

# Panel Session Highlights

Healthcare Collaboration in Conflict-Affected Areas: Engaging Effectively with Local Governments, Organisations, and Other Key Stakeholders

**October 24, 2024, 11:20– 12:20**  
Palexpo, Geneva, Switzerland



## aidex 2025

### SESSION OVERVIEW

Intervening in war situations is becoming increasingly complex for international humanitarian organizations. At the same time, many capable local actors, both governmental and non-governmental, are actively involved in such contexts. International organizations must therefore shift from models of intervention based on substitution to those grounded in collaboration. Despite this shift, significant challenges remain (e.g. limited funding for

local organizations). It is essential to identify these barriers, while also highlighting opportunities to foster more effective collaboration.

This session explored best practices for working with local actors and examined the role of international aid and development organizations in the long-term rebuilding of healthcare institutions.

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**2024**  
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From left to right: Dr Tawfik Chamaa, Dr Wahid Majrooh, Dr Petra Khoury, Dr James Gough, Michael O'Brien

## Panel



**Michael O'Brien**  
(Moderator)  
Technical Director  
FHI 360



**Dr Petra Khoury**  
Head of Health Department  
International Committee  
of the Red Cross (ICRC)



**Dr Wahid Majrooh**  
Founder and Executive Director  
Afghanistan Center  
for Health and Peace Studies (ACHPS)  
Former Minister of Health  
of Afghanistan



**Dr James Gough**  
Chief Executive Officer  
The David Nott  
Foundation



**Dr Tawfik Chamaa**  
Head of Office  
Union of Medical Care and  
Relief Organizations (UOSSM)

# Key discussion points

## 1. THE IMPORTANCE OF NEUTRALITY, IMPARTIALITY, AND INDEPENDENCE

The principles of neutrality, impartiality, and independence are crucial to enabling both local and international humanitarian organizations to operate in conflict zones. These principles allow access to vulnerable populations regardless of the political context. They protect humanitarian workers and beneficiaries, facilitating collaboration among diverse parties, even in protracted conflicts like those in the Middle East.

### **Petra Khoury (IFRC):**

*“Neutrality, impartiality, and independence are essential principles that, for 160 years, have allowed us to access areas where no one else could.”*

Unfortunately, while these principles were long upheld in most conflicts, they are now being disregarded in certain contexts.

### **Tawfik Chamaa (UOSSOM):**

*“We must reaffirm the necessity of applying the Geneva Conventions in the coming decades in a world plagued by chronic wars.”*

## 2. THE POLITICAL STAKES OF HUMANITARIAN AID

In conflict zones like Gaza or Afghanistan, health becomes a political issue, and the persistence of conflict makes it challenging to implement sustainable health solutions.

Recognizing this political dimension is necessary to better adapt humanitarian interventions to local realities. There is an urgent need for collaboration as political inaction often undermines the effectiveness of humanitarian efforts.

### **Wahid Majrooh (Former Minister of Health of Afghanistan):**

*“There is urgent need for pragmatic collaboration and coordination among humanitarian, development, and political actors both on the ground and at the Geneva level – something that is missing today.”*





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WORKSHOP  
ROOM 1



Dr Tawfik Chamaa, Union of Medical Care and Relief Organizations (UOSSM)

### 3. CHALLENGES OF LOCALIZATION IN HUMANITARIAN ACTION

Despite international consensus on the importance of localization since the Grand Bargain of 2016,<sup>1</sup> progress has been slow. Panelists noted persistent obstacles to effective localization. These include a lack of logistical and financial support for local actors and a tendency of large NGOs to impose standardized operational models that do not always consider local realities and needs.

In addition, there is an absence of frameworks for mutual accountability and local organizations are still too often excluded from decision-making processes.

Nevertheless, numerous examples of successful localization exist, particularly within the IFRC, which supports local health initiatives through

its 191 National Societies. In prolonged crises like those in Lebanon, Palestine, and Israel, local organizations continue to deliver essential health services despite limited infrastructure and political challenges. Relief efforts by the Lebanese Red Cross and the Palestinian Red Crescent, which coordinate emergency interventions despite political tensions, demonstrate the strength of local collaboration underpinned by principles of neutrality.

**Tawfik Chamaa** also gave the example of Syria, where UOSSM has adapted its interventions, transitioning from distributing basic care kits to establishing field hospitals and psychosocial support programs, thanks to international partnerships.

<sup>1</sup> The Grand Bargain, launched during the World Humanitarian Summit (WHS) in Istanbul in May 2016, is a unique agreement between some of the largest donors and humanitarian organisations who have committed to get more means into the hands of people in need and to improve the effectiveness and efficiency of the humanitarian action.

#### 4. TRAINING AND EMPOWERING LOCAL ACTORS

A critical aspect of localization is training local healthcare workers. For example, the David Nott Foundation trains doctors and surgeons in war contexts to enable them to become autonomous and provide surgical care during crises. This approach strengthens local technical expertise, reducing excessive dependence on international organizations, and allows trained personnel to respond quickly to local needs.

**James Gough (David Nott Foundation):**

*“Last week, six of the eight surgeons teaching a course for 71 surgeons in Ukraine were Ukrainian doctors we had trained as instructors.”*

#### 5. THE TRIPLE NEXUS: HUMANITARIAN, DEVELOPMENT, AND PEACE

The “triple nexus” linking humanitarian action, development, and peacebuilding is essential for fostering a holistic and sustainable approach. Armed conflicts often create needs that extend beyond immediate humanitarian aid, requiring reconstruction and peacebuilding efforts. It is necessary to revise funding mechanisms and collaboration strategies so that humanitarian aid can also contribute to long-term objectives.<sup>2</sup>

#### 6. THE IMPORTANCE OF FLEXIBLE AND UNRESTRICTED FUNDING

Flexibility in funding is vital to support local initiatives tailored to community needs. Most funds are earmarked for specific regions or populations, limiting local organizations’

ability to respond flexibly to emergencies. More unrestricted funding is required to grant local actors the freedom to act autonomously and effectively.

#### 7. TOWARDS THE DECOLONIZATION OF HUMANITARIAN AID

The concept of decolonizing humanitarian aid promotes the development of new strategies. Training for health and humanitarian professionals must be rethought, incorporating a deep understanding of the social, political, and cultural realities of conflict zones. In Afghanistan, maintaining operational health facilities despite the collapse of the government exemplifies the effectiveness of empowering local frontline workers who are often the only ones able to maintain trust with local communities.

Current humanitarian practices need profound changes, emphasizing local cooperation and respect for local actors, who must be regarded as full partners rather than mere implementers of international directives.

The role of international organizations should evolve toward providing logistical and technical support to reinforce the autonomy of local organizations, enabling faster, more sustainable interventions in line with local realities.

**Wahid Majrooh (ACHPS):**

*“Whenever a humanitarian or international organization intervenes, it often lacks an exit plan. The handover process should begin in the first month, not the twelfth.”*

<sup>2</sup> See Panel 1 “Providing effective healthcare in conflict zones – Lessons from post-crisis challenges for developing improved responses” – Thinking beyond trauma care.