



House of Commons
International Development
Committee

Tackling violence against aid workers

Fourteenth Report of Session 2017–19

*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 23 July 2019*

The International Development Committee

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Summary

In recent years, the nature of the most significant and prolonged humanitarian crises has changed from natural disasters to man-made armed conflicts. These conflicts are now the main drivers of displacement, poverty and gender-based violence. The UN recently estimated that 139 million people worldwide were in acute humanitarian need; most of them because of armed conflict.

These conflicts are often characterised by violations of international humanitarian law—in other words the ‘rules of war’. Such violations include indirect as well as direct attacks against aid and healthcare providers (together, ‘humanitarian workers’) and their facilities. In 2018, there were 221 separate incidents of violence recorded against aid workers resulting in 126 deaths and 143 injuries. In the same year, there were 973 recorded attacks on healthcare personnel and facilities, in 23 countries, resulting in 167 fatalities and at least 710 injured. Definitional and methodological issues make it difficult to determine a definitive picture of either past harm, current trends or future risks. However, our evidence indicates pervasive perceptions that the dangers are increasing; and the number of incidents is edging upwards.

We salute the efforts of humanitarian workers to provide essential support, and longer-term development in all circumstances. The occurrence, threat and perception of violence inevitably harms these efforts in a number of ways. Firstly, there is the obvious and immediate injury and loss of life amongst a community of volunteers and professionals whose chief objective is alleviating the suffering and vulnerability of others.

Secondly, attacks on providers of aid and health care hamper, interrupt or simply stop those most in need receiving vital assistance and health services. In some circumstances, for example currently in the Democratic Republic of Congo (DRC), such violence is jeopardizing global efforts to contain and stop the spread of Ebola; elsewhere the eradication of dangerous diseases such as Polio is threatened.

Thirdly, measures to mitigate these risks and threats, and ensure the safety and security of humanitarian and health workers and facilities, also inevitably impose costs, diverting resources that otherwise could be applied to the provision of essential services and assistance. Smaller aid organisations, with fewer resources and less capacity to cover these costs, are having to make difficult choices between safeguarding staff, facilities and equipment and providing humanitarian assistance. In addition, the appearance of substantial physical security measures can act to inflame negative narratives amongst local communities, creating a vicious circle of distrust and increased threat.

In the long run, if unchecked, these trends inevitably can only pose the gravest threats to humanitarian relief—as a feasible activity and viable occupation.

International humanitarian law provides a strong legal framework to safeguard humanitarian activity in conflict. However, the rules of war seem to be increasingly ignored by state, as well as non-state, aggressors. And when transgressions occur, it is rare for accountability to be pursued and justice achieved. This appears to be equally the case whether the alleged perpetrators are part of official state forces or not.

We welcome evidence of the Department for International Development's (DFID's) efforts in terms of risk assessment, due diligence and the exercise of its duty of care, towards staff and partners at a programme level. We also welcome indications of the UK's advocacy at a global level in support of the observance of international humanitarian law and pursuit of accountability.

We believe that DFID's international standing as a provider of humanitarian relief, and its commitment to substantial expenditure of Official Development Assistance in fragile states, confers upon the UK both the opportunity and the responsibility to redouble its advocacy efforts and seek to establish a global leadership role in resurrecting respect for the rules of war; in particular, the previous acceptance of amnesty for non-combatants providing humanitarian relief and health care in the midst of violence and carnage. This must include pressing the international community to hold to account those responsible for breaches of international humanitarian law, irrespective of whether they are state or non-state actors.

1 Introduction

Our inquiry

1. This short report is based on two oral evidence sessions aimed at exploring the dangers faced by humanitarian workers in conflict-affected settings and the UK Government's policies and actions in this area.¹ We heard from representatives of the international aid community (the United Nations and Red Cross)—including one witness with direct experience of abduction; specialist risk management organisations; and the Department for International Development (DFID).² Having decided to produce this interim report, we also drew on: evidence taken in other inquiries (for example, on tackling Ebola in the Democratic Republic of Congo³ and humanitarian crises in Gaza,⁴ Syria,⁵ Yemen,⁶ South Sudan⁷ and Venezuela⁸); a review of the available literature; and consultation with experts and academics in the humanitarian security and risk management field.

2. The areas explored in evidence covered:

- the scale of the threats and challenges that humanitarian workers face in fragile and conflict-affected states;
- the impact of threats of violence on the delivery of humanitarian assistance;
- the management of safety and security risks in hostile and insecure settings;
- the role the UK government plays in supporting aid worker safety and security; and
- the protections afforded by international humanitarian law in theory and in practice.

3. Our report, and its conclusions and recommendations, should be considered as interim. Once we have received the Government's reply—and any other feedback invited—we will consider what further evidence-gathering and other steps are merited.

1 Definitions of 'humanitarian' work and workers are not straightforward and are discussed in Chapter 2.

2 Vincent Cochetel, Special Envoy for the Central Mediterranean Situation, UNHCR; Sir Stephen O'Brien, former UN Under-Secretary General for Humanitarian Affairs; Mark Brailsford, International Committee of the Red Cross (3 April 2019); Lisa Reilly & Fredrik Palsson, European Interagency Security Forum; Dr Andrew Murrison MP, Minister of State for International Development & Matthew Wyatt, Deputy Director and Head of Conflict, Humanitarian and Security Department, DFID (25 June 2019)

3 [Ebola in the Democratic Republic of Congo, HC 2214](#)

4 [Humanitarian response in Gaza, HC 953](#)

5 [Humanitarian situation in Syria, HC 1877](#)

6 [Humanitarian situation in Yemen, HC 1505](#)

7 [Humanitarian response in South Sudan, HC 605](#)

8 [Humanitarian situation in Venezuela, HC 1928](#)

2 Aid under attack

Introduction

4. Every day, thousands of women and men brave dangers, threats and risks—in addition to other challenges and difficulties—to deliver essential humanitarian relief, vital health care and other development assistance to people in insecure and conflict-riven parts of the world. We concur whole-heartedly with the admiration and gratitude expressed by Ministers and so many of our witnesses, over time, for the courage, fortitude and sheer hard work of the vast majority of these workers (whether working in their own or a foreign country).

5. Our evidence, in this short inquiry as well as our regular examination of the worst humanitarian crises across the globe, is clear that the perception of risk and threat to humanitarian workers is getting more grave. There are certainly challenges to ascertaining a clear picture—especially of trends over time—due to difficulties defining aid, humanitarian and development work and workers in the first place; identifying causation between such employment status and the violence or other harm occurring; and establishing confidence in the levels of reporting (including *threats* of violence and reporting of sexual violence).⁹ Dr Andrew Murrison MP, Minister of State for International Development, told us that:

... we believe that not only are the numbers quite frightening, in terms of attacks on aid workers and ... medical aid workers ... but the tempo appears to be increasing.

He added, however, that:

the informatics are not brilliant.

We therefore welcome the Minister's additional evidence that:

... the UK Government have funded a project to look at medical aid workers in particular, in pursuit of United Nations (UN) Security Council Resolution 2286 ... It is £2.5 million over five years, led by the University of Manchester, with the assistance of the World Health Organization and others, to better delineate this issue.¹⁰

Definitions and sources of data

6. In this report we refer to attacks on aid and health care in conflict-affected settings. The definitions for these different types of worker and the main sources of quantitative evidence are shown in Box 1. We use the term 'humanitarian workers' to refer to both aid and healthcare personnel together.

