



## **Concept Note**

### **Panel Discussion on Protection of Civilians**

*African Humanitarian Week, 14-18 August 2017*

- *'The norms that protect medical care in conflict are among the first and most fundamental expressions of the spirit driving the protection of civilians' agenda, and they demand the highest respect.'* [S/2017/414], para. 74].
- *'Fewer civilians would flee if parties to conflict spared them from the effects of hostilities notably by complying with the international humanitarian law principles of distinction, proportionality and precaution.'* [Ibid. para. 74]
- *'Peacekeepers must recognize their responsibility to act, to the full extent of their mandates and capabilities, to prevent and respond to threats against civilians...'* [Ibid, para. 59]

### **Background**

In December 2008, the United Nations General Assembly adopted GA Resolution A/63/L.49 designating 19 August as World Humanitarian Day (WHD). The Resolution came five years after the killing of 22 humanitarian aid workers, including the SRSG (Special Representative of the Secretary-General) for Iraq, Sergio Vieira de Mello, in a bomb attack in Baghdad, on 19 August 2003.

WHD brings the world together to rally support for people affected by humanitarian crises and to pay tribute to aid workers who help them. In 2017, WHD seeks to reaffirm that civilians caught in conflict are #NotATarget, and to rally global action to protect them.

The 2017 WHD commemorations seek to increase awareness about protection crises and promote the implementation of the recommendations in the May 2017 Secretary-General's Report on Protection of Civilians<sup>1</sup>. The report, prepared pursuant to the request of the UN Security Council<sup>2</sup>, also responds to the Council's request for enhanced reporting on the protection of, and prevention of acts of violence against the wounded and sick, medical personnel and humanitarian personnel, exclusively engaged in medical duties and their means of transport and equipment as well as hospitals and other medical facilities (medical care) in armed conflict.

The UNSG's report sets out a 'path to protection', with the goal of preventing and ending conflicts and building sustainable peace. It outlines three protection priorities when prevention is unattainable:

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<sup>1</sup> The 13th Report of the UN Secretary-General on Protection of Civilians in armed conflict, 10 May 2017.  
<sup>2</sup> S/PRST/2015/23.



1. Respect for international humanitarian law (IHL) and international human rights law (IHRL), and promotion of good practice by parties to conflict;
2. Protection of humanitarian and medical missions and according priority to the protection of civilians (PoC) in UN peace operations; and
3. Prevention of forced displacement and pursuit of durable solutions to refugees and internally displaced persons.

Emphasis is placed on respect for international legal and other norms regulating the conduct of armed hostilities, relative to civilians, as a prerequisite for the attainment of the latter two priorities.

### **Focus**

The commemoration of WHD in Addis Ababa has been observed in partnership with the African Union (AU) and other relevant stakeholders, as part of African Humanitarian Week, since August 2014, following a proposal by the then Chair of the AU Peace and Security Council (Burundi). In 2017, among other activities, the AU, the UN and other stakeholders are convening a Panel Discussion to spotlight:

1. *The plight of civilians, aid and medical workers and vulnerability of humanitarian and medical facilities in conflict zones;*
2. *The draft AU Guidelines for the Protection of Civilians in African Union Peace Support Operations.*
3. *Humanitarian Access*
4. *Protection of the forcibly displaced and*
5. *Gender and Youth perspective of protection of civilians*

### **Context**

Secondary data by the World Health Organization (WHO) recorded 594 attacks against medical care in 19 countries in 2014 and 2015. In 2015 alone, WHO recorded attacks against medical care<sup>3</sup> in 20 conflict-affected countries resulting in 863 medical personnel being killed or injured. Sixteen of those attacks were recorded in the Central African Republic (CAR). In the same year, MSF reported attacks on 75 of its supported and/or managed medical facilities. The International Committee of the Red Cross (ICRC) reported 2,400 attacks against patients and medical personnel, facilities and transports in 11 conflict-affected countries between 2012 and 2014.<sup>4</sup>

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3 Acts of violence against the wounded, the sick, medical personnel and humanitarian personnel exclusively engaged in medical duties and their means of transportation and equipment as well as hospitals and other medical facilities.

