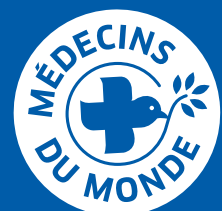


STRATEGIC FRAMEWORK

FOR MÉDECINS
DU MONDE'S
HUMANITARIAN
ADVOCACY RELATED
TO INTERNATIONAL
OPERATIONS

2021-2023



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I - INTRODUCTION

The strategic framework for humanitarian advocacy is **an extension of the advocacy work which has been undertaken** for several years by certain missions (Yemen, Syria, Palestine in particular) and Médecins du Monde. It reflects **Médecins du Monde's desire to better structure and manage its humanitarian advocacy in order to increase its capacity to influence.**

The Strategic Framework for Humanitarian Advocacy is an internal document, which aims to **clarify the overall goal of our advocacy work** and to **confirm our general direction and priorities** in order to **build a common and shared basis** for our work in the next three years.

II - MDM'S POLICY FRAMEWORK ON EMERGENCIES AND CRISES

The Médecins du Monde **Strategic Plan 2016-2020** includes “Emergencies and Crises” as one of the five thematic priorities in Area 1: Promoting health through access to healthcare and changing legislation.¹

In this context, MdM's commitment aims to *“re-establish the right to health and access to healthcare in order to reduce morbidity and mortality resulting from crises and emergencies by strengthening the health system in place and by actively promoting partnerships and International Humanitarian Law.”*

From an operational point of view, this is reflected in a strong operational commitment to the populations of several countries in crisis.² MdM-France is present in half of the crises which were identified by the United Nations Humanitarian Response Plans in 2019, and two-thirds of these crises if the projects of the 16 Chapters of the MdM international network are taken into account.³ Out of 32 missions managed by the International Operations Directorate (DOI) in 2020, ten are considered to be emergencies⁴ and five are considered to be a combination of emergency and long-term projects.⁵

Thus, the DOI's operations units, backed by the support divisions and directorates, are implementing the objective of *“improving MdM's capacity to intervene in chronic and acute crisis situations”* (specific objective 1) and *“developing a systematic disaster-risk reduction approach”* (specific objective 2).

A third specific objective highlights the desire to *“develop the role to be played by advocacy in emergencies and crisis situations, focussing on the following:*

- *strengthening MdM's capacity to advocate for the respect of IHL in conflict zones;*
- *systematically envisaging advocacy for access to health systems (restoring / strengthening), especially to PHC, based on our operations and in liaison with local actors;*

1. The strategic framework for humanitarian advocacy may be updated in line with MdM's next strategic plan in 2022.

2. See the “Note on Emergencies & Crises, Strategic Seminar of 14, 15 and 16 June 2019” and the “Briefing note on the guidelines from the Board - Trajectory of international operations 2020-2022” of 6 July 2019.

3. Note on Emergencies & Crises, Strategic Seminar 14, 15 and 16 June 2019

4. These missions may be managed by the emergency unit, by the long-term units or, in some case, by both.

5. Data from the consultation conducted between March 2020 and January 2021. This data may change.

- promoting the importance of partnerships with southern actors in responses to crises and emergencies.”

The June 2019 international operations trajectory, validated in the “Briefing note on the guidelines from the Board - Trajectory of international operations 2020–2022” of 6 July 2019, confirms and reinforces this framework. The approaches and cross-cutting elements proposed in the “Crises and Conflicts” theme emphasise the need to “respond as priority to emergencies in our countries of intervention” but also to “bring out a humanitarian advocacy strategy”.⁶ Finally, the priorities include “importance of structuring an advocacy that values MdM expertise and allows to register in the dynamics in favour of the promotion of IHL and healthcare access.”

6. Crises and Conflicts theme, cross-cutting approaches and elements proposed: to respond as priority to emergencies in our countries of intervention; to engage in at least two new complex crises; to bring out a humanitarian advocacy strategy; to strengthen our capacity for action through better preparation at the mission level, development of the HR pool and strategic partnerships (inter-NGO, MdM Network).

^{7.} Global Humanitarian Assistance Report 2020, Chapter 1 <https://devinit.org/resources/global-humanitarian-assistance-report-2020/people-and-crisis/>

^{8.} Idem

^{9.} Idem

^{10.} Of the five countries, South Sudan is the only one where MdM does not have an operation in 2021.