9 See, for example, [Humanitarian security in the age of risk management, Michäel Neuman and Fabrice Weissman, 29 March 2016](#). Accessed on 23 July 2019

10 Q52. The project referred to is part of a programme intended to improve data collection on attacks on health care in armed conflict. Source: [DFID Development Tracker, Building an evidence base on the protection of people affected by conflict \(BEPAC\), Business Case and Summary 30084](#)

Box 1: Aid and healthcare worker definitions and principal sources of data on attacks

	Aid worker	Healthcare worker
Definition	Aid workers are defined as the employees and associated personnel of not-for-profit aid agencies (both national and international) that provide material and technical assistance in humanitarian relief contexts. This includes both emergency relief and multi-mandated (relief and development) organisations: NGOs, the International Movement of the Red Cross/Red Crescent, donor agencies and the UN agencies belonging to the Inter-Agency Standing Committee on Humanitarian Affairs. The aid worker definition includes various locally contracted staff (for example, drivers, security guards, etc.), and does not include UN peacekeeping personnel, human rights workers, election monitors or purely political, religious, or advocacy organisations. ¹¹	Healthcare workers include vaccination workers, paramedics, nurses, doctors, midwives, patients, community volunteers, and drivers and guards. ¹²
Evidence sources	Aid Worker Security Database (AWSD). The AWSD is a project of Humanitarian Outcomes . It records major incidents of violence against aid workers. ¹³ Stoddard, A., Harvey, P., Czwaro, M., & Breckenridge, M. (2019). Aid Worker Security Report 2019 . Humanitarian Outcomes, June 2019.	Safeguarding Health in Conflict Coalition. The Coalition brings together data on attacks on health care in conflict affected countries from bodies such as the World Health Organization (WHO), other United Nations (UN) agencies and Coalition members as well as from open source data. ¹⁴ Safeguarding Health in Conflict Coalition, Impunity Remains: 2018 Attacks on Health Care in 23 Countries in Conflict , May 2019
	There is a degree of overlap between the AWSD and Coalition datasets. For example, some victims of attacks on health care will be affiliated to humanitarian organisations such as the International Red Cross/Red Crescent and Médecins Sans Frontières (MSF). In these instances, they may be counted in both datasets.	

11 [Aid Worker Security Database, About this data](#). Accessed on 23 July 2019

12 Safeguarding Health in Conflict Coalition, [Impunity Remains: 2018 Attacks on Health Care in 23 Countries in Conflict](#), May 2019

13 [Aid Worker Security Database Home Page](#)

14 [Safeguarding Health in Conflict Coalition, SHiCC Database](#)

The changing nature of humanitarian crises

7. A significant factor in the ‘tempo’ of violence against aid and healthcare workers must be that, over last 25 years, the nature of the predominant and preoccupying humanitarian crises has changed from natural disasters to protracted man-made armed conflicts.¹⁵ Between 2006 and 2016, the number recorded for conflicts worldwide rose from 278 to 402.¹⁶ Conflict has become a major driver of displacement, poverty, poor physical and mental health and gender-based violence. The UN recently estimated that 139 million people worldwide are in acute humanitarian need, many of them because of armed conflict.¹⁷ Operating in such environments is increasingly, and inevitably, exposing humanitarian workers to risks and threats. In addition to the dangers of collateral and accidental harm from attempting to continue to work in fraught circumstances and areas, there is also clear evidence of aid and health workers being deliberately targeted by violence for a variety of reasons.

Attacks on aid and health care

Attacks on aid workers and operations

8. During 2018, the Aid Worker Security Database (AWSDB) recorded 221 major incidents of violence against aid workers, resulting in 126 deaths. In the same year, 143 aid workers were wounded and 130 kidnapped.¹⁸ (*Figure 1*.)

- The 126 aid workers killed in 2018 is the third highest recorded annual death toll behind 2017 (139) and 2013 (156).¹⁹
- The European Interagency Security Forum (EISF) told us that serious incidents of violence against aid workers were largely concentrated in a small number of heavily conflict-affected countries and that: “through professionalisation and better understanding of risk in the way we work, in the majority of countries, it is hopefully getting safer.”²⁰ During 2018, two-thirds of attacks against aid workers (146) occurred in five countries: South Sudan, Syria, Afghanistan, the Democratic Republic of Congo (DRC) and the Central African Republic.²¹
- The tactics used by warring parties in violence-affected countries reflect the broader conflict dynamics in each setting. For example: in South Sudan, incidents involving gunfire are the most common form of violence affecting aid workers; whereas in Syria aerial bombardment by state forces is the most common type of attack (*Figure 2*).²²

15 [Q20](#)

16 [DFID Development Tracker, Building an evidence base on the protection of people affected by conflict \(BEPAC\), Business Case and Summary 30084.](#)

17 [UN Security Council, 8499th meeting, 1 April 2019.](#) Accessed 24 June 2019.

18 Stoddard, A., Harvey, P., Czwaro, M., & Breckenridge, M. (2019). [Aid Worker Security Report 2019.](#) *Humanitarian Outcomes*, June 2019

19 *Ibid.*

20 [Q37](#)

21 Stoddard, A., Harvey, P., Czwaro, M., & Breckenridge, M. (2019). [Aid Worker Security Report 2019.](#) *Humanitarian Outcomes*, June 2019

22 *Ibid.*

- Local and locally-engaged aid workers bear the brunt of the violence. Most of the aid workers killed and injured are nationals of the country they were working in, reflecting, among other things, increased localisation of aid in high-risk, conflict-affected settings. In 2018, 370 (93%) national aid workers were victims of violence compared to 29 internationals.²³
9. These data fit an ongoing pattern:
- The AWSD shows that, over the decade preceding 2018 (2009 to 2018), the number of aid worker victims averaged 323 a year. On average, 110 aid workers are killed each year, 114 are wounded and 100 are kidnapped.²⁴
 - Over the past 10 years, the trend in the number of violent incidents involving aid workers has edged upwards. However, the peak year occurred in 2013 when 156 aid workers were killed.²⁵ (*Figure 1.*)
10. Available data on violence involving aid workers do not capture the full picture. It is likely that the recorded figures underestimate the full extent and impact of recent violence in relation to humanitarian operations. For example, sub-contractor casualties may not be fully reflected in the data and threats of hostilities are typically not recorded.
11. Also, somewhat unclear is the extent to which the incidence of deaths, injury and other harm is related to changes in, for example, the aid worker population. Obviously, *one* fatality is one too many but in terms of assessing trends and effective mitigations a robust view of the trajectory of risk and threat is important. In 2010, a study published by the Australian Council for International Development said aid work, at 42 fatalities per 100,000 per year, was the fourth most dangerous profession in the world.²⁶

Attacks on health care

12. The scale of the threat to healthcare personnel and facilities in conflict-affected countries appears to be even greater than that to aid workers and their operations. According to the Safeguarding Health in Conflict Coalition there were at least 973 recorded attacks on health facilities and health personnel in 23 countries in conflict in 2018.²⁷ At least 167 health workers died and at least 710 were injured as a result of these attacks.²⁸ It is particularly worrying that, of the 973 attacks on health facilities and personnel in 2018, no fewer than 308 were recorded in Israel and the Occupied Territories, reflecting the sharp increase in violence that has taken place on Israel's border with Gaza in the past year.²⁹

23 Ibid. It is not clear from the available evidence whether these figures reflect significant disparities in exposure to risk alone or to what extent they reflect the total numbers of aid and health workers 'on the ground' in each category

24 International Development Committee calculation based on Table 1 of Stoddard, A., Harvey, P., Czwarno, M., & Breckenridge, M. (2019). [Aid Worker Security Report 2019](#). *Humanitarian Outcomes*, June 2019

25 Stoddard, A., Harvey, P., Czwarno, M., & Breckenridge, M. (2019). [Aid Worker Security Report 2019](#). *Humanitarian Outcomes*, June 2019

26 [Aid work one of the world's most dangerous occupations—World Humanitarian Day, Reliefweb 19 August 2019](#). A brief review of current comparisons of dangerous professions does not reveal aid, development or humanitarian workers featuring prominently (but may reflect the lack of consensus over definitions of humanitarian work and workers)

