999 in order to ensure an effective division of labour between different organizations and agencies operating under distinct mandates of peace implementation in the area, and further developed and detailed in a series of documents.[34] The integrated missions concept has been established as the guiding principle for post-conflict complex operations, *with or without the deployment of peacekeeping troops*.

The concept generally refers to the establishment of a mission where all UN actors, including humanitarian agencies, the military, the civil, political and electoral component and the human rights officials, work together with the Special Representative of the Secretary-General (SRSG) as the overall head of the mission. The concept is based on the reasoning that operating under a single leadership in a coordinated manner would enhance the restoration of peace and security in war-to-peace transitions and in failed states, paving the way to longer-term goals such as development and peace.

It should be noted that there remains a lack of clarity on what constitutes, in practice, an integrated mission and how it should be operationalized.

The latest attempt to clarify the topic was made in 2008 by a Decision of the Secretary-General.[35] In the document the following are endorsed as the defining elements of integration:

a. "The main purpose of integration is to maximize the individual and collective impact of the UN's response, concentrating on those activities required to consolidate peace".
b. To achieve this main purpose at the country level, there should be an effective strategic partnership between the UN mission/office and the Country Team, under the leadership of the SRSG (or ERSG), that ensure that all components of the UN mission/office and Country Team operate in a coherent and mutually supportive manner and in close collaboration with other partners.
c. The country arrangements should reflect specific requirements and circumstances and can take different structural forms. In all cases they should include: (i) a shared vision of the UN's strategic objectives, (ii) closely aligned and integrated planning, (iii) a set of agreed results, timelines, and responsibilities for the delivery of tasks critical to consolidating peace, and (iv) agreed mechanisms for monitoring and evaluation.
d. An integrated approach and integration arrangements can yield significant benefits for humanitarian operations. Integration arrangements should take full account of recognized humanitarian principles, allow for the protection of humanitarian space, and facilitate effective humanitarian coordination with all humanitarian actors.