^{11.} Global Humanitarian Assistance Report 2020, Chapter 1.

^{12.} Note on Emergencies & Crises, Strategic Seminar 14, 15 and 16 June 2019.

III - LINKING HUMANITARIAN CRISIS MANAGEMENT POLICIES TO HUMAN HEALTH ISSUES

Increasingly, crises are complex and long-lasting. In 2020, more than one billion people (16% of the world’s population) were living in countries in protracted crisis.⁷ The number of countries in protracted crisis increased from 13 in 2005 to 31 in 2019. These countries are home to half of the world’s population living in extreme poverty.⁸

Conflict and forced displacement account for the majority of these crises. An estimated **215.6 million people** were in need of humanitarian assistance in 2020.⁹ In five countries – Yemen, Syria, South Sudan,¹⁰ Central African Republic and Palestine – more than half the population is in need of humanitarian assistance. The number of displaced people in the world increased for the eighth consecutive year in 2019, with the majority being internally displaced.¹¹

The combination of conflict, acute food insecurity and the consequences of climate change is making crises more complex, while **health threats and epidemics** hit countries in crisis harder: cholera, although easily treated and prevented, kills nearly 100,000 people every year and there are still more than 400,000 malaria-related deaths each year (90% in sub-Saharan Africa, killing more people than the conflict in Central African Republic).¹² Finally, since 2020, the COVID-19 pandemic has represented an unprecedented global challenge, both in terms of its scale and complexity. Already under strain, the humanitarian system must meet the needs of people affected by the pandemic and the consequences of policies to contain it.

Crises exacerbate the inequalities and vulnerabilities faced by women and girls, but the lack of gender-disaggregated data masks their extent. Official development assistance (ODA) aimed at ending gender-based violence is increasing, but in 2018 it still accounted for less than 1% of total ODA allocations.¹³

Humanitarian space is increasingly challenged by geopolitical opposition between a world that continues to be dominated by the West and another that tends to reaffirm the sovereignty of southern states. This is reflected in an **increased desire to control international activity** within their borders (whether to divert humanitarian action as is the case in Afghanistan, Iraq and Mali, or to obstruct or deny it, as is the case in Syria, Ethiopia and Sudan) and leads to a **severe restriction of the space for independent and impartial humanitarian action**.¹⁴ The disregard for existing international legal frameworks and states' obligations under international humanitarian law (attacks on medical facilities in Syria and Yemen) primarily affects civilians who currently account for 80 to 90% of conflict victims worldwide.¹⁵

In its 2016–2020 strategic plan, MdM outlined its mandate to “re-establish the continuum of care where disrupted or non-existent in the wake of a natural or manmade disaster and in the case of both forgotten and long-standing crises, where a vulnerable population can no longer access care”.

13. Global Humanitarian Assistance Report 2020, Chapter 1.

14. Note on Emergencies & Crises, Strategic Seminar 14, 15 and 16 June 2019.

15. <https://www.un.org/press/en/2019/sc13822.doc.htm>

In a global context where crises are lasting longer and humanitarian space is shrinking, MdM's humanitarian advocacy is based on the following three observations:

→ **Crises directly or indirectly impact people's health**

Crises (conflicts, natural disasters, or a combination of both in contexts of vulnerability):

- Lead to **violations of the right to health and disrupt access to healthcare** (insecurity, violence, attacks on health personnel or facilities, destruction of infrastructures, checkpoints preventing timely access to quality healthcare);
- Lead to **increased vulnerability**, especially for people who are already marginalised by societies and/or healthcare systems (e.g. an increase in gender-based violence and sexual violence in particular);
- Are accompanied by or lead to a **weakening of states and public healthcare systems** (reduction or cessation of funding to health facilities, disruption of supplies to health centres, irregularity or cessation of payment of salaries to healthcare staff, reduction in the range and quality of care, etc.);
- Create **specific health needs** (for displaced people and refugees, injured people, women, children, people with disabilities, the elderly etc.).

→ **National and international policies and practices have an impact on the prevention, management and resolution of crises and, therefore, have an impact on people's health**

National policy decisions, as well as decisions taken by the international community and intergovernmental institutions, influence the prevention, management and resolution of national, regional or international crises. Against this backdrop, the polarisation of international relations, the dynamics of colonisation and neo-liberal economic globalisation, and the inertia of the UN Security Council undermine the effectiveness of the global governance system and its ability to prevent and resolve conflicts.