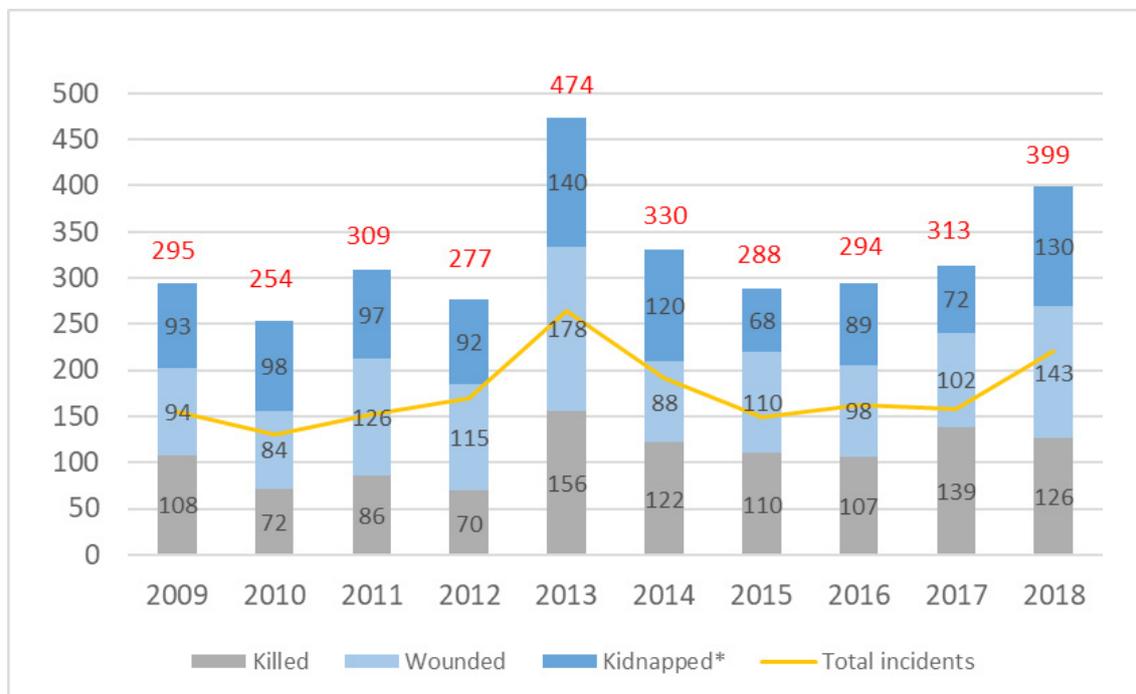
27 [Safeguarding Health in Conflict Coalition, Impunity Remains: 2018 Attacks on Health Care in 23 Countries in Conflict](#), May 2019

28 Ibid.

29 257 such attacks were perpetrated in Syria in 2018

13. It is difficult to determine a clear pattern for attacks on health over time as there is a lack of reliable trend data. The number of reported attacks in 2018—973—is higher than the 701 instances reported in 2017. But the Coalition is not able to determine whether this is a result of an increased number of attacks or an improvement in reporting.³⁰

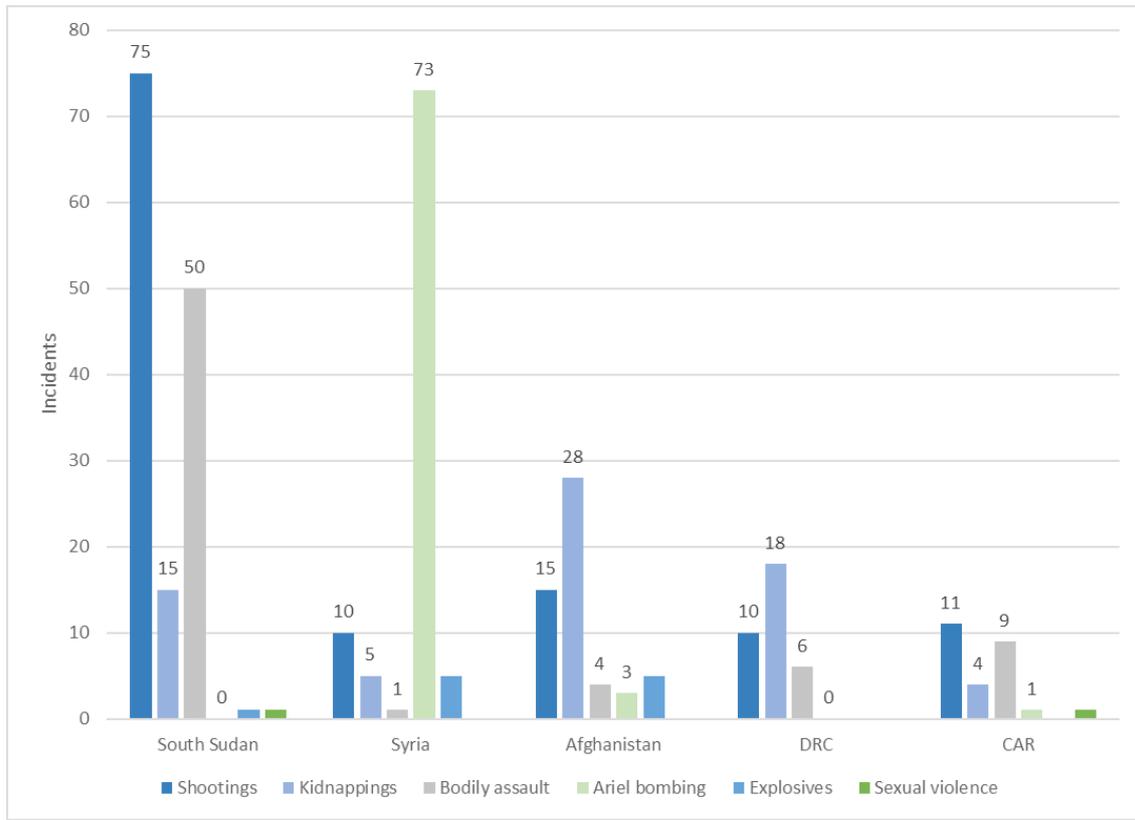
Figure 1: Violence against aid workers: Attacks and victims, 2009–2018



Note: * Live release or escape (kidnappings where victims were killed are counted in the 'killed' totals)

Source: Stoddard, A., Harvey, P., Czwarono, M., & Breckenridge, M. (2019). [Aid Worker Security Report 2019](#). *Humanitarian Outcomes*, June 2019

Figure 2: The countries with the five highest number of attacks on aid workers—by form of attacks—between 2016 and 2018



Source: Stoddard, A., Harvey, P., Czwarno, M., & Breckenridge, M. (2019). [Aid Worker Security Report 2019](#). *Humanitarian Outcomes*, June 2019

Sexual violence

14. Intuitively, humanitarian workers operating in conflict environments—including where sexual violence may be regarded as a ‘weapon of war’ by some forces and groups—are likely to be subject to heightened risks.

15. Sexual violence appears likely to have been as significantly under-reported by aid workers as it has been in other sectors). Over the 21 years that the Aid Worker Security Database has been recording incidents, there have been only 29 reported incidents of sexual violence.³¹ It is possible also that sexual violence occurring within the context of other forms of attack has not been explicitly reported or coded as a different category.³² Violence against aid workers with diverse profiles is not reported or recorded separately.³³

Targeting of humanitarian workers

16. Vincent Cochetel, the UNHCR Special Envoy for the Mediterranean Situation, told us that the threat of violence against humanitarian workers is increasing because they have become a target.

31 Stoddard, A., Harvey, P., Czwarno, M., & Breckenridge, M. (2019). [Aid Worker Security Report 2019](#). *Humanitarian Outcomes*, June 2019

32 Ibid.

33 Ibid.

Some 20 or 30 years ago, aid workers who lost their lives were part of the collateral damage in the conflicts where they worked. Today, [humanitarians] are a target because [they] represent the perceived humanitarian arm of political decisions taken elsewhere. [...] In the last 15 years, you see that clearly.³⁴

17. Mr Cochetel, amongst other witnesses, also said that the deliberate targeting of humanitarians has arisen because armed groups are not abiding by the “rules of war”—the body of rules under international humanitarian law (IHL) designed to protect civilians, medical staff and humanitarian aid workers in conflict settings.³⁵ (The protections afforded under IHL are covered in Chapter 3 of this report.)