4 In response to the escalating targeting of medical care in situations of conflict, the UN Security Council unanimously adopted UNSCR 2286 (2016). The Resolution requested the UN Secretary General to submit to it recommendations on measures to enhance the protection of, and prevent acts of violence against medical care and to better ensure accountability for such acts. On 18 August 2016, the UNSG submitted 13 recommendations to the UNSC in S/2016/722.



The AU has over the last decade responded to many situations in which civilians are caught up in the middle of fighting, sometimes directly targeted, subjected to forcible recruitment, summary execution, sexual violence, looting and arbitrary detention in both war and non-war situations. As its role in peace and conflict intervention increases, the AU treats with urgency the need to place protection of civilians at the core of its peace and security agenda, through the development of various measures. Despite embarking on a process of developing specific instruments on PoC in 2009, the AU has so far developed draft PoC Guidelines and an Aide-memoire for the consideration of issues pertaining to the protection of civilians. It has also established an interdepartmental AUC working group to strengthen the AU PoC agenda. These documents require conclusion. It is therefore imperative to encourage the AU to take action to finalize, roll out, implement and monitor better PoC strategies; to ensure that PoC becomes more central to AU Peace Support/Enforcement Missions, and that international donors supporting AU Peacekeeping support this development and ensure that training, resources and expertise are provided

The deterioration of security in areas of many peace operations in recent times reinforces the importance of protection of civilians and the challenges missions face in PoC mandate delivery. These peace operations include the UN peacekeeping mission in the CAR and those deployed by the African Union, including the African Union Mission in Somalia (AMISOM). Protection remains a common focus and constitutes a critical area of UN-AU cooperation.

The CAR is a contemporary complex protection crisis of serious concern. A country of 4.6 million people, with more than 1 million of those displaced equally in the country and in the neighbouring Cameroon, Chad and the DRC, following years of armed conflict. More than half of the country's population (2.5 million people) is food insecure, with 600,000 of them - severely and in need of humanitarian assistance. Attacks against the civilian population continue, and violence shows no sign of abating, severely impacting humanitarian access, the safety and security of humanitarian (including medical) personnel and aid facilities.

Accessing populations most in need of protection in conflict situations is increasingly a challenge for all humanitarian actors. Forcibly displaced populations, women, girls and boys are particularly vulnerable to deprivation of assistance in environments where often international humanitarian and human rights laws are neglected by parties to armed conflict. Adherence to and respect to the corpus of normative frameworks, many of which are part of customary international law is necessary to guarantee access to people in need of assistance.

### **Goal**

The goal of the Panel Discussion is to mobilize stakeholders (Member States, civil society, etc.) to enhance respect for IHL and IHRL in furtherance of protection of civilians in situations of conflict.

### **Objectives**



1. *Increase awareness* about the vulnerability of the wounded and the sick, medical personnel and humanitarian personnel exclusively engaged in medical duties and their means of transport and equipment as well as hospitals and other medical facilities (medical care) in situations of conflict;
2. *Advocate for compliance* with and promote respect for IHL, IHRL and relevant norms on medical care in conflict situations and provide a forum for the exchange of experience, including challenges and best practices on protection of civilian's *writ large*;
3. *Increase awareness* and advocate for increased attention and response to the grave protection crises in conflict situations in Africa, particularly in the CAR;
4. *Propose concrete recommendations* to the AU to strengthen its PoC strategy and to CSOs and other partners on how to better support the implementation of the proposed strategy;
5. *Highlight the protection plight of particularly vulnerable populations*, including the forcibly displaced, women, girls and the youth, and propose measures to strengthen their protection.

### **Format**

Facilitated Panel Discussion.

### **Panelists and Facilitators**

- Peace Support Operations Division (PSOD), AU Commission
- Crisis Action
- ICRC (International Committee of the Red Cross)
- ICVA (International Council of Voluntary Agencies)
- MSF (Médecins Sans Frontières)
- NRC (Norwegian Refugee Council)
- OXFAM
- UNHCR (UN High Commissioner for Refugees and

### **Facilitators:**

AUC Department of Political Affairs and OCHA.

### **Date and Venue:**

Friday, 18 August 2017, at the AUC Headquarters, 08:45- 12:30.  
Refreshments will be served.