

**Under Secretary-General for Humanitarian Affairs and Emergency Relief  
Coordinator, Mark Lowcock- Remarks on Protecting Humanitarian and Medical  
personnel - Arria-formula Meeting of the Security Council**

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*As delivered*

Thank you, France and Germany for this joint initiative. I welcome, in particular, the focus on concrete measures to enhance the protection of civilians including humanitarian and medical personnel.

There was never a golden age for international humanitarian law. But when I started my career working on these issues more than 30 years ago, there was a broadly shared assumption in most circumstances that warring parties would not attack aid workers.

Over the last years humanitarian and medical workers have systematically become targets of attack.

The World Health Organization reported 388 attacks against healthcare in 2018. Those attacks resulted in the deaths of more than 300 people and 400 injuries. In Afghanistan alone 30 humanitarian workers were killed and 53 injured. In South Sudan, 760 security incidents affected humanitarian assistance. I could go on.

Respect for humanitarian and medical personnel has eroded across conflicts increasing the personal risk that aid workers take and impeding their life-saving work. We must make the utmost effort to strengthen respect for humanitarian and medical missions and reduce their risk to the minimum while still going on to work in some of the most violent places on earth.

We have to do so while maintaining our ability to save and protect lives and reduce suffering. So how in practice can we do that?

Firstly, strong security management is a requirement. And as the minister said that includes better equipment and vehicles for aid workers and especially a focus on national staff. Something like 94 per cent of aid workers who were wounded, abducted or killed in 2018 were nationals of the countries in which they were working.

Coordination plays an essential role in security management as well, including civil-military coordination. We do have good examples of the deconfliction arrangements. In

Yemen, for instance, the deconfliction arrangement that my office runs ensures that in the midst of the conflict it is still possible for aid agencies to deliver the world's largest relief operation reaching 8 million or 10 million people every single month in the last 12 months.

But these things do not exonerate fighting parties from international humanitarian law obligations.

So, we also need efforts to ensure that parties to conflict systematically comply with their obligations.

Here, training is important. We are going to hear in a minute from Peter Maurer. One of the things of the recent work of the ICRC has showed us that some armed forces and groups in some places do not fully know what their responsibilities are. And when sensitized, they are willing to conform their behaviour to international humanitarian law.

And I think the recent formalization by the NGO Geneva Call of a Deed of Commitment on the protection of medical care is a promising development.

Coordination, deconfliction and training all require dialogue between humanitarians and all parties to conflict.

Fundamentally, such dialogue is a condition to acceptance of the role of humanitarian agencies by all parties to a conflict and that acceptance is pivotal to the safety and security of aid workers.

Trust is hard-won, and often fragile.

Experience and research have shown that trust stems from the recognition that humanitarian organizations pursue no other goal and to impartially safeguard crisis-affected people.

It is incumbent on humanitarian organizations to sustain that trust. But they can only do so if States preserve humanitarian space by not politicizing assistance; or as the Minister said by not criminalizing engagement with or assistance to groups; or other practices that may damage the perception of humanitarian organizations.

States can also take a range of practical measures to create a safe environment for humanitarian and medical workers.

For example, they can develop frameworks to protect civilians, in line with the Secretary-General's call.

They can use their leverage, including decisions made on arms sales and arms transfer policies, to prevent violations of international humanitarian law.

I am encouraged to see that some States have already taken positive action in that spirit – the French Declaration on medical care being one example.

Lastly, we do have to ensure there is ultimately accountability for those who attack humanitarian and medical personnel. The conviction of Radovan Karadzic recently is a reminder that accountability may take time but is essential that it arrives eventually. That requires the political will to pursue justice. And that requires investing in the collection of evidence and investigation mechanisms at the time the atrocity occurs. That indeed is Minister Le Drian's fifth proposal

The Security Council does have an important role to play. And it is important to note that the Council has done quite a lot.

Attacks against humanitarian personnel are a criterion to trigger sanctions under five Security Council sanctions regimes. Seven peacekeeping operations have a mandate to contribute to the safety of humanitarian personnel.

The Council has also established ad hoc mechanisms to support accountability, including for example, the Commission of Inquiry for the Central African Republic, and the mechanism to support accountability for crimes committed by ISIL.

We need to build on these good practices so that we pursue better protection for humanitarian and medical workers from all sides. So again, thank you to France and Germany for your initiative. I think it is a very good opportunity to devise concrete steps which will allow humanitarian and medical personnel to do what they do best – saving lives and reducing suffering.

Thank you.