Perpetrators of attacks

18. Our evidence also drew attention to analysis performed by Humanitarian Outcomes in 2017 looking at the perpetrators of violence against aid workers.³⁶³⁷ This analysis found that most attacks are perpetrated by non-state armed groups (NSAGs) such as the Taliban and Islamic State; global NSAGs such as Al Qaeda; and state actors (which include host state and foreign actors).

- Between 2011 and 2016, national and sub-national level NSAGs were responsible for 60% of known group-perpetrated incidents, followed by state actors (24%) and global NSAGs (7%).³⁸
- NSAGs are responsible for smaller numbers of attacks but higher fatality rates. They are more lethal in their means and often specifically target international aid workers.³⁹
- However, when measured by body count alone, states are responsible for the highest number of aid worker fatalities. In 2015 and 2016, 54 aid workers were killed by state actors. This was mainly the result of airstrikes by Russia and the US in Syria and Afghanistan and an upsurge in state-sponsored violence in South Sudan.⁴⁰

19. Data on attacks on health care in countries in conflict compiled by the Safeguarding Health in Conflict Coalition reinforce these findings. In the Coalition’s most recent report, it received reports of specific perpetrators in 47% of the incidents against health workers recorded in its database. Of these incidents, 71% were attributed to state forces and 27% to non-state forces.⁴¹ In the past year, attacks on aid operations and health care by state actors appear to have been concentrated in Israel, Syria and Yemen. *Figure 3* provides some examples of attacks by state actors on aid and health care that potentially violate international humanitarian law.

34 [Q2](#)

35 [Q1](#)

36 [Qq4–6, 8](#)

37 Stoddard, A., Harmer, A., Czwarno, M. (2017). [Aid worker security report 2017, behind the attacks: A look at the perpetrators of violence against aid workers](#). Humanitarian Outcomes, August 2017

38 [Ibid.](#)

39 [Ibid.](#)

40 [Ibid.](#)

41 [Safeguarding Health in Conflict Coalition, Impunity Remains: 2018 Attacks on Health Care in 23 Countries in Conflict](#), May 2019

Figure 3: Case studies of attacks by state actors on aid and health care operations in the past year

Location	Date	Description of incident
Syria	Throughout April-June 2019	In Hama and Idlib governorates, Syrian Government and Russian airstrikes and shelling continued to damage or destroy health care facilities and schools amid what is widely considered to be a systematic assault, forcing humanitarian actors to suspend their programmes. Sources estimate that around 32 medical facilities and 64 schools were attacked from April 26 to June 15.
Yemen	2018	Three years of conflict in Yemen have led to the near total collapse of the country's health system. In 2018, there were at least seven aerial attacks on health facilities and one further aerial attack on an ambulance, as well as 15 cases of surface shelling on health facilities and transports.
Israel and the Occupied Palestinian Territories	2018	In 2018, the Safeguarding Health in Conflict Coalition identified 308 attacks that affected health workers, facilities, and transport. Three health workers were reportedly killed, and, at least, 564 were injured. The Coalition received information regarding perpetrators in 114 of the attacks; 112 attacks were reportedly perpetrated by Israeli forces. In 2019, the UN Independent Commission of Inquiry on protests in Gaza in 2018 found reasonable grounds to believe that Israeli snipers shot at non-combatants, including health workers (of whom 3 were killed and 39 injured by live ammunition), "knowing they were clearly recognizable as such".

Sources: [Insecurity Insight](#); Stoddard, A., Harmer, A., Czwaro, M. (2017). [Aid worker security report 2017, behind the attacks: A look at the perpetrators of violence against aid workers](#). Humanitarian Outcomes, August 2017; [Safeguarding Health in Conflict Coalition, Impunity Remains: 2018 Attacks on Health Care in 23 Countries in Conflict](#), May 2019; and [Report of the independent international commission of inquiry on the protests in the Occupied Palestinian Territory to the UN Human Rights Council, 02/2019](#)⁴²

20. In oral evidence, Vincent Cochetel, emphasised a further risk dynamic, complicating the picture, involving organised crime. Referring to hostage-taking as “big business”, he told us:

That is one of the new features of many conflict and post-conflict situations, where you see much more cross-fertilisation between militant groups and criminal organisations. They co-operate with each other. They share interests and they share the knowhow on how to target humanitarian aid workers.⁴³

42 See also Government of Israel [response](#)

43 [Q1](#)

In this context, we were struck also by the caution requested by the Government of the DRC over discussion of donor funding in relation to the Ebola crisis. Department for International Development (DFID) Minister Harriett Baldwin told us:

We have been told by the Government of the Democratic Republic of Congo that, because this is a very poor area and a lot of money is flowing in through some of the actors in this response, they believe that mentioning amounts of money puts a target on the head of some of the responders. I would not want to disagree with them in their assessment. We have already had the very sad loss of Dr Mouzoko Kiboung and ... 119 attacks altogether on health workers.⁴⁴

Impact of attacks on humanitarian operations

21. Attacks on aid are harming humanitarian relief operations. Apart from the immediate human suffering, attacks and the threat of violence can deprive those most in need from gaining access to humanitarian aid and essential health services;⁴⁵ and jeopardize global efforts to stop and contain the spread of dangerous diseases.

- During the Committee's oral evidence session on Ebola in the Democratic Republic of Congo (DRC), we heard that the severity of attacks on health workers and threats of violence are having a big impact on treating people, gaining access to the populations that are being affected and preventing further spread of the disease.⁴⁶
- In Pakistan, efforts to eradicate Polio are being hampered by attacks on Polio vaccination workers and facilities. The attacks are being driven by 'fake news' about the adverse effects of polio vaccine on children.⁴⁷

22. In response to rising security threats, we were told that international aid organisations have withdrawn from volatile and insecure environments or adapted their approach to shield their staff and programmes from outside threats. For example, through heightened security measures such as the use of armed protection, armoured vehicles and the construction of bunkers that aid staff can retreat to in the event of attack; and the transfer of risk to local delivery partners to maintain an aid organisation's presence in hard to reach areas with the minimum exposure to security risks.⁴⁸ However, hard security measures and remote implementation come at a cost.

- It is estimated that roughly 6% of global annual expenditure on humanitarian aid is spent on protection and coordination.⁴⁹ This absorbs resources that could be spent on targeting and helping aid beneficiaries who are most in need.⁵⁰
- Remote implementation can result in the transfer of risk to smaller, local delivery partners that have less resources and capacity to protect their staff.⁵¹

44 [Q29](#)

45 [Qq7, 20, Q38](#)

46 [HC 2214, Q12](#)

47 [In Pakistan, attacks on polio workers stop vaccination drive](#), Devex, 3 Jun 2019. Accessed 24 Jun 2019.

48 [Qq 7, 28](#)

49 [Development initiatives global humanitarian assistance report 2016](#) (figure not included in 2017 or 2018 reports), Chapter 6. Accessed 27 Jun 2019

50 [Q38](#)

51 [Q1](#), and [HC 2214, Qq3, 23 and 24](#)

- The European Interagency Security Forum (EISF) told us that the use of hard security measures, such as armed protection and convoys, can “solve the immediate issue but [create barriers] between the providers of aid and the community”.⁵² This can undermine the acceptance and understanding that an aid organisation has been trying to gain; make it more difficult to reach out to potentially hostile communities; and, in some cases, incite extremist rhetoric and increase the danger of attacks. Johan Eldebo, Regional Security Director for World Vision, said: “There is a difference between a doctor coming to your house by himself and a doctor coming to your house in an armoured vehicle with guns. In most parts of the world, that is not seen as a good thing.”⁵³

Denials of humanitarian access

23. Incidents of denials of access to aid and health care are not recorded systematically. However, the incidents that have been documented, and in some cases reported to this Committee, involve both physical and administrative barriers perpetrated by both state and non-state actors. For example, we were told during our inquiry into the situation in Yemen that humanitarian access to populations in need had progressively worsened due to men with guns and power stopping relief efforts through bureaucratic and other methods.⁵⁴ In our Burma, Bangladesh and Rohingya inquiry we heard that gaining humanitarian access to Cox’s Bazar and the Rohingya community on the Burmese side of the border was challenging and administratively very burdensome.⁵⁵ Similarly, the core of the evidence we heard on the humanitarian crises in Gaza and in Venezuela was the politically vexed question of access for aid and relief material and workers to people in dire need.⁵⁶