The failure to respect international humanitarian law during conflicts and international human rights law in all situations, including natural disasters, leads directly to the deterioration of people's health.

Finally, the international community's lack of political and financial responses to humanitarian crises contributes to weakening the capacity that social systems and individuals have to recover.

These policies and practices lead to the endangerment of people's lives and health, whether they are victims of a humanitarian crisis or humanitarian workers.

→ **Civil society organisations, including non-governmental organisations, have a key role to play in changing the humanitarian environment**

An increasing number of people in need remain beyond the reach of humanitarian aid, especially during acute phases of conflict, because operators are unable to deliver aid where and when it is most needed.¹⁶

Many international actors (UN agencies, private foundations, etc.) play a key role in a constantly changing context. Civil society organisations, including non-governmental organisations, have a particular role to play, including by speaking out against violations of international humanitarian law and human rights abuses.

Advocacy is, therefore, one of the tools that can be used to respond to the needs of people living in crises.

¹⁶ Note on Emergencies & Crises, Strategic Seminar 14, 15 and 16 June 2019.

Médecins du Monde must adapt in order to influence this environment, which is marked by major changes that call into question its founding principles and methods of action.

IV - HUMANITARIAN ADVOCACY AND MDM

Médecins du Monde wishes to continue its work to preserve, protect and guarantee the right to health of people living in crisis situations.

To do this, Médecins du Monde must be able to influence issues in the humanitarian sector related to its international work, through the development of specific expertise and effective advocacy on several levels.

For Médecins du Monde, advocacy is a process aimed at influencing decision-makers, i.e., the people who have the power to change policy and/or practice, for the benefit of the population groups targeted by our projects.¹⁷

MdM uses its projects to build and legitimise its advocacy. Its capacity to intervene in numerous humanitarian contexts as well as in development/post-conflict contexts, and even in France, represents a quality and strength that enables it to position itself as an actor in terms of both humanitarian and international solidarity. Our advocacy strategies reflect this with a view to increasing our capacity to influence.

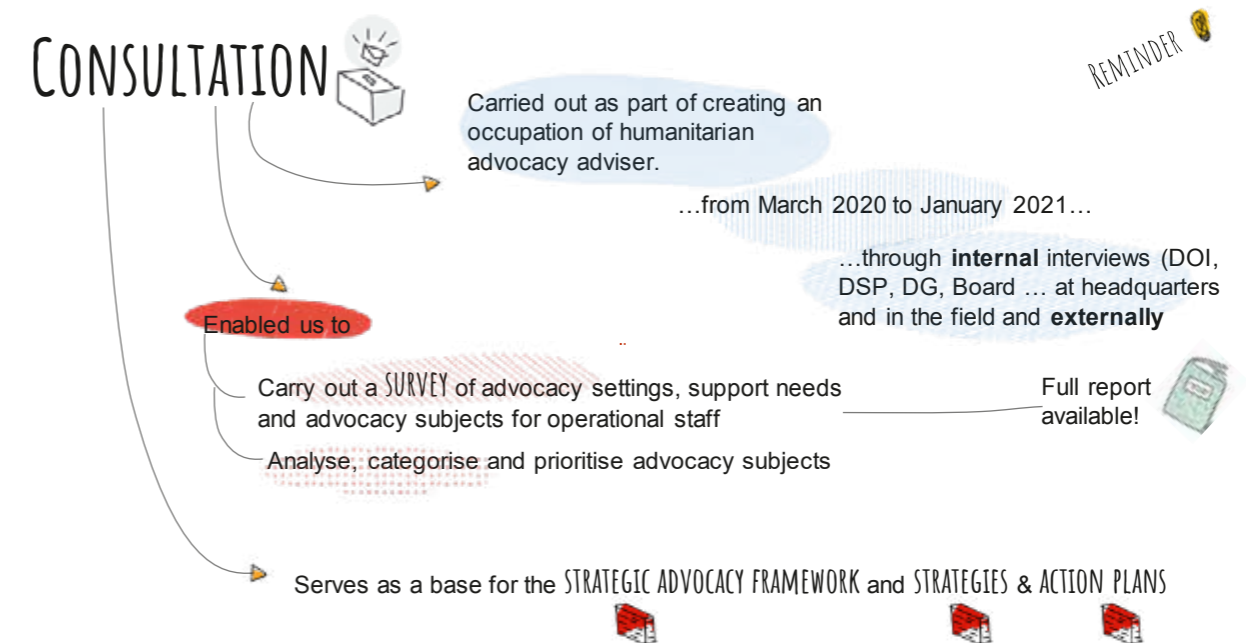
By documenting the predominant health problems of people living in crisis contexts, MdM aims to speak out against policies and practices that are contrary to international humanitarian law and human rights law. The organisation also seeks to demonstrate the negative impacts of policies and practices that criminalise and constrain humanitarian action on civilian populations and people living in crisis contexts in order to effect change.

