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*The Center for Alternative Dispute Resolution Newsletter  
State of Hawaii, Judiciary*



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## *Negotiating Humanitarian Assistance in Conflict Zones*

Since the late 1980s, nongovernmental organizations (NGOs) have increasingly conducted complex negotiations to bring humanitarian assistance to people living in areas of armed conflict. In addition to the United Nations and other NGOs, Doctors Without Borders/Médecins Sans Frontières (MSF) has engaged in complex negotiations and reached compromises to administer medical treatment in conflict areas.

MSF and the Harvard Program on Humanitarian Policy and Conflict Research (available at <http://www.hpcrresearch.org/>) identified the need to find common ground as central to negotiations in urgent situations. NGOs must respond quickly to situations without much preparation or research time. With limited knowledge of the underlying objectives of parties, NGOs must convince all involved that their presence provides a benefit to each. NGOs must work against the clock and negotiate with parties who may not share a commitment to universal human rights. Also, they must respond to changing factions and boundaries throughout the process. They must do so during armed conflict and while operating in an area where there may not be a government in place. MSF's work in Somalia required negotiation for every activity from renting cars to paying taxes to the interim government or to the rebellion.

The Harvard Program and MSF noted an important difference between usual negotiations and those in conflict zones. Usually, when negotiations reach an impasse, parties may suspend negotiations to re-examine their needs and interests. Suspension of negotiations is not possible in conflict zones when humanitarian negotiators must reach an agreement quickly because lives are at stake. Throughout negotiations, NGOs face difficult choices; not all agreements result in success. MSF emphasized that agencies must strike a balance between upholding their principles and delivering aid in dangerous environments. MSF suspended a project in Libya when team members realized they were providing treatment between torture sessions so patients could be sent back to detention and tortured again. The Harvard Program noted that humanitarian negotiators must remain neutral and impartial, emphasize that they are not involved in resolving the underlying political issues in the conflict, and stay focused on finding ways to administer medical treatment while the underlying conflict continues.