52 [Q45](#)

53 [HC 2214, Q22](#)

54 [HC 1505, Q3](#)

55 [HC 1494, Qq11, 37, 40](#)

56 See [Humanitarian response in Gaza, HC 953](#) and [Humanitarian situation in Venezuela, HC 1928](#)

3 Shielding aid from violence

Security risk management in the aid sector

The relevance of safety and security risk management to the Department for International Development (DFID)

24. The UK Aid Strategy published by the Department for International Development (DFID) and HM Treasury in November 2015 commits DFID to spending at least 50% of its overseas aid budget in fragile states and regions to tackle instability, insecurity and conflict; and promote peace and stability.⁵⁷ (Figure 4 shows which countries count as fragile states.) DFID exceeded its 50% target in 2016 (59%) and 2017 (51%) after the target was set; and exceeded the target in 2013 (55%), 2014 (55%) and 2015 (57%) before the target was set.⁵⁸

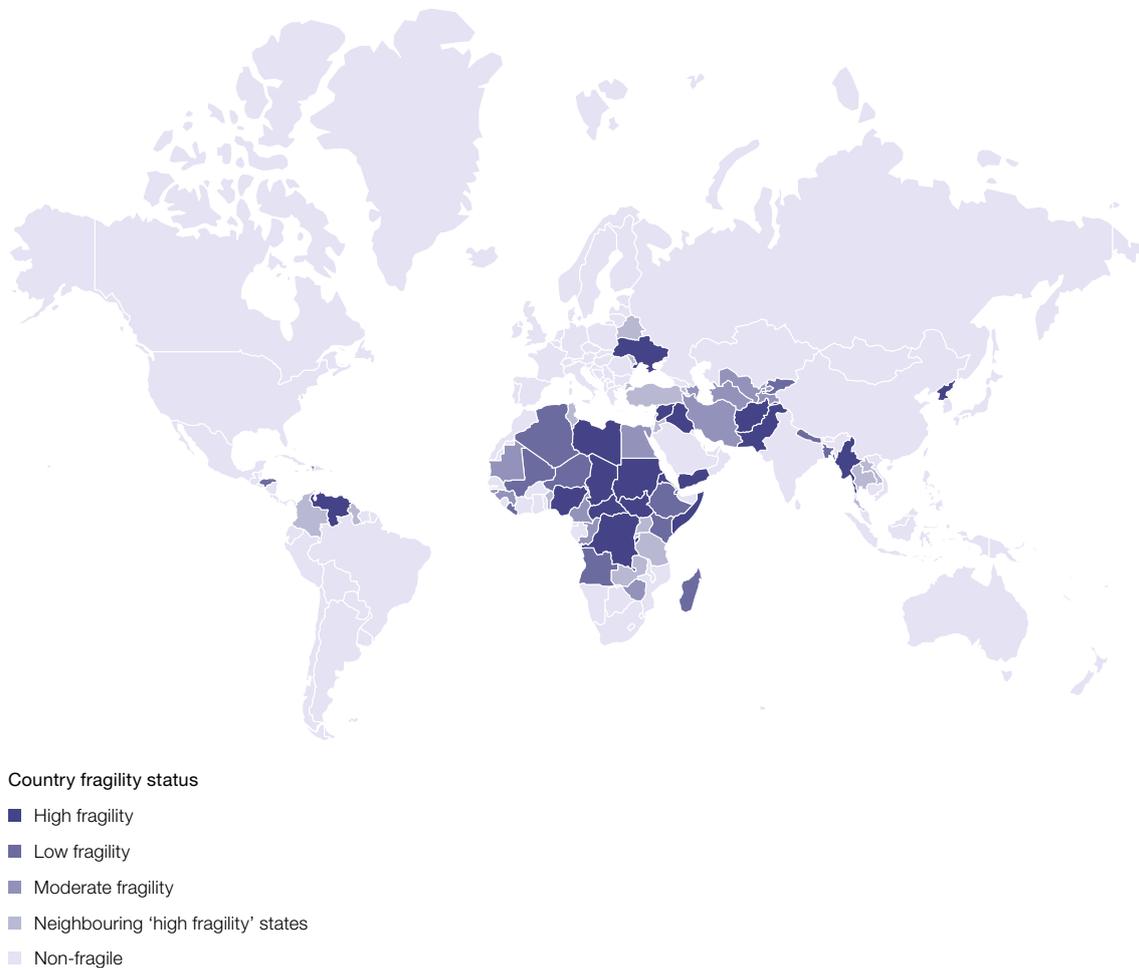
25. The UK government's policy to channel aid to some of the most challenging locations in the world effectively pushes aid, and aid workers, into potentially violent settings. The UK should therefore do everything it can to help ensure those working in the humanitarian aid community are as safe as possible. Addressing the safety and security risks faced by humanitarian workers in hostile and insecure environments helps to lower vulnerability; and leads to safer and more effective humanitarian operations.

26. In response to our questions, DFID accepted that, because the UK is such a big donor and because it has put such emphasis on fragile states where a lot of aid worker casualties will arise, there is merit in the UK doing more to put pressure on other donors, the United Nations (UN) and other multilateral agencies to place greater emphasis on the protection of aid workers and health workers. In the view of DFID, our inquiry into this topic was timely and provided an opportunity to air the issues in the House and for the Government to respond.⁵⁹

57 HM Treasury and Department for International Development, [UK Aid: Tackling Global Challenges in the National Interest, November 2015](#), para 3.8

58 [Comptroller and Auditor General, The effectiveness of Official Development Assistance expenditure, Session 2017–2019, HC 2218, National Audit Office, June 2019, Figure 6](#)

59 [Q61](#)

Figure 4: Countries classified by DFID as fragile states

Source: [Comptroller and Auditor General, The effectiveness of Official Development Assistance expenditure, Session 2017–2019, HC 2218, National Audit Office, June 2019, Figure 6](#)

Duty of care in the humanitarian sector

27. Like any other employer, humanitarian organisations are required to meet adequate duty of care standards to protect their personnel from harm or injury in the workplace. In the context of humanitarian action, such a standard can perhaps be best framed as the organisation's obligation to manage and address foreseeable risks, which will be context-specific.

28. Ignoring or neglecting duty of care can place an aid organisation, its staff and its reputation at risk. *Dennis v Norwegian Refugee Council (NRC) (2015)*—a compensation ruling that found in favour of an aid worker who was kidnapped and injured while employed by the NRC—underlines the repercussions organisations could face in the event they do not meet adequate duty of care standards.⁶⁰

60 [European Interagency Security Forum, *Duty of Care: A review of the Dennis v Norwegian Refugee Council ruling and its implications \(2nd Edition\)*, 2016](#)

29. Although the *Dennis v NRC* ruling involved legal responsibility towards a contractual employee, aid organisations may owe those who are not employees—such as independent contractors, volunteers and those working for downstream delivery partners—an “ethical duty of care”. The EISF told us it is important that aid agencies, whose mission is around human dignity should consider their moral and ethical obligations in terms of duty of care to non-employees working in insecure environments.⁶¹ Practical ways of demonstrating this ethical responsibility might include the provision of security training to local delivery partners or allowing sufficient headroom in delivery partner budgets to strengthen security.

