



BRINGING WITHIN REACH

THE IMPORTANCE OF ENGAGING ARMED NON-STATE ACTORS TO TACKLE THE COVID-19 PANDEMIC

Since December 2019 COVID-19 has spread to 205 countries, areas or territories with over 1.4m confirmed cases, overwhelming even the most advanced health facilities and killing over 75,000 people worldwide. The threat of COVID-19 is even greater in conflict-affected areas – especially for communities living in areas of active conflict or living under the control of Armed Non-State Actors (ANSAs). However, as most of the international support focuses on State-led response, not only are these extremely vulnerable communities at risk of being left behind, but this blind-spot may also undermine efforts to bring this crisis under control at both a national and global level.

Despite appeals for a global ceasefire, the reality is that in many countries war continues, displacing thousands of families and undermining health systems and other necessary services. Even where fighting has stopped the complexity caused by conflict is still a major barrier to effective COVID-19 response. In countries such as Afghanistan more than half the population¹ live in areas outside the full control of the government. Whilst ANSAs may allow State services such as healthcare to continue operating or may replace them and provide their own health service, health systems in these areas have often been weakened by years if not decades of conflict. ANSA-run health clinics in Myanmar lack sufficient supplies of basic infection control equipment (e.g. surgical masks and gloves). Without the capacity to effectively control the spread of infection within clinics let alone detect, manage and follow-up cases of sickness, the risk to individuals in these areas and beyond is increased undermining efforts to tackle the crisis at a national and global level.

Providing support to health services in areas outside the full or partial control of the government is therefore not only necessary to protect those living there but is also essential to ensure that efforts to contain the spread of COVID-19 are effective. However, there are currently many barriers that create serious difficulties for humanitarian organisations attempting to respond in such areas.

Both States and ANSAs are bound under international humanitarian law to respect and protect health care personnel, facilities and transports as well as to allow and facilitate impartial humanitarian assistance to those in need (among other obligations). However - there is still much work to be done to ensure effective and efficient compliance of these norms by all parties to armed conflicts and avoid any practices that can be detrimental to contain outbreaks of disease such as COVID-19. For instance many aid agencies struggled to contain the Ebola outbreak in eastern Democratic Republic of Congo due to ANSAs restricting access to affected areas and at times targeting medical facilities and personnel². Attacks on both healthcare facilities and workers in countries like Ukraine³ and Syria⁴ and others are likely to impede COVID-19 response. Across Asia and Europe Geneva Call has found that the majority of fighters and ANSA members are unaware of their obligations to protect and facilitate access to healthcare and less have policies regulating behaviour on the matter⁵. In addition, donor-imposed counter-terrorism clauses and insurmountable administrative requirements and regulations that seek to criminalise the activities of humanitarian organisations enacted by many conflict-affected States also restrict access to affected areas. In order to effectively tackle the COVID-19 pandemic, greater respect and promotion of international humanitarian law and international human rights law in relation to the protection of healthcare and humanitarian access is required.

Given the vulnerability of individuals living in conflict-affected areas and those controlled by ANSAs, to humanitarian crises such as the spread of COVID-19 it is unsurprising that several groups have adopted measures to contain the virus⁶ and have requested support from governments and aid agencies to manage the spread of COVID-19 in their areas⁷. Ignoring these requests would be a missed opportunity to not only address the immediate health crisis but also to build longer-term relationships with ANSAs that could facilitate better humanitarian access in the future, create better understanding between ANSAs and humanitarian actors in relation to humanitarian principles and response as well as promote adherence to humanitarian norms and increase protection of civilians in conflict-affected areas. ANSAs – when engaged – can be a vehicle for positive change. They often have access to remote areas, logistics and communications infrastructure necessary to disseminate messaging, and in some cases have the trust of communities who may be fearful of the government and international aid organisations.

OBLIGATIONS OF STATES AND ANSAs RELATED TO COVID-19:



Respect and protect wounded and sick



Search for, collect and evacuate wounded and sick



Respect and protect healthcare personnel



Respect and protect healthcare facilities



Do not arbitrarily deny access to medical humanitarian relief



Only use humane means strictly necessary and proportionate to enforce preventive measures without harming civilians



Do not prevent civilians from moving unless for imperative health reasons



Detaining authorities are responsible for the health and wellbeing of detainees



Respect and protect medical transports



Give due warning to healthcare facilities and transports that are used to commit acts harmful to the enemy



Respect distinctive emblems



Ensure access to and provision of healthcare

Engaging with ANSAs to tackle the spread of COVID-19 is not only a humanitarian imperative to protect those living in conflict-affected areas but is also necessary to reduce the spread of COVID-19 globally. If these populations are not adequately protected – it increases risks even outside those specific geographic areas, undermining both national and global attempts to bring the pandemic under control. However, despite the requests of many ANSAs for support - barriers continue to prevent humanitarian organisations from effectively engaging ANSAs and operating outside of government-controlled areas. If as an international community we have any hope in addressing and reducing the spread of COVID-19 these barriers must be addressed as a matter of urgency:

RECOMMENDATIONS:

To Armed Non-State Actors

- **Respect and protect health care facilities, health workers and medical transports in accordance with international humanitarian law**
- **Ensure that all have equal access to medical care without discrimination (other than on medical grounds)**
- **Facilitate access of humanitarian actors, particularly those involved in the provision of health promotion and care by ensuring security and protection for health and aid workers, respecting the independence and neutrality of aid organisations, and relaxing any restrictions on the delivery of humanitarian and medical aid**

To Governments:

- **Respect and protect health care facilities, health workers and medical transports in accordance with international humanitarian law**
- **Facilitate the delivery of humanitarian assistance in non-government controlled areas by relaxing restrictions on humanitarian actors engaged in response to COVID-19 (e.g. MOU requirements, travel authorisations)**
- **Ensure that all have equal access to medical care without discrimination (other than on medical grounds) by relaxing restrictions that currently prevent civilians from accessing healthcare (e.g. requirements to present National Identity Documents)**
- **Facilitate promotion of public health information by lifting restrictions on internet access and other communication channels**

To the International Community:

- **Ensure that ANSAs are engaged in all phases of response planning to address COVID-19**
- **Ensure that adequate and appropriate resources are available to provide both medical and humanitarian response to those living in non-government-controlled areas.**
- **Ensure that public health messages are conflict sensitive and translated in relevant local language**

¹ <https://www.longwarjournal.org/mapping-taliban-control-in-afghanistan>

² "DRC Ebola Updates: Crisis Update - March 2020", MSF, 9 March 2020

³ <https://www.pravda.com.ua/columns/2020/03/21/7244421/>

⁴ <https://www.genevacall.org/syria-new-campaign-on-the-protection-of-health-care-in-armed-conflict/>

⁵ Geneva Call Baseline Survey Report (2019)

⁶ <http://opiniojuris.org/2020/04/04/covid-19-symposium-covid-19-in-conflict-affected-areas-armed-groups-as-part-of-a-global-solution/>

⁷ <http://opiniojuris.org/2020/04/04/covid-19-symposium-covid-19-in-conflict-affected-areas-armed-groups-as-part-of-a-global-solution/>