Regional Humanitarian Civil-Military Coordination (UN-CMCoord)

Operational Guidance on the Interaction with Armed Actors in the Context of the COVID-19 Response for Asia-Pacific Region

This Regional Operational Guidance contextualizes and complements the Global UN-CMCoord Guidance on the Interaction with Armed Actors during the COVID-19 Response in the Asia-Pacific Region. It also considers guidance on the Ebola Response in 2014, the SARS outbreak from 2002 -2003 Lessons Learned, as well as the APC-MADRO and country-specific guidance when applicable and other relevant documents.

Aim and scope

1 This regional guidance note addresses the interaction between humanitarian actors and domestic (and foreign) Armed Actors that are/might be deployed in support of the COVID-19 outbreak in the Asia Pacific Region. It serves the purpose of giving operational recommendations to humanitarians and armed actors involved in responding to the outbreak.

2 This guidance aims to support the decision making processes of humanitarians, including the need to balance operational requirements and the community's short- and long-term perceptions of aid workers' adherence to humanitarian principles.

Involvement of Armed Forces

3 The on-going national responses to COVID-19 in the Asia Pacific region have seen differing levels of engagement/support from armed actors. This support can, and has, taken different forms, including:

Type of Support	Response	Response Activities	Impact for Humanitarian Actors
Infrastructure Support	Engineering Support	• Establishment/construction of medical facilities • Rehabilitation/construction of public health facilities • Provision of water and sanitation systems • Construction of camps/provision of shelters	Potential competition and duplication of efforts
Indirect Assistance	Logistical Support	• Transport of medical staff and equipment or affected population • ISR (Intelligence, surveillance, and reconnaissance - aerial assessments of population movements) in a contained area • Air and seaport management • Priority movements of goods and services to support the public welfare	Potential competition and duplication of efforts
	Telecommunication Support	• Technical capability to support satellite and other imagery • Provision of tele-communication equipment	Potential competition and duplication of efforts
Direct Assistance	Medical Assistance	• Triage; first aid; medical evacuations; extraction of casualties, mass casualty management • Direct patient care (including trauma and non -trauma care) • Vaccinations and other public health interventions, if relevant • Distribution of medical supplies, PPEs, and relief goods, where no other viable civilian option is available • Health monitoring and surveillance • Assisting in other life-saving activities • Decontamination of facilities	Potential competition and duplication of efforts
Sharing of Information and planning	Strategic planning	• Assisting in preparedness/contingency planning for humanitarian health response. • Assessment information, priorities in services and locations, potential gaps within estimated timeframes • Assisting in joint health assessments and information sharing with health authorities and assisting actors	
Security Support	Maintaining Law and Order	• Maintaining law and order in urban or rural areas; overseeing compliance of security measures, closure of borders. Security support provided either as the primary actor or to supplement the role of national police forces	Potential humanitarian access constraints and/or security challenges

Civil-Military Coordination with Armed Forces

4 The current COVID-19 outbreak has so far seen domestic military forces in the Asia Pacific region supporting national security forces (police, guards, or other security actors) and civilian entities (primarily Ministry of Health (MoH) and National Disaster Management Organizations (NDMO), when applicable) with the on-going responses. As the armed actors' support for the response to this pandemic is similar in nature to that of a natural disaster response, therefore civil-military interaction has to date focused on cooperative relationships between armed forces and humanitarian actors.

5 Even in settings where cooperation between militaries and humanitarians is possible, interactions with the military and the pursuance of common goals must not compromise the actual or perceived neutrality, impartiality and operational independence of humanitarian aid workers.

6 Coordination between armed actors and humanitarian personnel is essential during the COVID-19 response. It creates a common situational awareness to guide planning and decision-making. Dialogue and information sharing should take place through established coordination mechanisms and structures to support the national health system, to avoid gaps and duplication.

7 Planning, task-division and task-management between armed actors and humanitarian personnel is needed in order to ensure maximum efficiency, avoid duplications and gaps. Capacity gaps and the critical window of delivery of goods and service needs to be pre-identified by humanitarian and armed actors.

8 Maintaining the humanitarian identity is paramount. In complex settings, in order to preserve the respect for humanitarian principles, to avoid association and maintain a clear distinction between the armed actors and humanitarian aid workers, the use of Military Civil-Defence Assets (MCDA) must be limited in time and scale, be life-saving and be used as the last resort. Furthermore, it is critical to convey consistent and coherent humanitarian messaging to both civil authorities and armed actors to facilitate civil-military coordination and sustain humanitarian action.

9 Much of the support provided by armed forces will be logistic in nature, however, certain humanitarian agencies, such as WFP, have the capability and expertise to ensure best use of the available assets.

10 Key considerations on military support during COVID-19 responses:

a. COVID-19 is a health emergency and COVID-19 responses shall be civilian-led.

b. Health and humanitarian activities should not be used to advance security and/or political agendas and should be guided by the humanitarian principles.

c. Health services provided by military actors must be in line with the assessed needs of the affected population and in close coordination with MoH.

11 National armed force units may be called on to protect the civilian population and health facilities, as well as to create an environment where health and humanitarian personnel can deliver health and humanitarian assistance.

12 In exceptional cases, military escorts may be requested in high security risk areas to facilitate access to affected areas and people and ensure security for health and humanitarian personnel and facilities. The request must be in line with global guidance.

13 To ensure appropriate interaction between humanitarian and armed actors, it is recommended that the following priority actions be considered as part of the HCT planning processes (see the Global Guidance Note for further detail):

a. Identify those activities being carried out by armed actors in support to the COVID-19 response at the national and sub-national level.

b. Identify the liaison focal points from the armed actors' side.

c. As nations develop, refine and update their national action plans in response to COVID-19; ensure that those plans include a section on civil-military coordination and take into account best practices and lessons learned from previous emergencies.

d. In cases where unique military assets may be needed to support the humanitarian response, as a last resort, the HCT should ensure their usage is time limited and does not generate longer dependency or order negative consequences. For this, a clear process for requesting support to the armed forces, such as the Request of Assistance (RFA), should be established by the HCT, to allow monitoring and follow-up.

Contact

Related queries and/or assistance can be addressed to

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