Inclusive security risk management

30. We noted in Chapter 2, *Aid under attack*, of this report that data on sexual violence are weak across the aid sector and incidents are significantly under-reported. As a consequence, strategies to counter those threats can be based on assumptions that lack empirical support. The revelations of sexual abuse in Haiti, where the perpetrators the abuse were aid workers, and the publication of our report on sexual abuse and exploitation in the aid sector in July 2018 were a wake-up call for the sector.⁶² Since then, the aid sector has started to develop and publish guidelines to tackle gender-based violence as well as other personal identity characteristics such as ethnicity, disability and sexual orientation.⁶³

Specialist risk management organisations

31. To counter rising security threat levels, the international humanitarian community has created collaborative organisations such as the European Interagency Security Forum (EISF), which started in 2006, and the International NGO Safety and Security Association (INSSA), founded in 2008, to strengthen humanitarian security risk management, share good practice and support aid organisations operating in fragile and conflict affected countries. Another organisation, the International NGO Safety Organisation (INSO), formed in 2011, has a mandate to establish and operate NGO Safety Offices (NSOs) which provide in-country support and advice to humanitarian organisations operating in high risk countries. These organisations are funded through membership fees and contributions from international donors.⁶⁴

32. DFID provides funding to the EISF and INSO through its ‘Security and Risk Management in Hostile Environments’ (2013–18) and ‘Humanitarian Global Services’ programmes (2018–21). (Paragraphs 36–37 of this Report provide further details about this support.)

61 [Q44](#)

62 International Development Committee, [Sexual exploitation and abuse in the aid sector, Eighth Report, Session 2017–19, HC 840, 31 Jul 2018](#)

63 For example, EISF (2018), [Managing the Security of Aid Workers with Diverse Profiles](#). European Interagency Security Forum (EISF); and EISF (2019), [Managing Sexual Violence against Aid Workers: prevention, preparedness, response and aftercare](#). European Interagency Security Forum (EISF)

64 Sources: [European Interagency Security Forum \(EISF\)](#), [International NGO Safety and Security Association \(INSSA\)](#) and [International NGO Safety Organisation \(INSO\)](#) websites. Accessed on 1 Jul 2019

Strategies to counter threats to humanitarian workers and operations

33. During this inquiry, we heard that there are various means of countering threats to humanitarian workers. The safety and security triangle within which aid workers normally work can be grouped under three strategies: protection, deterrence and acceptance.⁶⁵ Protection and deterrence typically mean physical security measures such as personal protection (for example, protective clothing), hardened compounds and armed escorts; while acceptance refers to ‘softer’ strategies designed to build trust and understanding among the communities that aid is intended to help. The weight an aid organisation gives to each strategy will depend on what normally works best for that organisation and the particular setting in which aid is being delivered.

34. As set out above in paragraph 22, the use of hard security measures, while appearing to solve the immediate issue, come at a cost. They can undermine the acceptance and understanding that an aid organisation has been trying to build; and make it more difficult to reach out to potentially hostile communities. Reflecting on his experience of being kidnapped in 1998, Vincent Cochetel told us that:

“[T]he main area of reflection afterwards for me was to ask: ‘how do they see us?’ I mean both the militant groups out there, which we may have to work with because they control part of the territory where we work, and the war-affected population more generally. We proceed on [...] lots of assumptions that are wrong. One of [the assumptions] is that humanitarian aid and the delivery of aid itself will protect you and your staff, because the people know what you are doing. [...]

“We are still often viewed as having western values, being western-funded, with high suspicion regarding our motives. [...] “You need to compensate that by engagement, by knowing the people, by being extremely modest, and by not being too candid about the interaction that you have. Build that mutual interest and maintain a high quality of service, because people will value the service you provide as long as we are culturally sensitive to the environment in which we operate.

“My main takeaway from those 11 months of captivity on the professional side is to invest more time in the perception of who we are vis-à-vis the affected community and what the threats out there are, knowing that they are very different from one situation to another.”⁶⁶

35. On gaining acceptance, DFID told us that:

“... I suspect part of the issue is a failure to appreciate some of the cultural sensitivities, which very often leads to misunderstanding. There is a piece of work to be done to better explore that and perhaps get it right in the future, but there is also a piece of work about education of the host population, so that they better understand what is being done for them, to try to dispel some of the suspicion that can lead to the hostility of the sort that we have seen.”⁶⁷

65 [Q45](#)

66 [Q1](#)

67 [Q60](#)

36. There is little direct evidence available about the effectiveness of different safety and security strategies or combinations of those strategies.

UK Government policy to support aid worker security

37. The UK Government's 'safety first' and Humanitarian Reform Policies commits it to upholding international humanitarian law to help protect civilian workers in conflict situations. At the same time, DFID's Due Diligence Framework requires DFID to assess bids for programme and project funding to confirm that measures are being put in place to counter risks to the safety and security of bidders' staff. DFID also provides funding to organisations that support humanitarian organisations' security capabilities.

'Safety first'

38. We welcome the thrust of the 'safety first' policy outlined to us by successive Ministers. In relation to the situation in Syria, for example, former Minister of State, Alistair Burt MP, told us:

... the first and most immediate thing is you do not put people into situations where they are at maximum risk. It is essential to use any information we have to feed back to agencies and keep people protected from going into certain areas. ... The most important thing, and the best thing, is to make sure that if the risks are too great then they do not go. That then involves consultation with those on the ground in order to say, "The people that you have a responsibility for now under humanitarian law cannot be supplied by us because of your actions or actions of those connected with you. This must stop".⁶⁸

Mr Burt's successor Dr Andrew Murrison MP, told us:

It is a bit like aviation safety, where aviation companies would say, "Safety is just what we do day to day and, therefore, it is difficult to strip it out as a work strand". I would very much hope that this would run through the stuff that we and our agencies do—those that we pay to do work—in a similar kind of fashion, with a total-safety approach.

...

I like to think of this in a three-pillared way. We discharge all of this through advocating [IHL]; providing direct funding; and doing all we can to protect our own staff.⁶⁹

UK government's Humanitarian Reform Policy

39. DFID's UK Government's Humanitarian Reform Policy published in 2017 sets out the UK's overall position on humanitarian aid. It stresses the UK government's adherence to international humanitarian law (IHL) and humanitarian principles. In particular, that certain groups, including humanitarian workers, should be afforded special protection

68 [HC 1877, Q8](#)

69 [Qq57-58](#)

in conflict situations; and humanitarian space should be maintained in armed conflicts to allow aid workers to access those in need safely, and support them regardless of any political or other discriminating factors.⁷⁰ (The protections afforded under IHL are covered in paragraphs 44–47 of this Report.)

DFID's Due Diligence Framework

40. DFID's Due Diligence Framework requires the Senior Responsible Owner (SRO) of a DFID funded aid programme to carry out a due diligence assessment to gain assurance that a potential delivery partner has the capacity and capability to deliver aid.⁷¹ Among other things, delivery partners should demonstrate that they have put, or are putting, measures in place to counter risks to the safety and security of their staff.^{72,73} DFID told us that its Due Diligence framework extends beyond assessing a delivery partner's capacity and capability to ensure the safety and security of its own staff to the due diligence a partner carries out further down the chain if it chooses to subcontract.⁷⁴

41. Ensuring the safety and security of humanitarian workers and facilities means that humanitarian organisations are having to make difficult choices between safeguarding staff, facilities and equipment and providing aid. We were told that smaller humanitarian organisations could be disadvantaged compared to their larger counterparts when bidding for aid funded programmes and projects as they do not have the same resources or economies of scale to safeguard their staff in insecure environments.⁷⁵ DFID told us that organisations bidding for aid funded programmes and projects are not required to identify the additional costs of protecting aid workers in a separate line in their bid. Normally, safety and security are treated as running costs and consolidated into overheads.⁷⁶ Currently, there is no way of disaggregating the costs of doing protection of aid workers from the general budget.⁷⁷

DFID funding and support to humanitarian sector security capabilities

42. In recent years, DFID has invested in two programmes designed to strengthen and support security capabilities in the humanitarian sector.

- **Security and Risk Management in Hostile Environments programme, 2013–18.** To counter rising security threats to aid workers, the UK government provided financial support amounting to £1.6 million between 2013 and 2018 on projects designed to reduce the risks faced by humanitarian organisations and their staff in fragile or conflict affected regions of the world. The support was provided through grants to organisations dedicated to the safety of humanitarian aid workers such as the European Interagency Security Forum (EISF) and the International NGO Safety Organisation (INSO). The funding has supported additional training programmes for aid workers, the setting up of humanitarian safety offices and the strengthening of security risk management. (*Figure 5*).