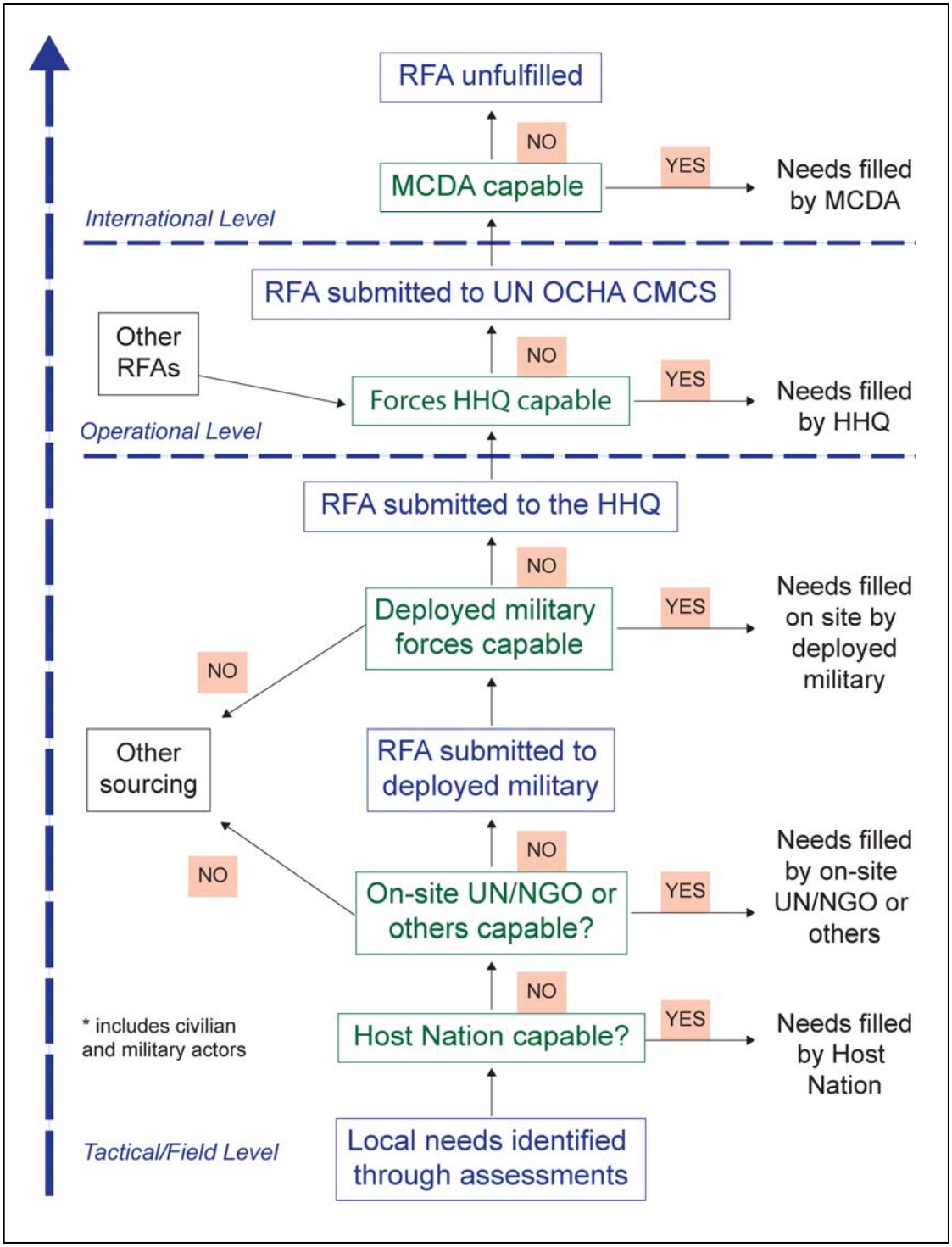
34 United Nations (2004) *Report of the UNDG/ECHA working group on transition issues*. New York.; United Nations (2004) *A more secure world: our shared responsibility: report of the high-level panel on threats, challenges, and change*, United Nations Publications.; United Nations (2005) *In larger freedom: towards development, security and human rights for all*. Report of the Secretary-General, A/59/2005.; United Nations (2006) *Delivering as one: report of the Secretary-General's high-level panel on UN system-wide coherence in the areas of development, humanitarian assistance and the environment*. A/61/583. 20 November.

35 http://www.undg.org/docs/9898/Integration-decision-SG-25-jun-08.pdf

Examples of missions where the integrated concept is applied:

Mission	UN peacekeeping troops	Non UN military presence	Leadership	SC resolution acting under
Africa				
MONUSCO UN Organization Stabilization Mission in the Democratic Republic of the Congo	Yes	No	SRSG DSRSG (Political) DSRSG (RC/HC) Force Commander Police Commissioner	Chapter VII *Action with Respect to Threats to the Peace, Breaches of the Peace, and Acts of Aggression*
UNAMID UN/AU Hybrid Operation in Darfur	Yes	No	Joint AU-UN Special Rep. Joint AU-UN DSR Joint AU-UN DSR (Operations and Management) Force Commander Police Commissioner	Chapter VII
UNOCI United Nations Operation in Côte d'Ivoire	Yes	No	SRSG and Head of Mission Principal DSRS DSRSG (RC/HC) Force Commander Police Commissioner	Chapter VII
BINUB United Nations Integrated Peace-Building Office in Burundi	No	No	Executive Representative for Burundi, Head of Office Deputy Executive Representative	Chapter VI *Pacific Settlement of Disputes*
America				
MINUSTAH United Nations Stabilization Mission in Haiti	Yes	No	SRSG and Head of Mission DSRS (Political) DSRSG (RC/HC) Force Commander Police Commissioner	Chapter VII
Asia				
UNAMA United Nations Assistance Mission to Afghanistan	No	NATO/ISAF (under UN mandate) Enduring Freedom (Not under UN mandate)	SRSG DSRSG (Political) DSRSG (RC/HC)	Chapter VII (ISAF)

ANNEX V – Request for military assistance flowchart[36]



36 OCHA/ECHO: *United Nations civil-military coordination officer field handbook*. 2008.