¹⁷ Advocacy booklet, Médecins du Monde, May 2018.

V - ADVOCACY ISSUES AND MDM

The issues upon which MdM wishes to work and advocate were identified in a consultation conducted between March 2020 and January 2021.

Figure 1: Reminder of the elements of the consultation



By identifying the issues in this way we can frame the overall context in which MdM intends to build its advocacy strategy, organised around **protecting and safeguarding humanitarian space**.

“Humanitarian space” is a concept that symbolises the environment in which we, as a non-governmental humanitarian organisation, can work. It is governed by international humanitarian law (IHL) and the principles of humanity, impartiality, neutrality and independence. It covers several related issues:

1. **Respect for international humanitarian law and international human rights law:** failure to respect these legal frameworks impacts both the target populations of MdM projects and MdM's ability to provide services to them.
2. **Humanitarian access:** this includes both the possibility for MdM, as a humanitarian NGO, to access areas and populations in need of assistance, but also the possibility for populations living in crisis contexts to access quality healthcare when they need it. Humanitarian access is multi-faceted and is now widely threatened by a trend towards greater government control of the operations of civil society organisations, including international NGOs.
3. **Funding humanitarian action:** this includes the politicisation of funding as well as the under-funding of certain responses.
4. **Cross-cutting issues:** the sector is currently affected by fundamental trends and considerations. These include gender issues in the humanitarian sector, ranging from advocacy related to the promotion of sexual and reproductive health and rights in humanitarian contexts, to challenging patriarchal patterns of decision-making, power and representation in the sector's governing bodies, which is in turn linked to issues around the decolonisation of humanitarian aid, global governance and the localisation of aid.

Cross-cutting issues should be mainstreamed across all of MdM's humanitarian advocacy (see next section).

VI - HUMANITARIAN ADVOCACY GUIDELINES FOR 2021-2023

The humanitarian advocacy guidelines consist of the following elements:

1. A general advocacy objective;
2. Specific objectives: four priority and four secondary;
3. Geographical priorities.

GENERAL OBJECTIVE: ACCESS TO HEALTHCARE IN CRISIS SITUATIONS



The general objective of humanitarian advocacy for Médecins du Monde is to help ensure access to quality healthcare for people living in crisis situations.

This objective stems from the Médecins du Monde strategic plan and refers directly to the organisation's purpose.

Given the diversity of MdM's projects, the objective covers different realities in the field and different possible advocacy dynamics. For this reason, several specific priority and secondary objectives are identified and explained below.

SPECIFIC PRIORITY OBJECTIVES

Four specific objectives are identified as priorities. This means **that cross-cutting advocacy and/or dedicated support to the missions concerned must be carried out** and that **MdM has a leading role to play in alliances and coalitions with a common cause**. This advocacy can be deployed in the countries where MdM works, in the international MdM network and on the global level, supporting or acting as a relay for partner organisations, including local organisations, depending on the relevance and connections.

Contributing to the protection of humanitarian and health personnel in crisis situations

The organisation's mandate and identity means it must pay attention to the protection of humanitarian personnel, but also of healthcare personnel in the countries in which the organisation intervenes and therefore it must advocate for better protection of these people, who are key to the continuity or implementation of healthcare services in crisis situations.



Helping to improve access for populations living in crisis situations

Humanitarian advocacy aims to contribute towards removing barriers to access by supporting changes to policy and practice on the multiple issues identified above.



Contributing to raising awareness and demanding compliance with humanitarian principles, international humanitarian law and international human rights law

Non-compliance with international law impacts both the populations participating in MdM's projects and MdM's ability to provide services to them. Through its humanitarian advocacy, MdM aims to promote a better understanding of humanitarian principles and to fight against violations of international humanitarian law, which has been identified as the legal basis for its work and for the protection of people living in crisis situations.