70 [DFID, UK government's humanitarian reform policy, Oct 2017](#). Accessed 29 Jun 2019

71 [DFID Due Diligence Guide–Risk and Control, DFID July 2018](#), Accessed 23 July 2019

72 [Ibid.](#)

73 [Q53](#)

74 [Q55](#)

75 [Q24](#), [Q55](#)

76 [Q54](#)

77 [Q52](#)

- Humanitarian Global Services programme, 2018–21.** Following the completion of the Security and Risk Management in Hostile Environments programme, DFID launched the Humanitarian Global Service programme. This programme brings together new and existing workstreams—covering safety, security, early warning, advice and risk analysis—into a single programme to improve accountability, avoid duplication and maximise impact. The Humanitarian Global Services programme will allocate up to £7 million of funding to six projects over three-years, 2018 to 2021 (*Figure 6*).

Figure 5: Breakdown of DFID spend for the Security and Risk Management in Hostile Environments programme, 2013–18

Partner	Support provided	Budget (£000)	Spend (£000)
European Interagency Security Forum (EISF)	Improved NGO security management and awareness through the development and sharing of good practice, and the delivery of training events.	-	250
International NGO Safety Organisation (INSO)	Building global capacity in humanitarian safety through the setting up and operation of humanitarian safety offices (NSOs) in fragile and conflict-affected states; and the provision of in-country information, analysis and advice on security and risk management.	-	989
Red UK / Digital Training Solutions	Accessible and effective training. Through, e.g. the development and delivery of training to humanitarian aid workers. The training will be co-funded through an arrangement with the Office of U.S. Foreign Disaster Assistance (OFDA).	-	270
Overseas Development Institute (ODI)	To help support a memorial for humanitarian aid workers.	-	61
Total		1,819	1,570

Source: DFID, devtracker (IATI Identifier: GB-1-203978)

43. At the time of our inquiry, neither of these programmes had been evaluated to assess their impact on aid worker safety and security. The EISF told us that it was difficult to assess the impact of humanitarian worker protection interventions as “you cannot prove a negative”. Nevertheless, the EISF is working with an organisation at the moment to see if it can develop some impact measurement tools to look at this.⁷⁸

Figure 6: Breakdown of DFID projected spend for the Humanitarian Global Service programme, 2018–21

Partner	Support provided	Budget (£000)
European Interagency Security Forum (EISF)	See Figure 5	300
International NGO Safety Organisation (INSO)	See Figure 5	975
Assessment Capacity Project (ACAPS).	Assessment Capacity Project (ACAPS). Through the provision of up-to-date needs assessments and information on key crises around the world.	975
Index for Risk Management (INFORM)	Index for Risk Management (INFORM). Through the provision of scientifically validated risk analysis to help inform the humanitarian community operating in fragile and conflict affected countries.	450
The Humanitarian 2 Humanitarian Network (H2H)	The 'Hard to Reach' (H2H) Network. Through the provision of stand by capacity from a network of humanitarian organisations that provide specialist products and services to the humanitarian system during humanitarian crises. The products and services include response specific early warning and risk information.	3,300
Monitoring & Evaluation	Monitoring & evaluation. £1 million will be set aside to cover monitoring, evaluation and learning.	1,000
Total		7,000

Source: [DFID, devtracker \(IATI Identifier: GB-1-205255\)](#)

International law and humanitarian assistance

The protections afforded under international humanitarian law

44. Wars have rules. International humanitarian law (IHL) provides the basis for the protection of humanitarian workers in armed conflict and gaining access to conflict-affected areas to deliver humanitarian aid. IHL, with additional support provided by international human rights law and international criminal law, is the body of rules which, in armed conflict, protects persons who are not participating in the hostilities. Deliberate targeting of 'protected persons' is contrary to the Fourth Geneva Convention. Protected persons include civilians, authorised medical staff, and humanitarian aid workers deemed to be working for impartial, neutral and independent humanitarian organisations such as the Red Cross.⁷⁹ The International Criminal Court (ICC) considers attacks against humanitarian workers as international crimes.⁸⁰

45. In 2016, the UN Security Council adopted Resolution 2286 reaffirming the relevance of IHL in conflict.⁸¹ The UK co-sponsored Resolution 2286 and is committed to showing leadership in supporting it.⁸²

79 [Q18](#)

80 [Q13](#)

81 [UN Security Council 7685th meeting, 3 May 2016. "Security Council Adopts Resolution 2286 \(2016\)"](#)

82 [Q58, Q61; DFID, Business Case, "Building an evidence base on humanitarian protection of people affected by conflict", devtracker \(IATI Identifier: GB-GOV-1-300484\)](#)

Dealing with transgressions of International Humanitarian Law

46. In the view of the EISF, IHL affords sufficient protections to humanitarian workers. The problem is that it is not being enforced.⁸³ According to Vincent Cochetel, accountability for perpetrators of attacks remains almost non-existent and attacks on humanitarian workers and facilities have continued with impunity.⁸⁴ In the view of the UN Office for the Coordination of Humanitarian Affairs (OCHA), this sends a direct message to the perpetrators; that violence against humanitarians is permissible, and that fighting parties can flout their obligations to respect IHL with virtually no consequence. So few people have been held to account that no official recorded statistics exist.⁸⁵ In Sir Stephen O'Brien's view,⁸⁶ "the UK has an opportunity here to demonstrate leadership".⁸⁷ In earlier evidence, Jan Egeland, Secretary-General of the Norwegian Refugee Council, had recommended that the UK "call for an independent investigation into violations of international humanitarian law" not least as a preventative measure against further transgressions.⁸⁸

47. During the course of our inquiry, on 20 June 2019, an Appeals Court judgement declared that the UK government's decision to allow UK arm sales to Saudi Arabia was unlawful because they contributed to civilian casualties in Yemen and could breach IHL. We asked DFID how the selling of arms to countries that potentially do not fully respect international humanitarian law fitted with its commitment to Resolution 2286. In the view of DFID, the UK government takes its obligations under the Act passed in 2002 (the Export Control Act) very seriously and those obligations are rigorously applied.⁸⁹ DFID was not convinced of the need for it to play a bigger role in arms sales decisions, for example, commenting on the potential humanitarian implications of a sale, as advice is taken from across government when decisions are made.⁹⁰

The UK Aid Strategy and the politicisation of aid

48. The 'politicisation of aid' refers to the linking of humanitarian aid to a country's foreign or security policy goals.

The potential impact of the politicisation of aid

49. Vincent Cochetel told us that the politicisation of aid can impact negatively on levels of acceptance from local communities, potentially leading to reduced humanitarian access in fragile and conflict affected regions. As a consequence, it can also adversely affect the safety and security of aid workers. For example, if the aid is perceived as favouring or supporting the aims of one warring party over another.⁹¹

83 [Q48](#)

84 [Qq2, 15](#)

85 [OCHA, 'In the Line of Fire', Aug 2017; Q15](#)

86 Sir Stephen is the former UN Under-Secretary General for Humanitarian Affairs and Emergency Relief Co-ordinator

87 [Q18](#)

88 HC 1505, [Humanitarian situation in Yemen \(Q21\)](#)

89 [Q62](#)

90 [Q63](#)

91 [Qq1, 9](#)

50. Recent examples of denials of access to people or regions in need where aid is seen as a tool to support a foreign power's political aims include Venezuela, Syria, South Sudan and Myanmar.⁹²

The 2015 UK Aid Strategy

51. The UK Aid Strategy published by HM Treasury and DFID in 2015 situated overseas aid as a tool to tackle global challenges alongside the promotion of the UK's national interests.⁹³ Subsequent UK government statements reaffirm the emphasis that the Strategy puts on overseas aid serving the national interest.⁹⁴

52. The Strategy and subsequent government statements could be interpreted by the wider world as politicising aid and therefore pose a threat to the safety and security of humanitarian workers. However, Sir Stephen O'Brien told us that the real danger of the politicisation of aid is when that is abused. It is very important, for example, that the UK has a separate DFID; and it is very important that the UK has untied aid.⁹⁵ DFID reinforced this point in its evidence to this Committee on the situation in Venezuela. In particular, that DFID's bottom line remains a non-politicisation of aid and a determination to ensure that aid goes towards those most in need.⁹⁶

92 The Committee covered issues around the politicisation of aid in Venezuela in its oral evidence session on the [Humanitarian situation in Venezuela, HC 1928](#)

93 HM Treasury and Department for International Development, [UK Aid: Tackling Global Challenges in the National Interest, November 2015](#)

94 [Telegraph, "Trade for aid? UK development must serve the 'national interest', says May", 29 Aug 2018](#). Accessed 1 July 2019; and see Secretary of State for International Development, [statement of priorities](#)

95 [Q34](#)

96 [HC 1928, The humanitarian situation in Venezuela \(Q24 and Q25\)](#)

Conclusions and recommendations

Key conclusions and recommendation

53. The vulnerability of aid and healthcare workers to violence and abduction in conflict-affected countries represents: direct and immediate human suffering; damage to efforts to provide relief to those most in need and to prevent the spread of pandemic disease; and grave violations of international humanitarian law.

54. Because of the Department for International Development's (DFID's) international standing as a leader in providing humanitarian aid, and the commitment to spend at least 50% of its aid budget in fragile states, the UK has both the opportunity and the responsibility, to provide global leadership on the safeguarding of humanitarian space through its actions via the international aid donor community and the UN Security Council.

55. *We assume that DFID, in concert with the Foreign & Commonwealth Office (FCO) and other departments, are already: strenuously promoting policies and practices that strengthen adherence to international norms and humanitarian laws; acting to broaden and deepen the understanding of such norms and laws amongst the international community at every opportunity; and arguing and pressing for humanitarian access to currently closed areas around the world. We recommend that the Humanitarian Summit of 2016 be now followed up by the UK hosting an international humanitarian worker safety and security summit. This summit should be aimed at raising the profile of this topic for a global audience and establishing a consensus around best practice and pathways forward—perhaps back—to an understanding of, and respect for, humanitarian relief as a protected activity.*

Interim recommendations

56. *Our interim recommendations—on which we welcome feedback—are as follows.*

57. *The UK should:*

- *take a stronger stance within the international community to promote and support the pursuit of accountability for violations of international humanitarian law; and*
- *be prepared to use its influence and, where possible and necessary, take meaningful diplomatic action against sponsors and enablers of perpetrators of attacks that contravene the rules of war.*

58. Gaining acceptance among hard-to-reach communities and populations is a critical—and probably most effective—component of aid agencies' risk management strategies. *DFID should focus resources on developing and supporting a suite of effective approaches to relationship-building and trust-establishment with local host communities to try and avoid and/or break the cycle of suspicion, threat and counter-measure that appears guaranteed to lead to hostility and confirm any negative narratives coming from opposition forces.*

59. Data on sexual violence and violence based on diversity characteristics such as ethnicity, disability and sexual orientation are weak. As a consequence, strategies to counter threats to workers with diverse profiles can be based on assumptions that are not evidence-based. *Special efforts are needed in this area and the Department should support research to understand better the extent of violence against workers with diverse profiles.*

60. *DFID should explore the case for a longer-term strategic investment to support specialist aid worker security organisations, such as the European Interagency Security Forum (EISF) and the International NGO Safety Organisation (INSO), that provide risk analysis, and safety and security advice to aid agencies. The current reliance of these bodies on a combination of membership fees and periodic contributions from donors does not seem appropriate in the light of the potential contribution they have to make in this area.*

61. Measures by aid agencies to secure the safety and security of their staff can result in the transfer of risk to local delivery organisations. *When screening bids for aid funded programmes and projects, DFID should take fuller account of the duty of care owed to agency personnel, as well as downstream delivery partners, to prevent the transfer of high levels of risk for the sake of lower costs.*

62. *Any revised systems or guidance developed by DFID in this area should be made available to other government departments, or cross-government funds, with ODA-funded programmes to ensure consistent use of best practice when awarding grants and contracts to maximise the safety and security of development operations in fragile and conflict-affected states.*

Formal minutes

Tuesday 23 July 2019

Members present:

Stephen Twigg, in the Chair

Richard Burden

Mr Virendra Sharma

Chris Law

Henry Smith

Draft Report (*Tackling violence against aid workers*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 62 read and agreed to.

Summary agreed to.

Resolved, That the Report be the Fourteenth Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available (Standing Order No. 134).

[Adjourned till Tuesday 3 September at 2.10 p.m.]

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Wednesday 3 April 2019

Vincent Cochetel, Special Envoy for the Central Mediterranean Situation, UNHCR; **Sir Stephen O'Brien**, former UN Under-Secretary General for Humanitarian Affairs, **Mark Brailsford**, Deputy Head of Delegation, International Committee of the Red Cross

[Q1–36](#)

Tuesday 25 June 2019

Lisa Reilly, Executive Director, and **Fredrik Palsson**, EISF Steering Group Chair, European Interagency Security Forum; **Rt Hon Dr Andrew Murrison MP**, Minister of State for the Middle East at the Foreign and Commonwealth Office and Minister of State for International Development, and **Matthew Wyatt**, Deputy Director and Head of Conflict, Humanitarian and Security Department (CHASE), Department for International Development

[Q37–63](#)

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the [publications page](#) of the Committee's website. The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

Session 2017–19

First Report	DFID's work on education: Leaving no one behind?	HC 367 (HC 914)
Second Report	Bangladesh and Burma: the Rohingya crisis	HC 504 (HC 919)
Third Report	Bangladesh and Burma: the Rohingya crisis - monsoon preparedness in Cox's Bazar	HC 904 (HC 1055)
Fourth Report	Bangladesh, Burma and the Rohingya crisis	HC 1054 (HC 1467)
Fifth Report	Definition and administration of ODA	HC 547 (HC 1556)
Sixth Report	DFID's Economic Development Strategy	HC 941 (HC 1599)
Seventh Report	UK's arms exports during 2016	HC 666 (HC 1789)
Eighth Report	Sexual exploitation and abuse in the aid sector	HC 840 (HC 1764)
Ninth Report	Appointment of the Chief Commissioner of the Independent Commission for Aid Impact	HC 1493
Tenth Report	Forced Displacement in Africa: "Anchors not walls"	HC 1433 (HC 2357)
Eleventh Report	UK aid for combating climate change	HC 1432 (HC 2589)
Twelfth Report	UK progress on the Sustainable Development Goals: The Voluntary National Review	HC 1732
Thirteenth Report	DFID's work on disability—inclusive development	HC 1880
First Special Report	DFID's use of private sector contractors: Government Response	HC 322
Second Special Report	UK aid: allocation of resources: Government Response	HC 323
Third Special Report	DFID's work on education: Leaving no one behind?: Government response	HC 914
Fourth Special Report	Bangladesh and Burma: the Rohingya crisis: Government response	HC 919
Fifth Special Report	Bangladesh and Burma: the Rohingya crisis - monsoon preparedness in Cox's Bazar: Government response	HC 1055

Sixth Special Report	Bangladesh, Burma and the Rohingya Crisis: Government response	HC 1467
Seventh Special Report	Definition and administration of ODA: Government response	HC 1556
Eighth Special Report	DFID's Economic Development Strategy: Government response to the Committee's Sixth Report	HC 1599
Ninth Special Report	UK arms exports during 2016: Government Response to the Committees' First Joint Report	HC 1789
Tenth Special Report	Sexual exploitation and abuse in the aid sector: Government response to the Committee's Eighth Report	HC 1764
Eleventh Special Report	Forced displacement in Africa: 'Anchors not Walls': Government response to the Committee's Tenth Report	HC 2357
Twelfth Special Report	UK aid for combating climate change: Government Response to the Committee's Eleventh Report	HC 2589