Contributing to documenting and minimising the impact of counter-terrorism and anti-money laundering measures and sanctions (or restrictive measures) on humanitarian and NGO action, including in the context of international solidarity

The impact of anti-terrorism and anti-money laundering measures and sanctions must be better taken into account to counter the consequent reduction in the humanitarian space.

SPECIFIC SECONDARY OBJECTIVES

Two objectives are identified as secondary. Advocacy in relation to these objectives is undertaken on an ad hoc basis, depending on the needs of the missions, the issues and actors involved, and the opportunities which MdM identifies as being of interest and bringing added value. This advocacy can be carried out in support of or as a relay for the initiatives of our partners in France, the MdM international network or alliances or coalitions with whom we share causes:

Helping to ensure that funding is depoliticised and commensurate with identified humanitarian needs

MdM wishes to maintain its attention and action on the following issues, because they have a direct impact on people living in crisis situations and directly or indirectly on our capacity to implement projects: issues linked to the conditions of institutional and/or private funding, the two Nexuses (the “Emergency-Rehabilitation-Development” Nexus and the «Emergency-Development-Peace» Triple Nexus), the localisation of aid, as well as crises that have been overlooked or under-funded.



Contributing to the fight against impunity for violations of international humanitarian and human rights law

Impunity for violating international humanitarian law or even international human rights law is a major issue for populations, particularly but not exclusively in cases of sexual violence. MdM wishes to continue to call for the perpetrators of violence to be brought to justice and is analysing its contribution to truth and reconciliation commissions and international justice mechanisms on a case-by-case basis.



Finally, MdM continues to **monitor** two complementary subjects:



The new challenges of International Humanitarian Law

The issues of urban conflict, conflict and climate change, cybersecurity etc., are important future topics for the humanitarian sector. Other specialised actors are relatively better placed than MdM to influence legal developments. On the other hand, it is necessary to keep a watchful eye on these issues, as they can change rapidly and have a direct impact on our operations.



The evolution of global governance mechanisms

Global governance issues, ranging from flaws in the system to coordinate humanitarian aid to the inertia of the UN Security Council, highlight broad and complex challenges. It seems necessary to monitor the possible impacts on humanitarian operations in general and those of MdM in particular.

VII - LOGICS OF INFLUENCE AND PRINCIPLES OF ACTION

CONNECTING DIFFERENT LEVELS OF ENGAGEMENT AND LOGICS OF INFLUENCE TO ACHIEVE CHANGE

MdM's advocacy draws its legitimacy and expertise from our actions in the field.¹⁸ Humanitarian advocacy is carried out at the most relevant levels of influence, according to the objective or geographical area, depending on the needs, the targets which are relevant to the identified advocacy objectives, the degree of influence and resources available to the organisation, and the possibilities and opportunities open to it

The purpose of advocacy is to bring about a change for the people we work with. The connection between the levels of influence on the one hand and the activities carried out within the framework of the different advocacy initiatives on the other must make it possible to converge towards the same objectives of triggering change on the local level. International advocacy should be seen as a relay and additional vector of action for local advocacy, creating or amplifying local strategies.

Adaptation and flexibility remain essential for effective advocacy in order to adjust support to operational teams and influence strategies according to the evolution of thematic or geographical contexts, but also to accommodate the need to take a position, speak out and advocate in response to the emergence of new humanitarian crises.

GEOGRAPHICAL PRIORITIES

The **geographical priorities** in terms of advocacy are the four main priority “causes” identified at the International Operations Trajectory Seminar in June 2019 and confirmed in the “*Briefing note on the guidelines from the Board - Trajectory of international operations 2020-2022*” of 6 July 2019:



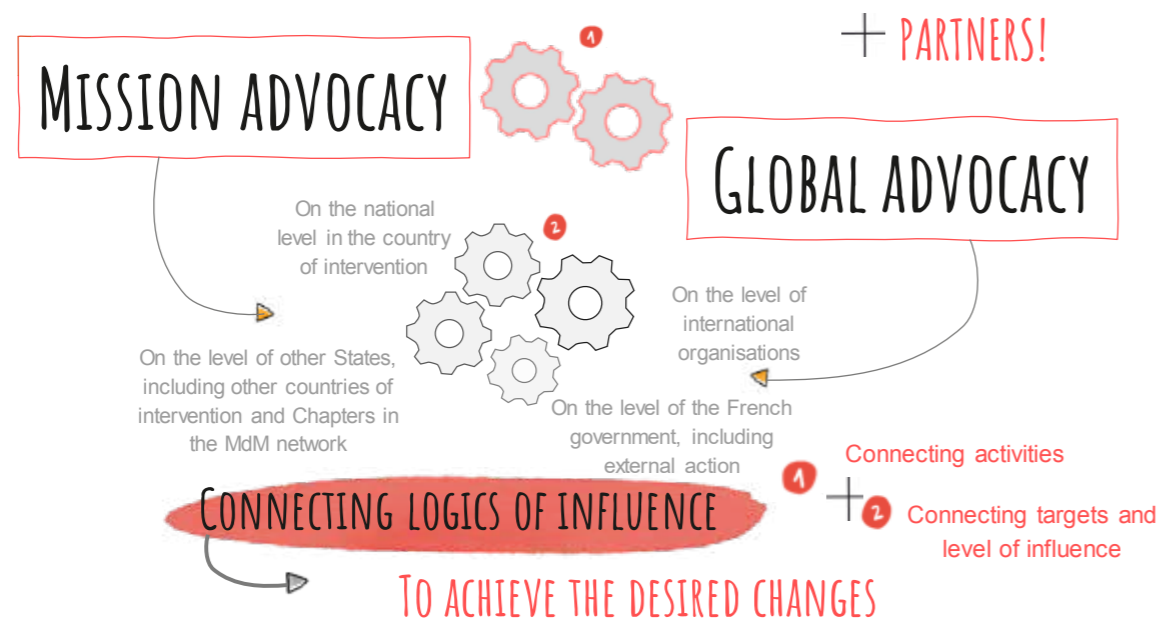
For some, advocacy dynamics exist (Palestine, Sahel, Yemen), while for others (Syria, Rohingya), these dynamics need to be (re)built, clarified or consolidated.

Humanitarian advocacy continues to strive to ensure good coordination with the other members of the MdM international network present in these countries in order to maximise the influence of the advocacy carried out and to prevent any negative impact on the operations of the various Chapters.

Geographical objectives and priorities intersect and may change over time.

¹⁸. Advocacy booklet, Médecins du Monde, May 2018 and Methodological guide “How to conduct advocacy?”, Médecins du Monde, May 2020: “*Médecins du Monde’s legitimacy to conduct advocacy is based on the experience and knowledge acquired through our projects.*”

Figure 2: The connection between logics of influence



PRINCIPLES OF ACTION

Humanitarian advocacy operates on the following **two principles of action**:

→ Principle of action No. 1: Two-fold action

This principle formalises advocacy work designed to maximise MdM's influence and is based on:

1. The integration of thematic messages¹⁹ in humanitarian contexts in order to allow a connection between the logics of influence (for example: sexual and reproductive health and rights during crises or links between migration and humanitarian crises).

¹⁹ Sexual and Reproductive Health and Rights, Migration, Exile, Rights and Health, Harm Reduction, Health and Environment, see Strategic Plan 2016-2020.

2. Addressing specific issues related to protecting and safeguarding humanitarian space (e.g. compliance with IHL and humanitarian principles, or the impact of counter-terrorism measures).

Cross-cutting issues are integrated horizontally into the two previous points.

→ Principle of action No. 2: The constant search for two balances

This principle formalises several flexible types of advocacy (see advocacy types by priority), based on:

1. A **balance** between **supporting teams and advocacy in the field** (technical and methodological support should increase MdM's influence on the local level and feed into cross-cutting advocacy) and **coordinating advocacy on cross-cutting issues** (support for these key issues for MdM should enable the organisation to analyse and influence changes in the sector). The search for this balance is reflected in the different types of advocacy carried out as specific priority objectives.
2. A **balance** between **action within an inter-organisational framework** (intended to amplify MdM's influence, which is sometimes essential to be effective on certain issues) and **action by MdM alone** (which aims to use the organisation's added value, its experience and expertise on certain issues, including to position itself and influence inter-organisation advocacy frameworks).

↘ These two principles of action support the definition of humanitarian advocacy objectives in light of the available resources, the formalisation of strategies, and the implementation of activities associated with action plans.

